

# Comparative Analysis of KTH and LRH in the Context of Public Service Delivery: Challenges and Way Forward

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## Abstract:

The provision of healthcare is essential for any society, significantly impacting the population's general wellbeing. The Government of Khyber Pakhtunkhwa has made considerable investments to upgrade its primary, secondary, and tertiary healthcare hospitals, notably the Khyber Teaching Hospital (KTH) and Lady Reading Hospital (LRH) in Peshawar. Despite their commonalities, these hospitals' service delivery systems differ significantly. This study aims to compare the performance of KTH and LRH by evaluating patient outcomes, wait times, service costs, patient satisfaction, and quality of care. By identifying each institution's strengths and weaknesses, the study provides insights for policymakers, healthcare managers, and stakeholders to enhance healthcare services. The findings highlight the importance of efficient fund utilization, targeted development initiatives, and robust monitoring mechanisms to foster inclusive growth and improve patient care in Khyber Pakhtunkhwa's merged districts.

## Key words:

Healthcare Provision, Khyber Pakhtunkhwa, Khyber Teaching Hospital, Lady Reading Hospital, Service Delivery Comparison

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## *Introduction*

The provision of healthcare is an essential aspect of any society and has a significant impact on the population's general well-being. The Government of Khyber Pakhtunkhwa has made significant investments to upgrade its primary, secondary, and tertiary healthcare hospitals. The Khyber Teaching Hospital Peshawar and Lady Reading Hospital Peshawar are two of the province's most illustrious healthcare facilities. Both hospitals offer the general public a variety of medical services, such as emergency treatment, specialist services, and tertiary care.

Despite their commonalities, these hospitals' service delivery systems differ significantly. Knowing these variations is crucial to determining each institution's advantages and disadvantages and formulating plans to raise the quality of healthcare services. The purpose of this study is to compare how the Lady Reading Hospital and Khyber Teaching Hospital in Peshawar perform their services.

In this study, the effectiveness of both hospitals will be evaluated based on several factors, such as patient outcomes, wait times, service costs, patient satisfaction, and the standard of treatment. This research will determine the areas where each institution shines and the places where adjustments are required by comparing these two hospitals. Policymakers, healthcare managers, and other stakeholders involved in the delivery of healthcare in the province of Khyber Pakhtunkhwa will find the research's conclusions to be helpful.

In conclusion, this study intends to shed light on how the Khyber Teaching Hospital and Lady Reading Hospital in Peshawar perform their services, as well as point out areas where there is a need for improvement.

### *Problem Statement*

Health service delivery for citizens of any country is the foremost priority of the government of any developed as well as developing country. Lady Reading Hospital (LRH) and Khyber Teaching Hospital (KTH) have ever since been at the forefront to cater to the patients of the province. Both LRH and KTH, now being run in Medical Teaching Institute (MTI) mode, need to be aligned with modern health service delivery both in technology as well as human resources. However, a comparative analysis of both institutes in respect of better public service delivery needs to be carried out to identify challenges and suggest a way forward.

### *Research methodology*

The research being conducted will use a multidimensional research

methodology. It will be analytical, qualitative, descriptive, and quantitative. It will be both descriptive and analytical in the sense that the MTI Act will be used to study the LRH and KTH legal systems as they currently stand. It will be both qualitative and quantitative in that judgments will be drawn while looking at the institutional and legal frameworks of the hospitals, both in terms of their number and quality. The research will also contain findings that came from a review of the literature, observations, interviews, newspaper articles, discussions with faculty members, and the internet.

### ***Analysis of Legal and Institutional Frameworks The Medical Teaching Institutions (MTI) Reforms Act 2015***

The Medical Teaching Institutions (MTI) Reforms Act 2015 makes significant changes to how medical institutions are run to reform medical education and healthcare delivery in the province and improve the quality of healthcare services. The statute grants entire functional and financial autonomy to the medical teaching institutions, enhancing service delivery. The statute intends to lessen political and administrative intervention in hospitals and ensure that medical officers, paramedics, and management employees are hired on the basis of merit. Additionally, the MTIs must guarantee enhanced service delivery under the statute. It enables MTIs to engage in public-private partnerships to supplement the government's limited resources.

