

# MINIMUM SERVICE DELIVERY STANDARDS (MSDS) FOR CLINICS



**SINDH HEALTHCARE COMMISSION**  
**Quality Care for All**

### **Abbreviations and Acronyms**

<b>ADR</b>	Adverse Drug Reaction
<b>ANC</b>	Ante Natal Care
<b>BHU</b>	Basic Health Unit
<b>CME</b>	Continuing Medical Education
<b>ENT</b>	Ear Nose and Throat
<b>EPI</b>	Expanded Program for Immunization
<b>FP</b>	Family Planning
<b>GP</b>	General Physician
<b>HCE</b>	Health Care Establishment
<b>HCP</b>	Health Care Provider
<b>IEC</b>	Information Education Communication
<b>MBBS</b>	Bachelor of Medicine Bachelor of Surgery
<b>MSDS</b>	Minimum Service Delivery Standards
<b>NGO</b>	Non-Governmental Organization
<b>OPD</b>	Out Patient Department
<b>ORS</b>	Oral Rehydration Salt
<b>PHC</b>	Primary Health Care
<b>PMDC</b>	Pakistan Medical & Dental Council
<b>PNC</b>	Post Natal Care
<b>POC</b>	Point of Care
<b>PPE</b>	Personal Protective Equipment
<b>QA</b>	Quality Assurance
<b>RMP</b>	Registered Medical Practitioner
<b>SHCC</b>	Sindh Health Care Commission
<b>SOP</b>	Standard Operating Procedure
<b>UPS</b>	Uninterrupted Power Supply

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**Commissioner**  
Sindh Healthcare Commission

**Prof. Dr. Sameer Qureshi**

**Commissioner**  
Sindh Healthcare Commission

## LIST OF CONTRIBUTORS

---

### EDITED BY

Dr. Zainab Hasan

Deputy Director, Clinical Governance & Trainings

### TECHNICAL REVIEW TEAM

Dr. Syed Ahmed Raza Kazmi

Director Clinical Governance & Trainings

Dr. Zainab Hasan

Deputy Director Clinical Governance & Trainings

### INTERNAL REVIEW TEAM

Dr. Ahson Qavi Siddiqi

CEO Sindh Health Care Commission

Dr. Altaf Hussein Khwaja

Director, Licensing and Accreditation

Dr. Mansoor Bhutto

Deputy Director Inspections, DLA

Dr. Faiza Rahimoon

Deputy Director Inspections, DLA

Dr. Zubair Soomro

Deputy Director Inspections, DLA

Dr. Raja Fahim

Deputy Director Inspections, DLA

Dr. Kulsoom Nargis

Deputy Director Inspections, DLA

## Introduction

General Physicians are responsible to provide immediate and ongoing outpatient health consultation for common illnesses to their catchment population. As such, they are the First Level Care providers and provide the foundation to the secondary and tertiary health system.

The MBBS qualification validly registered with the PMDC allows for a wide scope of services including general health checkup, health education and prevention services, family planning services, immunization, care for common illnesses of babies, children and adults, timely and appropriate referral for conditions requiring specialized care and minimally invasive interventions and procedures. Similarly, a post graduate qualification registered with the PMDC provides a consultant the scope to deliver the specialized outpatient consultations outside of hospital set up, including referrals, follow-up care, specialty specific examination and non-invasive investigations. General and specialist consultation clinics have a critical role in effective patient care and a strong first level care system allows for focused individual care, better management of chronic illnesses and decreases the outpatient load on secondary and tertiary facilities. Therefore, First level care facilities must aim to provide services to meet the need of patients and catchment population it serves.

The Sindh Health Care Commission (SHCC) recommends that Health Care Practitioners (HCP) periodically review and update scope of service delivery by adopting advances in care guidelines and technology. Adopting technology-based tools for managing OPD, noting patient records and providing prescriptions is highly recommended. Medical science is continuously evolving and it is recommended that practitioners update themselves on current best practices through regular CME activities to improve patient care.

