2016
Foreword, by the Managing Director

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Managing Director, PHCC
The PHCC annual report provides information about the significant achievements of the corporation during 2016. It also highlights few parameters of the future plans for.

Since the launch of the Primary Health Care National Strategy 2013-2018, PHCC vision has been defined to be the “First Point of Contact” for Health Care in the state of Qatar. Health Care is a right for every human being and it’s our responsibility to cover all areas that may enhance the population wellness, and the development of this concept is a Qatar National priority aiming to shift the balance of care from secondary-curate model toward a preventive based model that is delivered across Primary Health Care Centers.

Established as an independent corporation under the Emiri Decree No. (15) of year 2012, the Primary Health Care Corporation developed the necessary plans and launched programs and projects to fulfill this mission. Currently, PHCC is operating through 23 primary health care centers distributed into three regions, namely Central, Western, and Northern. Fourteen of these centers are located in Doha city, while the rest are located in populated areas in all parts of the country. PHCC has around 5300 employees in 2016, and served 2.5 million visitors in the same year.

In order to provide excellent access to our services to Qatar’s growing population, PHCC expanded a number of Primary Health Care Centers. In 2016, PHCC has commissioned 3 health centers. Two of them were replacement to existing health centers namely Rawdat Al-Khail and Umm Salal health centers, whereas the third “Al Thumama health center” was the latest state of the art addition to PHCC’s facilities. In addition, PHCC strengthened the home care service; and expanded the operation hours of some of our services with the expansion of facilities, clinics and services.

Seeking to continuously apply high quality standards in healthcare services and as being the main provider of primary health care services in Qatar, PHCC announced the hosting of the International Primary Health Care Conference 2017 under the theme “Healthier Communities, Brighter Future”. This conference is a major event for PHCC and will mark the progress achieved to move forward in order to achieve a better future for PHC services. The conference would also provide a platform to share knowledge, facilitate forums to discuss best practices and underline Qatar’s legacy of promoting health and wellness by providing excellence in primary healthcare.

It’s worth mentioning that - prior to completion of this report - PHCC announced it’s been awarded the advanced level of Canadian Accreditation (diamond level with no conditions) which came to continue the diligent endeavor to achieve PHCC vision and coronate the efforts provided to meet the highest international standards of integral primary health care services in Qatar.
The year 2016 General Highlights

- Inauguration of 3 health centers (Rawdat Al Khail, Umm Salal and Al Thumama)
- PHCC operating 23 Health Centers
- 2.5 Million visits to PHCC health Centers
- Homecare service has done 84,761 visits to the Qatari Patients
- Laboratory Service has done 3,299,599 lab tests
- National Bowel and Breast Cancer Services screened 13,826 patients
77% of schools are now Health Promoting schools

Hayyak Service is now working 24/7 a week and 888,156 calls received in 2016

5% increase of Qatari Workforce and 91.2% of non-clinical new hiring were Qatari

91.27% of Clinical Staff were Licensed

PHCC is accredited as CPD Provider
Welcome to Primary Healthcare Corporation
**2.1 Who We Are**

The Primary Health Care Corporation (PHCC) is the state owned Primary Healthcare Provider. Established as an independent Corporation by an Emiri Decree in 2012. Currently, the Primary Health Care Corporation is operating through 23 primary health care centers distributed into three regions, namely Central, Western, and Northern. Fourteen of these centers are located in Doha city, while the rest are located in populated areas in all parts of the country.

**PHCC has around 5300 employees and in 2016 PHCC served 2.5 million visitors.**

PHCC staff are working very hard to implement new models of care and clinical pathways which will improve patient experience and greater awareness of prevention and health promotion. Simultaneously, PHCC is undertaking a major expansion in health care services and wellness facilities in order to improve the access to our services to Qatar’s growing population. In 2016 PHCC has commissioned 3 health centers. Two of them were replacement to existing health centers (Rawdat Al Khail and Umm Slal health centers, whereas the third “Al Thumama” was the latest state of the art addition to PHCC’s health centers.

**2.2 What We Do**

PHCC is the main public provider of primary health care services in Qatar. Primary healthcare refers to health care services that are delivered outside of the hospital, in the community, and offer the first point of contact in the health care system. We provide a wide variety of different types of health care services based on the location and population needs of each area. We focus on promoting health of our population, and prevention from diseases, in addition to patient diagnosis and treatment, and the provision of a long-term and constant support to patients and their families from infants to elderly, children, adults, married couples, and mothers.

**We Aim to Meet the Following Goals in Everything We Do:**

- Excellence in Health Services, facilities and infrastructure – by being the first and continuous point of contact for high quality, accessible and safe primary health care services.
- Excellence in Workforce – By developing and expanding a skilled and motivated workforce to deliver better health outcomes for the public.
- Excellence in Organizational Learning and Development - By ensuring the organization as a whole has the culture and systems in place which enable it to core objectives.
- Excellence in Customer Services - By ensuring that our services, staff and facilities are centered on our customers’ needs.
- Excellence in Partnerships - Establishing effective relationships with all partners to deliver high quality primary care services.
2.3 What We Offer

The table below gives a broad overview of the services that we provide (our website www.phcc.qa provides full details per Health Center).

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Mission, Vision, Values

PHCC’s Mission
Our mission is “To advance health and well-being through primary health care services which are comprehensive, integrated, person-centered and affordable.”

PHCC’s Vision
Our vision is “To be Qatar’s primary health care provider of choice.”

Our Values
At PHCC we have developed our values through extensive consultation with PHCC staff and stakeholders:

- **Teamwork** - We work together for the benefit of our patients
- **Quality** - We provide a high quality care that is safe, effective and focused on patient experience
- **Commitment to Community** - We believe that our first commitment is to the community we serve to ensure the provision of high quality health care in the most effective setting to promote ease of access.
- **Mutual Respect** - Engage, listen to and value the contribution of others
- **Compassion** - Demonstrate our commitment to care by providing a caring and supportive environment for our patients, patients’ families and fellow caregivers.
The National Primary Health Care Strategy 2013-2018 sets out the guidelines for all primary care providers on how to build a primary care system that works in partnership with individuals, families and communities to advance health and wellbeing in the State of Qatar.

As Qatar and other Gulf countries experience the effects of current economic conditions, there are some challenges ahead. Timely delivery of an already ambitious change program is likely to be impacted. For PHCC this has already impacted on restrictions in new recruitment for 2016, and delays in opening of new health centers in 2017 and beyond. PHCC has commenced planning to rescale activities, timelines and budget plans of remaining NPHC Strategy projects (for when and if needed).

Notwithstanding these challenges, PHCC’s priorities have remained on: completing what has been started; reducing or avoiding duplication; enabling integrated care across the health sector; and delivering on seamless clinical pathways.

PHCC’s careful approach to allocating resources within primary care has necessitated a more equal balance between treatment and prevention. All tiers of healthcare must be more closely aligned and operating in partnership. In order to make real change however, this rebalancing of the healthcare system requires the strong support of policy makers and regulators to ensure we improve population health outcomes through the leadership of effective primary care.

PHCC staff are working very hard to implement new models of care and clinical pathways which will improve patient experience and greater awareness of prevention and health promotion. PHCC lead-ers are beginning to work more collaboratively with their colleagues across the healthcare system. Simultaneously, PHCC is undertaking a major expansion in services and health and wellness facilities.

PHCC can be very proud of its achievements to date but yet there is more to be done. In early June 2015, the Primary Health Care Corporation (PHCC) established a Mid-Term Review (MTR) Steering Group to assess PHCC’s progress against the National Primary Health Care (NPHC) Strategy to identify gaps and opportunities in current delivery, and to evidence changes or improvements to recommendations and related implementation plans.

The mid-term review has been an important piece of work for PHCC. The review demonstrates that PHCC is on track to successfully complete implementation of the NPHC Strategy by the end of 2018. It also evidences the foundations that PHCC has built for an exceptional primary care system in Qatar.

The mid-term review consisted of six work streams covering different areas of evaluating PHCC’s implementation of the NPHC Strategy. The areas ranged from a gap analysis of strategy recommendations against agreed deliverables and planned implementation plans to 2018; to workshops on the lessons learned from project implementation to national program delivery. A case study approach was used to understand the current state of PHCC’s key performance metrics and improve in areas of pre-planning to better define clinical, patient and program outcomes.

Status of the 70 NPHC Strategy Recommendations Including 10 Quick Wins and 10 Patient Pledges as at 31ST December 2016
What’s next?

1. PHCC is Seeking to Achieve Strategic Changes

The next phase of strategy implementation will focus on consolidation, completion and continuous improvement across PHCC’s primary care services and delivery network. In light of the guiding principles and a call for greater clarity on PHCC’s priorities over the next three years, PHCC will focus on achieving Key Priority Themes through delivery of Aspirational Targets.

2. PHCC Contribution to National Activity

PHCC has held several working sessions to consider its key priorities for the next three years, as well as the important contributions to the development of NHS 2017-2022. In summary:

- PHCC will focus on providing excellent service on its core business.
- Build the confidence and trust in primary care across the State of Qatar.
- The Mid-Term Review confirms that we are on track to deliver the NPHC Strategy, but PHCC must have the right regulation and clear leadership from the State, to change the balance of the health system.
- PHCC aims for 90% of patient interactions to be with their family doctor at a primary care center as their medical home in the community.
Our Achievements

PHCC is working towards delivering comprehensive, integrated, person-centered and affordable primary health care services to advance the health and well-being of the population. We are not only improving access to our services but focusing on expanding the range of services by adding new services to meet the diverse needs of our population. Through ensuring that services meet population needs, and that clinical quality and safety is strengthened, monitored and maintained, we will meet our strategic objectives as set out in the National Primary Health Care Strategy 2013-2018.

To achieve this we need to ensure that the clinical services and staff are supported by a strong high quality workforce training program including a strong health education foundation, effective human resources and IT.

