

المديرية العامة لمستشفى خولت
Directorate General of Khoula Hospital

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Strategic Plan for Directorate General of Khoula Hospital

1. Introduction

The Directorate General of Khoula Hospital is a leading tertiary healthcare provider in the Sultanate of Oman, delivering specialized trauma, surgical, medical, and reproductive services across its network of facilities. As a cornerstone of the national healthcare system, DGKH carries both a strategic responsibility and an institutional mandate to advance the quality, safety, and accessibility of specialized healthcare services.

The DGKH Strategic Plan 2026 serves as the primary institutional roadmap, providing a unified and integrated framework for clinical, operational, digital, and infrastructure development across all facilities under the Directorate's remit. The plan translates national health policy directives into clearly defined priorities, enabling systematic execution and accountability at all levels of the organization.

Specifically, this Strategic Plan establishes:

- A clearly articulated strategic direction and set of institutional priorities for 2026
- Robust governance, oversight, and accountability mechanisms to drive performance
- A structured implementation and monitoring framework to ensure measurable outcomes.

2. Definitions

Term	Definition
Strategic Plan	A structured, multi-year institutional roadmap that defines long-term goals, priorities, and the actions required to achieve them, typically spanning a five-year period.
Operational Plan	An annual departmental plan that translates strategic priorities into time-bound, measurable objectives and service delivery targets.

Term	Definition
Key Performance Indicators (KPIs)	Quantifiable metrics used to evaluate the degree to which strategic and operational objectives are being achieved.
Omani Healthcare Accreditation Standards (OHAS)	The national regulatory and quality standards framework governing healthcare provision in the Sultanate of Oman.
AMAN System	The national incident reporting and patient safety management system used across healthcare institutions in Oman.
SMART Objectives	Objectives that are Specific, Measurable, Achievable, Relevant, and Time-bound, used to ensure clarity and accountability in departmental planning.
Patient Safety Standards	National and international frameworks, protocols, and requirements established to ensure the consistent delivery of safe care and the prevention of avoidable harm.
Failure Mode and Effects Analysis (FMEA)	A proactive risk assessment methodology used to identify potential failure points in processes and implement preventive measures before harm occurs.

3. Department Information

The Directorate General of Khoula Hospital (DGKH) Strategic Plan 2026 establishes a comprehensive institutional framework to advance healthcare delivery across Khoula Hospital, Al Nahdha Hospital, and Al Wattayah Gynecology and Obstetrics Complex & IVF Center. This plan is developed in full alignment with Oman Vision 2040, the Ministry of Health (MOH) Five-Year Strategic Plan (2025–2030), and applicable national accreditation frameworks, including the Omani Healthcare Accreditation Standards (OHAS).

This strategy is anchored in eight interconnected domains of institutional development: patient safety and quality excellence, clinical services expansion, operational efficiency, digital

transformation, infrastructure modernization, clinical governance, resource optimization, and healthcare innovation. Each domain is governed by measurable outcomes, defined accountability structures, and systematic performance monitoring mechanisms.

This plan provides the strategic direction necessary to ensure DGKH delivers safe, high-quality, sustainable, and patient-centered healthcare services that meet national benchmarks and international standards.

4. Vision

To be Oman's national leader and regional benchmark in trauma, and specialized care in orthopedic, neurosurgery, maxillofacial, ENT, ophthalmology, plastic and reconstructive and neurology— setting the standard for patient safety, clinical outcomes, and integrated, high-reliability healthcare systems.

5. Mission

To deliver world-class, patient-centered care through advanced clinical practice, robust governance, and a culture of safety and continuous improvement; while leading innovation in trauma and specialized services, developing healthcare talent, and contributing to a resilient and sustainable health system in Oman.

6. Core Values

Safety as a System Priority

Patient safety is embedded into every process, decision, and outcome — with an organizational commitment to achieving zero preventable harm.

Clinical Excellence with Accountability

The highest standards of evidence-based care are upheld, with clear accountability for clinical performance, patient outcomes, and ethical practice.

Patient-Centered Compassion

Every patient and family is treated with dignity, empathy, and cultural sensitivity — ensuring care that is inclusive, respectful, and responsive to individual needs.

Integrated Teamwork

Multidisciplinary collaboration and seamless care pathways across services and facilities are actively fostered to optimize patient outcomes.

Innovation and Learning Culture

Digital transformation, applied research, and continuous professional learning are embraced to drive improvements in care delivery and organizational performance.