The health care provider/practitioner should provide care with empathy and respect based on principles of medical ethics. Effective patient communication is a key indicator of quality and assures a satisfactory consultation experience. Most patient surveys show that doctor did not “listen” or did not “explain” the disease or management plan. It is recommended that HCP utilize active listening, provide simple explanation and use “teach back” method to assure patient understands the diagnosis and management correctly. Waiting time also contributes to quality and a satisfactory patient experience. Extension of consultation hours, timed tokens, interval appointments and queue management systems are recommended where required.

The main objective of producing these Minimal Service Delivery Standards (MSDS) for quality of services is to provide a benchmark for self- assessment and gap analysis of the clinic. The provider can then plan to improve services by compensating the gaps and continue to maintain the standards utilizing the MSDS. It also provides the framework for inspection of Health Care Establishment (HCE) by the Sindh Health Care Commission (SHCC) for purposes of licensing. The environment, infrastructure, necessary equipment and supplies and appropriate documents of facility allow for delivery of safe and effective consultation process and it is imperative that the clinic maintain applicable quality standards at all times

## Standard Development Process

These standards are extracted from the previously notified SSDS for PHC and Clinics on basis of Scope of Service and focus on minimal and measurable elements. In preparation of the SSDS, it has been ensured that the requirements mentioned in the standards are relevant, important, understandable and achievable in Sindh context. Additional recommendations/explanations are provided in italic to improve understanding and application of measurable criteria.

### Scope

These standards are applicable to following categories of clinic services as registered with Sindh Health Care Commission:

1. **General Physician Clinic/ GDs** (*Public and NGO sector HCEs below primary healthcare center/BHU*):  
Outpatient consultation by MBBS doctor for people of all ages
2. **Single Specialist Consultant Clinic:** Outpatient consultation clinic by post graduate qualified specialist doctor/Family physician; includes specialty specific equipment and non-invasive specialty specific investigations
3. **Polyclinics/Multi-specialist Consultant Clinics:** Outpatient consultation clinics (>2 rooms/specialties) provided under one roof under one management
4. **General Physician/Family Physician Clinic with added scopes:** Outpatient consultation by MBBS doctor for people of all ages with additional scope which may include
  - a. Dispensary,
  - b. Minimally invasive procedures (abscess I &D, suturing, circumcision)/ minor OT
  - c. Interventions such as wound management and dressing, injectables, infusions
  - d. Patient confinement up to 6 hours for observation of progress
  - e. POC investigations for outpatients
  - f. Immunization

**All standards are applicable as per declared scope of services. Scope of services should be clearly stated in the application for registration.**

***Additional Specific Standards Applicable to a, b, c, d, e and f are provided in appendix.***

## Normative References

Normative references are those documents that contain material that must be understood and used to implement the standard and are an indispensable resource when applying the standards. For implementation of these standards, the following are recommended:

- Sindh Health Care Commission, Sindh Service Delivery Standards for PHC and Clinics notified 03-2017

## Summary of Standards

The standards are classified into subject domains. Each domain consists of “standards” and “measurable criteria”. Whereas “standards” are broad statements, the “measurable criteria” deal with the operational aspects of the standards and provide details on structures and processes necessary to ensure the relevant standard is achieved. There are total 8 domains, 24 standards measured using 58 specific criteria for above 1-3 scope of services. For Scopes a-f, please refer to appendix for additional criteria.

S.No.	Domain	Standards	Measurable Criteria
1	Responsibilities of Management (ROM)	6	20
2	Human Resource Management (HRM)	2	3
3	Assessment, Care Continuum (ACC)	2	8
4	Health Education & Prevention (HEP)	2	4
5	Management of Medication (MOM)	2	6
6	Management of Information (MOI)	2	4
7	Infection Prevention & Control (IPC)	3	7
8	Patient and Family Rights (PFR)	4	5
	<b>TOTAL</b>	<b>24</b>	<b>57</b>