Within 2016, we continued with our ambitious Health Center Improvement program which involved identifying areas to improve the patient experience and quality of service, in addition to implementation of new models & service. This section highlights some of our achievements in delivering our goals in these areas in 2016.
4.1 Prevention and Early Detection

National Bowel and Breast Cancer Screening Programs

In 2015 Primary Health Care Corporation (PHCC) has successfully formed a strong partnership with an internationally recognized third party cancer screening specialist to launch two national cancer screening programs for Breast & Bowel Cancer. The goal is to identify early signs of the disease or indications that a person is more likely to develop the disease in the future. In most cases, early detection of cancer increases the chances of successful treatment. Cancer is a significant cause of death, therefore, recognizing possible warning signs of cancer early and taking prompt action for early diagnosis and treatment are essential to win the battle against cancer as early detection considerably increases the chances of successful treatment. PHCC will also raise awareness and educate people, to eliminate stigmas about Cancer and promote the general public’s uptake of cancer screening services. Just as important is the need to increase training, education and awareness on the possible warning signs of cancer among medical and nursing staff when they come into contact with the general public to alleviate any concerns or fears.

Following a year of thorough planning, mobilization and implementation in 2015, PHCC’s Cancer Program Division oversaw the successful operational commencement of screening services in January 2016 and is today successfully delivering both National Cancer Screening Program Services through a hub and spoke model across three dedicated Health Centers (Leabaib, Al Wakra and Rawdat Al Khail) whilst also being augmented by a Mobile Breast Screening Unit for those hard to reach areas.

Clinical pathways, policies and procedures have been developed and approved for the National Breast and Bowel Cancer Screening Programs (including High Risk criteria) with electronic referrals from PHCC physicians to the dedicated Cancer screening call center successfully becoming active on 23rd June 2016.

We are proud to implement and operate the first population based cancer screening program to actively call and recall participants within the GCC.

Service Highlights

- January 2016 – Opened the Cancer Screening Suites at PHCC, Al Wakra Health Center;
- April 2016 – Opened the Cancer Screening Suites at PHCC, Leabaib Health Center;
- June 2016 – Launched the Mobile Screening Unit for Service;
- November 2016 – Opened the Cancer Screening Suites at PHCC, Rawdat Al-Khail Health Center

- Since services started in January 2016 to March 2017:
  - For National Bowel Cancer Screening – 6,805 participants have attended from which 5,833 were eligible participants, and from which 4,817 agreed to be fully screened and were therefore scheduled for screening at the participants convenience. 303 screening participants required further analysis and diagnostics at HMC and from these, 139 were found to have abnormal diagnostic results at HMC.
  - For National Breast Cancer Screening – 8,002 participants attended from which 7,993 participants were eligible and agreed to be fully screened, subsequently, 985 screening participants required further analysis and diagnostics at HMC and from these 50 were found to have abnormal diagnostic results at HMC.

We plan to widen the current National Cancer Screening Program Services from the Qatari nationals to the full eligible population of Qatar in Q1, 2018.
**NCD SMART Clinic**

A special ‘SMART’ clinic was opened at Al Wakra Health Center on 31st January 2016, targeting diabetes screening to all registered adult Qatari patients. The first step in establishing the project was to identify all those with diabetes or at risk of developing diabetes, through a combination of data analytics and a risk based screening program. Moving forward we will transition to the family medicine model in the near future, whereby screening services and management of patients with NCD’s will not need to go to a separate clinic but will be seen by their own Family Physician. The SMART Clinic is a locally devised model of accountable care and has been showcased at the WISH Conference in November 2016. A pilot is planned for roll out in Rawdat Al-Khail and Lebeab health centers early 2017.

**Autism Spectrum Disorder (ASD) Screening at Well-Baby Clinics**

Autism Spectrum Disorder (ASD) is a general term for a group of complex disorders of brain development that affects social interaction and verbal and non-verbal communication skills. It is very important that autism spectrum disorder is diagnosed early in children.

Studies show that the early intensive behavioral intervention improves learning, communication and social skills in young children with autism spectrum disorders.

To facilitate early diagnosis of ASD, currently, all children are screened at the 18 months well-baby clinic visit.

ASD screening involves the completion of a questionnaire by the well-baby clinic physician through interview with the child’s parent or guardian. The parent or guardian is asked a number of questions related to the behavior of the child in order to identify any indication that the child may have ASD. When ASD is suspected, the child is referred to the Child Rehabilitation Clinic at the Child Development Center in Rumailah Hospital for further assessment, diagnosis and treatment, if necessary.

To further improve early diagnosis, PHCC has introduced an additional well-baby clinic appointment at 30 months where ASD screening will be repeated for the child. This additional visit has been piloted in 3 health centers (West Bay, Madinat Khalifa and Abu Nakhla) and after this it was rolled out across all health centers.
4.2 Health Promotion and Education

Health promotion activities are one of the most important responsibilities led by the World Health Organization which focus on the prevention of illnesses such as cancer and heart disease through the reduction of risk factors that include smoking, unhealthy food, sedentary life and environmental pollution. Therefore, improving lifestyle is the ideal solution to avoid ailments and complications. We, as PHCC, a part of the health system, and the main provider of primary health care services in Qatar should focus first on preventing diseases and health promotion.

Smoking Cessation Clinics

PHCC is committed to supporting and encouraging patients to live healthier lifestyles and to be proactive about quitting smoking which will benefit them and their families. Originally provided in Al Gharrafa Health Center, smoking cessation clinics are opened in the following health centers: Al Dayyan, Mesaimeer, OBK and Abu Bakr Siddiq Health Centers. In 2016, the number of health centers providing the service increased to 7 by including Rawdat Al Khail, Gharrafat Al Rayyan and Leabail health centers. The number of visits to these clinics reached 1898 in 2016.

Wellness Services:

The vision of Wellness services is to empower people to make positive lifestyle choices to achieve balance in physical, mental and emotional health and to support people to live longer, healthier, productive lives. It will also aim to take a whole-person and community approach to improve the health and wellbeing of the whole population. The wellness program covers universal wellness, brief interventions and the healthy lifestyle service.
Wellness services are provided in three levels of increasing intensity, as follows:

- **Universal Wellness Services (Level 1)** are for all PHCC service users and cover the provision of information related to the 4 main risk factors for ill health in Qatar.
- **Brief Interventions for Wellness (Level 2)** are provided at all health centers, by family medicine teams.
- **Healthy Lifestyle Service (Level 3)** are delivered regionally at Wellness facilities.

The Wellness Program has two main work streams. **Work-Stream 1** focuses on the longer term strategic direction and the implementation of the service specification for wellness and **work-Stream 2** focuses on interim solutions for the opening of the three new wellness centers.

The pilot clinics for healthy lifestyles have begun and will be rolled out in line with the awarding of licenses for each physician at the wellness centers. Each pilot site will be tested using real staff volunteers to start with. Mesaimeer, Omar Bin Khattab and Gharafa will start referrals in January 2017. It is estimated that the next two wellness centers to operate (Muather & Al Wajbah) in Q2 -2018.
School Health and Health Promoting Schools Program
PHCC is sponsoring health promoting schools initiative because it aims at enhancing students’ health. This is one of the World Health Organization strategies to intensify the capacities at schools, in order to provide a suitable environment and enhance the health among students and employees. This will enable them to take an active role in promoting community’s health. The rate of schools under the WHO health promoting schools is 77% in 2016 compared to 63% in 2015. PHCC seeks to involve more schools along the map of Qatar. The nursing clinic in 30 schools have been linked to the e-file services in PHCC health centers as a second stage of the plan which stipulates linking the nursing clinics in all schools to the e-file service in relevant health centers. PHCC is also in the process of identifying the pathways for improving school nursing services throughout three main pathways: health promoting schools program, school-based student health survey, and improvement of school clinic services.

The Primary Health Care Corporation has recently organized the 7th Forum of the National Health Promoting Schools program in Leabaib and Umm Salal health centers, where 51 representatives of primary, secondary and high schools participated in this two-day school event. The main topics discussed at the forum were the identification of obstacles to be overcome in the implementation of health promoting schools program, and the acquisition of knowledge on the best practices to effectively develop the program. 29 schools committed to the program were also honored.

4.3 Enhanced Primary Health Care Services PHCC’s

Family Medicine Model

Research evidence and international trends support the Family Medicine Model (FMM) as a positive way forward for redesigning services which place the patient and family at the center of all forms of care. Implementing a Family Medicine Model approach to service delivery will result in services being provided by a multidisciplinary team, with a clear relationship to the patient/family.

The future vision is to no longer separate services into stand-alone clinics that are operated only at certain times within PHCC for basic and foundation primary care services. Rather, appointments for any of the foundation Health Center services can be made with a member of the health care professional team to which the patient is assigned, and can be made at any shift or day of the week where at all possible and as the schedule allows. These services can be provided within the scope of the family medicine specialist. The length of the appointment time will vary depending on the type of service to be provided. When a patient presents for a consultation, the opportunity will be seized to provide other services they may be due for rather than having them return for another visit. This will enable an improved, standardized coordinated approach to service delivery. Increased emphasis will be placed on health promotion and the prevention or mitigation of chronic conditions.

PHCC’s has approved the proposed Family Medicine Model: Vision for Service Delivery as the future strategic direction for primary care services to the Qatar population served by PHCC health centers. PHCC have developed and is working on models of care key to the outcomes of the NPHCS and these will be incorporated into the FMM method of service delivery as this is implemented. Plans for the future implementation and rollout of the FMM has been developed across all health centers. 2 full months of pilot was completed at Leabaib HC and was approved for extension until the end of March 2017.
Better Mental Health:

The National Primary Health Care Strategy clearly states that the primary health care in the State of Qatar will play a significant role in treating mental disorders and constitute the basis of mental health service delivery system. The first phase of service implementation included the design of services provided by physicians, development of clinical guidelines, advanced training, provision of drugs needed for treatment, and the establishment of joint working relationships with secondary mental healthcare providers. Training of nursing staff in field of mental health commenced with 140 nurses completed the training, PHCC seeks to complete the training of nurses by the end of 2017. In addition, mental support clinic was established in Rawdat Al Khail Health Center in December 2016 as a pilot project for 6 months where services is delivered in collaboration with HMC specialists as part of the joint arrangements established between the two corporations. The project is currently on track, and the second phase will include the constitution of four primary healthcare teams in Leabaib, Rawdat Al Khail, Al Thumama and Al Wajba health centers. PHCC has also signed a memorandum of understanding with the Mental Health Friends Association (Weyak) and Behavioral Health Support Center within the framework of achieving community partnerships and supporting the joint cooperation in field of mental and behavioral health. The MoU aims to enhance the mutual cooperation between both parties to face behavioral deviances throughout spreading behavioral awareness and delivering preventive and curative services to the target groups based on PHCC significant role as a key partner in the work of Behavioral Health Support Center which aims to promote behavioral health in the community and resolve behavioral deviances.
Enhanced Antenatal Care Services

The updated antenatal package of care aims to ensure early detection of pregnancy-related complications, provide an opportunity for health promotion and education and appropriately refer cases to a higher level of care, when necessary. For low risk mothers the updated Antenatal Care service will involve a set of 6 structured visits which will each provide opportunities for health education with the Maternal and Child Health counsellor. An improved screening package will also be provided, including HIV screening. Evidence based best practice clinical guidelines have also been developed to support Antenatal Care teams in providing care to all clients receiving Antenatal services. Finally, the pregnancy notebook has also been updated following feedback received and this will be rolled out across all health centers.
4.4 Improving Access to Our Service

PHCC has achieved significant progress in improving access to its services and operations. This progress is core to the delivery of the wider primary health care strategy implementation.

