Quality *Insights*

Baseline analysis and early results of IFC's quality assessments in Egypt

IFC International Finance Corporation
WORLD BANK GROUP

About IFC

The International Finance Corporation (IFC) is a member of the World Bank Group and is the largest global development institution focused on the private sector in emerging markets. We work with businesses worldwide, using our capital, expertise, and influence to create markets and opportunities in the toughest areas of the world. In FY25, IFC delivered close to $70 billion in financing for developing countries, leveraging the power of the private sector to help end poverty and boost shared prosperity.

About the publication

Expanding access to quality and affordable healthcare is a central element to eliminating extreme poverty and promoting shared prosperity. The World Bank Group has a goal to end preventable deaths and disability through Universal Health Coverage (UHC). In many developing countries, governments do not have the capacity to serve the entire population, and private healthcare providers often play a critical role in meeting societal needs. IFC is developing a series of publications that demonstrate the private sector's ability to support the achievement of global and national healthcare goals. By focusing on efficiency and innovation, certain business models can provide better outcomes at a lower overall cost to society. Quality is a key requirement, and IFC places significant focus on this for all its investments. This report presents the findings of quality assessments carried out by IFC among private healthcare providers in Egypt seeking to offer services under the Universal Health Insurance Scheme (UHIS). The assessments detail the level of compliance with healthcare quality standards at participating facilities, as well as their subsequent progress toward meeting these standards.

Written by

This report was authored by Anushka Coovadia, with valuable insights provided by the IFC team: Yana Gorbatenko, Raju Narayan, Charles Dalton, Nesma Yassin, Ahmed El Bakry, Julia Khalimova and Hema Soliman.

Acknowledgements

This publication was produced under the IFC Health Quality Program for Egypt, implemented by IFC in partnership with the Government of the Netherlands.

Rights and permissions

Executive Summary

Achieving high standards of quality in healthcare is an integral part of Egypt's ambition to achieve Universal Healthcare Coverage (UHC). According to The Lancet, "In Egypt, 61% of preventable deaths are attributable to poor quality of health care rather than to lack of access"[1] (The Lancet Global Health, 2018).

For an average-sized healthcare facility, prioritizing the quality of care delivered is essential not only to align with national objectives, but also to ensure patient trust and safety, which are critical for long-term successful operations. As the Universal Health Insurance System (UHIS) progressively expands across the country, it is important to ensure that increased access to healthcare services is not compromised by inadequate standards of care.

In 2019, the International Finance Corporation (IFC) launched a country-level program in Egypt to support private healthcare facilities in strengthening their quality systems in line with national accreditation standards, enabling participation in the Universal Health Insurance System (UHIS). By conducting quality assessments, the IFC team identified critical gaps in the facilities' management systems and provided recommendations on how to address them.

This report summarizes observations from 48 baseline quality assessments of private healthcare facilities across 9 governorates in Egypt (a total of 100 facilities were assessed by 2024):

- Alexandria
- Aswan
- Dakahlia
- Gharbia
- Giza
- Cairo
- Red Sea
- Luxor
- Sharqia

Facilities joined the program voluntarily and were assessed during 2021–2022. Findings cannot be generalized to, and the sample is not representative of, the entire population of private healthcare facilities in Egypt. The last section of the report presents early conclusions from progress reviews conducted 12–18 months after the baseline assessment, which highlighted notable improvements in implementation of quality and patient safety standards.

The results of the aggregated analysis can inform leaders of healthcare facilities about common gaps in managing quality and patient safety challenges that healthcare facilities in other governorates are also likely to face as UHIS is rolled out nationwide.

1. This is a national figure and not representative of the private facilities which are the subject of this report.

Key Takeaways

Many healthcare facilities in Egypt recognize the importance of Quality and Patient Safety standards but struggle with consistent implementation. The baseline assessment revealed stronger implementation in certain areas:

- 58% of facilities correctly implemented patient identification procedures.
- 56% met sterilization process requirements.
- Over 50% displayed patient rights publicly, with staff able to provide examples of their application.

Overall, quality capacity and structures at healthcare facilities in Egypt remain at an early stage of development. While it was positive to note that one-third of the facilities had quality managers, two out of three visited facilities lacked staff with competence in quality and patient safety. Moreover, 83% of the facilities did not have written Quality and Patient Safety Plans, and 75% did not have Quality Committees.

Despite having written policies, challenges remain in ensuring their consistent implementation across facilities: 25-30% of assessed facilities had well-developed written policies and procedures across the assessed areas. Consistent implementation was achieved by only 5-10% of facilities. Senior leaders need to pay attention to active staff engagement to promote the culture of quality.

Facilities that have robust incident reporting tend to achieve higher overall levels of implementation of quality standards. Having staff that reports and does not hide incidents indicates greater staff engagement and the spread of fair quality culture, which is an important success factor. However, at the time of the assessment, 68% of facilities have not yet implemented an incident management system fully.

At baseline, less than 5% of facilities monitored and measured KPIs for process compliance and outcomes. At progress review stage, 40-60% of the surveyed facilities had begun to monitor their level of compliance with patient safety requirements (which indicates significant progress). Fewer facilities, however, were able to report medication error rates and healthcare associated infection rates. Globally patient harm in these areas is recognized as a serious issue. Including infection and medication related incidents and near-misses in quality dashboards coupled with robust root-cause analysis will translate into safer care for patients.

Full implementation of patient safety goals is an essential 'quick win' at nearly every facility. While the level of implementation of patient safety goals varied at baseline assessment, at progress review over 60% of facilities were able to report progress. Risks of patient falls remain underestimated: at baseline, patient fall prevention was least compliant among patient safety requirements, and it was the area with the lowest reported implementation of recommendations. The strongest progress was reported in patient identification, hand hygiene and safe surgery implementation.

More than two-thirds of healthcare facilities would benefit from more systemic structuring of their infection control practices more systematically. Less than 30% have a developed and implemented infection prevention program. Among the elements of infection control processes and infrastructure, sterilization appeared to have the higher level of compliance, while waste management, laundry, kitchen and isolation much more frequently show gaps. Infection rate measurement is lagging. Even at progress review only 35% were able to report hospital acquired infection rates.

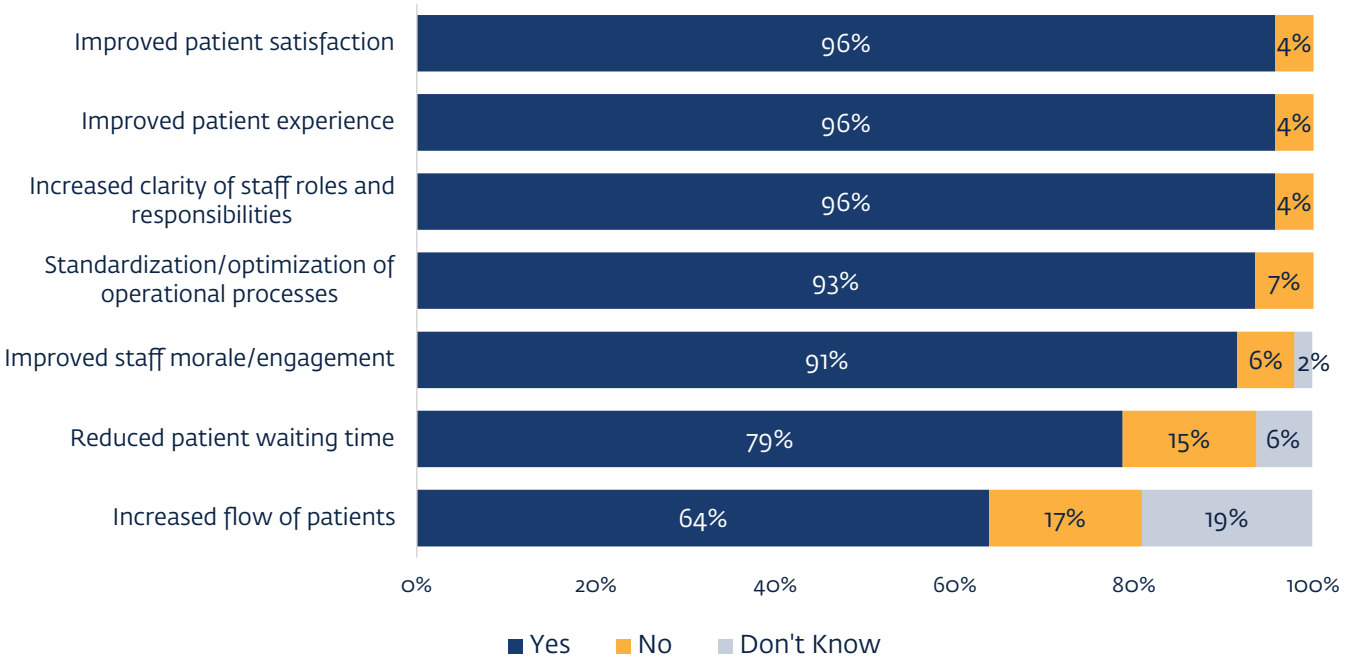
Of assessed facilities, 2% had established structures and processes to implement clinical guidelines. This trend is likely driven by the doctor-employment model in Egypt, where physicians are typically not full-time employees of healthcare facilities. At progress review, improvement in clinical governance was among the least frequently implemented recommendations. It is, however, a critical success factor for working with private or social insurance payers.

Over 90% of facilities with enhanced quality processes and practices witnessed better patient experience and higher patient satisfaction as well as multiple operational improvements. The main operational benefits of improved quality standards included process optimization, increased clarity of staff roles and improved staff engagement. Reduced patient waiting time was reported by fewer facilities as it requires implementation of dedicated improvement projects.

Finally, the benefits of increased patient flows can be fully realized when facilities join the UHIS system and are able to serve more patients.

This report is structured around key healthcare quality and patient safety areas reviewed by IFC assessors. Each section summarizes aggregated observations on the implementation of quality improvement measures and presents recommendations and useful resources that can be relevant to other facilities facing similar challenges. We hope that leaders of healthcare facilities and other sector organizations will find these insights useful.

Chart 1: Operational improvements reported by facilities



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 47

Contents

©Shutterstock

Introduction

Egypt is introducing Universal Health Insurance System (UHIS), which will extend Universal Health Care (UHC) to all by 2030. This creates a significant opportunity for Egyptian private healthcare providers to serve millions of people under the UHIS.

Some (larger) private healthcare providers are equipped to serve patients under UHIS, but many (smaller) independent providers – who make up most facilities in the country – do not meet the required levels of quality and patient safety practices.

To provide services under the UHIS, Egyptian healthcare providers (both public and private) must comply with the Quality and Patient Safety Standards of the General Authority for Healthcare Accreditation and Regulation (GAHAR) and achieve its accreditation.

GAHAR is the cornerstone of Egypt's healthcare quality assurance framework. Established to elevate the standards of healthcare services, GAHAR sets rigorous accreditation criteria for healthcare facilities and organizations: hospitals, ambulatory care centers, primary health centers (PHCs), community pharmacies, private clinics, mental health facilities, as well as physiotherapy and radiology clinics.

In 2019, the International Finance Corporation (IFC) began conducting a country-level program in Egypt to support private healthcare facilities. The goal was to improve their quality systems and practices, enabling them to comply with GAHAR accreditation standards and join the UHIS.

The requisite GAHAR accreditation establishes a baseline standard for all providers wishing to serve UHIS patients. Accreditation ensures compliance with predefined evidence-based measures for medicines, equipment, facilities, infrastructure, technologies and healthcare workers.

The Importance *of* Quality *of* Care

Quality of health care is a major concern around the world. The Lancet Global Health Commission on High Quality Health Systems estimates that eight million lives are lost in low and middle-income countries annually due to poor quality of care.[2]

A study published in 2018 in The Lancet found that, in Egypt, 61% of preventable deaths are attributable to poor quality of healthcare rather than to lack of access to care[3]. Patients require appropriate and effective healthcare services, ones that are patient-centric, evidence-based, timely and safe. Continuity, consistency, communication and coordination of healthcare are all critical aspects of strengthening quality of care and patient safety.

To improve the overall patient experience, clinical outcomes and organizational performance, quality management systems require frequent data collection, regular monitoring and evaluation, as well as corrective actions.

> There can be no access without quality. Quality of care is a critical balancing feature of the UHIS system, which ensures that access is not achieved at the expense of the standards of care.[4]

Quality and patient safety must be driven by a facility's leadership team, from its overarching strategy to the prevailing culture to each employee's daily healthcare practices. It concerns the bigger picture, as well as the smallest details.

Critical components of a strong Healthcare Quality and Patient Safety System include:

- Strong leadership support
- Clear and transparent policies and protocols
- A collaborative team approach to quality management
- Effective training and development programs
- Data and analytics which inform decision making
- Vigilant monitoring and evaluation systems
- Effective risk identification and prevention

2. High-quality health systems in the Sustainable Development Goals era: time for a revolution ,Kruk, Gage, Arsenault, & Jordan, The Lancet, 2018
3. Kruk et al 'Mortality due to low quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries' The Lancet, 2018
4. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank; 2018

Why should an organization invest in better healthcare quality and patient safety?

Investments in quality improvements and patient safety yield a range of tangible benefits to healthcare organizations, patients and their communities.

These benefits include:

1. Better patient outcomes
2. Increased patient satisfaction
3. Reduced risk and prevention of costly medical errors
4. Compliance with regulations and quality standards
5. Greater efficiency and productivity due to streamlined processes
6. Reduced waste
7. Better communication and coordination
8. Higher levels of fulfilment and satisfaction amongst healthcare workers
9. Differentiation from competitors
10. Higher utilization of services and occupancies which can enhance financial performance

At the system level, investing in better quality and patient safety are critical for the success and resilience of the UHIS.

