

# Middle East Forum on Quality & Safety in Healthcare **2023**

**16-19 March, Doha**

Quality Improvement at HMC/HHQI  
Celebrating success and looking to the future

**Healthcare Resilience in Extraordinary Times**

Brought to you by:  
**Hamad Healthcare Quality Institute**

# Speakers:



**Prof. Abdul Badi  
Abou Samra**  
CQO HMC



**Mr. Nasser AlNaimi**  
Deputy CQO  
HHQI director



**Dr. Kedar Mate**  
IHI President



**Prof. Mondher Letaief**  
Regional adviser-QPS  
WHO



“Speaker’s disclosure - I do not have an affiliation (financial or otherwise) with any pharmaceutical and medical devices or communication with event planning company.”

# Learning Objectives

At the end of this session, participants will be able to:

- Explore strategic priorities for healthcare organizations like HMC
- Learn from examples of successful QI implementation in HMC over the past decade
- Identify key leadership principles for supporting staff and teams
- Apply lessons learned by local, regional and international health systems improvement Leaders
- Demonstrate the way leaders contribute to building and fostering a culture of quality and safety



# Prof. Abdel Badi Abou Samra

Chief Quality Officer, HMC

## Lay-forward the vision from CQO

- How to translate the national health strategy into an HMC quality strategy
- What are the strategic priorities, the gaps and the needs for our health system?
- What are the opportunities for improvement?
- How to develop a systematic process for closing the gap between “performance” and “desired outcomes”
- What were the challenges?

# Prophet Muhammad (صلى الله عليه وسلم)

إن الله يحب إذا عمل أحدكم عملاً أن يتقنه

**Allah is pleased with those who do  
their work in a perfect way**

Abdul Badi  
Abou-Samra



# Qatar National Vision (QNV) 2030 Rests on 4 Pillars:

1. Human Development
  2. Social Development
  3. Environmental Development
  4. Economic Development
- 

**An Educated Population**

**A Healthy Population: Physically and Mentally**

**A Capable and Motivated Workforce**

(QNV published 2008)



# Qatar National Vision 2030

17

## **A Healthy Population: Physically and Mentally**

An integrated system of health care offering high-quality services through public and private institutions operating under the direction of a national health policy that sets and monitors standards for social, economic, administrative and technical aspects of health care.

(QNV published 2008)

Strategic  
context

QNV 2030

Comprehen-  
sive,  
world-class  
health system

Integrated  
healthcare  
system

Healthcare  
and  
prevention

Skillful  
national  
workforce

National  
health policy

Efficient and cost-  
effective services  
based  
on cost sharing

High-quality  
research

NDS-2 (2018-2022)

National Health Strategy (2017-2022)

BETTER HEALTH

Enhanced health  
and quality of life  
for the people of Qatar  
through an aligned system  
that works in partnership  
to define and address  
population health  
needs

BETTER CARE

Genuinely patient-  
centered, high quality  
care, accessible closer  
to home, and delivered  
in an integrated and  
coordinated way

BETTER VALUE

Improved value from  
healthcare expenditure  
that efficiently and  
effectively produces  
better population  
health outcomes

# The HMC QPS Strategy – 5 Pillars

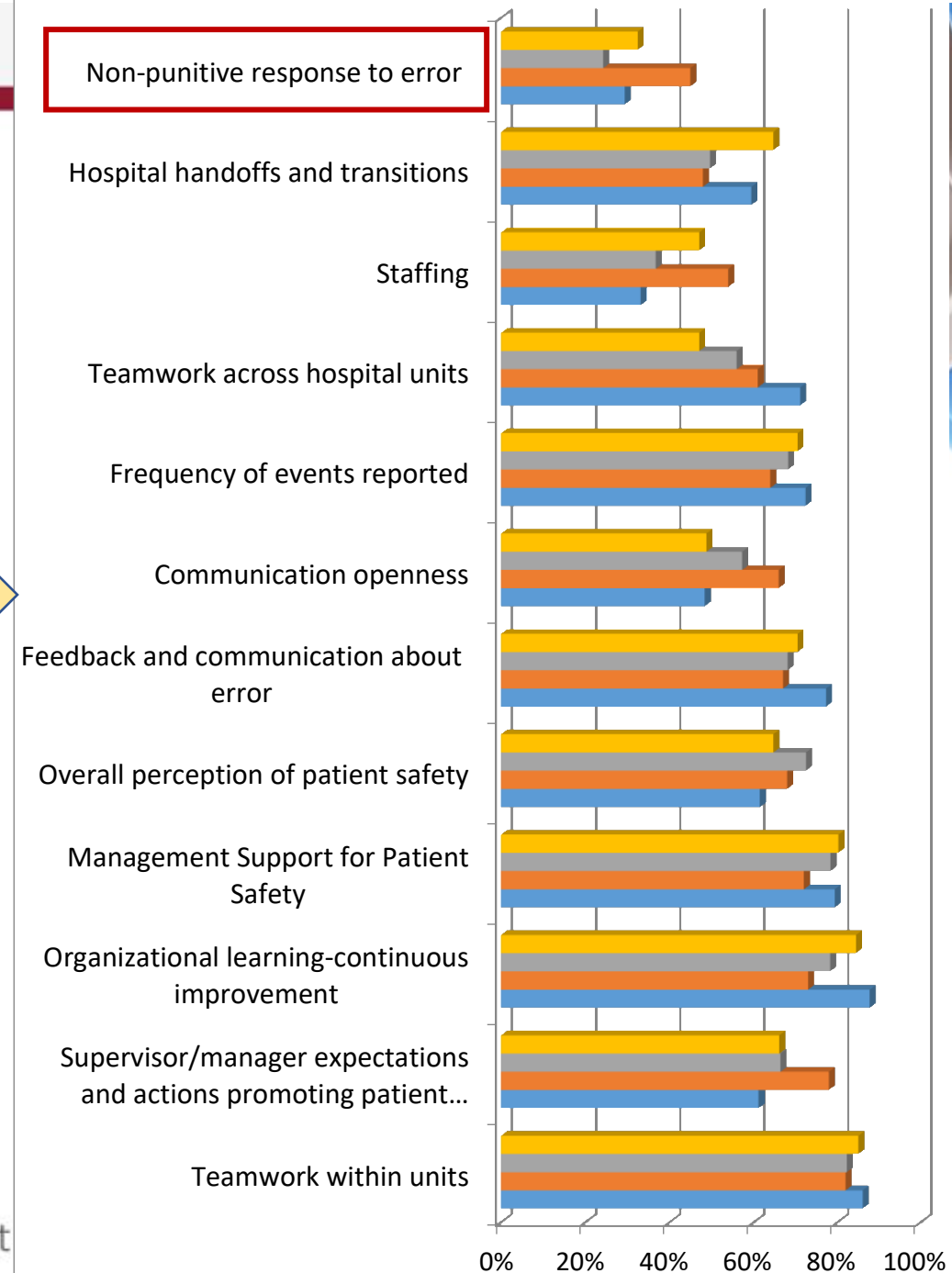


## Pillar 1: System Governance and Leadership

# Gap Analysis tools

Sources of data used to highlight current status & identify possible gaps :

- QPS KPIs dashboard
- Incident reporting data
- Sentinel events & RCA data
- Complaints
- Risk Register
- LifeQI system (QI Projects)
- Quality Lead Data
- Patient satisfaction survey
- Patients' safety culture survey
- Staff Satisfaction survey
- Compliance Reports
- QPS annual evaluation reports





