Primary Health Care Corporation

Annual Report

April 2013 - March 2014
His Highness Sheikh Hamad Bin Khalifa Al Thani
The Emir Father
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PHCC Managing Director’s Message

I am pleased to present to you the Primary Health Care Corporation’s annual report summarizing progress against our strategic objectives and key priorities for the reporting year 2013-2014; highlighting this year’s significant achievements and setting out our future plans for the year Financial Year (FY) 2014-2015 and FY 2015-2016.

The pace of change has accelerated this year as we continue along our path to excellence and realizing our vision of advancing health and well-being through primary health care services which are comprehensive, integrated, person-centered and affordable.

Utilizing the National Primary Health Care Strategy, Accreditation Canada International Standards and our own business plan as a road map we have successfully implemented a number of initiatives to improve patient care and experience across the organization. One such example is the Health Center Improvement program which has increased the number of available appointments, reduced patient waiting times and strengthened our support to patients through the launch of new ‘HAYYAK’ vision, further strengthening our passion for customer care for patients.

This year we have also laid the foundations needed to realize a number of key objectives in the coming years. Work is progressing on building 17 new health centres. We are also introducing a personal Electronic Medical Record (EMR) and a Clinical Information Systems (CIS) to support more effective and efficient ways of providing care. The Clinical Information System (CIS) have now been implemented within Al Dayyan Primary Health Centre and will be rolled out across all health centres over the next 2 years.

I am pleased to announce that in May 2014, PHCC were assessed by the Accreditation Canada and for the final survey conducted in June 2014, PHCC achieved “Platinum” status. This is a key milestone, which will enhance patient experience and delivery of care to the patient population that we serve.

None of these changes would be possible without our dedicated workforce. We are delighted that our staff have risen to the challenge and enthusiastically engaged with training and development opportunities identified to support them in meeting the challenges of a changing environment.

We look forward to working with a new competitive provider to clearly demonstrate driving up core standards of patient care. These significant, demanding and important challenges will fundamentally reshape our organization.

We are determined to build on our expertise and experience in order to develop and deliver world-class services that meet the requirements and expectations of patients and the wider public.

All the essential preparatory work, places us in an excellent position as we move into 2014-2015. We endeavor to continue to improve our services for the people of Qatar by further enhancing their experience at the point of delivery of care through PHCC.

Dr. Mariam Ali Abdulmalik
Executive Summary

Since the formation of Primary Healthcare Corporation (PHCC) in 2012 as a separate independent primary healthcare provider, there has been significant progress in developing and improving the services we offer to the people of Qatar.

PHCC mission, vision and values all reflect our corporate goals to deliver excellence in healthcare services and patient well-being. PHCC’s Business Plan was developed to outline our key priorities into achieving these goals, over the next three years.

What we have achieved in the first year of the PHCC Business Plan is significant and there has been real progress in improving access to our services and operations. These important priorities are core to the delivery of the wider primary health care strategy implementation, including the improvement programme for health care services across PHCC service portfolio. This includes delivery of better services through enhanced health centre governance, more efficient patient flow, enhanced front office services at health centres and a clear focus on customer services through Hayyak Customer Services program, all aimed at enhancing our patient’s experience.

In addition, there has been significant progress in improving pharmacy and medications management with improvements to the pharmacy areas to make the patient experience more positive with reduced queuing and less crowding. The implementation of an appointment system for all health centres in 2013 has also significantly reduced waiting times in ophthalmology and dental appointments.

We are making good progress in delivering the key recommendations of the National Primary Health Care Strategy in key areas such as homecare, health promotion, primary urgent care, non-communicable disease and mental health.

The focus on quality through the catalyst of working towards achieving Accreditation has seen a revolution of change in working practices across all our health centres and corporate centres. This is a tribute to all our staff who have worked diligently and enthusiastically under pressure to deliver this change.

The change to corporate services through large change programmes such as Cerner, Hyperion and MyCare will improve our operations and ensure that patients will benefit from having world class health information systems that will enable accurate, faster and more efficient treatment.

The first annual report of PHCC is deliberately focussing on how our patients will get better services and this focus reflects the ethos of PHCC that the patient is the centre of all our activities. This will ensure that PHCC will provide the best patient-centred primary health care services that are safe and effective.
About Us
About Us

The State of Qatar took its first steps in establishing a primary health care system and started to provide healthcare services through a range of clinics as early as 1954. In 1978 the Ministry of Health developed a comprehensive scheme for building a primary health care system which was submitted to the Council of Ministers and the scheme included the launching of primary health care services through 9 health centres, covering different parts of the country, and capable of providing basic and essential health and medical services (preventive and curative). Since then, significant effort has been put into enhancing health care standards. Over the last few years, primary health care services have been developed with the objective of them being the first point of contact for a patient within the health system, and it has continued to improve both in terms of quantity and quality. Primary health care services help manage the pressures on secondary healthcare by reducing unnecessary hospital attendance, by providing the right care at the right time and in the right setting. PHCC will support patients to take more control and exercise greater choice over their health and how they access care into the future.

Currently, the Primary Health Care Corporation is operating through 21 primary health care centres and expects to open 17 new health centres by 2016 distributed into three regions, namely Central, Western, and Northern. Thirteen of these centres are located in Doha city, while the other centres are located in populated areas in all parts of the country. The health centres are there to provide appropriate and effective health care services focused on the needs of patients in that area. The services delivered emphasize on health promotion, prevention and diagnosis, as well as treatment and provision of a long-term and appropriate support to patients and their families.

Due to the importance of primary health care services provided through health centres, and in order to achieve the National Health Strategy objectives which emphasizes that the primary health care is the foundation stone for health. This is understood and reflected clearly in the vision provided by HH. Sheikh Hamad bin Khalifa Al Thani, the Father Emir of the State of Qatar, who has issued on 20th February 2012 the Emiri decree No. (15) that PHCC is established as an independent corporation with its own independent budget.

Implementation of the National Primary Care Strategy includes core areas from Programme Management, Service Specification development and monitoring to improving patient access to services and the commissioning plan for 17 new health centers, in addition to our existing health centers across the state of Qatar.

PHCC has a great deal to offer to its patients, the public and the wider health care system. We share a vision that patient empowerment supported by self-care is critical for the future. Keeping focused on this longer term goal will be a key to success in a uniquely demanding and challenging period ahead. The challenge for the PHCC is to find innovative, efficient and cost effective ways of providing healthcare, which respond to the specific needs of patients and the public, whilst maintaining safety and improving health outcomes.

In next three-years we will see radical changes to PHCC’s core business. PHCC’s stakeholders agree that we have an important role in shaping and changing primary care. We have ambitious plans to fulfill these expectations and to support our stakeholders and partners in meeting their own challenges going forward. We recognize that this will require us to make significant changes to our own services and operations. Around this we intend to offer a range of value added service enhancements and additional remote and virtual offerings to meet local needs of patients, public and our partners.

The scale of change needed for this to happen is significant. Making all these improvements in the healthcare system in Qatar will require some infrastructural changes, such as the establishment of electronic health records and the expansion and refurbishment of primary health care facilities. The most important enabler, however, is the primary health care workforce. The potential of the existing workforce must be continuously maximized through challenging the way we work and ensuring our staff are supported to enable them to provide world class services. There also needs to be an expansion of the workforce including recruiting to new roles. The skilled and expanded workforce then needs to focus on working in partnership with people in Qatar to give them more control over their own health.

The National Primary Health Care Strategy contains 64 specific recommendations that will be implemented through a phased approach over the life-cycle of the strategy. Making the organizational and operational changes required is critical in PHCC’s journey to achieving a world class primary health care service for all the people in Qatar.

