



DOW UNIVERSITY HOSPITAL (DUH)

DOW UNIVERSITY OF HEALTH SCIENCES

STRATEGIC PLAN

(2024 – 2027)

Pioneering Excellence | Inspiring Innovation



To Heal | To Educate | To Discover

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MEDICAL SUPERINTENDENT'S MESSAGE



I am honored to unveil the strategic blueprint that will guide Dow University Hospital through the dynamic landscape of healthcare from 2024 to 2030. This plan is not just a document; it's our compass, directing us toward our shared vision of providing exceptional patient care, advancing medical knowledge, and fostering a culture of innovation and excellence.

Crafted through collaborative effort and informed decision-making, our strategic plan is founded on a deep understanding of the challenges and opportunities that lie ahead. It delineates our commitment to five overarching priorities.

Foremost among these priorities is our dedication to enhancing the patient's experience. We aim to improve accessibility, streamline processes, and infuse every interaction with empathy and compassion. By leveraging technology and evidence-based practices, we will ensure that each patient receives the highest quality of care tailored to their needs.

Central to our success is the empowerment of our workforce. We recognize that our greatest asset is our people, and we are committed to investing in their growth, well-being, and diversity. By fostering a supportive environment and providing ongoing training and development opportunities, we will nurture a workforce that is equipped to meet the evolving demands of healthcare.

In our pursuit of clinical excellence, we will expand our research endeavors and foster interdisciplinary collaboration. By pushing the boundaries of medical knowledge and translating research findings into innovative treatments and therapies, we will continue to improve outcomes and transform lives.

Strategic partnerships will be instrumental in achieving our goals. By collaborating with other healthcare providers, academic institutions, and industry stakeholders, we will amplify our impact and drive meaningful changes in the healthcare landscape.

In 2023, DUH successfully launched its Telemedicine initiative, increasing patient access by 30%. "Through our Telemedicine initiative, which increased patient access by 30%, and our ongoing integration of AI diagnostic tools and robotic surgery, we will reduce diagnostic errors by

20% and enhance recovery times by 30%, ensuring we remain at the forefront of healthcare. “With the integration of AI-driven diagnostic tools and robotic-assisted surgery, we will reduce diagnostic errors by 20% and improve recovery times by 30%.”

Finally, we recognize the importance of financial sustainability in realizing our mission. Through prudent financial management, optimization of revenue streams, and exploration of innovative financing models, we will ensure the long-term viability of our operations and investments.

As we embark on this journey together, I am filled with confidence and optimism. Together, we have the talent, dedication, and resilience to overcome any obstacles that may arise. Let us embrace this strategic plan wholeheartedly, united in our commitment to excellence and driven by our shared vision for the future of healthcare at Dow University Hospital.

Prof. Jahan Ara Hasan

EXECUTIVE SUMMARY

The strategic plan for Dow University Hospital spanning 2024 to 2030 is a culmination of exhaustive deliberation and foresight, crafted to navigate the evolving healthcare landscape while upholding our steadfast commitment to excellence in patient care, education, and research. It has been meticulously shaped to address the multifaceted challenges and opportunities that lie ahead.

Central to our strategic approach is the unwavering focus on enhancing patient-centered care. We are dedicated to optimizing accessibility, streamlining processes, and integrating cutting-edge technology and evidence-based practices to ensure each patient receives personalized, compassionate care tailored to their needs and preferences.

Furthermore, our strategic vision encompasses the empowerment of our workforce. We recognize the invaluable role our staff plays in driving our mission forward, and thus, we are committed to investing in their professional growth, well-being, and diversity, thereby equipping them with the tools and support necessary to excel in the ever-evolving landscape of healthcare.

In tandem with this, we are steadfast in our commitment to advancing clinical excellence. Through the expansion of research infrastructure, interdisciplinary collaboration, and the translation of groundbreaking discoveries into innovative treatments and therapies, we endeavor to push the boundaries of medical knowledge and enhance patient outcomes across the spectrum of healthcare services we provide.

Moreover, we understand the imperative of forging strategic partnerships. Collaborations with other healthcare providers, academic institutions, government entities, and industry stakeholders will not only improve our collective impact but also foster knowledge exchange and resource sharing, thereby driving collective progress toward our shared goals.

Finally, we acknowledge the critical importance of ensuring financial sustainability. By adopting prudent financial management practices, optimizing revenue streams, and exploring innovative financing models, we are committed to safeguarding the long-term viability of our operations and investments, thereby enabling us to continue delivering exceptional care and driving innovation well into the future.

In essence, this strategic plan serves as our guiding compass, charting the course for Dow University Hospital's journey over the next six years. Through steadfast dedication, collaboration, and an unwavering commitment to excellence, we are confident in our ability to realize our vision and make a meaningful impact on the lives of those we serve.

ABOUT THE HOSPITAL

1. The hospital was established in the year 2009. It's a Tertiary care University Hospital.
2. The Dow Hospital is a 4-story building with a large capacity of more than 600 beds.
3. It's a pioneer in a wide variety of organ transplants in the country.
4. The Intensive Care Unit (ICU), Neonatology Intensive Care (NICU), Dow Institute of Cardiology, Vascular Interventional Radiology Unit, Trauma and Operations Theaters are also fully equipped and served with full capacity.
5. DUH also serves in the teaching and training of MBBS, BDS, and other disciplines of both postgraduate trainees and researchers.
6. Provide state-of-the-art medical and surgical facilities for the people of Sindh and other provinces as well.

BED CAPACITY AT THE HOSPITAL:

- Dow University Hospital Ojha Campus: Bed Capacity: 676
- Sindh Infectious Disease Hospital: Bed Capacity: 166
- Abdul Qadeer Khan Hospital: Bed Capacity: 58
- Ojha Institute of Chest Disease: Bed Capacity: 350

DUH FACILITIES & SERVICES:

1. Medicine
2. Surgery
3. Labs
4. Pharmacy
5. Emergency Trauma
6. Dialysis Unit
7. Nephrology
8. Endoscopy
9. Neonatal Intensive Care Unit
10. Intensive/ Pediatric Care Unit
11. Critical Care Unit
12. Vascular and Interventional Radiology (VIR)
13. Outpatient Department
14. Orthopedic
15. Ear, Nose, and Throat (ENT)
16. Obstetrics & Gynecology
17. National Institute of Liver and Gastrointestinal Disease (NILGID)
18. Urology
19. Bone Marrow Transplant

20. Oncology Day Care
21. O.T Complex
22. Renal& Liver Transplant Unit
23. Hyper Dependency Unit (HDU)
24. Welfare Service

ACCREDITATION

Developing and delivering quality treatment to patients, as well as providing outstanding clinical care, lies at the heart of Dow University Hospital's mission. In this regard, the hospital has continuously sought accreditation and recognition from relevant national bodies. Currently, it holds the following accreditations and recognitions for its programs from various pertinent agencies in Pakistan:

1. Pakistan Medical & Dental Council
2. College of Physicians & Surgeons of Pakistan
3. Sindh Healthcare Commission

These accreditations collectively affirm Dow University Hospital's commitment to excellence in healthcare delivery, medical education, and training. By meeting the stringent standards set forth by these accrediting bodies, the hospital ensures that it provides quality care and contributes to the advancement of medical education and healthcare practices in Pakistan.