## Priority Area (Gap/Need) Identified Capability and Capacity in Quality Improvement



## We Need to Train the Frontline Staff

# Priority Area (Gap/Need) Identified Special Population and Chronic Diseases

Programs  
Prioritized for  
System-Wide  
Healthcare  
Improvement

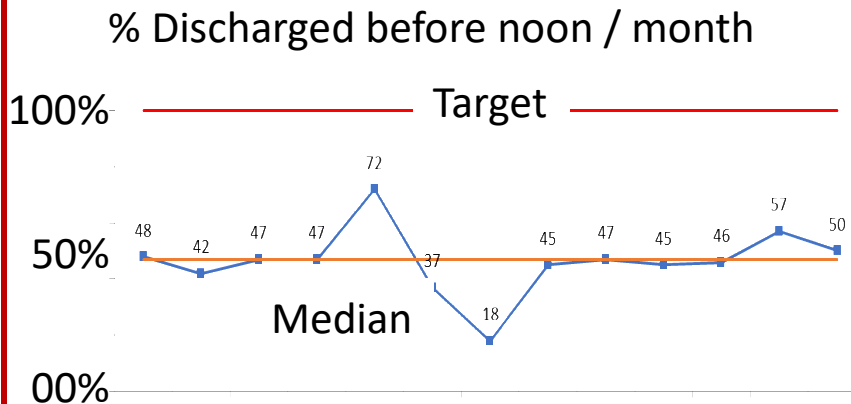
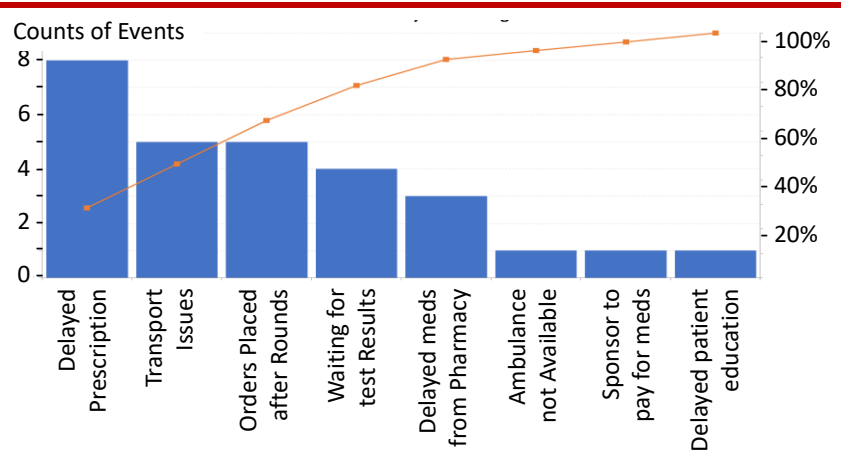
Sepsis

Venous Thrombo-Embolism (VTE)

Diabetes

Elderly

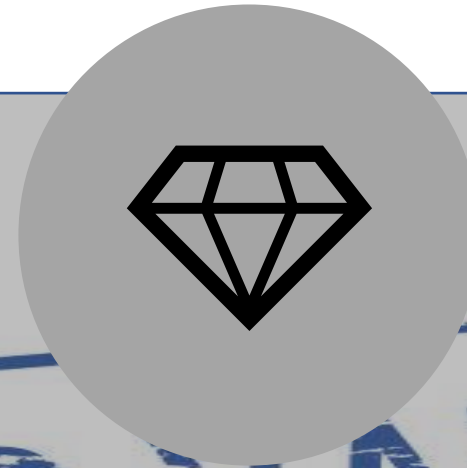
## Priority Area (Gap/Need) Identified Hospital Bed Congestion & Delay of Care



### Aim

60%  
discharge by  
11 AM  
(To home or  
Ambulatory  
Discharge  
Lounge –  
ADL)

## 2 Cornerstones



QUALITY AND VALUE



**The vision of HHQI announced by H.E. Dr. Hanan Al Kuwari, when she the announced the formation of HHQI in 2014.**



“ HHQI will focus on healthcare improvement and provide a framework to design and develop transformative programs to enhance efficiency, improve quality, and build capacity and capability.

It is our vision that HHQI will grow to serve as a leading resource for designing and sharing innovative healthcare solutions for the State of Qatar and the greater region.”

# Mr. Nasser Al-Naimi

Deputy CQO - HHQI director

- How did HHQI answer to the quality improvement needs of the organization
- Different HHQI capacity and capability programs, targeting all tiers from fundamentals, to mid managers and intermediate to advisors and experts
- The national collaboratives targeting Safety, flow, Value and Age friendly care.





**Mission:** Within a network of partnerships, to drive and guide a person-centered learning healthcare system to enhance and sustain optimum clinical practice and operations. We aim to embed the culture of continuous improvement, and to develop national self-sufficiency in improvement management across the Qatar healthcare system.

**Vision:** To be a global leader in healthcare quality improvement

### 3 Strategic Goals (Key Drivers)

I- HHQI as a national institute for quality improvement science and methodology

II- Build capability and capacity throughout system

III- Generate results in quality, safety, and efficiency through collaborative learning systems

### 7 Operational Priorities (Secondary Drivers)

1- Build staff capability to deliver on Mission

2- Develop and implement brand-building activities via communication plans, and engagement of stakeholders across Qatar

3- Develop and implement capability building programs for system-wide stakeholders and foster common QI goals and objectives

4- Cultivate local faculty and improvement advisors

5- Generate results from collaborative efforts

6- Cultivate faculty who can support current and ongoing work

7- Engage stakeholders across the system in learning networks

# Strategic Goal # 2:

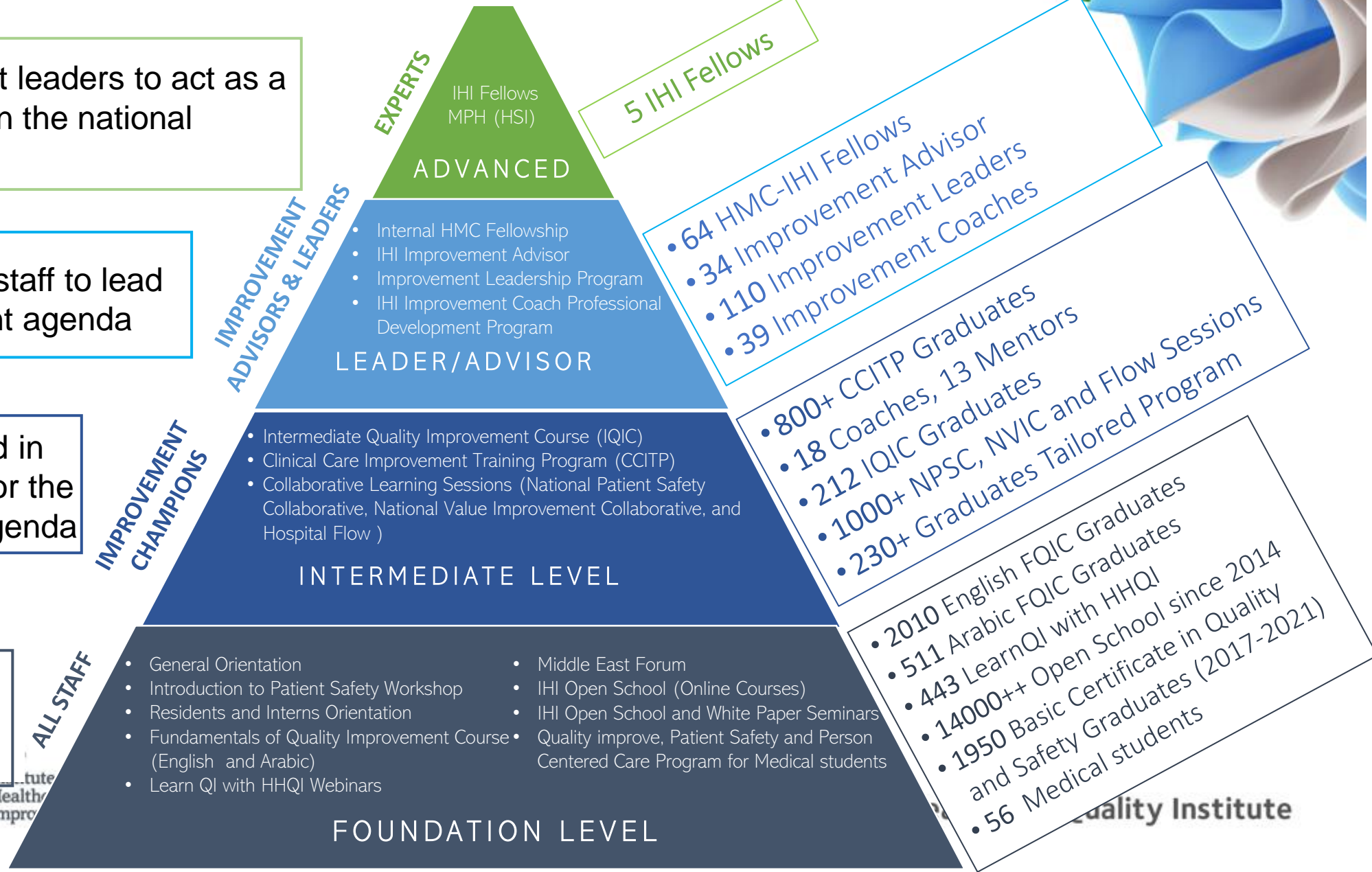
## Building capacity and capability across the system- Dosing Approach