The ongoing renovation of current health centers along with the planned addition of 14 new health centers is one of the fundamental ways to improve access to our primary care services. This is in addition to the improvement program for health care services across PHCC service portfolio. This includes delivery of better services through enhanced health center governance, more efficient patient time management by introducing triage services and enhanced appointment booking system, better front office services at health centers and a clear focus on customer services through Hayyak Customer Services program.

Extended Hours of Operation

PHCC has extended working hours in most health centers including pharmacy and laboratory and radiology services. This will lead to more flexibility and convenience for the public in reaching our services.

Appointment Systems and Triage

The appointment system has expanded the service to cover all 23 existing PHCC Health Centers in parallel to the clinical triage program. Meanwhile the 107 Hayyak call center capacity and accessibility increased dramatically and is currently working 24/7, capable of supporting the whole of Qatar’s population in five languages, and ready to assist in terms of Appointments, information and assistance.

To improve patient safety, triage is now live in all health centers. As a result, patients who attend their health center without a prior appointment are seen by a physician according to clinical need, with those who are most unwell being seen first. The remaining patients may have a wait but are guaranteed to be seen on the same shift.

To avoid waiting, patients can book an appointment directly at the Health Center reception or through the Appointment Helpline (107). Patients are advised to arrive 15 minutes prior to their appointment and in this case are guaranteed to be seen on time.
Referral Management Office (RMO)

PHCC Referral Management Office has been set up to subtitle the legacy manual referral process. E-Referral processes play an important role in the integration of care and in relation to the successful collaboration between PHCC & HMC under the “Better Together Program”. This eliminates the delay and losing of paper referrals. This will also facilitate a clear audit trail and improved governance round patient access.

The Collaboration with HMC to move from paper to electronic referrals from Al Wakra HC to Al Wakra Hospital, launched on 29th November. Within the following 2 months, Al Wakra Hospital received 1344 e-referrals, 381 (28%) were urgent. The following hospital and facilities of HMC will be ready to receive electronic referrals from PHCC and accordingly all the health centers will start referring electronically with effect from the roll out dates for each Health center. The rollout will start mid May 2017 and will be completed by end of June 2017

- Al Wakra Hospital (AWH)
- Heart Hospital (HH)
- The Cuban Hospital (TCH)
- Qatar Rehabilitation Institute (QRI)
- Communicable Disease Center (CDC)

Referral to all other HMC facilities will continue to be manual until is officially announced.

Home Care Service

We even aimed to take our services to the doors of those who need homecare service, all this to make sure that our services are accessible by as many as possible and enhance our patient’s experience. Enhanced Home Healthcare Service

Home health care is considered to be an integral part of patient recovery and skilled multidisciplinary care delivered in the patient’s home which may prevent forestall or limit re-admission to an inpatient setting. This year we have implemented a new model of home health service to ensure more comprehensive cover provided by a dedicated, multi-disciplinary healthcare team. Following the initial
pilot phase which showed 100% patient satisfaction feedback the new enhanced service was rolled out and has now been established across all 23 Health Centers. Currently the service is available for Qatari patients and provides wound care; medication administration and review; and supporting patient self-management, however we aim to extend the service further in the coming years to cover Qatari patients under 60 years old in addition to providing home postnatal service. In 2016 PHCC recorded 84761 home healthcare visits with satisfaction rate of 98%.

**Laboratory Service Improvements**

The Internalization of tests at all HCs commenced in 2016. Expansion of lab service hours at all health centers to ensure blood collection morning and evening shifts has also now been introduced. All these measures are helping to improve patient access and turnaround time for test results. All health centers now have extended blood collection hours from 7-1 PM and to 4-9 PM and this has resulted in reduced patient waiting times and improve patient experience of lab services. In 2016, PHCC has run a total of 3,299,599 tests.

New tests will be added to the existing menu of tests and central labs has been assigned which means more testing can now take place within primary care and patients do not need to go to HMC for these, which minimizes test turnaround time and reduced waiting for patients to get results and/or treatment. Lebeab HC lab was the first to be activated as central lab. It will be followed by the Labs of Rowdat Al Kahl, Al Thumama, Measeamer and Leghwairiya. Health centers
Radiology Service Improvements

Extensive work has been undertaken this year which lay the foundations to revolutionize the way PHCC delivers its diagnostic imagery service; to support increasing demand on services and ensure best practice standards are utilized. We have recruited additional radiologists and collaborated with SIDRA to ensure more radiologists are available to review images and provide expert opinion to the family physicians to provide the very best care for our patients; we have initiated the procurement process for a radiology information system (RIS) and picture archiving and communications system (PACS). These systems will result in more robust patient tracking and scheduling, result reporting and image tracking capabilities which will speed up the process for patients but also ensure that there is a streamlined, co-ordinated and safe process in place for patients moving between healthcare providers. We have also supported our Ultrasound technicians as they have undertaken additional practical and theoretical training to enhance their practice.

In 2015 the initiated procurement of a Radiology Information System (RIS) and Picture Archiving and Communications System (PACS) took place. The year 2016 has seen the purchase of a RIS/PACS and the beginning of implementing this system within PHCC Health Centers. With “go-live” dates from January to July 2016 - this major undertaking has already seen immediate positive effects on the clinical workflow. RIS/PACS is now live in all PHCC Health Centers.

Connecting to information enables our physicians to decide a plan of action quicker and more effectively, RIS/PACS provides information-sharing solutions that allow physicians to view patient data across multiple applications and locations. The Ultrasound service has also been included within the RIS/PACS system to enable faster turnaround times, adherence to best practice standards and supervision of practice.
Clinical Information System – Streamlined and Coordinated Services

• The implementation of the Clinical Information System (CIS) has been completed across all health centers during 2016.

• CIS supports the advancements of providing the best medical services worldwide ensuring the patient receives an integrated service.

• CIS also allows electronic connectivity between health centers and one personal record across PHCC & HMC allowing the treating physician access to a full medical and medication history and lab/ radiology results within seconds.

• We have also been installing new sophisticated digital vital signs machines and digital weighing scales which along with our laboratory analysers have been interfaced with CIS, reducing the need for manual data entry.

• This reduces the likelihood of error and greatly enhances patient safety therefore ensuring that all people in the State of Qatar have access to the most effective and safest medical services.
05 PHCC, Patients and Community

5.1 Our Patients are Important to Us

At PHCC we recognize the importance of not just providing excellent clinical services but of ensuring a positive overall experience for the patient. The following are our current Patient Experience management steps.
The First Step: Establishment of the Complaint Service

Complaints are vital for organizations to improve their service. At PHCC we strive to provide the best service but we understand that we can always learn and improve. Therefore we have an established complaints process to ensure that if we receive a complaint it is acknowledged, acted upon quickly and lessons are learnt.

The Second Step: We Support a Culture of Customer Service

throughout PHCC by providing awareness and training to staff that work directly with our patients and introducing a Hayyak team at Health Centers to attend directly to patients’ concerns and provide timely information, support and advice to patients and their families to support them in accessing the care they need and resolve any concerns.
The Third Step:

We proactively seek patients’ views on our services so that we may continually improve and increase our patients’ satisfaction. The Hayyak staff provide a contact point within Health Centers whereby patients can express their feedback to us, we can also be contacted via the 107 telephone line. By not just focussing on complaints but also encouraging comments; concerns and compliments we can get a better picture of where we need to focus our attention and share good practice across all our Health Centers.

Complaints by The Method of Contact

Percentage of Complaints Closed within 25 working days

- Not - Closed 8%
- Closed in more than 25 working days 12%
- Closed within 25 working days 80%
5.2 Patient Feedback
We are actively encouraging visitors to our Health Centers to tell us about their experience so we can focus on the things that matter most to our patients. Statistics shows that the majority of our patients expressed satisfaction with our services.

Where patients identify areas for improvement, we address them locally or include them in our Health Center improvement projects for example queues and waiting times have been reduced by reviewing the patient flow, increasing the use of appointments, triage and faster more efficient electronic systems (further details can be found in the achievements section).

**Analysis of Complaints Received by Customer Service**
This year we had over 2.5 million visitors to our Health Centers and whilst the majorities are extremely satisfied with the service received, occasionally we do receive formal notice of dissatisfaction. This year 754 complaints were logged onto our electronic system, and every complaint received is taken very seriously and if the issue cannot be resolved at Health Center level our, Customer services department facilitate and co-ordinate an investigation into the facts and work with the complainant until a satisfactory resolution can be found.

There was an increase in the number of complaint received for 2016 compared to 2015 (674 Vs 754). This may be referred to the introduction of new services and initiatives such as the triage service and the appointments system - as these services were faced with some “resistance to change” from a segment of the population due to misunderstanding the concept of these services. on the other hand, it can be referred also to the fact that the public has become more aware of their right to be heard and aware of the process of filing complaints.

We look at our patients comments and feedback as a positive opportunity to learn and improve.
The majority of complaints we received have come through the Governmental Health Communication Center (Labaeih). These complaints are fully investigated but we are also improving our arrangements for addressing concerns at Health Center level with the HAYYAK team being available at each Health Center to address any problems immediately at a local level.