INTRODUCTION & OVERVIEW

Over the past five years, Dow University Hospital has witnessed significant growth and development, solidifying its position as a leading healthcare institution in Pakistan. The hospital has been at the forefront of innovation, research, and patient care, striving to meet the evolving healthcare needs of the community.

In terms of infrastructure, Dow University Hospital has expanded its facilities to accommodate the increasing demand for healthcare services. New wings, specialized units, and state-of-the-art equipment have been added to enhance patient care and treatment outcomes. These expansions have enabled the hospital to offer a wider range of services and treatments, catering to the diverse needs of patients across various medical specialties.

Moreover, Dow University Hospital has made notable advancements in medical technology and treatment modalities. The hospital has invested in cutting-edge medical equipment, diagnostic tools, and surgical techniques, allowing for more accurate diagnoses and effective treatments. This technological advancement has contributed to improved patient outcomes and enhanced the hospital's reputation for excellence in healthcare delivery.

In terms of academic and research endeavors, Dow University Hospital has strengthened its collaboration with academic institutions and research organizations both nationally and internationally. The hospital has been actively involved in clinical trials, research studies, and academic programs aimed at advancing medical knowledge and training the next generation of healthcare professionals.

Furthermore, Dow University Hospital has prioritized quality improvement initiatives and patient safety measures. The hospital has implemented robust quality assurance programs, infection control protocols, and patient-centered care initiatives to ensure the highest standards of quality and safety in healthcare delivery. Accrediting bodies and regulatory agencies, further affirming the hospital's commitment to excellence, have recognized these efforts.

Overall, over the last five years, Dow University Hospital has demonstrated remarkable progress and achievements in its mission to provide quality treatment and outstanding clinical care to patients. Through continuous innovation, collaboration, and dedication to excellence, the hospital remains steadfast in its commitment to serving the healthcare needs of the community and advancing the field of medicine in Pakistan.

ORGANOGRAM

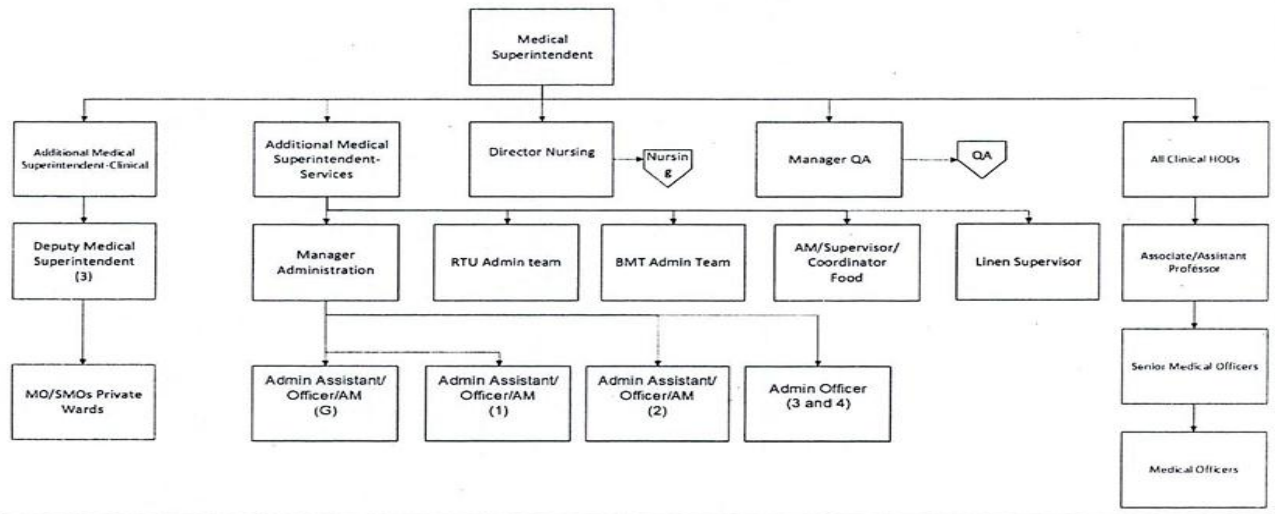


DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi-74200 Pakistan.

Annexure I (a)

Organogram-Administration



Jahan Ara

SECTION I: OVERVIEW OF THE STRATEGIC PLANNING PROCESS

Given the fact that DUH is the largest and most comprehensive health sciences institution in Pakistan, we share an unprecedented responsibility and enormous potential to continue to shape the future of health care in this region. Accordingly, Professor Dr. Jahan Ara Hasan, Medical Superintendent of DUH, mandates that all key stakeholders in the University and the community be involved in the development of this Strategic Plan. The Strategic Planning Committee members (see below) were therefore constituted with this mandate in sight, and the process of development of this Plan was informed and influenced not only by their active participation but also by the valuable feedback that was actively sought from the faculty, staff, students, and members of this community.

The following guiding principles were used in the development of this Strategic Plan, and it is anticipated that this will be incorporated within the planning process that will be subsequently employed by various academic and administrative units in the development of their complementary strategic plans. It was envisioned that the Plan should:

1. Be consistent with and contribute to the achievement of DUHS's mission, vision, and values
2. Be developed in a participative and collaborative manner and shared with all key stakeholders
3. Reflect high but achievable and realistic aspirations as well as demonstrate creativity and innovation in setting forth goals and strategic thrusts for the University
4. Be based on measurable goals and strategies and include appropriate performance metrics
5. Take into consideration available resources
6. Include a component on objective monitoring/evaluation

A key component of the planning process was its genesis and review by knowledgeable and appropriately constituted Strategic Planning Committee members. This review process ensured that all plans were conceptually and structurally sound, demonstrated high aspirations, creativity, and innovative thinking, and contributed to the accomplishment of overall University goals. Recognizing both the time constraints of the planning schedule and the diversity of issues faced by a rapidly expanding University, the overall intent of this process was to keep it as simple as possible and provide appropriate flexibility in achieving the stated goals.