Developing improvement leaders to act as a resource and advisors on the national improvement agenda

Developing well trained staff to lead the national improvement agenda

Developing staff excelled in foundational programs for the national improvement agenda

All staff: foundational programs in Quality Improvement Sciences







Strategic Goal # 3:  
Generate results through  
collaborative learning  
system

# Strategic Goal # 3 - Examples

## Generate results through collaborative learning system

### NPSC- Harm Reduction – VTE and Sepsis 2015-2018

- A total of 33 teams consisting of 19 Sepsis teams and 14 VTE
- Across 4 healthcare organizations in Qatar including HMC, PHCC, QRC and Sidra
- Sustained and owned by Corporate Steering committee
- **Since 2018 both programs run under the CMO with little support from HHQI**



### **Outcome (mortality report 2021):**

- VTE has disappeared as a cause of inpatient hospital death during 2021 (mortality report)
- Sepsis continues to be a main cause of inpatient hospital death; mostly in MICU



# Strategic Goal # 3 - Examples

Generate results through collaborative learning system

**National Value Improvement Collaborative**



## METHOD

Box score-HDU-B

Unit	2017	2018	2019	2020	2021	2022
HH- HDU C	100%	100%	100%	100%	100%	100%
CTICU	100%	100%	100%	100%	100%	100%
Enaya	100%	100%	100%	100%	100%	100%
5N3HGH	100%	100%	100%	100%	100%	100%
IR	100%	100%	100%	100%	100%	100%
ACC-OR	100%	100%	100%	100%	100%	100%

Box Score



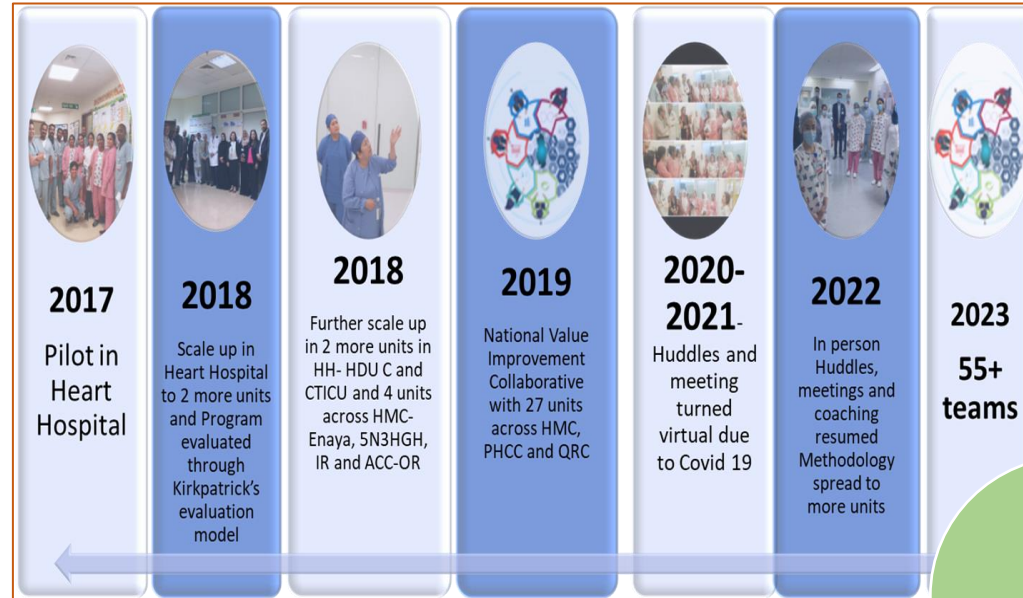
Visual Management Board



Weekly Staff Huddle



## The journey



## Key Successes

- Leadership engagement
- Coaching and mentoring
- Sound methodology.
- Good outcomes
- Staff empowerment
- Projects' selection and management owned by teams

## Next steps

- Spread to 200 units by end of 2023
- Create a standard work package, change package, measurement plan, Driver Diagram, work on dissemination plan
- Spread learning session

# Strategic Goal # 3 - Examples

Generate results through collaborative learning system

**Hospital Wide Patient Flow Collaborative- Addressing the Hospital Bed capacity & Delay of Care**

## Right Care

Patients are placed alongside the clinical team with disease- or condition-specific expertise

## Right Place

Patients are placed on the appropriate clinical unit

## Right Time

Patients are ensured of timely progression from one hospital unit or clinical area to another, based on clinical readiness criteria.



WHITE PAPER

### Achieving Hospital-wide Patient Flow

The Right Care, in the Right Place, at the Right Time



AN IHI RESOURCE

20 University Road, Cambridge, MA 02138 • [ihi.org](http://ihi.org)

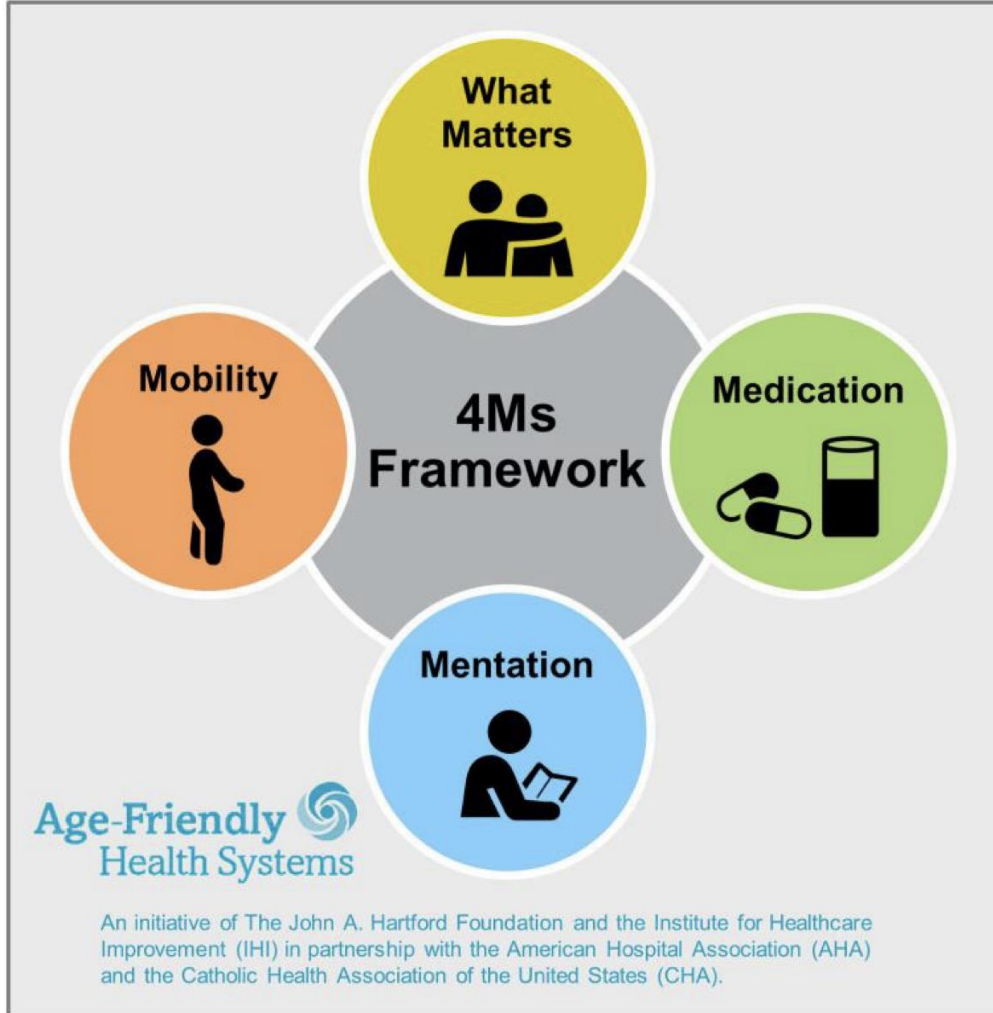
How to Cite This Paper: Rutherford PA, Provost LP, Kotagal UR, Luther K, Anderson A. Achieving Hospital-wide Patient Flow. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at [www.ihi.org](http://www.ihi.org))



