Ministry of Health-Ethiopia

System Bottlenecks Focused Reform-SBFR

A Path for Hospital Accreditation: Investing Less & Harvesting More!

Technical Orientation on SBFR Conceptual Framework and Implementation Guidance for Hospitals Leaders

19 & 20 of April,2022

Addis Ababa, Ethiopia

System Bottlenecked Focused Reform (SBFR) Project Launching and Training Program

April 19-20/2022

Addis Ababa, Ethiopia

Time	Activity	Responsible Body	Moderator
April 19/2022			
9:00 AM-9:30 AM	Registration and Welcoming	Dr Hillina Tadese	Binyam K.
9:30 AM-10:20 AM	Training Overview	Esayas M.	
10:20 AM-10:50 AM	**Health Break**		
10:50 AM-12:20 AM	SBFR Foundation SBFR and National Flagship Initiatives	Esayas M.	Binyam K.
6:20 AM-2:00 PM	**Lunch**		
2:00 PM-3:45 PM	SBFR:1 Leadership and Coordination SBFR:2 Emergency and Critical Care	H.E Dr Ayele Teshome	Esayas M.
3:45 PM-4:00 PM	**Health Break**		
4:00 PM-5:00 PM	SBFR:3 Outpatient Service SBFR: 4 Inpatient Service	H.E Dr Ayele Teshome	Esayas M.
April 20/2022			
8:30 AM-10:30 AM	SBFR:5 Surgical and Anaesthesia Care SBFR:6 Diagnostic Care	DR Hillina Tadese	Esayas M.
10:30 AM-10:50 AM	**Health Break**		
10:50 AM-11:50 AM	SBFR:7 Pharmaceutical and Medical Device SBFR:8 Motivated, Competent, and Compassionate Care	Dr Hillina Tadese	Esayas M.
11:50 AM-12:30 AM	SBFR:9 Data Quality and Evidence Use	H.E Dr Ayele Teshome	Esayas M.
6:30 AM-1:30 PM	**Lunch**		

1:30 PM-2:00 PM	SBFR:10 Academic and Clinical Service Integration	H.E Dr Ayele Teshome	Binyam K.
2:00 PM-2:20 PM	Project Coordination and Implementation	Esayas Mesele	
2:20 PM-3:00 PM	General Discussion and closure of Training	H.E Dr Ayele Teshome	

SBFR: Training Contents

Training Overview
- Purpose of Training
- Methodology of Training
- Norms of Training
- Expected outputs of Training

SBFR Foundation:
- Rationes
- Conceptual definition
- Goal and objective
- Guiding principles
- Scope and priorities

SBFR and National Flagship Initiatives
- Direct links and relations
- Peculiarity and synchronization
- Direct and indirect advantages

SBFR Service based Interventions
- Leadership and Coordination
- Emergency and Critical Care
- OPD and IPD
- Diagnostic Care
- Pharmacy and Medical Devices

SBFR System Building and Accountability
- Data Quality and Evidence Use
- Monitoring & feedback Cycle
- Project's Adoption and Cascading
- Evaluation and recognition

Project management tips
- Influences of competent leaders
- Team and trust building
- System building and project management

SBFR: Purpose of Training

- To briefly explain the rationales and urging factors for SBFR Project development
- To briefly explain the concept, ultimate objectives, core interventions and anticipated impacts of SBFR Project
- To briefly explain implementation arrangement, performance monitoring and support packages of SBFR Project
- To briefly discuss next major actions to be taken after taking technical orientation on SBFR Project

SBFR: Training Methedology

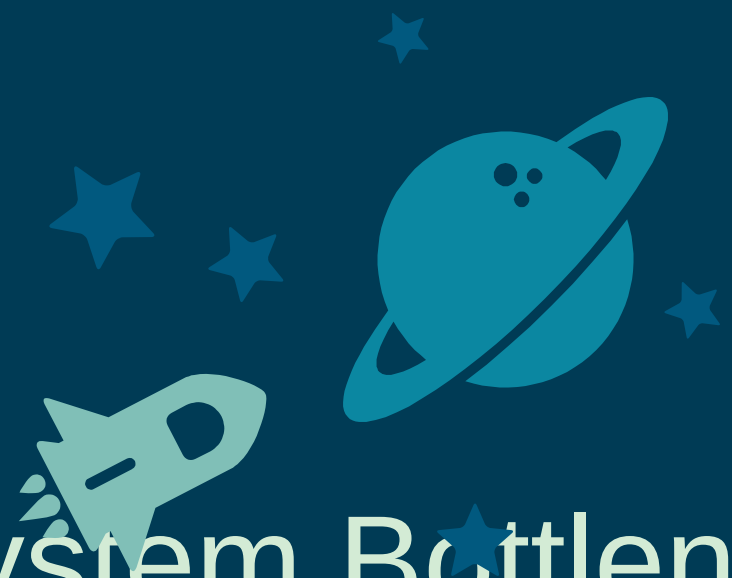
- Lecture and technical presentations
- Group discussion and exercises
- Case scenarios: The now and the ideal or imaginary ones
- General and panel discussions
- Experience sharing
- Individual reading and build-ups on shared articles, reports
- An advice from our patients and colleagues (Audio)

SBFR: Norms of Training

- Active participation with full attentions
- Punctuality and timeliness on work delivery
- Keep mobiles silent
- Avoid unnecessary side talks, walk-outs and debates
- All points and opinions are equally respectful and valuable
- All discussions, questions, and opinions should be provable (backed with hard evidence and data)
- Strive for clarity on all concepts and collect all resources

SBFR: Training Expected Deliverables

- Fairly understood major contents of the two days training
- Clearly understood the post-training take home assignments and actions
- Created virtual group and common platforms such as email, telegram and google-drive
- Shared Zero draft action plan from each hospital
- Shared folder containing all training materials and other key technical resources



System Bottlenecks Focused Reform SBFR

WHY, WHAT, HOW, Where and When…

Why SBFR: Rationales and Urging factors

Prioritization

- No habits for evidence use
- Micromanagement
- Too many engagements
- All in one service provision approach

P

Accountability

- No written roles & responsibilities
- Weak work ethics
- No practical institutional policy for actions on wrong doers
- Unhealthy race and professional egoism

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Resources

- No resource alignments
- Unrealistic expectations
- Enormous wastages
- Huge disparities: Plan Vs Commitments
- MOFED budget allocation

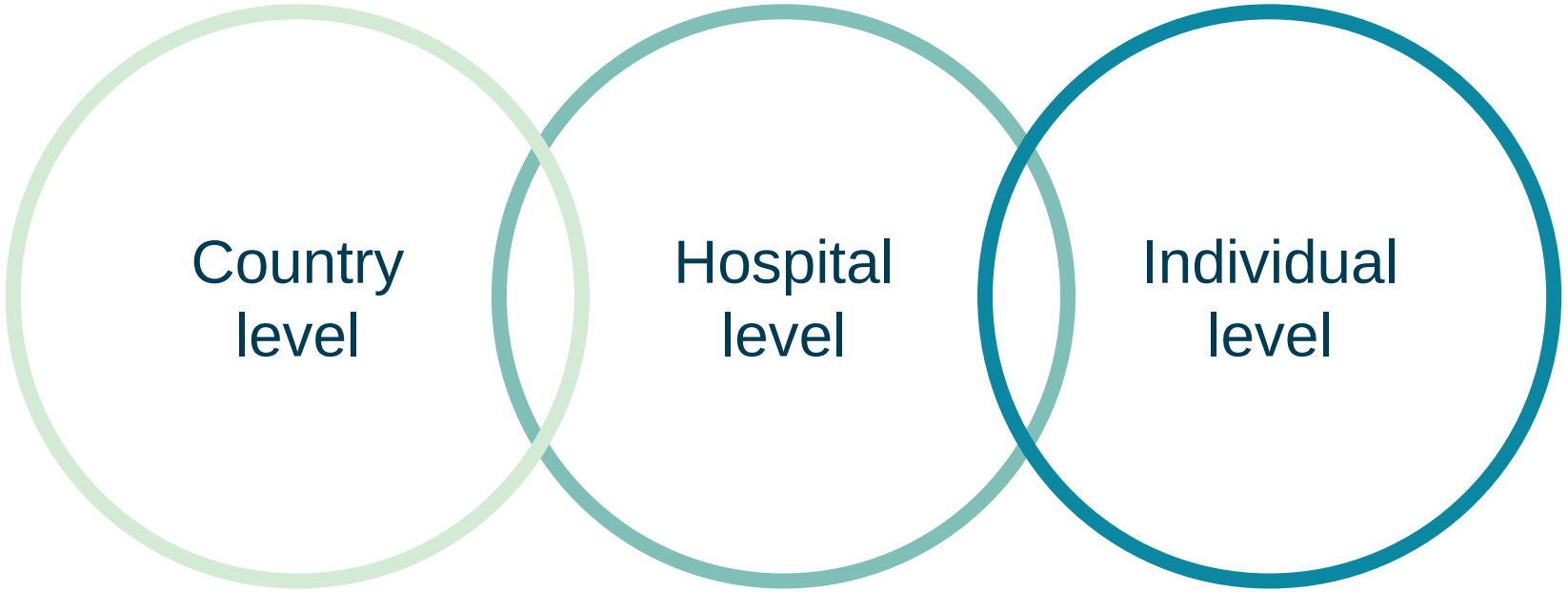
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Integration

- No shared responsibilities
- No regular Joint site visits and support
- No strong co-investment approach
- Weak stakeholder management

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Group Exercise: What should be done..?



SBFR: Concept

Defined as:

“Newly designed and high impact national unique pilot project which will mainly focus and intervene system (hospital service delivery) level major bottlenecks while creating clear strategic alignments and Integrations among key stakeholders with defined responsibilities and accountability mechanisms”

Resulted in:

- **Improved both access and quality of SBFR’s priority services**
- **Increased efficiency and institutional accountability**
- **Improved experience of care, staff productivity, and patient outcomes**

SBFR: Strategic Goal and Objectives

Goal

- Improve hospital's clinical care outcomes and client satisfaction through introducing significant and measurable positive system changes on access and quality of clinical, diagnostic and pharmaceutical care.

Objectives

- To improve institutional culture of leadership and accountability practices
- To digitalize hospital's clinical and non-clinical care processes and improve data quality and performance management
- To improve institutional efficiency gains and system integration
- To improve access and quality of clinical, diagnostic and pharmaceutical services

SBFR: Applicability

- This national SBFR project is newly designed to be tested in selected **35** hospitals across the country.
- This project mainly focusses to effectively identify and address **system related major bottlenecks** while bringing significant improvements on both accessibility and quality of clinical, diagnostic and pharmaceutical services through implementing high impact interventions.
- The project's implementation period will be from **April/2022 to March/2023.**

SBFR: Development Process

Early phase (MoH level)

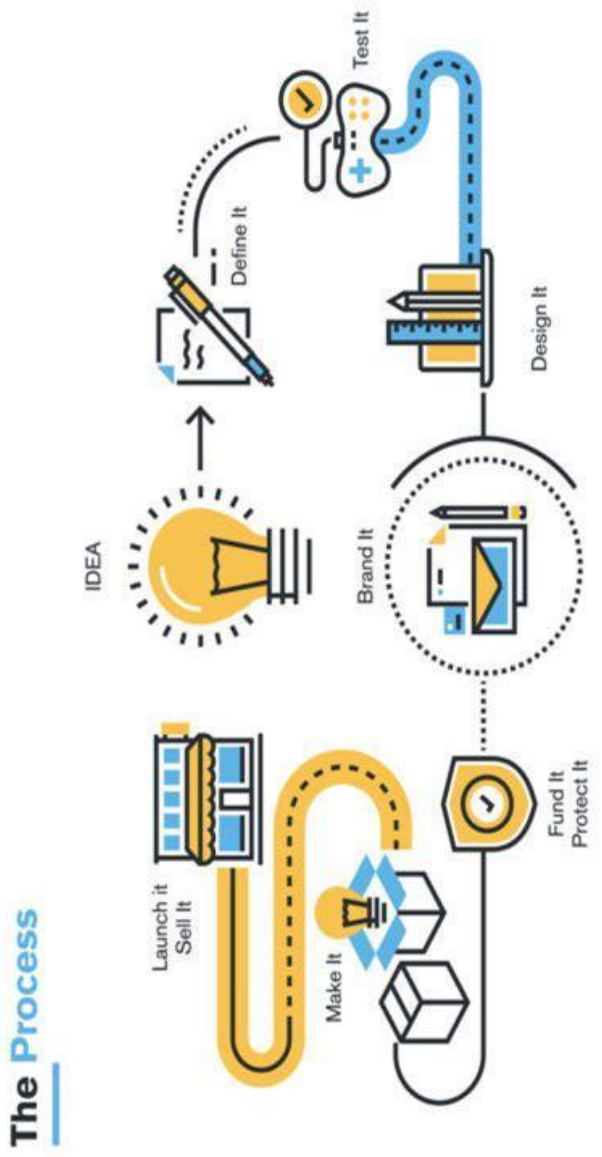
- Higher decision makers agreed on the urgent need for system improvement and institutional efficiency gains
- Senior technical team was established with defined ToR and work plan
- Situational analysis conducted to define priorities and major gaps
- Technical Concept paper developed