Members of the Dow University Hospital Strategic Planning Committee:

1	Professor Dr. Jahan Ara Hasan	Medical Superintendent, DUH	Chairperson
2	Ms. Sana Karim	Manager QAQC, DUH	Secretary
3	Professor Faisal Ghani	Head of Department of Surgical Unit-1, DUH	Member
4	Dr. Uzma Nusrat	Associate Professor of Obstetrics & Gynecology Department, DUH	Member
5	Ms. Sumaira Essani	Administrative Officer, DUH	Member

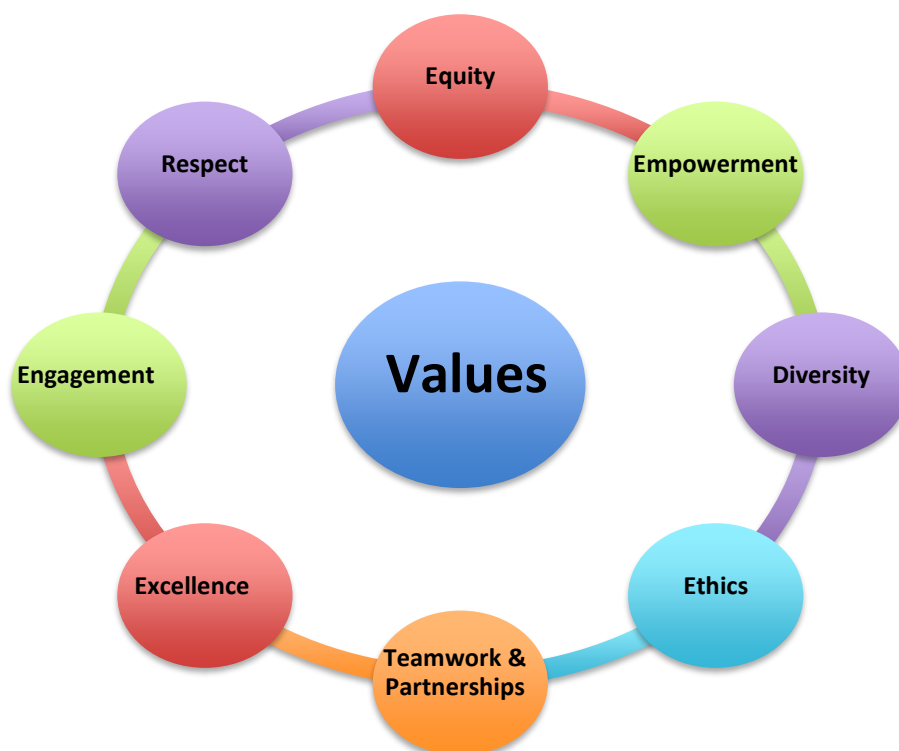
SECTION II: VISION, MISSION, & VALUES

VISION:

To be a pre-eminent academic institution committed to changing and saving lives.

MISSION

Providing outstanding patient-centered education, training, and clinical care informed by cutting-edge research and innovation, generating and disseminating new knowledge.



VALUES

Customer Service

- Put patients & students first.

Empathy & Compassion

- Understand before you judge.
- Be concerned for the sufferings & misfortunes of others.

Excellence

- Be the best and commit to exceptional quality and service.

Innovation

- Encourage curiosity, imagine, create, and share.

Teamwork

- Engage & collaborate.

Integrity & Leadership

- Be a role model and influence others to achieve their best. Have the courage to do the right thing.
- Hold yourself and others accountable.

Respect & Collegiality

- Be kind
- Listen to understand
- Value different opinions

STATEMENT OF PURPOSE

Dow University Hospital's purpose is to deliver outstanding healthcare, education, and research to our community and beyond. We prioritize compassionate, patient-centered care while advancing medical knowledge through excellence in teaching and research. Our goal is to improve patient outcomes and contribute to societal well-being through innovation and collaboration.

SECTION III: ASPIRATIONAL INSTITUTIONS

For Dow University Hospital, selecting national and international aspirational institutions involves considering those with similar goals, achievements, and standards of excellence.

NATIONAL ASPIRATIONAL INSTITUTION

1. AGA KHAN UNIVERSITY HOSPITAL (AKUH)

Rationale: AKUH shares a similar geographical location and serves a diverse population with comprehensive healthcare services. It is renowned for its commitment to quality patient care, education, and research, aligning closely with Dow University Hospital's objectives. Additionally, both institutions share a focus on community engagement and outreach, making AKUH a suitable national aspirational model for Dow University Hospital.

INTERNATIONAL ASPIRATIONAL INSTITUTION

1. MAYO CLINIC (USA)

Rationale: Mayo Clinic is globally recognized for its patient-centered care, cutting-edge research, and commitment to excellence. As an international leader in healthcare, Mayo Clinic sets a high standard for clinical practice, education, and innovation. By emulating Mayo Clinic's interdisciplinary approach, commitment to quality improvement, and patient-centric philosophy, Dow University Hospital can aspire to achieve similar levels of excellence on the global stage.

These institutions serve as aspirational models for Dow University Hospital, inspiring continuous improvement and innovation in healthcare delivery, education, and research.

