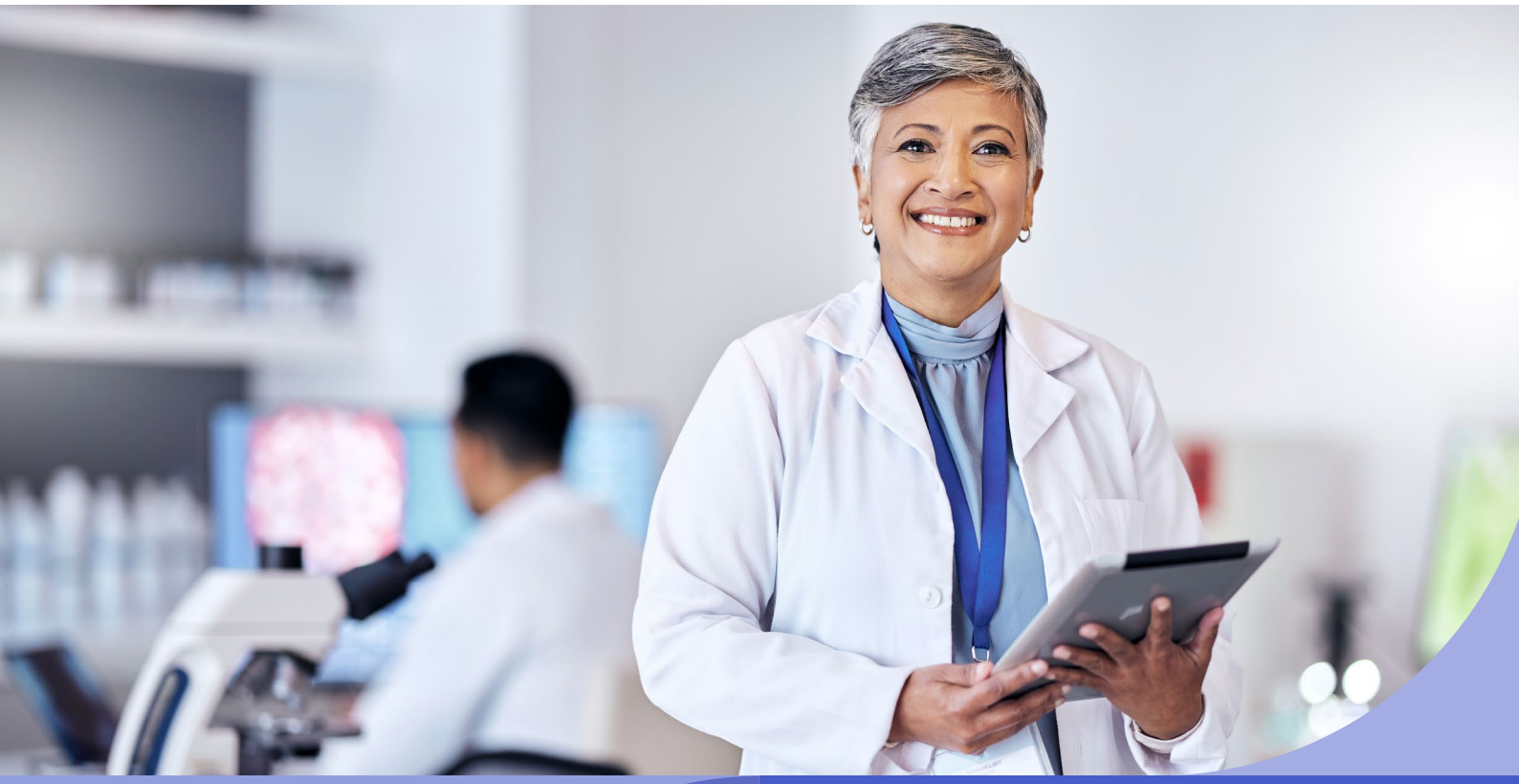
Driving Quality from the Top



How senior leaders build and sustain excellence in healthcare

WORLD BANK GROUP

Acknowledgements

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Authors

This report was authored by Ajibike Fadekemi Oyewumi and Fatima Javed, with valuable insights from Yana Gorbatenko.

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IFC — a member of the World Bank Group — is the largest global development institution focused on the private sector in emerging markets. We work in more than 100 countries, using our capital, expertise, and influence to create markets and opportunities in developing countries. In fiscal year 2025, IFC committed a record $71.7 billion to private companies and financial institutions in developing countries, leveraging private sector solutions and mobilizing private capital to create a world free of poverty on a livable planet. For more information, visit www.ifc.org.

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Executive Summary

QUALITY IN HEALTHCARE IS IMPERATIVE.

In emerging markets, where health systems face fragmented infrastructure, workforce shortages, and variable regulatory oversight, senior leaders play a uniquely decisive role in shaping and sustaining quality.

Unlike in more developed systems, where quality functions are often embedded within mature governance structures, leaders in emerging markets must frequently champion quality personally, mobilize scarce resources, and build systems from the ground up. Their direct engagement is critical not only for strategic alignment but also for cultivating a culture of continuous improvement in environments where such norms may not yet be firmly established. This paper reflects IFC's perspective as a long-term investor and advisor to private health providers in emerging markets. IFC sees quality failures not only as clinical events but as material business risks that can erode trust, reduce revenues, increase costs, and constrain future investment. Conversely, IFC's experience shows that quality excellence can be a powerful differentiator that attracts patients, talent, and capital. The analysis presented here complements normative guidance from global technical agencies by focusing on how boards, CEOs, and investors in private hospitals translate quality ambitions into operational and investment decisions, and how these choices affect growth, and sustainability.

This paper draws on in-depth engagements with 21 senior leaders—CEOs, C-suite executives, and board members—across 13 countries in Africa, Asia, and Latin America who have built and sustained robust quality programs as well as IFC's broader portfolio experience. It synthesizes their insights into three interconnected and ongoing themes: **Defining Purpose**, **Laying Foundations**, and **Driving Excellence for Lasting Change**.

These themes are not linear stages but overlapping efforts that evolve in parallel throughout an organization's quality journey. Together, they offer a practical, leadership-centered roadmap for embedding quality as an enterprise capability, and as a strategic investment.

Defining Purpose

Defining Purpose anchors quality in the organization's mission, values, and patient safety priorities. Most leaders initiated quality programs to align with mission and vision (95%) and to improve patient care and safety (90%), while many also sought standardization across networks (71%) and enhanced reputation and competitiveness (51%). Establishing a compelling "why" creates urgency, builds stakeholder buy-in, and positions quality as a strategic differentiator rather than a compliance exercise. Leaders consistently use data on patient harm and economic impact to frame quality as essential to long-term viability, market positioning, and public trust. From IFC's vantage point, organizations that explicitly link their quality purpose to revenue growth, payer relationships, and brand strength are better able to secure board support and sustained investment in quality initiatives.

Laying Foundations

Laying Foundations focuses on the structures, accountability, and resources required for execution. In the organizations studied, quality functions commonly report directly to the CEO or board (83%), supported by dedicated quality committees (77%) and clearly defined roles for clinical governance, risk management, and data. Leaders emphasized sustained investment in infrastructure and people: over 90% prioritized electronic medical records, equipment and facility upgrades, and workforce training, with 82% of senior leaders participating in dedicated quality training programs to strengthen capacity and oversight. These foundations allow organizations to manage risk proactively, solve problems systematically, and maintain coherence across multi-facility systems. For IFC as an investor, such governance and resourcing arrangements are not only markers of clinical maturity; they are also key risk-mitigation mechanisms that influence investment decisions and the perceived resilience of a provider's business model.

Driving Excellence for Lasting Change

Driving Excellence for Lasting Change depends on visible leadership presence and a data-driven learning culture. Most leaders reported active, routine frontline engagement in quality activities (84%), reinforcing that quality is a non-negotiable priority and empowering staff to own improvement. Nearly eight in ten executives identified staff engagement as a critical driver of their quality journey. All leaders (100%) described using real-time data to support daily huddles, routinely review KPIs and incidents, and shift from blame to learning. Sustainability was further reinforced by strategic integration: 65% embedded quality as a formal pillar within multi-year strategic plans, while others described quality as foundational to operating rhythms and individual performance metrics, ensuring that gains endure beyond individual personalities and that organizations continually raise performance. IFC's experience indicates that such leadership behaviors and cultures reduce hidden costs associated with errors, staff turnover, and reputational damage, and are closely associated with stronger financial performance over time.

Together, these themes demonstrate that quality is not a project but a sustained leadership discipline and a core investment decision. When senior leaders define a clear purpose, establish strong foundations, and drive excellence through presence and data, the result is safer care, stronger organizational performance, and lasting value for patients, staff, investors, and health systems.



Why is healthcare *quality* important?

Emerging markets face a complex and rapidly evolving healthcare landscape shaped by limited resources, growing patient populations, and shifting disease burdens.

Together – with increasing scrutiny of patient safety and outcomes – these pressures make quality not only a clinical priority but an organizational imperative. Leaders must navigate constrained funding, workforce shortages, fragmented systems, and cultural resistance to change – making deliberate leadership on quality essential for long-term success.

During healthcare quality system assessments conducted by the International Finance Corporation (IFC), senior leaders in emerging markets consistently asked: *"How do we start our quality journey? Where do we begin? What do we need to put in place, and how do we do it?"* These questions exposed a gap between recognizing the importance of quality and having access to practical, leadership-oriented guidance that reflects the realities of private providers operating in competitive, resource-constrained markets.

This paper addresses that gap. It is written for healthcare CEOs and senior leaders across emerging markets who recognize the urgency of strengthening quality but lack a clear roadmap. It draws on in-depth virtual interviews guided by a structured questionnaire with 21 senior hospital leaders – including CEOs, C-suite executives, and board members – across 13 countries in Africa, Latin America, and Asia. These conversations explored leadership priorities, organizational strategies, and practical steps for initiating and sustaining quality programs, ensuring the guidance is actionable and grounded in real-world experience. It also reflects IFC's broader experience as an investor and advisor, highlighting how quality affects revenue, costs, risk, and access to capital, and how leadership choices can unlock or undermine the value of quality investments.

The questions raised by senior leaders are grounded in a global reality: unsafe care continues to cause widespread, preventable harm. According to the World Health Organization (2023), one in every ten patients is harmed while receiving healthcare, resulting in over 3 million deaths annually. In low- and middle-income countries (LMICs), the toll is even greater, with up to 4 in 100 people dying due to unsafe hospital care. More than 50% of this harm is preventable, and nearly half of preventable incidents are linked to medication-related errors. In primary and ambulatory care, as many as 5% of patients is harmed in primary care of which over 70% is avoidable, resulting in moderate to severe patient harm in nearly 40% of cases.. Common adverse events include unsafe surgical procedures, hospital-acquired infections, diagnostic errors, patient falls, pressure ulcers, misidentification, and blood transfusion risks (WHO, 2023).

The economic consequences are equally staggering. Patient harm potentially reduces global economic growth by 0.7% per year, with indirect costs amounting to trillions of U.S. dollars annually (WHO, 2023). Patients who had an adverse drug event (ADE) faced much higher productivity-related costs – about USD 3,405 each, more than twice those without an ADE. Yet investment in reducing harm – through patient engagement and quality improvement – has been shown to deliver strong returns, both financially and in improved patient outcomes (Slawomirski & Klazinga, 2022). From IFC's perspective, these figures underscore that quality is not only a moral and clinical imperative but also a macro- and microeconomic issue: poor quality undermines the financial sustainability of providers and health systems, while high-quality care supports growth, competitiveness, and investor confidence.

Although comprehensive data on overall adverse event rates in LMICs remain limited, multiple studies underscore these risks. Surgical site infections are reported in 23% of patients in low-HDI (Human Development Index) countries compared to 9% in high-HDI countries –

approximately 2.5 times more common (GlobalSurg Collaborative, 2018). Hospital-acquired infections overall are also estimated to be 1.5 to 2 times more frequent in LMICs than in high-income countries, reflecting systemic issues such as overcrowding, inadequate sanitation, and limited infection control measures (Allegranzi et al., 2011; WHO, 2019).

The Lancet Commission on High-Quality Health Systems emphasizes that poor-quality care causes more deaths than lack of access. It estimates that 8 million people die annually in LMICs from conditions that should be treatable by a well-functioning health system – 60% of these deaths attributed to poor quality (Kruk et al., 2018).

These findings underscore that access alone is not enough. What matters is the quality-of-care patients actually receive. The report calls for a "revolution" in how health systems are designed, delivered and led, highlighting the central role of leadership in transforming quality from the ground up.

Quality is sometimes viewed as costly, requiring upfront investments in staff training, performance audits, risk management, and systems to measure outcomes. Yet the absence of quality is far more expensive. Errors lead to longer hospital stays, additional treatments, legal claims, reputational damage, and the demoralization of staff.



FIGURE 1: Cost of Good Vs Poor Quality

Even highly reliable systems are not immune. At 99.9% reliability, a hospital performing 12,000 surgeries annually would still experience around 12 wrong surgeries each year. A large laboratory conducting 20 million tests could generate 20,000 incorrect results and 5,000 misdiagnoses. Each of these failures carries heavy financial, reputational, and human costs.

