

MODULE 7 | SAFE PATIENT CARE, PHC STANDARDS AND QUALITY IMPROVEMENT

PHC Standards and Hospital Safety Governance

Practical hospital governance in Punjab, Pakistan

Know the applicable standards.
Make safe care visible in daily hospital work.

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Safety governance in a tertiary hospital

The Medical Superintendent needs a clear link between the applicable standard, the person responsible and evidence of safe practice.

- Identify PHC duties and the applicable MSDS.
- Assign responsibility for each safety requirement.
- Check practice, records and unresolved risks.
- Prepare and follow up a regulatory inspection.

OFFICIAL SOURCE

A principle tied to a named law, standard or official guidance.

WORKING METHOD

A practical control or teaching format to adapt to the authorised system.

TEACHING CASE

An invented hospital example, used to practise applying the correct process.

Study output

A standards register, an evidence map and a short safety action report.

Module 7 | Presentation 1 of 5. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

Patient safety and clinical governance

Patient safety concerns preventable harm and the reduction of unnecessary risks arising from healthcare.

What leadership must organise

- Safe care depends on workable procedures, competent staff, reliable supplies and timely escalation when care becomes unsafe.
- Clinical governance is the arrangement through which the hospital takes responsibility for the quality and safety of its clinical services.

What the MS needs to see

- A named person owns each important risk. The record shows what happened, what action is needed and who can authorise it.
- Patient concerns, incident reports and quality measurements inform management decisions and follow-up.

A safety concern can involve several departments. Assign one person to coordinate the complete response.

Sources: **W1**: overview and systems approach | **W2**: strategic framework

The five lectures in this module

The sequence connects regulation to everyday care and then to learning and improvement.

Lecture	Main question	Practical result
29. PHC and governance	Which standards apply, and who is responsible?	A standards and evidence map.
30. Safe care	Where can the patient journey fail?	Checks for critical care transitions.
31. Infection prevention	How are infection and environmental risks controlled?	An IPC action and monitoring plan.
32. Incidents and complaints	How will the hospital respond and learn?	A review and follow-up record.
33. Quality improvement	How will we know whether a change helped?	A measured improvement project.

IPC means infection prevention and control. MSDS means Minimum Service Delivery Standards.

WORKING METHOD | Illustrative material is identified in the text.

The different sources of a requirement

Identify what gives a requirement its authority before writing a local policy or reporting compliance.

Source	What it establishes	Hospital action
PHC Act and regulations	The regulatory powers and duties that apply.	Read the relevant provision and current instruments.
Applicable PHC MSDS	Required service standards and indicators.	Use the correct category, edition and assessment tool.
Institutional orders and policies	Approved responsibilities and local procedures.	Check authority, scope, issue date and current version.
WHO and other guidance	Evidence and methods that can support safer care.	Adapt through the authorised clinical and management process.

An international recommendation does not become a Punjab statutory requirement merely because it appears in a presentation.

Sources: **P1**: ss. 20-21 | **P2**: introduction | **W2**: purpose

PHC coverage includes public hospitals

The Punjab Healthcare Commission Act 2010 applies to the establishments listed in section 1(4).

The statutory scope

- The list includes public and private hospitals, charitable and trust hospitals, non-profit organisations, and semi-government and autonomous healthcare organisations.
- An institution should identify its actual legal and licensing position. Public ownership does not itself remove PHC obligations.

The MS record

- Keep the registration certificate, licence, approved service scope, inspection reports and PHC correspondence together.
- Record the responsible institutional officer, authorised contact and current deadlines or directions affecting the hospital.

This course concerns Punjab, Pakistan. Standards and statutes from other jurisdictions need separate applicability checks.

Sources: **P1**: s. 1(4), ss. 13-17

Registration and the two licensing stages

The documents serve different purposes. Record their actual status and conditions.

Stage	Meaning	What to check
Registration	Registration of the healthcare service provider under section 13.	Correct identity, premises and registration record.
Provisional licence	Issued on a complete prescribed licensing application with required documents and fee.	Actual issue, conditions, requirements and PHC directions.
Regular licence	Issued following inspection and compliance with the applicable framework.	Approved scope, validity, conditions and continuing compliance.

Regulation 11(4) states that a provisional licence does not itself prove MSDS compliance.