<b>Responsibilities Of Management (ROM)</b>	
<b>ROM 1</b>	<b>A designated individual manages the clinic according to scope of services</b> <i>Maybe HCP him/herself or hired individual</i>
<b>ROM 2</b> ⚠	<b>The clinic is clearly identifiable and accessible to patients</b>
1.2.1	The clinic is identifiable with its name on a signboard visible and readable from 5-6 feet
1.2.2	The SHCC Registration number is written on the signboard
1.2.3	The entrance is clearly visible and identifiable via signage if required
1.2.4	Entrance allows for handicap access via a fixed or removable ramp/lift and is wide enough to accommodate wheel chair. <i>In case of location above ground and no lift, there must be an arrangement at ground level for consultation and exam protected by privacy screen</i>
<b>ROM 3</b> ⚠	<b>Practitioner/s qualification, registration and availability are displayed</b>
1.3.1	Door plate clearly displays name, registered qualification/s and the relevant Council registration number of the practitioner/s; Council registration certificate is displayed inside the clinic. <i>This information can also be put on the Clinic Signboard instead of door plate as suitable</i>
1.3.2	Consultation days and hours of practitioner/s are displayed <i>Practitioner should be available during stated times and any delay or non-availability should be communicated to the patients; Temporary written notice can be used for this communication</i>
1.3.3	The services being provided at the clinic are as per scope of qualification and as declared in the registration form of SHCC <i>Any added service must be informed to SHCC in writing</i>
<b>ROM 4</b> ⚠	<b>The clinic premises support the scope of services with appropriate and maintained infrastructure and arrangement for cleaning of HCE and disposal of waste</b>
1.4.1	The floor is non-slippery and unbroken, clean and free from litter and waste
1.4.2	The walls and ceiling are intact with no broken masonry and are free from dust/cobwebs
1.4.3	The clinic covered area is sufficient to allow unobstructed movement and ample area for waiting, consultation, reception desk <i>Additional space is required as per declared scope e.g. for dispensary, observation or procedure, store, sterilization area</i>
1.4.4	Seating is made of/ covered with washable material for prevention of infection <i>Example of washable material is metal, sealed wood, leatherette, synthetic leather or synthetic mesh etc</i>
1.4.5	The facility has sufficient light and emergency power/light backup
1.4.6	Water for drinking is available for patients
1.4.7	Staff and patients have access to clean toilets with handwashing facility which is/are clearly signed <i>Within/near the facility or compound; Separate toilets for males and females are recommended where space allows (as per scope and duration of services)</i>
1.4.8	There is a designated person for routine cleaning of facility and disposal of collected waste
<b>ROM 5</b>	<b>The clinic is prepared to deal with emergency situations</b>
1.5.1	The HCP/clinic staff has knowledge to early recognition and control of emergencies such as fire, flood, violence
1.5.2	Arrangements to combat fire are available in the clinic <i>Such as fire extinguisher or water and sand buckets</i>
1.5.3	The clinic has list of emergency contact numbers displayed at prominent central location <i>Include Concerned police stations, ambulance/fire/rescue services, medico legal facility and the social services organizations</i>