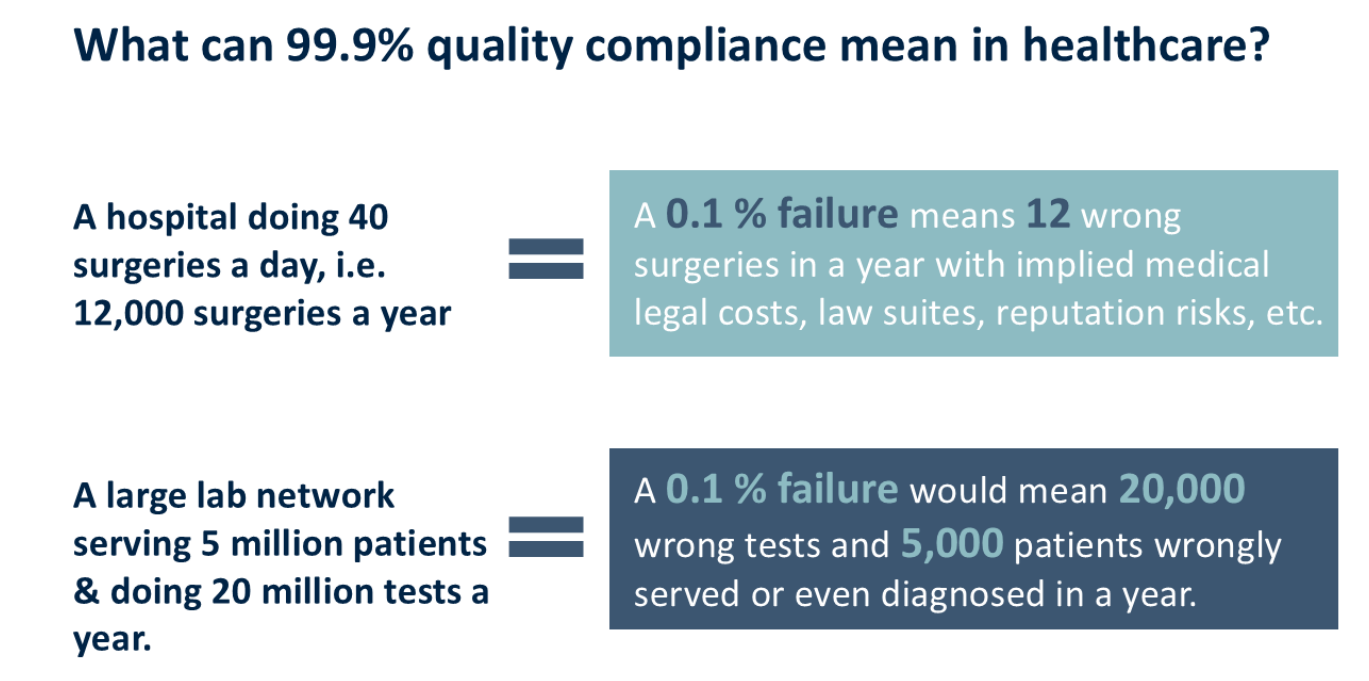


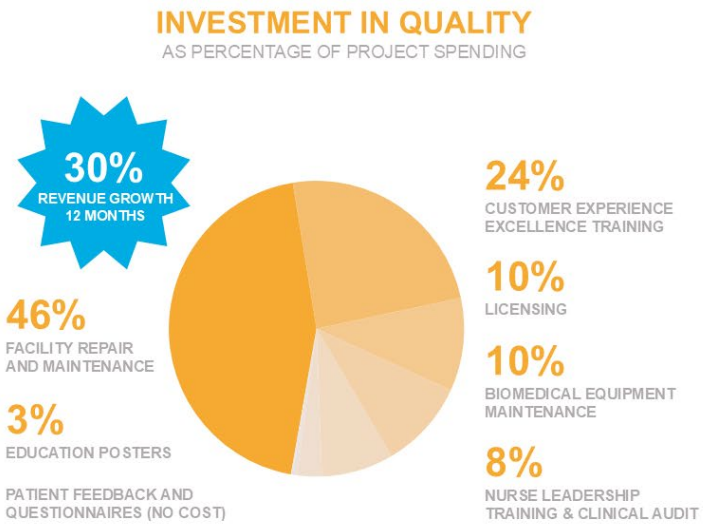
FIGURE 2: What can 99.9% Quality Mean in Healthcare?

In one instance, a medication error involving look-alike, sound-alike drugs led to a patient's death and a settlement of about $800,000. The preventive alternative – a high-alert medication management program with staff training – would have cost only a fraction of that (Gaither, 2018).



FIGURE 3: Can you Afford the Cost of Good Vs Poor Quality? (Gaither, 2018)

The economic case for quality is also one of growth and sustainability. A mid-sized hospital demonstrated how embedding quality from day one can transform performance. Despite operating in a competitive environment, the hospital quickly distinguished itself by prioritizing patient experience and safety. Within three months of launching quality interventions, it exceeded national compliance benchmarks and secured some of the highest patient satisfaction scores in its country. Investments in error-proofing systems and fail-safes contributed directly to a 30% revenue increase within the first year, while patient complaints decreased by 40% as systematic feedback loops allowed for rapid response and improvement (IFC, 2023).



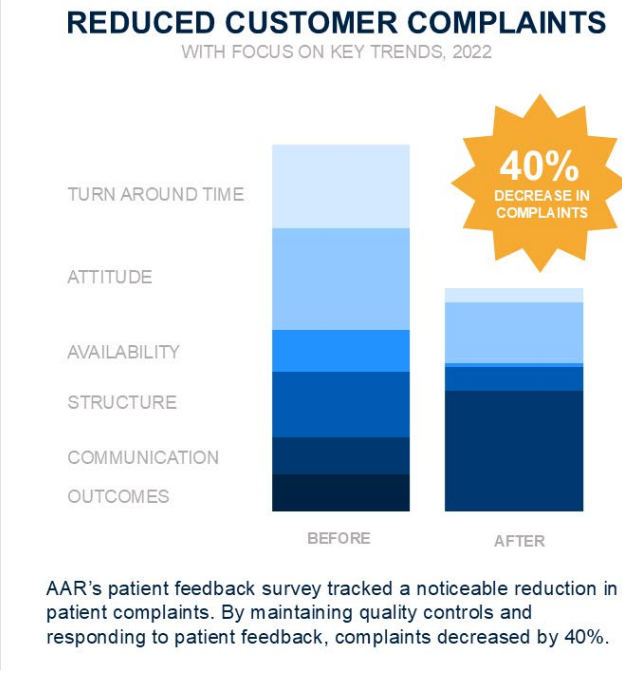


FIGURE 4: Investment in Quality; **FIGURE 5:** Reduced Customer Complaints

Behind these results was a deliberate leadership vision. From the outset, hospital leaders defined processes strategically, secured buy-in from the board and management, and empowered every department to own its role in quality. Staff training was continuous and targeted, with each clinical division required to conduct at least one relevant session weekly. A dedicated patient feedback department ensured that voices from the community directly informed decisions, reinforcing trust and loyalty. For IFC, this example illustrates how intentional leadership and targeted investment in quality can simultaneously improve outcomes, strengthen reputation, and enhance financial performance.

As the quality manager later reflected: "***Quality is intentional. With leadership support and financial investment, excellence flows smoothly. It requires resources – but it brings a healthy return.***" Equally important, the hospital learned that engaging staff as champions, embedding feedback loops, and empowering departments to own their processes were key to sustaining improvements. These are precisely the types of leadership behaviors and organizational capabilities that IFC looks for when assessing the long-term viability and impact of potential and existing health investments.

Paper Scope

This paper draws on insights from 21 senior hospital leaders who have successfully implemented quality programs in their organizations.

Senior hospital leaders refer to chief executive officers (CEOs), board members, managing directors, and other C-suite executives – including chief operating officers (COOs), chief financial officers (CFOs), chief nursing officers (CNOs), chief quality officers (CQOs), and other senior executives with strategic and operational oversight. Their stories reveal common challenges, strategies, and lessons learned, providing a blueprint for leaders embarking on their own quality journeys. These insights are organized around three themes: Defining Purpose, Laying Foundations, Driving Excellence for Lasting Change – offering a structured approach to building and sustaining a culture of quality.

In this paper, *quality* refers to the consistent delivery of care that is safe, effective, patient-centered, timely, efficient, and equitable – a definition originally articulated by the Institute of Medicine (IOM) and widely adopted by the World Health Organization (WHO). Quality is viewed as a system-wide commitment to minimizing harm, improving health outcomes, and enhancing the patient experience. Throughout, the analysis emphasizes that for private providers in emerging markets, this commitment is also a strategic investment decision that shapes organizational performance, competitiveness, and access to capital.



1 / 10

1 in 10 patients is harmed while receiving healthcare (WHO, 2023).

3 MILLION

Unsafe care leads to over 3 million deaths annually (WHO, 2023).

4 / 100

In LMICs, up to 4 in 100 people die due to unsafe care (WHO, 2023).

5%

5% of patients are harmed in primary care, resulting in moderate to severe patient harm in nearly 40% of cases. (Gonzalez, *et al* 2023)

70%

70% of harm in primary care is avoidable. (Gonzalez, *et al* 2023)

8 MILLION

8 million people die annually in LMICs from conditions that should be treatable in a well-functioning health system (Kruk *et al.*, 2018). Of these, **60% of deaths** are due to poor quality care rather than lack of access (Kruk *et al.*, 2018).





Defining Purpose

Why healthcare organizations start quality programs

For healthcare CEOs and senior leaders, understanding the strategic purpose behind quality programs is essential; it shapes the tone, structure, and sustainability of their quality journey. Across diverse healthcare institutions, four clear motivations consistently emerge as the driving forces behind launching and sustaining quality initiatives.



1. Mission & Vision Alignment

Nearly all the leaders we interviewed (95%) anchored their quality efforts in a deep commitment to their founding mission and vision. In some cases, leaders spoke of quality as being part of the organization "since inception," "from the very beginning," or as a core element of the "strategic direction." The underlying theme was consistent: quality was embedded in the institution's purpose from the outset. Delivering quality care was not a checkbox but a natural extension of why the institution exists in the first place. Leaders in these organizations view quality as inseparable from their core purpose and commitment to care, a reflection of their values and long-term vision in practice.

While quality was stated explicitly as part of the organization's purpose from the beginning by 95% of leaders, by the time of the interview, every leader we spoke with described quality as a core strategy. This evolution reflects a deepening commitment: leaders now see quality as inseparable from their core purpose and long-term vision, a lived expression of their organizational values.

External research reinforces this link. Leading a Culture of Safety: A Blueprint for Success – developed by the Institute for Healthcare Improvement, National Patient Safety Foundation, and American College of Healthcare Executives – identifies "Establish a compelling vision for safety" as a core CEO responsibility, ensuring quality initiatives align with purpose, mission, and values.

For some leaders, this commitment was further shaped – or even sparked – by powerful personal experiences. A personal health event or adverse care experience often became a turning point, exposing painful gaps in care and elevating quality to the forefront of organizational strategy. These moments added urgency and empathy, transforming abstract concepts such as patient-centeredness, safety, and dignity in care into tangible priorities woven into institutional purpose.

95%

OF INTERVIEWED LEADERS ANCHORED THEIR QUALITY EFFORTS IN MISSION AND VISION.

Many leaders described how quality was prioritized early on:

"Conceptualized based on quality care, even before the hospital was opened."

"Quality is in line with the organizational mission and was required as per regulations."

"Quality, affordability, access." Was used as a tagline, signaling a commitment to accessible, affordable care underpinned by clinical excellence.

Leader *Insights*

Interviewees emphasized that their commitment to quality was often deeply rooted in their organization's mission and vision. For some, this alignment was established from the outset. For others, personal experiences served to deepen – or in some cases initiate – their focus on quality.

Many leaders described how quality was prioritized early on, with one sharing that it was "conceptualized based on quality care, even before the hospital was opened." Others noted how regulatory requirements aligned with the mission to sustain their efforts: "Quality is in line with the organizational mission and was required as per regulations." Another organization emphasized quality from inception with the tagline "quality, affordability, access," signaling a commitment to accessible, affordable care underpinned by clinical excellence.

For some, a personal event brought the mission into sharper focus. One leader recounted, "It all started with the CEO's wife's illness... mismanagement (medical errors) led him to realize how much needed to change." This personal crisis became a catalyst for professional commitment. Another noted how leadership mobilized passion: "Chairman rallied people passionate about quality and sent them for training," signaling deep institutional commitment.

These reflections show that while a clear mission and strategic direction can independently drive quality improvement, personal conviction can enhance that direction, bringing sharper focus, renewed energy, or a deeper sense of purpose. In some cases, lived experience catalyzed a shift; in others, it simply reinforced an existing commitment.

Action Points

To ensure that quality improvement efforts are both strategically aligned and authentically led, senior leaders can take the following actions:

- ☐ Articulate and communicate a clear, compelling vision for quality that aligns with the organization's core mission and values.
- ☐ Embed quality goals into strategic plans, annual KPIs, and performance reviews to signal their centrality to the organization's success.
- ☐ Use mission-aligned messaging to build buy-in across the organization – clearly link clinical quality to the organization's broader purpose.
- ☐ Reflect and audit how current operations and practices align with the founding mission – and make changes where disconnects exist.
- ☐ Share your personal "why" for quality improvement, where appropriate. Authentic stories of lived experience can inspire trust, connection, and culture change.
- ☐ Ensure visible commitment from senior leadership and the board – leaders must actively and consistently champion quality as a top priority.
- ☐ Invest in leadership development programs that equip leaders with both quality improvement skills and the ability to lead with values and empathy.