Sources: **P1**: ss. 13-16 | **P3**: licensing types | **P4**: r. 11(4)

The hospital licensing register

Suggested working fields. Use the actual licence, regulations and PHC correspondence to complete them.

01 Identity Registered name, location and relevant establishment details.	02 Status Registration and licence type, numbers and copies.	03 Scope The establishment and purposes covered by the licence.
04 Dates Issue, expiry and the applicable renewal action dates.	05 Conditions Outstanding requirements and written PHC directions.	06 Owner Responsible officer, deputy and evidence-file location.

Keep reminders before the actual deadline. Retain submission and receipt evidence for each application or reply.

A new service or a change of premises

A new clinical activity can change the risks, resources and regulatory requirements of the hospital.

Check the licence and PHC requirements

- Section 17 limits the use of a licensed establishment to its licensed purposes and incidental purposes.
- Regulation 24 requires the prior written PHC approval, permission or licence applicable to the proposed change in capacity or services. Check premises changes separately.

Check operational readiness

- Before opening a new service, obtain the necessary institutional approval and confirm staff competence, equipment, supplies and emergency support.
- Record which additional permissions or changes are required for the actual activity. Assign an officer to verify completion.

Section 14(3) also requires information to PHC before shifting. Obtain the exact permissions needed for the proposed change.

Sources: **P1**: ss. 14(3), 17 | **P4**: r. 24; working readiness checks

Licensing, accreditation and daily safety

The Act addresses licensing and accreditation separately. Each approval or certificate has its own scope.

Regulatory standing

- Licensing concerns permission to operate under the applicable terms. Section 21 provides for a framework and procedures for accreditation.
- A hospital should describe a certificate accurately, including the issuing body, scope and validity.

Continuing responsibilities

- Leaders still need evidence that services operate safely on all shifts. Staff changes, breakdowns and new activities can create new gaps.
- Review unresolved risks, recurrent failures and patient concerns between external inspections.

An inspection result is evidence about an assessment. Safe daily care requires continuing operational checks.

Sources: **P1**: ss. 14-18, 20-22 | **W2**: safer systems and leadership

The applicable hospital standard

PHC publishes different MSDS for different categories and types of healthcare establishment.

Confirm category and service scope

- The PHC category description places hospitals with 50 or more beds in Category I. Check the category recorded for the actual establishment.
- A tertiary hospital needs the relevant hospital standards and any applicable service-specific requirements.

Confirm the current documents

- The verified hospital MSDS with a 2024 cover has 30 standards and 162 indicators in ten functional areas.
- Record the edition and document identifier. Resolve inconsistent versions with the official source before using indicator numbers or scoring rules.

Use document CG-01MS-Ed2-01092023 with the current assessment material and later PHC instructions for your institution.

Sources: **P2**: introduction and category description | **P1**: s. 20

Five functional areas closest to clinical care

PHC names these areas in its MSDS framework. The questions below are practical prompts for management.

Functional area	Plain meaning	Question for the MS
Access, Assessment and Continuity of Care (AAC)	Entry, assessment and coordinated care.	Who is responsible at the next stage?
Care of Patients (COP)	Organisation of clinical care.	Can the service safely provide what this patient needs?
Management of Medication (MOM)	The medicine-use process.	Where can a prescribing, supply or administration error occur?
Patient Rights and Education (PRE)	Respect, information and participation.	Does the patient understand the plan and know how to raise a concern?
Infection Prevention and Control (IPC)	Prevention and control of infection.	Are required precautions and surveillance working?

Use the full indicator wording for compliance decisions. Older PHC material may call the IPC area Hospital Infection Control.

Sources: **P2**: functional areas 1-5; working prompts

Five functional areas supporting the whole hospital

Clinical teams depend on management systems that remain reliable across departments and shifts.

Functional area	Plain meaning	Question for the MS
Continuous Quality Improvement (CQI)	Measurement and improvement.	What changed after the last review?
Responsibilities of Management (ROM)	Leadership and organisational responsibilities.	Who must act, and who can decide?
Facility Management and Safety (FMS)	Safe premises, utilities and equipment.	What essential service could fail today?
Human Resource Management (HRM)	The people needed to deliver care.	Are suitable, authorised staff available?
Information Management System (IMS)	Reliable and protected information.	Is the correct record available when needed?