Structural Phase

- High level strategic and technical workshop organized in Adama
- Senior leaders and specialists from MoH, Agencies, 5 universities, 20 hospitals, and other key stakeholders attended
- The zero draft Technical Concept paper was presented, discussed and very valuable technical comments, inputs and recommendations were collected

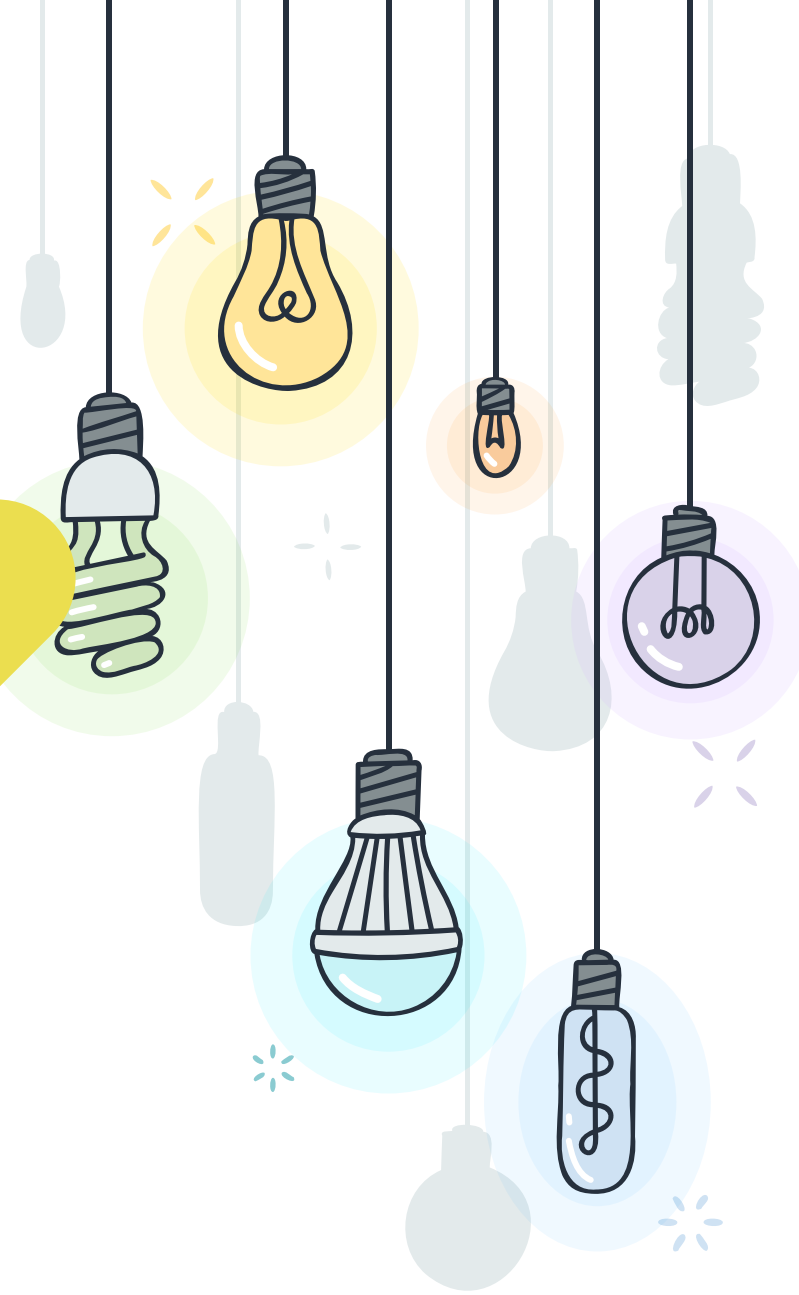
Endorsement Phase

- Major technical and administrative revision was made through incorporating all the comments and recommendations from Adama workshops
- The project was defined as national SBFR pilot project with clear goal, objectives, deliverables, implementation sites and management process
- The project document was presented for discussion and comments at JSC, and then they approved it for implementation with their full supports and joint leadership

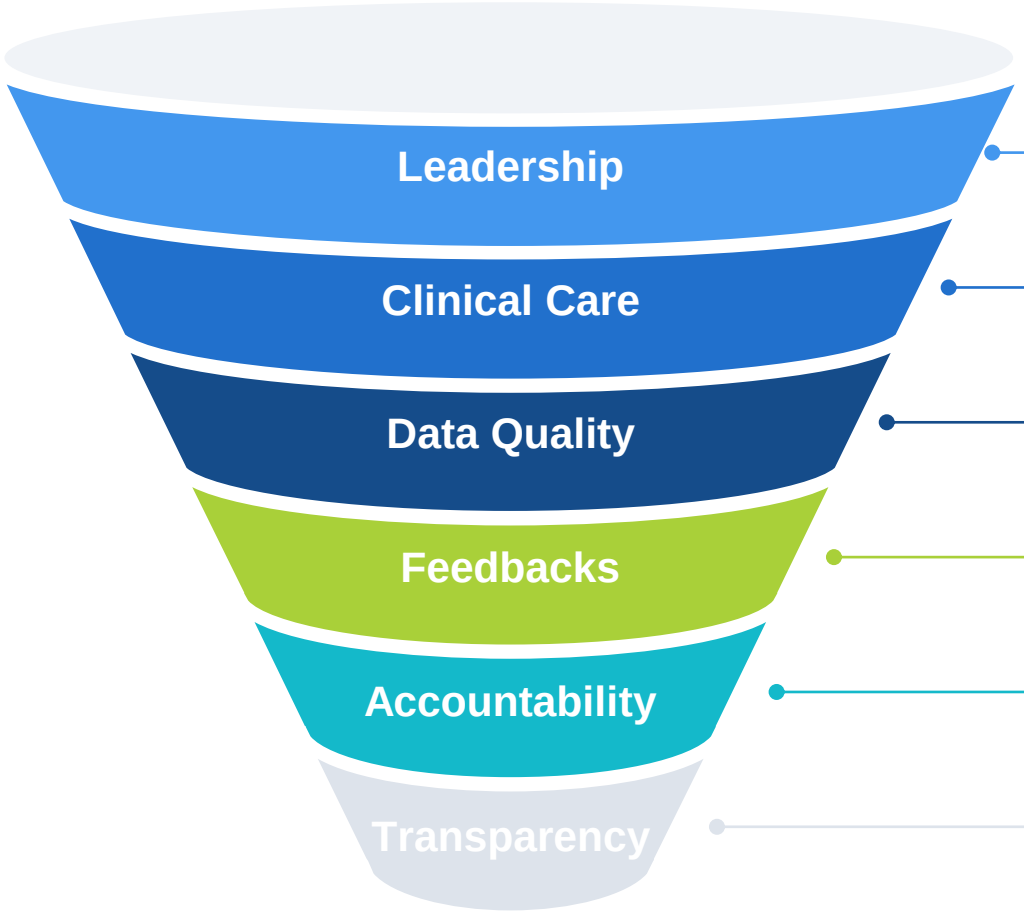


SBFR: Scope and Priority

1. **Clinical Services**
   - Emergency and critical care
   - Ootpatient services
   - Inpatient Services
   - Surgical and anesthesia care
2. **Diagnostic Services**
   - Imaging services
   - Labratory services
   - Pathology services
3. **Pharmacy and Medical Devices**
   - Pharmaceutical services
   - Biomedical services



SBFR: Change Priorities



- SBFR Project Management and Support
- Access, Quality and Comprehensive Hospital Care
- Strong M&E for evidence use
- Strategic Joint visits and Support
- Clear Manadates and integrations
- Recognition and Humilation

SBFR:
Strategic Priority Areas and Interventions

SBFR:1
Leadership and Coordination

SBFR: Leadership and Coordination

Change Intervention 1: Enhanced multidisciplinary team function and clinical leadership culture

- Multi-disciplinary team at the point of patient care should be administratively accounted to a **team lead (Case team leader)** and clinically accounted to the **clinical leader (the one with the higher scope)**
- All clinical case team leaders in a department should be administratively accounted to the **department head**
- All clinical case team leaders in a department will be functionally coordinated by **professional heads** (Nursing director, heads of laboratory/pharmacy/imaging departments)
  - Professional heads (Nursing director, heads of laboratory/pharmacy/imaging departments) will coordinate the **overall operation and quality** of respective clinical functions (HR distribution and reassignments, quality of nursing, diagnostic and pharmaceutical care)



SBFR: Leadership and Coordination…



Change Intervention 2: SBFR dashboard based intensive SMT monitoring and supervision (1)

- **Prepare and approve institution specific SBFR dashboard (adapt / adopt from national SBFR project document)**
  - Adapt/adopt National KPI and HMIS indicators
  - Develop Facility specific indicators - new indicators require a user manual which clearly define the indicator, determine the data source, data collection mechanism, mathematical formula and unit of measurement
- **Daily CED/CCD SBFR task force forum**
  - Should be held before departmental morning meeting
  - Identified gaps will be communicated to department heads (as an agenda for morning forum) and other concerns which require immediate attention will be communicated to respective heads for an action
- **Weekly clinical forum led by CED and CCO**
  - Should involve all department heads, clinical team leaders, administrative wing heads
  - **Forum agenda:** Weekly SBFR dashboard data summary

SBFR: Leadership and Coordination…

Change Intervention: SBFR dashboard based intensive SMT monitoring and supervision (2)

- **Display** major service areas performances weekly and make the data accessible to team leaders, department heads, and CEO/CCO

- **Intensive supportive supervision** led by SMT

  - Supervision time should be guided by the existing institutional periods where **our systems are challenged** including sudden supervision during night time, weekends and holidays (times of high patient load, challenging times where staffs fails to adhere to agreed operational standards)

  - Each supervision should address SBFR focus areas and should be guided by a **standard checklist**



SBFR: Leadership and Coordination…



Change Intervention 3: SBFR taskforce and quality team led Intensive performance monitoring and linking all identified gaps with reactive and proactive repair mechanisms: (1)

- **SBFR Task force established led by senior champions**
  - Multidisciplinary - Physicians, nurses, clinical pharmacists
  - TOR prepared
  - Define roles and responsibilities of all actors in the system (clinical staffs, team leads, department heads, professional heads,
  - Team members will be assigned officially for full time job
- **SBFR task force perform daily dashboard based performance audit and feed in to database for analysis**
  - Service audit for start time, productivity etc
  - Chart audit
  - Client interview (scope adherence, quality of care)
  - Observation
  - Corridor audit

SBFR: Leadership and Coordination…

Change Intervention 4: SBFR taskforce and quality team led Intensive performance monitoring and linking all identified gaps with reactive and proactive repair mechanisms: (2)