### ***Pakistan Medical and Dental Council (PMDC) Act, 1973***

A law that governs medical and dental practice and education in Pakistan is the Pakistan Medical and Dental Council (PMDC) Act, 1973. The PMDC is in charge of monitoring the registration and regulation of medical and dental schools, practitioners, and dentists in the nation, making sure they adhere to a set of requirements. The PMDC also establishes rules and regulations for the use of medical and dental equipment, as well as standards for professional conduct and drug prescription. The PMDC works to safeguard the health and welfare of Pakistani citizens and guarantee their access to high-quality medical and dental treatment by regulating medical and dental education and practice.

### ***Khyber Pakhtunkhwa Health Regulatory Authorities Act 2015***

The Khyber Pakhtunkhwa Health Regulatory Authorities Act 2015 establishes regulatory bodies for various healthcare professions in the province. These regulatory bodies include the Khyber Pakhtunkhwa Medical and Dental Council, the Khyber Pakhtunkhwa Nursing Council, and the Khyber Pakhtunkhwa Pharmacy Council, among others. The act outlines the responsibilities of each regulatory body, including setting and enforcing standards of education, training, and professional conduct for healthcare professionals. The aim of the act is to improve the quality of healthcare services in Khyber Pakhtunkhwa by ensuring that healthcare professionals

meet high standards of education, training, and professional conduct.

#### ***The Khyber Teaching Hospital (KTH) Board of Governors Rules 2005***

A collection of rules called the Khyber Teaching Hospital (KTH) Board of Governors Rules 2005 controls the board of governors of KTH. The board of governors' membership, responsibilities, and authority are described in the rules. This body is in charge of monitoring the hospital administration and operations. Members of the board come from a range of fields, including management, finance, and the medical field. The regulations also specify how board meetings, decision-making, and other administrative tasks must be carried out. Overall, the KTH Board of Governors Rules seeks to ensure effective leadership and management of KTH, which is essential to providing the people of Khyber Pakhtunkhwa province with high-quality healthcare services.

#### ***Lady Reading Hospital (LRH) Board of Governors Rules 2005***

The Lady Reading Hospital Board of Governors Rules are a collection of guidelines that control the board of governors of LRH. The duties, tasks, and authority of the board—which includes individuals with experience in management, finance, and the healthcare industry, among others—are described in these regulations. The rules also specify how board meetings, decision-making, and other administrative processes should be carried out. The main goal of these regulations is to guarantee effective management and control of LRH, a vital healthcare facility that offers high-quality services to the residents of the province of Khyber Pakhtunkhwa.

#### ***Khyber Pakhtunkhwa Code of Medical Ethics 2002***

A set of rules that control the conduct and behavior of medical practitioners in the Pakistani province of Khyber Pakhtunkhwa (KP) is known as the Khyber Pakhtunkhwa (KP) Code of Medical Ethics. In order to uphold their integrity and provide the greatest treatment for their patients, medical practitioners must adhere to the code's guiding concepts, beliefs, and standards. Informed consent, professional competency, patient confidentiality, and conflicts of interest are just a few of the many subjects it covers. The Pakistan Medical and Dental Council (PMDC), which is in charge of ensuring that all medical practitioners uphold the highest ethical standards in their practice, enforces the KP Code of Medical Ethics.

#### ***Institutional Frameworks of the Hospitals***

Both Khyber Teaching Hospital (KTH) and Lady Reading Hospital (LRH) have institutional frameworks that are based on the board of governors model, which entails a group of professionals from various backgrounds who

are in charge of supervising the management and governance of the institutions. The two frameworks do, however, differ significantly in certain important ways.