# Strategic Goal # 3 - Examples

Generate results through collaborative learning system

**Addressing the need of the Elderly Priority Population-Age Friendly Health Systems**



## What Matters

Know and align care with each older adult's specific health outcome goals and care preference including but not limited to, end of life care, and across multiple settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across setting of care.

## Mentation

Prevent, identify, treat and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day to maintain function and do What Matter.

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# Strategic Goal # 1

Establish HHQI  
as a national-level  
resource for  
improvement

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**HHQI team, a small team with great successes,**



# Faculty Development

- These are graduates of HHQI programs and QU Masters in Public Health specializing in Health Systems Improvement, codeveloped with HHQI
- They deliver lectures and workshops, coaches to teams across the facilities and scientific planning committee members.



## NEXT STEPS

- Faculty Development Plan to ensure that faculty are always further developed on the dosing approach triangle.
- Faculty development plan is respecting the local departments and facilities needs, in addition to taking into account each Individual faculty mix of skills.
- Individual Professional development plans for HHQI staff

## Activities for the HHQI Faculty

- NVIC Coaches'
- CCITP Book Club
- HHQI Faculty WhatsApp Group which serves as a platform of communication of all the faculty across the facilities to support and provide guidance to each other





# HHQI support HH Sheikh Hamad Hospital for Rehabilitation and Prosthetics in Gaza





## Enhanced reputation and Development of offsite expertise

Collaborations will help HHQI enhance their reputation and increase their visibility in the healthcare industry. By partnering with the HH Sheikh Hamad Bin Khalifa Al Thani Hospital, HHQI can leverage its partner's reputation and experience to improve its own standing in the industry



# 10 years of Partnership with Institute for Healthcare Improvement (IHI)



Brou

# Dr. Kedar Mate

IHI President

## Strategic partnerships

- The impact of partnerships and global learning systems
- A decade of partnership with HMC
- key leadership principles for supporting staff and teams
- What HMC excelled at and what is coming up next



# HHQI-IHI Strategic Partnership

Vision for the Future



# Strategic Partnership with HMC/HHQI

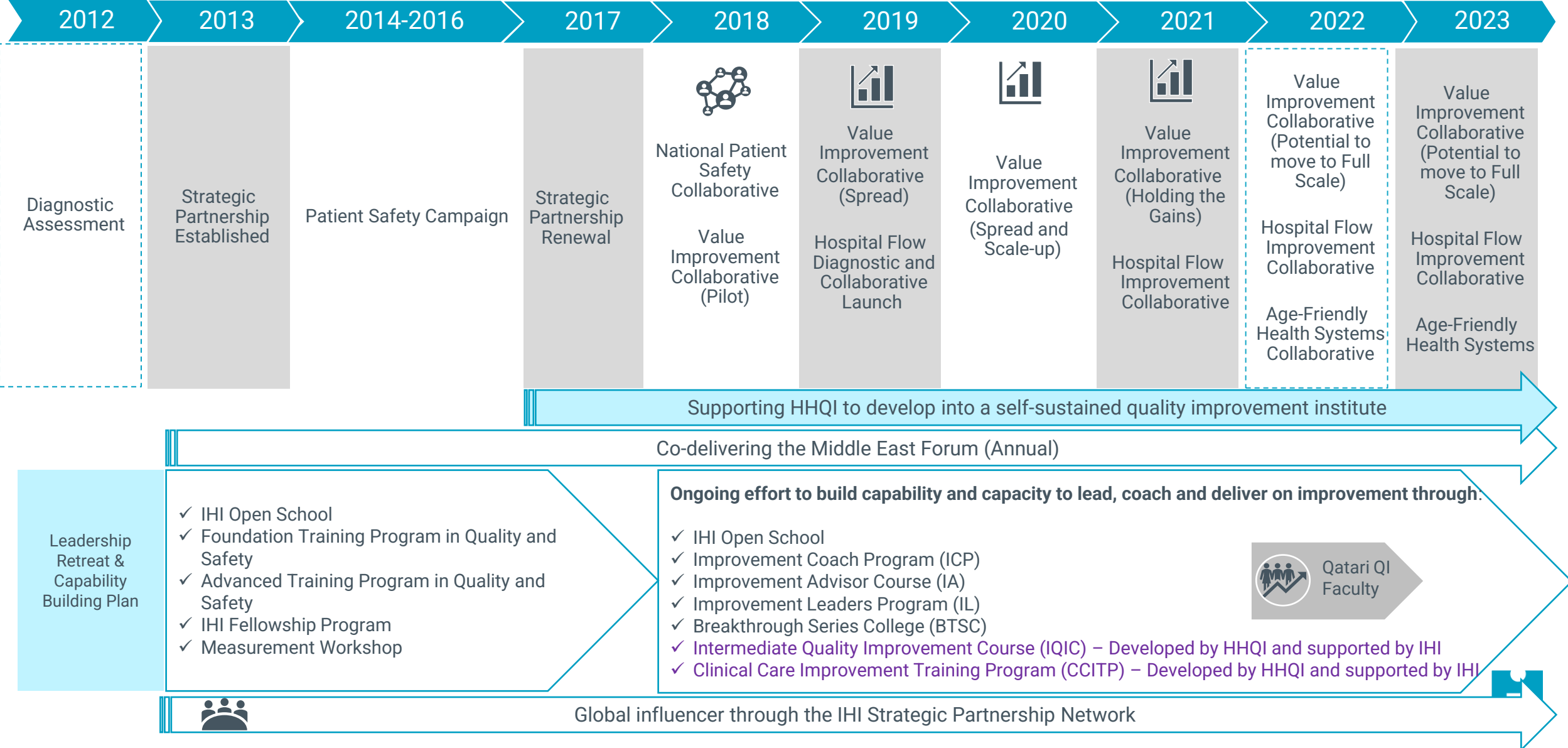
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Hamad Medical Corporation (HMC), Hamad Healthcare Quality Institute (HHQI), and the Institute for Healthcare Improvement (IHI) have collaborated for the past 10 years to improve health and health care for the people of Qatar. Building on the results achieved through a successful partnership thus far, HMC/HHQI and IHI are engaging in discussions to envision the future of this partnership.



