Scientiarum: A Multidisciplinary Journal
Volume 1, Issue 1, January 2025, pp. 37–45
DOI: 10.54646/SAPARS.2025.27

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REVIEW

Architecting patient safety: a narrative review of the evolution of a clinical governance framework at a regional hospital (2022–2025)

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Received: 23 January 2025; **Accepted:** 07 February 2025; **Published:** 20 February 2025

Structured clinical governance (CG) is the key element that contributes to delivering qualitative patient care, particularly within the public sector hospitals. This narrative review gives the complete picture of the transformation of patient safety framework that occurred at Kulhudhuffushi Regional Hospital (KRH) during the years 2022–2025. The hospital has diligently taken steps to transform itself from a committee-oriented governance model to a more centralized organization with proactive involvement in addressing the findings of inspections, thereby resulting in the establishment of the Quality Improvement Department (QID). This article explores the key role of governance policies and strategies that have served as the foundation for setting up this system. The key implementations include a meticulous documentation framework that sets standards for the entire clinical and administrative process. The process is designed to follow a two-tiered audit process that stabilizes the system, contributing to continual improvement with qualitative outcomes. The system includes monitoring the Key Performance Indicator (KPI) to relentlessly support and streamline key clinical areas in the hospital. The system acts as an integrative approach that incorporates data such as clinical incidents, patient complaints, and mortality review in a learning-based approach to quality and patient safety. The critical lesson learned along the way is that a systematic and architected approach to develop or enhance quality and patient safety governance in a healthcare system, especially in a resource-constrained and regional geography, is essential. The KRH model has potential implications for others seeking to establish robust governance structures to deliver qualitative patient care and safety.

Keywords: clinical governance, patient safety, quality improvement, hospital administration, healthcare quality, systems approach, regional hospital

Introduction

Importance for patient safety governance

Today's health care delivery systems are based on the principles established in the modern clinical governance (CG) framework, which is typically no longer perceived as an supplementary administrative effort but rather as an essential element of ensuring the safety of patients receiving care within these systems (1, 2). An organization's CG framework is indicative of its overall commitment to ensure that patients receive safe, high-quality care, and to create an environment conducive to accountability, learning, and ongoing quality improvement. A well-designed CG framework moves an organization away from simply responding to problems and into a position where continuous assurance is provided. Specifically, through formal processes within the CG framework, organizations will identify areas of potential risk or harm; develop an organization-wide standard of care based on established best practices; monitor the performance of staff against established performance standards; and use

data obtained from both patient satisfaction surveys and incidents involving adverse patient outcomes to improve the overall safety of all patients receiving care within the organization (3, 4). CG framework establishes the necessary structure and systems to ensure that all of the organization's efforts to improve care are coordinated and integrated into a comprehensive quality assurance program. For many regional, public-sector hospitals, which consistently serve as the primary hospital for large, geographically diverse communities, establishing a coordinated and integrated framework for quality improvement is becoming increasingly important (5). Health care organizations face the dual challenge of meeting complex needs while working within constrained resources. A systematic approach to quality management is pivotal to providing consistent, safe and effective care. For an archipelagic nation like the Maldives, these challenges are compounded by the logistical challenges of productivity and supply chains; patient transfers; and workforce dispersion (6). These combined factors lead to a greater expectation of process reliability and standardization. A systematic governance architecture is, therefore, a strategic necessity; not just a luxury enjoyed by larger, urban centers. Without a systematic governance architecture, there is potential for unacceptable variance in the quality of care and there is a disconnect in the organization's ability to learn and grow through collaborative, formal and informal processes (1, 2). It is much evident that the intentional architectural method of developing a systematic governance framework is the best and most sustainable path forward for providing high levels of reliability to these health care institutions (5).