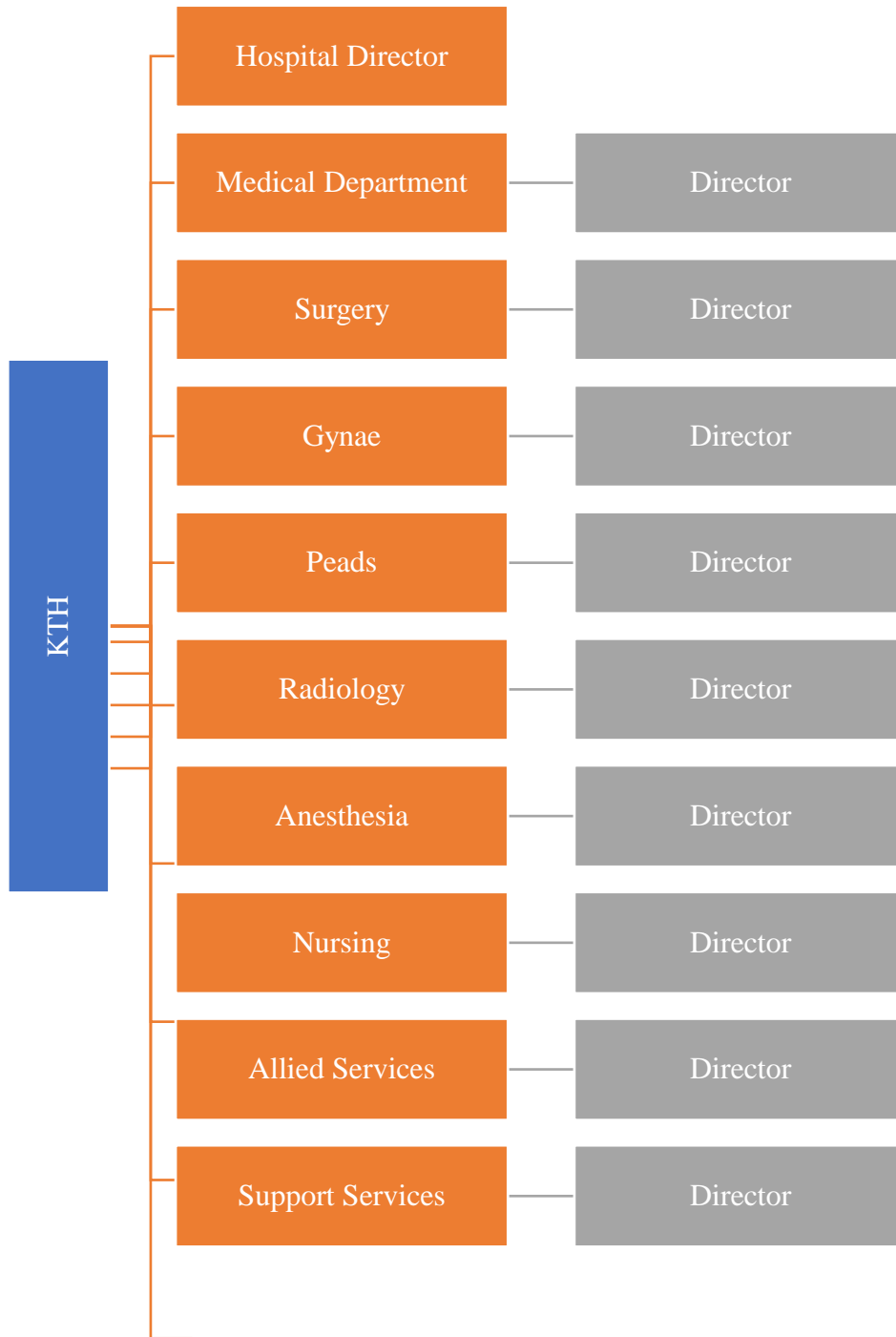
The KTH Board of Governors is composed of individuals chosen by the government from a variety of fields, including management, healthcare, and finance. The board is in charge of creating policies, approving budgets, and making sure the hospital is managed effectively. The executive director of the hospital must be chosen by the KTH Board.

The LRH Board of Governors, in contrast, is a self-governing body made up of representatives from various professional associations, such as lawyers, businesspeople, and medical experts. The board is in charge of generating budgets, making policy decisions, and overseeing the efficient management of the hospital. Also, the LRH Board is in charge of choosing the hospital's CEO.