# HMC/HHQI - IHI Strategic Partnership Timeline

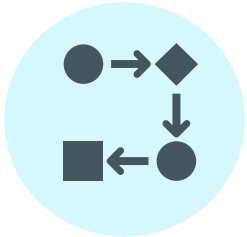
Over a Decade of Partnership and Collaboration to Drive Quality Improvement



# Improvement Collaboratives have achieved Breakthrough Results across Hamad Medical Corporation



**Value Improvement Collaborative** piloted in HMC and now spread to more than 50 health care teams have achieved sustained results in performance, capacity, and financial measures. Added benefits include improved multidisciplinary teamwork and communication, strong leadership, engaged clinical teams, and joy in work and workforce well-being.



**Hospital Flow Improvement Collaborative** to provide “the right care in the right place at the right time.” The priority areas are to reduce unnecessary bed days and develop a system-wide data-driven learning system. Early successes reduced length of stay and decreased waits and delays, with a focus on “what matters” to patients, families, and staff.



**Patient Safety Collaborative** successfully implemented the Sepsis 6 bundle and venous thromboembolism (VTE) risk assessment and treatment reliably across health systems in Qatar.



**Age-Friendly Health Systems Collaborative** has launched to reliably provide a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults every time: What Matters, Medication, Mentation, and Mobility.

# Quality Improvement and Leadership Programs have successfully built QI capability at all levels of Hamad Medical Corporation

## IHI Open School

Self-paced online courses for training in quality improvement, patient safety, leadership, and other topics.

## Fundamentals of Quality Improvement (1 day)

Available in English and Arabic, this program teaches the basics of the quality improvement methodology, concepts, and tools.

## Intermediate Quality Improvement Course (3 days)

Building on the Fundamentals of QI, this program provides more in-depth knowledge and skills in quality improvement methodology.

## CPPS Review Course (1 day)

This course is offered to patient safety professionals to prepare for Certification Professional in Patient Safety™ (CPPS) examination.

## Improvement Leaders Program (9 months)

This program focuses on the application of leadership skills across learning systems, reliability concepts, human factors, working styles, leadership behaviours and strategy, and sensemaking.

## Expert-Level Program in QI (10 months)

Those with advanced knowledge of QI methodologies will learn how to identify, plan, and execute improvement projects throughout an organization, which in turn delivers successful results and spreads improvements throughout systems.

## High-Performing Organizations Program (9 months)

This program trains leaders with the skills needed to achieve high-level clinical and operational performance, ensuring high reliability, teamwork, and psychological safety.

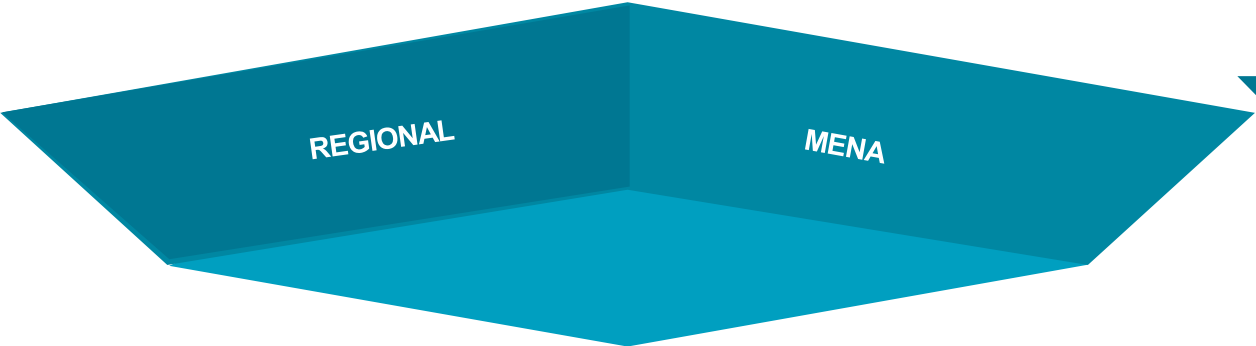
## Executive Leaders Program (6 to 9 months)

Through this program, health care executives will learn the strategic, clinical, and operational components involved in achieving safe and reliable operations.

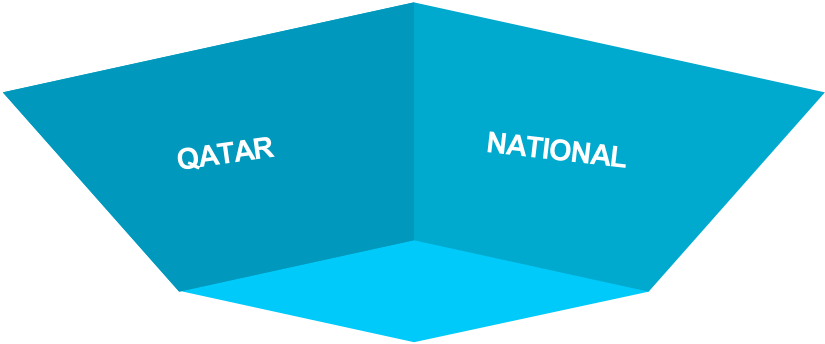




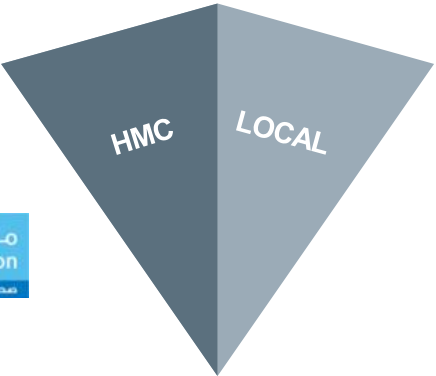
# 5 Year Vision (2024-2029)