In delivering the NHS Strategy and National Primary Care Strategy we continue our focus on initiatives in prevention of long term diseases; by patients taking more control of their lifestyle and exercise, enabling choice over their health and how they access care. This vision of patient empowerment supported by self-care is critical for the future and success of the strategy.

However, our commitment to our country and its people means that we want to continually improve and respond to the changing health needs of our community. The National Primary Care Strategy 2013-2018, supports us with this aim as it sets out how this can be achieved over the next few years.
Mission, Vision, Values, Strategic Goals and Corporate Priorities
PHCC’s Mission
Our mission is “To be Qatar’s primary health care provider of choice.”

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

PHCC Corporate priorities
PHCC has established 26 corporate priorities over the next 3 years that need to be fulfilled so that we can achieve our strategic goals. This business plan will focus on key areas of PHCC priorities over the next 3 years. These priorities are derived from the recommendations of the Primary Health Care strategy and are closely linked to the NHS strategy.

PHCC’s Strategic Goals
Underpinning our vision, PHCC’s five strategic goals will focus on delivery of key areas of the primary health care strategy. Over the next three years PHCC’s corporate goals will be focused in delivering success in the following areas:

• Goal 1: 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.

• Goal 2: Excellence in Workforce - By developing and expanding a skilled and motivated workforce to deliver better health outcomes for the public.

• Goal 3: Excellence in Organizational Learning and Development - By ensuring the organization as a whole has the culture and systems in place which enable it to continuously improve.

• Goal 4: Excellence in Customer Services - By ensuring that our services, staff and facilities are centered on our customers’ needs

• Goal 5: Excellence in Partnerships - Establishing effective relationships with all partners to deliver high quality primary care services.

To inform our strategic direction, through an intensive and inclusive organizational development programme PHCC has developed a three year Business Plan over the next three years. This takes into account the National Primary Health Care Strategy (2013 – 2018), our mission, our vision, our values and the needs of our population.

Our Values
At PHCC we have developed our values through extensive consultation with PHCC staff and stakeholders. A working group was established to define PHCC values with membership including a wide range of staff across PHCC. PHCC will continue to develop our values through our organizational development which will develop the practices and processes, including a support guide for line managers, to ensure PHCC values are part of our behaviors, recruitment, induction and review processes.

Our values reflect many of the following common organizational values:

• 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 world-class care by providing a caring and supportive environment for our patients, patients’ families and fellow caregivers.
Business Plan (2013 - 2016)
What we do?
Business Plan (2013 -2016) – What we do?

PHCC through its 5 strategic goals focusing on excellence in its workforce and services will deliver its activities by focusing to advance health and well-being through primary health care services which are comprehensive, integrated, person-centered and affordable. PHCC has established 26 corporate priorities over the next 3 years that need to be fulfilled so that we can achieve our strategic goals. The business plan will focus on key areas of PHCC priorities over the next 3 years. The activities of PHCC in achieving our vision and National Health Care Strategy are interlinked with various areas of work, which are discussed below. However, detailed progress against our corporate goals and identified priorities, achievements during 2013-14 and challenges and opportunities in coming years is discussed in the next section of this report.

Patient Experience
In 2013-2014, the Primary Health Care Corporation (PHCC) piloted a new customer service initiative ‘Hayyak’ in two of its health centres, namely Al Rayyan and Al Gharafa. This service was launched with the goal to deliver a new standard of care in accordance with the Primary Health Care Strategy 2013-2018. Currently ‘Hayyak’ services have been implemented at the 19 health centres.

With ‘Hayyak’, a team of dedicated staff help people access services, provide health center information and assist with queries and concerns. Staff are clearly recognizable in distinctive uniforms, and are available to provide support to people to navigate the new health center’s processes and systems.

Aiming to also meet the needs of Qatar’s growing population, the PHCC is undertaking an intensive programme of service developments and changes.

Improvements are being developed and tested in consultation with the community and staff and will be implemented across health centres in phases. The feedback of staff and patients using the services is being used to measure success and effectiveness.

Improving Healthcare Access and Operations
Improving access is all about ensuring that the services are available to our patients when they need them which means that there should be no backlog of appointments, waiting times are reduced to the lowest level possible, and services are provided in appropriate and accessible locations.

“In the past you had to go early at 3pm, before they open the door to put your card and wait, you may get in and you may not, you may get a number to enter at 8-9 pm and you have come at 3 pm, but now you go anytime to get an appointment after 2 or 3 weeks, then you go to the appointment immediately...now there is better system with appointments.” (Arab/Qatari male)

We will achieve this key corporate priority by the commissioning of 17 new health centres; strengthening our home care service; and expanding the hours of operation of some of our services such as laboratories. In addition we have embarked upon an improvement programme across all our current health centres to ensure systems are as efficient as possible, our workforce provide excellent customer service and patients entering the health centres are seen as quickly as possible, receive high quality care and have a positive experience.

Private Sector Partner for Health Centres
“It is important that PHCC is spurred on to provide the best possible care. PHCC are therefore partnering with the private sector to run two of PHCC’s existing health centres, bringing new ideas and expertise to their operation.”

Foreword to Building the Foundation: National Primary Health Care Strategy 2014 by HE Abdulla bin Khalid Al Qahtani, Minister for Health & Secretary General Supreme Council for Health

PHCC is well advanced in its procurement of a Private Sector Partner (PSP) to encourage international best practice in Primary Health Care. The PSP, expected to be announced in the Summer (2014) will initially manage two of PHCC’s largest existing health centres. Eventually they will provide all clinical services from those two health centres, plus two of the new larger health centres currently in construction. These new centres will provide a genuine world class primary care service for Qatar, including a broad range of ancillary health services, plus ground-breaking screening services to
quality

Quality of services remains at the heart of all operations of the PHCC. Our commitment to the population of Qatar to provide the best possible care, in the best suitable environment which is outside of the hospital and as near as possible to home.

In achieving this PHCC has developed a clinical effectiveness framework that ensures delivery of a safe, effective and person-centered clinical service. This will be achieved by the continued development of key clinical policies and frameworks.

During 2013-14, PHCC increased the compliance of safety standards across its health centres, improved the standardization of service delivery across and consulted with stakeholders ensuring that community partners such as non-government organizations and Municipality Councils are key partners in the process of improving the quality of care that we deliver to our patient population.

Communications Strategy

The main activities of the communications strategy in 2013-2014 focused on increasing PHCC’s presence in the local media, development of internal and external communications, PR and Marketing to improve the communication between the PHCC and clients, development of Health Radio show and clinician led video series on Primary Health Care Services, raising the profile of PHCC amongst the educational institutions and improving communication among PHCC staff. The Communication plan is one of our key achievements in 2013-14 that helps us in raising our profile amongst the population of Qatar so that patients are provided with the correct and timely information.

Each of these key areas will be crucial to the success of how we will deliver world class primary health care services and how we can implement the recommendations, pledges and principles in the Qatar Primary Health Care Strategy. PHCC has set out in its business plan detailed actions with key performance measures for each of its key priorities.

Human Resources

We recognize the importance of having a skilled and healthy workforce. During 2013-14 an intense program of recruitment has been undertaken, ensuring the recruitment of the most appropriate candidates. We have recruited to some key posts, many of which are clinical posts with 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. We ensure that we provide our staff with a safe and healthy environment to work in.

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.

In both clinical and non-clinical roles, we acknowledge that keeping up with the latest information, guidance and practice is the key to our success. In achieving this we have developed a comprehensive programme of learning and development for our workforce, which includes E-learning opportunities for staff. We recognize the importance of ensuring that we are investing effectively in our staff development to ensure that they are always able to provide high quality health care.