2. Enhancing Patient Care & Safety

One of the most consistent and compelling reasons healthcare organizations embark on quality improvement is the drive to enhance patient care and safety. This motivation is rarely about external pressure or regulatory compliance; it stems from a foundational commitment to protect patients and ensure that every clinical interaction is safe, effective, and responsive to individual needs.

Almost all the leaders we interviewed (90%) identified patient-centered safety as the non-negotiable foundation of care delivery. For them, the decision to launch a quality program arose from the recognition that even well-intentioned systems – without structured oversight – can allow harmful variation, missed warning signs, or inconsistent treatment. In some cases, near misses or critical failures became pivotal moments that exposed system gaps and galvanized leadership to act. Several leaders observed that the inclusion of patient safety and quality KPIs within performance appraisal frameworks strengthened motivation to engage in quality improvement, by making it an explicit and valued component of individual performance.

Quality programs provide the tools and structure to reduce preventable harm, embed evidence-based practices, and foster environments where safety is everyone's responsibility. Leaders emphasized that improving care was not just about risk management but about upholding a duty of care and earning patient trust. The benefits extend beyond patients: staff working in safety-focused cultures report higher morale and clarity of purpose, increases in patient satisfaction, and strengthened organizational reputation, an invaluable asset in competitive or underserved health systems.

Ultimately, enhancing patient care and safety is not a by-product, but the primary motivation for most quality programs. It reflects a shared belief that healthcare quality begins with doing no harm, and that efficiency, growth, and innovation can only endure when resting on that foundation. For many organizations, this belief marks the true beginning of the quality journey.



90%

OF INTERVIEWED LEADERS IDENTIFIED PATIENT-CENTERED SAFETY AS THE NON-NEGOTIABLE FOUNDATION OF CARE DELIVERY.

"Quality should be the central axis around which all hospital activities revolve."

"Quality is the lifestyle of the organization. It includes everything—input, process, and output/results. We had to establish what quality means for everyone."

"We made zero harm a goal, but we also broke it down into key results for every unit. That way, safety became everyone's job – from radiology to housekeeping."

Leader *Insights*

Leaders articulated this dedication clearly and consistently. For many, enhancing patient care and safety was not simply an operational goal, but the very reason for initiating a quality program. One executive noted, "Our purpose is to provide services that meet safety standards – timely, efficient, and effective." Another leader reflected on the importance of aligning safety with affordability, stating, "We wanted to meet patient needs at an affordable cost and improve outcomes."

They also stressed the breadth and centrality of quality in their organizations. One framed quality as a unifying principle, stating, "Quality should be the central axis around which all hospital activities revolve." Another explained, "Quality is the lifestyle of the organization. It includes everything – input, process, and output/results. We had to establish what quality means for everyone."

These perspectives underscore how defining quality holistically helps align staff, leadership, and operations around a shared understanding, reinforcing a culture where safety permeates every aspect of care.

Some organizations were spurred to act after confronting safety gaps directly. For example, two pediatric patient falls due to missing bed rails prompted immediate changes, not only in equipment, but in the hospital's overall approach to identifying and reducing risk. In other cases, leaders identified inconsistencies in how care was delivered across departments, especially when visiting consultants followed divergent protocols. These discrepancies revealed vulnerabilities that could only be resolved through a coordinated quality program, grounded in shared standards.

As programs matured, leaders reported that safety became a unifying force across clinical and non-clinical teams. One CEO shared, "We made zero harm a goal, but we also broke it down into key results for every unit. That way, safety became everyone's job – from radiology to housekeeping." In many cases, this shared commitment not only shifted organizational culture but also deepened frontline engagement and reinforced trust with patients and staff alike.

Action Points

To inspire the initiation of quality efforts aimed at enhancing patient care and safety, leaders can:

- ☐ Share compelling data on patient outcomes and safety issues to highlight the need for improvement and create a sense of urgency.
- ☐ Encourage leaders to share their personal commitment to patient safety, which can motivate and engage teams authentically.
- ☐ Facilitate conversations that connect clinical quality goals with everyday patient experiences, making quality meaningful and relevant to staff.
- ☐ Embed quality related goals in individual performance objectives and KPIs.
- ☐ Recognize and celebrate role models – both clinical and non-clinical staff – who demonstrate excellence in patient care and safety, reinforcing desired behaviors and inspiring others to follow their example.

3. Standardization & Scalability Across Networks

Multi-site hospital groups – especially those relying on external consultants – often use quality programs to ensure consistency across facilities. A strong majority of leaders (71%) highlighted the need for standardized clinical pathways and administrative processes to reduce variability and ensure consistent, high standards of care. For these organizations, standardization is foundational – not just for efficiency, but for delivering equitable, scalable, and reliable care across diverse settings.

Standardization in healthcare takes many forms. Clinical Practice Guidelines (CPGs) provide evidence-based recommendations that guide clinicians toward consistent, informed decisions; these help align practice across departments and sites while supporting safe, high-quality patient care. Standardization enables large systems to maintain quality across sites with varying resources and patient populations.

Beyond clinical pathways, standardization is critical in nearly every operational area. Reviews of medical terminology standards highlight the value of consistent language and documentation to reduce ambiguity, streamline workflows, and support data interoperability. Similarly, standardizing medical equipment, digital tools, and clinical protocols – such as medication administration or surgical prep – reduces errors and builds staff confidence across locations.

Importantly, infrastructure design also benefits from standardization. Hospitals that apply lean principles to facility construction and layout – such as standardized patient rooms, uniform supply locations, and optimized physical workflows – create environments that minimize waste, reduce variation, and make it easier for staff to deliver safe, reliable care across multiple sites.

The WHO Surgical Safety Checklist is a powerful example, standardizing safety checks before, during, and after surgery. Its implementation has measurably reduced complications and mortality by improving team communication and adherence to safety steps.

Standardization also extends to patient education, essential for care continuity across networks. Using standardized patient education materials through electronic health records helps reach more patients – including those in underserved groups – and improves their understanding of treatment and the ability to follow medical advice.

Crucially, standardization enables scalability. As organizations expand or merge, common frameworks support consistent onboarding, smoother integration, and replication of best practices. Standardizing core processes and protocols reduces ambiguity, improves team coordination, and facilitates scalable quality initiatives.

Leaders in high-performing networks recognize that without standardized systems, improvement efforts often become fragmented and unsustainable. Standardization allows local sites to operate independently while following system-wide expectations. Striking this balance is essential to reliably spread and sustain quality improvements across the organization.

References supporting these examples include: the Mayo Clinic Plummer Project (2016), Ferreira (2020) on standardizing core processes in complex healthcare systems, the WHO Surgical Safety Checklist (2009), the study on standardized patient education materials in radiation oncology (Misher et al., 2023), and Kaiser Permanente's Pathways to Excellence initiative (Schilling, Chase, & Kehrli, 2010).

71%

OF LEADERS HIGHLIGHTED THE NEED FOR STANDARDIZED CLINICAL PATHWAYS AND ADMINISTRATIVE PROCESSES.

40%

CENTRAL-LINE INFECTIONS DROPPED 40% WITHIN SIX MONTHS OF ADOPTING STANDARDIZED CHECKLISTS AND HAND-OFF PROTOCOLS IN ONE HOSPITAL.



"Relied on healthcare quality consultants from other institutions – needed to standardize practice."

"Quality for us meant developing clear clinical guidelines and standardized processes to handle any contingency. That was how we ensured patient safety and consistent outcomes."

Leader *Insights*

Leaders emphasized the critical need for consistency in care. One executive described how their organization "relied on healthcare quality consultants from other institutions – needed to standardize practice," highlighting how external expertise often brought attention to the need for unified clinical approaches.

Building on this idea, one leader described creating a common language for care: "We launched an internal competition under the slogan AMUA – Kiswahili for 'decide' – which we used to mean Always Maintaining Uniformity of Awesome Care. It gave people a shared motivation and helped embed standardization so that every patient encounter reflected the same high standard of care."

Another executive explained, "Quality for us meant developing clear clinical guidelines and standardized processes to handle any contingency. That was how we ensured patient safety and consistent outcomes."

These insights reflect the belief that standardization is not merely operational. It is foundational to delivering reliable, high-quality care. For example, in one hospital, a baseline quality assessment revealed gaps in infection prevention and patient flow. Within six months of adopting standardized checklists and hand-off protocols, central-line infections dropped by 40%, staff confidence improved and more consistently used protocols.

Action Points

To drive effective standardization and scalability of quality initiatives, leaders can:

- ☐ Define the role of standardization in your quality strategy: Clarify how consistent practices across sites support your organization's broader goals for safety, equity, and reliability in care.
- ☐ Identify high-impact areas for early standardization: Focus on foundational processes – such as key clinical pathways, surgical safety protocols, or medication administration – that influence patient outcomes across locations.
- ☐ Establish guiding principles for scalable practices: Ensure that quality initiatives are designed to be adaptable across diverse settings while maintaining alignment with evidence-based standards.
- ☐ Establish a central quality governance team to drive alignment across locations: Provide oversight, ensure accountability, and facilitate communication among sites. Periodically audit compliance with adopted standard practices and implement corrective actions as needed to maintain consistency and drive scalable improvement.

4. Reputation & Competitive Positioning

In highly competitive healthcare markets, reputation has emerged as a crucial business differentiator. More than half of the organizations (51%) identified quality as a key factor in attracting patients, talented staff and strategic partners. Delivering high-quality care strengthens a hospital's brand, fosters patient loyalty, and positions it as a provider of choice in both local and international markets. A strong healthcare brand goes beyond outcomes; it is built through consistent patient-centered experiences, clear evidence of quality, and trusted endorsements from patients, professionals, and regulators.

Reputation increasingly acts as a form of "currency" in healthcare. Hospitals perceived as safe, reliable, and innovative enjoy stronger bargaining power with insurers, are more likely to secure government contracts and donor funding and are better positioned to attract international patients in regions with competitive medical tourism sectors. In emerging markets, reputation also shapes investor confidence and determines whether hospitals are invited into high-profile partnerships. Equally important, a strong quality reputation serves as a talent magnet, drawing clinicians, nurses, and executives who want to be associated with high-performing institutions. This workforce advantage reinforces the cycle of excellence: strong reputation brings strong talent. Strong talent sustains strong performance.

Research confirms that various dimensions of patient experience – including attentiveness to individual preferences, physical comfort, and family involvement – significantly shape hospital reputation, which in turn enhances competitive positioning. Hospitals recognized for service quality not only attract patients who trust their services but also build satisfaction and long-term loyalty. Beyond patients, reputation has ripple effects across the entire ecosystem: it strengthens community trust, reassures regulators, and positions institutions as thought leaders in their sector.

External objective evaluation emerged as a near-universal priority among leaders. In fact, 95% of organizations (20 out of 21) pursued some form of structured external assessment – most often accreditation, but also other evaluation frameworks – to drive internal improvement and gain public recognition. Accreditation and certification programs – several of which were cited by organizations interviewed for this paper – offer independent evaluation and public recognition as evidence of meeting established quality standards. Examples mentioned include Joint Commission International (JCI), SafeCare, the International Organization for Standardization (ISO), the Council for Health Service Accreditation of Southern Africa (COHSASA), the General Authority for Healthcare Accreditation and Regulation (GAHAR, Egypt), and the National Accreditation Board for Hospitals & Healthcare Providers (NABH, India). These and other programs provide structured frameworks that strengthen internal quality systems and reinforce institutional credibility.

Evidence consistently shows that accreditation improves patient safety, care standardization, and operational efficiency while also strengthening institutional reputation. It builds public trust by promoting accountability, embeds evidence-based practices into everyday routines, and fosters teamwork and leadership engagement – outcomes that, in turn, elevate a hospital's image among patients, staff, and stakeholders. A reputation for excellence, once established, becomes self-reinforcing: it attracts patients, partners, and professionals who expect quality, thereby entrenching the hospital's competitive position in the market. At the same time, leaders acknowledged that reputation is a fragile asset. It requires ongoing commitment, transparency, and reinforcement, especially because a single high-profile safety lapse can quickly erode years of progress.

References include Mainardes, Borba, & Dalvi (2024) on patient experience and reputation; Aladwan et al. (2024) on service quality and loyalty; WHO (2022) and BMC Health Services Research (2021) on accreditation and public trust; and Pomey et al. (2023) and PLOS ONE studies linking accreditation to safety, standardization, efficiency, and reputation.

95%

OF ORGANIZATIONS (20 OUT OF 21) PURSUED SOME FORM OF STRUCTURED EXTERNAL ASSESSMENT TO DRIVE INTERNAL IMPROVEMENT AND GAIN PUBLIC RECOGNITION.



"Quality gives competitive advantage in the market."

"We wanted international accreditation for best practices and what the best hospitals in the world had."

"Accreditation can serve to improve reputation, letting people know this is a hospital that maintains the same clinical standards and guidelines as hospitals in other countries."

Leader *Insights*

Leaders highlighted the dual value of quality and accreditation in enhancing their competitive positioning. One leader noted that "quality gives competitive advantage in the market," emphasizing how a strong commitment to quality distinguishes their organization. Another shared pride in becoming "a preferred destination for care – even for multinationals," reflecting a facility's position for institutional payers.