Thus, patient safety has transformed from being an emerging concept towards becoming an essential global discipline, and it calls for the intentional and systematic development of patient safety architecture, removing avoidable patient harm from healthcare providers' routines and processes globally (1, 2). Therefore, strategic change initiatives at Kulhudhuffushi Regional Hospital (KRH) can be placed within the international patient safety movement, which seeks to address patient safety incidents like harm and error, not as uncontrollable events, but as system failures. The World Health Assembly published the "Global Patient Safety Action Plan 2021–2030," and the statistics associated with the need for patient safety are alarming and call for strategic and radical changes at hospitals globally (3, 7). The average risk of adverse events for patients is one out of every ten patients in high-income countries, and these statistics climb astonishingly to one out of every four patients in low- and middle-income countries globally, resulting in 134 million adverse events being experienced by patients annually, leading to 2.6 million patients' deaths worldwide and medication errors alone amounting to economic losses equivalent to US $42 billion annually (3).

Context and landscape (2022–2025)

This narrative review article aims to investigate how the KRH is a major organization within the public sector in the Republic of Maldives. The focus of this article will be on examining the time period from 2022 through 2025 as an important point in the development of quality & safety assurance within the public sector of the Republic of Maldives.

In general, the quality governance of the KRH before 2022 was managed by the nursing department as an adhoc arrangement on a case to case basis and later on from 2022 to 2023. Thus, the use of committees means that while the quality governance of the KRH since 2022 was through a committee, their primary task was to be a solutions-finding committee, and any solutions produced would be based on previous inspection reports. In that regard, while the particular governing body was functioning in solving the issues it had identified, the long-term viability of the governing body was not in question.

As a result of this, the evolution of a comprehensive form of CG began, starting from point zero to accommodate the unique environment of the Republic of Maldives.

Multiple basic theoretical frameworks influence this methodology based on systems. The Donabedian Model states that we can assess and improve quality in health care delivery through three dimensions of healthcare quality; Structure (the environment in which health care is provided), Process (the activity of providing health care), and Outcomes (the effect of providing health care) (4).

The World Health Organization Patient Safety Framework defines a comprehensive direction for the development of individual healthcare systems to take specific actions to eliminate all preventable sources of harm and acknowledges the importance of leadership, governance and health system-wide learning in this process (3, 8).

The Institute for Healthcare Improvement (IHI) Model for Improvement: The strategy entails undertaking a number of fast-paced iterations using the plan-do-study-act (PDSA) model in the process of testing and implementing the change to bring about improvements in terms of quality and safety (9). The transformation of the operational model of the KRH is a good illustration of how the international model has been adopted into a regional model. KRH has been methodically creating a new paradigm for CG that goes beyond the development of good practices to create a sustainable system that will ensure the safety of all patients at all times.

Rationale for the review

This narrative review explores the importance of KRH, which plays a significant role in the public sector of the Republic of Maldives. The article deals particularly with the period between 2022 and 2025, which is the most significant period

in the history of KRH in relation to the concept of quality and safety. Specifically, in 2022, the quality governance part of KRH commenced in the form of a committee prior to the establishment of the nursing departments. The primary role of this quality governance structure in KRH was to specifically deal with a set of issues that had arisen in a report generated from the previous inspection report. This phenomenon, in the form of a committee, performed a specific function from a general point of view but its aftermath gave rise to the most significant period of architectural evolution in the history of quality governance, which aimed to construct a comprehensive concept of CG from scratch, suitable for the challenges of its operating environment.

Scope and structure

This review covers only from the year 2022 until the first quarter of 2025 and provides a chronological account on the implementation of KRH's CG system. The article is structured into five sections, which address the five foundational pillars that were developed over time. The five pillars are: (1) Strategic change to a formally established and proactive Quality Improvement Department (QID), rather than functioning only on a reactive basis as a Committee, (2) The establishment of a formal institutional Document Control System as the basis for standardization of processes, (3) The establishment of a two-tier audit and quality improvement program to provide assurance and facilitate change, (4) Development of an evidence-based Key Performance Indicators (KPI) monitoring framework for leadership oversight, and (5) The establishment of an integrated system for learning from all types of incidents including complaints and mortality. The first strategic step taken in the development of the Governance System is the establishment of the QID in order to formalize accountability.