Health Information Systems

During 2013/2014 the focus of PHCC’s information technology development programme has been on developing interconnectivity between systems, modernizing PHCC’s health record systems, emphasizing on information security and moving from a paper based system to an electronic system.
We believe in effective and efficient use of our resources and embrace innovation required in conducting our business. The initiatives will ensure patient information is available throughout their journey at every point of delivery of care; ensuring informed and right decisions are made for the patients in delivering the right care for them. This will be achieved by the redesign and standardization of Medical Records.

PHCC’s information technology infrastructure is designed to have multiple levels of resilience and to be secure. During the two years PHCC will complete the implementation of Cerner which is a national clinical system. The implementation of the system will result in direct improvement in the care delivered to the patient population we serve. This will enable staff to find patient information and create a link with the largest secondary care provider (HMC). The system is intuitive and easy to operate, prompting staff and allowing data entry to take place whilst continuing to interact with the patient.

**Assurance, Corporate Governance and Risk Management**

We are fully aware of responsibilities in providing assurance to our patients and stakeholders. The Managing Director is responsible for ensuring that effective Risk Management system and framework is developed across PHCC, ensuring that risk requirements are met and that Supreme Council of Health guidance is adhered to. The Managing Director is supported by the Assistant Managing Directors and the Corporate Governance and Business Performance Office in discharging these responsibilities and ensuring good governance prevails across all areas of PHCC’s operations. The Corporate Risk Management Framework provides an overall approach for PHCC in Risk Management which is supported by a Risk Management Policy for all operational risks.

PHCC has begun to implement effective governance and assurance frameworks during 2013-2014 through the Senior Management Executive Committee (SMEC). It will be supported during this implementation by the Corporate Governance and Business Performance Office focusing on documenting all evidence in seeking assurance for sustainable governance objectives. Assurance and documented evidence is reported to the SMEC, ensuring governance controls across all functions of the corporation.

**Accreditation**

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 core of our service.

PHCC achieved “Platinum” status from Accreditation Canada in June 2014. The accreditation is a robust and structured process and requires PHCC to provide evidence to confirm compliance with the requirements. PHCC is committed to providing quality and safe health care to the population of Qatar and this accreditation will provide a roadmap for helping us to achieve this. Regardless, of the outcome of the accreditation, PHCC realizes and commits to proving the quality and safe health care to the population of Qatar. The accreditation of PHCC against the Accreditation Canada International Standards provides the organization and our public with assurance that the healthcare services they receive from PHCC are, in line with international best practice.
Our Performance
Our Performance

Our Strategic goals are ambitious and the changes required to fulfill and meet the objectives set out by the National Primary Health Care Strategy are extensive. We are committed to deliver upon our pledges and goals and ensure that we have robust plans in place to meet the delivery of these pledges and goals; with our committed and skilled staff we are confident we can achieve this.

There are many opportunities and challenges as we move towards achievement of these goals but it is vital that we remain focused on those projects that will deliver maximum value within the resources we have available to us. Therefore we have determined which projects are priorities for us and developed our finance service to ensure the systems, planning and infrastructure supports the effective and appropriate distribution of resources and budgetary allocation to facilitate achievement of these priority projects.

Furthermore, we are ensuring that data is collected, analyzed and reported so that we are able to performance manage all of our organizational objectives and make appropriate and timely interventions if we go off trajectory.

In the following sections we report our performance against our strategic goals, achievements against these goals during 2013-14, plans for 2014-15 and opportunities and challenges.

Strategic Goal 1: 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.

The following priorities were identified for 2013-14:

- Implementation of National Primary Care Strategy which includes core areas of Programme Management, Service Specification and monitoring, improving patient access to services and commissioning plan for 17 new Health Centres

- Improvement programme for health care services across PHCC service portfolio and centres

- Develop a clinical effectiveness framework that ensures delivery of a safe, effective and person-centred clinical service

- Increase Organisational readiness and compliance to meet Accreditation requirements

- Development of a Finance service that has the systems, planning and infrastructure that can inform PHCC to ensure that resource and budgetary allocation are optimally distributed.

Achievements in 2013-14

In 2013, the National Primary Health Care Strategy (Building the Foundation) 2013-2018 was published. This built upon the vision outlined within the National Health Strategy 2011-2016 providing all Primary Health Care Providers within Qatar with a strategic direction as to the transformations required within Primary Care. PHCC have built their business plan around achievement of these objectives.

In 2013, significant progress has been made in starting to deliver the recommendations within the National Primary Health Care Strategy. Eight specific areas of care were identified to ensure quality services exist to prevent and tackle illness, provide ongoing care for continuing health needs in particular settings, and to meet the needs of particular life stages.
The eight key areas are:

- Health promotion
- Primary urgent care
- Non Communicable Diseases
- Home care
- Mental health
- Maternal and newborn
- Children and Adolescents
- Screening

Service specifications have now been developed with multi-disciplinary and partner organization input and approved by the Service Development Enabler Committee (SDEC). A service specification is a road map to guide the implementation and further development of the service. Its purpose is to provide a framework for delivery, including protocols and guidelines to ensure the services consistently meet the very highest quality of care and clinicians deliver treatment based on evidence based practice. As we move into 2014, PHCC will implement these service specifications in a number of pilot sites across Qatar to test and make further refinement before rolling out across all health centres.

Another key requirement of the National Primary Health Care strategy 2013-2018 is the construction of community health centres and health and wellness centres to support primary health care in Qatar’s cultural shift from being a very curative focused service to having much more focus on helping people live healthy lives. Work has been progressing well on ensuring we meet this objective and plans are in place to ensure delivery of 17/19 new (replacements and additions) health centres across Qatar by 2017 and construction has already begun with the first two health centres expected to be operational in 2015.

The Health Centre Improvement project significantly contributes to our aim of providing patients with a health center environment that is person-centered, safe and effective. Since its initiation corporate and health center staff have undertaken a significant amount of work in order to implement positive changes for patients and staff as outlined below.

**Health Centre Governance** - A new structure for health centres has been developed and implemented across all PHCC health centres and recruitment to vacant posts is currently underway.

**Patient Flow** - Al Gharaffa health centre was used as a pilot site to review the flow of patients within health centres, identify good practice and highlight areas for improvement. This work was integral to all projects as the findings were used to help define some of the changes to be implemented within the health centres.

**Front Office Improvement Project** - The focus of this project has been to consider and develop a plan for implementing a number of changes within health centre reception areas, which will contribute to improving the experience and effectiveness of the health centre to deliver patient care. The project aims to improve patient flow, enhancing the roles of staff, improve workflows, improve systems & processes, improve registration levels, improve access to and use of appointments, improve productivity and improve staff and patient satisfaction.

**Hayyak Customer Service** - The focus of this project has been to implement the Hayyak Customer Service Vision, which aims to customer advocacy, resources to manage change and customer expectations at an operational level, active public relations and communication, encourage and welcome feedback.

“They have improved the main entrance, the skills have greatly improved, the appointments are more properly worked out and patients don’t have to wait very long to get an appointment.”

PHCC/HMC staff
Pharmacy & Medications Management - The aim of this project is to improve the quality of care received by patients; much of the work to date has supported preparation for Accreditation Canada International in May 2014. All health centres are receiving training on new policies and procedures in relation to medication reconciliation, patient allergy status check, and avoiding dangerous abbreviation.