## Minimum Service Delivery Standards (MSDS) for GP & Specialty Consultant Clinics

<b>ROM 6</b> ⚠	<b>The clinic is equipped with essential equipment to support examination and diagnosis</b>
1.6.1	<p><b>Following minimal equipment is available in functional state</b>  Thermometer  Stethoscope  BP apparatus  Torch  Clinical weigh scale for adults, children and babies (as per scope)  Tongue depressor</p> <p><b><u>Following equipment is optional:</u></b>  X-ray illuminator  ENT Set  Ophthalmoscope  Speculum and fetoscope  Nebulizer  Suction machine  Glucometer  ORS preparation equipment water jug: 2 cups and 2 spoons  *<b>Additional equipment</b>, based on the defined needs of the planned services, is available, functional, maintained and calibrated</p>
<b>Human Resource Management (HRM)</b>	
<b>HRM 1</b>	<b>There is documented complete record of doctor and staff</b>
2.1.1	Personnel professional record of staff working at the facility are kept at the facility <i>(Copy of Qualification/council registration/certifications/training)</i>
<b>HRM 2</b>	<b>Measures for occupational safety of staff are available</b>
2.2.1	Staff is provided with and trained to use personal protective equipment (PPE) for universal and transmission-based precautions as indicated <i>Masks, face shield, gloves are available for use as per need; staff has knowledge of appropriate PPE, its donning/doffing</i>
2.2.2	HCP periodically assesses the staff for communicable diseases and documents in staff file <i>CDs such as Hep B, C, HIV, TB and recommended immunizations such as Hep B, Influenza etc</i>
<b>Assessment &amp; Care Continuum (ACC)</b>	
<b>ACC 1</b> ⚠	<b>All patients receive appropriate assessment, diagnosis, treatment/management and follow-up as per patient requirement</b>
3.1.1	Basic assessment for adults is undertaken and recorded including vitals as per condition of patient
	Assessment for children under five additionally includes growth chart (ht/wt for age), immunization status and nutrition status
3.1.2	Key co-morbidities and presenting complaints are documented
3.1.3	Treatment and management are documented based on the assessment, test results, diagnosis and current care management guidelines
3.1.4	Applicable health education is provided and documented as part of treatment protocol
3.1.5	Follow-up plan/ future care instruction is provided and documented
	As per scope of services, all the above maybe recorded on patient medical record file/card/register or standardized prescription with copy retained for record
<b>ACC 2</b>	<b>The clinic has referral and emergency SOPs.</b>

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3.2.1	Patient referrals to other identified HCEs are made when required with written referral letter/form a copy is retained at the facility <i>Referral form includes reason for referral and sufficient patient management information to allow continuity of care</i>
3.2.2	The clinic has list of contact numbers of public and private referral facilities in nearest vicinity for emergency referrals
3.2.3	The policy regarding home visit is displayed <i>Whether HCP provides or not and any specification such as for bedridden patients only, in emergency only and timings of visit etc</i>
<b>Health Education and Prevention (HEP)</b>	
<b>HEP 1</b>	<b>Practitioners educates their patients on their specific health issues as well as general health promotion, awareness and education</b>
4.1.1	HCP has knowledge of health promoting behaviors and common health issues and their prevention
4.1.2	Health education messages/posters are visibly posted in prominent areas within the facility and Health education material are available for patients to read and take home  <i>Awareness posters/messages on local health issues such as tobacco cessation, regular physical activity, healthy nutrition, family planning, immunization, breast feeding, common illnesses etc</i> <i>IEC material such as leaflets/brochures written in local language, pictorial and infographic forms regarding family planning, nutrition, diabetes etc</i> <i>HCP can choose some issues that are relevant to their practice and catchment population</i>
<b>HEP 2</b>	<b>HCP recommends and documents age and risk specific preventive screenings for early detection of health conditions</b>
4.2.1	HCP has knowledge of risk specific preventive screenings for early detection of diseases <i>(such as for screening for diabetes, hypertension, indicated screening for cancers, nutritional deficiencies and chronic infections)</i>
<b>Management of Medications (MOM)</b>	
<b>MOM1</b> ⚠	<b>Prescribing practices reflect standard good practice for prescription writing</b>
5.1.1	Prescription includes patient details, vitals, co-morbidities, brief presenting symptoms, provisional diagnosis, treatment, prescribed investigations and follow-up plan
5.1.2	Prescriptions are clear, legible, dated, timed, named/ stamped and signed
5.1.3	Prescriptions are provided to patient and HCP educates patient on dose, schedule and special instructions <i>It is recommended that if HCP/dispenser instructs patient about dose, schedule, directions and duration of each medicine; The healthcare provider/dispenser checks that the patient understands the instructions using teach back/show me method</i>
5.1.4	Prescriptions are recorded in medical file/card or copy of prescription retained as record
5.1.5	Prescriptions reflect current best practices, rational use of drugs and match the diagnosis based on presenting complaints and clinical/lab findings <i>HCP is knowledgeable about rationale use of antimicrobials and injectables</i>
<b>MOM 2</b>	<b>The HCP is aware of Adverse Drug Reactions (ADR) reporting system</b> <i>ADRs are recorded and reported to DRAP / concerned authorities via their website and android application (Where Applicable)</i>
<b>Management of Information (MOI)</b>	
<b>MOI 1</b>	<b>There is a system to maintain the medical record of each patient</b>
6.1.1	Every patient record is present in the clinic <i>Record may be computerized, file, health card or copy of prescription and include medical details, assessments, immunization record, consent form, ANC, PNC and referrals as applicable</i>
6.1.2	Patient record is kept /retained for at least 6 months