Several leaders described the accreditation journey as a pivotal step. One explained that the "decision to get accredited was supported by the Ministry of Health" and eventually "evolved into pursuit of COHSASA." Another viewed accreditation as an important external validation, stating, "We wanted someone from outside to check if our systems were good enough." A different executive added, "We wanted international accreditation for best practices and what the best hospitals in the world had."

These perspectives underscore how accreditation not only reinforces quality internally but also serves as a powerful endorsement to patients, partners, and regulators alike. As another leader summarized, "Accreditation can serve to improve reputation, letting people know this is a hospital that maintains the same clinical standards and guidelines as hospitals in other countries."

Reputation was also seen as inseparable from safety and outcomes. As one executive explained, "Quality means mitigating risks to maintain patient safety, achieve the highest level of outcomes, and strengthen our reputation."

Action Points

To advance the organization's reputation and strategic position, leaders can:

- ☐ Emphasize external evaluation and recognition to demonstrate your organization's commitment to excellence and continuous improvement.
- ☐ Select standards or accreditation bodies that align with your organization's maturity, values, and long-term goals.
- ☐ Leverage quality achievements - through accreditation or other forms of external validation as authentic signals to attract patients, staff, and partners.
- ☐ Integrate messaging about quality and external evaluation into your branding and external communications, emphasizing the organization's commitment to high-quality care.
- ☐ Position your brand as a promise of value: Align messaging, decisions, and behaviors around the delivery of high-quality care.
- ☐ Build a culture that values external validation as part of ongoing learning and organizational growth.
- ☐ Combine external evaluation efforts with leadership engagement to reinforce quality as a core organizational priority.





Laying Foundations

What do you need to get started?

Creating a successful quality program requires a strong structure. This includes clearly defined roles, a well-structured team, integration into operations, and consistent leadership support. Leaders consistently emphasized that beginning with a solid framework prevents fragmentation, ensures alignment across the organization, and increases the program's long-term success.

1. Establishing the Quality Structure

A consistent trend among respondents was the establishment of a direct reporting line between the quality function and senior leadership. In most organizations (83%), the quality lead reported directly to the CEO, Executive Director, COO, or board. This structural choice elevated quality from a less visible function to a strategic priority, ensuring it had a voice at the highest levels of decision-making and that senior leaders remained actively engaged in performance improvement efforts. In some organizations, the quality department reported first to a Quality Council, which in turn reported to the board, reinforcing governance-level oversight.

This reporting alignment reflects broader best practices in governance. Improving patient safety and quality requires aligned leadership by the board and CEO, built on an executable strategy that cascades throughout the organization. Such alignment begins with structuring quality leadership roles to influence and integrate with core organizational decisions. It reinforces the idea that quality oversight is not just an operational concern, but a core executive function.

Moreover, accountability for the quality and safety of services ultimately rests with the board and its executive team. Direct reporting lines to the CEO or other C-suite leaders give the quality function the authority, visibility, and agility needed to influence strategic choices, allocate resources appropriately, and escalate safety or performance issues in a timely manner.

Beyond reporting relationships, organizations built formal quality structures to sustain focus and operationalize goals. Over three-quarters (77%) of organizations had multiple committees in place – Quality Committees, Medical Advisory Committees, and Morbidity & Mortality (M&M) Committees – operating at both corporate and facility levels. These bodies provided cross-functional oversight, drove consistent application of policies, and embedded quality into clinical and administrative routines. By reviewing data, sharing learning, and coordinating across departments, they created the infrastructure for continuous improvement.

Equally important is building the right quality team. Leaders emphasized hiring professionals with technical expertise in clinical governance, risk management, data analytics, and patient safety. They noted that recruiting capable quality managers – and ensuring they have the resources, autonomy, and support of leadership – is essential to turning strategy into measurable improvements.

Leaders also emphasized the value of assigning quality champions within clinical and administrative teams. Champions act as visible role models, bridging the gap between frontline staff and leadership by translating organizational priorities into daily practice. They sustain engagement, surface local issues early, and reinforce that quality is everyone's responsibility – not just the quality departments.

Notably, effective quality structures are not defined solely by physical departments or designated units. Rather, they represent clearly mapped roles, responsibilities, and accountabilities for ensuring and coordinating quality across the organization. The structure for quality does not need to be vertical or standalone; it should reflect how the organization operationalizes integration, accountability, and oversight.

These structures may take different forms depending on organizational size, complexity, and context. Centralized models place quality oversight within a dedicated unit, promoting standardization and system-wide control. Decentralized structures embed quality functions within individual departments or facilities, allowing for greater flexibility and local adaptation. Many organizations adopt a hybrid approach that combines centralized oversight with decentralized execution – balancing consistency with responsiveness. Importantly, as quality programs mature, these structures often evolve, shifting from standalone quality units to more embedded, operationalized quality functions.

By putting these foundational structures in place – clear reporting lines, cross-functional oversight bodies, expert staffing, and tailored governance models – organizations create the conditions for a strong, accountable, and strategically integrated quality culture.

References supporting these examples include ACHE (2016) on board and CEO alignment for quality, the Health Service Executive (HSE, Ireland's national public health services) (2017) on board accountability for service quality and safety, and USAID (2010) on institutionalizing quality assurance through integrated governance, staffing, and operational structures.

83%

IN 83% OF ORGANIZATIONS, THE QUALITY LEAD REPORTED DIRECTLY TO THE CEO, EXECUTIVE DIRECTOR, COO, OR BOARD.

77%+

OVER THREE-QUARTERS (77%) OF ORGANIZATIONS HAD MULTIPLE COMMITTEES IN PLACE.



"Initially, we had one nurse looking at quality. This has now evolved into a formal organogram that includes a QI and Risk Manager, four QI officers, and liaison officers."

"There is a Quality Council and Medical Advisory Council supported by QI teams at both the group and hospital level."

"Quality was initially under a senior management committee, but a decision was taken to establish a separate Quality and Risk Management department."

Leader *Insights*

Leaders repeatedly emphasized the importance of reporting structure, committee-based oversight, and bringing the right people into the quality function. One CEO explained, "The quality director reports to me, and quality is on the agenda at every leadership meeting," underscoring how direct reporting lines elevated quality to a strategic level. Another noted: "The Board provides oversight of the overall program."

Distributed leadership is essential. A COO highlighted staffing: "Each facility has one quality officer, which is enough in most circumstances." A quality director described, "The quality team consists of several managers and specialists who oversee different functions like Infection Prevention and Control (IPC), safety, risk, and performance improvement."

Many leaders stressed the value of hiring the right individuals. One shared, "We always had a quality department...but we also hired quality-focused persons to come in and support the building of a culture of quality." Another explained how roles evolved over time: "Initially, we had one nurse looking at quality. This has now evolved into a formal organogram that includes a QI and Risk Manager, four QI officers, and liaison officers."

Additional roles were added to strengthen oversight and control. "The assurance person ensures controls are in place and intact, and the control person works with the lead to establish those controls," one executive explained. Another recalled, "When we first started JCI preparation, there were four QA managers... we later created quality coordinator roles because leaders were too busy to maintain quality day-to-day."

Committees were equally critical. As one respondent noted, "There is a Quality Council and Medical Advisory Council supported by QI teams at both the group and hospital level." Others transitioned from informal structures to dedicated departments: "Quality was initially under a senior management committee, but a decision was taken to establish a separate Quality and Risk Management department."

Integration across departments was emphasized. "Quality officers in each facility work closely with the Medical Director to ensure heads of departments (HODs) are doing the right thing," shared one leader. Another added, "Work Improvement Teams at the unit level are supported by champions for QI, risk, and infection prevention."

These reflections highlight a shared belief: quality is not just a framework – it's the people you bring together to lead, implement, and sustain it. By hiring qualified staff, distributing leadership, and creating clear governance structures, organizations laid the foundation for meaningful and lasting improvement.

Action Points

To establish a strong foundation for quality management, leaders can:

- ☐ Establish Clear Leadership Alignment: Create a formal reporting line from the quality team to the CEO, COO, or board to ensure quality is prioritized at the highest levels of decision-making.
- ☐ Build Dedicated Quality Teams: Appoint trained quality officers at each facility and support them with cross-functional teams, including quality champions, experts in safety, infection prevention, and performance improvement.
- ☐ Create Multi-level Quality Committees: Set up Quality Councils, Medical Advisory Committees, and M&M Committees at both group and facility levels to review data, address issues, and ensure continuous monitoring.
- ☐ Ensure Governance and Accountability: Define roles, meeting frequencies, and decision-making processes for each quality-related committee. Align these with the organization's strategic goals and oversight structures.
- ☐ Embed Quality into Operations: Make quality a core operational priority – not a parallel process. Integrate committee activities and team responsibilities into routine clinical and administrative workflows.



2. Defining Core Functions of the Quality Department

High-performing healthcare organizations anchor their quality programs in a clearly defined set of responsibilities. Rather than operating in isolation, the quality department plays a central role in coordinating hospital-wide efforts to improve care delivery, enhance safety, and drive accountability. Its work aligns closely with internal priorities and external expectations, particularly those tied to accreditation and regulatory frameworks.

Data management and performance measurement form a cornerstone of effective quality operations. About 90% of respondents emphasized the importance of robust data collection systems that support ongoing monitoring and data-driven decision-making. This includes real-time dashboards and regular performance reviews to track key quality indicators across departments. These systems enable leaders to identify areas for improvement, respond to challenges swiftly, and sustain continuous progress.

Another major focus for quality departments is clinical governance, which involves establishing processes to uphold clinical safety, manage risks, and enhance patient experience. In two-thirds of organizations (67%), leaders highlighted clinical governance as a core responsibility of the quality team. While the CMO typically provides clinical leadership and ultimate accountability for standards of care, the quality team operationalizes clinical governance – designing frameworks, monitoring performance, coordinating audits, and ensuring consistent implementation across the organization.

The quality department also supports the development and refinement of clinical protocols by collaborating with clinical experts. In doing so, they help ensure that standards of care reflect current evidence, are measurable in practice and responsive to patient outcomes. A key function of the department is the management of incidents and performance deviations. When safety issues or deviations arise, quality teams investigate root causes, coordinate corrective and preventive actions, and monitor outcomes to prevent recurrence. Many departments manage formal reporting systems for clinical incidents and performance deviations, facilitating institutional learning and continuous improvement.

Another key responsibility is aligning internal systems with national and international accreditation standards. This includes preparing documentation, coordinating internal assessments, and tracking compliance. Accreditation is often leveraged as a broader framework to structure quality work and unify the organization's efforts around shared goals.

Quality teams also produce internal reports on clinical and operational outcomes, providing transparency and helping teams benchmark performance. In addition, they play a central role in responding to patient feedback, monitoring satisfaction scores, and addressing complaints. These insights are used to refine service delivery and enhance the overall patient experience.

As Jeffrey Rakover from the Institute for Healthcare Improvement (IHI) describes it: Quality is everybody's job, but quality specialists provide invaluable training, resources, strategic guidance, and support with prioritization. They help advance new ways to staff quality activities with the right balance between quality planning, improvement, control, and assurance, ensuring that quality activities put patients first and strengthen the quality management system itself.

Most respondents indicated that facilitating training and capacity building is a core function of the quality department. Quality specialists provide training and guidance to senior leaders and key staff, equipping them with knowledge of quality improvement methodologies, patient safety principles, clinical governance frameworks, and policies and procedures (P&Ps). This ensures that leaders and teams are empowered to implement improvements, sustain standards, and embed a culture of continuous quality enhancement across the organization.

The quality department must collaborate closely with other key departments – such as clinical services, nursing, IT, and operations – to integrate quality initiatives into daily workflows and ensure shared responsibility for quality outcomes. This cross-departmental partnership fosters a unified approach to patient safety and continuous improvement.

By defining and integrating these core functions, organizations ensure the quality department operates not just as a compliance entity, but as a strategic driver of performance and excellence.

67%

IN TWO-THIRDS (67%) OF ORGANIZATIONS, LEADERS HIGHLIGHTED CLINICAL GOVERNANCE AS A CORE RESPONSIBILITY OF THE QUALITY TEAM.

~90%

ABOUT 90% OF RESPONDENTS EMPHASIZED THE IMPORTANCE OF ROBUST DATA COLLECTION SYSTEMS.



"Our quality department is responsible for overseeing quality at every level – from compliance with international standards to helping departments break down broad goals like zero harm into specific, measurable actions."

"We structured our quality program around accreditation frameworks so we could embed those standards into everyday care – not just during audits, but as part of how we operate."

"We review incident reports and conduct root cause analyses, monitor quality indicators, run clinical audits, and use scorecards that cascade from the hospital level down to individual contributors. Through Kaizen boards, we link performance to leadership accountability, making quality everyone's responsibility."

Leader *Insights*

Leaders underscored the importance of clearly demarcating quality department responsibilities to maintain focus and effectiveness. Many described how the department anchors the organization's commitment to safe, reliable care by serving as the hub for clinical governance, risk management, and accreditation alignment. One senior leader shared, "Our quality department is responsible for overseeing quality at every level – from compliance with international standards to helping departments break down broad goals like zero harm into specific, measurable actions." Another added, "We structured our quality program around accreditation frameworks so we could embed those standards into everyday care – not just during audits, but as part of how we operate."