Methodology and Scope

IFC has developed an assessment tool to provide a snapshot of the strengths and weaknesses of the quality of care in healthcare facilities. The IFC IQ-Healthcare Quality Assessment Tool (the IQ-Healthcare Tool) evaluates practices in the following areas:

- Quality Management
- International Patient Safety Goals
- Ethics, Patient and Family Rights
- Medication Management and Use
- Prevention and Control of Infections
- Facility Management and Security
- Governance (Clinical Guidelines)
- Human Resources

The IFC IQ-Healthcare Tool emphasizes patient safety, clinical governance, and continuous improvement, ensuring that healthcare providers meet proven evidence-based practices. Findings and recommendations on improvements provided by IFC support the accreditation preparation process. From 2021-2024, IFC's team used the IQ-Healthcare Tool to evaluate practices at 100+ facilities across Egypt to identify strengths and areas for improvement related to healthcare quality and patient safety.

The on-site visits included:

- A facility tour with a special focus on high-risk areas (e.g. operating theatre, sterilization unit, in-patient departments, ICUs) and supplementary areas (e.g. kitchen, laundry, medication storage)
- Process observations
- Selective review of documents (Policies, Procedures, etc.)
- Staff interviews

After the assessment, each medical facility received a report with specific findings and recommendations for improvement.

Table 1: Assessed areas and standards

Areas	Standards
Quality management	• Quality and patient safety oversight • Using data to improve quality
International patient safety goals	• Correctly identify patients • Improving the effectiveness of communication • Improving the safety of high-alert medicines • Ensuring safe surgery • Reduce the risk of healthcare-associated infections • Reduce the risk of harm to patients from falls
Ethics, patient and family rights	• Patient and family rights • Informed consent • Privacy
Medication management and use	• Organization and management • Selection and procurement • Storage • Prescription and transcription • Preparation and dispensing
Infection prevention and control	• Preventing and controlling infections in: • Sterilization Unit • Kitchen • Laundry • Waste Management Process • Isolation Infrastructure and Process
Facilities management and security	• Facilities Management Monitoring and Program • Safety and security • Hazardous Materials Management • Disaster preparedness • Fire safety • Biomedical equipment • Public service system
Governance	• Clinical Guidelines
Human resources	• Appropriate staffing and qualifications

Assessors scored compliance of each facility using a subset of 25+ standards. This report summarizes findings and presents aggregated scores from the baseline assessment of the 48 facilities that were assessed during 2021-2022.

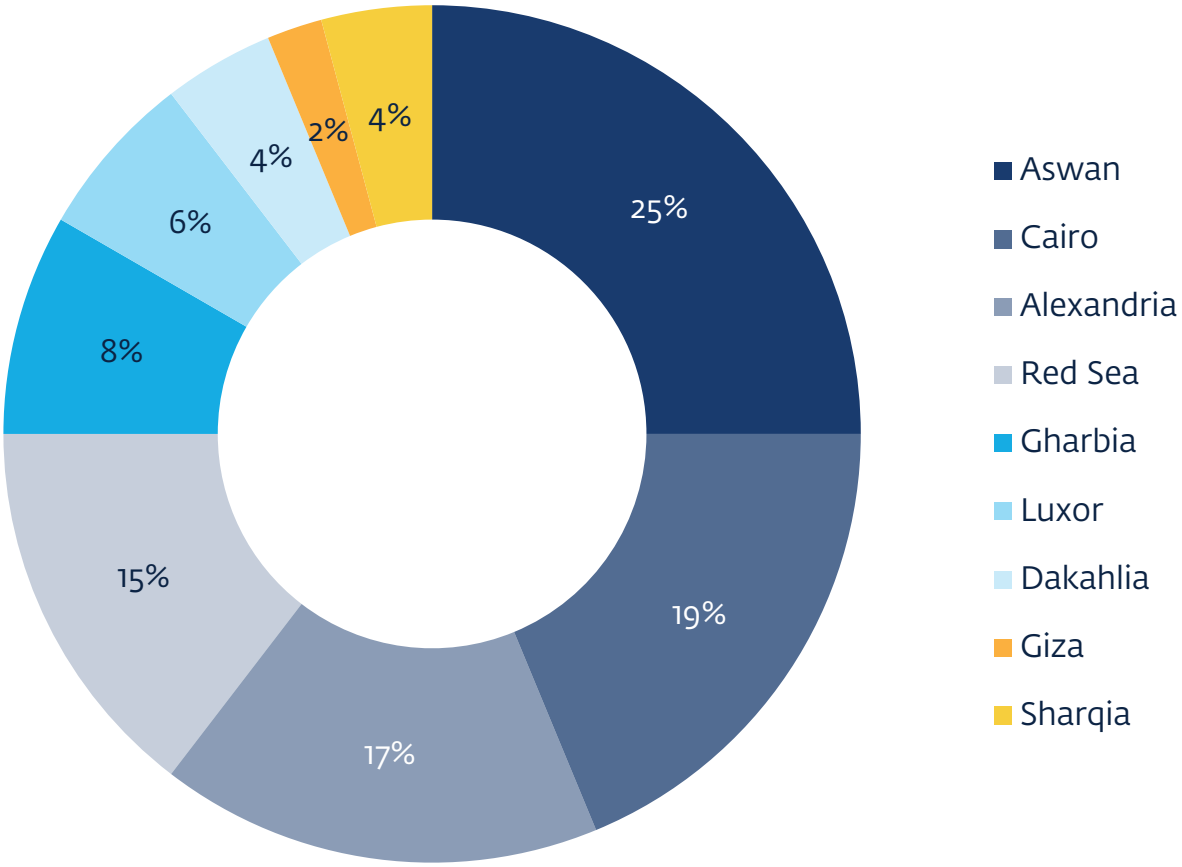
These facilities operate in 9 governorates of Egypt as presented in Chart 2 below.

The geographical focus of IFC assessments was two-fold:

a. Governorates included in the initial phases of the UHIS roll-out including Aswan, Luxor, and Red Sea.

b. Governorates with greatest potential for private sector investments in healthcare, such as Greater Cairo and Alexandria.

Chart 2: Geographical distribution of assessed facilities



Percentages represent the share of assessed facilities (total = 100%). Number of facilities: 48


©Shutterstock

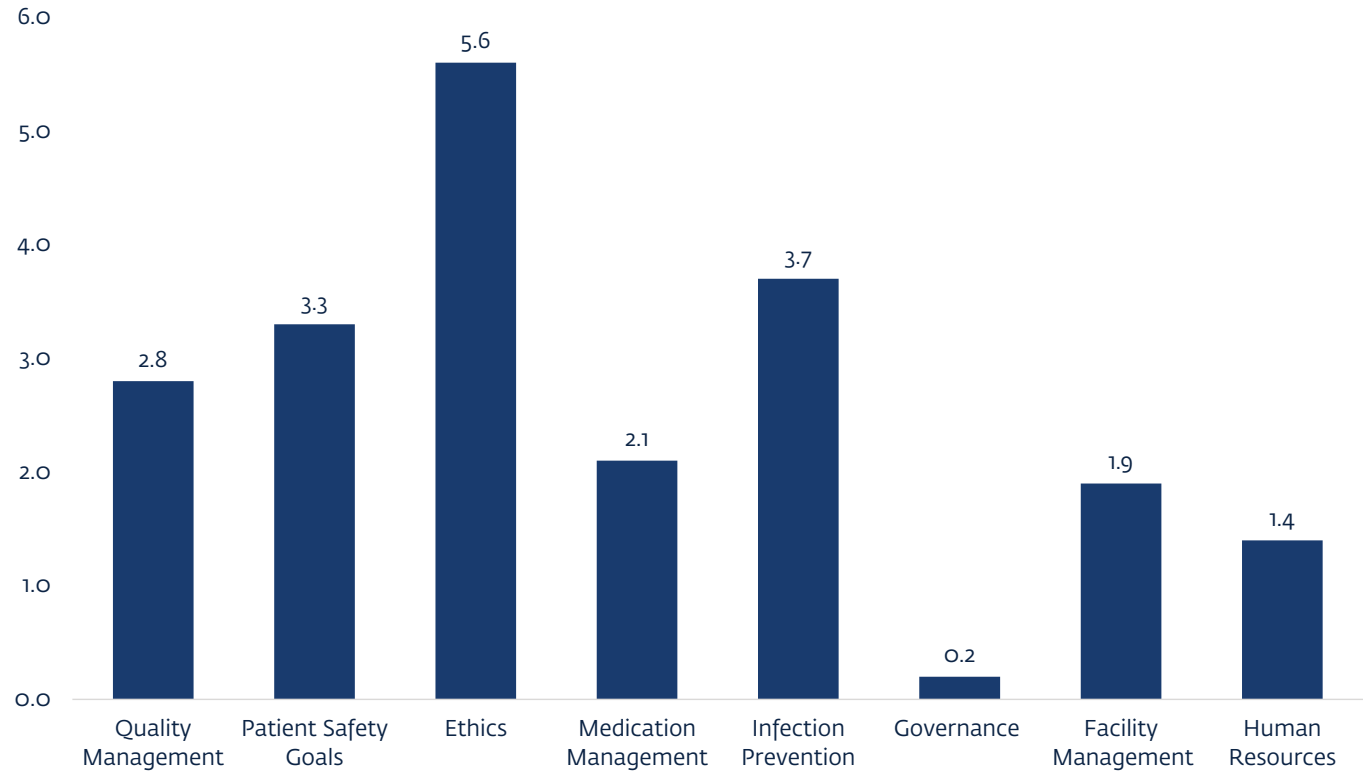
Healthcare Quality Assessments: Summary *of* Findings

The following sections cover key trends frequently observed in quality and safety gaps, and the most common recommendations.

Overall, the highest level of compliance was observed in Ethics, Patient and Family Rights – almost all facilities have implemented at least some elements of the Informed Consent and Patient Rights requirements. The lowest compliance was observed in clinical governance – only 2% of facilities formally determined and followed clinical guidelines.

The second lowest compliance is in Human Resources – very few facilities developed formal documentation and standardized personnel files. See chart 3 for baseline compliance scores for all standards.

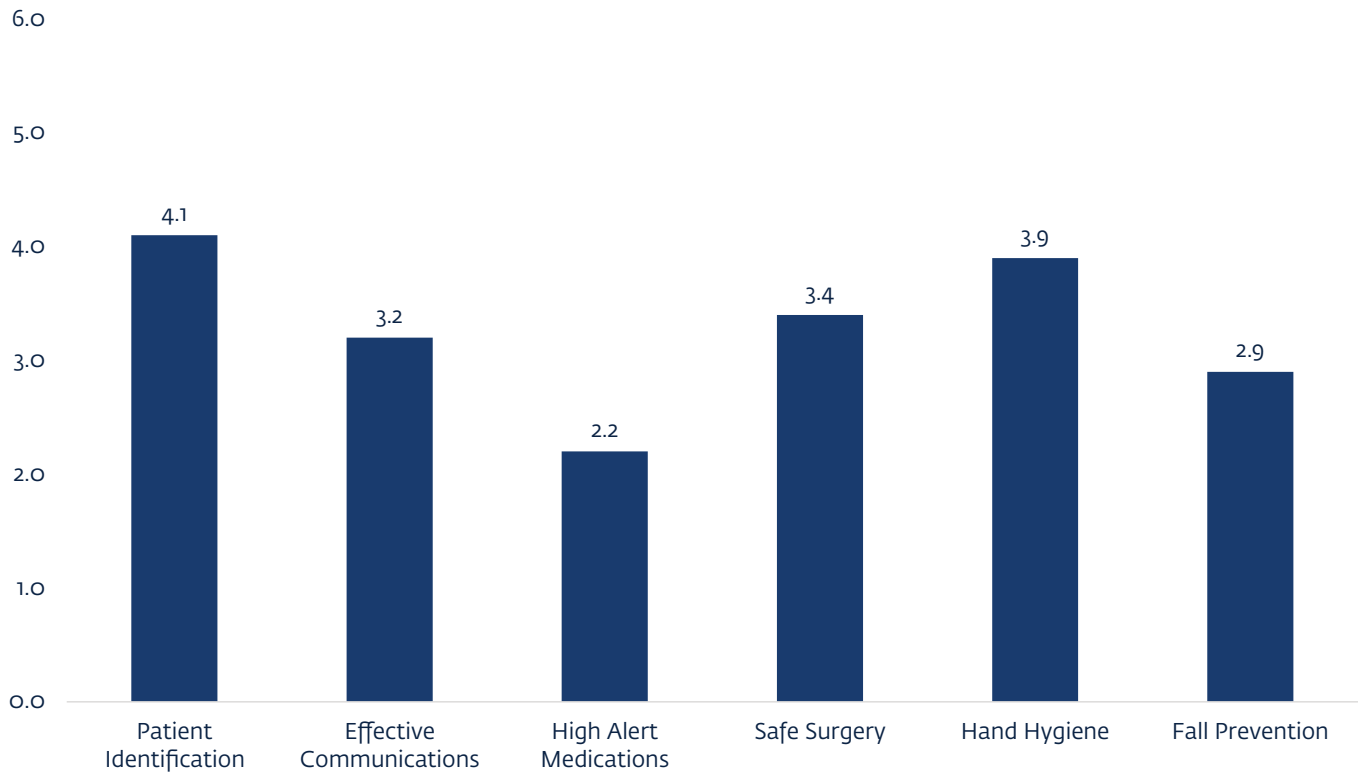
Chart 3: Average baseline compliance score



Scores range from 0 (lowest) to 10 (highest). Number of facilities: 48

The International Patient Safety Goals (IPSG) are six standardized, evidence-based goals developed by Joint Commission International (JCI) to promote improvements in specific, high-risk areas of patient safety.