The Kulhudhuffushi context: a regional hub's commitment to resilience

No successful design can ever be successfully created in isolation; an effective patient safety solution must always be designed specifically with reference to the operational characteristics associated with the institution's operation. To understand the patient's safety logic and necessity associated with these governance reforms at the KRH, it is therefore critical to have a complete understanding of the KRH demographics, related hazards, and civic function of the KRH community. The KRH is more than just a provider of health care services; it is also a major part of the civic infrastructure that serves a region that is vulnerable to numerous types of hydrometeorological and social risks. Within the "CITY EMERGENCY OPERATIONS PLAN" of Kulhudhuffushi, the onus is on KRH to be included as a key stakeholder in the city disaster management plan, and thereby a member of the City Disaster Management Committee (CDMC). The focus on a comprehensive approach to risk management in the city also applies to what is happening outside of the hospital. Kulhudhuffushi is the first city in the Maldives to join the United Nations Office for Disaster Risk Reduction's (UNDRR) "Making Cities Resilient (MCR)" initiative, illustrating a holistic approach towards creating a resilient city. The civic environment can thus be considered a force multiplier for the on-going changes at KRH. Moreover, the risk assessment culture, along with other concerns embedded within the civic culture of the city, represented by an emergency operation plan for the entire city, allows the development of a shared language and understanding of the issue, applicable to both civic representatives and medical staff in the hospital. In addition, the civic context can be seen as providing structures for collaboration, something especially necessary in the field of public health. This can thus be considered a very conducive environment to implementing necessary changes in order to become a high-reliability organization.

The architectural pillars of a modern governance framework

Theme 1: foundational evolution – from a reactive committee to a proactive department (2022–2023)

In fact, the transition from the unstructured nature of a committee to the structured form of a department is probably the single most strategically vital step that has ever occurred at KRH from the perspective of governance evolution. The evolution that has taken place within the architectural structure of the organization has led to greater centralization in accountability, authority, and provided an everlasting mechanism to drive improvements in quality and patient safety. Evidence from the patient safety and organizational change literature indicates that centralizing structures to support governance are imperative for any organization to achieve a culture of improved patient care and safety (1, 5, 10).

The committee-based approach (2022)

Governance of quality at KRH in 2022 was provided by an established committee that had a specific mandate. The committee's mandate was a response to previous reports that identified certain areas of concern during the pre-inspection phase. The committee functioned across functional areas rather than with individual departments and issued staffing assignments across multiple functional

areas to assign quality responsibilities. While this system was effective in developing solutions to a limited number of defined problems, it did not provide the level of oversight, dedicated resources or institutional authority necessary for creating a sustainable, proactive safety culture. Additionally, most national organizations acknowledge that a compliance-driven model, where committees govern the organization's operations and priorities, can do very little to address latent system weaknesses or create a culture of continuous improvement over time (2, 11, 12).

The 2023 transition and formalization

Regarding the drawbacks associated with the committee model for the development of the new structure, the organization started adopting a more formalized "Part-Time" model for the development of the new structure since 2023.

Such formalization gave the QID the mandate and authority to carry out the implementation of the governance systems across the institution. This strategic decision aligns with knowledge on conventional change management theory, which recognizes the value and need to factor in authority and empowerment in managing major institutional inertia and as a means to institutionalizing change (10). In healthcare settings and delivery systems, institutions with such governance structures have strong positive associations with enhancing system reliability and safety as well as safety initiative coordination (1, 5, 6).

Theme 2: establishment of the institutional document control and SOP governance framework

Formalized document control systems are one of the basic cornerstones of safe and reliable medical practice. Effective documentation systems ensure that all medical and operational practices are evidence-based on policies, guidelines, and Standard Operating Procedures (SOPs) through document repository system. All these formal processes are documented in a clear and standardized manner and made accessible to all. Hence, creating one source of all information at one place eliminated all confusion and enabled standardization of care processes. It is vital to maintain structural quality and safety attributed to proper documentation systems in quality and safety governance has already been established in various literature evidence (4, 13, 15).