Support Qatar’s vision of health diplomacy in the MENA region



Develop and build infrastructure to support Qatar’s QI journey



Accelerate HMC’s journey towards a high-performing health system



# Prof. Mondher Letaief

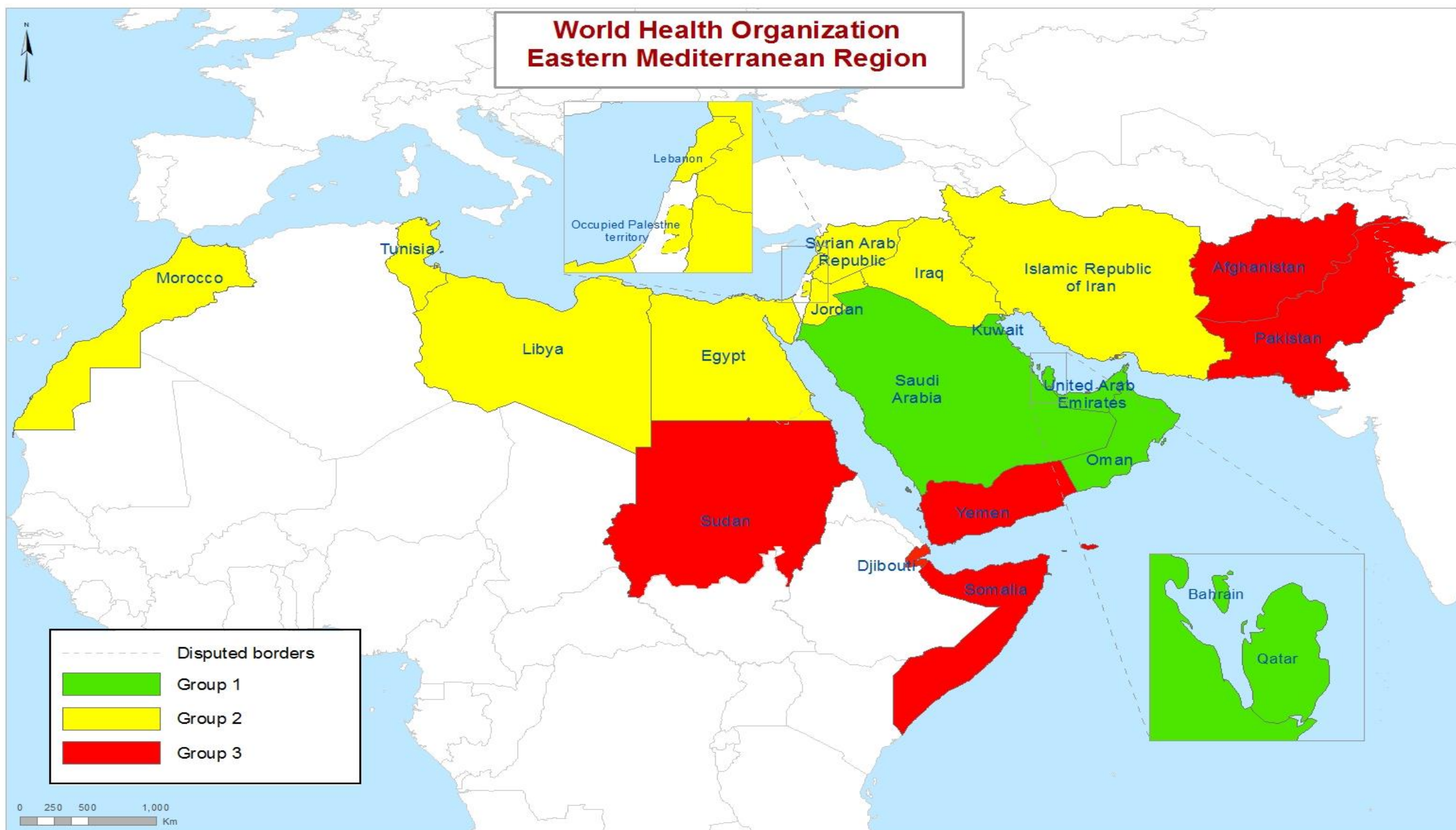
Regional adviser-QPS

WHO

## From local to international experience

- Demonstrate the way leaders contribute to building and fostering a culture of quality and safety.
- The learning from local to regional and international
- Reflections on the local/regional QI journey, lessons learned and what the future holds.

## World Health Organization Eastern Mediterranean Region







Quality of care and Patient Safety in FCVS



WHO-EMRO  
Dr. Ahmed Al-Mandhari  
Regional Director



# SAVE THE DATE

WORLD HEALTH  
ASSEMBLY  
SIDE EVENT

# 72<sup>nd</sup>

Patient Safety & Quality  
of care in the face of  
emergencies & extreme  
adversity

A prerequisite to  
achieve Universal  
Health Coverage

Organized by **State Of Qatar**

Co-sponsors:

- Afghanistan
- Argentina
- Brazil
- Colombia
- Ghana
- Iraq
- Kuwait
- Moldova
- Oman
- Rwanda
- Somalia
- Sri Lanka
- Sudan
- Switzerland
- Thailand
- Turkey
- United Kingdom

**Date:**  
Tuesday 21 May, 2019

**Time:**  
12:30 – 14:00

**Venue:**  
Palais des Nations (Room 24)  
Geneva, Switzerland

Interpretation available in  
6 official languages



# Improving the quality of care in FCVs?

- 2 billion in **Fragile, Conflict-affected, Vulnerable** settings
- 131.7 million people are in need of **humanitarian** aid
- 30 million children now forcibly displaced by **conflict**
- 1 in every 70 people around the world are in **crisis**
- **Fragile States** receive around 50% less aid than predicted

Fragile, Conflict-affected, and Vulnerable settings (FCVs) are generally seen to include those experiencing humanitarian crises, protracted emergencies, prolonged disruption to critical public services or governance (e.g. due to political or economic challenges, conflict, or natural disaster), or armed conflict.

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# What does that mean for the “health system”?

- **lack of infrastructure** (facilities, human resources, equipment, supplies, and medicines)
- **inability to provide and coordinate health services**
- **lack of equity** in who receives the available health services
- **inadequate capacity-building** mechanisms and systems, ex. training
- **insufficient coordination, oversight, and monitoring** of health services
- **lack of policy mechanisms** for developing and implementing national health policies;
- **deficient health information systems** for planning, mgmt., surveillance
- **inadequate management capacity** (ex. budgeting, accounting, HR)



# Current status for quality in FCVs

- Quality is often **not an explicit priority**— emphasis on access
- Quality and safety **not routinely standardized** in “systems”
- Most “**quality projects**” ad hoc; by a donor, country, NGO,
- Data on quality **hard to find** —not standardized
- Comparisons difficult **so hard to identify “best practices”**

# FCV settings: multiple and major differences

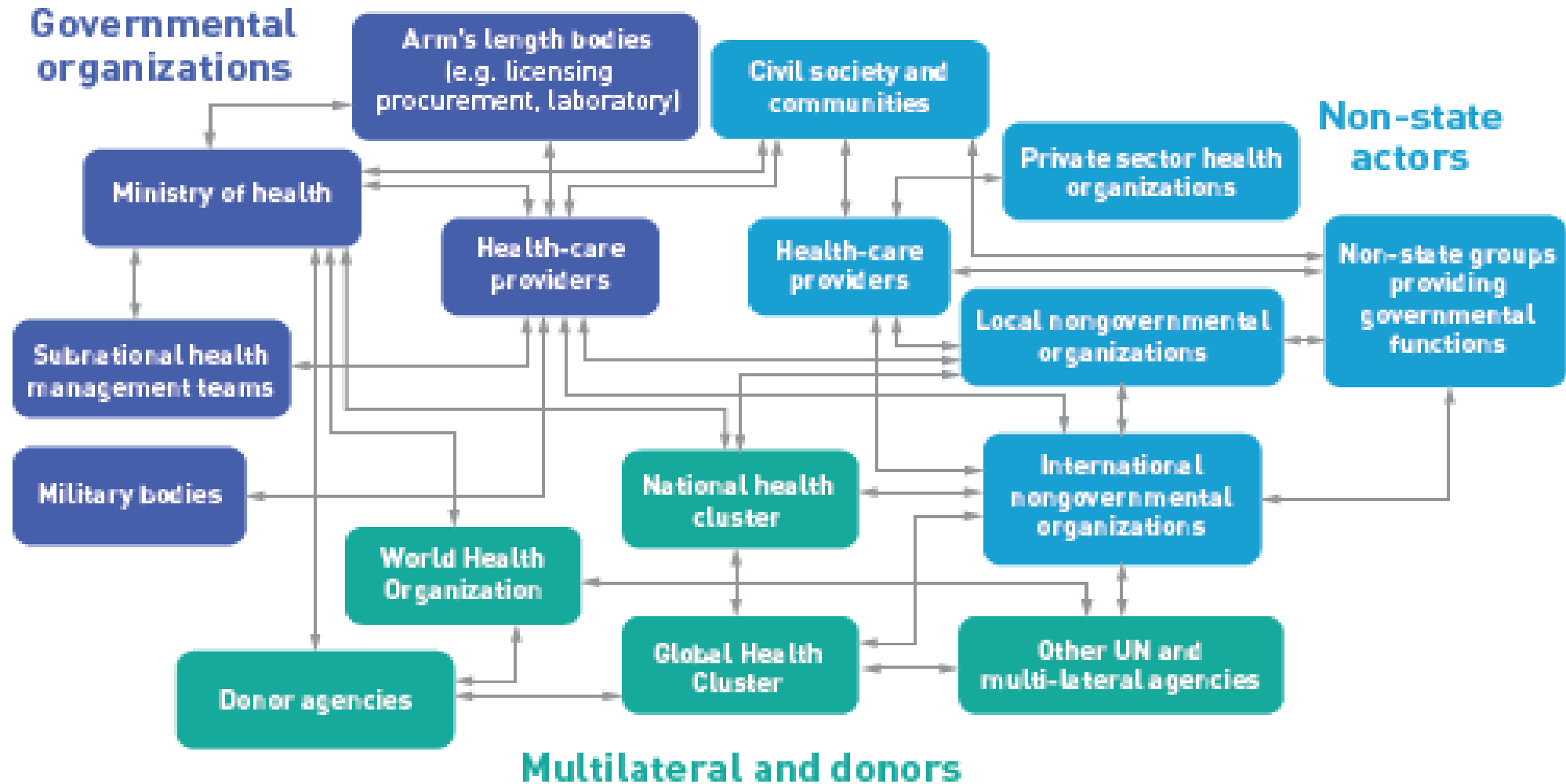
- National government may be “**weak**” (capacity, legitimacy, authority)
- Health “ **system** ” damaged/collapsed
- **Financing** /funding complex, unstable, inadequate
- **Workforce** insufficient, often transitional
- **Infrastructure damaged or destroyed**(structures, water, power, supply chains)
- **Security** problematic
- **Diverse stakeholders**; Humanitarian actors, UN agencies, INGOs, etc.