SECTION IV: STRATEGIC GOALS

- Goal 1: Enhance Patient Care Quality and Safety**
Objective 1: Continuous Monitoring
Objective 2: Staff Training and Development
Objective 3: Adoption of Advanced Technologies
Objective 4: Comprehensive Quality Assurance Programs
- Goal 2: Expand Clinical Services and Specialties**
Objective 1: Develop New Clinical Specialties and Sub-Specialties
Objective 2: Expand Outpatient and Diagnostic Services
Objective 3: Establish Centers of Excellence in Key Medical Fields
Objective 4: Integrate Advanced Technology and Telemedicine
Objective 5: Enhance Multidisciplinary Collaboration
Objective 6: Foster Community Partnerships for Specialized Care
- Goal 3: Strengthen Financial Sustainability and Operational Efficiency**
Objective 1: Optimize Resource Allocation and Utilization
Objective 2: Implementation of Comprehensive Cost-Control Initiatives
Objective 3: Diversify and Expand Revenue Streams
Objective 4: Enhance Financial Management and Accountability
Objective 5: Leverage Technology for Operational Efficiency
Objective 6: Build Financial Resilience Against Market Fluctuations
- Goal 4: Promote Research, Innovation, and Academic Excellence**
Objective 1: Strengthen Research Infrastructure and Capabilities
Objective 2: Foster Collaborative Research Partnerships
Objective 3: Encourage and Support Clinical Trials
Objective 4: Promote Evidence-Based Practices
Objective 5: Enhance Academic Programs and Continuing Education
Objective 6: Disseminate Research Findings and Innovations
- Goal 5: Enhance Patient and Community Engagement**
Objective 1: Develop Comprehensive Patient Education Programs
Objective 2: Increase Community Outreach and Preventive Care Efforts
Objective 3: Establish Robust Feedback Mechanisms
Objective 4: Enhance Communication Between Patients and Healthcare Providers
Objective 5: Build Community Partnerships for Health Education
Objective 6: Promote Health Literacy and Preventive Practices

- Goal 6:** **Promote Health Literacy and Preventive Practices**
- Objective 1:** Implement Comprehensive Recruitment Strategies
 - Objective 2:** Enhance Professional Development and Training Programs
 - Objective 3:** Foster a Supportive and Inclusive Work Environment
 - Objective 4:** Establish Career Advancement Pathways
 - Objective 5:** Increase Employee Engagement and Retention
 - Objective 6:** Strengthen Leadership Development Programs

OBJECTIVES, OKRs, & KPIs

Strategic Goal 1: Enhance Patient Care Quality and Safety						
OKR (Objective and Key Results)						
Objective 1: Continuous Monitoring:						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Implement robust monitoring systems to track patient outcomes, safety incidents, and quality metrics. Regularly review and analyze data to identify areas for improvement.	KR1.1: Achieve a 20% reduction in patient safety incidents within the next 12 months.	Number of patient safety incidents reported.	Monthly audits of incident reports and safety logs.	QAQC	More QAQC Officers	KR1: 12 months
	KR 1.2: Ensure 100% compliance with daily monitoring and reporting of quality metrics by all departments within 6 months.	Compliance rate with daily monitoring protocols.	Review of monitoring logs and compliance checklists.	QAQC		KR2: 6 months
	KR 1.3: Implement a centralized data analytics platform for patient outcomes tracking within 9 months.	Time to complete implementation of the data analytics platform.	Progress tracking of the data platform implementation project.	QAQC		KR3: 9 months
Objective 2: Staff Training and Development:						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Provide ongoing training for healthcare professionals, including doctors, nurses, and support staff. Focus on evidence-based practices, communication skills, and patient safety protocols.	KR 2.1: Conduct at least 10 training sessions on evidence-based practices and patient safety protocols for all healthcare staff within the next 6 months.	Number of training sessions conducted.	Track attendance and completion rates of training sessions.	Departmental Heads Director Nursing / Additional Medical Superintendent/ Skills Lab	Faculty development fund & finances for training sessions	6 months
	KR2.2: Achieve a 90% satisfaction rate in post-training surveys by healthcare professionals within 12 months.	Satisfaction rate from post-training surveys.	Collect and analyze feedback from post-training surveys.			12 months
	KR 2.3: Reduce medical errors by 15% as a result of enhanced staff training within 18 months.	Reduction in medical errors.	Monitor incident reports for medical errors.			18 months
Objective 3: Adoption of Advanced Technologies						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Objective Statement: Invest in state-of-the-art medical equipment, digital health solutions, and telemedicine platforms to improve	KR 3.1: Implement telemedicine services in 30% of departments within 12 months.	Percentage of departments using telemedicine services.	Track telemedicine adoption rates across departments.	E Doctor & IDP finance project		12 months
	KR 3.2: Achieve a 30% increase in the use of HMIS for patient management within 9 months.	Increase in the use of HMIS.	Monitor usage statistics of digital health solutions.	IT Department		09 months

diagnostics, treatment, and patient management.	KR 3.3: Complete the upgrade/provision of 100% of equipment (diagnostic monitoring, etc.) to the latest technology standards within 15 months.	The percentage of diagnostic equipment upgraded.	Audit the status of diagnostic equipment upgrades.	Biomedical	Funds from the Sindh Government to buy equipment procurement	15 months
Objective 4: Comprehensive Quality Assurance Programs						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Objective Statement: Establish comprehensive quality assurance programs that involve regular audits, peer reviews, and feedback loops. Address any gaps promptly to maintain high standards of care.	KR 4.1: Conduct quarterly quality audits across all departments with a 95% compliance rate within the first year.	Number of quality audits completed and compliance rate.	Review audit reports and compliance checklists.	QAQC		12 months
	KR 4.2: Implement a peer review system in 100% of clinical departments within 6 months.	Percentage of departments with active peer review systems.	Monitor the implementation of peer review processes.	QAQC		06 months
	KR 4.3: Establish a feedback loop mechanism for patient care improvements, achieving a 25% increase in corrective actions taken within 12 months.	Increase in corrective actions taken because of feedback.	Track the number and impact of corrective actions.	QAQC		12 months

Strategic Goal 2: Expand Clinical Services and Specialties						
OKR (Objective and Key Results)						
Objective 1: Develop New Clinical Specialties and Sub-Specialties						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Introduce at least three new clinical specialties and five sub-specialties over the next three years, driven by emerging healthcare trends and community health needs.	KR 1.1: Launch a new clinical specialty every 12 months.	Number of new specialties and sub-specialties introduced.	Track the launch dates and performance metrics of new specialties and sub-specialties.	Medical Superintendent & SPGS & principal DIMC	Faculty development funds	KR1: 12 months per specialty
	KR 1.2: Introduce two new sub-specialties within the first 18 months.	Patient satisfaction ratings in the new areas.	Conduct patient satisfaction surveys.	QAQC		KR2: 18 months
	KR 1.3: Achieve 80% patient satisfaction in newly introduced specialties and sub-specialties within the first year of their launch.	Patient volume in the new specialties.	Monitor patient volume data through electronic health records.	IT Department		KR3: 12 months post-launch

