This checklist evaluates the comprehensive considerations required to advance patient safety (PS) at the hospital level, ensuring alignment with international standards while adapting to local realities.

**Note:** Regularly review progress with this checklist, adapting as new challenges and opportunities arise, and ensure culturally sensitive, locally driven, and sustainable improvement.

# **1. LEADERSHIP & GOVERNANCE:**

* [ ] Are hospital directors and clinical leaders visibly supporting PS initiatives?
* [ ] Is there a designated PS officer or committee with clear roles and authority?
* [ ] Are local, national, and international policies integrated into project goals?
* [ ] Are local leaders empowered to make decisions regarding PS strategies?
* [ ] Is stakeholder engagement inclusive (e.g., patients, families, community reps)?

# **2. RESOURCES & CAPACITY:**

* [ ] Has an infrastructure and budget assessment been conducted?
* [ ] Are essential resources (IT, reporting tools, safe medicine storage, utilities) available?
* [ ] Is staffing adequate, and is there protected time for QI or PS activities?
* [ ] Are standardized, up-to-date protocols available and in use?
* [ ] Does staff receive continuous, multi-modal PS training (onsite, simulation, e-learning)?
* [ ] Are train-the-trainer or mentorship models implemented to build local capacity?

# **3. BASELINE ASSESSMENT:**

* [ ] Has the hospital assessed its PS culture using validated tools?
* [ ] Are staff (managers, clinicians) and patients aware and engaged in PS?
* [ ] Are lessons from previous improvement projects systematically reviewed and applied?
* [ ] Have local PS indicators been defined, and are they benchmarked against peers?
* [ ] Are best and worst practices within the hospital identified and shared?
* [ ] Is workload (risk of staff overload) regularly monitored and managed?
* [ ] Are staff attitudes/technical and personal inertia assessed and addressed?

# **4. INTERVENTION DESIGN & IMPLEMENTATION:**

* [ ] Is the project structure clearly defined (committees, multidisciplinary teams)?
* [ ] Are processes mapped and revised using QI methods (e.g., PDCA cycles)?
* [ ] Are interventions tailored to local context (fit, acceptability, appropriateness)?
* [ ] Are training and capacity-building methods diverse (workshops, simulation, online, role play)?
* [ ] Is mentorship or peer coaching included?
* [ ] Is there realistic, phased planning with achievable milestones?
* [ ] Are all relevant professional groups (clinical, admin, pharmacy, patients) engaged?
* [ ] Are outcome and process indicators (error rates, satisfaction) defined and tracked?

# **5. CHANGE MANAGEMENT:**

* [ ] Is ongoing support from leadership and institutions visible (resources, recognition)?
* [ ] Are patients and families actively involved (committees, feedback, co-design)?
* [ ] Are PS indicators regularly monitored and published?
* [ ] Are there reliable feedback mechanisms (meetings, bulletins, dashboards, incentives)?
* [ ] Is improvement recognized and celebrated (internal awards, sharing success stories)?
* [ ] Are setbacks openly discussed for collective learning?

# **6. SUSTAINABILITY & INSTITUTIONALIZATION:**

* [ ] Are training, QI activities, and PS roles included in job descriptions and budgets?
* [ ] Are PS activities codified in hospital governance and linked to accreditation?
* [ ] Is there ongoing monitoring of key PS indicators, with accessible reporting?
* [ ] Are lessons learned documented to facilitate staff orientation and project continuity?
* [ ] Are feedback loops established allowing innovative, adaptive improvement?
* [ ] Has the hospital developed a long-term plan to maintain resources post-initiative?

# **7. CROSS-LEARNING, PARTNERSHIPS & KNOWLEDGE TRANSFER:**

* [ ] Are there peer-to-peer learning mechanisms (cross-audits, shared training, collaboratives)?
* [ ] Is horizontal learning prioritized over top-down mandates (especially with external partners)?
* [ ] Are knowledge-exchange sites (digital dashboards, communities of practice) active?
* [ ] There are considered other actions to disseminate changes (locally & globally): reports, scientific communications, etc.?
* [ ] Are regional, national and/or international alliances with other partners to impulse the strength and impact of this project?

# **OVERALL ASSESSMENT:**

**SCORE:** 0-10, according to each dimension adequacy

[**1. LEADERSHIP & GOVERNANCE:**](#_Toc203603888)

[**2. RESOURCES & CAPACITY:**](#_Toc203603889)

[**3. BASELINE ASSESSMENT:**](#_Toc203603890)

[**4. INTERVENTION DESIGN & IMPLEMENTATION:**](#_Toc203603891)

[**6. SUSTAINABILITY & INSTITUTIONALIZATION:**](#_Toc203603892)

[**7. CROSS-LEARNING, PARTNERSHIPS & KNOWLEDGE TRANSFER:**](#_Toc203603893)

**IMPROVEMENT ACTIONS:**