- **SBFR task force acts for SMT and manage incidents during duty hours, weekends and holidays**
  - **Resource sharing** b/n units and departments (including admission beds)
  - Manage **supporting function** interruptions (water, electricity etc)
  - Manage **disagreement** b/n staffs with in a team or b/n different teams
- **SBFR task force analyze the data and identify operational or clinical care gaps**
  - Conduct **root cause analysis** for all identified gaps and present on daily CEO/CCO-SBFR forum and weekly SBFR forum
  - Department level issues will be communicated to department head before morning forum and feedback /or accountability will be ensured
  - Reactive/proactive measures are taken for all identified gaps
  - Record and document **minute**



SBFR: Leadership and Coordination…



- **SBFR task force forum (For AA hospitals only)**
  - Conduct SBFR task force focals forum every 2 weeks
  - Evaluate inter-facility referral and communication system
- **National SBFR forum**
  - **Weekly virtual National SBFR forum, led by ministers**
    - Participants: MOH directors, RHB heads and relevant directors, CEDs, CCOs, hospital SBFR task force focals
    - Weekly SBFR performance will be presented by MOH
    - Independent supervision team will be established at MOH and RHB level and expected to conduct facility supervision for verifying major performances
  - **Quarterly review meeting**
    - Review quarterly performance

SBFR: Leadership and Coordination…



Expected Result:

- High impact leadership
- Well functioning team work at the point of care level
- Well institutionalized clinical leadership
- System components of care (IPPS, Hotel services, MCC…) are well integrated with clinical care

SBFR:2
Emergency and Critical Care

SBFR: Emergency and Critical Care



Change Intervention 1: Implement scope based clinical care practice

- The hospital should accept all emergency clients who already arrived to the facility (with or w/o referral paper, with in or outside a hospital catchment)
  - In case of lack of service/resource, referral to other institution should only be considered after initial evaluation and stabilization of the patient
  - Inappropriate referrals and /or other gaps should only be investigated and addressed later through the hospital management

SBFR: Emergency and Critical Care



Change Intervention 1: Implement scope based clinical care practice

- Implement triaging and scope based disposal system at all emergency units (Adult emergency, pediatric emergency and obstetrics emergency)
  - Develop **institution specific scope** based clinical practice protocol which defines scope for initial evaluation of patients
  - Define **institution specific scope** for all interdepartmental consultation
  - Ensure clients are disposed to the specific scope level
  - Ensure clients are initially evaluated as per scope defined for the case
  - Ensure an emergency evaluation corner / room for all scopes

SBFR: Emergency and Critical Care…

Change Intervention 2: One-stop shop initial evaluation and decision making practice for all emergency cases

- Emergency department patient evaluation rooms and/or corners are designed to avail all physicians of **different scope at a time** (at least during **2/3rd** of the day where case flow is high) such as Interns, R1, R2, R3, R4, Consultants

- Clients will be evaluated by the appropriate scope (as per the disposal from the triage), and when needed, **all intra-departmental consultations** (assistance for diagnosis, workup or management) has to be made immediately from the assigned pool of physicians with different scope



SBFR: Emergency and Critical Care…



Change Intervention 3: Enhanced senior engagement for better quality of care

- Leading and supervising **one stop shop** initial evaluation and decision making practice
- Twice a day **MDT round** for all kept cases (Morning and Evening)
  - Morning: starts at **9am** and ends before 12pm; address all kept cases including at corridors
  - Evening: B/n **6pm to 7pm**; address only critical and newly admitted patients and led by duty emergency consultant
- Daily clinical audit for
  - All newly kept cases of the day
  - All adult emergency, pediatric, maternal and perinatal deaths, if any
  - Green and Yellow for adults / priority and non-urgent cases for pediatrics / non admitted obstetric and gynecologic emergency cases (**sample** cases)
  - Audit should address scope adherence, adequate documentation of history and P/E, diagnostic workup justification, management justification and rational use of drugs
- Daily **emergency corridor audit**
- Consultant led **QI project** which addresses SBFR related gaps

SBFR: Emergency and Critical Care…

Change Intervention 4: All **inpatient nursing care standards** including nursing process is implemented for all **kept cases**

- All kept cases should have a **nursing process** outlined as per the standard
- Regular **nursing care audit** linked with an improvement and/or accountability mechanism (For details, see inpatient chapter below)
- **Nursing handover practice** b/n all shifts with the different modalities (For details, see inpatient chapter below)
- Implement effective **health education system** for all kept cases (For details, see inpatient chapter below)
- Adequate **pain control practice** is implemented (For details, see inpatient chapter below)



SBFR: Emergency and Critical Care…



Change Intervention 5: Institutionalize clinical leadership culture

- Administrative and clinical leadership roles clearly defined and implemented
- All **MDT rounds** are participatory and addresses roles of all team members which includes
  - Nursing care
  - IPPS practice
  - Hotel service including bed making, food quality
  - MCC practice including information provision, client provider interactions

Change Intervention 6: Conduct emergency team forum

- **Weekly** emergency unit/directorate/department forum led by the emergency department head
- Forum members include emergency unit/department nursing head, residents, interns, lab head, pharmacy head, imaging head if it applies, porter head
- Evaluates weekly performance based on the **emergency service dashboard**
- All identified **gaps** will be linked with an improvement and / or administrative and academic accountability mechanisms

SBFR: Emergency and Critical Care

Expected Results

- Improved **quality of care** leading to Improvement in emergency and critical care morbidity and mortality indicators (HMIS, KPI, SBFR, Facility specific)
- Improvement in emergency and critical care **client centeredness indicators** (HMIS, KPI, SBFR, Facility specific)
- Improvement in **resource use efficiency** including HR and major supplies
- Decreased **waiting time** to clinical consultation
- Decreased **emergency care waiting time** (arrival to service completion which includes time for clinical evaluation, workup, consultations, medication etc)
- Decreased incidence of **unnecessary laboratory and imaging requests and/or repeats**
- Increased **patient experience and satisfaction**
- Improved **rational use of medications**
- Better undergraduate and postgraduate **medical education** through improved supervision and mentoring practice

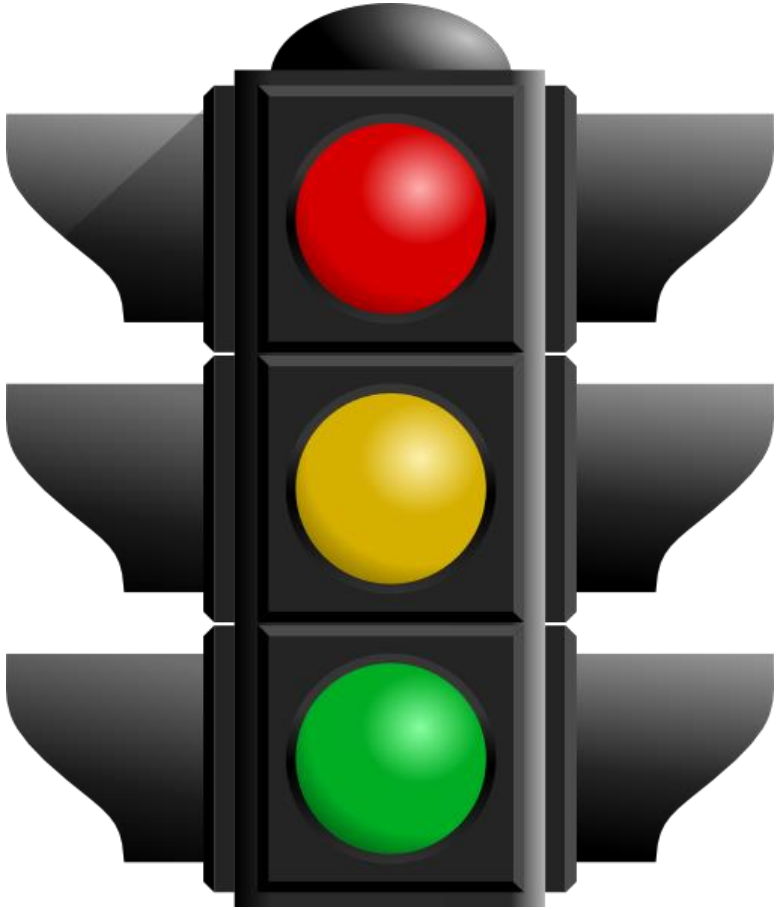


SBFR: 3
Outpatient Services

SBFR: Outpatient Services

Change Intervention 1: Better triage, registration and payment systems

- **Scope based triage disposal system**
  - Define scope of practice for top **20** clinical conditions in each discipline (if a need arises, more clinical conditions can be included to the list)
  - Define **scope for triage professionals** to be assigned and it should be at least GP or R1 and above
  - **Referred clients** should be disposed to at least 1 step higher scope than the referring health care provider
  - *Triaging process should follow ;* ***R/O Emergency, Specialty/discipline and Scope*** *in that order of significance*
- Establish system of **digital/short code / phone based** initial application for **registration,** and this will be followed with **telephone triaging and appointment system**
- Setup **one stop shop** triage, registration and payment system integrating **all payment modalities in any payment corners/windows (credit/cash/social …)**



SBFR: Outpatient Services…



Change Intervention 2: Early initiation of outpatient service and full working hours service

- All OPDs should start at **8:00am** (OPD assignment can be done in rotation and OPD assigned physicians can not join morning meeting)
- **Shift** based physicians assignment
  - Shift 1: 8am to 1pm (including lunch time)
  - Shift 2: 1pm to 5:30pm
  - ***Time bound assignment:*** *Assigned physician cannot leave even if he/she completes available chart*

SBFR: Outpatient Services…

Change Intervention 3: One-stop shop initial evaluation and decision making practice for **all new** clients

- Outpatient department patient evaluation rooms are designed to avail all physicians of **different scope at a time**
  - GP, R1, R2, R3, R4, Consultants
  - Should be established for all departments/disciplines
  - Number of rooms per department/discipline should be guided by the client load
- Clients will be evaluated by the **appropriate scope** (as per the disposal from the triage), and when needed, **all intra-departmental consultations** (assistance for diagnosis, workup or management) has to be made **immediately** from the assigned pool of physicians with different scope



SBFR: Outpatient Services…

Change Intervention 4: Enhanced senior engagement for facilitated and better quality of care

- All **specialty/referral clinics** should only be run by a specialist or above
- Regular clinics should have a full time senior physician for supervision and verbal consultation of junior staffs (One stop shop consultation service) (At least **1 senior physician per discipline**)
- Unjustified specialty and sub specialty service **fragmentation** should be avoided
  - Ensure all sub-specialists and above have a general specialty and sub-specialty engagement with at least **80% - 20% share**
  - **Full time sub-specialty and above** engagement can happen only if a sub-specialty unit is established and the work load requires full time engagement



SBFR: Outpatient Services…



Change Intervention 5: Better appointment system

- Appointment system should be in **blocks of hours**
- There should be a **digital** based appointment system for those who want to schedule/reschedule appointment
- Define **minimum interval** required to be evaluated by a **consultant** for common chronic clinical condition
- **Refill** mechanism should be in place
- **Virtual clinic**

SBFR: Outpatient Services…

Change Intervention 6: Clinical audit linked with an improvement &/or accountability mechanism

- Conduct monthly **3R audit** (Right physician or scope, Right time, Right way)
  - Should be integrated with the **existing academic platform** (if applicable), where m*onthly clinical audit will be done by* ***residents.***
  - ***Sampling*** *procedure will be applied*
  - ***General and program based audits*** *will be audited based on the respective departments/disciplines*
    - *Internal medicine - TB care, HIV/AIDS care, chronic illness care*
    - *Ob/gy - FP, ANC, cancer screening programs, general and referral clinic services*
    - *Pediatrics: EPI, Well baby clinic, general and referral clinic services*
    - *Other departments: General outpatient and referral clinic services*