Changes to the pharmacy area are also allowing for:

• Improved patient experience through improvement of space to provide privacy and less crowding
• Separation of the drop-off and dispensing for Al Gharaffa and Al Rayyan
• Reduced queuing
• E-cash /cashier placed closer to pharmacy section for ease of payment for medication instead of having to go across the floor
• Reduction in waiting times

In 2013 an improvement plan for use of appointment system for all health centres was developed and a significant reduction in waiting times for ophthalmology and dental appointments was seen.

“"The dental center at Riyadh Saleheen, I give it 100%, you make the appointment after 2 or 3 weeks then you go and enter at the same time. One of the positives is that they send you a message before your appointment by one day to tell you that tomorrow you have a visit and they call within half an hour before the appointment.”" (Qatari male patient)

Readiness and compliance to meet accreditation requirements - Throughout 2013, we have continued to progress with our implementation of Accreditation Canada International Standards. The Accreditation Canada team conducted a mock survey in September 2013 and confirmed that the team saw consistent evidence of a strong commitment to excellent client outcomes through continuous quality improvement and to the survey as a standards framework from which to address variation.

Utilizing our own self-assessment and the feedback from the Accreditation Canada team we have completed implementation processes within all 21 of our health centres (this process included reviewing all of our policies and procedures, implementing any required changes/ processes and training all of our health center staff). PHCC achieved “Platinum” status towards the Accreditation Canada Standards and we are confident that all this hard work will not only result in the accreditation of PHCC against these international standards but has resulted in improvements to the quality of care that we deliver to our patients.

Clinical effectiveness is focused on demonstrating improvements in quality and performance. It is about doing the right thing at the right time for the right patient:

• The right thing (evidence-based practice requires that decisions about health care are based on the best available, current, valid and reliable evidence)

• In the right way (developing a workforce that is skilled and competent to deliver the care required)

• At the right time (accessible services providing treatment when the patient needs them)

• In the right place (location of treatment/services)

• With the right outcome (clinical effectiveness/ maximizing health gain)
Throughout 2013, PHCC have been working hard to develop a robust framework to ensure all of these achievements can continuously be met by ensuring processes are in place to inform, change and monitor practice.

Three essential components of clinical effectiveness are the availability, awareness and implementation of clinical guidelines. These guidelines promote interventions that have proved benefits to the patient and make it more likely that patients will be cared for in the same manner regardless of where or by whom they are treated.

A suite of protocols and guidelines have been developed across a range of conditions including those related to the clinical areas identified within the National Primary Health Care Strategy. These guidelines and protocols are integral to the wider improvement and strategy implementation work being undertaken and as such a robust process of communication, training and implementation to ensure compliance is in process.

The clinical audit process is one of the initiatives of Clinical Affairs Department that aims to fulfill the vision and ultimate goal of quality care and patient safety. The key component of clinical audit is that there is a continuous cycle of reviewing (or auditing) to ensure that what should be done is being done, to ensure the appropriateness of the care or services provided to the patient. We have developed a number of audit tools and checklists to support this process and audits undertaken (in a number of pilot health centres) in medication management, laboratory services and reporting of identified / suspected communicable diseases and Multi Drug Resistant Organisms. The data received from these audits is currently being analyzed and reports detailing the results and identified areas for improvement will be available to the relevant health centres ensuring sharing of lessons learned.

**Opportunities and Next Steps**

- Implementation of National Primary Care Strategy which includes core areas of Programme Management, Service Specification and monitoring, improving patient access to services and commissioning plan for 17 new Health Centres

- Roll out all improvement programs successfully implemented in the pilot sites across all Health Centres and commence phase 2 of the improvement program

- To further develop the clinical effectiveness framework and expand the clinical audit program

- Development and implementation of facilities maintenance programme across PHCC property portfolio ensuring PHCC provides its patients with a health centre environment that is person-centred, safe and effective.

- Improve the organizational compliance to policies and procedures

- Improve collection and reporting of organizational performance management

The achievements of the last year have demonstrated to staff that real improvements can be made to the services provided to patients. This has resulted in an engaged and enthusiastic workforce who is committed to continuing to drive this improvement.

As we move forward we are not only committed to sustaining the improvements we have made over the last year but building on these achievements and ensuring we continue to improve. We look forward to receiving our final survey report from Accreditation Canada International and utilizing the feedback to drive standards forward. Ensuring continued compliance to organizational policies and procedures throughout the organization but also striving for even greater standards.

The further development of the clinical effectiveness framework and the expansion of the clinical audit program will help us to achieve this goal. We will strive to increase the number of clinical auditors with proficiency in the field who could contribute effectively to the project.

Whilst substantial improvements have been made, there is still much work to be done. We are moving into the ‘implementation phase’ of service specifications. The Operations team will use the service specifications to deliver each service as set out by the working group. Service Development staff will continue to monitor the delivery of each service every 6 months for the new program & yearly after, to identify successes and necessary amendments.

6 New health centres are due to be completed between 2014-15, whilst the development and implementation of a facilities maintenance programme across PHCC property portfolio and the second phase of the health centre improvement programme will ensure that all of our health centres provide a person-centered, safe and effective environment.
Challenges
The extent and pace of change required to meet the challenge laid down by the National Primary Health Care Strategy should not be underestimated. To deliver our objectives we have multiple groups working on ensuring delivery and to manage the risk of competing demands on our workforce. Within PHCC we recognize this challenge and have invested significantly in project management expertise to support both the process and our employees to effectively manage this challenge.

Strategic Goal 2: Excellence in Workforce - By developing and expanding a skilled and motivated workforce to deliver better health outcomes for the public.

The following priorities were identified for 2013-14:

- Develop a workforce learning and development plan that will ensure that PHCC staff can fulfil and implement Primary Care Strategy
- Recruit and establish a comprehensive Occupational Health and Safety Department for PHCC staff
- Development of a modern logistical supports service that can provide resources and systems to ensure our ability to meet patients and staff needs.

Achievements in 2013-14
Education and training are core activities of PHCC with many staff committed to teaching and training our current and future workforce. Education and learning underpins the delivery of safe, compassionate and skilled care and is an essential to enabling us to meet our strategic and organizational objectives but also in supporting all of our staff in maintaining and improving their professional competence by acquiring new knowledge and upgrading their skills to improve the quality of health care they provide to their patients.

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 that meet these needs and enable teams to put their learning into practice. To ensure that the right training and development opportunities are provided, the team not only engages with the workforce, it also considers the organizations objectives, new policies and guidelines introduced and other changes or improvement initiatives planned. The workforce and training team has collaborated with other colleagues within HR, organizational development (OD), and staff performance to produce an integrated HR strategy with a specific section on workforce training. An annual work plan has also been developed to ensure that all strategic and organizational objectives are supported and enabled by workforce training and development, which in turn will lead to a skilled and competent workforce, that is able to meet the future demands of the population.

The progress against the work plan has been significant. The new corporate orientation programme was introduced in July 2014. The Corporate General Orientation Programme is the first step in familiarizing the new employee to understand PHCCs, vision and goals and in assisting the new employee to fit in with the team and the organization as a whole. The programme also provides basic knowledge and information on all subjects relevant to all new staff such as safety, basic life support and infection control.

A total of 200 clinical and non-clinical staff attended one-day corporate orientation programme in 2013. Of the total sessions held, two sessions were conducted in Arabic and three in English language.

The response rate for evaluation of the orientation programme was an 85% from 165 participants. Of these, 99% of participants positively evaluated the one day programme.

There has also been profession specific orientation programmes introduced for nurses and laboratory staff with plans to extend these for other professional groups.