	KR 1.4: Increase patient volume in the new specialties and sub-specialties by 15% within two years.					KR4: 24 months
Objective 2: Expand Outpatient and Diagnostic Services						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Increase the capacity and accessibility of outpatient clinics and diagnostic services by 30% to reduce wait times and improve patient outcomes.	KR 2.1: Increase outpatient clinic capacity by 15% within the first 12 months.	Increase in clinic and diagnostic service capacity.	Track the number of appointments and diagnostic tests conducted.	Director OPD		KR1: 12 months
	KR 2.2: Expand diagnostic service availability by 20% within 18 months.	Reduction in patient wait times.	Monitor average wait times through patient management systems.	Director DDRL		KR2: 18 months
	KR 2.3: Reduce the average patient's wait times in outpatient and diagnostic services by 25% within two years.	Patient satisfaction ratings.	Conduct regular patient satisfaction surveys.	QMS at OPD/Director OPD	Software & Outsourced IT facility	KR3: 24 months
	KR 2.4: Achieve a 90% patient satisfaction rate in expanded services within three years.			Director OPD		KR4: 36 months
Objective 3: Establish Centers of Excellence in Key Medical Fields						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Develop and launch centers of excellence in cardiology, oncology, and orthopedics within the next three years, offering cutting-edge treatment and attracting top-tier medical professionals.	KR 3.1: Establish the Center of Excellence in Cardiology within the first 12 months.	Number of centers established and operational.	Monitor the progress of center establishment.	Director DIC		KR1: 12 months
	KR 3.2: Launch the Oncology Center of Excellence within 18 months.	Number of top-tier specialists recruited.	Track recruitment success and onboarding.	HOD Oncology /MS	More Human Resource	KR2: 18 months
	KR 3.3: Develop the Orthopedics Center of Excellence within 24 months.	Patient outcomes and satisfaction in the centers of excellence.	Review patient outcomes and feedback specific to the centers.	HOD Orthopedics/MS	Trauma Surgeons /Consultants /HR	KR3: 24 months
	KR 3.4: Attract and hire at least five top-tier specialists across the three centers within three years.			MS	Funds for Recruiting consultants	KR4: 36 months

Objective 4: Integrate Advanced Technology and Telemedicine

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Implement advanced medical technologies and telemedicine services across all specialties to enhance patient care and reach underserved populations by the end of the strategic period.	KR 4.1: Implement telemedicine services in 70% of specialties within 18 months.	Percentage of specialties offering telemedicine.	Track telemedicine adoption rates.	Chairperson Telemedicine & E Doctor Program/Pro VC	Funds for faculty	KR1: 18 months
	KR 4.2: Upgrade 50% of existing medical equipment to advanced technologies within two years.	The number of equipment upgrades completed.	Monitor equipment upgrade schedules.			KR2: 24 months
	KR 4.3: Increase patient access to telemedicine services by 40% within three years.	Patient access to telemedicine services.	Analyze patient usage statistics for telemedicine.			KR3: 36 months
	KR 4.4: Achieve a 25% reduction in patient travel times and costs due to telemedicine adoption within three years.	Reduction in patient travel time and costs.	Conduct patient surveys on travel time and cost savings.			KR4: 36 months

Objective 5: Enhance Multidisciplinary Collaboration

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Promote and facilitate multidisciplinary collaboration among various specialties to deliver holistic and coordinated care, to increase patient satisfaction by 20% within 3 years.	KR 5.1: Establish multidisciplinary care teams in 80% of specialties within 18 months.	Percentage of specialties with multidisciplinary teams.	Track the formation and activity of multidisciplinary teams.	MS/QAQC/Departmental Heads	More QAQC Personnel	KR1: 18 months
	KR 5.2: Conduct quarterly multidisciplinary case review meetings for complex cases.	Number of multidisciplinary case review meetings held.	Monitor the frequency and outcomes of case review meetings.			KR2: Ongoing (quarterly)
	KR 5.3: Increase the number of patients receiving care from multidisciplinary teams by 30% within three years.	Increase in patients receiving multidisciplinary care.	Analyze patient satisfaction data and feedback on multidisciplinary care.			KR3: 36 months
	KR 5.4: Achieve a 20% increase in patient satisfaction in areas with multidisciplinary collaboration within three years.	Patient satisfaction ratings.				KR4: 36 months

Objective 6: Foster Community Partnerships for Specialized Care

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Build partnerships with local and international healthcare institutions to bring in specialized expertise and training, aiming to host at least four joint programs or workshops annually.	KR 6.1: Establish partnerships with at least three local healthcare institutions within 12 months.	Number of partnerships established.	Track partnership agreements and collaborations.	MS/HODs	Faculty development funds	KR1: 12 months
	KR 6.2: Form two international partnerships for specialized care and training within 18 months.	Number of joint programs or workshops hosted.	Monitor the planning and execution of joint programs.			KR2: 18 months
	KR 6.3: Host at least four joint programs or workshops annually, starting within 12 months.	Participation rate of healthcare professionals in joint programs.	Analyze attendance and feedback from joint initiatives.			KR3: Annual (starting within 12 months)
	KR 6.4: Increase the number of healthcare professionals participating in joint programs by 30% within two years.					KR4: 24 months

Strategic Goal 3: Strengthen Financial Sustainability and Operational Efficiency

OKR (Objective and Key Results)

Objective 1: Optimize Resource Allocation and Utilization

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Develop and implement a resource management framework that reduces waste and increases resource utilization efficiency by 20% within three years across all hospital departments.	KR 1.1: Conduct a comprehensive resource audit in all departments within the first 12 months.	Completion of resource audits.	Track completion and outcomes of resource audits.	Audit Department	Auditors (Internal & External)	KR1: 12 months
	KR 1.2: Implement resource optimization strategies in at least 80% of departments within 18 months.	Percentage of departments implementing optimization strategies.	Monitor the implementation progress of optimization strategies.			KR2: 18 months
	KR 1.3: Achieve a 15% reduction in resource waste within two years.	Reduction in resource waste.	Measure waste reduction through departmental reports.			KR3: 24 months