Transparency and Trust

Openness in communication, data sharing, and decision-making is promoted to build and sustain trust among patients, staff, and the wider community.

5. Principles of Strategic Planning at DGKH**5.1 Strategic Plan Development and Governance**

The Directorate General of Khoula Hospital operates under a formally approved Strategic Plan that is fully aligned with the national transformation agenda of Oman Vision 2040 and the Ministry of Health's strategic direction. The development of the Strategic Plan follows a structured governance methodology, led by the Director General and endorsed by the Executive Leadership Team.

The planning process incorporates:

- Situational analysis utilizing SWOT methodology
- Institutional risk assessment review and risk register analysis
- Key Performance Indicator (KPI) trend analysis and benchmarking
- Workforce capacity planning and succession assessment
- Infrastructure evaluation and capital investment prioritization
- Multi-stakeholder engagement across clinical and administrative functions

Inputs to the Strategic Plan are drawn from a broad evidence base including risk registers, incident trends captured through the AMAN system, clinical audit outcomes, Mortality and Morbidity review themes, patient experience data, infection surveillance reports, and operational performance dashboards. This ensures the plan is grounded in real-time institutional intelligence and aligned with patient safety imperatives.

5.2 Institutional Strategic Plan

The Strategic Plan of the Directorate General of Khoula Hospital serves as the primary institutional roadmap guiding organizational development over the defined planning period. It articulates the Directorate's mission, vision, and core values, and translates these into clearly defined strategic priorities and long-term objectives.

The plan is formally approved by the hospital's Executive Leadership and is made accessible to all departments to promote transparency, shared accountability, and organizational alignment across the Directorate's facilities.

5.3 Annual Operational Planning

The Directorate General develops an Annual Operational Plan that converts long-term strategic priorities into measurable and time-bound institutional objectives. The Operational Plan defines specific service targets, quality improvement initiatives, performance indicators, and resource requirements. Each objective is supported by clearly assigned ownership and defined timelines to ensure accountability and effective execution.

5.4 Departmental Objective Setting

At the departmental level, all clinical and non-clinical units are required to develop annual objectives that are directly aligned with the Directorate's Operational Plan. These objectives are formulated using the SMART methodology to ensure clarity, measurability, and operational relevance.

Departments are responsible for:

- Developing SMART objectives aligned to the institutional Operational Plan
- Monitoring departmental performance indicators on a regular basis
- Submitting structured progress reports to hospital leadership on a defined cycle
- Addressing identified risks from departmental risk registers within their objectives
- Incorporating audit findings and quality improvement outcomes into planning

5.5 Communication and Organizational Alignment

The approved Strategic Plan is disseminated through leadership forums, Directorate circulars, and structured departmental briefings. Department Heads are formally oriented towards their strategic obligations, ensuring vertical alignment between the institutional direction and operational execution at all levels of the organization.

6. Strategic Alignment Framework

The DGKH Strategic Plan 2026 is designed within a multi-layered alignment framework that ensures institutional priorities are coherent with national health policy, international best practice, and the operational realities of each facility.

6.1 Alignment with Oman Vision 2040

The Strategic Plan directly supports the health sector transformation pillars of Oman Vision 2040, specifically:

- Health system sustainability and long-term financial viability
- Digital transformation and the adoption of technology-enabled care
- Workforce nationalization and professional development of Omani healthcare talent
- Value-based healthcare delivery and outcome-focused service models

6.2 Alignment with the MOH Five-Year Strategic Plan (2025–2030)

Institutional priorities are further aligned with the Ministry of Health’s Five-Year Strategic Plan, encompassing:

- Service expansion and progressive decentralization of specialized care
- Strengthening preventive medicine and community health programs
- Development of specialized services including trauma, neuroscience, surgical, reproductive health, and rehabilitation
- Integration of care pathways and clinical governance across institutional boundaries

6.3 Institutional Integration

The Strategic Plan governs the integrated development of all facilities under the Directorate, each contributing distinct clinical capabilities to the overall service portfolio:

Khoula Hospital	Primary center for tertiary trauma services, and complex specialized surgical such as Neurosurgery, Orthopedic, Neurology, Plastic and Burn, and medical disciplines such as Neonatology.
Al Nahdha Hospital	Provider of tertiary surgical in ophthalmology, ENT and OMFS and medical specialty services, supporting capacity expansion across the Directorate.
Al Wattayah Gynecology and Obstetrics Complex	A unified entity delivering advanced reproductive medicine and assisted fertility services.