Beyond setting the framework, leaders highlighted the department's practical day-to-day role. As one respondent put it, "We review incident reports and conduct root cause analyses, monitor quality indicators, run clinical audits, and use scorecards that cascade from the hospital level down to individual contributors. Through Kaizen boards, we link performance to leadership accountability, making quality everyone's responsibility."

Regarding data, leaders shared that integrated IT systems play a pivotal role. A quality manager remarked, "Our IT system can automatically generate reports, ensuring timely data reaches the right people for informed decisions." Another executive described a collaborative approach: "Each department presents its quality indicators regularly, and we collectively track progress to hold everyone accountable."

These reflections highlight the consensus that clearly defined responsibilities around governance and data are foundational for a quality department's success.

Action Points

To effectively define and manage essential quality department activities, leaders can:

- ☐ Clarify Quality Department Scope: Define core responsibilities to include clinical governance, accreditation management, and data management system setup.
- ☐ Develop Clinical Governance Framework: Establish processes focusing on clinical safety, risk management, and patient experience that align with organizational and regulatory standards.
- ☐ Set Up a Data Management System: Develop and implement a system that includes selecting key performance indicators (KPIs), defining KPI profiles, establishing data collection and validation processes, and setting up reporting mechanisms.
- ☐ Establish Cross-Department Collaboration: Define collaboration with clinical, nursing, IT, and operational teams as a fundamental role of the quality department. Build formal communication channels and joint governance mechanisms to ensure quality initiatives are integrated seamlessly across all departments and workflows.
- ☐ Implement Incident Management: Establish formal processes for reporting, investigating, and addressing clinical incidents and performance deviations. Ensure corrective and preventive actions are monitored, outcomes are tracked, and lessons learned are integrated into continuous quality improvement efforts.



3. Securing Essential Resources

Securing essential resources is not about creating a separate layer for "quality" apart from hospital operations; it is about ensuring that the resources enabling safe, effective, and patient-centered care are designed, governed, and sustained with a quality lens. Funding, infrastructure, staff, and information systems become true quality enablers only when aligned with leadership commitment, structured oversight, and reliable data.

Nearly all organizations (90.5%) identified financial investment as essential, particularly for electronic medical records (EMR), and facility upgrades to meet safety standards. Leaders emphasized these were not routine expenditures but core safeguards for patient safety – for example, sterile processing units, operating room (OR) flow, and safe kitchens and laundries that prevent errors and infection risks. While processes can mitigate gaps temporarily, leaders stressed that upfront infrastructure investment is the more sustainable option.

With respect to infrastructure, leaders noted that for new facilities, the incremental investment required to build in quality and safety – rather than simply constructing a functional healthcare facility – is relatively modest when addressed early. The World Health Organization (WHO) similarly identifies infrastructure, a competent workforce, and robust health information systems as prerequisites for quality care. For existing operations, however, where gaps against patient safety standards were identified, organizations often needed targeted investments, such as redesigned patient flow areas, modernized sterile processing units, or upgraded clinical and diagnostic equipment. Several also stressed the value of independent quality review during hospital design and expansion, noting that early expert input helps prevent costly flaws and embeds safety into the fabric of facilities.

In addition to physical infrastructure, investments in digital systems are essential to support safe, effective, and high-quality care. Leaders highlighted electronic medical records (EMR) and basic health information systems (HIS) as important quality resources. Even simple systems – like patient registries or basic reporting tools – help track care, monitor safety, and support continuous improvement.

Alongside financial resources, over two-thirds of organizations highlighted human resources – especially hiring quality staff and sustaining training. Some developed in-house programs to fill local skill gaps, such as training operating room instrument technicians. However, high turnover was a recurring challenge, with trained staff leaving for better opportunities. Leaders viewed retention measures, including competitive salaries and career development, as critical to embedding quality practices.

Crucially, nearly two-thirds of respondents (62%), noted that leadership buy-in was decisive in securing and sustaining these resources. Board approval, CEO commitment, and alignment across senior executives often shifted quality from a technical concern to a governance priority, unlocking protected funding and staffing.

If resources were limited, organizations pursued phased budgeting, external partnerships, and internal training, such as onboarding healthcare investors for initial funding or spreading accreditation costs across multiple budget cycles.

Ultimately, securing resources for quality is inseparable from hospital operations. What distinguishes quality-driven investment is the deliberate alignment of capital, human talent, infrastructure, and leadership toward safety and continuous improvement—the foundation of resilient quality programs.

Leader *Insights*

Leaders consistently emphasized the critical role of financial investment in driving quality initiatives. One stated, "Quality requires an investment CEOs must be ready to make (and don't look back)." Some noted substantial capital investments, such as new equipment, facility upgrades, and modernization efforts to enhance efficiency.

Human resource challenges were also widespread, with leaders detailing recruitment and training efforts: "We expanded the IT department from 6 to 16 programmers, blending internal hires and freelancers" and hiring dedicated quality managers and quality control teams was described as essential to meeting accreditation demands.

Upgrading infrastructure and technology emerged as a central theme. One executive summarized, "From the start, the clinic's infrastructure was designed for

quality, applying lean, patient-centered, and value-based principles. Real-time alerts guide clinicians to the right consult rooms, and patient flow is smooth and efficient." Others highlighted specific infrastructure upgrades: "We remodeled operating theaters and CSSD" and "created standardized rooms with high-quality equipment." Leaders shared examples such as implementing EMR systems to replace paper-based records, renovating operating theatres and support facilities to meet international standards, automating diagnostic processes ("Automated X-ray and Health Management Information Systems (HMIS) replaced manual processes, with 80% of transactions now online"), and optimizing patient flow and staff workspaces.

Strong leadership and governance support was fundamental to securing these resources. Leaders noted, "Board approval with ROI justification was critical," and "Leadership support and commitment ensure resources are available, including the right people."

When resources were unavailable, leaders described innovative strategies to overcome gaps. One recalled, "The founder had a dream but no funding; shareholders were onboarded to invest." Another explained, "We reinvest all benefits as a Non-Profit Association to help grow and expand equipment portfolios." Partnerships with funders like the Medical Credit Fund were also vital in securing loans for essential equipment.

These reflections highlight that beyond funding, successful quality programs rely on skilled personnel, modern infrastructure, and committed leadership driving sustained investment and innovation.

91%

OF ORGANIZATIONS IDENTIFIED FINANCIAL INVESTMENT AS ESSENTIAL.

2/3+

OVER TWO-THIRDS OF ORGANIZATIONS HIGHLIGHTED HUMAN RESOURCE.

62%

LEADERSHIP BUY-IN, CITED BY NEARLY TWO-THIRDS (62%) OF RESPONDENTS, WAS DECISIVE IN SECURING AND SUSTAINING THESE RESOURCES.

"Quality requires an investment CEOs must be ready to make."

"Leadership support and commitment ensure resources are available, including the right people."

Action Points

To secure the necessary support for quality initiatives, leaders can:

- ☐ Allocate sufficient human resource budgets to hire and retain dedicated quality personnel, ensuring the team has the capacity to implement and sustain quality programs effectively.
- ☐ Prioritize financial planning to secure ongoing investments in infrastructure, technology, and equipment aligned with quality goals.
- ☐ Engage leadership and governance early to build consensus and obtain approval for resource allocation based on clear return-on-investment justification.
- ☐ Implement phased budgeting and incremental investment approaches to manage resource constraints without delaying progress.
- ☐ Establish processes for continuous monitoring of resource availability to anticipate gaps and respond proactively.

4. Training and Capacity Building

Building a successful quality program depends heavily on equipping senior leaders with the necessary knowledge and skills in quality improvement. Training at the leadership level sets the tone at the top, signaling that quality is a strategic priority and empowering leaders to drive meaningful change. Healthcare executives equipped with education and training in quality and patient safety are better positioned to establishing a patient safety culture and drive meaningful, system-wide improvements.

Most organizations (82%) reported that their senior leaders participate in dedicated quality training, particularly in improvement methodologies and accreditation standards, emphasized by nearly three-quarters of respondents.

These programs often incorporate technical tools such as Lean, Six Sigma, and Kaizen, along with training on clinical governance, patient safety, and accreditation frameworks. Exposure to these methodologies helps leaders identify waste, improve efficiency, and promote standardized, high-quality care delivery across their organizations.

Yet effective leadership extends beyond technical training. Senior leaders also require personal and interpersonal competencies, such as strategic thinking, clear communication, collaboration, and the ability to inspire commitment to influence and mobilize others. When intentionally developed and applied, these capabilities enable leaders to set direction, translate vision into priorities, embed accountability in daily operations, and model the behaviors that foster a culture of quality and safety. In this way, competencies become operational rather than abstract, empowering leaders to drive progress and sustain high-quality, patient-centered care.

Many organizations also provide quality training for clinical and operational staff, as discussed under core functions of the quality department. Together with leadership development, these initiatives help ensure that quality principles are applied consistently through on-the-job training and in everyday care and routine operations.

Ultimately, training is not only about knowledge acquisition but also about engaging leaders regularly in quality discussions and activities. This reinforces their commitment and deepens their understanding of both the systemic challenges and strategic opportunities within their organizations. By prioritizing capacity building at the senior level, healthcare organizations ensure their leaders are not only advocates for quality but also skilled stewards of sustainable change.

Once the board has endorsed the quality program and foundational elements are in place, organizations typically follow a structured, phased timeline to implement the program effectively. A full illustrative timeline for establishing a quality program, including key milestones and stages, is provided in Annex A.

Research supports this approach. Effective Leadership for Quality Improvement in Health Care: A Practical Guide (URC, USAID ASSIST Project) underscores the need to cultivate both technical and interpersonal leadership competencies over time. Likewise, the NHS Improvement Leadership Framework identifies domains such as personal qualities, managing services, working with others, and setting strategic direction as central to building sustainable leadership capacity in healthcare.

Leader *Insights*

Many executives shared how structured training experiences helped shift their mindset and deepen their commitment to quality. Several highlighted the value of external programs, with one CEO noting that their team "participated in the Catalyst Academy and IHI programs," which provided a practical understanding of quality tools and fostered alignment across the executive suite. Others described sending staff to external diploma programs, workshops, and courses, or pursuing training themselves: "Our regional director attends workshops and courses in quality," "Our general director had some courses in quality," and "The executive director has multiple trainings in quality and patient safety." These external opportunities gave leaders broader exposure and helped them bring fresh ideas back into their organizations.

At the same time, some organizations built their own in-house training programs to institutionalize learning. As one executive explained, "We have an internal academy that provides training on clinical governance, quality leadership, and management. In addition, we send staff

to an external diploma program in clinical governance." This dual approach ensured both routine reinforcement of quality principles and access to advanced expertise.

Beyond formal training, several leaders stressed the value of engaging consistently in quality-related activities. As one executive put it, "The CEO sees quality as a way of life and actively participates in QI discussions." This kind of visible involvement sends a message throughout the organization that quality is not an isolated initiative – it's a leadership priority that shapes every aspect of hospital performance.

Action Points

To strengthen leadership capacity and ensure effective quality oversight, leaders can:

- ☐ Prioritize Executive Training in Quality: Provide senior leaders with formal training in quality improvement methodologies such as Lean, Six Sigma, Kaizen, and clinical governance frameworks to build shared understanding and technical capacity.
- ☐ Incorporate Accreditation Standards into Training: Ensure that training programs include modules on key accreditation frameworks – such as JCI, SafeCare, COHSASA or national accreditation – to align internal processes with international standards and regulatory requirements.
- ☐ Engage Leaders in Ongoing Quality Activities: Encourage leaders to actively participate in quality improvement discussions, leadership walk-rounds, committee meetings, and data reviews to stay connected with frontline efforts and improvement progress.
- ☐ Use Peer Learning to Build Momentum: Promote leadership development through peer-based learning opportunities such as executive workshops, retreats, or quality communities of practice to encourage cross-functional collaboration and shared ownership of quality goals.

82%

OF ORGANIZATIONS REPORTED THAT THEIR SENIOR LEADERS PARTICIPATE IN DEDICATED QUALITY TRAINING PROGRAMS.

~3/4

NEARLY THREE-QUARTERS OF RESPONDENTS EMPHASIZED THE IMPORTANCE OF TRAINING FOCUSED ON IMPROVEMENT METHODOLOGIES AND ACCREDITATION STANDARDS.

65%

A MAJORITY OF ORGANIZATIONS (65%) REPORTED THAT THEY FOLLOWED A CLEARLY STRUCTURED TIMELINE FOR SETTING UP A QUALITY PROGRAM.

"Participated in the Catalyst Academy and IHI programs."

"Our regional director attends workshops and courses in quality."

"We have an internal academy that provides training on clinical governance, quality leadership, and management. In addition, we send staff to an external diploma program in clinical governance."





Driving Excellence for Lasting Change

How do you sustain or keep going?

Sustaining a quality program requires more than policies – it demands consistent leadership, cultural reinforcement, and daily decisions that keep quality front-and-center. Senior healthcare leaders stressed that excellence must be driven daily from the top and embedded into organizational culture, leadership behaviors, and strategic planning.

They also highlighted ongoing engagement, effective data use, cultural role-modeling, continuous improvement, and alignment with strategic goals as essential drivers of long-term quality sustainability.