## Minimum Service Delivery Standards (MSDS) for GP & Specialty Consultant Clinics

6.1.3	Daily OPD registration of patients is noted in OPD register
<b>MOI 2</b>	<b>HCP has knowledge of Notifiable Infectious Diseases and any cases are reported to the health authorities as directed</b>
6.2.1	List of notifiable diseases is displayed and HCP has a mechanism to report to health authorities
<b>Infection Prevention &amp; Control (IPC)</b>	
<b>IPC 1</b> ⚠	<b>The clinic has arrangements for infection prevention and reducing risk of infection transmission in the clinic environment</b>
7.1.1	There is provision for hand washing in the clinic with availability of soap and water <i>Alternatively, 70% alcohol-based hand rub/sanitizer is available</i>
7.1.2	Hand washing / hand sanitizing instructions are pasted above the hand washing point
7.1.3	Personal Protective Equipment is available and HCP has knowledge of their appropriate use and disposal <i>Indication, method and disposal of use of masks, gloves, face shield/goggles, apron should be known</i>
<b>IPC 2</b> ⚠	<b>Infectious Healthcare waste is segregated, managed and disposed as per infectious waste management guidelines</b>
7.2.1	Color coded waste bins lined with plastic bag are available at point of use and staff has knowledge of its correct use <i>Yellow bin for infectious waste such as single use PPE, bandages, cotton, drip sets; Black/grey bin for general waste</i>
7.2.2	Labelled sharps bins are available at point of use and staff has knowledge of its correct use <i>Sharps use areas such as in the examination, injection and dressing rooms; sharp objects, glass and needles are disposed in the sharps bin</i>
7.2.3	Infectious waste and sharps are disposed for incineration via arrangement of infectious waste collection and its record is maintained <i>Where municipal collection of infectious waste is not available, HCE can</i> <i>-utilize pit burning in areas away from population or</i> <i>-disinfect infectious waste with bleach solution and "encapsulate" the sharps before municipal dumping</i>
<b>IPC 3</b> ⚠	<b>The facility is ventilated to allow for fresh air circulation via fan, exhaust fan, window or fresh air intake via air conditioner</b>
<b>Patient &amp; Family Rights (PFR)</b>	
<b>PFR 1</b>	<b>Patient and Provider rights and responsibilities charter is displayed in local language</b>
<b>PFR 2</b>	<b>Patients right to consent and/or refuse treatment is respected</b>
8.2.1	Doctor obtains a verbal consent from patient before physical examination <i>It is advisable to obtain written informed consent for procedures requiring local anaesthesia or intervention.</i>
<b>PFR 3</b> ⚠	<b>HCE has a system in place for management of patient complaints and suggestion</b>
8.3.1	There is a complaint box and card/ paper to submit a complaint
8.3.2	HCE has a complaint register available with data on date, nature and outcome of complaint and complainant details
<b>PFR 4</b>	<b>HCE assures right to privacy and confidentiality</b>
8.4.1	Clinic has arrangements for the privacy of patients during consultation and examination <i>Screens/curtain is present on examination area; consultation area segregated from waiting area</i>
<b>PFR 5</b>	<b>Patient is informed about their disease in easy to understand language</b>

## APPENDIX 1

### Additional Scope Based Standards

- a. Dispensary,
- b. Minimally invasive procedures (abscess I &D, suturing, circumcision,) /minor OT
- c. Interventions such as wound management and dressing, injectables, infusions
- d. Patient confinement up to 6 hours for observation of progress
- e. POC investigations for outpatients
- f. Immunization