All staff in PHCC from appointment are required to complete the following mandatory training to ensure quality and safety of service.
We also have a major program for continuous professional education and development for physicians and pharmacists and have plans to deliver a program for nurses in 2014. We are currently in the process of seeking accreditation from the Supreme Council of Health for our continuous professional development programs.

Mandatory Organizational Education for Specific Staff:
- ACLS and PALS for specific teams e.g. resuscitation teams in health centres.
- Fire Warden (for specific Fire Warden teams)
- Information Governance
- Clinical Record Keeping
- Customer Care (Extended)

This training has been incorporated into an annual training plan to assist managers with effective planning and facilitate release of staff for training without affecting service provision.

### Summary of Training Delivered - 2013

<table>
<thead>
<tr>
<th>Clinical Training</th>
<th>No. of Training</th>
<th>No. of Attendees</th>
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</thead>
<tbody>
<tr>
<td>Clinical Trainings - General</td>
<td>29</td>
<td>1220</td>
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<tr>
<td>Basic Life Support</td>
<td>8</td>
<td>168</td>
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<tr>
<td>General Nursing Orientation</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>CME for Physicians</td>
<td>19</td>
<td>1995</td>
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<tr>
<td>CPD for Pharmacists</td>
<td>6</td>
<td>627</td>
</tr>
<tr>
<td>CME Parallel - Evening</td>
<td>58</td>
<td>4563</td>
</tr>
<tr>
<td>International Scientific Conferences - PHCC Sponsored</td>
<td>75</td>
<td>90</td>
</tr>
<tr>
<td>International Scientific Conferences - Drug Company Sponsored</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>238</strong></td>
<td><strong>8803</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Non-Clinical Training</th>
<th>No. of Training</th>
<th>No. of Attendees</th>
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<tbody>
<tr>
<td>Non Clinical Training - General</td>
<td>42</td>
<td>758</td>
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<tr>
<td>Health Safety</td>
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<td>281</td>
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<tr>
<td>Corporate Orientation</td>
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<tr>
<td>Customized Training</td>
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<td>External Training</td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>69</strong></td>
<td><strong>1387</strong></td>
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</tbody>
</table>

We also have a major program for continuous professional education and development for physicians and pharmacists and have plans to deliver a program for nurses in 2014. We are currently in the process of seeking accreditation from the Supreme Council of Health for our continuous professional development programs.

With such a significant change program underway within the organization we are actively seeking more flexible methods of learning for our staff and we have launched our first e-education pilot, as a blended learning opportunity for PHCC, in partnership with the Ministry of Information, Communications and Technology (ICT Qatar). Over 450 Physicians across PHCC have online access to BMJ Learning and currently we have acknowledgement that PHCC has the highest uptake of BMJ Learning, beyond the UK. Simulation and scenario based training delivered within the health centre has also been provided for our staff.
Strategic Goal 3: Excellence in Organizational Learning and Development
- By ensuring the organization as a whole has the culture and systems in place which enable it to continuously improve.

The following priorities were identified for 2013-14:

- Development and implementation of the PHCC Organisational Development plan
- Ensure that PHCC follows best governance practices and has strong corporate assurance controls so that it can deliver its core objectives.
- Development and Implementation of Health Information Systems that will enable successful implementation of Primary Care Strategy

Achievements in 2013-14

During 2013-14, PHCC established its Corporate Governance function to further strengthen the activities of the organization and providing support and active advice to the Managing Director and the Senior Executive Management Committee.

In support of PHCC meeting its objectives, the Corporate Governance team has developed a Corporate Risk Management Framework, Corporate Governance Handbook, Code of Conduct and its related policies and PHCC Business Plan has been developed. In addition, following best practice in the health care industry the Corporate Governance office has developed processes and policies to support the transparency in decision making process, including a Gifts and Hospitality policy, Conflict of Interest Policy, Ethics Framework, Procurement and Contracts Process and the development of the Delegation of authority for signatories within PHCC. The focus of the team is to ensure there are mechanisms in place providing assurance on the delivery of PHCC’s corporate goals and priorities by highlighting key risks supported by robust action plans for mitigation purposes and ensuring that all identified risks are managed.

Primary Health Care Corporation (PHCC) is collaborating with Hamad Medical Corporation (HMC) to provide each patient in Qatar with a personal Electronic Medical Record (EMR) supported by Clinical Information Systems (CIS) to...
opportunities and next steps

Looking ahead PHCC will ensure that the new medical records will have completion rates of 40% in 2014-2015 and 100% completion in 2015-2016. Medical Coding will be ongoing throughout the next 3 years and PHCC will ensure that its coding is accurate and quality assured. The HIS implementation plan will focus on connectivity between health centres, HMC and HQ, electronic registration and scheduling system, Medicom RnA as a stepping stone towards Cerner, integration of care delivery, computerized orders and results, e-prescribing & clinical documentation, shared electronic medical record (EMR), continuum of care delivery between primary and secondary care providers through referral system, clinical reporting and decision support and staff training on HIS.

challenges

We recognize we have many challenges facing us. However, we are confident with our robust planning and efficient resource allocation we will achieve these targets. Some of the key challenges include; capital expenditure on IT equipment to be fully utilized throughout the period 2013-2016 and a new data center for back-up and recovery to be 50% competed in 2014-2015 with final completion in 2015-2016.

strategic goal 4: excellence in customer services - by ensuring that our services, staff and facilities are centered on our customers’ needs.

the following priorities were identified for 2013-14:

• Promote a quality and safety culture in PHCC through incident reporting that ensures focus on staff and patient safety.

• Promote an inclusive stakeholder model to improve patient experience and public engagement in the work of PHCC.

achievements in 2013-14

At PHCC the focus on Patient Safety in everything we do has been a core principle throughout our journey. We follow the principles of seven steps to patient safety; build a safety culture, lead and support staff, integrate risk management activity, promote reporting, involve and communicate with patients and public, learn and share safety lessons and implement solutions to prevent harm.

"They are now quicker, I was asked to come for my blood test the very next day. The report was available in the afternoon and I could see the doctor in the evening.”

(Asian expat)
During the reporting year the quality department at PHCC has focused on enhancing patient safety in order to enhance the experience of our patient population by making our services safe and efficient. The key achievement during 2013-14 has been in achieving Accreditation Canada by further strengthening the quality of service and patient safety. This includes the development of clinical audit plans, clinical framework, delivering focused training for staff working in clinical capacities and recruiting to more specialist roles within the health centres. Achieving the “Platinum” status from Accreditation Canada International provides us with a road map to sustain and further improve the experience of our patients.

During 2013-14 PHCC introduced Front Office Improvement and Customer Service projects in some of its health centres. We have developed new feedback cards and have made these available in all health centres since November 2013. The numbers of completed forms returned to HQ for recording and analysis continues to increase rapidly, with Hayyak staff actively promoting completion of the cards to capture both positive and negative feedback from patients. The launch of “Hayyak” has seen some significant improvements to the customer services.

PHCC recognizes the importance of its stakeholders and value their input into the design and redesign of our services. During 2013-14, PHCC established a patient consultative council. The first pilot of Patient Consultative Council was completed at Al Rayaan HC. A ‘lessons learned’ review process has resulted in a decision to redesign the model for Patient Consultative Councils. A target date for phase 2 pilot will be September 2014.

**Opportunities and Next Steps**

Accomplishment of accreditation is only part of the quality journey. Quality of our services and experience of our patients drives us as an organization. The work carried out during 2013-14, and the Accreditation Canada process enables us to continue our journey in delivering the best possible care for our patients and achieve our mission in becoming a “provider of choice for the state of Qatar”.

In 2013-14, PHCC has implemented the first ‘go live’ at Al Daayen, and a roll-out plan is in place for the next 20 health centres in agreement and jointly with HMC.