SBFR: Outpatient Services…



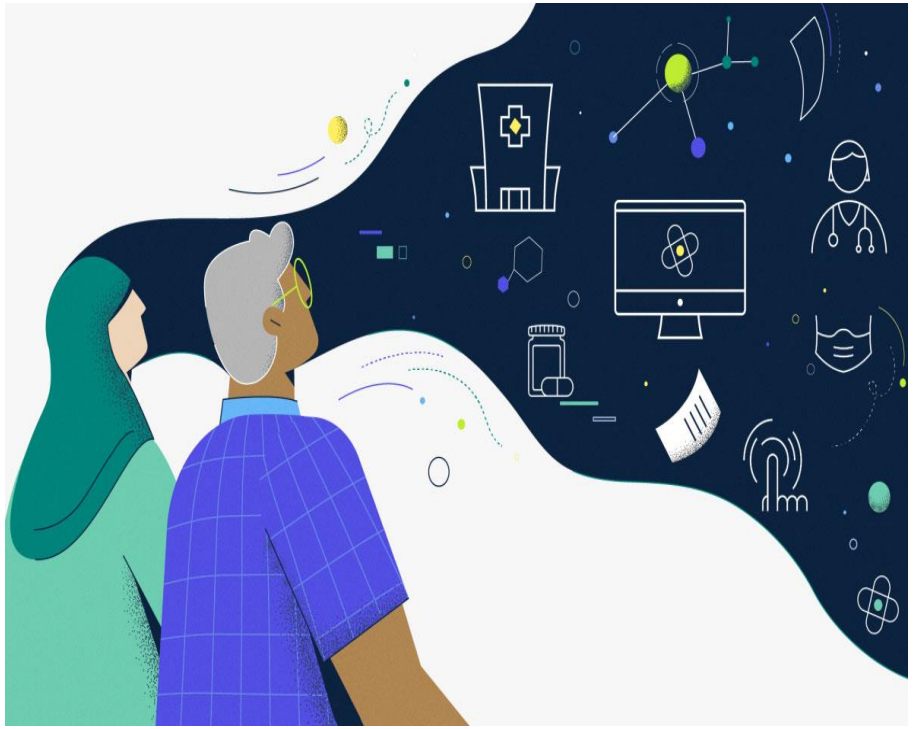
Change Intervention 7: Improvement of Chronic care follow up clinic

- Chronic clinic management **protocol** should be established based on hospital tier level and communicated
- Clinic should be made functional in **morning and afternoon** with different specialist allocation
- For **controlled** patients who meet the criteria appointment should be made at least **quarterly**
  - During the quarter wait period facility should arrange **clinical pharmacy visit** with drug refill options, and mechanism to **alarm** client if monitoring parameters out of range
- Facilities should establish a a **telemedicine follow up system** for selected chronic diseases with drug refill system
- Facilities should establish a **referral back system ,** for patients who fulfill certain criteria’s

SBFR: Outpatient Services…

Change Intervention 8: Better client education and counseling system for common chronic illnesses

- Facilities should establish a **Health literacy Unit** which links and closely works with **DIS**
- Should be led by **health literacy professional** or at least GP
- **Standardize** selected chronic health education materials
- Establish a a **phone line** where by clients can get phone based consultations when need be
- **Link** chronic follow up clinic follow up patients with the unit
- Establish a **Focus group discussion** for selected chronic follow up patients
- Standardize and prepare **short videos, brochures and leaflets** to enhance health education efforts (shall be given to **clients** too)



SBFR: Outpatient Services



Expected Results

- Decreased number of patients **not seen the same day**
- Decreased registration to clinical consultation time
- Decreased **outpatient waiting time** (arrival to outpatient service completion which includes time for registration, clinical evaluation, workup, consultations, medication etc)
- Decreased incidence of **unnecessary** laboratory and imaging requests and/or repeats
- Increased patient experience and satisfaction
- Improved quality of care
- Improved morbidity and complication indicators
- Improved rational use of medications
- Improved supervision and mentoring practice for undergraduate and postgraduate medical students

SBFR:4
Inpatient Services

SBFR: Inpatient Services



Change Intervention 1: Institutionalize clinical leadership culture

- Administrative and clinical leadership roles clearly defined and implemented
- All **MDT rounds** are participatory , system oriented and addresses roles of all team members
  - Nursing care
  - IPPS practice
  - Hotel service including bed making, food quality
  - MCC practice including information provision, client provider interactions
- **Senior physicians** should lead all respective **weekly MDT forums**
  - Co-led by the respective units/wards nursing heads
  - Forums should evaluate performances

SBFR: Inpatient Services…

Change Intervention 2: Enhanced senior engagement for better quality of care

- Twice a day **MDT round**
  - Morning: starts at 9am and ends before 12pm; address all admitted patients
  - Evening: B/n 6pm to 7pm; address only **critical and newly admitted** patients and led by duty emergency consultant
  - Daily **clinical audit** for all newly admitted cases of the day to reduce inappropriate variation in diagnosis and treatment
- Unjustified specialty and sub specialty service **fragmentation** should be avoided
  - Ensure all sub-specialists and above have a general specialty and sub-specialty engagement with at least **80% - 20% share**
  - **Full time sub-specialty and above** engagement can happen only if a sub-specialty unit is established and the work load requires full time engagement
- Consultant led **QI project** which addresses SBFR related gaps requiring system change
  - QI project per quarter



SBFR: Inpatient Services…



Change Intervention 3: Improving nursing care quality through regular audit feedback mechanisms

- Nursing director / Matron led daily **nursing management rounds**
  - Daily nursing round **schedule**
  - Nursing care units including OR will be grouped in to **five nursing round zones** and one zone will be supervised per day
  - **Team members** are nursing director/matron and nursing heads of different units/wards
  - Nursing management round should at least address
    - **Emergency preparedness** of each unit/ward (List of emergency drugs and supplies with their minimum quantity to be availed should be standardized, there should be a mechanism to refill and handover in each shift)
    - All patient medications should be kept separately in a **Room/central cabinet** and secured safe
    - **Dressing code adherence** for all health work force (Nurses/midwives, physicians, cleaners, runners, lab/pharmacy/imaging staffs)
    - **Attendance** of all responsible staffs (Nurses/midwives, physicians, etc - as above)
    - **IPPS** practice - cleanliness of wards, adherence to waste segregation and instrument processing standards (cleaning to storage)
  - *Weekly **summary reports** should be submitted to quality unit/directorate.*
  - *All **audit findings** should be linked with improvement and/or administrative accountability mechanisms*

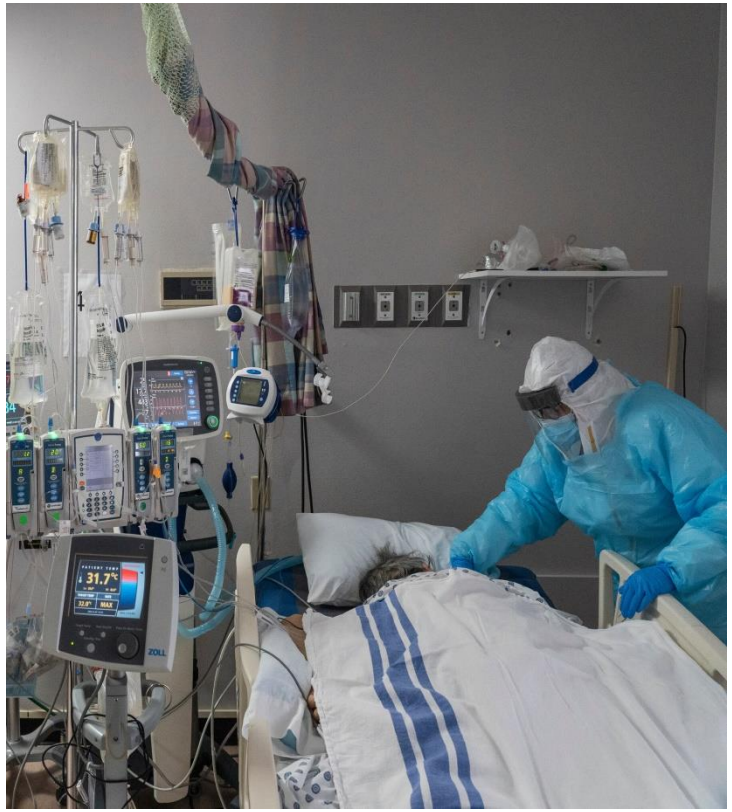
SBFR: Inpatient Services…

Change Intervention 3: Improving nursing care quality through regular audit feedback mechanisms

- Nursing management should conduct regular **nurses competency assessment**
  - Prepare competency assessment **protocol** describing the schedule, assessment procedures, roles and responsibilities etc
  - **Staff interview and/or observation** for
    - **Knowledge and skill** (adopt/adapt core competencies from national competency lists)
    - Awareness of different **reform standards**
- Nursing **handover practice** b/n all shifts with the different modalities
  - **Cardex** for medications the client is taking
  - handover **register** (*Summary notes of all patients should be kept*)
  - **clinical forms** in the client chart (v/s sheet, input and output monitoring form, nursing care plan and progress notes, medication administration form etc)



SBFR: Inpatient Services…



Change Intervention 3: Improving nursing care quality through regular audit feedback mechanisms

- All admitted patients in the ICU/HDU are followed closely with **4P's** (Pain, Position, Potty, Possess)
- Establish full time nursing/midwifery **clinical audit team** *(Prepare institutional nursing protocols. Conducts regular nursing care audit and link identified gaps with and improvement &/or accountability mechanism)*
- Protocol for **common nursing procedures** (at least 20)
- Protocol for **common nursing problems and their management** (at least 20)
  - Nursing problem => Subjective and objective evidences => Nursing care management => Nursing follow up parameters and evidences for improvement
- Standardized **ICU nursing care protocol** which addresses all the follow up and care packages

SBFR: Inpatient Services…

Change Intervention 3: Improving nursing care quality through regular audit feedback mechanisms

- Culture of **daily nursing care audit,** with all identified **gaps** linked with an improvement and/or accountability mechanisms
  - **Chart audit** for nursing process cycle implementation, V/S follow up as per patient condition, twice daily progress note, medication administration
  - **Client interview** for client satisfaction in relation to hotel service (food quality, linen and pyjama change etc), adherence to MCC principles, quality of client education
- Audit team selection should be based on their **competence** and **role modeling** in nursing care practice.
- Chart audit will be based on sampling procedure (At least **3 charts** should be audited from each unit/ward.
- Client interview for hotel services, adherence to MCC principles and quality of client education (At least 1 per 10 clients from each unit/ward should be interviewed)
- Weekly summary reports should be submitted to quality unit/directorate)



SBFR: Inpatient Services…



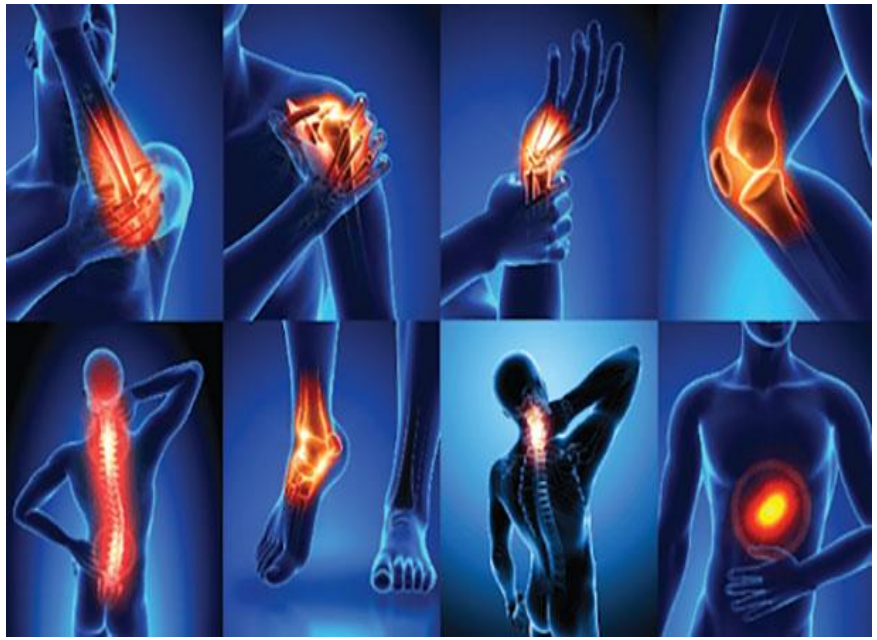
Change Intervention 3: Improving nursing care quality through regular audit feedback mechanisms