7. Strategic Objectives for 2026

The following eight strategic objectives define the institutional priorities of the Directorate General for 2026. Each objective is supported by specific initiatives and measurable key performance indicators as detailed in Sections 8 and 9.

#	Strategic Objective	Description
1	Patient Safety & Quality Excellence	Strengthen institutional patient safety culture and clinical quality systems to achieve and sustain measurable improvements in care outcomes.
2	Clinical Services Development	Enhance and expand specialized clinical programs, including trauma, neuroscience, reproductive health, and step-down care services.
3	Operational Efficiency & Patient Flow	Improve end-to-end patient flow and reduce waiting times across emergency, outpatient, and surgical services.
4	Digital Transformation	Implement a comprehensive smart hospital program across all facilities, enabling integrated, data-driven clinical and operational management.
5	Resource Optimization & Sustainability	Maximize the efficient utilization of clinical, financial, and human resources while reducing waste and unnecessary variation.
6	Clinical Governance & Leadership	Strengthen governance frameworks, accountability structures, and leadership effectiveness across all clinical and support services.
7	Infrastructure Development	Deliver targeted infrastructure investment to expand clinical capacity, modernize facilities, and ensure a safe care environment.
8	Innovation & Continuous Improvement	Foster a culture of innovation, evidence-based practice, and organizational learning to drive sustained performance improvement.

8. Strategic Pillars and Key Initiatives

8.1 Patient Safety and Quality Excellence

Patient safety is the foundational priority of the DGKH Strategic Plan. The Directorate is committed to achieving measurable reductions in preventable harm and embedding safety as a defining characteristic of organizational culture.

Key initiatives under this pillar include:

- Full implementation of the national Patient Safety Standards across all facilities
- Strengthening of incident reporting systems through the AMAN platform, with an emphasis on near-miss reporting and organizational learning
- Institutionalization of Leadership Walk Rounds as a governance and engagement mechanism
- Systematic Mortality and Morbidity review meetings with structured learning outputs
- Expansion of clinical audit programs with closed-loop monitoring and improvement cycles

8.2 Clinical Services Development

The Directorate will pursue the strategic development of its clinical service portfolio in alignment with national health priorities and population needs.

Core service development initiatives include:

- Establishment of a dedicated Stroke Unit to strengthen neurology services and improve time-critical care pathways.
- Optimization and capacity expansion of trauma and complex surgical services.
- Implementation of integrated multidisciplinary care pathways across clinical specialties.
- Standardization of clinical governance frameworks across all institutional services.
- Establishment of Step-Down Wards for Chronic Ventilated Patients, designed to improve ICU utilization, optimize critical care capacity, and ensure continuity of care for ventilator-dependent patients.
- Expansion of Renal Dialysis Services to increase accessibility, reduce patient waiting times, and meet the projected growth in renal care demand.

8.3 Operational Efficiency and Patient Flow

Operational efficiency improvements will focus on reducing unnecessary delays, optimizing patient flow, and enhancing the overall care experience across all touch points.

- Development and implementation of a real-time surgical waiting list management system.
- Deployment of an integrated bed management system encompassing inpatient, ICU, and step-down unit capacity.
- Redesign of outpatient department workflows and appointment management systems to reduce access delays.
- Implementation of targeted initiatives to reduce Emergency Department length of stay in compliance with national benchmarks.

8.4 Digital Transformation and Smart Hospital Systems

DGKH will implement a comprehensive digital transformation program across all facilities, organized across four strategic capability areas:

8.4.1 Infrastructure and Connectivity

- Deployment of high-speed network infrastructure supporting 1–10 Gbps backbone connectivity
- Integration of Wi-Fi 7 and 5G technology across clinical and administrative environments

8.4.2 Communication Systems

- Implementation of Voice over Internet Protocol (VoIP), IP-PBX, and Interactive Voice Response (IVR) systems.
- Deployment of smart clinical communication platforms including VoWiFi and Ascom. Solutions

8.4.3 Operational Systems

- Asset management and tracking systems
- Queue management systems to optimize patient flow
- Workforce attendance and scheduling management systems
- Enhanced CCTV and integrated security monitoring infrastructure

8.4.4 Strategic Digital Capabilities

Real-time performance dashboards accessible to clinical and operational leadership

Data-driven decision-making systems integrated across clinical and administrative platforms.