In the coming years PHCC, in line with our plans all providers in Qatar would carry out an annual patient experience survey which will form part of the annual patient satisfaction survey via “Hayyak” customer service program.

Over the next few years we will be working on a major expansion in the number of PHCC health centres and we have plans in place for the commissioning of nineteen (19) new health centres (including additional and replacement) in the next three (3) years starting with six (6) health centres (Al Karaana, Al Ghuwairia, Umm Salal, Al Roda, Al Nuam and AL Muntazah) which will be completed during 2015.

**Challenges**

2013-14 has been a year of development for PHCC and the excellent foundation work for PHCC’s future. We face many challenges including the sustainability of the foundation work, implementing and further embedding the quality initiatives across all functions of PHCC, delivering awareness and training sessions for all staff and putting further measures in place to enhance the safety of our patients and improve and excel their experience when they access our service.
Strategic Goal 5: Excellence in Partnerships - Establishing effective relationships with all partners to deliver high quality primary care services.

The following priorities were identified for 2013-14:

• Procurement of private sector partner for the running of four health centres and successful further development of the contract.

• To enable individuals and communities in Qatar to take active responsibility over their health and determinants of health provision in collaboration with relevant partners.

• Development of procurement and purchasing services that will use systems and guidelines to ensure that when we acquire products and resource that we do so in the most efficient manner.

• Develop a plan to ensure PHCC has emergency preparedness procedures and policies.

• Work in partnership with External Stake-holders (such as ASGHAL, MMUP, SCH, Diwan Amiri, other)

Achievements in 2013-14

The Primary Health Care Corporation is procuring a world-leading private sector health organization to provide primary care health and wellness services from two existing health centres, and two new health centres.

A preferred bidder is being selected and it is anticipated that the contract for outsourcing will commence later in the year. Patients will benefit from having new health centres that will have world class resources.

Health Promotion have completed the following activities to enable individuals and communities in Qatar to take active responsibility over their health and determinants of health provision in collaboration with relevant partners

• Started work towards achieving the objective of vending machines in PHCC facilities to only stock healthy food.

• Started to work on establishment of a database for follow up and tracking of quitting rates for smokers

• Mapped and documented all currently available health promotion interventions at the PHCC level

• Draft proposal for wellness clinic is prepared and PHCC has developed a plan for the expansion/roll out of the service (start with two health centres in year 1)

Tobacco Cessation

• PHCC has trained physicians in Al- Garrafah health centre to implement the smoking cessation clinic

• PHCC has prepared education material for the smoking cessation clinic

• PHCC has completed the smoking cessation clinic report

• Celebrated the World No Tobacco Day

• Worked with public relations in marketing for the smoking cessation clinics

• PHCC has trained community medicine residents in the smoking cessation clinic
Opportunities and Next Steps

In 2014 Health promotion will:

• Collect and review all existing health educational materials within PHCC.

• Establish a steering committee for the healthy workplace planning process.

• Collaborate with the SCH to tailor their healthy workplace approach to the PHCC needs.

• Mapping of partners with whom PHCC can develop joint health promotion campaigns, health education, communications, interventions and training programs.

• Map potential partners in relation to the Health Promoting Schools component.

• Develop a calendar of health promotion events and campaigns and communicate it to the general public.

• Set up a steering committee between SCH and PHC providers that meets regularly.

• In 2014, establish what proportion of their budget is spent on health promotion and ensure a process is put in place to increase the budget year-on-year.

• In 2014, we will incorporate SCH activities into the calendar of health promotion events and campaigns.

Challenges

One of the biggest challenges facing us is to change the culture, mind-set and behaviour of the people of Qatar and effect change that will focus on healthy living, weight management and physical exercise.
Staff and Patient Safety
At PHCC we believe that safety of our staff and safety of our patients is of paramount importance. We believe in providing services to our patients in the safest environment possible by fully trained and professional workforce.

We promote a quality and safety culture in PHCC through incident reporting that ensures focus on our staff and patient safety. To ensure safety of our patients we have developed a number of procedures and policies that relate to patient safety. These policies are embedded into practice and used by staff delivering the care on the front line and ensure that risk to patient safety and to the safety of our staff is minimized.

PHCC is committed to increasing the safety standards across its services to ensure that patients’ needs are always at the center of our decision making process. We have undertaken a range of activities to ensure this. Our activities include pharmacy training & induction plan for new-starters, ensuring all pharmacists have a license to practice, competencies developed and competency assessments conducted for 50% of pharmacy staff, and at least 50% of pharmacy staff have attended a minimum level of CPD sessions. We have seen an improvement in patient satisfaction levels. We have also implemented a range of ACI related quality outcome measurements including preventive maintenance. We have also implemented radiation safety and developed a radiology internalization plan which includes measurements on recruitment of Radiologists, volume of patients for full scope ultrasound, and radiology report turnaround time (from the time exam completed to the time report is developed).

We aim to enhance knowledge and skills of quality improvement among 30% of PHCC staff and enhance organizational learning based on Clinical Audits, Risk Management activity and Data Performance Measurement with at least 2 system improvements. We are also increasing the compliance of safety standards across PHCC by 30%, and increasing the knowledge and skills in key areas of work including infection control and prevention in frontline staff by 10% as a minimum and improving the standardization of service delivery across PHCC by 30%.

Accreditation Canada is one of the means to achieve this most vital aspect of our role as the custodian of the safety of our patients and staff. However, our journey in maintaining and establishing grounds for safer place for our patients and staff is long lasting and it will continue post the accreditation with an aim to thrive.
Corporate Governance and Risk Management
Corporate Governance and Risk Management

Our Corporate Risk Management framework outlines the roles and responsibilities for the day to day management of risk. The Senior Management Executive Team are responsible for ensuring that systems are in place within our various directorates and services enabling teams to manage risk and monitor performance against the delivery of mitigating actions. Members of the Executive Team are held to account through the Senior Management Executive Team Committees.

The Managing Director, Senior Executives, managers, patients and the Supreme Council of health must be assured that effective arrangements are in place to continuously monitor and improve the health care services provided and that areas highlighted through the process as requiring further work are effectively addressed. Organizational learning from identification or realization of risk ensures improvements are implemented to provide a safe and excellent service to our patients.
Financial Statements and Financial Governance
Financial Statements and Financial Governance

The PHCC Finance function was developed at the end of September 2011. The policies and procedures that were used at that time were based on the SCH and HMC policies. In February 2012 PHCC was established as a separate independent organization and new financial policies were established to comply with its new structure and articles of governance.

PHCC finance is currently following the Ministry of Finance’s guidance to use the governmental accounting ‘Cash Basis’ method for Ministry of Finance reporting, however, the accrual basis is used for internal reporting requirements to provide report readers with the ability to read the reports in a more meaningful and comprehensive manner.

For the next two years we expect the organization’s budget requirements to continue to be funded by the government, but starting from the year 2015-2016 this mechanism may be changed as a result of the health insurance system implementation. The implementation of this mechanism may be challenging from a cash flow perspective considering the complexity of the new system for reimbursing insurance claims, but in time with familiarity about the system and the increase in efficiency of the operations staff, the organization will have an excellent opportunity to utilize its revenues in a more effective way.