	KR 1.4: Increase resource utilization efficiency by 20% across all departments within three years.	Improvement in resource utilization efficiency.	Analyze resource utilization data.			KR4: 36 months
Objective 2: Implementation of Comprehensive Cost-Control Initiatives						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Establish cost-control measures that lower operational costs by 15% over the next three years while maintaining or improving patient care quality.	KR 2.1: Identify and prioritize cost-saving opportunities in key operational areas within six months.	Number of cost-saving opportunities identified.	Track the identification and implementation of cost-saving measures.	Finance Department	Dedicated finance department for DUH	KR1: 6 months
	KR 2.2: Implement at least three major cost-control initiatives within 12 months.	Implementation of cost-control initiatives.	Monitor monthly and annual operational cost data.			KR2: 12 months
	KR 2.3: Achieve a 10% reduction in operational costs within two years.	Reduction in operational costs.	Evaluate patient care quality through patient satisfaction surveys and clinical outcomes.			KR3: 24 months
	KR 2.4: Maintain or improve patient care quality metrics while reducing costs over three years.	Patient care quality metrics.				KR4: 36 months
Objective 3: Diversify and Expand Revenue Streams						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Introduce at least three new revenue-generating initiatives or partnerships within three years, focusing on collaborations with private entities, government bodies, and expansion into	KR 3.1: Identify and assess potential revenue-generating opportunities within six months.	Number of revenue-generating opportunities identified.	Track the identification and development of revenue opportunities.	MS/Pro VC	Coordinators as Human resource	KR1: 6 months
	KR 3.2: Establish at least one new partnership or revenue stream within the first 12 months.	Number of new partnerships or revenue streams established.	Monitor partnership agreements and revenue figures.			KR2: 12 months

untapped healthcare markets.	KR 3.3: Launch two additional revenue-generating initiatives or partnerships by the end of the second year.	Increase in revenue from non-traditional sources.	Analyze revenue growth from new sources.			KR3: 24 months
	KR 3.4: Achieve a 20% increase in non-traditional revenue sources within three years.					KR4: 36 months
Objective 4: Enhance Financial Management and Accountability						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Upgrade financial systems to ensure timely and accurate reporting, leading to improved financial oversight and decision-making, with a target of 10% annual improvement in key financial metrics.	KR 4.1: Upgrade the hospital's financial management software within 12 months.	Completion of financial system upgrades.	Track the progress of financial system upgrades and training programs.	Finance Department	Dedicated finance department for DUH	KR1: 12 months
	KR 4.2: Implement real-time financial reporting and analytics within 18 months.	Implementation of real-time financial reporting.	Monitor real-time financial data and reporting accuracy.			KR2: 18 months
	KR 4.3: Train finance and management teams on new systems and processes within 24 months.	Number of staff trained in new systems.	Analyze key financial metrics annually.			KR3: 24 months
	KR 4.4: Achieve a 10% improvement in key financial metrics (e.g., operating margin, cash flow) annually for three years.	Improvement in financial metrics.				KR4: Annually over three years
Objective 5: Leverage Technology for Operational Efficiency						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Integrate advanced technologies, such as automation and data analytics, into hospital operations to streamline processes, reduce manual workloads, and	KR 5.1: Identify key areas for technological integration within six months.	Identification of key areas for technological integration.	Track the identification and integration of technology solutions.	IT Department	Upgraded HMIS/EMR Software	KR1: 6 months
	KR 5.2: Implement automation tools in at least three operational	Number of automation tools implemented.	Monitor automation implementation and efficiency gains.			KR2: 18 months

improve overall operational efficiency by 25% within three years.	areas within the first 18 months.					
	KR 5.3: Reduce manual workload by 20% within two years.	Reduction in manual workload.	Measure workload reductions through staff feedback and time-tracking systems.			KR3: 24 months
	KR 5.4: Achieve a 25% improvement in overall operational efficiency within three years.	Improvement in operational efficiency.				KR4: 36 months
Objective 6: Build Financial Resilience Against Market Fluctuations						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Develop a financial risk management strategy to mitigate the impact of external economic changes, aiming to increase the hospital's financial resilience by 15% by the end of the strategic period.	KR 6.1: Conduct a comprehensive financial risk assessment within the first 12 months.	Completion of financial risk assessment.	Track the completion of the risk assessment and strategy implementation.	Finance Department	Dedicated finance department for DUH	KR1: 12 months
	KR 6.2: Develop and implement a financial risk management strategy within 18 months.	Implementation of risk management strategy.	Monitor the creation and growth of the reserve fund.			KR2: 18 months
	KR 6.3: Establish a financial reserve fund to buffer against market fluctuations within two years.	Establishment and growth of financial reserve fund.	Analyze financial resilience metrics annually.			KR3: 24 months
	KR 6.4: Increase financial resilience metrics (e.g., liquidity ratio, debt-to-equity ratio) by 15% within three years.	Improvement in financial resilience metrics.				KR4: 36 months

Strategic Goal 4: Promote Research, Innovation, and Academic Excellence						
OKR (Objective and Key Results)						
Objective 1: Strengthen Research Infrastructure and Capabilities						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Invest in advanced research facilities and tools, aiming to enhance the hospital's research output by 30% within three years, supporting both basic and clinical research initiatives.	KR 1.1: Secure funding for research infrastructure improvements within 12 months.	Amount of funding secured.	Track funding and investment in research infrastructure.	HODs/MS/ Pro VC	Research Officers for each department	KR1: 12 months
	KR 1.2: Upgrade or establish at least three research labs or facilities within 18 months.	Number of upgraded or newly established research facilities.	Monitor the completion of lab and facility upgrades.			KR2: 18 months
	KR 1.3: Increase the number of research projects initiated by 25% within two years.	Increase in the number of research projects.	Count the number of new research projects and published papers.			KR3: 24 months
	KR 1.4: Achieve a 30% increase in published research papers and studies within three years.	Increase in published research output.				KR4: 36 months
Objective 2: Foster Collaborative Research Partnerships						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Establish and strengthen partnerships with at least five academic institutions and research organizations, both locally and internationally, to collaborate on groundbreaking healthcare research projects over the next three years.	KR 2.1: Identify and approach potential partner institutions within six months.	Number of potential partners identified.	Track partnership agreements and collaborations.	HODs/MS/ Pro VC	Grants from Local & International Organizations	KR1: 6 months
	KR 2.2: Formalize at least three new research partnerships within the first year.	Number of formalized partnerships.	Monitor the progress and outcomes of joint research projects.			KR2: 12 months
	KR 2.3: Initiate joint research projects with at least five partner institutions within two years.	Number of joint research projects initiated.	Count co-authored publications and patents.			KR3: 24 months