A moral imperative is to be practical and action-oriented— only the essentials and only if can make meaningful change

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# Health-sector governance relationships in an illustrative map of FCVs



# Perceived Quality in FCVs

Themes	Decision makers	Managers	Health Providers	NGOs
Major themes	Efficiency and people-centeredness	Efficiency	Effectiveness	Accessibility
Definition	<ul style="list-style-type: none"> <li>- Safety</li> <li>- <b>Life saving</b></li> <li>- Evidence-base practice</li> <li>- <b>Efficiency</b></li> </ul>	<ul style="list-style-type: none"> <li>- Cost <b>effectiveness</b> of the services</li> <li>- Health records</li> <li>- Aiming at population's desired health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Sustainable protocols</b></li> <li>- Patient-centeredness</li> <li>- Following <b>guidelines</b></li> </ul>	<ul style="list-style-type: none"> <li>- Advocacy for applying quality</li> <li>- <b>Best practice</b> measures</li> <li>- Resources and communication</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Developing <b>evidence-base policies</b></li> <li>- Lack of the strategic thinking and planning</li> </ul>	<p>Lack of commitment, capacity and capabilities of <b>policy makers</b> to ensure quality and safety measures</p>	<ul style="list-style-type: none"> <li>- Absence of quality protocols</li> <li>- Threatening the <b>safety of health professionals</b></li> <li>- Destroyed infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of <b>coordination</b> between different health-related sectors</li> <li>- Lack of policy makers' power to apply <b>quality guidelines</b></li> </ul>
Development tools	<ul style="list-style-type: none"> <li>- <b>Capacity building</b></li> <li>- <b>Strategic planning</b></li> </ul>	<ul style="list-style-type: none"> <li>- Restructuring of health facilities</li> <li>- <b>Collaborations</b> and <b>communication</b> strategies</li> <li>- Adapting <b>guidelines</b> and protocols</li> </ul>	<ul style="list-style-type: none"> <li>- Establishing efficient <b>working environment</b></li> <li>- Providing <b>sufficient workforce</b> to foster applying quality tools</li> <li>- Teams' <b>safety considerations</b></li> </ul>	<ul style="list-style-type: none"> <li>- Ensuring <b>equality</b> as a tool of quality of care</li> <li>- <b>Giving channels for collaborations</b> and open the space for <b>contributions</b></li> </ul>

## Some essential quality-enhancing factors were less highlighted

- Quality and Safety **for** Extreme Adversity
- The role of **private sector** on providing health care
- **Accountability** of actions taken for tackling identified challenges
- The value of **community engagement** in providing an integrated people-centered health care
- The orientation regarding **Minimum Healthcare Services Platform (MSP)**
- **Preparedness** and in-advance reliable planning for emergencies



مؤسسة حمد الطبية  
Hamad Medical Corporation  
HEALTH • EDUCATION • RESEARCH  
صحة • تعليم • بحوث

In Collaboration with



Institute for  
Healthcare  
Improvement

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## Patient Safety gaps

- Prioritizing “**saving lives**” as the ultimate goal of health care services in FCVs
- Adaptation of **guidelines and protocols**
- **Availability of resources**
- **Human-factor – Safety of health professionals**
- Issues of **gender inequality and discrimination**
- How to ensure **infection prevention and control in FCVs** (minimum standards for IPC)

# Patient Safety gaps

- Prioritizing “**saving lives**” as the ultimate goal of health care services in FCVs
- Adaptation of **guidelines and protocols**
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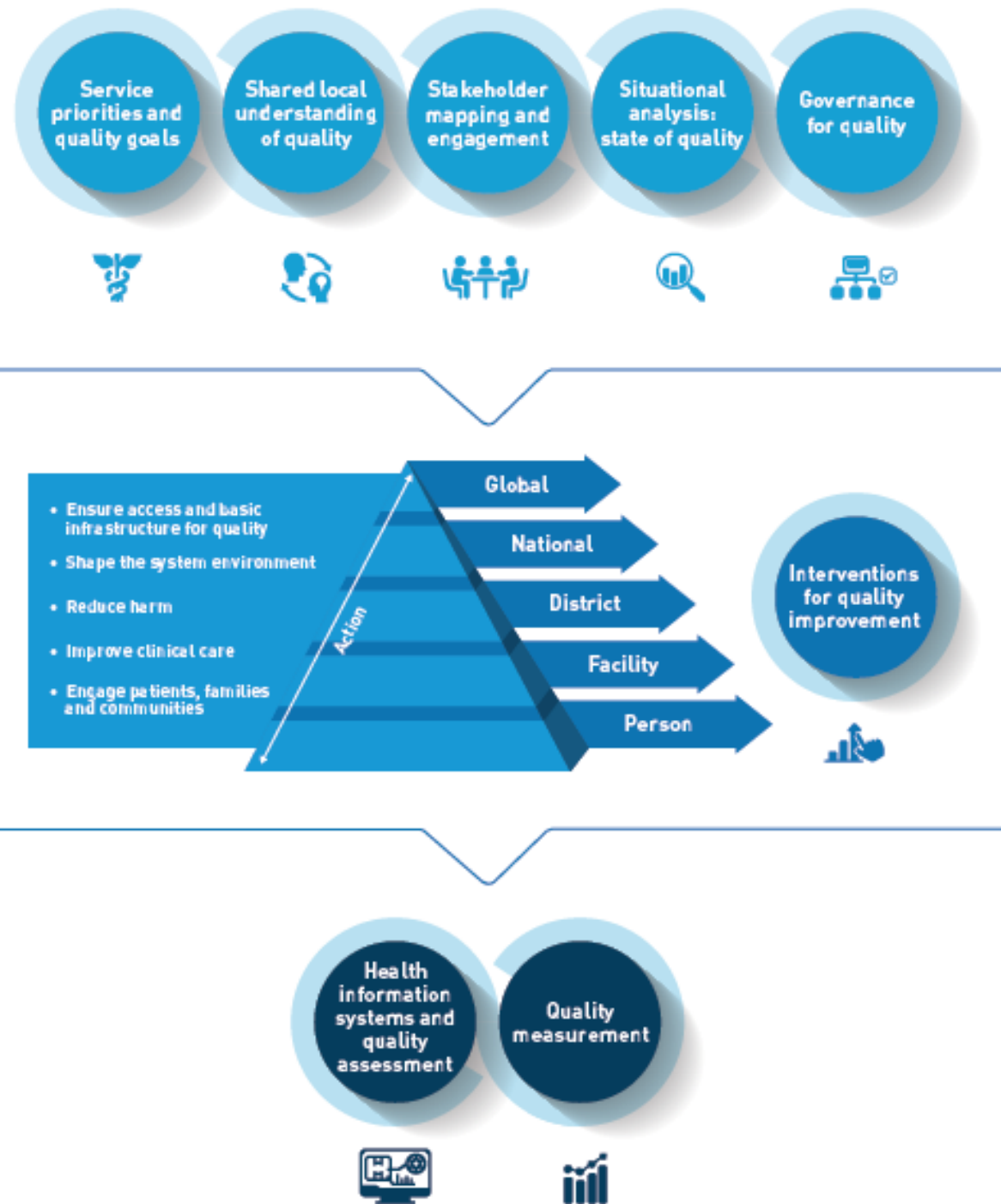
# The WHO technical package on quality of care in FCVs

- Provides a shared understanding of the major quality of care challenges in FCV settings & priorities for action.
- Enables the rapid introduction of a prioritized set of quality interventions that are appropriate to the setting.
- Ensures coherence with existing domestic, humanitarian, and development efforts.
- Supports systematic consideration of quality within evolving health systems through crisis response & recovery.
- Encourages political and financial support for addressing quality of care in FCV settings.