For the coming three years we anticipate that the activity based budgeting method will continue and will not put additional efforts on Finance in implementing new methods of budgeting.

| Budget for Fiscal Year 2013-2014 compared to prior year’s budget (in QR millions) |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|
|                                 | Manpower Operatiing Expenditures | Capital Expenditures | Total |
| Current Year’s Budget           | 712              | 562              | 255              | 1529             |
| Prior Year’s Budget             | 536              | 370              | 100              | 1006             |
| Change                          | 176              | 192              | 155              | 523              |
| % Change                        | 33%              | 52%              | 155%             | 52%              |

Manpower

The manpower budget in 2013-2014 increased by 33% from 2012-2013. This increase is due to:

• The manpower needs for new program roll outs (such as the Home Care and the Wellness programs)
• The expansion of hours of operations and weekend coverage (the 24/7 program)
• The staffing build up within the organization in accordance with the new organizational structure
• Normal increases in staff salaries

33%
Operating Expenditures

Operating expenditures for 2013-2014 increased by 52% from last year’s budget. Major expending increases are as follows:

**Consultants and outside services**
- for new projects and initiatives

**QR18 million 5%**

**Medicines and medical consumables**
- this includes QR61 million for anticipated increase in usage due to the population growth, and for roll out of new services

**QR80 million 22%**

**Rents of land, buildings and stores**
- New warehouses rent and relocation to new HQ

**QR36 million 10%**

**Cost of new computer programs**
- for the implementation of E- business suite - such as Oracle ERP, Hyperion, etc.

**QR17 million 5%**

**Capital Expenditures**

This year’s capital budget of QR255 million represent a 155% increase from last year’s budget. The overall increase in the capital budget for this year can be attributed to the ongoing facility renovations and refurbishment, equipment needs for the facility refurbishments, expansion of services (such as radiology and ultrasound), and the implementation of data and information technology initiatives.

Major increases are mainly for:

**Minor works and maintenance**
- for infrastructure improvement (including setting up new HQ), renovations and overall upkeep

**QR170 million 170%**

**Medical equipment and apparatus**
- mostly for equipment replacement and expansion of services

**QR29 million 30%**

**Miscellaneous equipment and tools**

**QR8.5 million 8.5%**

**Information technology enhancement**
- projects such as the IP Telephony project and Q-matic
The 3 year budget plan is presented below for reference

<table>
<thead>
<tr>
<th></th>
<th>Manpower</th>
<th>Operating Expenditures</th>
<th>Capital Expenditures</th>
<th>Total</th>
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<td>Current Year’s Budget</td>
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<td>562</td>
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<tr>
<td>FY 2014-2015</td>
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<td>768</td>
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<td>FY 2015-2016</td>
<td>2307</td>
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<th>CHANGES FROM CURRENT FY’S BUDGET</th>
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<td>FY 2014-2015</td>
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<td>73</td>
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<tr>
<td>FY 2015-2016</td>
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<th>% CHANGES FROM CURRENT FY’S BUDGET</th>
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</thead>
<tbody>
<tr>
<td>FY 2014-2015</td>
<td>4%</td>
<td>37%</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>FY 2015-2016</td>
<td>224%</td>
<td>79%</td>
<td>-19%</td>
<td>130%</td>
</tr>
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</table>

**Potential Risks**

There are potential risks that may have a financial impact on PHCC but cannot be quantified at the moment. They are as follows:

- **Changes in funding** - PHCC is currently a fully funded government entity. Budgets are funded by the government in its entirety. In the future (years 2015 - 2016), there are initiatives that may change this process wherein government funding may be limited to manpower - operations and capital expenditures may have to be funded by alternative sources.

- **Private health care operators** - within the framework of the Health Insurance system, privately operated health care centres will be allowed to operate and will compete directly with PHCC. It is not known how competition will impact PHCC financially.

- **Health Centres of Excellence** - this is a pilot program to have 2 health centres privately managed by internationally known providers. Terms and financial impact are not known.

- **Health Insurance** - a new revenue source to fund expenditures - when the government mandates that companies pay for their workers’ health care cost, PHCC will be dealing with insurance companies for re-imbursement of these costs. The mechanism of how the process will work is still in the build-up stages.

With these risks there is also opportunity. The possible changes in the budget funding scenario and the possibility of having direct competition in providing health care services may provide the opportunity to focus on efficiency and cost savings to make the organization more effective in meeting its objectives.

**Challenges and Opportunities**

There will be challenges in the future and the organization has developed strategies to address those challenges.

Foremost of these challenges is providing timely management reports because of the mostly manual nature of collecting financial information. PHCC has addressed this by initiating projects to upgrade the current Management Information System. Currently in progress is the Oracle ERP project, the installation of the billing system, the Hyperion planning platform and other enhancements. When implemented these systems should provide timely, accurate, and meaningful financial reports to decision makers.
Key Achievements – National Primary Health Care Strategy 2013 - 2018
Key Achievements – National Primary Health Care Strategy 2013 - 2018

Areas of Work | Summary of Progress and achievements | Patient Benefits
--- | --- | ---

**Patient Pledges**

1. Publish annual reports

- First draft of the Annual Report ready in April 2014
- Internal PHCC review and development process April 2014
- Approval of PHCC Annual Report April 2014
- PHCC Annual Report published August 2014

By ensuring that the PHCC Annual Report 2013-2014 is focused on patient outcomes and needs we will be able to plan better to provide the right service at the right time and by the right person.

2. To provide continuity of care by ensuring that all patients have a named doctor whom they can see on a regular basis.

Starting with Cerner/CIS implementation at Al Daayen, patient will have named primary care physician whom they can see at a regular basis; through implementation of patient flow, any patient will be given a follow-up appointment with the same doctor. This system has already started at Al Daayen health centre.

If patients have a named doctor on a regular basis then they will be able to place more trust in their treatment and the clinician who is offering this treatment will be able to form a mutual understanding that will benefit the treatment of the patient.

3. Introduce a yearly “health check” for those who the evidence suggests would benefit.

Currently, following clinical guidelines for diabetic patients, yearly “health check” is not introduced.

New clinical guidelines are the first step to ensuring that yearly health checks will be in place for PHCC’s most vulnerable groups. This will benefit patients by targeting resources where there is a greater need.

4. Provide convenient and easy access to services through the establishment of a Patient Helpline, which will help to people get the care they need.

RFI/RFP for PHCC call centre issued. As an interim measure PHCC is implementing Central Operator service for internal general inquiries which will eventually be used for appointment. The call centre will evolve into Patient Helpline.

Once the selection of the successful tender for the call centre is given then patients will be able to benefit from being able to access advice, information and treatment through a dedicated telephone number that will be staffed by knowledgeable experts on primary healthcare.
**Areas of Work**

<table>
<thead>
<tr>
<th><strong>Summary of Progress and achievements</strong></th>
<th><strong>Patient Benefits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter 1:</strong> specification development &amp; approved by ESDC on 2013. Light chapter 2 patient pathway develop be HHC working group &amp; approved by ESDC on February 2014.</td>
<td>Homecare services are at the first phase of its introduction and patients are benefitting from easy access to health care professionals in their homes. This will benefits many patients who are elderly or who have long term condition such as diabetes.</td>
</tr>
<tr>
<td><strong>Chapter 2:</strong> for plan development submitted on March 2014. Under discussion in the ESDC before final approval.</td>
<td></td>
</tr>
</tbody>
</table>
8. Improve patient experience by seeking patients’ views on services, both services already being delivered and services being planned.

Currently, new patient feedback survey forms are implemented in health centres by Hayyak to assess views on services. Patient consultative council work is under development to assess patient view on new service and planning for new services.

By seeking to involve patients in their treatment PHCC will have a better understanding of their needs and will result in appropriate changes to future service development plans based on patients needs.

9. Respect the privacy and dignity of patients and the confidentiality of patient information.

Policies draft and/or implemented: patient Identification, Consent to treat, Release of information and Patient Rights and Responsibilities.