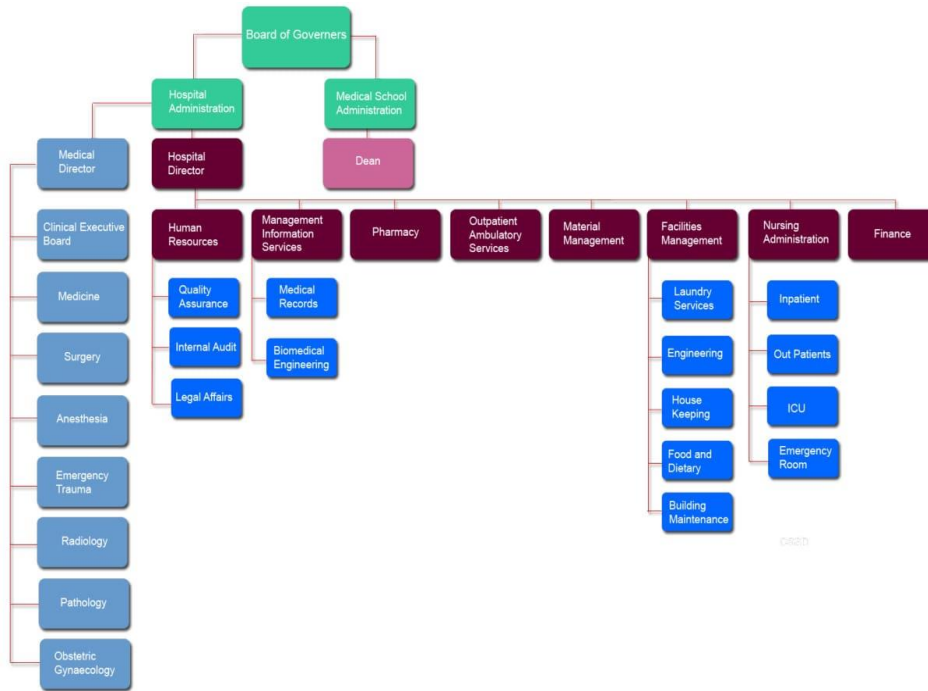
Generally, a board of governors oversees both KTH and LRH, but the important distinction is in the composition of the board. In LRH, the board is self-governing and made up of representatives from numerous professional groups, as opposed to KTH, whose board members are appointed by the government.

### *KTH Organogram*

Khyber Pakhtunkhwa, Pakistan's Peshawar, is home to KTH, a tertiary care facility. The Khyber Medical University (KMU) and the KTH Board of Governors collaborate to manage the hospital. The organizational structure of the hospital consists of numerous divisions and sections.



### LRH Organogram



### Service Delivery Matters SWOT Analysis of LRH

Sr.No	Strength	Weakness	Opportunity	Threat
1.	The biggest hospital in public sector in KP	Under staffing and lesser strength of Doctors	Recruitment of new doctors and auxiliary staff	Vested interest of doctors and sub ordinate staff
2.	Availability of latest advance level machinery /equipment	Staff is not properly trained	Being economical LRH can attract the big patient clientage as compare to the private hospitals	Non serious attitude of staff
3.	Quality Doctors to serve the patients	Negligent behavior of staff	Construction of new infrastructure and new wards	Lack of cleanliness standard in the hospital
4.		Deterioration of	New hospital	Long waiting

		machinery and equipment	can also be established to reduce the burden on LRH	time for the patients in setting with the doctor as well as admission for surgery
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*SWOT Analysis of KTH*

Sr.No	Strength	Weakness	Opportunity	Threat
1.	Reasonably very big hospital and 2 <sup>nd</sup> to LRH in size and strength	Under staffing (the strength of staff and doctors is not enough to cater the huge influx of patients)	Recruitment of new doctors and auxiliary staff	Vested interest of doctors and sub ordinate staff
2.	Offering a great service to patients of Peshawar and entire province as well as the students of Khyber Medical College	Staff is not properly trained	Being economical LRH can attract the big patient clientage as compare to the private hospitals	The security concerned due to turmoil situation in the country and province
3.	Treatment wise economical	Negligent behavior of staff	Construction of new infrastructure and new wards	State of cleanliness is totally worse
4.	IBP services related to private practice of doctors is also economical or affordable as compare to LRH and other private hospitals	Deterioration of machinery and equipments	New hospital can also be established to reduce the burden on LRH	Long waiting time for the patients in setting with the doctor as well as admission for surgery



5.				Absenteeism of staff
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### *GAP Analysis of KTH and LRH*

Both hospitals have different governance mechanisms to run the day-to-day business of the respective hospitals, but apparently, the problems faced by both hospitals are almost of a similar nature. This gap analysis pertains to both hospitals.