A failure in a support service can become a clinical emergency. Review the links between these functional areas.

Sources: **P2**: functional areas 6-10; working prompts

PHC requirements for hospital management

Standard 19 requires defined management responsibilities. These groups summarise indicators 108-116.

Requirement group	Evidence to locate	Management significance
Mission and plans: 108-109	Mission and strategic and operational plans.	The service has an agreed purpose and a delivery plan.
Resources and review: 110-111	Budget approval authority and performance review records.	The plan has resources and progress is checked.
Structure and leaders: 112-113	Organogram, appointments and appropriate credentials.	Reporting lines and leadership responsibilities are clear.
Research and improvement: 114	Applicable approvals, reports and management follow-up.	Teaching and improvement activities receive oversight.
Law and community: 115-116	Applicable legal register and community activity records.	Management addresses legal and social responsibilities.

Read the full compliance requirements. PHC standards do not replace the lawful appointment or budget-approval process.

Sources: **P2**: Standard 19, indicators 108-116

Leadership qualifications and the actual post

PHC Standard 20 and indicator 117 address the qualifications and experience of the individual heading the organisation.

The standards assessment

- Indicator 117 specifies alternative qualification and experience arrangements, including the required medical or management support in the stated routes.
- Match the actual arrangement to the full indicator. Keep the job description, credentials, experience and support-role evidence.

The service-law assessment

- Appointment to a particular public post also depends on its governing law, service rules, selection process and competent authority.
- Verify the appointment order, eligibility evidence and any valid delegation. Keep these with the PHC assessment record.

Check the complete current indicator and the actual post rules together. Do not infer equivalence between unrelated qualifications.

Sources: **P2**: Standard 20, indicator 117; working applicability checks

A method for reading one indicator

Use the actual PHC document. This reading method is a working aid, not a replacement scoring system.

1	Locate the requirement	Record the functional area, standard, indicator number and exact edition.
2	Read the complete instruction	Include the intent, compliance requirements, assessment method and any stated exceptions.
3	Identify the real workflow	Find the staff, location and care process to which the requirement applies.
4	Map the evidence	List the records and observed practice needed, the owner and any unresolved gap.

Do not mark an indicator complete simply because its title appears in a local policy.

Different kinds of evidence answer different questions

Working evidence map. Use the evidence and method required by the applicable indicator.

Evidence	What it can show	What remains to check
Approved policy or procedure	The authorised process and assigned responsibilities.	Whether staff can follow it in practice.
Contemporaneous record	What was documented for a defined patient or activity.	Completeness, accuracy and connection to actual care.
Direct observation	What happens in the area and time observed.	Whether the same practice holds across shifts.
Staff or patient explanation	Understanding, experience and practical barriers.	Consistency with records and observed care.

A photograph, signature or attendance sheet may support a check. Its meaning depends on what it actually proves.

A standards and evidence register

Keep the register short enough to maintain. Store detailed documents in controlled files.

Field	Entry required	Reason
Source and requirement	Exact document, edition and indicator or clause.	Prevents assessment against an obsolete checklist.
Accountable owner	Named role and responsible department.	Makes follow-up possible.
Evidence reference	Location, date, sample and actual finding.	Allows another officer to verify the claim.
Gap and action	Risk, action owner, authority needed and due date.	Connects the finding to a decision.
Recheck	Reviewer, date, result and remaining concern.	Shows whether the correction worked.

Use the prescribed PHC assessment tool where required. This register supports management and does not confer a licence.

WORKING METHOD | Illustrative material is identified in the text.

A completed form with an unresolved safety gap

Invented example. A trolley checklist has daily signatures, but an observed equipment check identifies a fault.

Establish the risk	Ask the clinical and technical leads what safe cover is needed immediately.
Preserve the record	Keep the original checklist and record the observed fault, time and people informed.
Check the process	Determine what staff actually tested, whether they knew the method and whether faults reached the correct team.
Correct and verify	Arrange authorised repair or replacement. Recheck function and the reliability of subsequent checks.
Report accurately	State the policy and record that existed, the failed control and the verified corrective action.

The signature proves that a signature was made. The hospital still needs evidence that the required safety check occurred.

Self-assessment and scoring discipline

The 2024 MSDS gives assessment and scoring instructions for individual indicators. Keep local progress labels separate.