Interoperability frameworks enabling seamless data exchange across all facilities

8.5 Resource Optimization and Sustainability

The Directorate is committed to maximizing the value delivered from available resources through systematic analysis of utilization patterns and the elimination of avoidable waste.

- Structured monitoring and governance of medication utilization patterns
- Evidence-based protocols to reduce unnecessary MRI and laboratory investigations
- Customization of surgical instrument trays and optimization of Central Sterile Services Department (CSSD) processes
- Data-driven blood product utilization management and governance
- Implementation of Lean healthcare methodologies and value stream redesign
- Optimization of the continuum of critical care, from ICU to step-down unit, to ensure appropriate level-of-care placement
- Enhanced operational efficiency of Renal Dialysis services through capacity planning and scheduling optimization

8.6 Clinical Governance and Leadership

A rigorous clinical governance framework will be maintained and strengthened to ensure accountability, transparency, and sustained organizational performance.

- Monthly Leadership Walk Rounds conducted by the Director General and senior leadership
- Structured Heads of Department governance meetings with defined reporting requirements
- Operating Theatre (OT) Committee oversight of surgical waiting list management and prioritization
- Functional clinical committees operating under the Quality Directorate with clear terms of reference
- Complaint Management and Patient Disclosure Committees ensuring responsive and transparent patient engagement
- Strategic collaboration with the Engineering and Maintenance Directorate to ensure infrastructure readiness, safety compliance, and timely delivery of capital projects

8.7 Infrastructure Development and Facility Enhancement

The Directorate will deliver a structured infrastructure development program under the Engineering and Maintenance Directorate, organized across five priority areas:

a. Critical Infrastructure and Utility Systems

- Strengthening of power supply systems and backup generation capacity.
- Upgrading of Heating, Ventilation, and Air Conditioning (HVAC) systems including air handling units, fan coil units, and cooling infrastructure.
- Improving environmental controls in critical clinical areas including operating theatres and ICUs

b. Clinical Capacity Expansion and Accessibility

- Expansion of dialysis service facilities and treatment stations
- Establishment of step-down ventilated care units within the existing infrastructure
- Expansion of day-care surgical capacity to reduce inpatient demand
- Enhancement of Emergency Department physical capacity and care environment

c. Specialized Clinical Unit Enhancement

- Establishment of a dedicated Stroke Unit
- Upgrading of neurosurgical and specialized inpatient wards
- Enhancement of endoscopy and interventional procedural units
- Strengthening of IVF and reproductive medicine safety and quality systems

d. Patient Experience and Facility Modernization

- Comprehensive renovation of inpatient ward environments to improve patient comfort and safety
- Enhancement of way finding, accessibility, and therapeutic environments across facilities

e. Medical Support Systems and Safety Infrastructure

- Expansion and systematic upgrading of medical gas pipeline systems
- Enhancement of hospital-wide oxygen supply and delivery infrastructure
- Implementation of specialized safety monitoring systems in high-risk clinical areas
- Strengthening of infection prevention and control-related physical infrastructure

8.8 Healthcare Innovation and Continuous Improvement

The Directorate is committed to fostering an institutional culture of innovation and evidence-based continuous improvement, driven by a learning organization philosophy.

- Promotion of clinical innovation initiatives and advanced care delivery models
- Application of Lean methodologies and systematic workflow redesign across high-impact processes.
- Leveraging digital analytics capabilities for performance insight and predictive intelligence.
- Advancement of institutional research and quality improvement programs.
- Recognition and scaling of innovation initiatives that demonstrate measurable improvements in patient outcomes

9. Key Performance Indicators (KPIs)

Performance against strategic objectives will be monitored through a structured set of Key Performance Indicators organized by strategic domain. All indicators are supported by defined data sources, measurement frequencies, and responsible owners within the governance framework.