#### a. Dispensary

<b>MOM 3</b> ⚠	<b>Storage and dispensing of medicine conform to guidelines</b>
5.3.1	Medicines are stored at appropriate temperature away from direct sunlight; refrigerator is available with backup power for vaccines, insulin etc
5.3.2	Expiry dates are checked prior to dispensing
5.3.3	Dispensed dose is labelled with patient name, medicine name and dosage
5.3.4	Dispensing is done by authorized person only

**Medical store on premises must be segregated from clinic area for public sale must be segregated via divider from clinic area and under the Pharmacy Act and must have valid DRAP license.**

- b. Minimally invasive procedures (abscess I &D, suturing, circumcision,) /minor OT
- c. Interventions such as wound management and dressing, injectables, infusions

<b>ROM 7</b> ⚠	<b>There is an area designated for minor procedures with requisite equipment and supplies</b>
1.7.1	Procedure area is furnished with exam couch and sufficient light for procedures (spot lamp or OT light)
1.7.2	A bed is available with privacy curtain and drip stand and provision to monitor vitals for observation
<b>IPC 4</b> ⚠	<b>An equipment sterilizer is available and in use; sterilized instruments are safely stored and kept separate from used instruments</b>
	Other equipment in functional, maintained, clean and sterile condition as per declared scope may include: Stainless steel bowls, kidney bowls Dressing drum Suture Set Needle Safety Box
<b>PFR 2</b> ⚠	<b>Patients have a right to refuse treatment and right to consent for examination and intervention</b>
8.2.2	The clinic has listed those interventional procedures when specific written informed consent is required from a patient or family and printed consent forms are available for use (where applicable)

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### d. Patient confinement up to 6 hours for observation of progress

The clinic must have sufficient space to accommodate minimal furnishing for patient to lay down (exam couch/stretchers/hospital bed), privacy screen, drip stand and side table for placing medications for each patient as well as Provision of qualified human resource till discharge or referral.

### e. Outpatient Health Care Establishment using POC testing for OPD:

POC Tests are conducted on-site without requiring a standard laboratory set-up for immediate diagnostic decision-making using testing methods that are simple and accurate as to render the likelihood of erroneous results negligible and pose no unreasonable risk of harm to patient when correctly performed.

1	POC testing complies with the <b>MSDS for Clinical Diagnostic Laboratories</b> -minimal pre-analytical, analytical and post analytical standards apply to designated testing area subject to type of test and type of pathogen
2	The POC kits/devices must be registered with DRAP/exemption certificate should be available or certified by a nationally recognized institute such as WHO.
3	An area must be designated for this purpose
4	Result of POC test is recorded in patient record/prescription and auto generated result print out is attached when applicable.

**Lab Collection point within premises fall under the MSDS for Clinical Diagnostic Labs and must comply with standards collection points. Please refer to the MSDS available on SHCC website**

### f. Immunization services, EPI Sindh provided standards apply

## APPENDIX 2

### ASSESSMENT METHODS

The SHCC inspection team utilizes multiple methods as below to assess the measurable criteria. QUALITY IMPROVEMENT is a gradual process. If a facility scores partial or not met, they will be provided recommendations for further improvement over time to attain and maintain the standards.

#### TOOLS FOR INSPECTION



Each Standard and its measurable criteria is assessed on a scale of

**MET:** The facility is completely in compliance of the requisite standard/criteria; scored 8-10

**PARTIALLY MET:** The facility is complying to the standard/criteria however there is room for improvement; scored 5-7; the recommended improvement will be provided in CAPA Report

**NOT MET:** The facility is not in compliance to the standard/criteria; either not at all scored as "0" or insufficient to be considered as fully or partially met scored as 1-4; the required improvement will be provided in CAPA Report

Additionally, criteria marked  $\triangle$  are "must be met" to achieve license

For Provisional License the Infrastructure, human resource and equipment must match the declared scope of services

## APPENDIX 3

### SAMPLE TEMPLATES

Templates are provided below as sample to facilitate HCP in correct formats and variables

CLINIC SIGN BOARD:

<b>Clinic Name / Logo</b> SHCC Registration No.
--



DOCTOR NAME PLATE:

<b>Doctor's Full Name</b> PMDC Registration No. PMDC Registered Qualification Consultation Days/Timings Contact Number (optional)
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Doctor may choose to write Clinic Sign Board and Doctors details on a single board; However if there are more than one doctor practicing, then there should be a separate board for each HCP with their details.