The governance architecture

Primarily, the system exists in the form of two general documents. These include the "Policy on Document Control" and the SOP on "Writing Standard Operating Procedures." It outlines the process in a clear and unambiguous manner; that is, a distinctly delineated approach exists that explains the process of preparing policies, guidelines, and SOPs; subjecting the drawn-up documents to technical scrutiny; endorsing them formally; encoding the documents to facilitate traceability; disseminating the documents; storing the documents in a central location or a centralized environment; subjecting the documents to a review process after a stipulated period; and finally, discarding the documents. This method conforms to the international standards that dictate the need for quality management in relation to the importance of documents control in respect of consistency, accountability, and traceability in the complex system (13, 14).

Standardization and control mechanisms

To make sure this does not happen, and to prevent any usage of undocumented or unauthenticated documents, certain key mechanisms have been put in place. There is a standard coding and numbering format for all the documents, prepared by the QID. In addition, there are stringent guidelines in respect of the version and revision process of each document. Perhaps the most crucial aspect is that only the document marked by QID as the controlled document and kept in the central repository of the institution can be considered a controlled document. All other versions will be considered uncontrolled. These measures are in keeping with international document control policies, designed to reduce the "drift" that can happen when there are too many versions and variations (14).

Delineating roles and responsibilities

The system describes a proper separation of duties, making it easy to integrate the balance of power into the document creation process. The duties are specified as follows:

Process Owners, who are subject matter experts in various departments, create the technical contents of the documents. Heads of Department are responsible for validating the technical content of the documents to ensure it is correct and also ensure proper training of staff in their various departments regarding process standards. The QID acts as a central governance authority to oversee all documents and ensure they are examined carefully to meet structural and formatting requirements, as well as governance requirements, before being passed to the next level of approval. The Chief Executive Officer/Deputy Director General gives a stamp of approval to all policies, indicating endorsement by the top management.

Clear role delineation and executive endorsement of roles and responsibilities are well-recognized governance measures that increase accountability, medico-legal defensibility, and consistency of practice across healthcare organizations (1, 13).

Endorsement as a final quality gate

The compulsory endorsement procedure that is established by the QID acts as a technical verification for all types

of institutional documents. The entire system evaluates all SOPs and policies, regardless of whether they relate to healthcare, administration, or governance. There is a guarantee that none of the SOPs/policies will enter practical implementation without proper analysis and ultimate endorsement by the management. The current system has effectively been used in endorsing some critical SOPs and policies, including "Inter- and Intra-Departmental Referral SOP" and "Isolation Patient Management SOP (15)." This type of endorsement procedure is considered an essential part of any accreditation requirement and governance mechanism (13, 14). After standardization processes were formalized, it became quite clear.

Theme 3: proactive assurance and improvement – the two-tier audit and quality improvement system

Following this, KRH moved on to focus its energy on assurance and improvement through proper means. This was achieved by the creation and implementation of the two-tier auditing system for quality assurance purposes by the QID. The two-tiered system is reflective of the best practices associated with CG, which state that both assurance and improvement are necessary to ensure closing the gap between what should be done and what actually occurs (2, 4, 12, 16).

Tier one: continuous internal audit for compliance

Tier one is marked by the implementation of an internal audit program, which is aimed at the implementation of certified policy, SOPs, and clinical guidelines in practice. It is done using checklists, which are created based on the organizational SOPs, national and accreditation standards to conduct the audit. The findings of the audits are recorded and officially communicated to the management of the department concerned as well as the QI department, thereby making it easier to pinpoint problems at the organizational level.

The approach to auditing can also be considered appropriate for meeting the requirements of international standards for governance, such as addressing process variability, identifying potential risks, and adhering to the set standards through conducting audits regularly (13, 14). Transitioning from episodic inspection audits to continuous monitoring KRH is also a move towards recognizing risks to patients' safety (1, 2).