Chart 4: Baseline compliance with patient safety goals



Scores range from 0 (lowest) to 10 (highest). Number of facilities: 48

Among the Patient Safety Goals, the lowest compliance is in the areas of High-Alert Medications – none of the facilities demonstrated full compliance with the requirement – and Fall Prevention – only 2% of companies implemented effective processes to prevent falls and, in most facilities, infrastructure risks were not identified and addressed. The highest compliance was observed in Patient Identification and Hand Hygiene practices – over 40% of companies developed formal documentation for each of these areas.

1. Quality Management

Patient safety in healthcare begins with building capacity and structure.

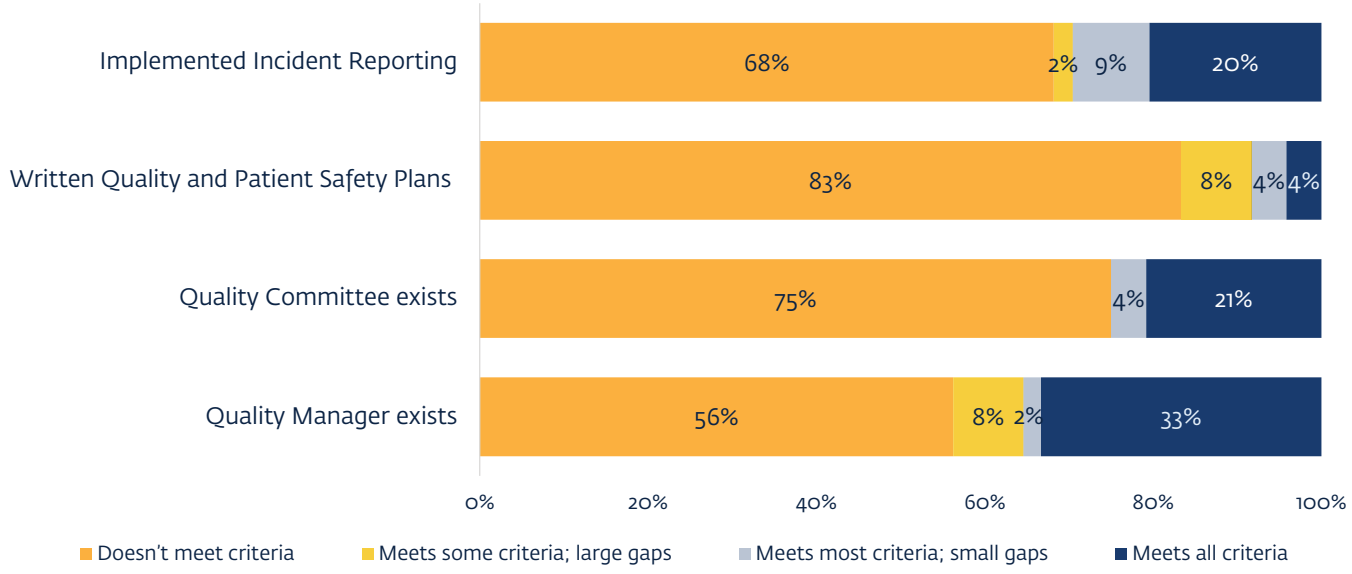
Strong leadership commitment is vital for effective healthcare quality improvement. It establishes a clear direction, fosters a culture of safety, ensures the allocation of necessary resources and promotes patient-centered care. By emphasizing on ongoing quality improvements initiatives and prioritizing these efforts, clinics and hospitals can deliver safer, more effective care that leads to improved patient outcomes.

Patient safety in healthcare institutions begins with building capacity and structure – appointing quality managers and champions, creating committees – elements essential for establishing and maintaining safety protocols. A quality manager ensures that all healthcare practices adhere to established standards and regulations, minimizing the risk of errors. They lead the development and implementation of continuous improvement processes, fostering a culture of safety and accountability. By analyzing data and identifying trends, quality managers can proactively address potential safety issues before they escalate. Ultimately, their expertise and oversight are crucial for creating a safe environment for both patients and healthcare providers.

Another critical component is the Quality Improvement Plan. It helps in systematically identifying and addressing areas for improvement.

Key Findings

Chart 5: Level of compliance with elements of quality management standards



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

Across the healthcare facilities assessed, management teams demonstrate strong interest and commitment to enhancing Quality and Patient Safety. However, there is a lack of comprehensive understanding regarding fundamental quality principles. In addition, governance structures would benefit from being more robust and quality reporting lines are not yet fully institutionalized. These issues present challenges to the development and implementation of sustained Quality Improvement Programs within the facilities.

While many facilities have effective senior leadership and well-established organizational structures, middle and lower-level staff often lack familiarity with their companies' quality improvement plans and are unaware of the specific roles they play in quality improvement initiatives.

70%

Around 30% of the facilities have qualified Quality Managers, however, the remaining 70% do not have any staff members with competence in quality and patient safety.

83%

83% of the facilities do not have written Quality and Patient Safety Plans; 75% do not have Quality Committees; and 68% have not implemented Incident Management Systems.

Common Recommendations

- Establish clear roles in quality governance, including for the Board and CEO.
- Appoint a Quality Manager and develop a facility-wide quality committee.
- Train staff on the principles of Quality and Patient Safety.
- Establish a strong safety culture and encourage employee participation and accountability.
- Develop quality plans, clinical policies, guidelines and incident reporting tools.
- Develop Key Performance Indicators (KPIs) related to Quality Plans.
- Encourage reporting of incidents and monitor the performance of the organization, using regular Root-Cause analysis and effective benchmarking.

Useful Resources

- **Foundations of Healthcare Quality Management**, IFC online self-paced learning module.
- **Healthcare Performance Management System**, IFC online self-paced learning module.
- **Quality Assurance and Performance Improvement (QAPI) Program Toolkit**, Comagine Health.
- **A Guide to Developing and Assessing a Quality Plan**, The Collaborative for Excellence in Healthcare Quality (CEHQ).
- **Getting Started Guide: Putting Quality Standards into Practice**, HQ Ontario.
- **Quality and Safety Committee(s): Guidance and Sample Terms of Reference**, Health Service Executive Quality and Patient Safety Directorate.
- **Leading Healthcare Quality and Safety**, George Washington University, Coursera.
- **The Role and Function of Quality Assurance Officers in Ontario Hospitals**, Kent V. Rondeau and Nareshwar Birdi, The Quality Assurance Journal.
- **The Healthcare Executive's Role in Ensuring Quality and Patient Safety**, American College of Healthcare Executives.
- **Incident Management System**, IFC online self-paced learning module.
- **Patient Safety Incident Reporting and Learning Systems: Technical Report and Guidance**, World Health Organization.
- **Incident Management Guide**, Australian Commission on Safety and Quality in Healthcare, November 2021.
- **A Just Culture Guide**, NHS.
- **Just Culture**, HQCA website.
- **Systems-Based Models for Investigating Patient Safety Incidents**, BJA Education.

2. International Patient Safety Goals

The six International Patient Safety Goals (IPSGs) are considered priority standards that, when implemented correctly, can prevent the most common types of serious mistakes affecting patient safety. Some of the goals relate to preventing "never events," i.e. events that are so serious that they should never happen. Implementation of the IPSGs significantly increases quality and safety of medical care provision and thus reduces risk of harm to patients. In Egypt, the patient safety goals are part of National Safety Requirements.

The Goals are to:

- Correctly identify patients
- Improve the effectiveness of communication
- Improve the safety of high-alert medicines
- Ensure safe surgery
- Reduce the risk of healthcare-associated infections
- Reduce the risk of harm to patients from falls

Goal 1: Patient Identification

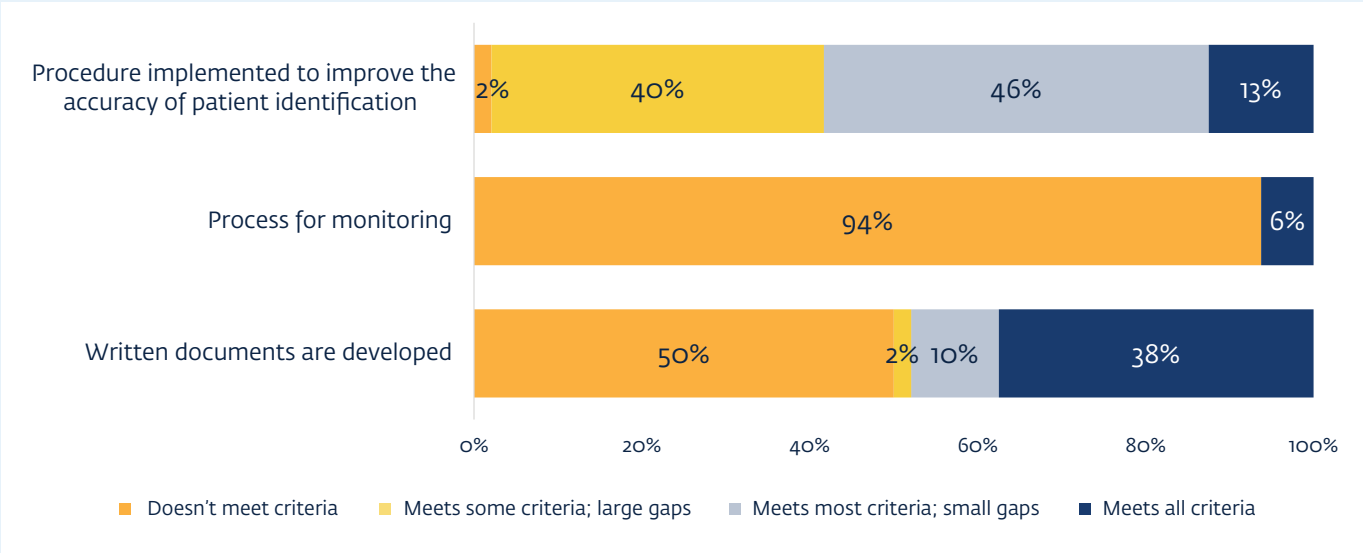
Providing the wrong treatment to the wrong person is often called a "Never Event" – meaning that it should never happen. Unfortunately, healthcare organizations sometimes incorrectly identify patients. This has very dangerous consequences, including drugs being prescribed to the wrong person, or even operating on the wrong person.

Measures to improve accuracy of identification recommended by global practice usually include consistent use of two reliable identifiers, such as the use of wristbands, including those with bar or QR codes, and biometrics scanning.

Key Findings

Institutions have taken concrete steps to improve patient identification, however monitoring of compliance represent a key area for further development.

Chart 6: Level of compliance with elements of patient identification standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

40%

Almost 40% of the facilities developed written documents for Patient Identification and 13% have fully implemented the required procedures.

94%

94% of the facilities do not have a process to monitor the implementation of the Patient Identification requirements.

Although the staff are generally aware of the importance of accurate patient identification, many still **do not always fully understand the requirements or often misinterpret them: identification by location** (such as room or bed number) commonly observed at several facilities visited.

Common gap: almost no facility has yet formalized the identification of unknown patients and those with special needs, such as comatose or psychiatric patients.

Common Recommendations

- Develop a formal process to identify unknown/comatose patients.
- Effectively implement procedures across the organization.
- Standardize patient identifiers across the facility and train staff in their correct use.
- Develop and implement Patient Identification effectiveness monitoring and undertake regular audits.

Useful Resources

- **Patient Identification**. The Joint Commission International, The Joint Commission, WHO.
- **Two Patient Identifiers – Understanding the Requirements**, The Joint Commission.
- **Identify Patients Correctly:** IFC online self-paced learning module.

Goal 2: Effective Communication

Communication errors, such as misunderstanding lab results or drug prescriptions given verbally over the telephone, can result in harm to patients. Special attention may also be paid to passing information correctly during the handover of patients from one care provider to another.

Effective communication is:

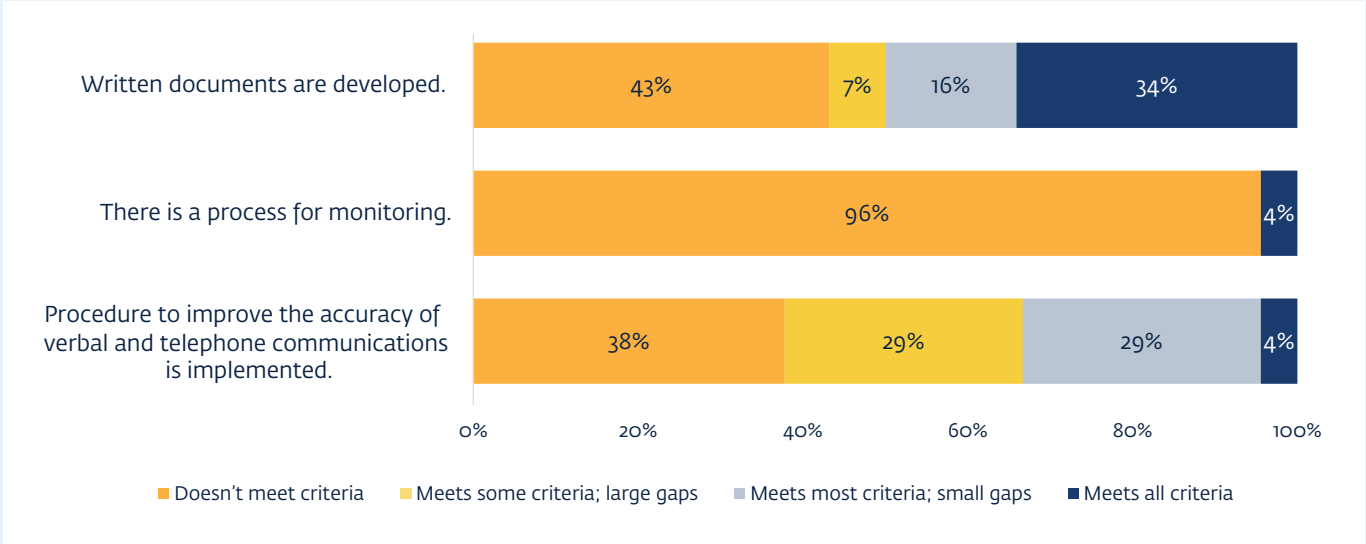
- clear
- unambiguous
- understood by the recipient
- accurate
- complete
- timely

Effective communication reduces errors and improves patient safety.