- Implement effective **client education system:**
  - **Standardize** health education package and materials (at least, the package should include the following health information
    - Type of clinical condition they have
    - Treatment provided and the expected outcome
    - Awareness on discharge planning
    - Client's rights and responsibilities
    - Client's IPPS practice expectation particularly waste segregation
    - Other information's which the institution assumes important
  - Adequate and clear health information should be delivered to all clients
  - Quality of health education should be regularly assessed with **client interview** and identified gaps should be linked with an improvement and/or accountability mechanism (during client interview, patients should clearly understand and state the health information listed above)
- Establish a **skill lab**
  - **standardized** package available
  - **SOP** for common nursing procedures present (at least 20)
  - Use the skill lab for **need based capacity building activities ,** based on gaps identified from clinical audits and staff interview

SBFR: Inpatient Services…

Change Intervention 4: Adequate pain control practice

- Pain management **protocol** is adopted/adapted and clearly states rational use
- Regular **pain scoring and control** practice is done for all admitted patients (as per institution protocol)
- Pain control practice is regularly **audited**
  - **Chart audit** for regular pain scoring practice and appropriate management as per the score.
  - **Client interview** for adequacy of pain control (At least **1 per 10 clients** from each unit/ward should be interviewed)
  - All audit findings should be linked with **improvement** and/or **accountability** mechanisms.
- Weekly **summary reports** should be submitted to quality unit/directorate)



SBFR: Inpatient Services…

Change Intervention 4: Adequate pain control practice

- Rational use of **narcotic drugs and narcotic prescription** is regularly audited
  - Signs of pethidine and/or its prescription **abuse** should be linked with accountability
- Improved **pressure ulcer** tracking and surveillance
  - Ensuring all discharged patients have **screened** for pressure ulcer based on an adopted/adapted **checklist**
  - Availing pressure ulcer **register**
  - Use of surveillance data for improvement purpose



SBFR: Inpatient Services…



Change Intervention 5: Inpatient team forum

- Weekly Inpatient unit/ ward forum led by the assigned **senior**
- Forum **members** include the specific unit/ward nursing head, residents, interns, porter head
- Evaluates weekly performance based on the **inpatient service dashboard**
- All identified **gaps** will be linked with an improvement

Change Intervention 6: Improved clinical pharmacy service and rational use of drugs

- Clinical pharmacy service is availed for **all admitted** patients
- Clinical pharmacist is member of **MDT** and their **impact** on the clinical decision making process should be well recognized by other clinical care team members like physicians and nurses
- Clinical pharmacy service audit well addresses
  - **Rational** use of drugs (2nd and 3rd line antibiotics, polypharmacy …)
  - **Abuse** for most expensive or narcotic medications (top 20 drugs prioritized by the specific institution)
- All **audit findings** should be linked with improvement and/or administrative accountability mechanisms.
- Weekly **summary reports** should be submitted to quality unit/directorate

SBFR: Inpatient Services…

Change Intervention 7: Establish good patient care practice culture during night time duty hours

- **5pm to 12am (midnight) and 6pm to 8am (morning): All** staffs on duty should be available in working stations and wards
- **12am to 6pm:** Only if conditions allows, **50%** staff from a team will rest and 50% should stay at working stations and wards irrespective of the availability of work (100% of the staff may work the whole night if a need arises)
- All **corridor lights** should be switched on
- Internally, **sudden supervision** shall be done by the SBFR task force, quality team, SMT, regional and federal officials
- **Non compliance** with the protocols should be linked with an improvement and/or accountability mechanism which includes omitting from duty assignment



All these duty time procedures also apply to other units and departments including emergency, laboratory, pharmacy etc

SBFR: Inpatient Services



Expected Results

- Improved **quality** of care leading to improvement in inpatient care morbidity and mortality indicators (HMIS, KPI, SBFR, Facility specific)
- Improvement in **nursing care quality index**
- Improvement in **pharmaceutical care quality index**
- Improved **discharge planning**
- Less **ALOS**
- Decreased incidence of **unnecessary** laboratory and imaging requests and/or repeats
- Improved **rational use of medications**

SBFR: 5
Surgical and Anesthesia Care

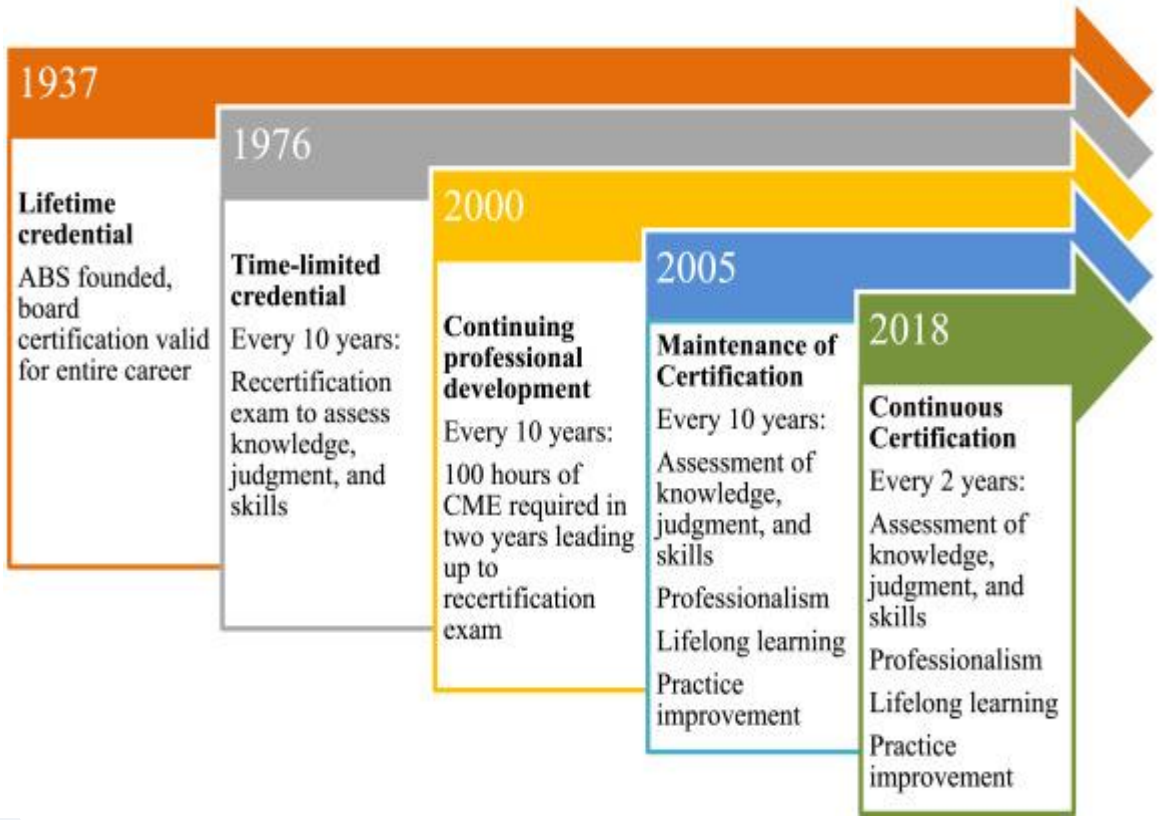
SBFR: Surgical and Anesthesia Care

Change Intervention 1: Improve Operating theater Leadership

- Organogram revision and installing a **temporary and permanent leadership structure** at major OR
  - As part of the **permanent leadership**, an **OR director** assigned to the major OR and clear reporting relationships and roles and responsibilities were defined for all staffs working in the major OR
  - **Clinical leadership role** of an **operating surgeon** once any surgery is initiated
  - **Weekly regular forum** involving all OR clinical staffs, supporting staffs and staffs from CSR and head of medical equipment department
  - Undertake **performance audit** and other relevant issues; And, all **gaps** identified are linked with a reactive and/or proactive repair mechanisms (There should be evidence of improvement based on a displayed data on a run / control chart)



SBFR: Surgical and Anesthesia Care…



Change Intervention 1: Improve Operating theater Leadership

- **Strong planning and monitoring system**
  - OR should have an **annual plan** which includes targets for surgical KPI reviewed and corrective action taken based on identified gaps
- Establishing **OT Dashboard**
  - Identify **key OR performance indicators** that address at least **efficiency, safety, and access** (eg. TAT, cancellation rate, incision time, SSC adherence, Table output)
  - Mechanism should be established to **track** the indicators (Daily and weekly analysis of performance and action taken)

SBFR: Surgical and Anesthesia Care…

Change Intervention 2: Improve operation room performance

- Standardized **surgical workflow system**
  - A **digital** backlog management system
  - Elective surgery appointment system should only be based on **case category pool**
  - Clearly defined **prioritization criteria** and monthly audit
    - System of prioritizing cancer cases and other conditions demanding urgent intervention
    - System of prioritizing based on **geography and other social issues**
  - Regular backlog **data analysis** and linking all gaps with a repair mechanism
  - System of assigning **additional tables temporarily** for departments/units with high backlog



SBFR: Surgical and Anesthesia Care…



Change Intervention 2: Improve operation room performance

- Unjustified specialty and sub specialty service **fragmentation** should be avoided
  - Procedures requiring a **sub specialty intervention** should be clearly defined (sub specialty scope) and a sub-specialist and above should have a general specialty and sub-specialty engagement with at least **80% - 20% share**
  - **Full time sub-specialty and above engagement** can happen only if a sub-specialty unit is established and the work load requires full time engagement

SBFR: Surgical and Anesthesia Care…

Change Intervention 2: Improve operation room performance

- Avail a **pre-admission surgical and anesthetic evaluation clinic** and establish system of
  - Ensuring all clients called from the waiting list are evaluated and the indication for the surgical intervention is still there ;
  - Ensuring all the **minimum preparations** are made – Investigations, blood etc;
  - Conducting a **pre-anesthetic evaluation** and decide on their fitness
- clients who are **not done with the preparations** and/or are **unfit** for anesthesia and/or surgery should not be admitted



SBFR: Surgical and Anesthesia Care…



Change Intervention 2: Improve operation room performance

- Standardized **scheduling system** and **pre-operative admission stay**
  - Pre-operative hospital stay for all elective surgical admissions should not be more than **2 days** (audit every month)
  - All schedules should be posted **1 day ahead** and not later than **3 pm**
  - The **nursing team** should ensure all required instruments, drapes and other needed materials are ready
  - The **anesthesia team** ensures all the preparations are made
- Standardize **table productivity per day** and ensure minimum number of cases are scheduled and operated on each working day
  - A minimum of **3 surgeries/table/day** is expected unless there is a clear justification due to the nature of a specific procedure and/or unexpected peri-operative incidents

SBFR: Surgical and Anesthesia Care…

Change Intervention 2: Improve operation room performance

- Preventive and curative maintenance check for **all major OR medical equipment** to ensure safety and avoid unnecessary cancellations
  - To be done and be documented by **duty medical equipment team**, every morning before **6:30am**
  - Should at least address OR tables, anesthesia machines, cautery machines, suction machines, and others which are deemed necessary
- Establish system of **early initiation of surgery** with and incision time **at or before 8 am** (anesthesia induction time should be b/n 7:30-8:00am)
  - Establishing follow-up and feedback and/or accountability mechanism to ensure adherence



SBFR: Surgical and Anesthesia Care…



Change Intervention 2: Improve operation room performance

- Establish a system which helps to reduce **time b/n procedures**
  - Time b/n procedures should not take more than **15 minutes**
  - Use of **patient preparation room** for parallel anesthetic evaluation and preparation
  - Standby **cleaners** when skin closure start
- Avoid **unjustified cancellation** for a scheduled patient (on the day of surgery, on table)
  - System of **approving** such cancellations only by an anesthesiologist or most senior anesthesia staff
  - Mechanism to **verify** all cancellation daily and system of ensuring an accountability