Tier two: targeted quality improvement projects

The second layer of the process addresses the individual QIPs. This includes addressing the problem of non-compliance on an on-going basis, or performance problems that may have been highlighted by the audit process and other similar reviews. In other words, rather than viewing non-compliance in the context of specific audits, the QID uses them to initiate positive change.

"Each QIP has a specific methodology based on the Institute for Healthcare Improvement's Model for Improvement and utilizes a PDSA methodology for testing changes on a small scale before broader implementation" (9). The strategy of using a methodology of change helps to promote learning and responsiveness to change, as well as a sense of engagement among all members of the team. The methodology of change is actually structured and evidence-based rather than arbitrary and punitive (2, 12).

Closed-loop feedback and organizational learning

An important characteristic of Tiered KRH's model is the development of closed-loop feedback mechanisms. The results of audits and QIP are not only communicated, but also discussed to evaluate their effectiveness and, if necessary, identify whether further actions are needed. This forms a cycle in which lessons learned are shared in any other SOP, staff training, or management review.

This closed-loop structure emphasizes on fundamental elements of patient safety concepts: the promotion of learning from both usual operation and failure, and the change of management perspective from individuals to the system itself (2, 11, 17). Through the incorporation of learning and feedback within its governance system, KRH improved its capacity for adaptation, prediction, and maintaining improvement capabilities, which is a basic characteristic of highly reliable health care organizations (5, 6).

Theme 4: performance measurement and KPI governance

In addition to standardization and improvement processes, the capability of measuring each component is required for successful CG. In KRH, the creation and implementation of a KPI governance structure was an important part of transforming the organizational quality and safety objectives into something achievable and measurable. Performance measurement systems are recognized as a fundamental mechanism in organizational management, as they allow the overseeing body to evaluate the effectiveness of the governance structure in its delivery and standards (1, 4, 7).

Development and selection of key performance indicators

The KPI Framework of KRH aimed to measure a balanced set of organization aspects, including its structure, process, and results. Similarly, the chosen indicators covered clinical, process, and patient safety aspects. The selection of these indicators is relevant and adheres to broad institutional

priorities, national, and international standards. The process of selecting these indicators is a structured approach that is recommended in performance measurement. As noted in the literature, there is a need to avoid excessive data and focus on meaningful data (2, 4, 7).

KRH was able to guarantee the utility of KPI data as a decision support tool with clear governance objectives to underpin KPI selection.

Governance, review, and accountability mechanisms

Following their establishment, KPIs were included in a framework where a governance and review structure is utilized. Data on performance is collected and presented to the relevant management and committees at regular periods, thereby allowing the management to monitor trends, risks, and issues in need of corrective actions. Directly responsible for the improvement of performance are identified departments or process owners.

Such systems of governance are in consonance with international frameworks for high reliability healthcare organizations, which advocate for the involvement of leaders in governance, transparency, and accountability when it comes to performance data use (5, 6). Reviewing these measures also plays an integral role in risk management by enabling organizations to pick up any emerging risks in performance before they manifest into harm for patients (1, 2).

Using KPI data to drive improvement

Apart from the role of monitoring, the KPI framework at the KRH was also established with a particular goal in mind: to inform actions. Performance results are utilized to induce audits, Quality Improvement Projects, or to review existing policies and SOPs. This integration of measurement and improvement aligns with best practices in the management of quality, where it is believed that effective quality improvement must be 'linked to mechanisms for response to results to make change happen' (9, 12).

Therefore, instead of considering KPIs independently from the total system of governance, KRH was able to improve the ability to adjust day-to-day operations to strategic quality and patient safety objectives by integrating KPIs into the overall system of governance. This data-driven approach will contribute to organizational learning and will enable the system to become more resilient to adapt to challenges over time (2, 6).