Key Findings

Although effective communication was often detailed in documentation, the implementation and monitoring were generally inadequate.

Chart 7: Level of compliance with elements of effective communication standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

34%

About 34% of the facilities developed written policies for Effective Communication and 4% fully implemented required procedures.

Common gap: handovers, verbal orders, critical results communication processes are not standardized.

Common Recommendations

- Develop a policy for effective communication, to include handover communication, verbal/telephone orders, as well as communication and documentation of critical diagnostic tests results.
- Use a standardized form or tool to capture telephone orders.
- Use a formal reporting form to ensure that critical results from diagnostic tests are communicated to the treating physician.
- Limit verbal communication of prescriptions and medication orders to urgent situations only.
- Regularly measure compliance with requirements.

Useful Resources

- **Recommendations to Reduce Medication Errors Associated with Verbal Medication Orders and Prescriptions**, National Coordinating Council for Medication Error Reporting and Prevention.
- **Improving Effective Communication**: IFC online self-paced learning module.
- **Communication of Critical or Unexpected Findings**, CAMRT.

Goal 3: High-Alert Medications

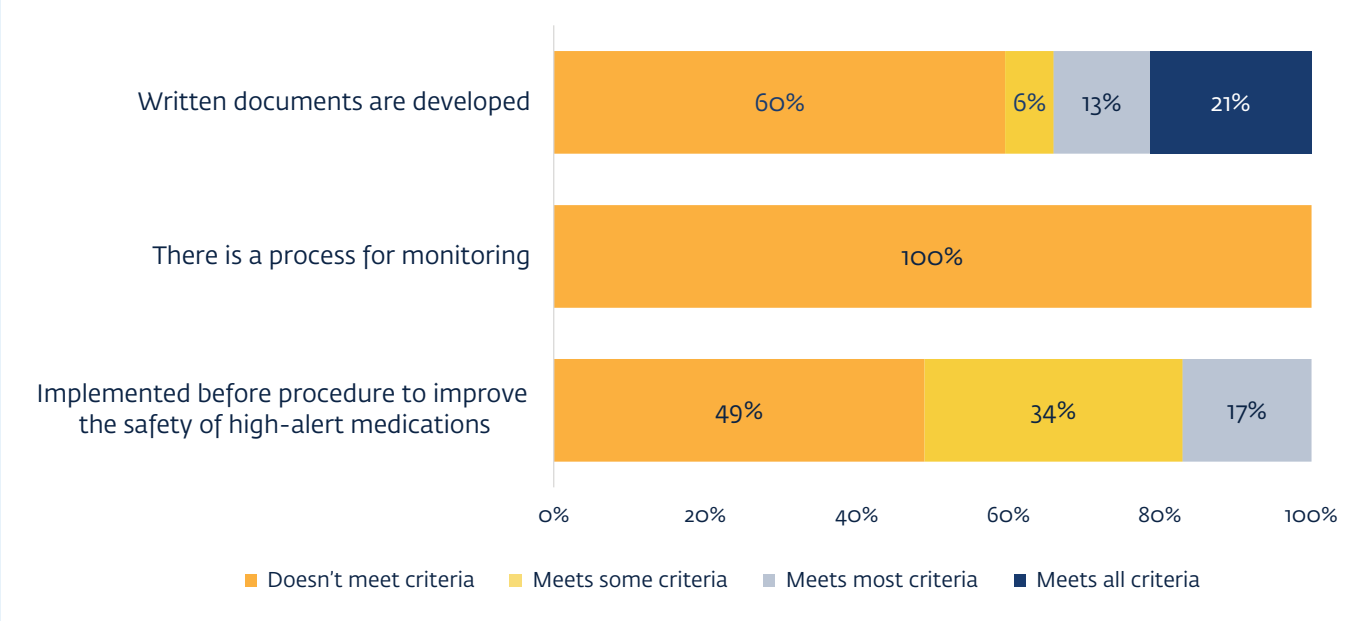
Any medication, even those that can be purchased without a prescription, when used improperly can cause harm.

High-alert medications can be especially dangerous and cause a disproportionate amount of harm to patients when misused.

Key Findings

The levels of compliance with the High-Alert Medications standards were relatively low, this highlights the opportunity to reinforce safety measures in critical areas, including "never events".

Chart 8: Level of compliance with elements of high alert medications standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

In general, staff interviewed demonstrated a **solid understanding of the requirements**, however none of the facilities currently measure compliance with them, providing a foundation to establish systemic compliance measurement.

21%

Only 21% of the facilities developed written policies, which is less than for Patient Identification and Effective Communications, suggesting a key area for targeted implementation.

None of the facilities have fully implemented the required procedures to improve safety of such medications. This highlights an opportunity to expand policy development.

Common gap: observed related to inadequate storage, availability and administration of medications, and reporting incidents related to medications (e.g. adverse reactions).

Common Recommendations

- Develop High-Alert Medication Policies and Procedures.
- Ensure that the policies and procedures are implemented effectively.
- Design and implement a consistent system of storing and labelling of special categories of pharmaceuticals.
- Ensure the availability of emergency medications.
- Improve the reporting of medication incidents, including adverse drug reactions.

Useful Resources

- **Improve the Safety of High-Alert Medications (HAMs)**, IFC online self-paced learning module.
- **ISMP List of High-Alert Medications in Acute Care Settings**, ISMP.
- **Canadian High-Alert Medication List**, ISMP Canada.
- **Medication Safety - High Alert and Hazardous Medication**, The Joint Commission.
- **Medication Safety in High-Risk Situations**, World Health Organization.

Goal 4: Safe Surgery

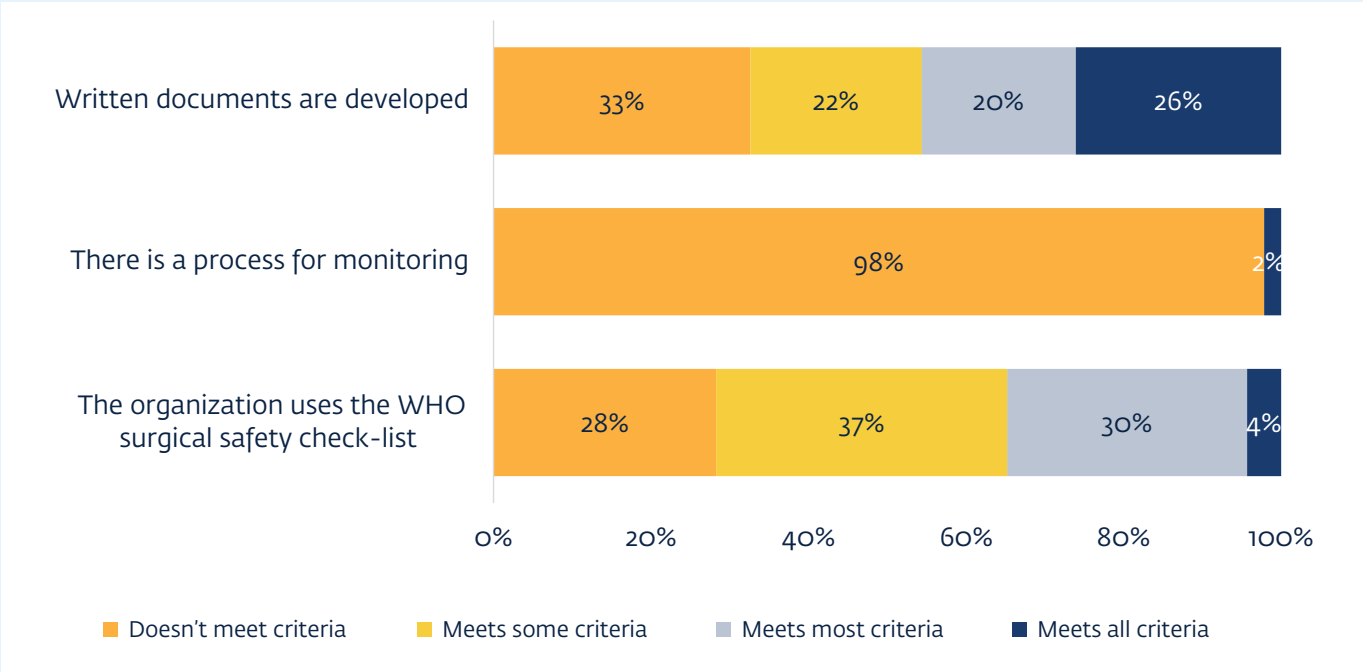
Wrong-site, wrong-procedure and wrong-patient surgery are called "never events" because they should never happen. However, they are alarmingly common occurrences in healthcare organizations. Causes include ineffective or inadequate communication between members of the surgical team, lack of patient involvement in surgery site-marking, and lack of consistent procedures for verifying the operative site.

Other frequent contributing factors include inadequate patient assessment, a culture that does not support open communication among surgical team members, problems related to illegible handwriting, and the use of abbreviations.

Key Findings

The levels of compliance with safe surgery standards were low particularly with respect to critical patient safety aspects.

Chart 9: Level of compliance with elements of safe surgery standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

25%

While 25% of the facilities developed formal documents for Safe Surgery, there is an opportunity to strengthen safety practices, as only a small proportion currently 4% of the facilities use surgical safety checklists (4%) and only 2%or have a process for measuring compliance with requirements (2%).

Most common gaps observed relate to lack or inconsistent surgical site-marking and time-out procedure, lack of or inadequate operating theatre cleaning (including cleaning of ventilation).

Common Recommendations

- Formalize and fully implement time-out and site-marking procedures.
- Implement the WHO's Surgical Safety Check List or its equivalent.
- Ensure that the surgical and anesthesia consent forms include all the required elements.
- Develop a regular cleaning process for the operating room, including ventilation.
- Implement a process to measure compliance with safe surgery standards.

Useful Resources

- **Building a Safe Surgery Culture:** IFC online self-paced learning module.
- **WHO Surgical Safety Checklist**, World Health Organization
- **Safe Surgery Checklist**, Ariadne Labs
- **Safe Surgery Checklist**, Alberta Health Services
- **National Safety Standards for Invasive Procedures, Time Out**, CPOC
- **National Safety Standards for Invasive Procedures, Sign Out**, CPOC
- **National Safety Standards for Invasive Procedures, Consent**, Procedural Verification and Site Marking, CPOC

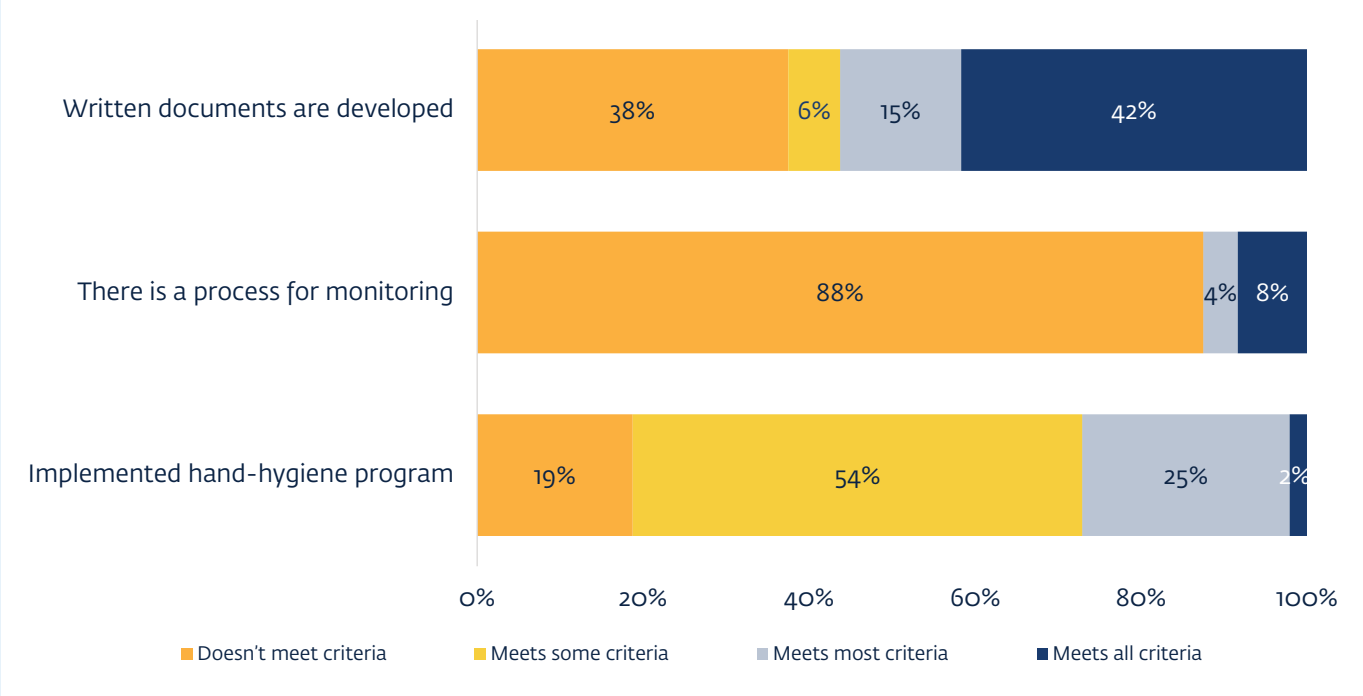
Goal 5: Hand Hygiene

Contaminated hands of healthcare staff are a primary source of the spread of pathogens. Proper hand hygiene decreases the proliferation of microorganisms, thus reducing the risk of healthcare-related infections, length of stays, and ultimately, and overall healthcare costs.