Reliable assessment

- Test the complete requirement against relevant evidence. Record the sample, date, location and limits of the review.
- Where a requirement does not apply, document why and follow the prescribed method. Missing evidence is not an automatic exemption.

Honest management reporting

- Local labels such as complete, partial or missing can help follow-up if their meaning is explicit.
- Do not turn those labels into an unofficial PHC score or treat an internal review as a regulatory decision.

Different indicators can have different scoring rules. Refer unclear or inconsistent text to PHC for clarification.

Sources: **P2**: indicator-specific assessment and scoring; working method

A working responsibility map

Adapt this map to the governing law, board arrangements, delegations and approved institutional orders.

Role	Main responsibility to define	Evidence for review
Board or governing authority	Oversight, major approvals and follow-up within its powers.	Decisions on significant risks and resources.
ED and MS	Operational coordination, escalation and implementation within authority.	Risk and action reports with unresolved decisions.
Clinical and nursing leads	Safe clinical practice, supervision and service capability.	Care reviews, competence and coverage checks.
Quality and IPC teams	Measurement, technical support and follow-up.	Reliable findings and verified improvement.
Support departments	Safe supplies, premises, equipment and information.	Function checks and completion of assigned actions.

Delegating a task needs a clear scope, resources and reporting route. A committee title alone does not grant spending or disciplinary powers.

WORKING METHOD | Illustrative material is identified in the text.

A useful committee mandate

A committee needs a defined task and a route for decisions. Use the exact committee requirements where prescribed.

01

Purpose

The services, risks or decisions within scope.

02

Membership

Required skills, representation and named chair.

03

Authority

What it may decide and what it must recommend.

04

Information

Reports, records and measures it needs.

05

Actions

Named owner and date for every agreed task.

06

Follow-up

How progress and effectiveness are checked.

Meeting frequency should meet the applicable requirements and service needs. A meeting count alone does not establish effective oversight.

The route for an unresolved safety risk

Working method for prompt action. Clinical teams retain responsibility for immediate patient care.

- | | | |
|---|---------------------------------|--|
| 1 | Make the situation safer | Arrange authorised clinical and operational precautions with the responsible teams. |
| 2 | Identify the decision | State what is needed, who can authorise it and when delay becomes unsafe. |
| 3 | Escalate with evidence | Provide the current risk, service impact, options, resources and recommended action. |
| 4 | Verify the result | Confirm the decision reached the team, the action occurred and residual risk was reviewed. |

If the first contact is unavailable, use the approved escalation and backup route. Record the times and response.

WORKING METHOD | Illustrative material is identified in the text.

A practical risk register

Use one description of the actual risk and keep it current. A local risk score is a prioritisation aid.

01 Risk What could happen, where and to whom?	02 Exposure Which services and patients are affected?	03 Existing control What currently reduces the likelihood or harm?
04 Remaining gap Why is the present control insufficient?	05 Action and authority Who must act, and what approval is needed?	06 Review When will the control and remaining risk be checked?

Explain any local scoring scale. A low numerical score must not override urgent clinical judgement or a mandatory requirement.

A repair request remains pending

Invented example. A critical service reports unreliable equipment while a replacement case awaits approval.

Immediate decision	Clinical and technical leads establish safe service capacity and the authorised temporary arrangements.
Approval case	The MS identifies the fault, patient impact, available alternatives, costs and the officer with approval power.
Service communication	Affected teams receive one clear instruction on permitted activity, escalation and referral arrangements.
Progress control	The file records submission, queries, response dates and the next escalation point.
Restoration	Return to normal activity follows verified technical function and clinical readiness through the proper authority.

A pending financial case does not resolve the current clinical risk. Temporary precautions need an owner and review date.

Controlled policies and procedures

A policy states the approved approach. A procedure explains the steps staff must follow.

Before issue

- Identify the applicable requirement, clinical owner and approving authority. Check that the proposed process can work with available resources.
- State responsibilities, escalation, records and review arrangements in clear language.

After issue

- Record the version, approval and effective date. Make the current instructions available where staff use them.
- Train relevant staff, remove obsolete copies from active use and check understanding and actual practice.

Keep archived versions and change history. Do not alter an old record to imply that a new policy existed earlier.