Sr.No	Current state	Desired state	Gap	Remedy
1.	Influx of patients is too high and doctors and staff strength is too small	There should be enough doctors and staff to cater the needs of patients and their families	Shortage of staff	New Doctors and staff may be recruited/inverted at the earliest
2.	Machinery and equipment going out of order and causing different for the patients to go the open market which proves costly	Machinery and equipment must always be in order to avoid waste of time and money of the patients and their families	Lack of training on the part of the staff	Staff must be properly trained and vigilant eye may be kept upon them
3.	Absenteeism on the part of staff	Maximum staff's presence must be ensured in the best interest of public	Bad behavior and lack of submission on part of staff /sub ordinate staff	Hospital management needs to be strict in disciplinary matters
4.	Long waiting times for the patients , which are	Waiting time for the patients and their	Shortage of Doctors and need for establishment	New doctors may be recruited and new wards may also be constructed

	sometime very difficult to endure	families may be reduced to lesser their anxiety	of new wards	to cater the mega influx of patients
5.	Inefficient lab services	Lab services needs to be improved, the results should be accurate and the services may be available 24 hours	Negligence behavior of lab staff and machines and equipment becoming out of order time and again	Hospital administration needs to be vigilant and may arrange the 24 hours efficient laboratory services for the patients. In addition strict disciplinary action under the relevant law be taken against the negligence staff
6.	Lack of cleanliness	Every hospital needs to be kept tidy and neat and clean condition as can be found in the case of private hospitals	Especially in case of washrooms as they are totally in worse condition and can not be attended for the nature's call.	Hospitals as well as the washrooms must be kept neat and clean because this sort of environment forces the well off patients to move to the private hospitals

***Comparative Analysis  
Lady Reading Hospital (LRH)***

Lady Reading Hospital is the oldest public sector hospital and the largest in the province. It was established to cater to the needs of locals in Peshawar and the rest of the province when no other large healthcare facility was available in the region.

The hospital has the largest number of doctors and staff.

It offers a variety of healthcare services in 33 departments, the most in the public sector in Khyber Pakhtunkhwa.

The LRH board is a self-governing body made up of representatives from

various professional associations such as lawyers, business people, and medical experts. The board is in charge of making budgets, policy decisions, and overseeing efficient management. The board also selects the hospital's CEO.

LRH has the largest OPD and emergency services in the province. Due to the huge influx of patients, there is immense congestion in OPD and emergency wards.

Any turmoil or incidents due to terrorist activity create immense chaos and congestion in the emergency and ICU wards.

The Radiology department of LRH provides excellent services, including CT scans and MRI services. Often, CT and MRI machines in other public sector hospitals are out of order. It is worth mentioning that the MRI machine at Khyber Teaching Hospital has been out of order for the last three years, showing gross negligence on the part of KTH administration.

The waiting time for patients for doctor appointments and surgeries is always annoying and a nuisance.

During the Covid-19 pandemic, existing wards were converted into special Covid wards, and patients from existing healthcare departments were shifted to other wards.

The overall health facilities at LRH are in better condition, as patients are often referred to LRH from KTH and HMC.

The cleanliness system of KTH is not up to the mark.

The directions/legends of various departments in LRH are not properly mentioned, well-directed, or conducive for patients and visitors.

### ***Khyber Teaching Hospital (KTH)***

Khyber Teaching Hospital is the second largest hospital in the province. It was opened in 1954 as a tertiary care facility to cater to the growing healthcare needs of Peshawar and the entire province.

KTH was established in 1976 as a training and biomedical research facility for medical students in the North Western region of Pakistan and as a new teaching affiliate of Khyber Medical College, the best medical school in the region.

It is the first ISO 9001 certified hospital in the public sector among general hospitals.

The Oncology department of KTH provides excellent cancer surgery services.

As a teaching hospital, it serves as a base camp and initial training ground for medical students performing roles as training medical officers/on house job duty after completing their medical studies.

The IBP services of KTH are economical, ranging from PKR 1000/- to PKR 1500/-, which is significantly less than in private hospitals.

The OPD and emergency services are congested but in better shape compared to LRH.

The cleanliness system of KTH is up to the mark.

The directions/legends of various departments in KTH are properly mentioned, well-directed, and conducive for patients and visitors.

#### *Service Delivery Statistics*

<b>Sr.No</b>	<b>Subject</b>	<b>LRH</b>	<b>KTH</b>
1.	Strength of Doctors	1350	1000 (+)
2.	Strength of Staff	4500	3500
3.	Strength of Beds	1700 (+)	1300
4.	Daily patients in OPD	4500	3500
5.	Daily patients in Emergency	3400	3300
6.	Daily patients Gynae OPD	125	120
7.	Daily patients (Admissions)	380	350
8.	Total Departments	33	NA
9.	Total Allocated Budget	No information provided	No information provided

#### *Service Delivery: Interaction with Patients & Doctors in the Hospitals*

To seek information about service delivery in the hospitals, the Health Department of Khyber Pakhtunkhwa and the administrations of both hospitals (LRH and KTH) were contacted telephonically and via written correspondence, but it came to no avail as all turned down the requests for data and information.