Key Findings

Although, hand hygiene is one of the easiest patient safety areas to address, as it involves many straightforward solutions. Despite this fact, hand hygiene measures in several facilities were remain insufficient, suggesting a priority area for improvement at many facilities.

Chart 10: Level of compliance with elements of hand hygiene standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

42%

Although 42% of facilities have written policies, only 2% have fully implemented the Hand Hygiene Program, most have only some elements of it present.

88%

88% of facilities do not measure compliance with the requirements.

One of the **most common gaps** observed in nearly all facilities is insufficient handwashing means – such as missing soap, paper towels and/or trash bins at the stations. Addressing these easy fixes can lead to significant improvements.

Common recommendations

- Fully implement a Hand Hygiene Policy.
- Regularly measure compliance with the requirements.
- Equip every hand-washing station with liquid soap and sanitizer, wall mounted paper towels and covered trash bins for their disposal, as well as laminated posters with instructions.

Useful resources

- **Hand Hygiene – Why, How and When?** World Health Organization
- **Implementing a Hand Hygiene Program to Prevent the Spread of Infectious Disease**: IFC online self-paced learning module
- **Hand Hygiene**, John Hopkins Medicine.
- **Educate: Developing Knowledge and Skill in Hand Hygiene**, CDC, YouTube.
- **Hand-Washing Steps Using the WHO Technique**, John Hopkins Medicine, YouTube.

Goal 6: Fall Prevention

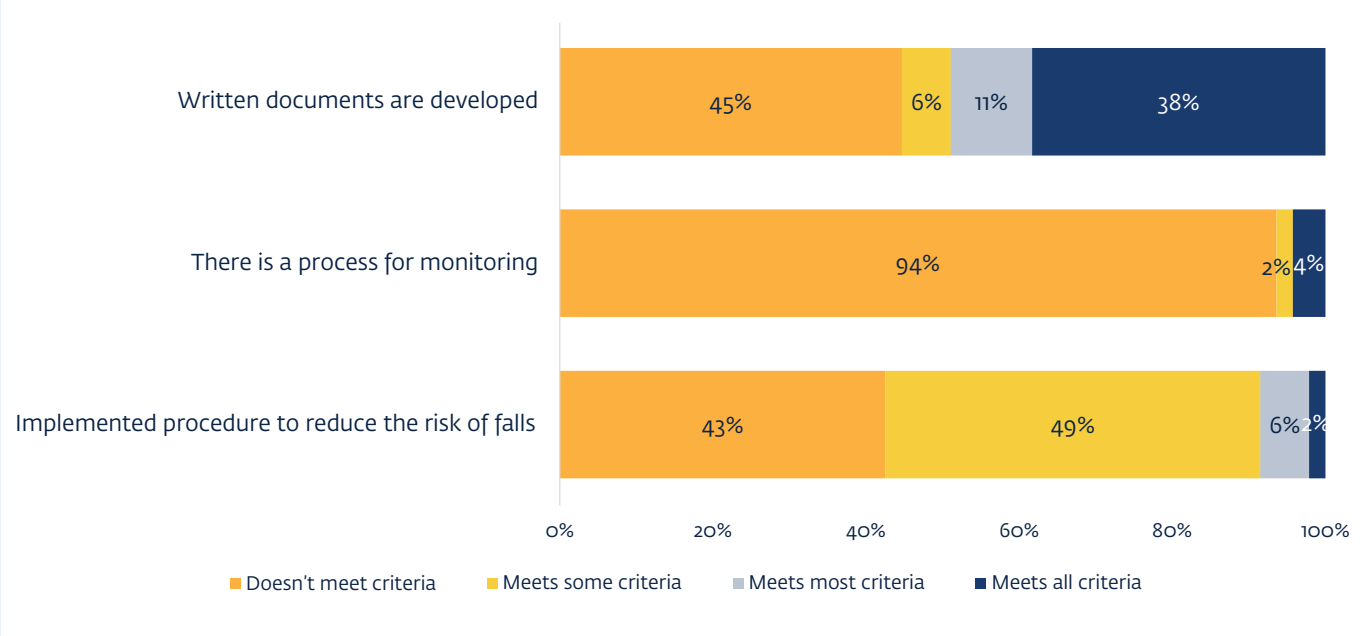
Patients in hospital often feel disoriented (e.g. due to illness, age, medication, and an unfamiliar environment). Therefore, they might fall when getting out of bed or visiting the bathroom.

Falls account for a significant portion of injuries in hospitalized patients, including broken bones.

Key Findings

Fall prevention policies were often in place in the assessed facilities. However, implementation and monitoring of policies were generally insufficient, as well as incidence reporting.

Chart 11: Level of compliance with elements of fall prevention standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

Staff are generally aware of the requirements of handling patients with high fall risk.

38%

More than 38% of facilities have documented policies, but only 2% have fully implemented effective procedures to prevent falls.

94%

94% of the facilities assessed do not have adequate processes in place to monitor the effectiveness of their Fall Prevention policies.

Common gaps: handrails and call buttons in patients' bathrooms and ward corridors are not consistently installed. There are slippery bathroom floors. Falls are not consistently or formally reported. The root-causes of falls lack analysis.

Common Recommendations

- Develop, implement and monitor a Fall Prevention Program to cover both inpatient and outpatient care areas.
- Train staff on how to screen and assess patients for risk of falls.
- Fix rails and call buttons in patient bathrooms and ward corridors.
- Develop a system of monitoring and reporting falls.
- Conduct a root-cause analysis for each case, even if no harm to patient was done.

Useful Resources

- **Using Root Cause Analysis to Reduce Falls in Rural Health Care Facilities**, Patricia Ruddick, RN, MSN; Karen Hannah, MBA; Charles P. Schade, MD; Gail Bellamy, PhD; John Brehm, MD; David Lomely, BA.
- **Humpty Dumpty Fall Assessment**, University of Texas Medical Branch.
- **Implementing a Fall Prevention Program:** IFC online self-paced learning module.

3. Ethics, Patient and Family Rights

Healthcare organizations frequently serve communities with diverse populations. For example, patients may be elderly or have disabilities. Also, they may come from communities that speak multiple languages or dialects, are culturally diverse, or present other barriers that make the process of assessing and receiving care more difficult. Each patient brings his or her own set of values and beliefs to the care process—and these must be respected. Patients may desire privacy from staff and other patients, and even from family members.

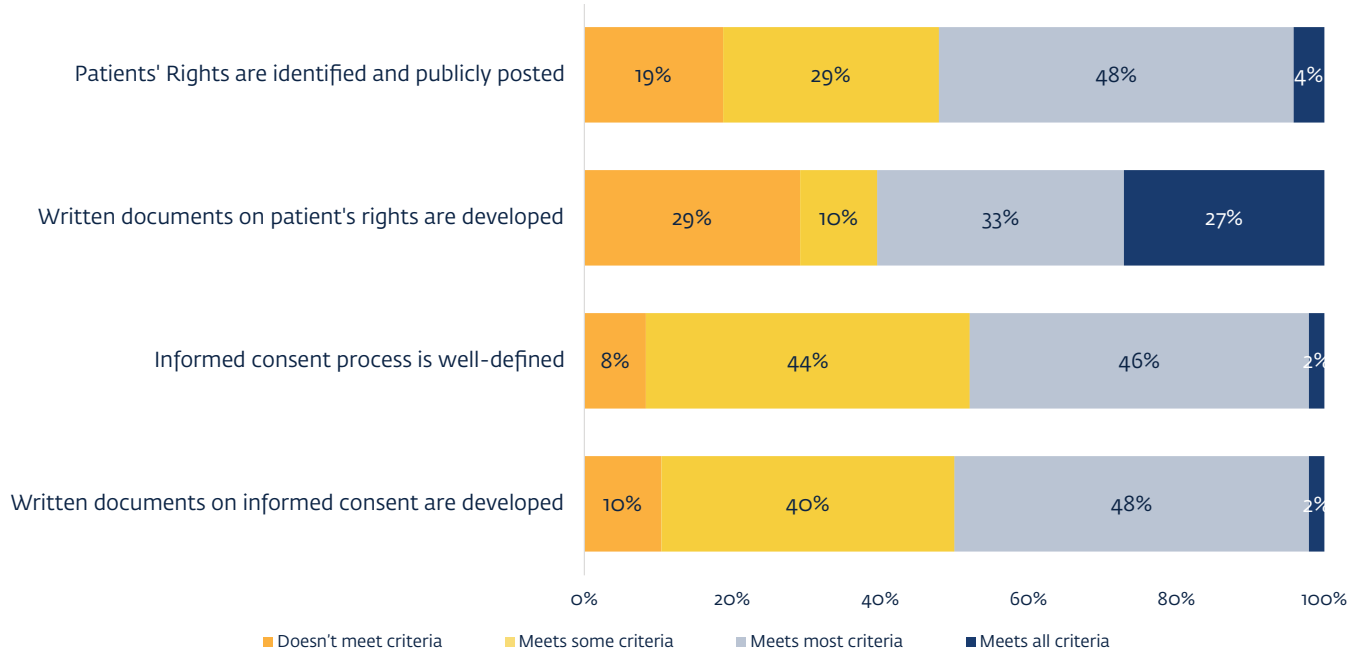
Patients (and their families) are often very vulnerable when they receive medical treatment. Frequently they are elderly or disoriented, and in strange surroundings. Most patients have no medical background and therefore rely on the honesty and integrity of their healthcare provider. Furthermore, in lower resource settings there may be little effective protection of patient rights — and staff may be unaware of such terms, or the behaviour and conduct expected from them.

> Each patient has their own values and beliefs of the care process – and these must be respected.

Key Findings

The area of patient and family rights is generally well developed among the assessed facilities. However, there is an opportunity to strengthen the consistent application of ethical guidelines and procedures for obtaining informed consent across facilities.

Chart 12: Level of compliance with elements of patient rights and informed consent standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

At baseline assessment, this area had the highest level of compliance.

60%

Documents related to patient rights are developed by 60% of facilities without major gaps. Staff are generally aware of patient rights and can provide examples.

50%

About **50%** of facilities have developed **written documents for informed consent**, reflecting a solid commitment to ethical standards. However, **only 2%** of the organizations show **full compliance** with informed consent content and the processes requirements to obtain consent. This presents an encouraging opportunity for facilities to enhance their practices and fully meet both content and procedural requirements for obtaining consent.

Common good practices: most of the facilities use curtains to protect patient privacy and have processes to obtain informed consent.

Common gaps observed: specific consents for risky procedures and interventions are not developed or consistently documented in the patients' medical records. Complaint boxes, staff and patient satisfaction surveys, and formal Codes of Ethics are not consistently available.

Common Recommendations

- Publicly post Patient Rights
- Train staff in Patient Rights and Ethics in healthcare and make the related policies available to staff.
- Develop formal code of ethics
- Implement patients' complaints procedures, and perform patient and staff satisfaction surveys, analyze the results and address weaknesses.
- Improve consent forms to include all the required information, specific for each (risky) procedure and update the procedure for obtaining consent, while ensuring consistent witnessing.

Useful Resources

- **Ethical Principles in Health Care**, EPiHC.
- **Genomics**, World Health Organization.
- **Patients Safety Rights Charter**, World Health Organization, April 16, 2024.
- **Patients Rights**, AMA Code of Medical Ethics.
- **Basic Concepts: Patient rights**, GABAY Medical Library, YouTube.
- **Why Hospitals Should Make Space for Prayer**, Op–Med
- **Cultural and Religious Diets**, University Hospitals Bristol and Weston NHS Foundations Trust.
- **Informed Consent**, National Library of Medicine.
- **Informed Consent**, AMA.
- **Quick Safety 21: Informed consent: More than getting a signature**, The Joint Commission, April 2022.