Outsourced services and shared responsibilities

A patient may experience the hospital and its contractors as one service. Define the operational interfaces.

Before and during service delivery

- Record the service scope, required competence, quality controls, reporting duties and escalation contacts in the approved arrangements.
- Check how specimens, results, medicines, equipment or patients pass between the hospital and provider.

When a problem occurs

- Protect patient care, preserve relevant evidence and coordinate the response through the contract and regulatory routes that apply.
- Maintain continuity and follow up the correction. Allocate legal and contractual responsibility from the actual instruments.

A contract requires monitoring. Invoice approval alone cannot establish that the clinical service was safe.

A short leadership safety review

Suggested agenda. Review trends with the definitions and denominators explained in Lecture 33.

Area	Question	Decision to record
Immediate risk	What could seriously harm a patient before the next review?	Precaution, owner and escalation.
Care failures and concerns	What do incidents, complaints and clinical reviews show?	Investigation, support and system action.
Standards and resources	Which important requirements remain unmet, and why?	Approval, resource case or revised service plan.
Action effectiveness	Which completed actions have been tested?	Close, continue monitoring or reopen.

A report should make the next decision clear. Separate facts, proposed actions and matters awaiting authority.

WORKING METHOD | Illustrative material is identified in the text.

The inspection preparation file

A useful file points to genuine current evidence. It should help the hospital explain its actual services.

01 Scope

Licence, category, services and current PHC directions.

02 Standards

Applicable MSDS, edition and assessment material.

03 People

Authorised liaison and relevant clinical or support leads.

04 Evidence

Indexed records with controlled access to patient details.

05 Gaps

Known deficiencies, immediate precautions and action status.

06 Previous findings

Responses, completion evidence and recheck results.

Prepare staff to explain real practice honestly. Never create retrospective evidence or coach a false answer.

The inspection team and the hospital response

Section 22 provides for a written inspection-team appointment. The Licensing Regulations give further inspection requirements.

The statutory position

- The Act covers licence and complaint inspections. The Regulations also provide for compliance access and inspection without notice in stated circumstances.
- The Act addresses failure to provide information without reasonable cause, false or misleading information, and obstruction.

The practical response

- Confirm the team and coordinate through an authorised liaison. Arrange relevant staff, records and access while protecting ongoing patient care.
- Keep a log of requests and material supplied. Use controlled, lawful handling of sensitive information and record any genuine access issue promptly.

Cooperate with lawful inspection. Obtain the findings and response requirements through the authorised channel.

Sources: **P1**: ss. 22, 24-25 | **P4**: rr. 15, 17; working coordination

A corrective action response

Respond to each finding separately. Use the timeframe stated in the actual notice or applicable procedure.

Element	What the response should explain	Supporting record
Finding	The requirement, location and observed gap.	Exact report item or notice.
Immediate control	How patients are protected while the gap remains.	Dated instruction and implementation evidence.
Correction	What will fix the gap and its underlying cause.	Action, owner, authority and due date.
Verification	How completion and effectiveness will be tested.	Dated recheck and remaining risks.

If a finding is disputed, give the specific evidence and use the proper representation route. Continue necessary safety action.

WORKING METHOD | Illustrative material is identified in the text.

Orders, hearings and the specified appeal route

A regulatory order needs prompt administrative and legal review. Read the actual order and applicable procedure.

Relevant statutory safeguards

- Section 28(2) requires an adequate opportunity of hearing before PHC imposes a fine.
- Section 31 lists appealable decisions, including specified licensing, closure, improvement, equipment and fine decisions.

The institutional response

- For a section 31 appeal, the Act states thirty days from communication of the order and the District and Sessions Judge as the forum.
- Record the communication date, obtain authorised legal advice and track compliance and any actual stay or later order.

Section 31 does not make every communication an appealable order. A proposed appeal alone is not evidence of a stay.

Sources: **P1**: ss. 28(2), 31

Actions completed and actions verified

Invented example. A local action register contains 20 tasks. Teams report 15 complete. Review confirms only 11.

Reported	15 / 20 x 100 = 75% of tasks reported complete.
Verified	11 / 20 x 100 = 55% of all tasks verified complete.
Not yet verified	Four tasks reported complete still need evidence or a successful recheck.
Incomplete	Five tasks remain incomplete. Review their risk, owner and next decision.
MS review	Report the individual high-risk gaps even if the overall completion percentage improves.