It is worth mentioning that 92% of complaints received within the year have been closed.

<table>
<thead>
<tr>
<th>Engagement Type</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction Level</td>
<td>notes</td>
<td>%74</td>
<td>%83</td>
</tr>
<tr>
<td>Complaints Received</td>
<td>Delivered by phone, e-mail, letter, in person, etc.</td>
<td>555</td>
<td>647</td>
</tr>
<tr>
<td>Events</td>
<td>Includes external and internal events organized and co-organized by PHCC.</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Interviews</td>
<td>Includes media interviews conducted by PHCC.</td>
<td>80</td>
<td>54</td>
</tr>
<tr>
<td>Publications</td>
<td>Includes PHCC department publications printed for the general public.</td>
<td>49</td>
<td>53</td>
</tr>
<tr>
<td>Releases</td>
<td>Includes press releases issued by PHCC. Exclude content placed on social media.</td>
<td>190</td>
<td>200</td>
</tr>
<tr>
<td>Patient Forums</td>
<td></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Health Centers with Hayyak Team in Place</td>
<td></td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>
5.3 PHCC 107 Call Center

Hayyak helpline 107 continues to take calls from the public and patients for both general enquiries, appointment booking and reminder services. The total number of calls registered for 2016 was close to 890 thousands calls.

5.4 Developing Partnerships and Community Participation.

PHCC aims to strengthen the relationship with the community by using their contribution to the decision-making process that supports PHCC’s vision in raising the awareness of a various services, campaigns and events. In addition, PHCC is working collaboratively with different partners in various areas whether related to its core operation or adding value to the community. The Corporation answers questions and to respond to inquiries from the public and other entities through its participation in conferences, career fairs and media. Furthermore, by holding sessions to encourage constructive dialogue which contributes to the development of the Corporation and how to improve the services to the public.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>73286</td>
</tr>
<tr>
<td>February</td>
<td>68922</td>
</tr>
<tr>
<td>March</td>
<td>77054</td>
</tr>
<tr>
<td>April</td>
<td>68829</td>
</tr>
<tr>
<td>May</td>
<td>77473</td>
</tr>
<tr>
<td>June</td>
<td>65654</td>
</tr>
<tr>
<td>July</td>
<td>55399</td>
</tr>
<tr>
<td>August</td>
<td>67645</td>
</tr>
<tr>
<td>September</td>
<td>48284</td>
</tr>
<tr>
<td>October</td>
<td>108012</td>
</tr>
<tr>
<td>November</td>
<td>90428</td>
</tr>
<tr>
<td>December</td>
<td>87170</td>
</tr>
<tr>
<td>Total-2016</td>
<td>888156</td>
</tr>
</tbody>
</table>
Patient Forums

3 Patient forums sessions were held in 2016 and they were pivoting around new systems and services i.e. EMR-file system, triage and patient classification, patient appointments and the consequent pros and cons, in addition to wellness center services and cancer screening services. These sessions are considered important because they reflect the voice of society and its views that are vital in visualizing the impact on the public opinion and pave the way for better achievements.
Chapter 5. PHCC, Patients and Community
Al Bidda Clinic:

In August 2016, PHCC signed a memo of understanding with the Supreme Committee For Delivery & Legacy and successfully launched the General Clinic at their Headquarter located in Al Bidda Tower.

The clinic started seeing patients in October of 2016, however; patients need to dispense their medications from their HCs or from the nearby West Bay HC. The Clinic will deal with all emergency cases within the Tower and transfer them according to their cases to HMC Emergency. It will also provide assistance in some selected events organized by the Supreme committee like awareness campaigns for Hajj and Umra vaccination, Smoking cessation and Heat Stroke Awareness.

The clinic official opening ceremony is planned to take place in February 2017.
5.5 PHCC Health Promotion and Education Campaigns

The promotion of healthy life behaviors is one of the basic principles of the Primary Health Care Corporation and therefore has increased its promotion and education activities over 2016.

During 2016, an emphasis on healthy lifestyle and physical activities has been applied. Utilizing its recourses and relying on the strong partnerships with various entities in Qatar, PHCC participated in a number of activities and events aimed at raising awareness among the community and highlighting disease prevention and the importance of healthy life style behaviors including sports and physical exercise.
Hepatitis C Screening Campaign:

PHCC collaborated with MOPH in conducting a hepatitis C screening campaign from 31st July 2016 to 20th November 2016. The campaign resulted in identifying 66 positive cases when around 7800 patients (both Qatari & Non Qatari above 18 years of age) were screened. HCV positive patients were notified to MOPH to arrange follow-up treatment.
National MMR Vaccination Campaign:

This campaign ran from the 17th of October 2016 till the 30th of November 2016. Total number of children vaccinated was 166,145; 70,142 of these children were vaccinated in 125 private schools and 40,176 children were vaccinated in 214 government schools. In addition, there were 55,827 vaccinated in the various participating health facilities.
Annual Asian Medical Camp

The 15th Annual Asian Medical Camp was organized on 25th November 2016 by IIAQ and IDC- Qatar in cooperation with MOPH, HMC and PHCC, and it took place at Al Thumama Health Center:
Over 5000 visitors from India, Pakistan, Bangladesh, Nepal, and Sri Lanka resulted in over 2000 labors were booked in advance for a full medical check-ups. Many types of screenings were done like blood pressure and diabetes.

Other Key Campaigns and Activities:

- “Color your week 2016” Campaign: To raise awareness of the benefits of healthy eating and encourage change in choices.

- “My style is healthy” Campaign: To encourage change in behavior and drive forward efforts to sustain healthy habits in addition to highlighting PHCC as “the first step to healthcare” in Qatar.

- “Be Like Rashid Family” Campaign: To change negative behavior and attitudes towards health based on the “Belike”. The campaign shared messages on several health issues, including diabetes, obesity, appointment system etc.

- “Ramadan Sa7a and Ajar” Campaign: To promote the healthy habits during Ramadan.

- “Back to School Campaigns” Campaign: To encourage healthy habits amongst the youth.

- “Pilgrimage campaign”: To act as a source of information for medical guidance for pilgrimage in Qatar.

- “Preventative care and screening” Campaign: To provide global awareness on how to prevent diabetes, and to raise public awareness through education and encouragement of healthy lifestyle choices in an effort to reduce cancer risk. In addition, to educate public on importance of early screening and saving lives.
PHCC Forums and Events

• PHCC Corporate Forum 2016:

An annual celebration to mark the annual success of PHCC and an opportunity to appreciate top-achieving employees and to honor the 25 years serving employees of PHCC. Improving internal relationships and communication. Creating a successful platform for networking and bonding time.

• National Day Celebration:

The event was celebrated at Darb Al Sa’e where a pavilion was placed and a medical team conducted biometrics tests among the visitors; a dietician provided advice on healthy lifestyle habits which can be followed by those with the desire of reaching the ideal weight and a program of health related activities for children were arranged.

• National Sport Day celebration in partnership with College of the North Atlantic - Qatar (CNA-Q):

Employees and their families from both organizations participated in various activities as well as sporting competitions that took place within the sports facilities at CNA-Q. A medical team from PHCC was at hand providing biometric screening, medical consultations related to practicing physical activities and general advice.
5.6 Utilizing the Media to Provide Health Education

PHCC ensures its presence in all types of media. In press, PHCC has conducted educational dialogues with ‘AL Arab’, ‘Al Raya’, ‘Al Sharq’ and ‘Al Watan’ newspapers. The dialogues were between the local newspapers and several doctors from PHCC, to inform and educate the community about the health risks such as obesity, diabetes, heart and kidney disease. The Corporation also focused on important topics such as Ramadan, and Hajj time.

The same applies to TV and radio interviews. PHCC has presented audio and video interviews with several official bodies, like Qatar Radio Qatar TV, Al Rayyan TV, Oryx Radio, and Holy Quran Radio.

PHCC is also publishing its monthly newsletter under the name of “Reayaa” where it showcase the various achievements and event taking place every month.

Other media coverage:
- Opening of new health centers
- Supported the Sixth Gulf week of “Oral Health”.
- Launched the “Beautiful Smile” project at Leabaib Health Center.
- International Immunization Week.
- World Health Day Celebration in Al-Wakra & Um Slal HC.
- Launching of PHCC seventh campaign for hand hygiene.
- World Day of Family Doctor celebration.
PHCC is committed to safety and continuous Quality improvement. All employees from the Executive Team to front-line staff are constantly striving to provide safe and high quality care.

Senior management lead a just culture that empowers all staff to report incidents and identify risks to patient safety. One of the initiatives was the Quality Improvement training for PHCC staff at various levels. This training aims to promote the culture of quality improvement and familiarize staff in their areas of work with the techniques used to assess and evaluate a current state and desired state and then put plans to improve quality via PDSA (Plan, Do, Study, Act) methodology. In 2016, 537 staff has been trained.

PHCC is also committed to the Qatar National Patient Safety Standards aligned with the WHO Program and to the Accreditation Canada International Patient Safety Standards.
Accreditation Canada International (ACI).

PHCC was accredited Platinum Level status by Accreditation Canada International (ACI) in its first cycle in 2014. This was a recognition to our dedication to safety and continuous quality improvement in line with highest international quality standards.

Accreditation offers PHCC a framework to assess and improve the quality and safety of services. It is a tool that is aimed at enhancing effectiveness and efficiency of PHCC services ensuring patient and staff safety and putting patients and families at the center of our services.

The accreditation of PHCC by ACI provides the organization and our public with assurance that the healthcare services provided by PHCC are in line with international quality standards.

PHCC has set plans to exceed the “Platinum” level and achieve “Diamond“ status in the second cycle for 2017. This will be attained through the commitment and dedication of all staff to continuous improvement.

The main five goals were set and pivoted around improved Patient Safety
Goal 1 Improve the referral process among healthcare providers
Goal 2 Improve medication safety
Goal 3 Enhance infection prevention and control
Goal 4 Improve the recognition and response to incidents and risks
Goal 5 Effective communication
Risk Management is an integral element of ensuring safety and preserving PHCC assets, the focus in the future is to reduce uncertainty, optimize opportunities, create value and enhance learning. An Enterprise Risk Management system is used to proactively and reactively manage all incidents and risks. This provides the organization with the capacity to learn and improve continuously. The Risk Management Framework has been planned and initiated for implementation alongside Risk Register across PHCC.