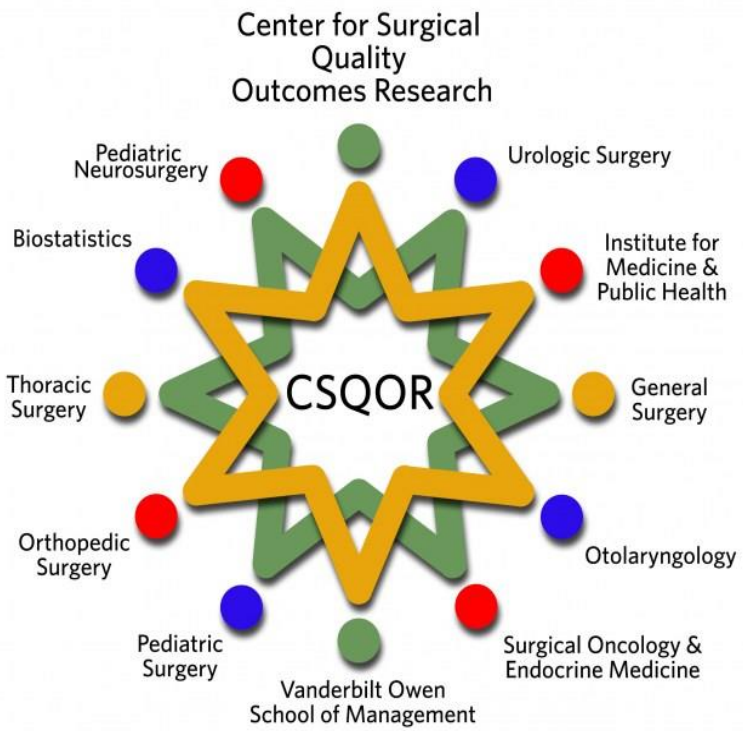
SBFR: Surgical and Anesthesia Care…

Change Intervention 2: Improve operation room performance

- Decreasing **OR downtime and days**
  - Introducing a concept of **shift based schedule** (morning, afternoon) to improve OR end time
  - Arrange **OR disinfection days** for weekends
  - **Weekend and holidays elective surgery** practice if elective surgical cases with higher backlog
    - A surgical team other than the regular duty team can be established (1 surgeon, 1 assistant, 2 anesthetists, 2 scrub nurses, 1 cleaner, 1 porter)
    - Issue duty payment if 2 major cases are operated by the team
    - The other part of the care shall be executed by other regular team members (Eg. Inpatient care, lab service, pharmacy service etc)



SBFR: Surgical and Anesthesia Care…



Change Intervention 3: Reduce the surgical site infection and other safety related problems

- Consistent and correct use of **safe surgery checklist**
- **OR zoning** based on the national IPPS guideline (Restricted, Semi-restricted, Transitional and Unrestricted) and adherence to the recommendations
- Standardize and Protocolize **OR operational management** and monitoring its adherence
  - Work flow and standards (incision time, time b/n procedures, roles and responsibilities of different team members etc)
  - Cleaning procedures and schedules
  - Instrument processing, packaging and storing procedures
  - Patient preparation procedures
  - Dressing protocols including jewelery, personal watch, nail and hair management
  - Antibiotic prophylaxis (indications, choice of antibiotics, timing)

SBFR: Surgical and Anesthesia Care…

Change Intervention 3: Reduce the surgical site infection and other safety related problems

- Improving **surgical site infection tracking and surveillance**
  - Ensuring all surgical patients have screened for SSI based on **WHO SSI surveillance checklist** at the time of discharge
  - Availing SSI register
  - Use of SSI surveillance data for improvement



SBFR: Surgical and Anesthesia Care…



Change Intervention 4: Efficiency gain in supply utilization

- For every client, establish a **registered and prescription based** system of requesting and dispensing **OR supplies**
  - OR coordinators should only have an **emergency stock** of supplies which should only be utilized based on **paid replacement** from OR pharmacy
  - Establish **OR pharmacy** and all required supplies for all surgeries should be supplied from it (prescription based request for each client and to be paid during discharge)
  - **Cost per a patient** can be estimated and payment issued for items to be shared for more than 1 client (eg. Anesthesia drugs, iodine, plaster etc)

SBFR: Surgical and Anesthesia Care…

Expected Results

- Improve **quality** of care evidenced by surgical outcome measures
- Increase OR **productivity** (at least 3 major procedures/table/day)
- Increase **staff efficiency**
- Decrease in elective surgical **waiting list** and **waiting time**
- Low pre-operative hospital stay
- Decrease in **SSI** and other safety related incidents
- Very low/no incident of major OR **medical equipment** failure during the date of/at the time of surgery



SBFR:6
Diagnostic Care

SBFR: Diagnostic Care

Change Intervention 1: Improve access to quality diagnostic services

- Ensure availability of all **test menu** based on expected standard (self sufficient / partially or fully outsourcing major machines, including CT and MRI)
- Standardize **productivity** for imaging services - US scanning, reading CT/MRI if there is a significant backlog
  - Productivity will be set based on the **bottleneck** identified
    - Productivity per machine per day if the limiting factor is number of machines
    - Productivity per health care provider per hour if the limiting factor is number of professionals
  - **Monitor** the performance (against the expectation) and link identified gaps with an improvement and/or accountability mechanism



SBFR: Diagnostic Care…



Change Intervention 2: Establish client centered system sample collection and result delivery

- Assigning **phlebotomist** and **decentralizing** sample collection sites to clinical service areas (Service will approach to sites where clients are)
  - Emergency sample collection and result delivery service
  - OPD sample collection and result delivery service
  - Inpatient sample collection and result delivery service
- **Microscopic** examination and other tests requiring simple machines should be done at major clinical service areas
  - For tests requiring **big machines,** samples will be collected from the clinical service areas and the test will be done at the central laboratory (Result should only be delivered by a runner)

SBFR: Diagnostic Care…

Change Intervention 2: Establish client centered system sample collection and result delivery

- **Sample clotting / hemolysis incidents** should be minimized to reduce/avoid unnecessary and repeated sample requests
- Result should be delivered based on the agreed **TAT**
  - Undertake **specific tests based methods of TAT monitoring** for compliance to the TAT and link identified gaps with an improvement and/or accountability mechanisms
    - client interview, patient walk, laboratory register data review etc
  - Result should be delivered **electronically or by a runner**
- Monitor for **unnecessary lab repeats** and establish system of repairing the causes (system of notification, capacity building etc)

SBFR: Diagnostic Care…

Change Intervention 2: Establish client centered system sample collection and result delivery

- Establish system of auditing **justifications** of major laboratory/imaging requests and link identified gaps with an improvement and/or accountability mechanism
  - Scope might be defined for some diagnostic workups like US, CT, MRI
  - Use of **audit-feedback cycle** to improve the identified gaps
- Establish system of auditing laboratory and imaging requests which are **sent outside the institution** for unacceptable reason and linking all identified gaps with an accountability mechanism

SBFR: Diagnostic Care…

Change Intervention 3: Improve diagnostic service equipment and supply management system

- System of **preventive and curative maintenance system** for laboratory and imaging medical equipment
- Establish agreement for equipment maintenance through **outsourcing** (Public and private)
- **Partially Outsource** the **management** of selected diagnostic service(MRI, CT Scan)



SBFR: Diagnostic Care…



Change Intervention 4: Laboratory has implemented quality management system, incident handling and reporting system, LMIS

- Implement a **process control system** that monitors the processes from pre analytical to post analytical phases of testing, including an established internal quality control (IQC) and participates in external quality assurance (EQA).
- established **incident handling and reporting system** which includes errors or near errors (near misses).
- The hospital has established **laboratory management information system.**
- The hospital laboratory should be designed and organized at least for **bio safety level 2 or above** and work environment is clean and well maintained at all times.

SBFR: Diagnostic Care…



Change Intervention 5: Hospital implemented appropriate and safe **blood transfusion service**

- Appropriate **storage and stock management system** for blood and blood products
- Blood **mobilization strategy** in collaboration with nearby blood bank (at least proportional to the amount they require)
- Appropriate **cold chain system** for blood and blood products
- Actively functioning **HTC** and regularly **audits** practice of appropriate and **safe use** of blood, reports safety related incidents to all stakes

SBFR: Diagnostic Care

Expected Results

- Improve ED/OPD/IPD lab **turn-around-times**
- Decrease incidence of **hemolyzed/Clotted specimens**
- Decrease incidence of **unnecessary lab repeats**
- Decrease in **backlog** for imaging services and acceptable **performance level** for the available resource (HR, diagnostic machines)
- Improved **diagnostic service quality index**



SBFR: 7

Pharmaceuticals and Medical Devices

SBFR: Pharmaceutical and Medical devices

Change Intervention 1: Establish system of control over top 20 prioritized drugs

- Decide on **list** of **20** prioritized drugs
  - Prioritization should be based on **cost, addiction risk and risk for drug resistance**; And, shall include **2nd and 3rd line antibiotics, pethidine, anti-coagulants, PTU, anti-D etc**
  - Define **scope** for prescribing selected items
- Daily **stock status** report for the prioritized drugs with an emphasis on near stock out items
- Daily **prescription audit** (who prescribed, how much, rational use)
  - Audit for possible evidences of abuse or irrational use
  - Link all identified gaps with an improvement and/or accountability mechanism

SBFR: Pharmaceutical and Medical devices…

Change Intervention 2: Establish system of control over prioritized 5 supply items

- Decide on list of **5** prioritized **supply** items
  - Prioritization should be based on **cost and availability on market**
  - Define **scope** for prescribing selected items
- Daily **stock status** report for the prioritized supplies with an emphasis on near stock out items
- Daily **prescription audit** (who prescribed, how much, rational use)
  - Audit for possible evidences of abuse or irrational use
  - Link all identified gaps with an improvement and/or accountability mechanism

SBFR: Pharmaceutical and Medical devices…

Change Intervention 3: Regular audit on appropriate use of drugs and supplies for an exempted, CBHI and other credit services

- **Staff clinic** establishment
- **Weekly audit** on dispensed drugs and supplies for an exempted, CBHI and other credit services
  - Compare **register vs prescription agreement** with a focus on prioritized drugs and supplies listed out above
  - Use a **sampling** procedure
  - Link all identified gaps with an improvement and/or accountability mechanism

Change Intervention 4: The hospital implements auditable, transparent and accountable pharmaceutical transactions and services (APTS).

- Presence of properly **recorded and filed** prescriptions, sales tickets and registers at dispensaries
- Implementation of **coding** to uniquely identify medicines (service areas, stores)
  - **Bin ownership** and updating is implemented
  - Presence of regular **monthly reports** for products, finance and services which is evaluated by DTC and SMT with corrective actions
  - Annual **ABC and VEN analyses** report

SBFR: Pharmaceutical and Medical devices

Expected Results

- Improved drug **availability**
- Decreased drug **abuse**
- Improved **rational use** of drugs leading to less AMR risk

SBFR: 8

Motivated, Competent, and Compassionate care

SBFR: Motivated, Competent and Compassionate Care

Change Intervention 1: Conducive working environment for general duty staffs without compromising timely access for patient care

- **Gender** based (not scope or profession based) duty room arrangement with bathroom and hand washing facility
- **Number of beds: 50%** of duty staff number
- Equipped with **furniture, computer**
- **Cup board** for all staffs to secure all their personal belongings, gowns and uniforms
- 24 hrs access to **water** (portable purifier)
- Central **coffee and tea** service
- Duty room regular **housekeeping service** with daily cleaning and linen change service
- **Zonal duty room service focal** assigned and manage the above requirements

SBFR: Motivated, Competent and Compassionate Care

Change Intervention 2: Conducive working environment for consultant physicians without compromising timely access for patient care

- Should have bathroom and hand washing facility
- Equipped with furniture, computer, internet, tv
- Cup board for all staffs to secure all their personal belongings, gowns and uniforms
- 24 hrs access to water (portable purifier)
- Central **coffee and tea** service
- Duty room regular **housekeeping service** with daily cleaning and linen change service
- **Zonal duty room service focal** assigned and manage the above requirements (shared with general duty management)

SBFR: Motivated, Competent and Compassionate Care …

Change Intervention 3: Incentives and work load based payments management

- All duty payments should be played only if the responsive individual executed all activities and submitted all expected **reports** including audit activities
  - Department head may **omit** someone from a duty schedule if the responsible person including consultants fails to adhere to the minimum expectations as stated above
- Teaching overload payments should only be paid if the responsible individual has actively engaged in the following activities
  - Morning meetings
  - Referral clinics
  - MDT rounds
  - OR service including adherence to the operation theatre operational and quality standards
  - Bedside
  - Duty rounds
  - Daily clinical audit
  - Quality improvement activities
  - Other academic or service related activities which are clearly stated by the institution