Due to this situation, I visited some departments of both hospitals, specifically Emergency, Medical OPD, Orthopedic, Oncology, Radiology, Pathology, Pulmonology, Covid-19 wards, and surgical wards.

During these visits, it was realized that the major problem at both hospitals

was patient congestion. The hospitals were entirely overcrowded and almost jam-packed. The quality of healthcare services provided at both hospitals is up to the mark, leading to overall patient satisfaction.

The waiting hours for patients are problematic and a nuisance at both hospitals, but the annoyance regarding waiting hours for doctor appointments and surgeries at LRH is enormous.

As far as KTH is concerned, the performance of the Radiology Department is not up to the mark, as the MRI machine is out of order. Patients have to go to Lady Reading Hospital or private hospitals and labs/diagnostic centers, which burden the patient's pocket.

The condition of stretchers and wheelchairs for patients at the entrance is very dilapidated and does not comply with healthcare service standards. Additionally, the parking services at the emergency of KTH and the entire LRH are very problematic. Due to the traffic influx of patients, it is difficult to drop off patients and find parking. Parking spaces are available for doctors but not for the general public, which does not provide relief to patients and their families.

As the data/information was not provided by the health department and the respective hospital administrations of LRH and KTH, doctors and patients were contacted in person. Normally, 20 to 25 patients were asked to provide information regarding public service delivery based on their personal experiences.

#### *Lady Reading Hospital (LRH)*

Sr.No	Department	Patients Contacted	Satisfied	Not Satisfied	Neutral	Percentage of satisfaction
1.	Emergency	40	32	05	03	80%
2.	Medical OPD	45	35	04	06	77%
3.	Orthopedic	28	20	03	05	72%
4.	Pediatric	25	20	03	02	80%
5.	Radiology	40	38	02	0	95%
6.	Surgical OPD	60	45	13	02	75%
7.	Pathology	48	45	03	0	94%
8.	Pulmonology	35	31	04	0	87%

*Khyber Teaching Hospital (KTH)*

Sr.No	Department	Patients Contacted	Satisfied	Not Satisfied	Neutral	Percentage of satisfaction
1.	Emergency	35	33	02	0	94%
2.	Medical OPD	40	38	02	0	95%
3.	Orthopedic	25	19	02	04	76%
4.	Pediatric	20	15	04	01	75%
5.	Radiology	0	0	0	0	0
6.	Surgical OPD	24	19	03	02	79%
7.	Pathology	26	20	04	02	78%
8.	Pulmonology	30	24	05	01	80%

During the interaction, patients were asked about the behavior of doctors, services provided by hospital administrations, lab services, radiology services, and the time involved in doctor appointments and surgeries. Most patients were satisfied with the behavior of doctors and the services provided by various hospital departments. However, they were annoyed by the congestion and overcrowding and dissatisfied with the waiting time for treatment.

*Writer's Personal Experiences*

- I visited LRH twice, once in 2017 for emergency services and a second time in December 2021 for MRI services.
- During the first visit to the emergency ward, treatment did not take long, but the ward was jam-packed.
- During the second visit for MRI services, I waited outside the MRI building for 2-3 hours, was admitted to the MRI room, checked, and received the report at 5 o'clock after a 4-hour wait.
- The wait for the report was not cumbersome as writing it takes time, but waiting to enter the MRI room was difficult because 4-5 patients were already waiting. The MRI machine at KTH and Kuwait Teaching Hospital was out of order, so getting the MRI test at LRH was a benevolent gesture by the staff, revealing unavoidable overcrowding.
- My visits to KTH included personal treatment in the emergency room and treatment for my mother and wife.
- The KTH emergency is overburdened, and beds are sometimes unavailable. Due to time-consuming treatments, I occasionally had to go to Rehman Medical Institute for emergency care.
- During my mother's cancer surgery in KTH's Oncology department, it

was extremely difficult to get a surgery date due to Covid-19. Thankfully, Professor Dr. Mah Munir performed the successful surgery, and my mother stayed in the hospital for 12 days. The doctor's behavior and cooperation were excellent, but the wait and delay in surgery were significant issues.