KPI Domain	Key Indicator	Target / Measure
Patient Safety & Quality	Incident reporting rate per 1,000 patient days	Quarterly improvement trend
Patient Safety & Quality	Mortality and Morbidity review compliance rate	≥95% within defined timeline
Patient Safety & Quality	Root cause analysis completion rate for sentinel events	100% within 45 days
Patient Flow & Operations	Emergency Department length of stay	Compliance with national benchmark
Patient Flow & Operations	Outpatient waiting time (first appointment)	Measurable reduction from baseline
Patient Flow & Operations	Real-time surgical waiting list performance	Monthly reporting to governance committee
Critical Care	ICU utilization rate	Optimal occupancy within defined threshold
Critical Care	Rate of appropriate transfer to step-down units	Quarterly improvement trend

KPI Domain	Key Indicator	Target / Measure
Dialysis Services	Dialysis service utilization rate	Capacity against demand ratio
Dialysis Services	Patient waiting time for dialysis initiation	Measurable reduction from baseline
Digital Transformation	Strategic digital system uptime and availability	≥99% uptime for critical systems
Digital Transformation	Implementation progress of digital transformation projects	Milestone adherence (RAG status)
Resource Optimization	Rate of unnecessary MRI and laboratory investigations	Measurable reduction from baseline
Resource Optimization	Blood product utilization efficiency	Compliance with evidence-based thresholds
Patient Experience	Patient satisfaction score (inpatient and specialty wards)	≥90th percentile against benchmark
Patient Experience	Complaint resolution rate within defined timeframe	≥95%
Innovation	Number of registered quality improvement and innovation projects	Annual target defined by leadership
Innovation	Percentage of staff actively participating in improvement initiatives	Annual improvement trend

10. Risk Management and Patient Safety

Effective risk management is integral to the DGKH Strategic Plan and operates as a continuous, systematic process embedded within governance structures at all levels of the organization.

The Directorate’s risk management framework encompasses:

- Maintenance and regular review of institutional and departmental risk registers, with defined escalation pathways for high-risk items
- Emergency preparedness programs aligned with national civil defense and health emergency protocols
- Ongoing compliance monitoring against OHAS standards, Patient Safety Standards, and applicable regulatory requirements
- Data privacy protection and cybersecurity risk mitigation measures across all digital systems

- Structured downtime planning for critical clinical information systems to ensure continuity of patient care

11. Directorate Operational Plan

The Annual Operational Plan is the primary instrument through which strategic priorities are translated into executable institutional projects with clearly defined timelines, resource allocations, and measurable outcomes.

Each project incorporated into the Operational Plan is governed by:

- Clearly defined Key Performance Indicators (KPIs) and milestone targets.
- Quarterly milestone tracking with defined accountability.
- A structured project charter outlining scope, objectives, risks, and ownership.
- Risk mitigation planning with defined escalation triggers
- Approved budget allocations and resource plans

All operational initiatives are coordinated across both hospitals with clear differentiation of scope and defined interdependencies.

11.1 Departmental Operational Plans

All clinical and non-clinical departments across DGKH's facilities are required to develop Annual Departmental Operational Plans derived directly from the Directorate Operational Plan. These plans are documented, reviewed, and formally approved by the respective Assistant Directors General.

Departmental objectives must meet the following requirements:

- Direct alignment with established strategic priorities and the Directorate Operational Plan
- Measurability through defined, quantifiable Key Performance Indicators
- Explicit linkage to identified risks within departmental risk registers
- Integration of audit findings, quality improvement recommendations, and accreditation requirements
- Inclusion of workforce competency and training requirements necessary for objective delivery.

Departmental progress against objectives is monitored quarterly, with structured reporting submitted to hospital leadership and reviewed within the performance governance cycle.

12. Strategic Performance Monitoring and Governance

The Directorate General has established a formal, multi-tiered performance monitoring framework to ensure systematic oversight of strategic implementation and operational execution. This framework is designed to drive accountability, enable early identification of performance gaps, and support timely corrective action.

12.1 Performance Review Structure

Performance oversight occurs at multiple organizational levels:

- Monthly Executive Leadership Meetings review KPI dashboards covering clinical outcomes, patient safety indicators, workforce performance metrics, and financial results.
- Quarterly operational reviews assess progress against milestone targets and resource utilization.
- Mid-year and annual strategic performance evaluations assess cumulative achievement against strategic objectives and identify required adjustments to the plan

A centralized performance review process consolidates data from trauma registries, surgical outcome databases, infection control surveillance systems, workforce analytics, and financial management systems. Variance analysis is conducted for all underperforming indicators, and structured corrective action plans are developed with defined accountability, timelines, and escalation mechanisms.

For high-risk or materially delayed projects, the Director General may establish focused task forces or Rapid Improvement Events to address identified bottlenecks. Lessons learned from all major improvement cycles are formally documented and integrated into subsequent planning processes to strengthen institutional learning.