We run regular safety awareness campaigns to ensure all of our staff are aware of and maintain appropriate standards of care. For example, PHCC encourage patients and their relatives to take a role in preventing health care errors by being active, engaged and involved in their own treatment, on the other hand, encourage staff to speak up, report any risks or errors and implement solutions to prevent harm to themselves, their colleagues and patients.

We joined the World Health Organization’s (WHO) global annual hand hygiene awareness by launching the 7th campaign which aimed to ensure that infection control is acknowledged universally as a solid and essential basis towards patient safety and supports the reduction of health care-associated infections and their consequences. Compliance levels are regularly audited across our Health Centers with compliance rates consistently rising.
Risk Management
6.2 Safety at Our Premises

Safety is a top priority for us at the Primary Health Care Corporation. We strive to bring everyone, staff and patients, to work together to ensure safety for all.

We recognize the importance of the wellbeing of our staff as well as our patients and have a dedicated team to ensure that Organizational Health & Safety standards are implemented and maintained in accordance with our policies.

This year we continued the focus on the following initiatives including:

- Providing all dental staff with radiation measuring devices (TLDs) to ensure that they don’t get overexposed to harmful radiation (near conclusion); and routinely carry out radiation levels assessments in all radiology areas;
- Prevention of needlestick injuries project;
- Participation in the effort led by MOPH to manage medical waste from all healthcare providers in the state of Qatar.
Emergency and Disaster Preparedness

Primary Health Care Corporation (PHCC) Health Services are an essential part of planning and responding to emergency arrangements within Qatar ensure a consistent and integrated approach from responding agencies, whatever the emergency.

The initial PHCC Emergency and Disaster Plan was developed in 2015 to provide guidance to organizational personnel in addressing the specific needs and demands arising from a disaster and forms the foundation of the integrated corporate response of PHCC, along with allied organizations to ensure an immediate, effective and optimal response to major emergencies.

In 2016, PHCC has finalized the updated version of its Emergency and Disaster Preparedness Plan which has been developed in-house, taking into consideration the global best practices and the role that the government and MoPH expects us to play in the event of a national disaster. We have arranged and conducted mandatory 30- minutes awareness sessions for all the HQ and Barwa staff starting from November, 2016.
With successful conclusion of the Emergency and Disaster Preparedness Training cycle 2016, the EDP Team conducted over 240 sessions during this phase, where over 90% of the health center staff and about 78% of the headquarter staff were covered. This was followed by Table-Top Exercises in all the Nodal health centers, which were also attended by the Health Center Command Center (HCCC) members of other supporting health centers. Live drills will start on 26th February and to be concluded by end of March 2017. Full-scale mass casualty simulations involving about 40 actors and Ambulance Services are planned. Detailed reports the lessons learned of these drills will be developed as EDP Training and Drills will become a regular event, which will sustain the level of the organizational preparedness at optimal levels.
6.3 Development of Evidence Based Clinical Guidelines

It is one of the key strategic initiatives of PHCC to embed evidence based medicine in routine clinical practices. In doing so PHCC has taken significant initiatives by establishing PHCC Guideline Review Committee, to review and ratify internally available best practice guidelines for local use within PHCC. Clinical guidelines on different clinical conditions are continuously reviewed and ratified and are made available for use to guide health practitioners in making clinical decisions at point of care.

Clinical Audits

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual level, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Clinical Audit has become one of the recommended tools to assure the quality of clinical care across the organization. It helps to ensure that patients and service users at PHCC facilities receive the right treatment from the right person in the right way. It does this by measuring the care and services provided against evidence based standards and narrowing the gap between existing practice and what is known to be best practice.
<table>
<thead>
<tr>
<th>Date</th>
<th>Yearly Asthma Exacerbation</th>
<th>Monthly Asthma Exacerbation</th>
<th>Weekly Asthma Exacerbation</th>
<th>Daily Asthma Exacerbation</th>
<th>Control of Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2022</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>Poor</td>
</tr>
<tr>
<td>2/1/2022</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>Fair</td>
</tr>
<tr>
<td>3/1/2022</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>Good</td>
</tr>
<tr>
<td>4/1/2022</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td>Excellent</td>
</tr>
<tr>
<td>5/1/2022</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>Excellent</td>
</tr>
<tr>
<td>6/1/2022</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>Excellent</td>
</tr>
<tr>
<td>7/1/2022</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>Excellent</td>
</tr>
<tr>
<td>8/1/2022</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>Excellent</td>
</tr>
<tr>
<td>9/1/2022</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>Excellent</td>
</tr>
<tr>
<td>10/1/2022</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>Excellent</td>
</tr>
<tr>
<td>11/1/2022</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>17</td>
<td>Excellent</td>
</tr>
<tr>
<td>12/1/2022</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

Note: Yearly, monthly, weekly, and daily exacerbations are based on self-reported data and clinical observations.
6.4 Working Towards A “Culture of Data” To Improve Data Collection and Performance Measurement

To ensure that we are meeting our objectives and continue to improve the quality of healthcare services we need to monitor and measure our performance. KPIs or Key Performance Indicators are a short and selected list of indicators that show the activity, quality and performance of the department and organization. They reflect our goals and help to define and measure progress towards these goals.

We have established KPI’s for all health centers and they currently cover the areas of Laboratory, Radiology, Pharmacy, Clinics, Nursing and there are also general health center KPIs. We have also introduced procedures to enable staff to manage and collect data to demonstrate progress against these KPI’s.

In addition to the internal KPI’s, the Ministry of Public Health and other healthcare providers are to develop and implement the Health Service Performance Agreements (HSPAs). HSPAs are a key requirement for achieving Goal 2 of the NHS “Integrated Health Care” and project 2.1 “Quality Improvement” (NHS 2011-2016).
The purpose of implementing HSPAs between the MOPH and providers is to:

- Enable providers to use a common framework for measurement and assessment for the accurate and regular collection of data.
- Improve the quality of healthcare services, monitor and measure the overall performance of the health system, and strengthen transparency in the health system, which would help achieve the ultimate outcome of enhanced health status for the population of Qatar.

As part of the HSPA, PHCC is reporting 15 indicators to the MoPH across 6 dimensions, which are:

1. **Processes, Appropriateness, and Outcomes** To ensure that providers appropriately and competently deliver clinical care services and achieve desired outcomes.
2. **Access and Responsiveness** To ensure that providers are responsive to community needs, ensure access, continuity, and coordination of care, and promote health.
3. **Safety (Patients and Staff)** To ensure providers have the appropriate structure, and use care delivery processes that measurably prevent or reduce harm or risk to patients, healthcare providers and the environment.
4. **Health workforce** To ensure that providers are qualified to deliver patient care, have the opportunity for continued learning and training, and work in positively enabling conditions.
5. **Satisfaction/ Experience (Patients and Staff)** To ensure that patients are satisfied with their care and staff are satisfied with their work.
6. **Performance and Efficiency** To ensure that providers make optimal use of inputs to yield maximal outputs given the available resources.
7.1 Our Staff

Possibly the most critical factor in providing a high quality primary healthcare service is having a motivated, appropriately skilled and experienced team, that work collaboratively with the ultimate goal of improving health outcomes for the patient and PHCC recognize the importance of this. Broadly speaking we can divide this into three categories- recruiting new and different staff; training and developing existing staff; and promoting the Health and Safety of all our staff.
7.2 Recruitments
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Notes</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>Professionals providing direct patient care only.</td>
<td>468</td>
<td>549</td>
<td>634</td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td>1,105</td>
<td>1,525</td>
<td>1,796</td>
</tr>
<tr>
<td>Dentists</td>
<td></td>
<td>115</td>
<td>258</td>
<td>268</td>
</tr>
<tr>
<td>Pharmacists and Assistant Pharmacists</td>
<td></td>
<td>271</td>
<td>320</td>
<td>316</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>Not working in medicine, nursing, dentistry and pharmacy, and providing direct patient care only [6].</td>
<td>425</td>
<td>457</td>
<td>493</td>
</tr>
<tr>
<td>Non-Clinical</td>
<td>Professionals in administrative and other non-clinical roles.</td>
<td>1,925</td>
<td>2,160</td>
<td>1,846</td>
</tr>
<tr>
<td>Turnover Rate</td>
<td></td>
<td>3.02%</td>
<td>2.24%</td>
<td>2.93%</td>
</tr>
<tr>
<td>Qatarization Rate</td>
<td>Share of Qatari nationals out of total workforce.</td>
<td>19.8%</td>
<td>18%</td>
<td>18.91%</td>
</tr>
<tr>
<td>Staff promoted for grade, Qatari nationals</td>
<td></td>
<td>296</td>
<td>238</td>
<td>235</td>
</tr>
</tbody>
</table>

In 2016 we continued the program of recruitment that ensuring the recruitment of the most appropriate candidates. We have recruited most of the key roles, many of which are for providing the clinical services including specialist doctors from a varied range of backgrounds, ensuring that our patients receive the best possible care available. We are proud and pleased to have successfully recruited staff that are committed and passionate in delivering health care services to the patient population of Qatar.
7.3 Qatarization

PHCC is making every effort to attract Qatari workforce at various career levels and increase the Qatarization rate. The main Qatarization functions were administrative functions in general and leadership positions in particular. In 2016, PHCC succeeded to Qatarize 91.2% of the total non-Clinical new hiring compared to 27.5% in 2015. As for the Supervisory and leadership positions, Qatari staff occupied 73.8% of the vacancies through promotions in 2016 (31 promotions for leadership / supervisory positions) compared to rate of 70.7% in 2015 (29 promotions for leadership / supervisory positions). On the other hand, the turnover rate among Qatari workforce has been reduced by 21% in 2016 thanks to the policies adopted by the corporation related to promotions of Qatari staff and improve working conditions.

Empowerment of New Qatari joiners to PHCC in Project Management Field:

A Newly initiated project by the Managing Director to empower and enable Qatari joiners to PHCC in the Project Management Field. This is in compliance with the Ministry of Admin Development directions relevant to Qatarization and in alignment with the Corporation needs.