- Both hospitals face common problems: long waiting hours for doctor appointments and surgeries due to overcrowding and staff shortages.

### ***Issues and Challenges in Service Delivery***

#### ***Overcrowding***

Both hospitals are major hospitals in the province and frequently deal with a large influx of patients in need of medical attention. This results in crowding, protracted lines, and delays in receiving medical care.

#### ***Limited Resources***

Both hospitals experience equipment, medication, and human resource shortages, just like many other public hospitals in Pakistan. This affects how well and when services are delivered.

#### ***Inadequate Infrastructure***

The infrastructure of the hospitals needs to be updated to keep up with the rising demand for medical services. For instance, the emergency rooms at both hospitals are frequently backed up, and patients may have to wait several hours to obtain care.

#### ***Lack of Patient-Centered Care***

Some patients have reported feeling neglected or abused by healthcare workers at KTH. This underscores the requirement for a more patient-centered method of providing care.

#### ***Poor Management and Governance***

The management and governance of the hospitals have previously come under fire for poor decision-making, a lack of accountability, and insufficiently carrying out policies and procedures. For example, there has been a lack of oxygen cylinders for patients at both KTH and LRH.

#### ***Staff Absenteeism***

Absenteeism among hospital staff, including doctors, nurses, and support staff, results in delays and disruptions in service delivery. This can lead to longer wait times for patients and reduced quality of care. Strict disciplinary action should be initiated against the doctors and staff who are faltering.

### *Communication Barriers*

Communication barriers between healthcare providers and patients, particularly those who do not speak the same language or come from different cultural backgrounds, can hinder effective diagnosis and treatment.

### *Lack of Accountability*

There have been reports of corruption and lack of accountability in the management and governance of the two hospitals. This can result in misuse of resources, poor decision-making, and reduced trust in the hospitals. A vigilant eye should be kept on the doctors, management, finance managers, procurement managers, and subordinate staff to curb all corrupt practices, with strict disciplinary action initiated against the culprits as per law and exemplary punishments imposed to avoid any future corrupt practices.

### *Inadequate Patient Record-Keeping*

Poor record-keeping practices lead to inaccurate diagnoses and treatments. This also contributes to longer waiting times as healthcare providers may need additional time to gather information about a patient's medical history. Manual as well as computerized records of all patients must be maintained properly so that whenever a patient revisits the hospital for treatment, a complete track record is available to aid in imminent medical treatment.

### *Security Concerns*

Both hospitals are located in a volatile region, and security concerns impact the delivery of healthcare services. For example, attacks on hospital staff or facilities can disrupt services and create a challenging work environment.

### *Conclusion*

In conclusion, the comparative study of service delivery at Khyber Teaching Hospital (KTH) and Lady Reading Hospital (LRH) in Peshawar, Pakistan, highlights both similarities and differences between the two institutions. Both hospitals face common challenges such as staff shortages, inadequate infrastructure, and limited resources. However, there are also notable differences in areas such as patient satisfaction, waiting times, and the availability of specialized services.



While KTH has made progress in recent years in improving service delivery, there is still a long way to go. Key areas for improvement include addressing staffing shortages, investing in infrastructure and equipment, improving patient record-keeping practices, and strengthening accountability mechanisms.

LRH, on the other hand, has shown success in addressing some of these challenges through the implementation of innovative service delivery models, investment in infrastructure, and staff training programs. However, there is still a need for further improvement in areas such as waiting times, patient experience, and the availability of specialized services.

Overall, this study highlights the importance of ongoing efforts to improve healthcare service delivery in Pakistan. By investing in staff training, infrastructure, and accountability mechanisms, policymakers and healthcare providers can work to address the challenges faced by hospitals such as KTH and LRH, ultimately improving the quality of care for patients in the region.

### ***Recommendations***

#### ***1. Increase Staffing Levels***

Both hospitals face a shortage of healthcare professionals, which can lead to long waiting times and reduced quality of care. The government and hospital management should focus on recruiting and retaining qualified staff to meet the growing demand for healthcare services. Increasing the number of doctors and staff will help to overcome patient overcrowding and reduce waiting times.

#### ***2. Improve Infrastructure and Equipment***

KTH and LRH need to invest in modern equipment and infrastructure to ensure that patients receive high-quality care. Upgrades to facilities, such as operating rooms and diagnostic laboratories, can improve the accuracy and speed of diagnoses and treatments.