12.2 Strategic KPI Dashboard

DGKH shall implement a centralized Strategic KPI Dashboard to provide real-time visibility of performance across all strategic pillars. The dashboard will be maintained under the governance of the Director General and relevant clinical and operational committees.

Dashboard features:

- Real-time or near real-time data updates from operational systems
- Traffic Light (Red-Amber-Green) status system for rapid visual performance assessment
- Trend analysis reported on weekly, monthly, and quarterly cycles
- Department-level drill-down capability to support targeted improvement action

Core KPI domains monitored through the dashboard include: Patient Safety and Quality, Patient Flow and Operations, Critical Care Optimization, Dialysis Services Performance, Digital Transformation Progress, Resource Optimization, and Patient Experience.

12.3 Strategic Project Tracking System

A centralized Project Tracking System has been implemented to monitor all strategic initiatives across DGKH. The system provides a single source of truth for project status reporting and executive oversight.

The tracking system covers all projects under: Surgical Waiting List Reduction, Digital Transformation, Clinical Expansion, Infrastructure Development, Patient Safety Initiatives, and Resource Optimization.

Each project is documented and tracked against the following attributes:

- Project title, category, and strategic pillar alignment
- Defined start and target completion dates
- Percentage progress and current status (Green / Amber / Red)
- Identified risks and active mitigation plans
- Assigned project owner with clear accountability

Weekly and monthly progress reports are submitted to the Director General and the Clinical Governance Committee. Delayed or high-risk projects are subject to formal escalation to Directorate leadership, with a consolidated project dashboard presented at each monthly leadership meeting.

12.4 Governance Committees

Strategic and operational governance is exercised through a structured committee framework aligned to the key domains of the Strategic Plan:

- Clinical Governance Committee — oversight of clinical quality, patient safety, and accreditation compliance.
- Infrastructure Oversight Committee — governance of capital projects and facility development.
- Clinical Operations Committee — oversight of patient flow, capacity management, and service delivery performance.
- Resource Optimization Committee — governance of resource utilization and efficiency initiatives.

- Digital Health Steering Committee — strategic oversight of digital transformation and technology programs

12.5 Accountability and Reporting

A structured accountability and reporting framework ensures that strategic performance is visible at all organizational levels:

- Documented statistical data supporting all KPI reporting, maintained to audit-ready standards.
- Action tracking systems ensuring that corrective actions are assigned, monitored, and closed within defined timeframes.
- Weekly reporting of key strategic indicators to the Director General and the Clinical Governance Committee.
- Biannual all-staff presentations on strategic progress, institutional achievements, and priorities for the forthcoming period.

12.6 Continuous Improvement

Continuous improvement is embedded as a standing organizational commitment, operationalized through:

- Plan-Do-Study-Act (PDSA) improvement cycles applied to all quality and operational improvement initiatives.
- Systematic clinical and operational audit programs with closed-loop follow-up mechanisms.
- Multi-channel patient and staff feedback systems feeding directly into improvement planning.
- Annual post-implementation review of strategic initiatives to capture learning and inform the subsequent planning cycle.

13. Implementation Framework

Strategic initiatives will be implemented through a structured five-phase project management methodology to ensure disciplined execution, risk mitigation, and sustainable outcomes.

Phase 1: Initiation	Define project scope, objectives, governance structure, and formal project charter. Identify project owner and key stakeholders. Conduct initial risk assessment.
Phase 2: Planning	Develop detailed implementation plans including milestones, resource requirements, budget allocation, risk mitigation strategies, and stakeholder communication plans.
Phase 3: Execution	Implement planned activities in accordance with approved project charters. Conduct staff training and competency validation. Establish monitoring mechanisms.
Phase 4: Monitoring	Track progress against defined KPIs and milestones. Conduct regular performance reviews. Implement corrective actions for identified variances.
Phase 5: Closure and Learning	Conduct formal project closure review. Document lessons learned. Assess outcomes against original objectives. Integrate learnings into future planning cycles.

Each initiative must be supported by defined KPIs, a completed risk assessment (utilizing FMEA methodology where applicable), a staff training and competency validation plan, and a continuous monitoring and reporting mechanism throughout its lifecycle.

14. Document History and Version Control Table

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1	Initial release	Dr.Salima Al Aisari	Dr Hiba Al Ajmi	2027
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