	KR 2.4: Secure co-authored publications or patents with partner institutions, aiming for a 20% increase in collaborative outputs within three years.	Increase in co-authored publications or patents.				KR4: 36 months
Objective 3: Encourage and Support Clinical Trials						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Increase the number of clinical trials conducted at the hospital by 50% within three years, focusing on innovative treatments and therapies that address critical health issues.	KR 3.1: Establish a Clinical Trials Unit within 12 months.	Establishment of the Clinical Trials Unit.	Monitor the establishment and operations of the Clinical Trials Unit.	IBBPS/CTU	Integration Officers	KR1: 12 months
	KR 3.2: Recruit and train a dedicated clinical trials team within 18 months.	Number of clinical trial team members recruited and trained.	Track recruitment, training, and performance of the clinical trials team.			KR2: 18 months
	KR 3.3: Launch 10 new clinical trials within two years.	Number of new clinical trials launched.	Count the number of clinical trials launched and patients enrolled.			KR3: 24 months
	KR 3.4: Increase patient enrollment in clinical trials by 50% within three years.	Increase in patient enrollment in clinical trials.				KR4: 36 months
Objective 4: Promote Evidence-Based Practices						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Develop and implement protocols to ensure that 80% of clinical decisions are based on the latest research and evidence-based practices, with ongoing training for healthcare professionals.	KR 4.1: Develop and standardize evidence-based clinical protocols within 12 months.	Completion and implementation of clinical protocols.	Track the development and implementation of protocols.	HODs/ QAQC	More QAQC personnel	KR1: 12 months
	KR 4.2: Train 100% of healthcare staff on new protocols within 18 months.	Percentage of staff trained.	Monitor training attendance and completion rates.			KR2: 18 months
	KR 4.3: Monitor adherence to evidence-based practices in	Adherence rate to evidence-based practices.	Measure adherence through audits of clinical decisions.			KR3: 24 months

	clinical decision-making, aiming for 80% adherence within two years.					
	KR 4.4: Conduct quarterly reviews of clinical outcomes to ensure continuous improvement.	Results of quarterly clinical outcomes reviews.	Analyze clinical outcomes data quarterly.			KR4: Quarterly, ongoing
Objective 5: Enhance Academic Programs and Continuing Education						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Expand and improve the hospital's academic programs, including the introduction of at least two new specialized training programs and workshops annually, to support the continuous professional development of healthcare staff.	KR 5.1: Assess current academic programs and identify gaps within six months.	Completion of academic program assessments.	Track the assessment of academic programs and new initiatives.	MS/Principal DIMC	Educational Funds	KR1: 6 months
	KR 5.2: Develop and launch two new specialized training programs within the first 12 months.	Number of new training programs and workshops launched.	Monitor the number of programs launched and staff enrollment.			KR2: 12 months
	KR 5.3: Introduce at least two additional workshops or programs each subsequent year.	Increase in staff participation in continuing education.	Analyze participation rates and feedback from participants.			KR3: Annually
	KR 5.4: Achieve a 25% increase in staff participation in continuing education programs within three years.	Staff satisfaction and improvement in competencies.				KR4: 36 months

Objective 6: Disseminate Research Findings and Innovations						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Increase the hospital's contributions to scientific literature by 40% over the next three years through publications in peer-reviewed journals, presentations at conferences, and hosting annual research symposiums.	KR 6.1: Establish a Research Publications Committee within six months.	Establishment of the Research Publications Committee.	Track the formation and activities of the Research Publications Committee.	HODs/ Faculty	Funds for publications charges	KR1: 6 months
	KR 6.2: Host an annual research symposium starting within 12 months.	Number of research symposiums hosted.	Monitor the organization and success of research symposiums.			KR2: Annually starting in 12 months
	KR 6.3: Increase the number of publications in peer-reviewed journals by 40% within three years.	Increase in peer-reviewed publications.	Count the number of published articles and conference presentations.			KR3: 36 months
	KR 6.4: Present research findings at five national or international conferences annually.	Number of conference presentations.				KR4: Annually

Strategic Goal 5: Enhance Patient and Community Engagement

OKR (Objective and Key Results)

Objective 1: Develop Comprehensive Patient Education Programs

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Design and implement a series of patient education initiatives that increase awareness and understanding of key health issues, aiming to reach at least 80% of patients by the end of the strategic period.	KR 1.1: Create and launch a patient education website with resources on key health issues.	Number of unique visitors to the education website.	Track website analytics (e.g., Google Analytics).	Marketing Department/HODs	Funds for dissemination	Launch by Q2 2024.
	KR 1.2: Develop and distribute educational materials (brochures, videos, newsletters) to 80% of patients.	Percentage of patients who receive educational materials.	Tracked distribution through patient records and follow-up surveys.			Achieve by Q4 2024.
	KR 1.3: Conduct quarterly patient education workshops or webinars.	Number of workshops/webinars conducted and average attendance per session.	Record and review attendance and participant feedback.			Quarterly (4 sessions per year).
	KR 1.4: Assess patient understanding of health issues before and after educational programs.	Improvement in patient knowledge scores (pre- and post-program surveys).	Administer and analyze pre- and post-education surveys.			Ongoing, with annual reviews.

Objective 2: Increase Community Outreach and Preventive Care Efforts

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Expand community outreach by organizing at least four health fairs, free clinics, and preventive care initiatives annually, targeting underserved populations to improve	KR 2.1: Organize and execute four health fairs, free clinics, or preventive care events annually.	Number of events held and total participants.	Event records and participant registration data.	Public Health School/ORIC	Funds	Annually (1 event per quarter).
	KR 2.2: Increase the number of screenings and preventive services provided by 30% over the strategic period.	Number of screenings and services provided.	Track through service logs and event records.			By the end of 2024.

overall community health.	KR 2.3: Identify and target underserved populations for outreach efforts.	Number of targeted outreach programs and engagement rates.	Analyze participation data and demographic information.			Semi-annual reviews.
	KR 2.4: Achieve a 90% satisfaction rate from participants in outreach events.	Participant satisfaction survey scores.	Post-event surveys and feedback forms.			Quarterly (review after each event).