1. Leadership Presence and Commitment: Be There and Walk the Talk

Visible and consistent leadership is the cornerstone of sustained excellence in quality. Most (84%) senior leaders we interviewed emphasized their active involvement in daily quality routines – whether through Gemba walks, leadership rounding, or direct participation in Kaizen improvement sessions.

Gemba walks are structured visits by leaders to the actual place where work is being done – typically the clinical or service frontline. They allow executives to connect directly with staff, observe care delivery in real time, and spot problems or opportunities for improvement.

Kaizen is a method for achieving continuous improvement through small, team-driven changes. It fosters a culture where employees are encouraged to identify inefficiencies or risks and propose practical, incremental solutions.

These practices allow leaders to observe operations firsthand, listen to staff concerns, and intervene in real time to remove obstacles to quality. Other leaders emphasized regular engagement through structured weekly or monthly reports, or even instant messaging channels, underscoring that what mattered most was consistent and timely involvement in quality issues. These touchpoints are tangible demonstrations of leadership accountability and a visible signal to staff that quality is not a passing initiative; it is the organization's enduring priority.

The power of leadership presence lies in its ability to set expectations and build trust. Staff take cues from what leaders choose to prioritize, where they spend their time, and how they respond to frontline challenges. Regular engagement with clinical and support teams reinforces a shared sense of purpose and creates a feedback loop where issues can be identified and resolved quickly. In high-performing organizations, these practices are structured into weekly and monthly routines, ensuring that quality conversations are embedded into the rhythm of the organization.

However, visibility alone is not enough. True impact comes from the depth of leadership commitment. More than a third of executives explicitly stated that quality must be championed from the top – even when financial pressures, operational disruptions, or crises compete for attention. Leaders who consistently prioritize quality amidst competing demands send a powerful message: patient safety and care excellence are non-negotiable.

Modeling this commitment requires leaders to hold themselves accountable to the same standards they expect of others. They don't just talk about KPIs and compliance – they ask hard questions, invite honest feedback, and demonstrate a willingness to learn and adapt. One leader described this ethos as "breathing quality day by day," highlighting the importance of weekly feedback cycles that recognize success, address missteps, and keep improvement efforts on track.

Moreover, committed leadership creates a culture where quality is everyone's business. Staff feel empowered to speak up, propose ideas, and own outcomes because they see their leaders doing the same. When senior leaders are consistently present, responsive, and values-driven, they don't just oversee quality – they shape it, sustain it, and inspire it throughout the organization.

Research supports that leadership presence also drives momentum. As noted in *Effective Leadership for Quality Improvement in Health Care: A Practical Guide* (URC, 2019), leaders generate the energy, teamwork, and ownership needed to sustain quality initiatives. Similarly, the Care Quality Commission emphasizes that effective leadership develops a culture where staff are engaged, empowered, and enabled to deliver improvements with the greatest impact at the frontline (*Quality Improvement in Hospital Trusts*, CQC, 2018)

Leader *Insights*

Leaders emphasized that being visibly present in frontline settings is more than just a symbolic act – it's a vital expression of commitment to quality. Many described the discipline of conducting Gemba walks "same day, same way, same time," explaining how this routine not only helps organize their day but also visibly demonstrates their dedication. This regular presence allows leaders to

observe firsthand what is working well and to address issues immediately, reinforcing expectations and building trust with staff.

However, visibility must be paired with genuine commitment. As one leader put it, "Walk the talk. Quality should be delivered at the little places, not just at the top level – let people see you." Another emphasized the importance of consistent action, stating, "Get involved with actions, as actions are felt and understood." Leaders also pointed to decisiveness as critical, with one CEO explaining, "As CEO, you have to make decisions quickly so that your staff can feel inspired that you took action."

This ethos was summed up by another executive who noted, "Start from yourself – you have to be very convinced, and it's non-negotiable." Leaders model accountability, responsiveness, and a continuous learning mindset, actively providing feedback. As one leader shared, "We breathe quality day by day. I provide weekly feedback – positive and negative – to keep us on course."

Action Points

To enhance leadership presence and demonstrate unwavering commitment to quality, leaders can:

- ☐ Schedule Regular Leadership Walkarounds: Establish structured and consistent leadership walk-rounds at set times to ensure visible, ongoing engagement with frontline teams and quality activities.
- ☐ Leverage Walkarounds for Mentorship and Problem-Solving: Use these leadership visits not only to observe but to mentor staff, address issues promptly, and provide hands-on support for quality improvements.
- ☐ Cultivate a Fair Culture: Promote an environment where errors are treated as learning opportunities rather than grounds for punishment, encouraging open dialogue and continuous improvement.
- ☐ Maintain Continuous Feedback Loops: Implement regular, balanced feedback mechanisms – both positive and corrective – to keep teams informed, motivated, and aligned with quality objectives.

84%

MOST (84%) SENIOR LEADERS EMPHASIZED THEIR ACTIVE INVOLVEMENT IN DAILY QUALITY ROUTINES.

1/3+

MORE THAN A THIRD OF EXECUTIVES EXPLICITLY STATED THAT QUALITY MUST BE CHAMPIONED FROM THE TOP.

"Walk the talk. Quality should be delivered at the little places, not just at the top level – let people see you."

"Get involved with actions, as actions are felt and understood."

"Start from yourself – you have to be very convinced, and it's non-negotiable."

2. Data-Driven Decision Making: Use Your Data

All leaders (100%) reported using data as a central tool for decision-making in quality programs Reliable, real-time data is central to sustaining a high-performing quality program. Around three-quarters (75%) of healthcare leaders highlighted the use of dashboards, outcome indicators, safety checklists, and incident reports as essential parts of their day-to-day leadership rhythm. These tools are not just for retrospective analysis – they are used actively to manage risk, track progress, and support frontline teams in real time.

When integrated into daily routines, data transforms from static reports into dynamic tools that drive action and decision-making. Many institutions have moved beyond traditional monthly reporting cycles to incorporate daily and weekly reviews of key performance indicators (KPIs). These include rates of hospital-acquired infections, patient falls, surgical outcomes, medication errors, patient satisfaction scores, and hand hygiene compliance. By regularly reviewing these indicators, leaders can spot early warning signs and respond before issues escalate into harm. Staffing adjustments, targeted training, or focused audits can be deployed quickly in response to concerning patterns.

Incident reporting is another vital source of data for continuous improvement. Even in high-performing organizations, system failures occur. When staff report problems – not as grounds for blame but as starting points for learning – incident data drives system change. Leaders frame failures as opportunities for improvement, enabling organizations to learn and adapt quickly.

This consistent use of timely data – through both KPIs, including clinical outcomes, and incident reports – turns information into a tool for continuous learning rather than a compliance burden. Several executives noted that sharing performance data during departmental and leadership meetings promotes a culture of transparency and shared accountability. Instead of being siloed within quality departments or senior leadership, performance data is openly shared, visible, and directly relevant to the staff who influence it. Sharing performance data transparently across teams and leadership helps transform data from static reports into actionable insights. Open dashboards and real-time metrics encourage ownership and collaborative problem-solving, making data a living tool for continuous improvement.

Integrating data into the everyday language of leadership helps reinforce focus, clarify priorities, and drive alignment across departments. When units consistently see how their work impacts broader organizational goals – and are supported in making improvements – they become more invested in the outcomes.

In this way, data becomes not only a reflection of performance but also a catalyst for improvement. It anchors quality conversations in facts, guides resource allocation, and supports real-time course correction. Leaders who prioritize data in this way foster an environment where accountability is clear, improvements are measurable, and success is sustained.



Leader *Insights*

Leaders highlighted the critical role that timely and accurate data plays in sustaining quality. Daily quality reports from multiple clinical areas – such as outpatient departments, emergency rooms, and inpatient units – enable leaders to detect issues early and take swift corrective action. One leader explained, "I receive daily quality reports from each area – OPD, ER, inpatients – and take immediate action if something's not right." One leader described this proactive posture by saying, "We don't wait for quarterly reports – we intervene based on weekly trends."

Beyond daily monitoring, formal review processes are embedded into leadership routines, with weekly meetings involving the senior leaders and the quality department to analyze trends and guide strategy. As another leader shared, "We review formal reports weekly with the CMO and quality department as part of our leadership rhythm."

The availability of a robust data system that measures outcomes accurately was seen as essential. Leaders stressed that relying on evidence rather than assumptions allows for real-time, informed decision-making, improving responsiveness and accountability. "Having a robust data system and measuring outcomes enables real-time, data-driven decision-making rather than relying on assumptions," one executive noted. Another added, "We use our dashboards in every meeting. It helps teams take ownership of the numbers and work toward solutions together."

Action Points

To improve data-driven decision-making and ensure timely, informed actions, leaders can:

- ☐ Develop Robust Reporting Systems: Implement processes to generate timely, accurate daily or weekly quality reports across all relevant departments to ensure comprehensive oversight.
- ☐ Integrate Data Review into Leadership Routines: Make the examination of quality data a regular agenda item in leadership and operational meetings to guide evidence-based decisions.
- ☐ Invest in Advanced Analytics Tools: Adopt technology solutions that enable effective visualization of trends and facilitate real-time decision-making to proactively address quality challenges.

100%

ALL LEADERS REPORTED USING DATA AS A CENTRAL TOOL FOR DECISION-MAKING.

~75%

AROUND THREE-QUARTERS (75%) OF HEALTHCARE LEADERS HIGHLIGHTED THE USE OF DASHBOARDS, OUTCOME INDICATORS, SAFETY CHECKLISTS, AND INCIDENT REPORTS.

"We don't wait for quarterly reports – we intervene based on weekly trends."

"We review formal reports weekly with the CMO and quality department as part of our leadership rhythm."

"Having a robust data system and measuring outcomes enables real-time, data-driven decision-making rather than relying on assumptions."

"We use our dashboards in every meeting. It helps teams take ownership of the numbers and work toward solutions together."

3. Embedding Quality Through People and Culture

In 1999, the Institute of Medicine's "To Err is Human" report revealed that nearly 98,000 hospitalized patients in the United States die annually from medical errors. Rather than blaming individuals, it identified flawed systems as the root cause and called for a nationwide culture of safety. The report also sought to unite providers, leaders, regulators, and patients in working together to create safer systems and improve healthcare quality. This call to embed safety into healthcare organizations laid the foundation for cultural shifts leaders now view as essential to lasting quality improvement.

Sustaining meaningful improvements in healthcare requires more than protocols and metrics; it demands a deeply rooted culture where quality is embraced as a shared responsibility. Leaders across a wide range of healthcare organizations consistently emphasized that quality cannot be the domain of a single department – it must permeate every corner of the organization. In our study, nearly eight in ten executives identified staff engagement as a critical driver of their quality journey. They highlighted that building true ownership among teams required more than clear communication – it demanded a cultural shift in how quality is integrated into everyday healthcare practice.

At the core of this shift is the belief that every team member, regardless of role, has the power to influence outcomes. From nurses and physicians to porters and administrative staff, when people are trusted to make decisions, solve problems, and take initiative, quality becomes embedded in daily routines rather than something added on top.

Nearly one-third of leaders noted that giving staff autonomy and holding them accountable for quality goals led to higher performance, faster problem detection, and more sustained improvements. Integrating quality-related key performance indicators (KPIs) into staff performance appraisals further reinforces this accountability, allowing organizations to monitor contributions to quality initiatives, recognize achievements, and encourage continuous improvement as part of daily practice. Empowered teams not only comply with safety protocols – they improve them, flag emerging risks, and adapt proactively.

Embedding quality into the organization's DNA also means that it becomes a lens for all strategic decisions. More than half of leaders (58%) reported that quality was considered in everything from clinic expansion plans to staffing models and budgeting. It wasn't just about compliance or patient metrics – it was about shaping the organization's entire operating philosophy.

For these organizations, quality isn't a temporary initiative or a response to accreditation; it's a way of doing business that informs how care is delivered, how resources are allocated, and how success is defined. External evidence also shows that organizations with cultures that encourage innovation and flexibility are better able to sustain quality improvement, while those that align education, leadership, and resources with cultural change see more durable results.

This cultural integration also supports long-term adaptability and resilience. Leaders described environments where mistakes are not hidden or punished but used as opportunities for team-wide learning. This psychological safety – where people feel confident to speak up, question practices, and learn from missteps – is a vital precondition for continuous improvement. In such cultures, quality doesn't end after achieving a goal or meeting a standard. It becomes a continuous process of reflection, refinement, and responsiveness to both patient needs and system challenges.

Ultimately, embedding quality through people and culture transforms how organizations respond to challenges and deliver care. It empowers teams, aligns purpose across departments, and ensures that improvement efforts are sustained long after initial enthusiasm fades. By turning quality into a shared language and daily habit, healthcare organizations position themselves not just to meet standards – but to exceed them.

Research supports that culture is central to lasting improvement. Innovative and flexible cultures strengthen quality outcomes (Ababaneh, 2010), while culture change succeeds when supported by leadership, education, and resources (Braithwaite et al., 2017). Leadership behaviors and supportive cultures directly improve both quality and patient satisfaction (Wong, Cummings, & Ducharme, 2020; Al-Borie & Damanhouri, 2020). Findings from the Care Quality Commission (2018) also show that engagement and empowerment are critical to embedding quality as routine practice.