EMERGENCY NUMBERS LIST	
Service	Phone Number
Police Emergency Helpline	
Ambulance Services	
Fire Brigade	
Blood Banks	
Social Services	
Medico Legal	



PRESCRIPTION FORMAT	
CLINIC NAME Doctor's Name (PMDC Registered Qualification)	
PMDC Reg. No. _____ Clinic Address: _____ Contact No. _____	
<div>PATIENT DETAILS</div> <div>Name: _____ MR#: _____</div> <div>Age: _____ Gender: _____ Weight: _____</div>	<div>DATE _____</div>
<div>Complaints/ Medical Issues:</div> <div>_____</div> <div>_____</div> <div>Medical History/Allergies/ ADRs:</div> <div>_____</div> <div>_____</div> <div>Provisional /Differential or Confirm Diagnosis:</div> <div>_____</div> <div>_____</div> <div>Next Follow-up:</div> <div>Date / Timings</div>	<div><div>R</div><div><div>Medication</div><div>Name, dose, frequency, duration, Special Instructions (If any)</div></div></div> <div><div>Vitals: (Temp, Pulse, BP)</div></div> <div><div>Doctor's Signature</div><div>_____</div></div>
	

## **REFERRAL FORM FORMAT**

Date: \_\_\_\_\_ Time of Referral: \_\_\_\_\_ Emergency/ Non- Emergency: \_\_\_\_\_

Patient Referred from (Name of Doctor or Referring Facility): \_\_\_\_\_

Patient Referred to (Name of Doctor or Facility): \_\_\_\_\_

Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

### **Patient Information**

Patient's full Name: \_\_\_\_\_ Medical Record (MR) Number: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Complain/ History:

Examination findings/Assessment (At time of Referral):

Provisional Diagnosis (If Any):

Treatment/First Aid Provided (If Any):

Investigations Done (If Any):

Reasons for Referral:

Referring Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Minimum Service Delivery Standards (MSDS) for GP & Specialty Consultant Clinics

LIST OF REFERRAL FACILITIES	
NAME of FACILTY	Phone Number (if available)
Name of Nearest PHC or BHU	
Name of Nearest Hospital (Public Sector)	
Name of Nearest Hospital (Private Sector)	
Name of Nearest Maternity Home	
Name of Nearest Laboratory	

[illegible]



**SINDH HEALTHCARE COMMISSION**  
Quality Care for All

**TOLL FREE HELPLINE: 0800-07422 UAN 021-111-117-422**

**Head Office: 2nd Floor, Block C, FTC Building, Shahrah-e-Faisal, Karachi.**  
**Tel: 021-38656000 Email: [info@shcc.org.pk](mailto:info@shcc.org.pk)**

**Shaheed Benazirabad**

1st Floor, Abdullah Aijaz Chamber, Kutchery  
Road Near Askari Bank, Nawabshah.  
Tel: 024-4360414

**Mirpurkhas**

Bungalow No. 100, Hussain  
Town Behind National Bank,  
Mirpurkhas Ph: 0233-920236

**Larkana**

Bungalow No. A-32,  
Sachal Colony, Larkana.  
Tel: 074-4752084

**Sukkur**

Bungalow No. A-177, Sindhi  
Co-Operative Housing Society,  
Airport Road, Sukkur Tel: 0715-823300

**Hyderabad**

Bungalow No. A-51,  
Unit No 3, Latifabad,  
Auto Bhan, Hyderabad