SBFR: Motivated, Competent and Compassionate Care

Expected Results

- Motivated workforce
- Improved productivity of health care workers
- Improved access and safety of care

SBFR: 9

Data Quality and Evidence Use

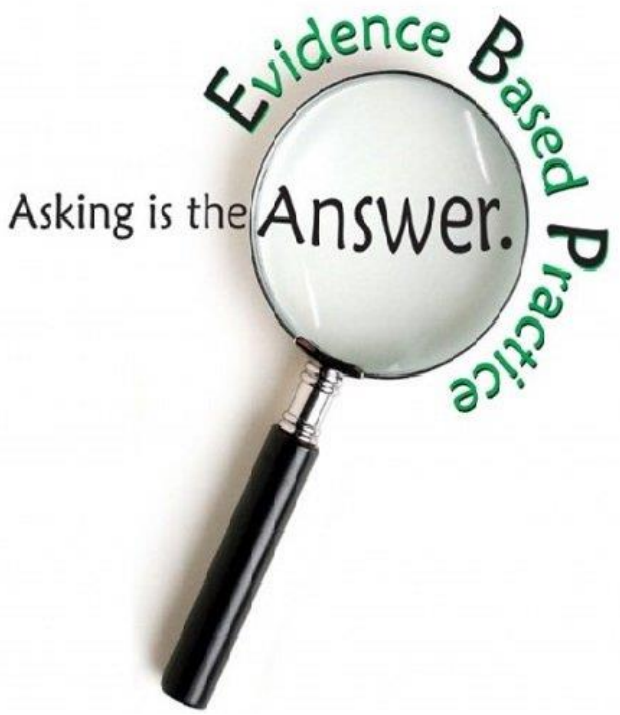
SBFR: Data Quality and Evidence Use

Change Intervention 1: Full automation of electronic medical record system for quality data and its use for decision making

- Invest on **full digitization** of the clinical care process
- Use of daily, weekly, monthly, quarterly, biannually etc EMR **dashboar** encompassing facility specific, regional and national HMIS and KF indicators
- **Monitor** overall productivity, clinical and non clinical functions of th hospital using facility specific, regional and national HMIS and KF indicators (as per the timeline set for an individual indicator)

Change Intervention 2: IT structure to support digital health activities

- Established **IT structure** and has adequate staffs to support EMR syster
- **24 hrs** IT personnel is assigned (Working and duty hours includin weekends and holidays



SBFR: Data Quality and Evidence Use …



Change Intervention 3: Data quality audit for completeness, correctness and timeliness

- There is ≥**85%** consistency between data reported on HMIS forms and data recorded in registers and patient / client records
- HIT department in collaboration with quality team and SBFR task force conducts **sampling based daily data audit** for completeness and correctness (Every service unit should at least be audited once a week)
- Data audit **gaps** are analyzed and linked with a repair and /or accountability mechanism

Change Intervention 4: DHIS2 implementation

- Hospital submits reports **timely**
- Hospital keeps **hard copy** of all reported data and it is **consistent** with **DHIS2** data

SBFR: Data Quality ad Evidence Use …



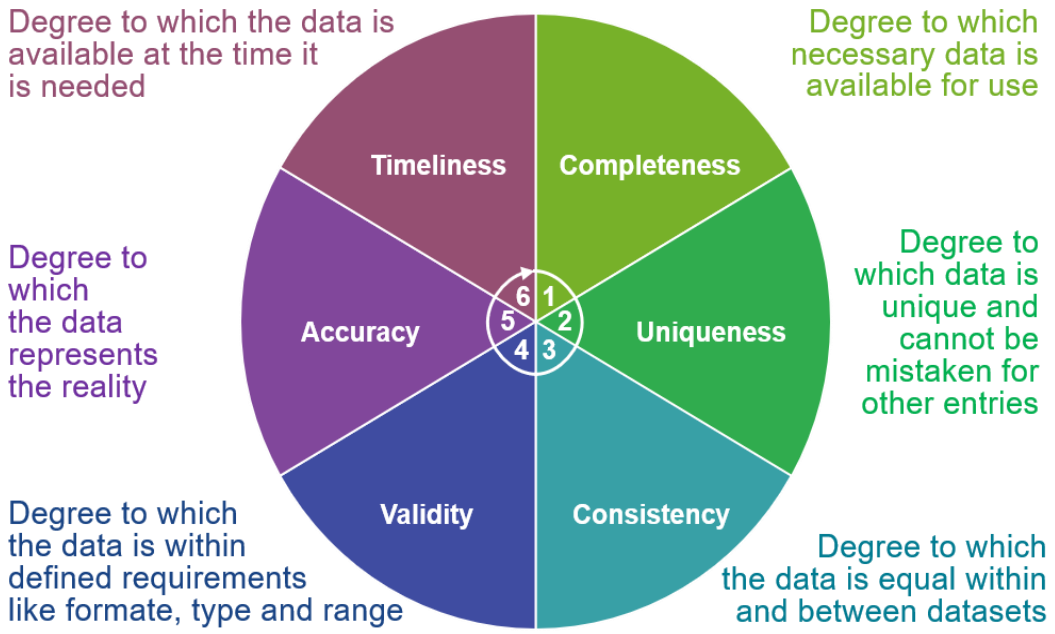
Change Intervention 5: Use of data for decision making

- **HR productivity** related data and its use for motivation and/or ensuring accountability *(Linking with available **payment** mechanisms (duty payment, teaching overload))*
- **Quality of care gaps** are linked with a reactive and/or proactive improvement programs
- **Diagnostic and drug/supply access gaps** are linked with an improvement and/or accountability mechanisms

SBFR: Data Quality and Evidence Use

Expected Results

- HR productivity (dis-aggregated by type of profession) variation is less than 15%
- Morbidity and Mortality indicators are with in an acceptable range (Ensure all HMIS, KPI, SBFR and facility specific indicators are addressed)
- Process indicators for SBFR and other facility specific measurements are with in an acceptable range



SBFR: 10

Academic and Clinical Services Integration and high quality culture for institutional transformation

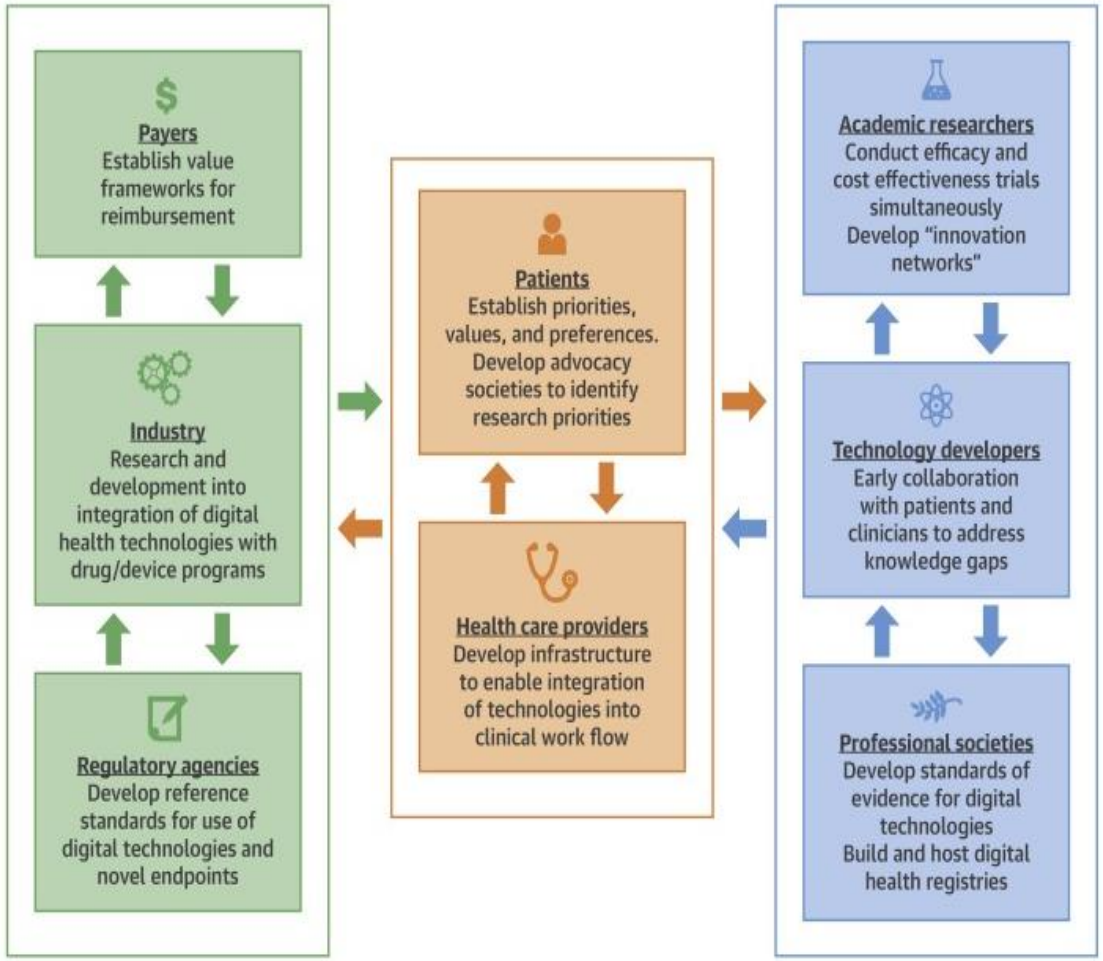
SBFR: Academic and Clinical Services Integration

Change Intervention 1: Client centered and system oriented medical education

- **Department heads** are responsible to manage both service and academic activities and are accounted to both academic and clinical service wings
- **System thinking** is integrated with the existing undergraduate and postgraduate curricula (for both training and evaluation)

Change Intervention 2: Certified by ESA health facilities regulatory standards

- **Certified** as per health facility regulatory standards
- An **action plan** is developed for all identified gaps / feedback provided
- Evidence of **implementation** for the action plan developed



SBFR: High quality culture for institutional transformation



Change Intervention 3: effective and efficient EHSTG implementation

- Well established workshop and system for **facility maintenance** (water, electric, buildings, sewerage lines)
  - Maintenance tools
  - Adequate staff and spare parts
  - Regular and programmed preventive and curative maintenance system for major facility functions
- Well established **medical equipment maintenance workshop**
  - Maintenance tools
  - Adequate staff and spare parts
  - Regular and programmed preventive and curative maintenance system for major medical equipment

SBFR: High quality culture for institutional transformation



Change Intervention 4: CASH

- Hospital **compound** and **surrounding** (with in 3 meters of hospital fences) are clean and green
- All **sockets** are fixed**, electric lines** are safely secured/covered and **sewerage lines** are tightly closed

SBFR: High quality culture for institutional transformation



Change Intervention 5: Quality culture

- Strong quality structure is established
- **Multidisciplinary team** which includes physicians, nurses, laboratory and pharmacy professionals, other experts such as health information etc
- **Quality unit** coordinates all hospital reform activities, SBFR implementation and other quality related agendas
- **HR productivit**y related data and its use for motivation and/or ensuring accountability (Linking with available payment mechanisms (duty payment, teaching overload))
- Quality unit in collaboration with other units/departments graduate at least **2 QI projects per quarter**
- Strong **institutional learning culture** with **bench marking** activities with in or b/n health facilities

SBFR: High quality culture for institutional transformation

Change intervention 6: Health care financing

- Regular **audit** for **exempted** service and identified gaps are linked with feedback and /or accountability mechanisms
- **Social service** is provided
  - **Staff clinic** is established and is led by a protocol
  - **Social service** is provided based on an established protocol
  - **Regular audit** for social service provided and identified gaps are linked with feedback and/or an accountability mechanism

Change intervention 7: Provide CBHI based and other credit services

- **MOU** signed b/n both parties
- **Timely request claim** and payment collection
- **Audit** finding from CBHI and other customers comply with **more than 90%** of the expectations (documentation, service availability, clinical audit and other defined requirements)

- Provide **stamped stock out prescriptions** for unavailable medications
- Provide **stamped stock out laboratory and or imaging requests** for unavailable diagnostic tests

SBFR: Academic and Clinical Services Integration & High quality culture for institutional transformation

Expected Results

- Client centered and system oriented medical education
- Increased **revenue** collection and efficient use of scarce resource
- Improved **safety**
- Institutionalized **quality culture**



Upcoming tools ...