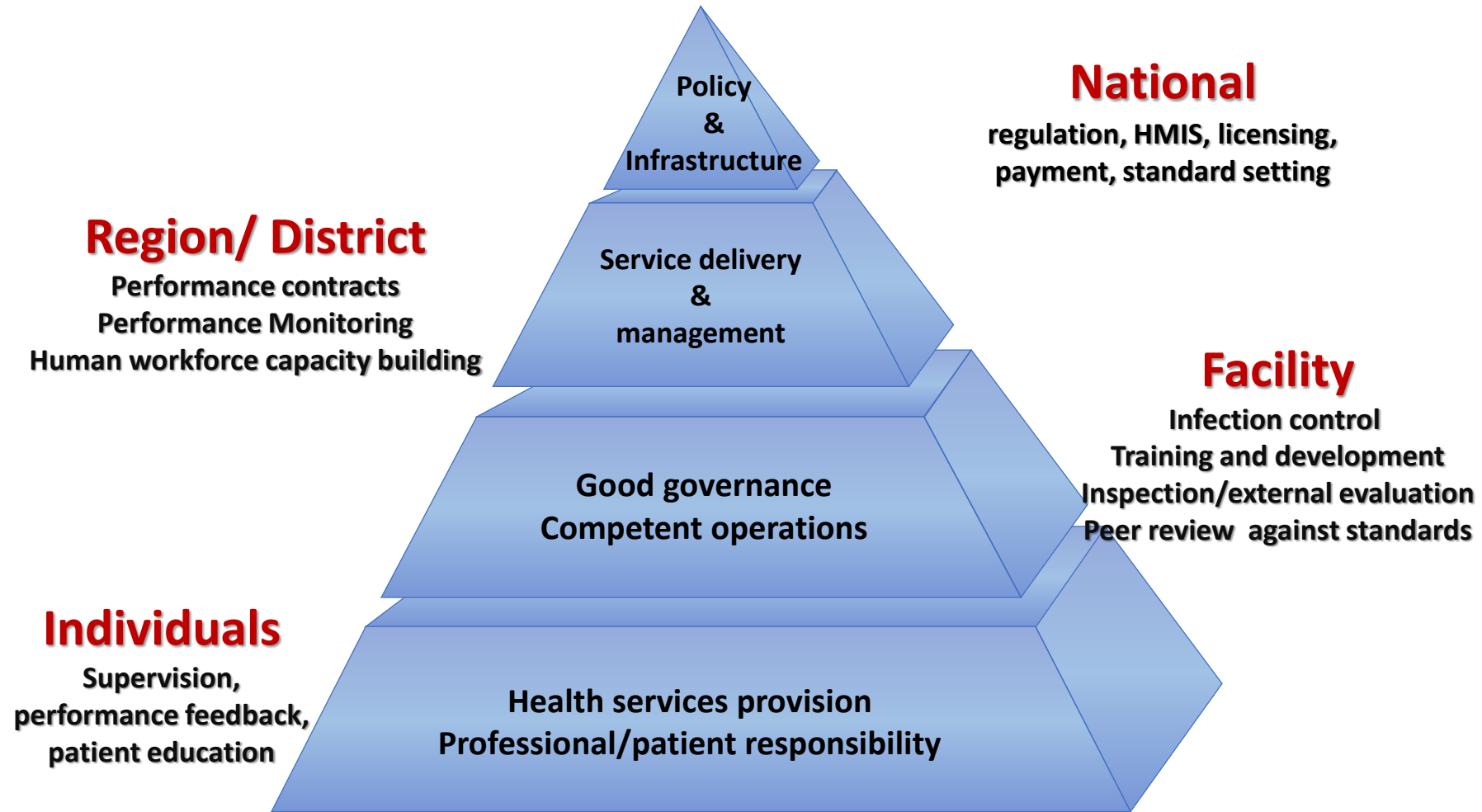




# planning for quality in FCV settings: Eight essential elements



# Country X ; creating systemic capacity for improvement at multiple levels





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صحة • تعليم • بحث

Area	Illustrative interventions
Ensure access and basic infrastructure for quality	<ul style="list-style-type: none"><li>▪ Ensure structural capacity and essential inputs</li><li>▪ Negotiate terms for care provision and safe access</li><li>▪ Provide access to mobile services</li><li>▪ Contract out services</li><li>▪ Strengthen health information systems for quality and performance</li><li>▪ Optimize procurement and supply chain systems</li></ul>
Shape the system environment	<ul style="list-style-type: none"><li>▪ Link quality action planning to a defined package of health services</li><li>▪ Recruit and retain workforce with a focus on quality of care</li><li>▪ Pre-verify qualifications of health teams for deployment</li><li>▪ Strengthen quality accountability mechanisms</li><li>▪ Strengthen performance reporting for quality</li><li>▪ Use performance-based contracting and commissioning</li><li>▪ Implement financing methods to enhance quality based on context</li><li>▪ Oversee quality of private-sector care provision</li><li>▪ Assess facility capacity for delivery of quality services</li></ul>
Reduce avoidable harm	<ul style="list-style-type: none"><li>▪ Strengthen infection prevention and control</li><li>▪ Implement high-priority patient safety processes at the point of care</li><li>▪ Provide hands-on patient safety training to health-care workers</li><li>▪ Use a context-specific patient safety risk management tool</li></ul>
Improve frontline clinical care	<ul style="list-style-type: none"><li>▪ Use context-appropriate guidelines, standards and protocols</li><li>▪ Routinely use quality monitoring and improvement processes</li><li>▪ Provide training with supportive supervision and performance feedback to the health workforce</li><li>▪ Strengthen primary care and referral networks to deliver quality services</li><li>▪ Use clinical decision support tools</li><li>▪ Use electronic and digital health technologies and programmes</li></ul>
Engage and empower patients, families and communities	<ul style="list-style-type: none"><li>▪ Establish patients' rights and complaints programmes</li><li>▪ Formally engage and empower communities</li><li>▪ Educate patients, families and communities</li><li>▪ Provide peer support and counselling</li><li>▪ Measure patients' experiences of care for service improvement</li><li>▪ Use patient self-management tools</li></ul>

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# “Better Bets “for Quality in FCVs Interventions

Interventions 4 criteria -generalizability -feasibility -results -representativeness	Setting		
	Hospital	Primary Care	Obstetrical Care
External readiness assessment and inspection	×	×	×
Infection prevention and control	×	×	×
Engage and empower communities		×	×
Strengthen accountability		×	×
Provide peer support / counseling		×	
Staff training/supportive supervision [includes performance feedback and monitoring]	×	×	
Use guidelines/standards with training	×	×	×
Use of safety tools and practices- safety checklists (ex. surgery, safe childbirth, emergency readiness, patient friendly hospital)	×		×



# Q&A \ Discussion