#### ***3. Strengthen Accountability Mechanisms***

Both hospitals need robust accountability mechanisms to ensure that healthcare professionals adhere to ethical and professional standards. Complaints and feedback mechanisms should be established to improve transparency and quality of care.

#### ***4. Focus on Patient-Centered Care***

Hospitals should prioritize patient-centered care, ensuring that patients receive care that meets their needs, preferences, and values. Patients should

be treated with empathy and respect, and their feedback should be actively sought and incorporated into hospital policies and procedures.

#### ***5. Provide Specialized Services***

KTH and LRH should focus on providing specialized services, such as cardiac surgery, neurosurgery, and cancer care. Patients often have to travel long distances to receive specialized care, and improving access to these services can improve health outcomes and reduce healthcare costs.

#### ***6. Strengthen Coordination and Collaboration***

KTH and LRH should improve coordination and collaboration among different departments and healthcare professionals to ensure seamless and coordinated care. This can be achieved by implementing electronic health records, establishing multidisciplinary teams, and conducting regular team meetings and case conferences.

#### ***7. Enhance Patient Safety***

KTH and LRH should focus on enhancing patient safety by implementing evidence-based practices, such as hand hygiene, medication reconciliation, and infection control measures. Hospitals should also have a system for reporting and analyzing adverse events, near-misses, and errors to identify and address root causes.

#### ***8. Increase Community Engagement***

Both hospitals should increase community engagement by involving patients, families, and community members in hospital decision-making processes. This can be achieved by establishing patient and family advisory councils, conducting community health needs assessments, and hosting community outreach events.

#### ***9. Implement Quality Improvement Initiatives***

KTH and LRH should implement quality improvement initiatives, such as Lean Six Sigma and Plan-Do-Study-Act cycles, to identify and address inefficiencies and improve quality of care. Hospitals should also track and report on key performance indicators, such as patient satisfaction, wait times, and clinical outcomes.

#### ***10. Strengthen Research and Innovation***

KTH and LRH should strengthen research and innovation by establishing a research culture and promoting research activities among healthcare professionals. Hospitals should also invest in innovative technologies, such

as telemedicine and remote monitoring, to improve access to care and patient outcomes.

### ***11. Vigilant Monitoring of Subordinate Staff***

A vigilant eye should be kept on subordinate and technical staff regarding the maintenance and protection of infrastructure, machinery, and equipment. Staff must take personal interest in maintenance and protection to prevent equipment issues, such as the long-term disrepair of the MRI machine at KTH.

### ***12. Training and Ethical Training of Subordinate Staff***

Subordinate and technical staff must be properly trained to run the day-to-day business of the hospital and maintain and protect infrastructure, machinery, and equipment. There must be ethical and moral training to ensure loyalty to the hospitals and decent, well-behaved interactions with patients and their families.

By implementing these recommendations, KTH and LRH can improve their service delivery and provide better healthcare services to the people of Khyber Pakhtunkhwa.

## ***References***

1. The Medical Teaching Institution (MTI) Reforms Act 2015.
2. Pakistan Medical & Dental Council (PMDC) Act 1973.
3. Khyber Pakhtunkhwa Health Regulatory Authority Act 2015.
4. The Khyber Teaching Hospital (KTH) Board of Governors Rules, 2005.
5. Lady Reading Hospital (LRH) Board of Governors Rules, 2005.
6. Khyber Pakhtunkhwa Code of Medical Ethics 2002.
7. The Khyber Pakhtunkhwa (Public Service Delivery and Good Governance) Act, 2017.
8. Official Website of KTH. [www.kth.edu.pk](http://www.kth.edu.pk)
9. Official Website of LRH. [www.lrh.edu.pk](http://www.lrh.edu.pk)
10. Dr. Saud Islam. A conversation with Dr. Saud Islam, formerly part of KTH administration and currently working as practicing doctor.
11. Khan Faizan. A conversation with Faizan Khan, Member of IT Wing in KTH.
12. Sherpao, Fayaz. A conversation with Fayaz Ahmad Sherpao, Additional Secretary, Health Department, Khyber Pakhtunkhwa.
13. Ullah, Hazrat. A conversation with Hazrat Ullah, Member of subordinate staff of Health Department, Khyber Pakhtunkhwa.
14. Conversation with the various patients and their inmates.