Leader *Insights*

Leaders described a highly visible, hands-on approach to modeling quality values across their organizations. Many personally attend weekly huddles in each clinic, using these as touchpoints to surface obstacles and drive rapid improvement. One executive noted how they stay responsive by combining regular in-person collaboration with digital tools: "I attend weekly improvement huddles in each clinic and check our Asana (an online project management tool) board to unblock issues quickly."

Real-time communication was emphasized as critical to responsiveness. Many executives remain active in instant messaging groups – whether corporate chat platforms or widely used secure messaging platforms – where teams share updates, flag urgent patient complaints, and request immediate support. As one leader explained, "I'm on all the Chat groups. That's where real-time decisions happen – patient complaints, quick updates, support.

Empowering staff is a common theme. Leaders stressed that quality should not be siloed. One executive remarked that "Quality should not be left to just one department – it must permeate all levels of the institution." Another added, "Empower teams and give them autonomy related to quality decisions. When responsible, they perform better." When staff see that their efforts result in real change, it reinforces engagement: "Visible improvements motivate staff to contribute and maintain gains," a CEO reflected.

Beyond operational practices, executives emphasized the cultural shift required to truly embed quality. "Sustainability comes from an environment where people are not afraid to fail but learn and improve," one leader said. Regular town halls, peer recognition programs, and open forums were cited as vital platforms to celebrate successes, reflect on challenges, and connect quality efforts back to patient and staff satisfaction.

This commitment to fostering a fair-blame culture must be evident, with one executive stating, "I lead a fair-blame culture and tie it to continuous training and development." A fair-blame culture is a workplace approach where mistakes are treated as learning opportunities, not reasons for punishment – unless someone acted recklessly or on purpose. It encourages people to speak up about problems so the organization can improve and keep patients safe. By embodying these values consistently, leaders create a culture where quality is a lived experience, not just a stated priority.



~8/10

NEARLY EIGHT IN TEN EXECUTIVES IDENTIFIED STAFF ENGAGEMENT AS A CRITICAL DRIVER OF THEIR QUALITY JOURNEY.

58%

MORE THAN HALF (58%) OF LEADERS REPORTED THAT QUALITY WAS CONSIDERED IN EVERYTHING FROM CLINIC EXPANSION PLANS TO STAFFING MODELS AND BUDGETING.

"I attend weekly improvement huddles in each clinic and check our Asana (an online project management tool) board to unblock issues quickly."

"Quality should not be left to just one department – it must permeate all levels of the institution."

"Empower teams and give them autonomy related to quality decisions. When responsible, they perform better."

"Sustainability comes from an environment where people are not afraid to fail but learn and improve."

Action Points

To embed quality into the organization's culture and daily operations, leaders can:

- ☐ Empower Staff with Autonomy and Accountability: Delegate ownership of quality goals to frontline teams, enabling them to make decisions, solve problems, and implement improvements at their level.
- ☐ Link Quality to Performance Appraisals: Use quality-related KPIs to evaluate staff involvement in quality initiatives, support accountability, and recognize achievements.
- ☐ Foster Psychological Safety: Create an environment where staff feel safe to report issues and share ideas without fear of blame, supporting open dialogue and learning from mistakes.
- ☐ Integrate Quality into Strategic and Operational Decisions: Make quality a lens for decision-making in areas like budgeting, staffing, and service planning – not just clinical processes.
- ☐ Recognize and Celebrate Improvement Efforts: Publicly acknowledge individual and team contributions to quality, reinforcing shared responsibility and sustaining engagement.
- ☐ Promote Quality as a Shared Organizational Language: Consistently communicate that quality is a collective mindset and behavior standard – not a separate department or temporary initiative.

4. Sustaining Quality Through Strategic Alignment

All leaders (100%) reported that quality is explicitly integrated in their strategic direction. For about two-thirds (65%), this appears as a formal pillar or goal within multi-year strategic plans, often tied to board oversight, policy requirements, or service excellence frameworks. The remaining third described quality as transcending written strategies, characterizing it as the foundation of organizational survival.

Sustaining quality depends on keeping it aligned with broader and evolving goals. Alignment ensures quality is not sidelined during leadership transitions, shifting external pressures, or competing internal demands. When quality is consistently linked to objectives such as financial performance, patient satisfaction, workforce engagement, and sustainability, it remains central to how the organization defines success.

Alignment is an ongoing process of creating coherence between internal priorities and the external environment. It requires strategies, systems, culture, resources, and leadership to move in the same direction. In healthcare, quality initiatives must reflect internal goals while adapting to external influences such as policy reforms, reimbursement changes, patient expectations, technology, and regulatory requirements.

Effective alignment involves both structural elements: governance systems, performance monitoring, and defined roles, and social elements: leadership engagement, culture, and team relationships. When these reinforce one another, improvement efforts are more likely to endure. Durability comes from integrating quality goals into everyday routines, so they are not treated as isolated projects but as part of how the organization functions.

Alignment is not a one-time exercise; it requires regular review and recalibration. As market dynamics shift, new data emerges, or challenges arise, leaders must reassess how quality goals map to strategic priorities. This may involve adjusting improvement initiatives, reallocating resources, or redefining metrics. In this way, strategic alignment becomes a living mechanism that protects the quality program from stagnation and keeps it responsive to real-world conditions. Sustaining quality means keeping it in step with organizational direction – flexible enough to evolve yet grounded enough to stay focused.

Embedding quality into decision-making, performance reviews, budgeting, and planning further strengthens alignment. When quality becomes a lens through which all major initiatives are evaluated, organizations are more likely to preserve and scale improvements over time. Integrating this mindset into performance dashboards, incentive frameworks, and executive agendas ensures quality is strategically important in theory and operationally relevant in practice.

Leader *Insights*

Leaders consistently emphasized that sustaining quality over time requires it to remain fully aligned with the organization's broader strategy – not treated as a separate or temporary initiative. One executive explained, "Quality is not a separate initiative; it must be aligned with everything else the organization is doing." This sustained integration ensures that quality efforts continue to support long-term institutional goals, even as circumstances evolve. When quality is woven into operational and strategic decision-making, it becomes resilient, maintaining relevance and priority well beyond the initial implementation phase.

At the same time, leaders emphasized ongoing improvement. One explained, "Maintaining changes means a dynamic portfolio – constantly improving." Another reinforced this by noting that "every year, all projects underway must be linked to these general objectives." This approach ensures that quality initiatives remain active, responsive, and continuously aligned with organizational priorities.

A critical factor in this long-term alignment is board-level sponsorship. Leaders stressed that visible and ongoing board engagement is essential to maintain momentum. Without this high-level support, quality programs risk losing the resources, authority, and visibility they need to survive organizational shifts. As one leader put it, "Board support is critical to give quality the visibility and resources it needs."

Many executives also noted that viewing quality as a core part of the business strategy – not just a compliance or clinical concern – helps preserve its relevance over time. "Quality improvements are part of the broader strategy for success – it's a business strategy, not just healthcare," explained a senior executive. This mindset positions quality as a driver of performance, sustainability, and long-term viability, ensuring that it remains central to how the organization measures success. As one leader explained: "Quality is not part of our strategy – it is our strategy."

100%

ALL LEADERS REPORTED THAT QUALITY IS EXPLICITLY INTEGRATED INTO THEIR STRATEGIC DIRECTION.

65%

FOR ABOUT TWO-THIRDS (65%), THIS APPEARS AS A FORMAL PILLAR OR GOAL WITHIN MULTI-YEAR STRATEGIC PLANS.



"Quality is not a separate initiative; it must be aligned with everything else the organization is doing."

"Board support is critical to give quality the visibility and resources it needs."

"Quality improvements are part of the broader strategy for success – it's a business strategy, not just healthcare."

"Quality is not part of our strategy – it is our strategy."

Action Points

To sustain quality over the long term, leaders can focus on aligning quality initiatives with organizational strategy by:

- ☐ Embed Quality into Strategic Goals and Daily Operations: Ensure quality improvement is integrated not only into high-level strategic objectives but also into routine decision-making, budgeting, performance reviews, and operational planning to keep it relevant and actionable.
- ☐ Foster Continuous, Participatory Priority Setting: Regularly review and refresh quality priorities through a cyclical, inclusive process that engages leadership, frontline staff, and stakeholders – allowing the program to adapt to evolving internal needs and external pressures.
- ☐ Coordinate Structural and Social Elements: Align systems, processes, roles, culture, leadership behaviors, and relationships to create a unified organizational environment that supports and sustains quality initiatives at every level.
- ☐ Engage Leadership and Governance for Sustained Oversight: Maintain active involvement of senior leaders and boards in quality governance to ensure accountability, resource allocation, and alignment with organizational strategy over time.
- ☐ Use Data and Feedback for Adaptive Alignment: Leverage timely data, evaluation results, and stakeholder feedback to continuously recalibrate quality goals, initiatives, and success metrics in line with shifting strategic priorities and emerging challenges.



Conclusion

Healthcare organizations embarking on quality programs face a complex and dynamic landscape. Success depends on intentionally linking purpose, foundational structures, and sustained operational excellence to achieve meaningful improvements in patient care and organizational performance. Drawing on structured interviews with 21 senior leaders from high-performing private hospitals across 13 countries in Africa, Asia, and Latin America, this study highlighted how leaders approach these interconnected dimensions – not as isolated stages, but as overlapping efforts that unfold in parallel throughout an organization's quality journey. These are not hypothetical good practices; they are the patterns observed in facilities that have already built and sustained robust quality programs in low- and middle-income settings.

Defining Purpose

The starting point for many leaders is anchoring quality programs in mission and vision, ensuring that initiatives are inseparable from the organization's strategic goals. Across the 21 organizations studied, clarity of purpose consistently fostered a strong emphasis on enhancing patient care and safety, while also strengthening reputation, equity, and competitive positioning. Leaders further recognized the importance of standardization and scalability, using consistent practices across networks to deliver reliable outcomes while maintaining adaptability for diverse care environments. The convergence of these experiences across multiple countries suggests that explicitly defining quality as part of the organization's value proposition – to patients, payers, and investors – is a common feature of high-performing private providers in emerging markets.

Laying Foundations

Defining purpose naturally interweaves with the work of building solid foundations. Leaders emphasized that articulating vision is only meaningful if it is supported by structures, resources, and capabilities that bring it to life. In the hospitals included in this study, this translated into establishing a quality governance structure, clarifying departmental functions, and embedding accountability into reporting lines. Securing resources and investing in training and capacity building equip teams with the expertise to act on strategic intent. Leaders also described the evolution of these foundations as a staged, yet flexible process, where timelines guide implementation while leaving room for adaptation to context and readiness. Taken together, these empirical findings show that robust governance, data systems, and dedicated capacity are not aspirational ideals but concrete organizational features that distinguish high-performing facilities in LMICs.

Driving Excellence

Purpose and foundations must be continuously reinforced through leadership presence and operational discipline. Leaders highlighted how daily visibility, authentic engagement with frontline teams, and modeling values translate strategy into lived practice. At the same time, data-driven decision making plays a central role, with leaders using real-time insights not only to measure progress but also to anticipate risks and adapt proactively. Embedding quality through people and culture ensures shared ownership and psychological safety, while aligning initiatives with strategy sustains momentum and protects gains despite external pressures. These recurring patterns across diverse organizations indicate that visible, data-informed leadership and a learning culture are defining characteristics of hospitals that have successfully moved from episodic projects to sustained excellence.

Taken together, these dimensions illustrate a balanced, evidence-based framework for quality – one that is strategic, structural, and cultural at once. Because the framework is grounded in what 21 senior leaders are actually doing in high-performing private sector facilities across 13 countries, it offers more than a set of generic recommendations: it provides a practical roadmap derived from real-world experience in resource-constrained, competitive environments. By linking purpose, foundations, and operational excellence in overlapping and reinforcing ways, organizations create quality programs that are resilient rather than fragile, adaptable rather than static.

Ultimately, the quality journey is ever-evolving. What works today may not meet the needs of tomorrow. As organizations grow and their environments shift, their quality structures and strategies must adapt, be continuously reviewed, and stay aligned with emerging priorities. The experiences synthesized in this study suggest that leaders who embrace this dynamic interplay are best positioned to achieve lasting improvements in care, organizational performance, and long-term sustainability.

Annex



Annex A: Timeline for Setting Up a Quality Program

This annex provides an illustrative timeline for implementing a quality program once the board has endorsed it and foundational elements are in place. The phased timeline allows leadership to build momentum, align teams, and ensure sustained progress toward accreditation and continuous improvement. It serves as a practical guide that can be adapted to the specific pace and priorities of each organization. Most organizations (65%) reported that they followed a clearly structured timeline with defined milestones – starting from leadership setup through to accreditation. This disciplined approach ensured that foundational components were implemented in sequence and aligned with strategic goals. Furthermore, over half of organizations (58%) emphasized the critical importance of continuous monitoring and ongoing improvement after the initial implementation phase to sustain progress and embed a culture of quality.

Key Stages and Suggested Timeline:

0-3 MONTHS

Establish Leadership and Committees

Set up the core quality management team and define reporting structures. Establish committees such as the Quality Committee and Medical Advisory Council, and clarify senior leadership roles to secure buy-in. One leader noted how they "established committees and defined roles for senior leaders, ensuring full buy-in" early in the process.