Patients will benefit from confidence that PHCC will always respect their privacy and confidentiality and this will increase their trust of PHCC as their health care provider of choice.

10. Ensure that services are provided in a safe and clean environment.

Renovation has started to include separate clean and dirty utility room areas, policies and procedures have been drafted and training have been given to staff for fire safety, infection control issues.

The result is improved staff awareness and knowledge of management of incidents which improves patient safety and safe practice. Patients benefits in having health professionals that have high standards of hygiene that can be measured.

Quick Wins

1. PHC providers adopts five key components of health promotion

- Health promotion policy developed and in the approval process
- Assessment of all PHCC clients regarding smoking status is awaiting Cerner implementation
- Patient held records for child development is done by child health section
- Sickness absence rate already generated by HR
- PHCC Communication Plan developed

Effective Health promotion will benefit patients by targeting the preventative causes of the NCDs and ensuring that longer term financial resources can be targeted effectively at patient needs.

2. Guidelines for the most common NCDs in Qatar are established to ensure consistency of treatment

- Evidence-based clinical guidelines have been developed for the following conditions (Asthma, Type II Diabetes, Dyslipidemia, Hypertension, & Cardio Vascular Disease), under the approval process
- Guidelines for common NCDs developed (Diabetes Type 2, Hypertension and Bronchial Asthma)

Developed evidence based guidelines will help improve patient services by equipping health professionals with best practice and knowledge to apply the best care.

3. Disease registers are established in primary health care for those suffering from NCDs

Achieved for standalone NCD registers & electronically accessible NCD registers in 2013

PHCC will be able to target resources and plan more effectively based on intelligence received from disease registers. Patients with NCDs will then benefit from better services and resources.
### Areas of Work

#### 4. Checking on mental health status will be a routine part of primary health care appointments.

- After the development & approval of guidelines, patients pathway & referral protocols; training of PHCC doctors will take place through TOT process & psychotropic medications will be available across the PHC health centres.
- Chapter 2 lite which includes patient pathway through the primary health care was developed & approved.
- Chapter 2 service speciation was developed & submitted for approval. Next step is to hand over the mental health into operation department for implementation through piloting.
- Training of PHCC doctors will be done through TOT process over 2014.
- Training specifications was developed and submitted to the training & workforce department to procure the trainers.
- Guidelines will be disseminated across the PHCC after agreements & approval in which endorsement of those guidelines will take place for PHCC doctors.
- Depression guideline was finalized by the working group & submitted to the guideline committee for approval.
- Edinburgh Postnatal Depression Scale assessment of Postnatal women to commence as part of the PN check-up pilot

Mental health services in PHCC will benefit patients by having clinicians who are well trained and experienced in assessing mental health of patients in accessing primary health care services.

#### 5. Post natal check-ups are available at six weeks for women who have had a natural birth

- Prepared pilot sample of Gestational Diabetic mothers to commence in 2014.
- Stakeholder’s engagement achieved by 2013.
- Guidelines were finalized & in process for approval by the Guideline Committee.
- Operational Pause placed on a pilot until external accreditation process completed in May 2014. Pilot sites will include all HC’s sample of women for this pilot will be all Gestational Diabetics who have undergone a SVD.

Families will benefit from having post natal checks at 6 weeks in line with best practice across the world in primary health care service delivery.
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<tr>
<th>Areas of Work</th>
<th>Summary of Progress and achievements</th>
<th>Patient Benefits</th>
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| 5. Post natal check-ups are available at six weeks for women who have had a natural birth | **•** Prepared pilot sample of Gestational Diabetic mothers to commence in 2014.  
**•** Stakeholder’s engagement achieved by 2013.  
**•** Guidelines were finalized & in process for approval by the Guideline Committee.  
**•** Operational Pause placed on a pilot until external accreditation process completed in May 2014. Pilot sites will include all HC’s sample of women for this pilot will be all Gestational Diabetics who have undergone a SVD. | Families will benefit from having post natal checks at 6 weeks in line with best practice across the world in primary health care service delivery. |
| 6. Patient held records for 0-5 year olds are in use. | Child Health Notebook implemented in September 2013 | Families will benefit from continuous ongoing support of their children throughout early stages of their lives. |
| 7. All PHC providers should have established a patient consultative council | First Pilot of Patient Council completed at Al Rayaan HC. A lessons learned review process has resulted in a decision to redesign the model for Patient Councils. Target date for phase 2 Pilot September 2014. | By involving the community patients will benefit from service planning and redesign focusing on their specific needs and aspirations. |
| 8. Eleven existing PHCC centres are refurbished | Renovation and refurbishment are in progress and expected to be completed in 2014-15. | Patient will, benefit from having modern, spacious and aesthetically pleasing environment that will have enhanced services to offer them. |
| 9. Primary Health Care research plan is developed | Research department is established under Clinical Affairs Directorate. Some of the prioritized topic includes NCD, Childhood Illnesses, Epidemiological research to provide primary data on life course health issues, mental health, family and community health etc. | By developing research plan for primary health care, patients will benefit from having clinicians who are working on establishing best practice across their specialisms. |
| 10. Private Sector Partner takes over running two PHCC centres | **•** The provision of state funded primary health care service through a private sector partner arrangement had not been done before in Qatar; The contracting process is highly complex due in part to emerging health economy funding changes (SHI)  
**•** Procurement process in final stage; Preferred bidder identified (subject to ministerial approval)  
**•** October 2014 target date for PSP commencement | With the expansion of new health centres, patients will benefit from having new health centres that are run by large professional companies who will provide the best care. |
Conclusion and Looking Ahead
Conclusion and Looking Ahead

The successful implementation of the health centre Improvement program within the pilot sites and the work around preparation for Accreditation Canada assessment has demonstrated to staff that real improvements can be made to the services provided to patients. This has resulted in an engaged and enthusiastic workforce who is committed to continuing to drive this improvement.

There are many improvement initiatives that are either continuing or are due to commence in 2014-15 and strategy development will move from the planning to the implementation and operationalization phase. It is well documented that such significant organizational change can place additional pressure on our teams; there are also risks that improvement projects do not compliment each other. Within PHCC we recognize this challenge and have invested significantly in project management expertise to support both the process and our employees to effectively manage this challenge.

The landscape post accreditation will be to continue building the momentum to deliver the business plan in year 2 where we will focus more on primary health care strategy implementation and expansion of our health centres and services. With 6 new health centres opening in 2014-2015 this will require a huge effort in terms of recruitment, purchasing, logistics and corporate services to ensure that we deliver on our corporate goals of providing excellence in healthcare services.

There will also be a focus on communications and the implementation of the Communication strategy will begin to take shape with focus on promoting the PHCC corporate identity and ensuring that our stakeholders and patients are aware of the changes that are happening in primary health care services from improvements to opening of new health centres. This will ensure that PHCC will be the foundation and first point of contact for healthcare in Qatar which will fulfil the Qatar National Vision 2030.

A key focus for 2014-2015, will be to ensure that assurance for all projects and programmes is given to the Managing Director and Senior Management Executive Team so that PHCC will know that we are on track to deliver our corporate goals. This will require robust performance management reporting on key performance indicators at a national level, corporate level and health centre level. The procurement and implementation of a corporate performance management system in 2014 will provide a performance improvement report that will show progress against national indicators as agreed by the Supreme Health Council; PHCC Business Plan and National Primary Health Care Strategy.

PHCC Workforce development is central to ensuring that we can deliver on expansion and improving services. The workforce development plan will be focussing in 2014 on ensuring that we focus on developing our current workforce through innovative training and staff development.