4. Medication Management and Use

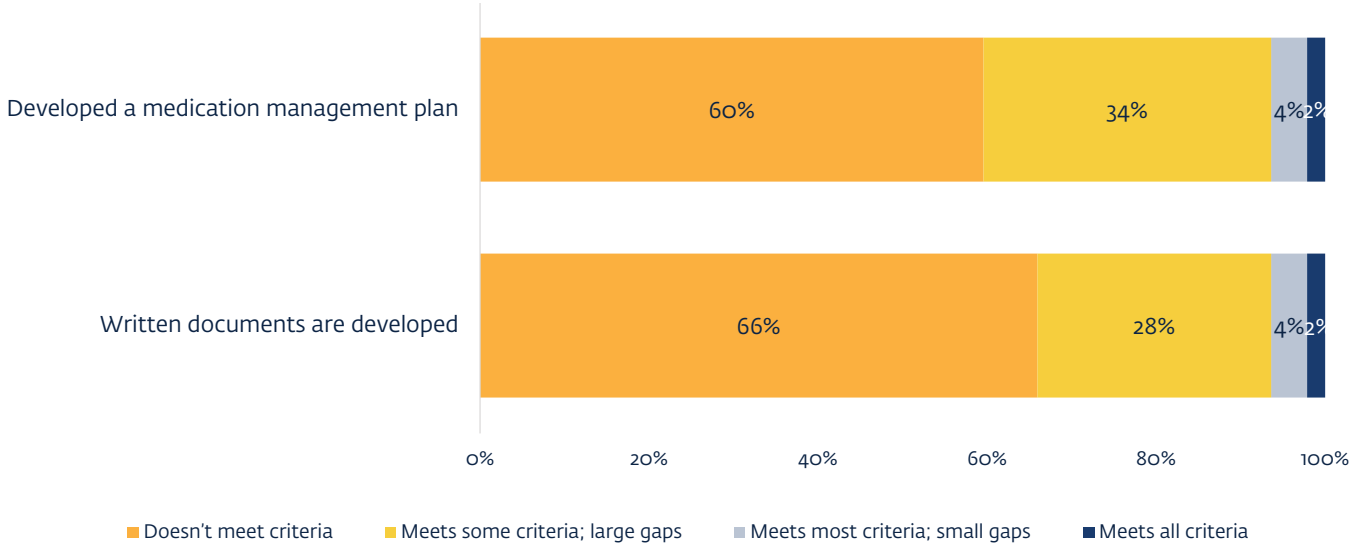
Medications are critically important resources in delivering effective patient care. But they must be organized safely, effectively and efficiently. This is because healthcare quality may be compromised (and patients harmed) due to shortcomings of medication management. which can result in drug shortages, medication errors, or use of expired drugs.

> Medication must be organized safely, effectively and efficiently.

Key Findings

Only a small number of facilities demonstrated strong compliance with the requirements of medication management, a critically important area of healthcare quality and safety.

Chart 13: Level of compliance with elements of medication management standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

2%

Only 2% of facilities assessed had a formal and up to date Medication Management Plan, while 66% had no formal written documents at all.

Common gaps: Most facilities lack the following: pharmaceutical and therapeutics committees, antibiotic stewardship programs, drug formularies, temperature logs, lists of medications expiring after being opened, dedicated areas for safe preparation of medications, and reporting procedures for adverse drug reactions. Crash cart content was not standardized and access was not controlled. Unsafe storage practices were occasionally observed in medication warehouses.

Common policies that are missing include: adverse drug reaction, as well as the selection and procurement of medicines.

Common Recommendations

- Develop a formal Medication Management Plan and other written documents, such as Policies, Procedures and Formularies (to include all medications that are procured and used in the organization).
- Motivate staff to report adverse drug reactions.
- Develop a system to monitor temperature for all refrigerators holding medications.
- Standardize crash carts to ensure safe practices and ensure that they are secured with a breakable seal. Use a register to document the details of a case when a seal is broken.
- Report medication errors and near-misses.

Useful Resources

- **Crash Carts:** ACLS.
- **ASHP Guidelines on Preventing Medication Errors in Hospitals**, American Society of Health-System Pharmacists.

5. Prevention and Control of Infections

The goal of Infection Prevention is to identify and reduce risks of acquiring and transmitting infections.

It is important to prevent and control infections:

- There are many potentially harmful bacteria and viruses present in health care facilities.
- Spreading these can be harmful (and even fatal) to patients.
- Increasingly, bacteria are becoming resistant to anti-biotics, making it more dangerous and difficult to treat.

Furthermore:

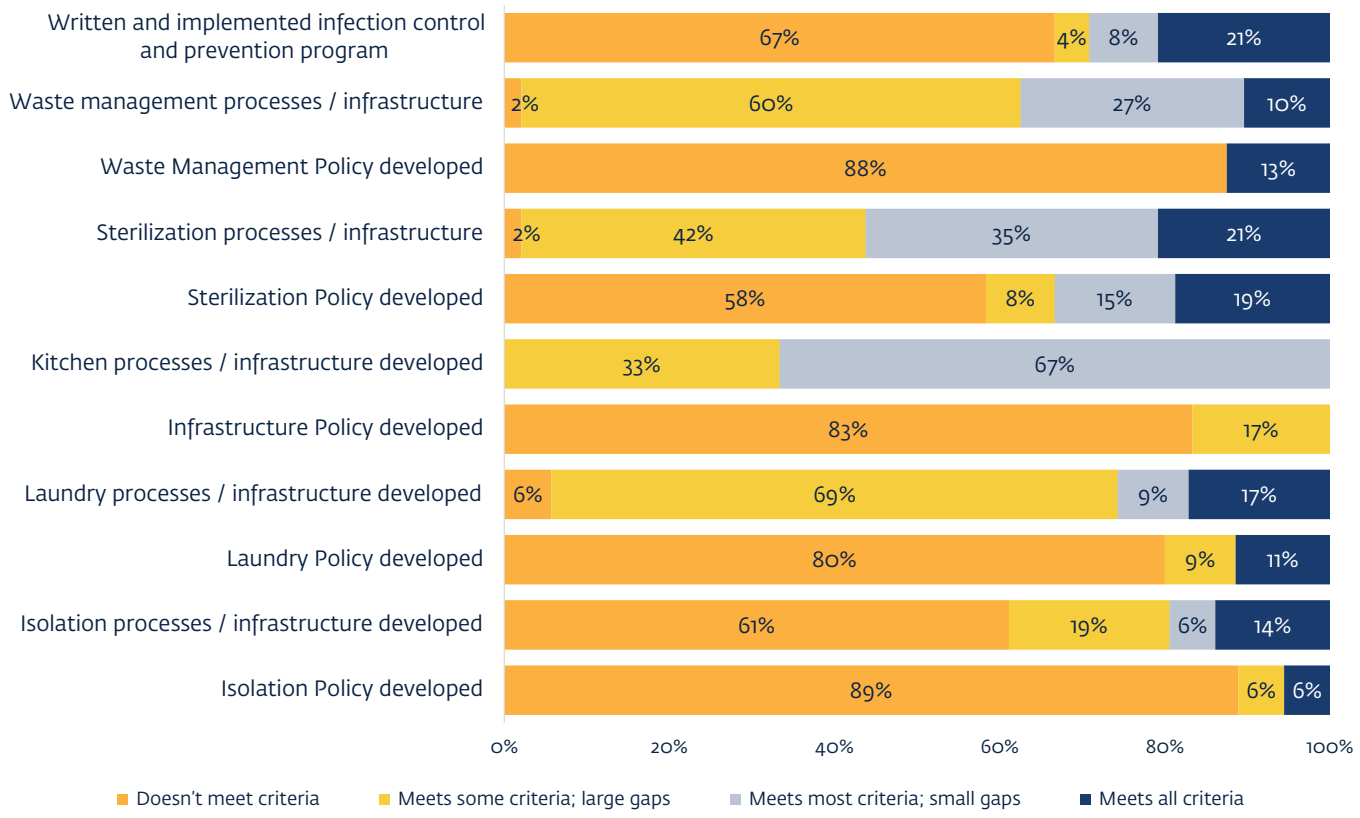
- Health care facilities produce considerable amounts of waste – and much of this waste is, or could be, infectious.
- Incorrect handling of sharps (including scalpels and needles) presents a major safety challenge.
- Improper disposal of sharps can pose a risk of infection to the public and to those who work in waste management.
- Improperly stored and prepared food can cause illnesses such as food poisoning or foodborne infection.

Therefore, the goal of an Infection Prevention and Control Program is to identify and to reduce risks of acquiring and transmitting infections among patients, staff, and visitors.

Key findings

There are opportunities to enhance infection control processes and procedures at the assessed facilities, as further attention in this area could help reduce the risk of infections.

Chart 14: Level of compliance with elements of infection control standards



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

GENERAL

20%

Less than 20% of facilities have fully implemented infection control requirements.

21%

Only 21% of the facilities have formal infection prevention programs.

Common gaps: Most facilities lack the following: a full-time Infection control practitioner, an infection control committee, formal documentation (policies and procedures), or staff training. For example, most staff interviewed had not been instructed on how to handle blood spills and needle-stick injuries.

WASTE MANAGEMENT

90%

Although waste management processes meet some of the requirements in most facilities, almost 90% have no formal documents developed.

STERILIZATION

44%

While sterilization processes and infrastructure met or mostly met requirements at 56% of facilities, the remaining 44% have significant gaps.

Common issue: The operational flows in sterilization units in most facilities are suboptimal.

KITCHEN

The compliance of food preparation processes with standards varies from small gaps in some facilities to larger gaps in others. **No facility fully meets the criteria**. Many facilities do not have a kitchen and rely on patients' families to prepare and provide food. This carries the heightened risk of foodborne infection entering the facility.

LAUNDRY

Common gap: Operational flows in the laundry units of almost all the facilities assessed is suboptimal.

ISOLATION

14%

Only 14% of the facilities have fully compliant isolation infrastructure and processes.

Common Recommendations

General

- Appoint infection control practitioners and committees.
- Develop formal infection control programs.

Waste Management

- Improve the processes of waste management.
- Develop formal documents for waste management procedures.

Sterilization

- Redesign Central Sterile Supply Departments (CSSD) to ensure unidirectional flows.

Kitchen

- Improve the processes and infrastructure in kitchens.

Laundry

- Ensure the unidirectional flow of linen from dirty to clean.

Isolation

- Assign rooms for isolation of suspected contagious patients. Develop and implement isolation policies.

Other

- Conduct training sessions on handling of blood spills and needle stick injuries.
- Regularly assess the quality of cleaning processes, the cleanliness of ventilation systems, and the quality of air and water supplies, especially in critical areas of facilities.

Useful Resources

- **Implementing an Isolation Program to Prevent the Spread of Infectious Disease:** IFC online self-paced learning module.
- **Best Practices for Surveillance of Health Care-Associated Infections**, Public Health Ontario, July 2014.
- **Health-Care Associated Infection Surveillance**, OpenWHO,
- **Guide to Infection Control in the Hospital**, International Society for Infectious Diseases, Feb 2018.
- **High Impact Interventions**, Infection Prevention Society, April 2017.
- **Sterilizing Practices**, CDC, 2008.
- **What's in Your Hospital's Kitchen? The Basics of Food Service Hygiene**, Isis Lamphier, MPH, CIC, August 1, 2022.
- **Clean & Safe: Unveiling OSHA Guidelines for Laundry in Healthcare Facilities**, Compliancy Group.

6. Facility Management and Security

Healthcare facilities must provide safe, secure, functional and supportive surroundings for everyone who enters – patients, staff and visitors.

The objectives are to:

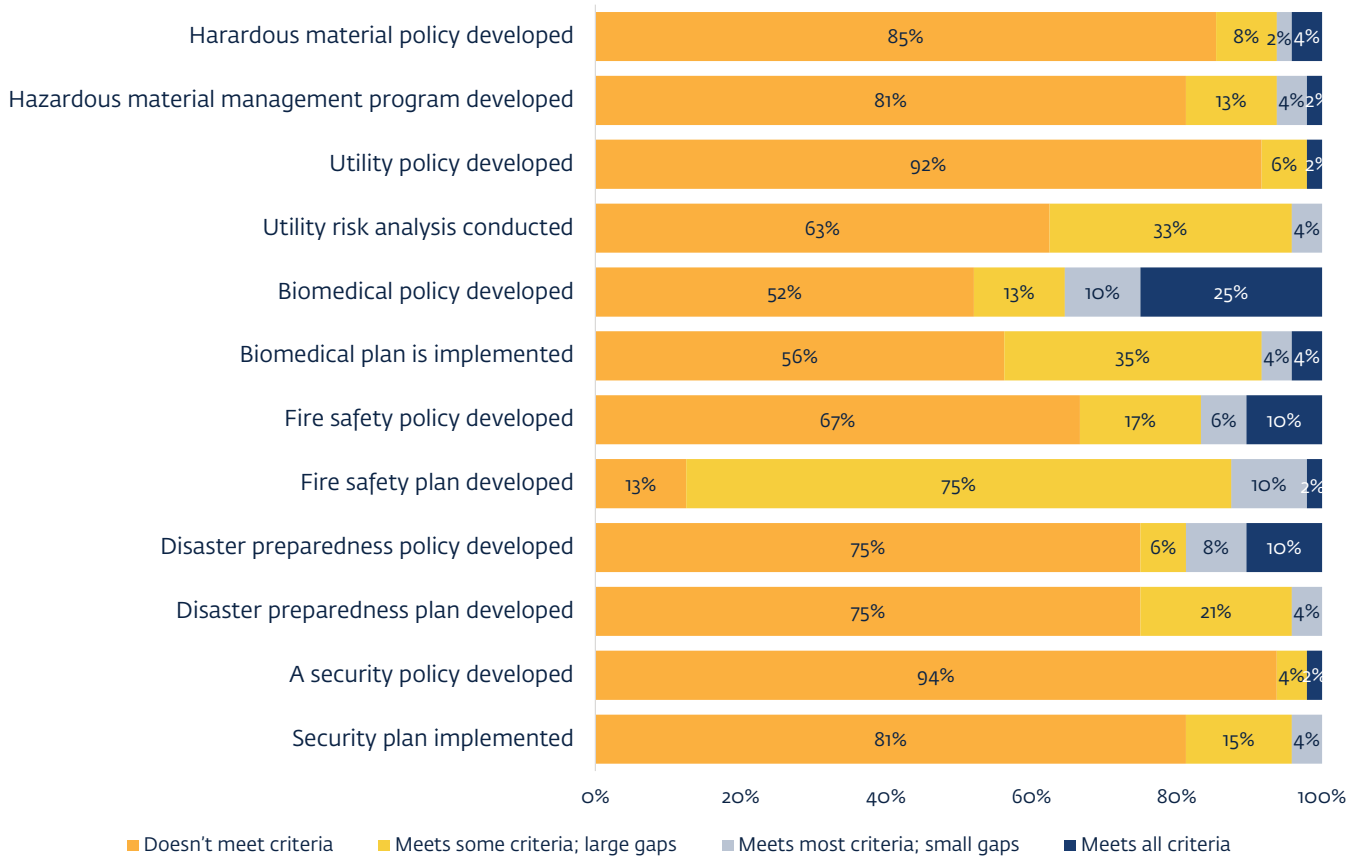
- Reduce and control hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions

> Healthcare facilities must provide safe, secure, functional and supportive surroundings.