Theme 5: incident reporting, complaints, and mortality review as learning systems

One of the most important aspects within a strategic CG process is the ability to identify, analyze, and learn from harm, near miss, and patient experience feedback. For KRH, the establishment of a system which combines elements of incident reporting, patient complaints management, and mortality review within a unifying governance infrastructure was an important step towards developing an organizational approach to learn. One of the most important concepts in modern patient safety science is the ability to recognize that, even when designing systems to identify and understand errors, there is no system within which to assign blame (2, 11, 17).

Incident reporting and analysis

The incident reporting system at KRH was designed to collect information on adverse events, near misses, and unsafe conditions in all clinical and operational areas of the department. Staff were encouraged to report incidents in a timely manner with an emphasis on the importance of learning rather than punitive action (18). Reported incidents are reviewed by the QID and further action is taken on them as needed. This is because it conforms to internationally accepted standards for patient safety, which highlight the use of voluntary reporting systems as instrumental in identifying vulnerabilities or risks to the system (2, 11). The creation of a safety culture where nurses feel safe reporting any issues is a precursor to incident reporting (19).

Patient complaints as a source of safety intelligence

Patient complaints were also officially acknowledged to be an important source of safety and quality intelligence within the governance approach. Instead of viewing them from purely administration-focused perspectives, it was understood that complaints analyzes could be used to derive patterns of issues with communications, service access, coordination, and even quality of care.

This inclusion of patient feedback as a fundamental element of Safety Governance aligns with international guidelines that recommend the value and importance of patient involvement in any aspect of quality improvement and risk management (1–3).

Mortality review and clinical learning

With the inclusion of mortality reviews, a means for reflective learning was established. The emphasis of these mortality reviews was to seize opportunities for improvement, rather than apportion blame. The process of reviewing helped a multitude of teams to consider the factors involved and make recommendations. These types of mortality review practices are consistent with more general approaches to patient safety that stress the importance of learning from adverse outcomes to improve system robustness and reduce recurrence (2, 11). When established within a conducive governance framework, mortality review helps to facilitate on-going professional learning and improve the safety culture (6, 19).

The learning loop

The distinct feature of KRH's process is the intentional completion of the learning loop with respect to the recommendations generated from incident investigations, complaint analyzes, and mortality reviews by tracking them to completion of their implementation. The actions may include changes to SOPs, specific staff training programs, process changes, or going up to senior management for strategic interventions.

Closed-loop systems of learning are now recognized as being critical to the sustainability of any improvement in patient safety, and thus the ability to maximize learning from lessons arising from adverse events or via systemic feedback into actual system change (2, 5, 11). Hence through designing these systems, KRH has enhanced its ability to learn from experience and improve safety.

Theme 6: culture, leadership, and sustainability of the governance framework

It is recognized that although key structures, processes, and measurement systems constitute the overt body of clinical and organizational governance, in the end, CG also rest on organizational culture and leadership engagement. Indeed, at KRH, every effort was made to ensure that CG structures were aligned with an organizational culture that would facilitate learning and openness and foster perpetual enhancement. Patient safety literature is unanimous in arguing that CG and improvements are not just technologies and constructs but also leadership and cultural issues that hinge on engaging and holding employees at all echelons accountable (1, 2, 5).

Leadership engagement and strategic alignment

Senior management's engagement and input were also crucial for promoting and integrating the governance framework into normal hospital activities. The support given by senior management for policies, participation in forums for reviewing performances, and support given for quality and safety programs helped to reinforce the strategic importance that Continuous Quality Improvement needs. It is also recognized that regular alignment of leadership intentions and operational practices is an important factor for successfully managing organizational changes (5, 10).

By making quality and patient safety central organizational concerns rather than tangential activities, the organization's governing activities were successfully integrated into planning and resource allocation systems and managerial accountability structures (1).

Psychological safety and staff engagement

An important facilitator of this entire system of governance was the emphasis given to creating a psychological safety environment among employees. Efforts were made to promote a culture of incident reporting, audit participation, and quality improvement activities based on an approach that rejected findings and conclusions that blame individuals for adverse events. Psychological safety, which is "a shared belief held by members of an organizational team that their voice can be expressed without fear of punishment or humiliation," is considered an important component of a learning-oriented organization.