- Dashboard
- Nursing care quality index
- Pharmaceutical service quality index
- chart audit tool
- client interveiw checklist
- SBFR assessment tool



Group Exercise

TBD by the team

SBFR: Project Coordination and Implementation Arrangement

National Level (MoH)

- Developing and sharing necessary generic technical documents related to the national SBFR project
- Align and integrate the national SBFR project with other key national projects, program and initiatives
- Coordinating and monitoring the overall implementation and performance management of the national SBFR project
- Develop, Sign and enforce MOU with implementing hospitals as joint implementation and accountability framework for SBFR project
- Providing technical, financial and material supports to implementing hospitals through applying merit-based approaches
- Conduct surprising and planned visits both at night and day time in randomly selected facilities from implementing sites
- Conduct monthly performance review and feedback virtual session with all heads of implementing sites
- Develop and implement national SBFR performance monitoring and reporting framework
- Create and implement recognition with financial award package for best performing and innovative hospitals

SBFR: Project Coordination and Implementation Arrangement…

Regional Level (RHB)

- Adopt and support implementation of various technical documents related to the national SBFR projects
- Assign proper regional SBFR coordinating focal person and unit who will be responsible for the overall communication and performance management of SBFR implementation at regional level
- Provide the necessary technical, financial and material supports to SBFR implementing hospitals in the region
- Support and closely monitor implementation of the signed MOU including the SBFR performance monitoring and reporting framework
- Conduct surprising and planned visits both at night and day time in randomly selected SBFR implementing facilities in the region
- Conduct monthly regular review and feedback provision forum with implementing facilities on the specific and general performances of regional SBFR project implementation

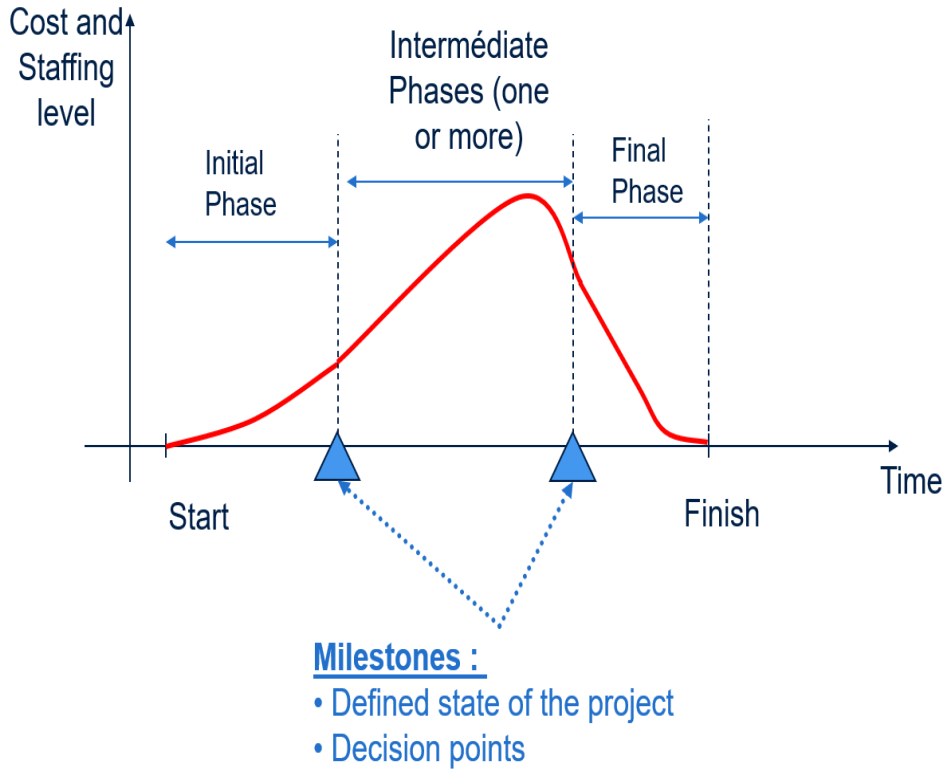
SBFR: Project Coordination and Implementation Arrangement…

Facility Level (SBFR-Hospital)

- Customize and implement all the technical, administrative and any other supportive documents prepared by ministry of health for the national SBFR project
- Sign and effectively implement the MOU which the hospital has official agreed with MoH as joint implementation and accountability framework for SBFR project
- Regularly evaluate and take timely actions at hospital's SMT meetings on the proper implementation of SBFR project
- Submit complete and timely SBFR performance report to RHB and MoH using the right reporting tool
- Attend the monthly performance review and feedback provision virtual session to be coordinated and chaired by ministry of health in coordination with RHBs

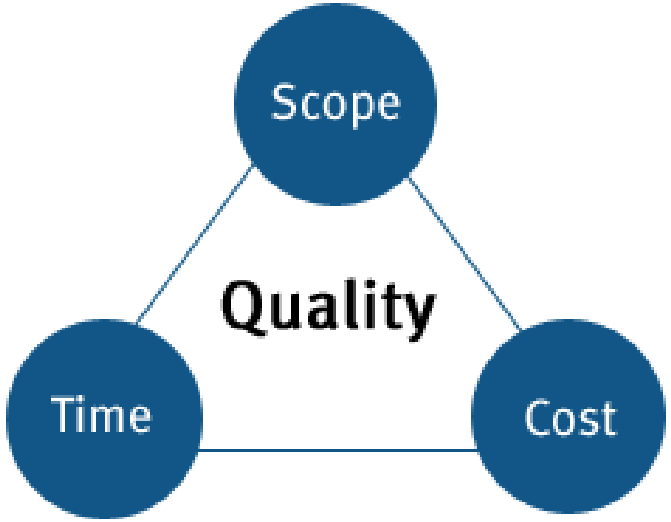
SBFR: Institutional Project Management and Coordination

- Primary institutional efforts applied on the project with the ultimate aim to effectively and efficiently realize the goal and core objectives of the project
- *The application of processes, methods, knowledge, skills and experience to achieve the project objectives*
- Has clear concepts and practical steps:
  - Performed by people
  - Constrained by limited resources including time
  - Planned, executed and controlled by institutional policy



SBFR: Institutional Project Management & Coordination…

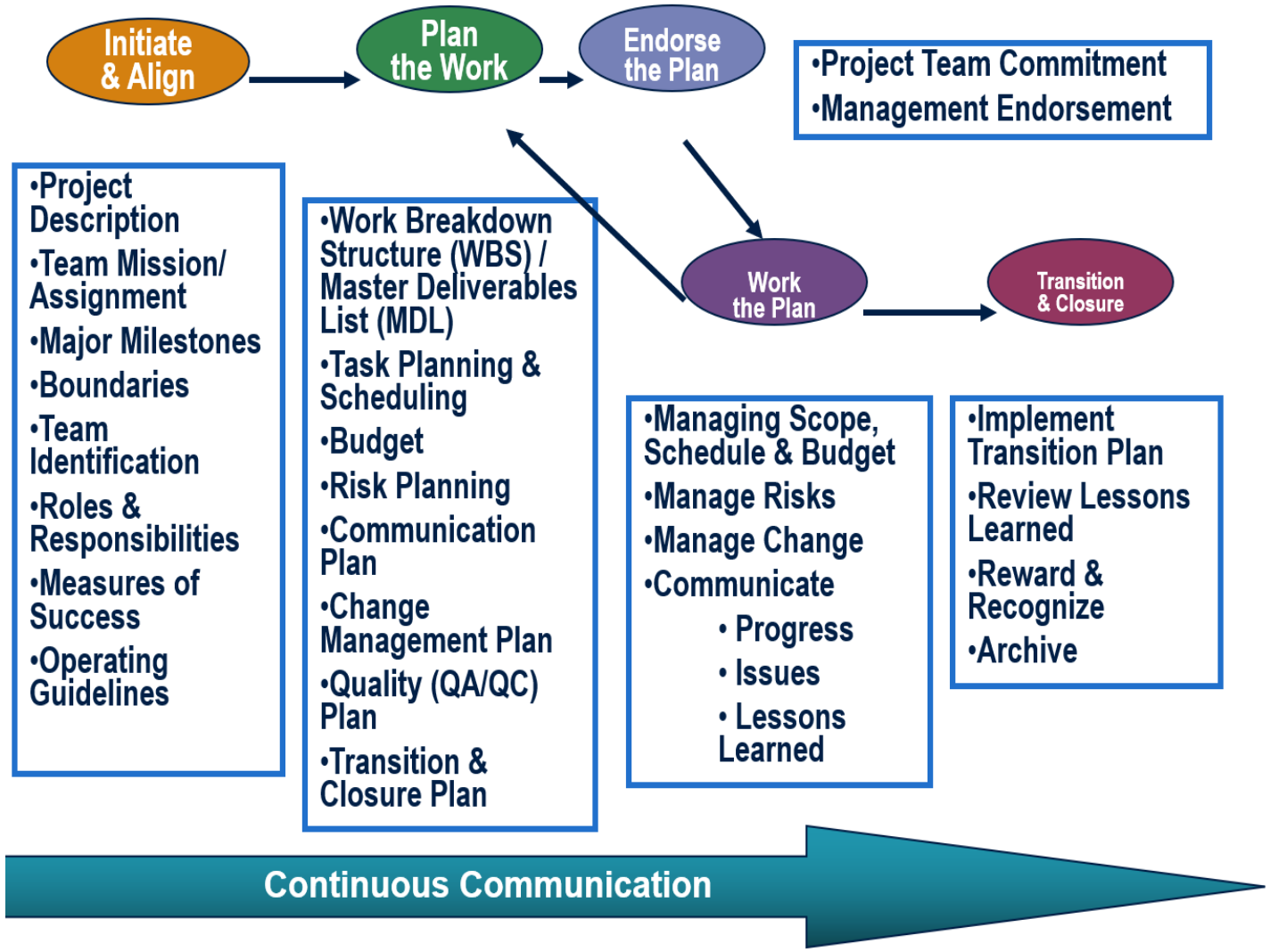
- The success of Institutional efforts to effectively and efficiently meet all the ultimate expectations of the project will always depend on three planning factors; **Scope**, **Time** and **Cost**:
- **Time** – deadline, milestones, allocation of work between team members and business as usual.
- **Cost** – the project budget, additional/unexpected costs, staff time, comparable value.
- **Scope** – directly effected by time and cost, and vice versa.



SBFR: Institutional Project Management & Coordination…

Effective and efficient project implementation requires:

- Working team
  - Responsible experts and units
- Strategy
  - Clearly known plan
- Milestones
  - Clearly Defined deliverables
- Resource allocation
  - Time, budget..
- Adjustments
  - CQI, feedback cycle
- Documentation
  - Proper data capturing, Reporting
- Communication
  - Dashboard, review meeting, recognition





Group Exercise

TBD by the team

SBFR: Project Adoption and Cascading

Understanding

- Taking technical and concept clarity training
- Be clear on national, regional and institutional expectations
- Collect all the necessary technical documents such as project doc, templates, presentations
- Provide your contacts and get registered on common platforms

Contextualize

- Cascade the technical and concept clarity training
- Establish SBFR team with clear roles and responsibilities
- Conduct assessment and define gaps based on SBFR priorities and interventions
- Develop implementation plan with defined time, responsibility and deliverables
- Design and integrate performance monitoring, feedback cycle and learning platforms

Implement

- Approve hospital's SBFR plan and deliverables with required resources
- Ensure all service units, departments and team are well informed on expectations
- Officially launch the starting of Hospital SBFR project implementation
- Regularly monitor performances, support feedback and learning cycles


Technical Orientation on SBFR has paused here, but keep tracking your actual commitments and performances on patient care!