Key findings

Facility management and maintenance appear to be inconsistently implemented across the assessed facilities. Safety measures and maintenance plans were often missing, incomplete or outdated, highlighting areas for improvement.

Chart 15: Level of compliance with elements of facility management & maintenance standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

2%

Only 2% of facilities have formal Policies and Procedures and Fire Safety Plans that meet requirements. Very few facilities have a Safety Plan, a Risk Assessment Committee or a Risk Management Program.

4%

Only 4% of facilities have fully implemented an Equipment Maintenance Plan (Biomedical Plan).

90%

Over 90% of facilities have no Security Plan.

80%

Over 80% have no formal documents on Hazardous Materials – neither a policy nor a plan.

Common gaps: In most facilities, staff have no knowledge of an evacuation process and plans are not posted. Fire detection and firefighting equipment is not properly maintained. Fire extinguishers are not checked consistently, smoke detectors are not labelled, oxygen cylinders are not secured, and the air and water quality in critical areas is not assessed.

Common Recommendations

- Develop formal documentation, including Safety and Risk management plans and programs, as well as Policies and Procedures.
- Identify potential disasters and develop action plans for each.
- Develop evacuation routes and pathways, post them on each floor, train staff and perform regular drills.
- Develop a Fire Safety Program, which includes regular maintenance of fire detection and fire-fighting equipment.
- Secure oxygen cylinders so there is no risk of them falling and exploding.
- Test the quality of sources of water and air in critical areas of the facility.

Useful Resources

- **Security and Safety at Hospital**, Victoria State Government Department of Health. Better Health Channel.
- **10 Most Common Hospital Emergency Codes and Their Meanings**, Campus Safety Magazine.
- **Hospitals Don't Burn! Hospital Fire Prevention and Evacuation**, IRIS PAHO, 2024.
- **Validation of the Fire Safety Evaluation System**, NFPA.

7. Governance (Clinical Guidelines)

Safe diagnostics and treatment require healthcare organizations to standardize clinical care processes.

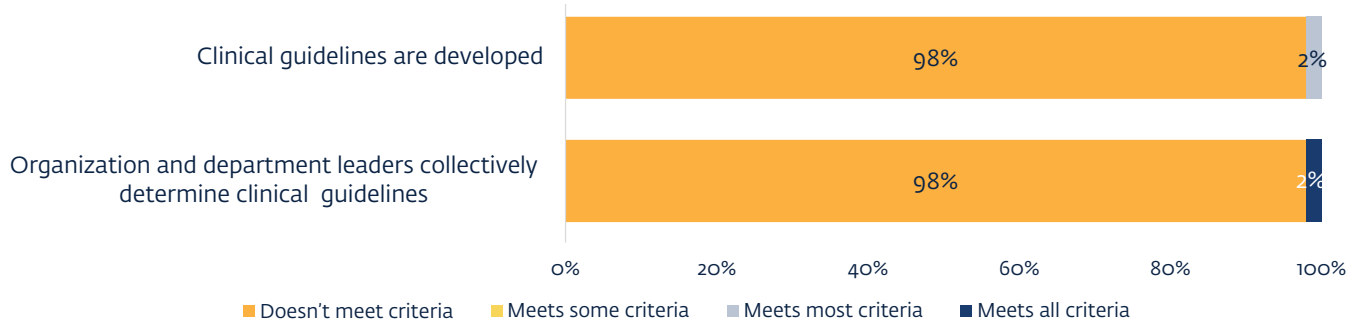
To make diagnostics and treatment safe the organization can:

- standardize clinical care processes
- reduce risks within care processes, particularly those with critical decision steps
- provide clinical care in a timely, effective manner using available resources efficiently
- consistently deliver high-quality care using evidence-based practices

Key Findings

This area showed the lowest compliance with quality standards. Only a small portion of facilities have developed clinical guidelines, and even fewer have implemented them.

Chart 16: Level of compliance with elements of clinical guidelines standard



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

2%

2% of facilities have determined clinical guidelines to be used.

2%

2% of facilities assessed have fully developed formal documents on clinical guidelines.

98%

98% of facilities do not have partial compliance with the requirements of the standard.

Useful Resources

- **What role do clinical guidelines play in quality of care?**, European Observatory on Health Systems and Policies.
- **WHO Guidelines**, World Health Organization
- **Clinical Practice Guidelines**, NIH

8. Human Resources

Healthcare organizations must have sufficient staff numbers, with adequate education and skills.

Professional requirements need to be defined and written in the job description for each position. Staff job descriptions are the basis for assignments, orientation to their work, and assessment of performance. Professional certifications and experience may be validated to protect patients from staff who falsify or exaggerate their qualifications.

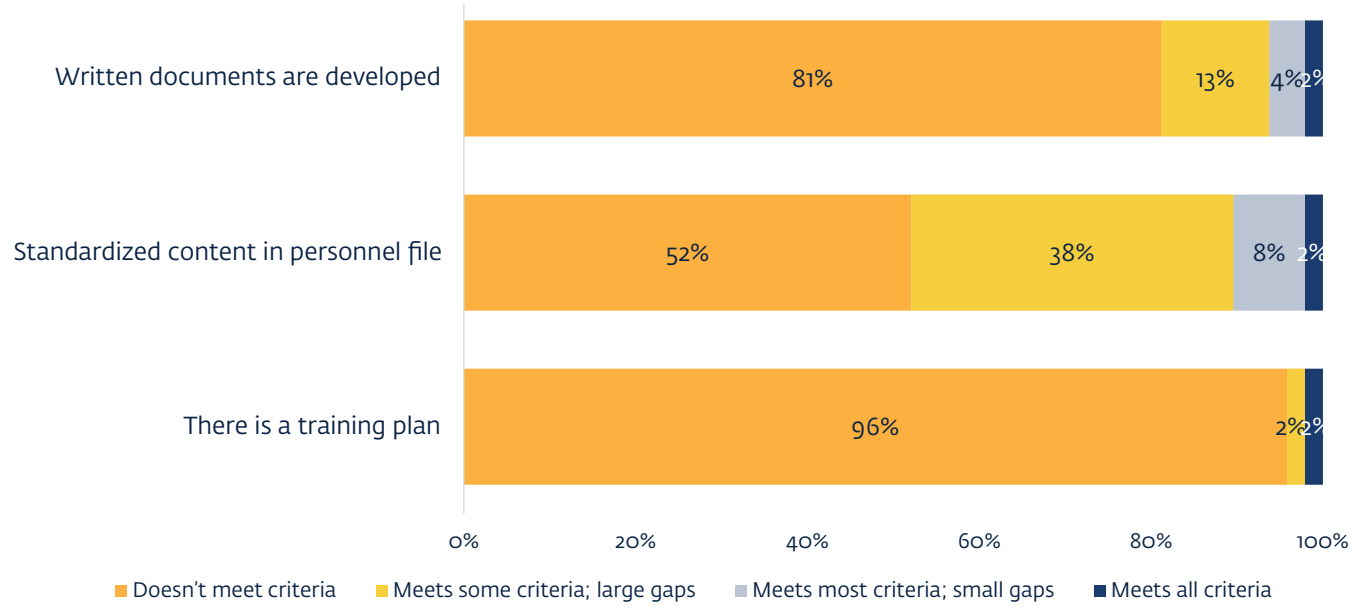
Orientation Programs for new employees are essential. To perform well, new staff members need to understand the structure of the organization, their role, responsibilities, and any characteristics of the department they work in.

The organization is responsible for maintaining staff members' physical and mental health, satisfaction, productivity, and safe work conditions. This includes relevant training, provision of protective clothing and equipment, necessary equipment maintenance, as well as prevention and control of healthcare-associated infections.

Key Findings

Very few facilities have developed HR policies and procedures, implemented (standardized) personnel plans or training plans for their staff members.

Chart 17: Level of compliance with human resources standards



Percentages represent the share of assessed facilities in each row (total per row = 100%). Number of facilities: 48

80%

Over 80% of facilities have no formal documents developed (Policies and Procedures)

2%

Contents of the personnel files are fully standardized in only 2% of facilities, while in 50%, personnel files are not standardized at all.

95%

Over 95% of facilities have no formal training plan.

Common Recommendations

- Develop Policies and Procedures for human resources.
- Standardize content of personnel files.
- Develop a formal training plan for staff.

Useful Resources

- **HR Management in Hospitals: Duties and Responsibilities.** DPU Centre for Online Learning. July 23, 2024.
- **The Importance of Healthcare Human Resources.** Oracle.
- **Credentialing,** Roshan Patel and Sandeep Sharma, StatPearls Publishing.
- **The Human Resource chapter of the accreditation manuals include requirements for 'orientation' and 'competency assessment'.** How do these activities really differ from one another? The Joint Commission.


©Shutterstock

Early Review *of* Results

Since preparation of this report began, IFC's Healthcare Quality Team has conducted quality assessments of more than 100 healthcare facilities across 15 governorates in Egypt. The healthcare service providers have received IFC's in-person and online quality training. Quality improvement plans have been written, based on assessment reports and recommendations. They are now being implemented by these same 100 facilities.

IFC has reconnected with the assessed facilities to understand what recommendations have been implemented and how enhanced quality practices affected operations. IFC uses a two-step process to capture results: first, self-reporting through a structured monitoring and evaluation form and second, reassessment by quality specialists.

The monitoring and evaluation forms were shared with healthcare facilities 12-18 months after IFC assessment. This followed the delivery of a report to the facility's management summarizing the main observations and recommendations identified during the site visit.

The charts presented below summarize early results captured by the self-reporting of 56 facilities through monitoring and evaluation form. The reassessments are in process as this report is being finalized and aggregated results. Insights will be presented at a later stage.

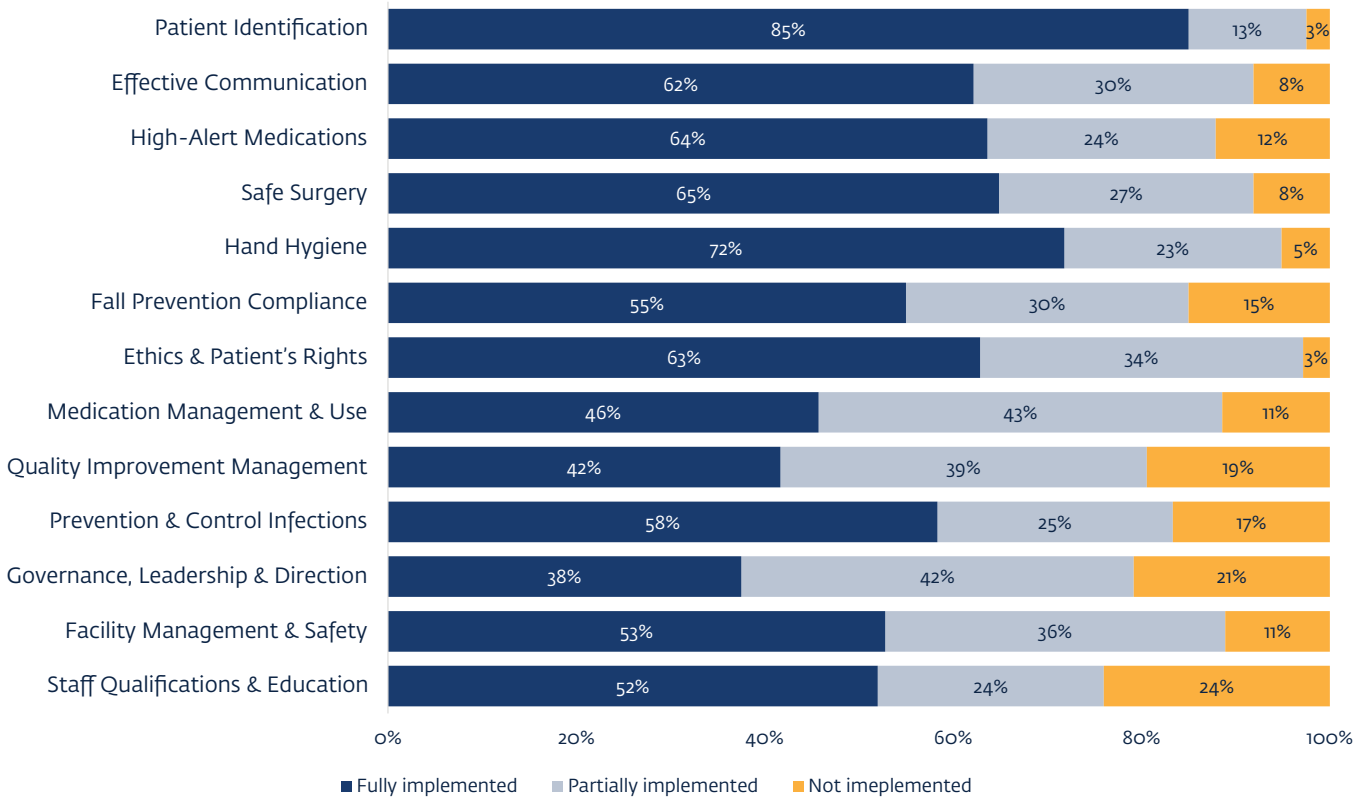
To date, based on the first re-assessments conducted, IFC quality specialists observed a strong alignment of reported and reassessed results, demonstrating progress in quality and alignment with national standards. As of December 2024, the IFC team is aware that, of all 100 facilities with a baseline assessment, 10 facilities previously assessed and advised by IFC quality specialists have received GAHAR's provisional accreditation and 3 facilities were fully accredited.