These are local action-tracking percentages. They are not a PHC score, a patient-outcome measure or proof of safe care.

Three governance decisions

Write your answer and the reason before turning to the next page.

1. The application receipt

A department treats its licensing application receipt as proof that a regular licence has been issued.

What documents and status should the MS verify?

2. The tidy evidence file

An approved policy and signed checklists exist, but observed care does not follow the process.

Can the requirement be treated as met on those documents alone?

3. The improved dashboard

Eleven of twenty local actions are verified complete. One unresolved action concerns a serious current patient risk.

What should leadership see beyond the completion percentage?

Use the applicable authority, actual evidence and the immediate patient-safety need.

Answers and reasons

Use the evidence, the calculation and the cited source.

1. Verify the actual registration and licence documents.

Record the licence stage, issue, validity, scope and conditions. Check PHC correspondence and the outstanding requirements. A receipt establishes a submission, not the issue of a regular licence.

2. No. Record and examine the practice gap.

Check the full requirement and assess relevant evidence. Arrange appropriate safety action, identify why the process failed and verify the correction. Preserve the original records.

3. Show the specific risk and the decision needed.

The verified task-completion rate is 55%. The serious unresolved risk needs its own precaution, accountable owner, escalation and review. An average must not conceal its significance.

A useful governance record explains the requirement, current facts, responsible person and next decision.

Build a usable safety-governance file

Use a non-confidential real case or the invented examples in this lecture.

Standards record

Identify the actual hospital category, licence and current MSDS edition.

Evidence map

Choose one relevant requirement. Map its owner, evidence and present gap.

Action report

State one unresolved risk, immediate control, decision needed and recheck plan.

Ask another administrator to locate the source and supporting evidence and identify the next authorised action.

Use invented or properly anonymised material for teaching. Keep actual patient and staff records in authorised systems.

WORKING METHOD | Illustrative material is identified in the text.

What the MS should be able to explain

Safety governance becomes useful when the standard, the service and the decision remain connected.

The institution

- Which licence and MSDS apply, which services are covered and where the current documents are held.
- Who owns each major safety responsibility and how resource or authority limits are escalated.

The evidence

- What current practice and records show, which gaps remain and how patients are protected in the meantime.
- Which corrective actions were verified and what the next review must decide.

Next: Lecture 30 - Safe Care Across the Patient Journey.

Sources and continued use | 1

Select a source title or its official-source link to open the document.

P1

Punjab Healthcare Commission Act 2010

Act XVI of 2010. Sections 1, 13-18, 20-25, 28 and 31 support the stated regulatory framework. Read with applicable regulations and later amendments. No claim of blanket immunity is made.

Punjab Healthcare Commission | Official Act | [Official source](#)

P2

PHC Minimum Service Delivery Standards for Hospitals

2024 cover. Document CG-01MS-Ed2-01092023, revised Category I MSDS: 30 standards and 162 indicators across ten functional areas. Read each indicator and its assessment method. Later official instructions may apply.

Punjab Healthcare Commission | Current official catalogue | [Official source](#) | [Categories](#)

P3

PHC: Types of Licensing

Explains provisional and regular licensing. Regular licensing follows inspection and compliance with the Act, Licensing Regulations and MSDS. Use the actual licence and PHC directions for the institution.

Punjab Healthcare Commission | [Official source](#)

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 2

Select a source title or its official-source link to open the document.

P4

Punjab Healthcare Commission Licensing Regulations 2020

Regulations 11, 15, 17 and 24 support the stated licensing, inspection and change-control requirements. Use the current official text and actual PHC directions. No current fee table is reproduced.

Punjab Healthcare Commission | Official Regulations | [Official source](#) | [Current catalogue](#)

W1

Patient safety: WHO fact sheet

11 September 2023. Used for the meaning of patient safety, common sources of harm and a systems approach. International guidance, not a Punjab licensing instrument.

World Health Organization | [Official source](#)

W2

Global Patient Safety Action Plan 2021-2030

2021. Strategic direction on leadership, safer systems, patient participation, workforce capability and learning. Local working formats in this lecture are teaching tools.

World Health Organization | [Official source](#)

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