The project proposal would enable Qatari Graduates to obtain a holistic approach in Project Management and enable the Graduates to acquire new skills, develop existing skills and gain practical advice and knowledge to implement Project Management in the day to day PHCC work environment. In addition, the Graduates will be able to understand and know how to deliver projects in a coordinated, consistent and transparent manner with a good understanding of the project goals, objectives and benefits before committing significant resources, budget and time on any PHCC-led project(s).

Building upon this success, we are in the process of designing a Workforce Planning Model for PHCC and developing a Medium Term Workforce Plan. This will integrate Workforce Planning into Service specification development and Manpower Budgeting. Further, this will also ensure that we continue to recruit to meet the needs of an evolving model of Primary Care services and is linked to the National Workforce Plan of the State of Qatar.
7.4 Workforce Learning and Development
We are committed to further strengthening the workforce of PHCC and understand the value of continuous learning and development of our workforce. The PHCC workforce development plan focuses on how the existing workforce can deliver work in new ways, provide more services and develop new skills.

47 accredited CPD programs have been delivered for PHCC health care professionals with a total of 5754 PHCC staff attending. Staff from the Ministry of Interior, Medical Commission, Military Services, etc. are also invited to participate.

A dedicated workforce training and development team is in place to support the organization in identifying training needs and establishing high quality training and development opportunities. The focus of PHCC Workforce Training is to deliver ‘Excellence in Workforce’. By improving knowledge, skills, competence and embedding a learning culture; PHCC will ultimately enhance patient experience through development of emerging services and new roles to provide high quality primary health care. The development approach has been to triangulate learning requirements with the strategic direction, professional standards, service and organizational priorities. This is to ensure a comprehensive assessment for training needs across the organization.

There have been significant achievements over 2016, supporting the National Primary Health Care Strategy (2013-2018) and national priorities for the State of Qatar. In summary, these include:

- PHCC is accredited as an approved CPD Provider Organization by Qatar Council for Health Care Practitioners (QCHP), Ministry of Public Health for 3 years; which will further enhance and extend PHCC quality CPD provision for all health care professionals.

- Continuous Professional Development (CPD) is extended to include physicians, nurses, pharmacists, oral health, radiology and laboratory professional groups. These are being further extended and enhanced for other health care professional groups. Introduction of online training process that supports effective CPD planning for 2017 and beyond.

- Basic Life Support (BLS) approval from American Heart Association (AHA) for extension of Approved Provider status for an additional two years, for delivery of BLS training through dedicated PHCC International Training Center.

- PHCC e-Learning commitment continues with the extension of online learning provision for primary health care professionals. This includes the launch of e-Library which encompasses Up-to-Date, Lippincott, JAMA, Tailor & Francis, MTS, BMJ Learning, IHI Open School, e-Learning for Healthcare.

- Completion of phased delivery of competency based PHCC health care leadership program with total of 109 senior managers. With the future aim of developing plans for leadership community of practice to support ongoing primary health care leadership development, governance and skills.

- Strengthening academic partnership with national and international educational establishments. In 2016, sponsorship and scholarships were approved for 50 Qatari and Non-Qatari PHCC staff, supporting Bachelor of Nursing, Master of Nursing, Fellowships abroad, Executive MBA Abroad, other Master Level Programs

- Developing Qatari nationals as per approved career plan and orientation for primary health care and work place readiness.

- Investing in education and training that informs competency development and workplace development and training.

- Ensuring that PHCC meets the Annual Practicing License for health care professionals.

Chapter 7. Workforce
47 accredited CPD programs have been delivered for PHCC health care professionals with a total of 5754 PHCC staff attending. Staff from the Ministry of Interior, Medical Commission, Military Services are also invited to participate.
## Workforce Training Statistics

<table>
<thead>
<tr>
<th>Training</th>
<th>No. of Training / Conferences</th>
<th>No. of Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>261</td>
<td>7892</td>
</tr>
<tr>
<td>Non-Clinical</td>
<td>56</td>
<td>793</td>
</tr>
<tr>
<td>IAD</td>
<td>79</td>
<td>287</td>
</tr>
<tr>
<td>Official Mission: Conference</td>
<td>211</td>
<td>211</td>
</tr>
<tr>
<td>Official Mission: Training</td>
<td>36</td>
<td>37</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>643</strong></td>
<td><strong>9220</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Portal</th>
<th>Completed Modules</th>
<th>User Logins</th>
<th>Learning Hours</th>
<th>Context / Launch date</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Medical Journal</td>
<td></td>
<td>498 Physician + 814 Nurse registered</td>
<td></td>
<td>Progress reports were not shared by QCHP</td>
</tr>
<tr>
<td>e-Learning for Healthcare</td>
<td>3845</td>
<td>5710</td>
<td>1169</td>
<td>License renewal from May 2016 to November 2016</td>
</tr>
<tr>
<td>Institute for Healthcare</td>
<td>2746</td>
<td>5534</td>
<td>2059</td>
<td></td>
</tr>
<tr>
<td>Improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UpToDate</td>
<td>66757 (Topic hits)</td>
<td>8736</td>
<td>377</td>
<td>Starting October 2016</td>
</tr>
<tr>
<td>Journal of American Medical</td>
<td>711 (Journal hits)</td>
<td>1150</td>
<td>237</td>
<td>Starting August 2016</td>
</tr>
<tr>
<td>Associations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taylor &amp; Francis</td>
<td>315 (Topic hits)</td>
<td>921</td>
<td>105</td>
<td>Starting August 2016</td>
</tr>
<tr>
<td>MedTraining Laboratory</td>
<td>8738 (Modules include competency assignments)</td>
<td>10315</td>
<td>4510</td>
<td></td>
</tr>
<tr>
<td>Lippincott Nursing</td>
<td>5249 (Page views)</td>
<td>2160</td>
<td></td>
<td>Recorded as page views</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>34526</td>
<td>8457</td>
<td></td>
</tr>
</tbody>
</table>
7.5 Licensing and Revalidation

Our Clinical Licensing team have been working with our clinical staff to ensure they all can obtain the Annual Practicing License for Clinical Staff from Qatar Council for Health Practitioner (QCHP) of Ministry of Public Health, Qatar. Having all Clinical staff go through the process provides assurance that all PHCC clinical staff are competent and appropriately qualified and a set of clinical competencies are being developed. The table below shows the current status of Clinical Licenses, remaining clinical staff are under the evaluation or licensing stage. The total licensed Healthcare Practitioners as at December, 2016 was 91.27%.

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice in their chosen field and able to provide a good level of care. PHCC Consultants and Senior Consultants participated in the revalidation project this year which was undertaken in partnership with Medical Validation Ireland.

Each Consultants qualifications, training and experience were benchmarked against the international standards of the Irish Training Bodies (Irish College of General Practitioners, College of Psychiatrists, Royal College of Physicians of Ireland and the Royal College of Surgeons in Ireland).

Consultants were scored in 6 categories: Qualifications and Training, Portfolio of Experience and Quality Improvement, Teaching and Training, Research and Enquiry, CME/CPD and Professional Attributes, assessors within the relevant specialty and training body in Ireland carried out inde-pendent assessments of assigned submissions. The results of these assessments were moderated by a training body clinical lead. The results exceeded the expectations since Consultants achieved the top category distinction. The revalidation process confirms that PHCC Consultants are qualified worldwide and experienced to practice in their specialty area meeting the highest international standards.
<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>72.80%</td>
<td>90.92%</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>70%</td>
<td>81.44%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>70%</td>
<td>94.74%</td>
</tr>
<tr>
<td>Radiology</td>
<td>64%</td>
<td>92.31%</td>
</tr>
<tr>
<td>Pharmacy Staff</td>
<td>86%</td>
<td>93.70%</td>
</tr>
<tr>
<td>Dentists</td>
<td>82%</td>
<td>91.94%</td>
</tr>
<tr>
<td>Dental assistants</td>
<td>81.15%</td>
<td>95.74%</td>
</tr>
</tbody>
</table>
PHCC’s Primary Health Care facilities:
PHCC recognizes that some of its current facilities have outgrown and outstretched their capabilities due to the unsurpassed population growth in the country in the last few years. For this reason, in accordance to National Primary Health Care Strategy pledges for services that are provided in a safe and clean environment that meets patients’ expectations and enhances clinical practice; PHCC has developed Corporate Priorities which a number of them is pertinent to physical environment. 14 (new and replacements) Health Centers are planned to be built at Metropolitan area of Doha where the most significant increase in population was recorded) and all over the country including recognition of need in the outskirts of Doha the rapidly growing demand of health services for the community of the State of Qatar. These facilities are planned to be delivered between years 2017-2021.

All new Health Centers are bigger in size than existing ones with a wide range of clinical services in accordance to the vision of the country for enhancement of a healthy and productive society, where self-care and awareness become priority of community’s conscience. In addition they are designed to cater for clinical services in parallel to empowering community’s engagement for long-term solutions and life style promotion. This vision is achieved by integrating Wellness features such as pool, gymnasium, weight management and other new services in many of the health centers. Primary Care Walk-in-clinics, expanded Diagnostic Imaging Services as well as Family Medicine and specialized medical services are also provisioned aligned with NPHC strategy.

8.1 Operational Facilities

PHCC currently operates throughout 23 health centers distributed into three regions; central, western and northern, across the State of Qatar. 14 of these centers are located in Doha. The rest of the health centers are located in populated areas in different parts of the country.