3–6 MONTHS

Define Quality Metrics and Tools

Develop key quality indicators (KPIs) and implement monitoring tools, such as dashboards and audit cycles. Departments should regularly present and track their performance to maintain transparency and accountability. Initial quality improvement and safety training for senior leaders and department heads should also occur. As another leader explained, "departments present their quality indicators and track their performance regularly," highlighting the importance of transparent monitoring.

6–12 MONTHS

Initiate External Evaluation Processes

Select a healthcare-specific quality assurance framework, using national standards if available or international standards where appropriate. Ensure clinical governance frameworks are fully in place. Early engagement with external evaluators supports accountability and aligns efforts with strategic goals. One executive noted, "engaging with external auditors kept us focused on achieving standards," underscoring the role of external validation.

12+ MONTHS

Continuous Improvement and Sustainability

Evaluate the quality program's effectiveness, refine processes, and sustain standards across the organization. Ongoing training and regular performance reviews help embed a culture of continuous improvement. A leader shared, "ongoing training and bi-monthly reviews help maintain momentum," illustrating the importance of sustained efforts.

Annex B: Action Points

Defining Purpose:
Why Healthcare Organizations Start Quality Programs

1. ACTION POINTS

Mission & Vision Alignment Fueled by Leadership Values

To ensure that quality improvement efforts are both strategically aligned and authentically led, senior leaders can take the following actions:

- ☐ Articulate and communicate a clear, compelling vision for quality that aligns with the organization's core mission and values.
- ☐ Embed quality goals into strategic plans, annual KPIs, and performance reviews to signal their centrality to the organization's success.
- ☐ Use mission-aligned messaging to build buy-in across the organization – clearly link clinical quality to the organization's broader purpose.
- ☐ Reflect and audit how current operations and practices align with the founding mission – and make changes where disconnects exist.
- ☐ Share your personal "why" for quality improvement, where appropriate. Authentic stories of lived experience can inspire trust, connection, and culture change.
- ☐ Ensure visible commitment from senior leadership and the board – leaders must actively and consistently champion quality as a top priority.
- ☐ Invest in leadership development programs that equip leaders with both quality improvement skills and the ability to lead with values and empathy.

2: ACTION POINTS

Enhancing Patient Care and Safety

To inspire the initiation of quality efforts aimed at enhancing patient care and safety, leaders can:

- ☐ Share compelling data on patient outcomes and safety issues to highlight the need for improvement and create a sense of urgency.
- ☐ Encourage leaders to share their personal commitment to patient safety, which can motivate and engage teams authentically.
- ☐ Facilitate conversations that connect clinical quality goals with everyday patient experiences, making quality meaningful and relevant to staff.
- ☐ Embed quality related goals in individual performance objectives and KPIs.
- ☐ Recognize and celebrate role models – both clinical and non-clinical staff – who demonstrate excellence in patient care and safety, reinforcing desired behaviors and inspiring others to follow their example.

3: ACTION POINTS

Standardization & Scalability Across Networks

To drive effective standardization and scalability of quality initiatives, leaders can:

- ☐ Define the role of standardization in your quality strategy: Clarify how consistent practices across sites support your organization's broader goals for safety, equity, and reliability in care.
- ☐ Identify high-impact areas for early standardization: Focus on foundational processes – such as key clinical pathways, surgical safety protocols, or medication administration – that influence patient outcomes across locations.
- ☐ Establish guiding principles for scalable practices: Ensure that quality initiatives are designed to be adaptable across diverse settings while maintaining alignment with evidence-based standards.
- ☐ Establish a central quality governance team to drive alignment across locations: Provide oversight, ensure accountability, and facilitate communication among sites. Periodically audit compliance with adopted standard practices and implement corrective actions as needed to maintain consistency and drive scalable improvement.

4: ACTION POINTS

Building Reputation and Strategic Positioning Through Quality

To advance the organization's reputation and strategic position, leaders can:

- ☐ Emphasize external evaluation and recognition to demonstrate your organization's commitment to excellence and continuous improvement.

- ☐ Select standards or accreditation bodies that align with your organization's maturity, values, and long-term goals.
- ☐ Leverage quality achievements - through accreditation or other forms of external validation – as authentic signals to attract patients, staff, and partners.
- ☐ Integrate messaging about quality and external evaluation into your branding and external communications, emphasizing the organization's commitment to high-quality care.
- ☐ Position your brand as a promise of value: Align messaging, decisions, and behaviors around the delivery of high-quality care.
- ☐ Build a culture that values external validation as part of ongoing learning and organizational growth.
- ☐ Combine external evaluation efforts with leadership engagement to reinforce quality as a core organizational priority.

PRACTICAL RESOURCES:

- Examples of Quality and Patient-Safety Goals for Hospital Strategies
- Policy on Policies
- WHO Safe surgery: Tools and Resources
- WHO Starter Kit for Surgical Checklist Implementation

Laying Foundations:
What Do You Need to Get started?

1: ACTION POINTS

Establishing the Quality Structure

To establish a strong foundation for quality management, leaders can:

- ☐ Establish Clear Leadership Alignment: Create a formal reporting line from the quality team to the CEO, COO, or board to ensure quality is prioritized at the highest levels of decision-making.
- ☐ Build Dedicated Quality Teams: Appoint trained quality officers at each facility and support them with cross-functional teams, including quality champions, experts in safety, infection prevention, and performance improvement.
- ☐ Create Multi-level Quality Committees: Set up Quality Councils, Medical Advisory Committees, and M&M Committees at both group and facility levels to review data, address issues, and ensure continuous monitoring.
- ☐ Ensure Governance and Accountability: Define roles, meeting frequencies, and decision-making processes for each quality-related committee. Align these with the organization's strategic goals and oversight structures.
- ☐ Embed Quality into Operations: Make quality a core operational priority – not a parallel process. Integrate committee activities and team responsibilities into routine clinical and administrative workflows.

2: ACTION POINTS

Defining Core Functions of the Quality Department

To effectively define and manage essential quality department activities, leaders can:

- ☐ Clarify Quality Department Scope: Define core responsibilities to include clinical governance, accreditation management, and data management system setup.
- ☐ Develop Clinical Governance Framework: Establish processes focusing on clinical safety, risk management, and patient experience that align with organizational and regulatory standards.
- ☐ Set Up a Data Management System: Develop and implement a system that includes selecting key performance indicators (KPIs), defining KPI profiles, establishing data collection and validation processes, and setting up reporting mechanisms.
- ☐ Establish Cross-Department Collaboration: Define collaboration with clinical, nursing, IT, and operational teams as a fundamental role of the quality department. Build formal communication channels and joint governance mechanisms to ensure quality initiatives are integrated seamlessly across all departments and workflows.
- ☐ Implement Incident Management: Establish formal processes for reporting, investigating, and addressing clinical incidents and performance deviations. Ensure corrective and preventive actions are monitored, outcomes are tracked, and lessons learned are integrated into continuous quality improvement efforts.

3: ACTION POINTS

Securing Essential Resources

To secure the necessary support for quality initiatives, leaders can:

- ☐ Allocate sufficient human resource budgets to hire and retain dedicated quality personnel, ensuring the team has the capacity to implement and sustain quality programs effectively.
- ☐ Prioritize financial planning to secure ongoing investments in infrastructure, technology, and equipment aligned with quality goals.
- ☐ Engage leadership and governance early to build consensus and obtain approval for resource allocation based on clear return-on-investment justification.
- ☐ Implement phased budgeting and incremental investment approaches to manage resource constraints without delaying progress.
- ☐ Establish processes for continuous monitoring of resource availability to anticipate gaps and respond proactively.

4: ACTION POINTS

Training and Capacity Building

To strengthen leadership capacity and ensure effective quality oversight, leaders can:

- ☐ Prioritize Executive Training in Quality: Provide senior leaders with formal training in quality improvement methodologies such as Lean, Six Sigma, Kaizen, and clinical governance frameworks to build shared understanding and technical capacity.
- ☐ Incorporate Accreditation Standards into Training: Ensure that training programs include modules on key accreditation frameworks – such as JCI, SafeCare, COHSASA or national accreditation, in order to align internal processes with international standards and regulatory requirements.
- ☐ Engage Leaders in Ongoing Quality Activities: Encourage leaders to actively participate in quality improvement discussions, leadership walk-rounds, committee meetings, and data reviews to stay connected with frontline efforts and improvement progress.
- ☐ Use Peer Learning to Build Momentum: Promote leadership development through peer-based learning opportunities such as executive workshops, retreats, or quality communities of practice to encourage cross-functional collaboration and shared ownership of quality goals.

PRACTICAL RESOURCES:

- Sample Agenda for Quality and Safety Executive Committee Meeting
- Sample Quality Management Organograms
- Organizing a Quality and Patient Safety Department in a Hospital - A Guide for Hospital Leaders
- Scope of Services
- Quality Champion Role Description Template
- NHS: Quality Committee Terms of Reference
- AHA
- Canberra Health Services Guideline, Morbidity and Mortality Committees
- Quality and Patient Safety Trainings (IFC e-learning modules)
- Education Framework

Driving Excellence
How Do You Sustain or Keep Going?

1: ACTION POINTS

Leadership Presence and Commitment: Be There and Walk the Talk

To enhance leadership presence and demonstrate unwavering commitment to quality, leaders can:

- ☐ Schedule Regular Leadership Walkarounds: Establish structured and consistent leadership walk-rounds at set times to ensure visible, ongoing engagement with frontline teams and quality activities.
- ☐ Leverage Walkarounds for Mentorship and Problem-Solving: Use these leadership visits not only to observe but to mentor staff, address issues promptly, and provide hands-on support for quality improvements.
- ☐ Cultivate a Fair-Blame Culture: Promote an environment where errors are treated as learning opportunities rather than grounds for punishment, encouraging open dialogue and continuous improvement.
- ☐ Maintain Continuous Feedback Loops: Implement regular, balanced feedback mechanisms – both positive and corrective – to keep teams informed, motivated, and aligned with quality objectives.

2: ACTION POINTS

Data-Driven Decision Making: Use Your Data

To improve data-driven decision-making and ensure timely, informed actions, leaders can:

- ☐ Develop Robust Reporting Systems: Implement processes to generate timely, accurate daily or weekly quality reports across all relevant departments to ensure comprehensive oversight.
- ☐ Integrate Data Review into Leadership Routines: Make the examination of quality data a regular agenda item in leadership and operational meetings to guide evidence-based decisions.
- ☐ Invest in Advanced Analytics Tools: Adopt technology solutions that enable effective visualization of trends and facilitate real-time decision-making to proactively address quality challenges.

3: ACTION POINTS

Embedding Quality Through People and Culture

To embed quality into the organization's culture and daily operations, leaders can:

- ☐ Empower Staff with Autonomy and Accountability: Delegate ownership of quality goals to frontline teams, enabling them to make decisions, solve problems, and implement improvements at their level.
- ☐ Link Quality to Performance Appraisals: Use quality-related KPIs to evaluate staff involvement in quality initiatives, support accountability, and recognize achievements.
- ☐ Foster Psychological Safety: Create an environment where staff feel safe to report issues and share ideas without fear of blame, supporting open dialogue and learning from mistakes.
- ☐ Integrate Quality into Strategic and Operational Decisions: Make quality a lens for decision-making in areas like budgeting, staffing, and service planning – not just clinical processes.
- ☐ Recognize and Celebrate Improvement Efforts: Publicly acknowledge individual and team contributions to quality, reinforcing shared responsibility and sustaining engagement.
- ☐ Promote Quality as a Shared Organizational Language: Consistently communicate that quality is a collective mindset and behavior standard – not a separate department or temporary initiative.

4: ACTION POINTS

Sustaining Quality Through Strategic Alignment

To sustain quality over the long term, leaders can focus on aligning quality initiatives with organizational strategy by:

- ☐ Embed Quality into Strategic Goals and Daily Operations: Ensure quality improvement is integrated not only into high-level strategic objectives but also into routine decision-making, budgeting, performance reviews, and operational planning to keep it relevant and actionable.
- ☐ Foster Continuous, Participatory Priority Setting: Regularly review and refresh quality priorities through a cyclical, inclusive process that engages leadership, frontline staff, and stakeholders – allowing the program to adapt to evolving internal needs and external pressures.
- ☐ Coordinate Structural and Social Elements: Align systems, processes, roles, culture, leadership behaviors, and relationships to create a unified organizational environment that supports and sustains quality initiatives at every level.
- ☐ Engage Leadership and Governance for Sustained Oversight: Maintain active involvement of senior leaders and boards in quality governance to ensure accountability, resource allocation, and alignment with organizational strategy over time.
- ☐ Use Data and Feedback for Adaptive Alignment: Leverage timely data, evaluation results, and stakeholder feedback to continuously recalibrate quality goals, initiatives, and success metrics in line with shifting strategic priorities and emerging challenges.
- ☐ Link Quality to Financial Performance: Board to regularly review a combined quality and financial dashboard, ensure major quality initiatives have defined financial and operational KPIs and ensure quality risks are explicitly considered in investment and expansion decisions.

PRACTICAL RESOURCES:

- NSW Government Clinical Excellence Commission
- IHI
- JCI Board Resource site: Sample Report to the Quality Committee of the Board
- JCI Board Resource site: Dashboard within Sample Report to the Quality Committee of the Board
- Quality & Safety Agenda Guidance

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