Captured Results

Overall, 90% of the facilities surveyed reported full implementation of more than 50% of IFC recommendations, reflecting strong uptake and improvements in practice as well as providing a solid foundation for further progress.

- Patient identification has the highest implementation rate, with 80% of facilities fully adopting the process to accurately identify patients, ensuring they receive appropriate care, treatment and medication.
- Governance, Quality Improvement, and Medication Management demonstrate the lowest implementation rate at 38%, 42%, and 46%.
- Healthcare facilities cited challenges such as limited knowledge and understanding of quality management and patient safety, along with insufficient funding to invest in necessary quality systems, as barriers to implementing recommendations.

Chart 18: Implementation rate of recommendations to improve healthcare quality

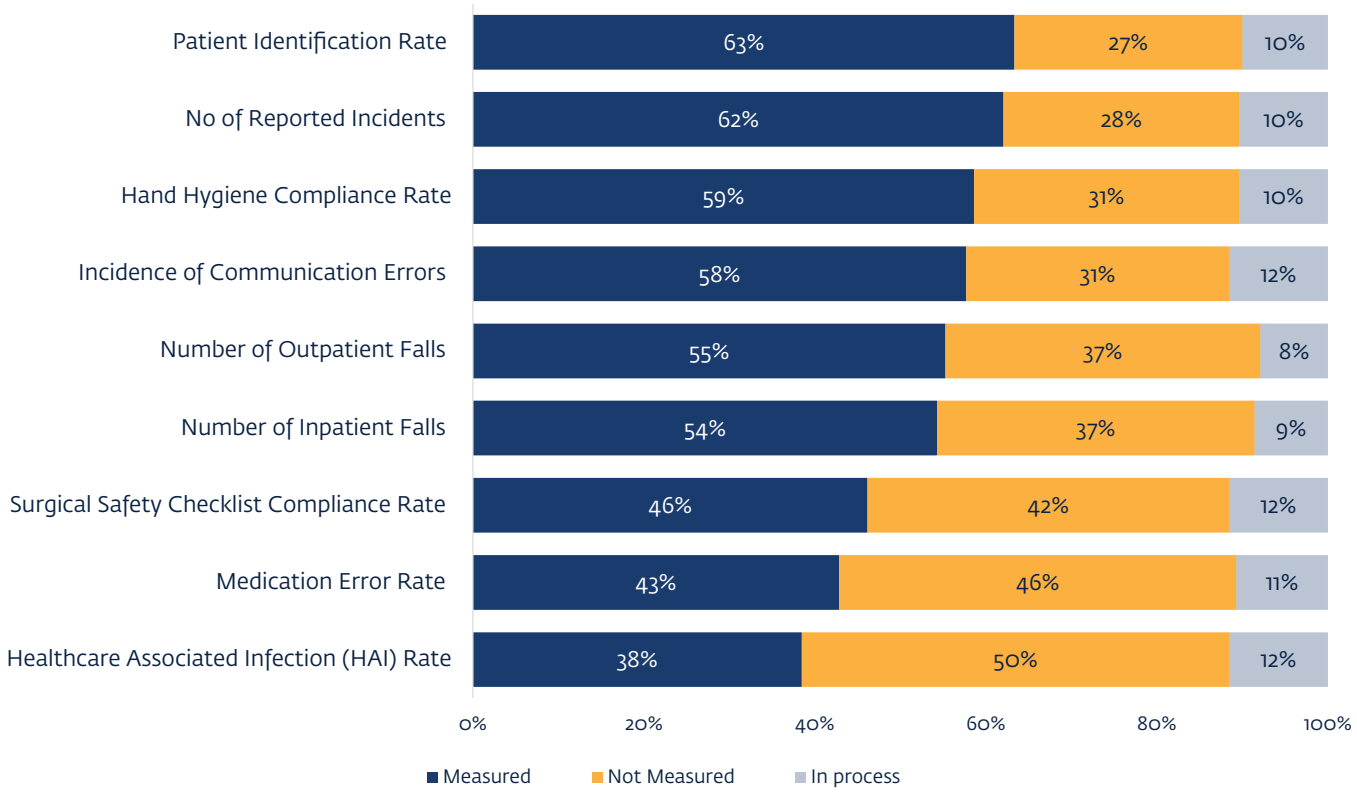


Percentages represent the share of respondents in each row (total per row = 100%). Number of facilities: Patient Identification (56), Effective Communication (52), High-Alert Medications (46), Safe Surgery (48), Hand Hygiene (55), Fall Prevention compliance (56), Ethics & Patient's Rights (51), Medication Management & Use (51), Quality Improvement Management (53), Prevention & Control Infections (52), Governance, Leadership & Direction (41), Facility management & Safety (52), and Staff Qualifications & Education (40).

The common gaps during baseline assessment included insufficient measurement of quality indicators, as well as the compliance rate of patient safety goals. IFC included in the monitoring and evaluation form a request to provide data on select quality indicators,

- Over 50% of the surveyed facilities either started collecting data or strengthened their Key Performance Indicator (KPI) collection system after the quality assessment. The strongest progress was noted regarding measuring and monitoring compliance with patient identification processes, hand hygiene compliance rates, as well as the number of reported incidents, such as outpatient and inpatient falls.
- Among requested indicators, Medication Error Rates and Hospital Acquired Infection Rates appear to be the most difficult indicators to monitor and measure.
- Collecting KPIs remains a challenge for most of the healthcare facilities that IFC worked with due to inconsistent quality data which was compounded by resource constraints. Lack of standardization of data collection methods and resistance to change further hinder the effective collection and analysis of KPIs, impeding efforts to measure and improve patient outcomes.

Chart 19: Key Performance Indicators (KPIs) collection rate

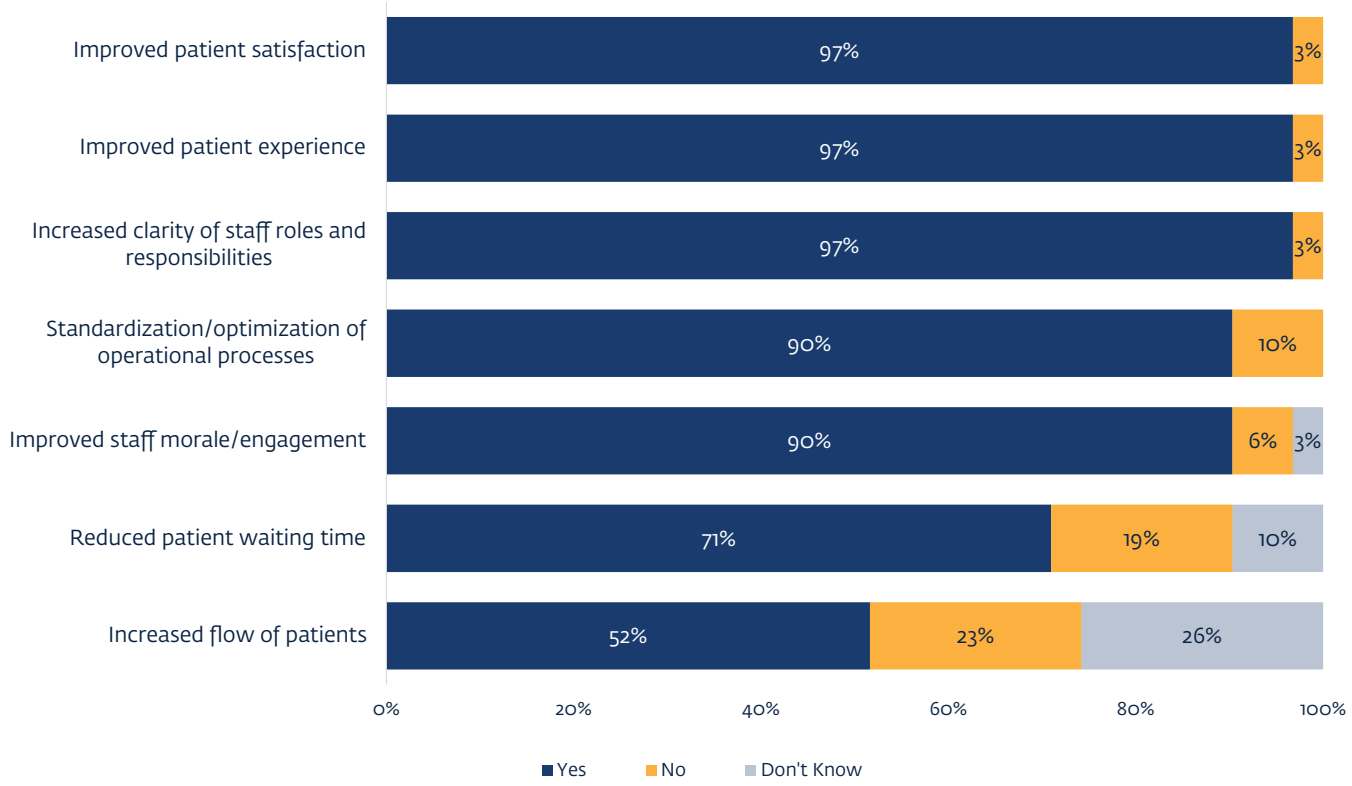


Percentages represent the share of respondents in each row (total per row = 100%). Number of facilities: Patient Identification Rate (46), No of Reported Incidents (46), Hand Hygiene Compliance Rate (44), Incidence of Communication Errors (47), Number of Outpatient Falls (54), Number of Inpatient Falls (47), Surgical Safety Checklist Compliance Rate (39), Medication Error Rate (43), and Healthcare Associated Infection (HAI) Rate (40).

Healthcare facilities were asked which operational improvement they observed based on quality and practice.

- Over 90% of the healthcare facilities cited that enhancing quality processes and practices had a positive impact on patient satisfaction and experience. It also provided increased clarity on staff roles and responsibilities, streamlined operational processes, and improved staff morale.
- The main operational benefits of improved implementation of quality standards included the optimization of processes, greater clarity on staff roles and improved staff engagement. Reduced patient waiting time was reported by fewer facilities as it requires implementation of improvement projects. Finally, the benefits of increased patient flows can be fully realized when facilities join the UHIS system and are able to serve more patients.

Chart 20: Operational improvements reported by facilities



Percentages represent the share of respondents in each row (total per row = 100%). Number of facilities: 47

These findings are in line with scientific evidence on the operational impact of improving healthcare quality processes. Public research highlights the following potential impacts:

- **Improved Patient Satisfaction:** Hospitals that prioritize quality improvement efforts often experience enhanced reputation and increased patient satisfaction. By delivering high-quality care and achieving better outcomes, hospitals can attract more patients and build trust within their communities. Research published in the Journal of Hospital Administration found a positive correlation between patient satisfaction scores and hospitals with robust quality improvement programs (Li *et al.*, 2013).
- **Enhanced Patient Outcomes:** Implementing quality improvement processes can lead to improved patient outcomes such as reduced mortality rates, decreased complication rates, and fewer adverse events. For example, a study published in the Journal of the American Medical Association (JAMA) found that hospitals with higher levels of adherence to quality indicators had lower mortality rates among patients with acute myocardial infarction (Jha *et al.*, 2009).

- **Increased Efficiency:** Streamlining healthcare processes and reducing unnecessary variation can improve efficiency within a hospital. By standardizing protocols and workflows, hospitals can decrease wait times, reduce the length of hospital stays, and optimize resource utilization. A study published in Health Affairs demonstrated that hospitals implementing quality improvement initiatives experienced significant reductions in length of stay and costs per case (Lindenauer *et al.*, 2005).
- **Cost Reduction:** Improving healthcare quality processes can lead to cost savings for hospitals by minimizing errors, preventing adverse events, and avoiding unnecessary procedures. For instance, a report by the Agency for Healthcare Research and Quality (AHRQ) indicated that investments in patient safety initiatives resulted in substantial cost savings for hospitals by reducing medical errors and associated expenses (Shojania *et al.*, 2001).

©Shutterstock

Conclusions

The results of quality assessments of Egyptian private healthcare facilities demonstrate that, at baseline, the implementation of quality and patient safety standards was mixed and inconsistent. Although capacity for continuous quality improvement varied among facilities, there is enthusiasm for quality improvement.

Assessed facilities have been implementing recommendations made by the IFC team and early results from these quality and patient safety improvements are encouraging. Robust quality management typically takes 2-3 years of purposeful implementation, and some areas remain 'lifelong' battles.

Healthcare facilities that have yet to start their quality journeys can significantly improve their levels of patient safety by prioritizing three areas:

- Establishing a functioning quality structure within their organization.
- Prioritizing implementation of patient safety goals and taking concrete steps towards achieving them.
- Implementing effective infection prevention and control measures.

The findings also show that many facilities tend to underestimate the importance of facilities management, including fire safety. These are among essential elements of creating a safe environment for staff and patients.

Establishing and adhering to clinical governance is the next step for most healthcare facilities in Egypt, in their efforts to continuously improve the quality of services and safeguard a high quality of care.

Ultimately, private healthcare providers in Egypt must chart their own path towards delivering high quality care and improved patient safety. Quality standards assessments and accreditation offer practical frameworks that can help guide improvements, supporting business grow, expand access to healthcare, while delivering high standards of healthcare.

IFC International Finance Corporation
WORLD BANK GROUP