In 2016, PHCC opened 3 new health centers, two of which are substitutes for two existing centers, namely Rawdat Al-Khail and Umm Salal Health Centers. These centers are a distinctive example of healthcare and wellness centers, providing wellness as well as primary health care services. The third was the Al-Thumama health center, which is a modern addition to the PHCC’s facilities.
Operational Facilities
<table>
<thead>
<tr>
<th>Facilities</th>
<th>Municipality</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abu Baker Al Siddiq Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Abu Nakhla Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Airport Health Center</td>
<td>Doha</td>
<td></td>
</tr>
<tr>
<td>Al Daayen Health Center</td>
<td>Al Daayen</td>
<td></td>
</tr>
<tr>
<td>Al Jumailiya Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Al Kaaban Health Center</td>
<td>Al Khor</td>
<td></td>
</tr>
<tr>
<td>Al Khor Health Center</td>
<td>Al Khor</td>
<td></td>
</tr>
<tr>
<td>Rawdat Al Kail Health Center</td>
<td>Doha</td>
<td>New HC replaced the old Al Muntazah HC. Became Operational 2Q 2016</td>
</tr>
<tr>
<td>Al Rayyan Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Al Shamal Health Center</td>
<td>Al Shamal</td>
<td></td>
</tr>
<tr>
<td>Al Shehanniya Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Al Wakra Health Center</td>
<td>Al Wakra</td>
<td></td>
</tr>
<tr>
<td>Gharrafat Al Rayyan Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Leabaib Health Center</td>
<td>Al Daayen</td>
<td>New HC became Operational Q4 2015.</td>
</tr>
<tr>
<td>Madinat Khalifa Health Center</td>
<td>Doha</td>
<td></td>
</tr>
<tr>
<td>Mesaimeer Health Center</td>
<td>Al Rayyan</td>
<td></td>
</tr>
<tr>
<td>Omar Bin Khatab Health Center</td>
<td>Doha</td>
<td></td>
</tr>
<tr>
<td>Umm Ghuwailina Health Center</td>
<td>Doha</td>
<td></td>
</tr>
<tr>
<td>Umm Slal Health Center</td>
<td>Umm Salal</td>
<td>New HC replaced old one. Became Operational 2Q 2016</td>
</tr>
<tr>
<td>West Bay Health Center</td>
<td>Doha</td>
<td></td>
</tr>
<tr>
<td>Al Thumama Health Center</td>
<td>Doha</td>
<td>New HC became Operational 2Q 2016</td>
</tr>
</tbody>
</table>
8.2 New Facilities

The objective of the New Health Centers is to create facilities that are of outstanding architectural merit and will become clinical centers of excellence, supporting patients and their families as well as the clinical staff. PHCC strives for venues that will be Evidence-based, Purpose-built, Patient-centered, Family-oriented, Respectful to Culture, Supportive to clinical practice, safe, reliable and sustainable.

Public Works Authority (PWA) is executing these New Projects and 3 New Health Centers are due for completion by end of 2017 and will be opened in 2018, these health centers are Muaither, Al Wajba and Qatar University.

New Facilities Plan & Status

<table>
<thead>
<tr>
<th>Health Center</th>
<th>Municipality</th>
<th>Status</th>
<th>Expected Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatar University Health Center</td>
<td>Doha</td>
<td>construction</td>
<td>2018</td>
</tr>
<tr>
<td>Al Waab Health Center</td>
<td>Al Rayyan</td>
<td>construction</td>
<td>2018</td>
</tr>
<tr>
<td>Al Wajba Health Center</td>
<td>Al Rayyan</td>
<td>construction</td>
<td>2018</td>
</tr>
<tr>
<td>Muaither Health Center</td>
<td>Al Rayyan</td>
<td>construction</td>
<td>2018</td>
</tr>
<tr>
<td>Al Khor Health Center</td>
<td>Al Khor</td>
<td>design</td>
<td>TBA</td>
</tr>
<tr>
<td>Al Mashaf Health Center</td>
<td>Al Wakra</td>
<td>design</td>
<td>TBA</td>
</tr>
<tr>
<td>Madinat Al Shamal Health Center</td>
<td>Al Shamal</td>
<td>design</td>
<td>TBA</td>
</tr>
<tr>
<td>South Wakra Health Center</td>
<td>Al Wakra</td>
<td>design</td>
<td>TBA</td>
</tr>
<tr>
<td>Umm Al Seneem Health Center</td>
<td>Al Rayyan</td>
<td>design</td>
<td>TBA</td>
</tr>
<tr>
<td>Al Sadd Health Center</td>
<td>Doha</td>
<td>design</td>
<td>TBA</td>
</tr>
<tr>
<td>Al Hilal Health Center (formerly K.A: Nuaija)</td>
<td>Doha</td>
<td>planning</td>
<td>TBA</td>
</tr>
<tr>
<td>Bani Hajer Health Center (formerly K.A: Al Themaid)</td>
<td>Al Rayyan</td>
<td>planning</td>
<td>TBA</td>
</tr>
<tr>
<td>Madinat Khalifa Health Center</td>
<td>Doha</td>
<td>planning</td>
<td>TBA</td>
</tr>
<tr>
<td>Umm Ghuwailina Health Center</td>
<td>Doha</td>
<td>planning</td>
<td>TBA</td>
</tr>
</tbody>
</table>
افتتاح 4 مراكز صحية جديدة في عدة مناطق العام المقبل

متوسط الطاقة الاستيعابية للمراكز الجديدة تتراوح بين 30 و50 ألف مراجع. - هزيمه عبد الملك
## PHCC Health Centers and Projected Capacities (2014-2021)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Centers</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>23</td>
<td>27</td>
<td>28</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>General Purpose Consultation Rooms</td>
<td>229</td>
<td>264</td>
<td>323</td>
<td>397</td>
<td>421</td>
<td>425</td>
<td>514</td>
<td>550</td>
</tr>
<tr>
<td>Specialist Rooms (Screening/ Diagnostic Imaging i.e. Radiology X-Ray and Ultrasound)</td>
<td>34</td>
<td>40</td>
<td>50</td>
<td>62</td>
<td>66</td>
<td>67</td>
<td>85</td>
<td>97</td>
</tr>
<tr>
<td>Maternal Child Health Consultation Rooms</td>
<td>41</td>
<td>48</td>
<td>67</td>
<td>85</td>
<td>91</td>
<td>93</td>
<td>119</td>
<td>133</td>
</tr>
<tr>
<td>Dental Consultation Rooms</td>
<td>50</td>
<td>64</td>
<td>83</td>
<td>111</td>
<td>119</td>
<td>120</td>
<td>161</td>
<td>177</td>
</tr>
<tr>
<td>Specialized Clinics (ENT, Ophthalmology, Audiology)</td>
<td>35</td>
<td>46</td>
<td>63</td>
<td>78</td>
<td>83</td>
<td>85</td>
<td>106</td>
<td>115</td>
</tr>
<tr>
<td>Walk-In Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage</td>
<td>27</td>
<td>40</td>
<td>54</td>
<td>60</td>
<td>62</td>
<td>64</td>
<td>76</td>
<td>86</td>
</tr>
<tr>
<td>Observation Rooms</td>
<td>24</td>
<td>32</td>
<td>36</td>
<td>42</td>
<td>44</td>
<td>46</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Consultation Rooms</td>
<td>0</td>
<td>3</td>
<td>13</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>44</td>
<td>80</td>
</tr>
<tr>
<td>Treatment Rooms</td>
<td>36</td>
<td>38</td>
<td>42</td>
<td>48</td>
<td>50</td>
<td>52</td>
<td>58</td>
<td>65</td>
</tr>
</tbody>
</table>
8.3 Capital Projects and Biomedical Engineering Services

Capital Projects - Facilities Management

Capital investment projects relevant to sustainability, safe and sound operation and amelioration of current facilities in terms of safety, applicable standards, codes and statutory regulations have been completed or are on-going. An example for these Projects is West Bay health centre extension building that was completed became operational in 2016. This project provided enhancement of administrative services in addition to increase of medical services such as antenatal, consultation Rooms, well women, injection rooms, nursing assessment Rooms, optometry, Premarital Clinics and ophthalmology clinic.

Since June, 2014, Primary Health Care Corporation assumed responsibility on the Facilities Maintenance Management and all below core functions:

- Planned Preventive Maintenance.
- Response and Resolution of Corrective Actions, Urgent and Emergency Calls.
- Landscape Maintenance.
- Computerized Maintenance Management System (CMMS).
- Call Center.
- Potable Water Testing & measures required for water enhancement.
- Key management.
- Support Services / Planning & Procurement.
FACTS: Increase in Clinical Capacities and Services Clinical Services:

- Family Medicine clinics increased by 50% between 2014 and 2016.
- Pharmacy areas increased by 32% between 2014 and 2016.
- Phlebotomy Rooms increased by 35% between 2014 and 2016.
- Screening/Diagnostic Imaging increased by 47% between 2014 and 2016.
- Walk-In Services (Triage) increased by 100% between 2014 and 2016.
- Walk-In Services (Observation Rooms) increased by 50% between 2014 and 2016.
- Walk-In Services (Consultation Rooms) increased by 130% between 2014 and 2016.
- Walk-In Services (Treatment Rooms) increased by 17% between 2014 and 2016.
- Specialized Clinics (ENT, Ophthalmology, and Audiology) increased by 80% between 2014 and 2016.
- Maternal/Child Health Clinics increased by 63% between 2014 and 2016.
- Dental Clinics increased by 66% between 2014 and 2016.

The Built-up area (Facilities capacity) increased by 50% between year 2014 and year 2015 and reached to 108% increase by year 2016.
Biomedical Engineering Services

Bio-Medical Engineering supports PHCC’s operations to provide optimum health care services by ensuring minimal downtime of medical equipment, monitoring, technology upgrading of medical equipment for enhanced clinical diagnostic capability, improved workflows and compliance to global healthcare standards on safety of patients and clinical staff.

The function was established to:

- Management of Medical Equipment within PHCC Portfolio.
- Planned Preventive Maintenance of Medical Equipment.
- Response and Resolution of Corrective Actions, Urgent and Emergency Calls.
- Medical Equipment Planning, Budgeting & Procurement.
- Medical Equipment Recalls.
- Medical Equipment Inventory Audit.
- Medical Equipment Training.

The major medical equipment in the modalities of Dental, Radiology, IVD and Specialty Clinics has increased by 16% between year 2014 (240 units) and year 2015 (280 units) and reached to 321 units—an increase of 14% from year 2016 due to the New Health Centers as well as upgrade program within existing Health Centers or expanded clinical services. Old medical equipment in the health centers have been replaced with up to date and sophisticated medical equipment to cater to the growing needs of PHCC. 3 New Health Centers were inaugurated equipped with state of the art technology medical equipment. 4,519 medical equipment in total have been installed across the 3 Health Centers. This has essentially improved the diagnostic capabilities of clinical staff and has contributed significantly in reducing patient waiting times and increased the coverage of health care services to a wider population effectively.