In a health care organization, such a work environment is strongly related to reporting of safety concerns, employee involvement in improvement programs, and team learning (2, 17, 19). By promoting this kind of work environment, KRH strengthened the human element of its governance structure.

Building a sustainable safety culture

The interrelationship of governance systems and cultural and leadership initiatives eventually facilitated the maturation of sustainable safety culture. This involved reinforcing safety culture through approaches that were message-effective and those that supported reliance on data, rather than adverse event analysis, for problem resolution. This advancement of safety culture is consistent with high-reliability organizations that emphasize the importance of mindfulness and resilience in the face of complex systems of operation (5, 6, 20).

Through incorporating these concepts into daily clinical and management practices, the framework moved from being a set of key requirements to an integral part of the organizational culture and ethics, aiding resilience and flexibility from a broader perspective (2, 3).

Future directions

The primary foundations of the framework of CG are firmly put in place at KRH by early 2024. The emphasis of the next period is no longer on development, but on the consolidation or maturation, of the system. Rather than adding new elements, it is a matter of internalizing the principles of governance into the normal processes of both clinical practice and management, so that these become an integral part of the hospital's identity. Again, this follows from the more general recognition that a system is not just about its development, but how it is embedded into normal practice over a prolonged period (1).

Progressive rollout and consolidation

The phase from 2024 to 2025 is marked by the continued rollout, development, and implementation of existing governance practices throughout all departments and affiliated health centers. The vital strategies are staff training, communication, and continued support mechanisms, such

that control of documents, auditing, incident capture, and KPIs become ingrained. The phase is actually that of acculturation rather than innovation, where governance practices become so ingrained that they are no longer perceived as outside or innovative.

Emerging trends and innovations

Significant level development in the clinical incident management contributes towards integration with a more harmonious safety intelligence system. Furthermore, the extension of the current reporting system to include occupational safety incidents and confidential whistleblowing schemes indicates the move to adopt an enterprise-wide model for safety management. This direction recognizes that there is a direct correlation between staff safety and psychological safety and patient safety; transparent systems of reporting are crucial in creating an environment where people trust each other (11). The internal development route would allow adaptation to local working patterns and emerging legislation.

Inferred priorities for policy and practice

Once the framework is standardized, the natural progression in terms of priority would be the assessment of its overall impact. The focus would shift away from determining if a system is a legitimate process of compliance and toward determining if the system is effective in enhancing patient outcomes, patient experience, and clinical effectiveness. Ongoing investment in training related to specific roles would, of course, remain a key factor in continuing to ensure the understanding and recognition by all groups that safety is a shared interest, and that outcomes are improved through a collaborative effort.

Conclusions

The experience at KRH from 2022 to 2025 illustrates the benefits of a structured design, as the change from the fragmented committee system to a structured and empowered system of QID leadership and responsibilities created the conditions for continuous quality and safety improvement. Similarly, the implementation of standardized approaches to practice has added the benefits of simplicity and consistency in practice without sacrificing the benefits of judgment and experience. Another important element was the emphasis on integrating governance into organizational culture. This made it possible for the system not only to survive as a mere policy document but to thrive as a system that facilitates learning, growth, and development. Firstly, the significance of the KRH experience lies in its being an example for all concerned stakeholders and people from resource-poor settings to understand that CG is not an impossible objective to attain. In view of the clear design intentions and implementation awareness along with a persistent effort on behalf of leadership to govern, it becomes evident that the best investment that can ever be made by a health care organization might well be a properly designed and then constructed framework of governance. The KRH experience proves that a Comprehensive CG Framework is indeed possible to build within Regional or resource-scarce settings. The degree of governance maturity will not lie in the organizational scope or size, but in its architectural design, leadership, and implementation discipline.

Funding

The authors declare that no financial support was received for the research, authorship, and/or publication of this article.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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