The function has played a vital role in medical equipment supply pertaining to various programs that have been rolled out by PHCC for Triage, Antenatal & Well Baby Clinic, NCD Clinics, Home Health Care Service and Smoking Cessation Clinics.

Within year 2017; we aim to replace additional 44% of all old equipment which are beyond economical repair and have reached the end of equipment life span so as to maintain the quality and patient safety standards. Special emphasis will be given on procuring equipment that improves the infection control practices and newer diagnostic solutions.
**Qatar National e-Health and Data Protection Strategy [QNeDP]**

Bio-Medical Engineering function has played a major role in supporting the QNeDP Strategy by procuring, installing and maintaining medical equipment for the Health Information System (HIS) program that has been embarked upon by providing equipment which adheres to Healthcare Insurance, Portability & Accountability Act (HIPAA) & Medical Device Integration act (MDI).

The medical equipment QNeDP strategy in the PHCC Health Centers is executed by implementing the Integration of: Vital Signs Monitoring Device, Height and Weight measuring equipment, Body Mass Index equipment, Diagnostic devices like ECG devices, IVD equipment like the Laboratory Analyzers and Radiology equipment like X-Ray, Dental Intra-Oral X-Ray and Ultrasound Scanners on the Cerner Platform and RIS/PACS System.

**Medical Device Training for Clinical Staff**

Biomedical Engineering has actively boosted the confidence in Clinical staff in health centers by pro-actively engaging them in Medical Devices training to ensure a faster productive time, better utilization and improve capability. The training programs are executed through in-house training sessions conducted by Bio-Medical Engineering staff and by highly specialized and trained Applications Specialist from the Original Equipment Manufacturers and skill level is monitored through the competency assessments.

**Medical Equipment Maintenance**

A total of 8,053 medical equipment across 23 health centers are under the maintenance by highly competent staff. PHCC is proud to have advanced test and measuring instruments for calibration and safety analysis to ensure that the equipment adhere to international patient safety standards. Additionally, 24 x 7 hrs. Uninterrupted support is provided to ensure that the clinical workflow continues, with minimum downtime time of medical equipment.
Corrective Maintenance of Medical Equipment Installations in 2016

Major Bio-Medical Engineering Projects Executed in 2016

- Yearly Medical Equipment and Furniture replacement and additions across PHCC Health Centers.
- Implementing On-line monitoring of Temperature and Humidity with 24 x 7 Alert Monitoring via SMS on Mobile and via E-Mails.
- 498 Medical Data Logger has been implemented.
- Ensuring safety of laboratory staff and the protection of the sample materials.
- Improve patient safety with advanced High-Level Disinfection of Ultrasound Probes used in Ultrasound Scanners to prevent the spread of communicable diseases.
- Implementing an automated dental disinfection procedure by upgrading the existing dental clinics with dental disinfection units.

Future Prospects

In the long road ahead, PHCC aim to standardize all the medical equipment within all the health centers ensuring maximum efficiency within clinical settings and patient satisfaction along with setting high standards of Quality & Infection Control practices.
Chapter 9. How PHCC run its business
9.1 Governance and Committee Structure

The Senior Management Executive Team is accountable for internal control. The Managing Director has ultimate responsibility for maintaining a sound system of internal control that supports the achievement of the organization’s policies, aims, and objectives. The Managing Director is responsible for safeguarding the public funds and the organization’s assets.

This approach supports the establishment of a committee structure that ensures the implementation of the PHCC Corporate Strategic Plan and objectives, risk monitoring, and development of operational plans with specific performance assessment criteria ensuring implementation according to the approved timetable and budget. The list below shows PHCC approved committees that directly report to the Senior Management Executive Committee (SMEC):

- Tenders Committee
- Operations Committee
- Research Committee
- Ethics Committee
- Clinical Affairs Committee
- Capital Projects Committee
- Strategy Implementation Committee
- Workforce and Human Resources Committee
- Finance Committee
- Quality and Safety Committee
- Health Information Management Committee
- Disaster and Emergency Preparedness Committee
- Health Center Improvement Committee
9.2 Corporate Project Management

This function is created to ensure that all initiatives and projects in the organization are in line with PHCC vision, mission and strategic objectives. It also monitors the management and implementation of these projects in high quality and timely manner within the budget approved and the optimal use of resources. In this context, all necessary tools and procedures are provided to standardize all projects in the corporation.

9.3 Internal Controls

The Internal Audit function provides consultancy services to the organization. It carries out various activities to determine whether the Corporation’s controls and governance processes are adequate and functioning in a manner to ensure that risks are appropriately identified and managed to an acceptable level; significant financial and operating information is accurate, reliable, and timely; policies, procedures, standards and applicable laws are complied with; and resources are used efficiently and protected.
9.4 Corporate Governance and Compliance to Work Ethics:

In support of PHCC meeting its objectives, the Corporate Governance has developed processes and policies to support the transparency in decision making process to ensure there are internal controls and mechanisms in place and spreading of accountability and integrity culture. This function focuses also on providing assurance on the delivery of PHCC’s corporate goals and objectives, facilitating and coordinating the information flow into the Senior Management Team.

Moreover, PHCC has taken several procedures and measures to ensure compliance to work ethics including the establishment of Compliance Assurance Office within the Corporate Governance Function to make sure that a competent entity in place to develop and follow up the implementation of the Staff Conduct Standards and Principles such as the staff general Code of Conduct which identifies the ethical standards expected from employees during performing their duties and accordingly make relevant decisions and avoid inappropriate behaviors. In addition, compliance to internal policies issued for this purpose such as Bullying and Harassment Policy, Raising Ethical Concerns Policy, Accepting Gifts Policy, Conflict of Interest policy, and Patient Bill of Rights and Responsibilities.

PHCC has also developed an integral ethics framework which aims to address issues related to organizational ethics, business ethics, scientific research ethics, and clinical and bio-ethics. On the other hand, PHCC has established the Corporate Ethics Committee in order to design a mechanism to support and upgrade the ability of staff to positively respond to ethical issues that arise while performing their daily tasks. The committee consists of departmental representatives, a number of external members and an external ethics expert in field of healthcare to support the ethics framework inputs. As part of the application of the Ethics Framework, a questionnaire was circulated to all employees to consider their views on how to apply and implement appropriate strategies and plans to improve everything we do in the corporation and how it can be done within an ethical framework.

Training workshops are planned to be organized during 2017 for PHCC staff. The purpose of these workshops is to develop and introduce the importance of ethics at work environment, PHCC Ethics Framework, Corporate Ethics Committee, Corporate Ethics and Values, Code of Conduct, the Principles of Conduct, the Relevant Policies, and the Steps for Raising Ethical Concerns.
## Financial Results

### Statement of Comprehensive Net Expenditure Accounts For the year 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>FY 2016</th>
<th>FY 2015</th>
<th>Variation %</th>
</tr>
</thead>
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<tr>
<td>1.1</td>
<td>1,219</td>
<td>1,223</td>
<td>-0.3%</td>
</tr>
<tr>
<td>1.2</td>
<td>114</td>
<td>62</td>
<td>83%</td>
</tr>
<tr>
<td>1.3</td>
<td>193</td>
<td>117</td>
<td>65%</td>
</tr>
<tr>
<td>1.4</td>
<td>542</td>
<td>426</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td><strong>2,068</strong></td>
<td><strong>1,829</strong></td>
<td><strong>13%</strong></td>
</tr>
</tbody>
</table>

**Operating Expenses**
- Staff Cost
- Fees & Remunerations for Services Rendered
- Rent of Housing
- General & Administrative

**Net Operating Expenses**

<table>
<thead>
<tr>
<th>Notes</th>
<th>FY 2016</th>
<th>FY 2015</th>
<th>Variation %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>157</td>
<td>144</td>
<td>9%</td>
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Analysis of Expenditures

10.1 Manpower Cost

Staff cost has marginally decreased in 2016 as compared to 2015 despite of the newly hired staff for new and existing health centers. The main reasons of the decrease are:

- Hiring in 2016 was limited to clinical positions, outsourcing option was chosen as an alternative to secure admin posts in compliance with the governmental instructions on this regard.
- Strict controls and restrictions were applied to many allowances which resulted in a reduction in a number of allowances for example; overtime cost was reduced by 50% and leave encashment suspension resulted in 72% reduction of cost.

10.2 Fees and Remunerations for Services Rendered

The main reasons for the increase in 2016, around 83%, as compared to 2015 are:

- QR 50 million the cost of the National Cancer Screening Program.
- QR 3 million for outsourcing the wellness services in the new HCs.
- Outsourcing the hospitality services in accordance to the governmental instructions.
- Other miscellaneous increments in terms of outsourced services, like cleaning, security etc. across PHCC.

10.3 Rent of Housing

The rent of staffs accommodations have been increased significantly in 2016 by 65 % from 2015 due to the following reasons:

- Major reason of the increment in Rent during the year 2016 is due to Rent payments to HMC around QR 44 million, which also includes 2014 & 2015 outstanding claims.
- New housing contract have been formalized and paid in order to provide accommodation to the physicians and other eligible newly recruited employees. In addition existing Rental contracts have been renewed with some allowable increments after negotiations and mutual agreements as per the applicable laws and regulations.
10.4 General & Administrative Cost

General & administrative cost has increased by 27% in 2016 in comparison to 2015 mainly due to a significant increase in 2016 caused by the rollout of “Cerner” Clinical Information system across the health centers, associated amount was around QR 101 million.

10.5 Capital Expenditure

Capital Expenditure has increased by 9% in 2016 as compared to 2015 due to the following reasons.

a) Payments towards the medical equipment, furniture and installations for the following health centers:
   - Rawdat Al Khail health & wellness center
   - Umm Salal health & wellness center
   - Leabaib health & wellness center
   - Al Thumama health center

b) Additions and replacements of medical equipment, furniture and some major renovations across PHCC facilities.

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![Bar Chart](chart.png)

**Composition of Expenditures**

**2016**
- Opex: 38%
- Manpower: 55%
- Capex: 7%

**2017**
- Opex: 31%
- Manpower: 62%
- Capex: 7%