Objective 3: Establish Robust Feedback Mechanisms

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Create and maintain multiple feedback channels, such as surveys, focus groups, and digital platforms, to continuously gather patient and community input, with the goal of improving patient satisfaction scores by 20% within three years.	KR 3.1: Implement and maintain three feedback channels (surveys, focus groups, and digital platforms).	Number and functionality of feedback channels.	Track the implementation status and usage statistics.	QAQC	More QAQC personnel	By Q3 2024.
	KR 3.2: Achieve a response rate of at least 50% from feedback requests.	Feedback response rates.	Analyze feedback response data.			Ongoing, with quarterly reports.
	KR 3.3: Analyze feedback data to identify and implement at least five major improvements annually.	Number of implemented improvements based on feedback.	Track improvements and assess impact.			Annually.
	KR 3.4: Improve patient satisfaction scores by 20% within three years.	Patient satisfaction scores.	Regularly review patient satisfaction survey results.			End of strategic period (2026).

Objective 4: Enhance Communication Between Patients and Healthcare Providers

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Implement strategies to improve communication between patients and healthcare providers, including the adoption of patient portals and regular follow-up procedures, aiming for a 25% increase in patient engagement by the end of	KR 4.1: Implement patient portal with secure messaging and appointment scheduling.	Number of active users of the patient portal.	Monitor portal usage statistics.	IT department		By Q1 2024.
	KR 4.2: Increase the frequency of follow-up communications by healthcare providers by 25%.	Number of follow-up communications.	Track follow-up logs and communication records.			By the end of 2024.
	KR 4.3: Train 100% of healthcare providers on effective	Percentage of trained providers.	Record training completion and conduct evaluations.			By Q2 2024.

the strategic period.	communication strategies.					
	KR 4.4: Achieve a 25% increase in patient engagement metrics, such as portal logins and feedback submissions.	Engagement metrics (e.g., portal logins, feedback submissions).	Track engagement through digital tools and analytics.			End of strategic period (2026).

Objective 5: Build Community Partnerships for Health Education

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Collaborate with local schools, businesses, and organizations to develop and deliver health education programs that address community-specific health challenges, aiming to form at least three new partnerships annually.	KR 5.1: Establish at least three new community partnerships each year.	Number of new partnerships formed.	Track partnership agreements and collaborative projects.	Public Health School/MS/Principal		Annually
	KR 5.2: Develop and implement joint health education programs with new partners	Number of programs developed and delivered.	Document and review program outcomes and participant feedback.			Annually
	KR 5.3: Increase community participation in joint programs by 20% annually.	Participation rates in joint programs.	Track attendance and engagement data.			Annually
	KR 5.4: Evaluate the impact of partnerships on community health outcomes.	Improvement in specific health metrics.	Analyze health data and program evaluation reports.			Annually

Objective 6: Promote Health Literacy and Preventive Practices

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Launch initiatives focused on promoting health literacy and preventive healthcare practices to reduce the incidence of preventable diseases in the community by 15% over five years.	KR 6.1: Launch a health literacy campaign targeting key community health issues.	Reach and engagement levels of the campaign.	Monitor campaign reach through media analytics and engagement metrics.	Public Health School		By Q3 2024.
	KR 6.2: Reduce the incidence of preventable diseases by 15% within five years.	Rates of preventable diseases.	Track disease incidence rates through health records and community health reports.			End of 2028.
	KR 6.3: Provide health literacy training to at least 500 community members annually.	Number of individuals trained.	Record training sessions and participant numbers.			Annually

	KR 6.4: Assess the effectiveness of health literacy initiatives through pre- and post-campaign surveys.	Improvement in health literacy scores.	Administer and analyze survey results.			Semi-annual reviews.
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Strategic Goal 6: Promote Health Literacy and Preventive Practices						
OKR (Objective and Key Results)						
Objective 1: Implement Comprehensive Recruitment Strategies						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Develop and execute targeted recruitment campaigns to attract top-tier healthcare professionals, aiming to fill 95% of open positions within six months.	KR 1.1: Develop and launch targeted recruitment campaigns for critical positions.	Number of targeted campaigns launched, and number of applicants generated.	Tracked campaign activities and applicant data through recruitment software.	Human Resource Department	Funds	By Q1 2024.
	KR 1.2: Achieve a fill rate of 95% for open positions within six months.	Percentage of positions filled within the six-month timeframe.	Monitor recruitment metrics and position fill rates.			Ongoing, with bi-monthly reviews.
	KR 1.3: Increase the percentage of qualified candidates who advance to interview stages by 20%.	Percentage increase in qualified candidates moving to interviews.	Track candidate qualifications and progression through the hiring process.			By the end of 2024.
	KR 1.4: Enhance the hospital's employer brand by increasing social media engagement and positive reviews by 30%.	Social media engagement metrics and review scores.	Analyze social media metrics and review platforms.			By Q4 2024.

Objective 2: Enhance Professional Development and Training Programs						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Offer a diverse range of continuous education and training opportunities, including certifications and specialized workshops, to increase staff participation in professional development by 40% within three years.	KR 2.1: Implement a range of professional development courses, including certifications and workshops	Number of courses offered, and number of participants enrolled.	Tracked course offerings and enrollment statistics.	HODs/Principle /MS	Faculty Development Funds	By Q2 2024.
	KR 2.2: Increase staff participation in training programs by 40% within three years.	Percentage increase in staff participation.	Monitor enrollment and completion rates of training programs.			By the end of 2026.
	KR 2.3: Achieve a 90% satisfaction rate for training programs based on post-training surveys.	Satisfaction scores from post-training surveys.	Collect and analyze feedback from participants.			Quarterly reviews.
	KR 2.4: Develop and roll out an annual professional development plan for each department.	Number of departments with approved development plans.	Track plan approvals and implementation status			By Q1 2024.
Objective 3: Foster a Supportive and Inclusive Work Environment						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Create and sustain a workplace culture that prioritizes employee well-being, diversity, and inclusion, improve job satisfaction scores by 25%, and reduce staff turnover by 15% within five years.	KR 3.1: Implement and monitor a diversity and inclusion program.	Number of diversity and inclusion initiatives implemented and participation rates.	Track program activities and participant engagement.	Department of Human Resource		By Q2 2024.
	KR 3.2: Increase job satisfaction scores by 25% within five years.	Improvement in job satisfaction survey scores.	Conduct and analyze annual job satisfaction surveys.			End of 2028.
	KR 3.3: Reduce staff turnover rates by 15% within five years.	Turnover rate reduction percentage.	Analyze HR turnover data.			End of 2028.
	KR 3.4: Establish and maintain a well-being program with at least 75%	Participation rates in well-being programs.	Track program enrollment and engagement.			By the end of 2024.

	staff participation.					
Objective 4: Establish Career Advancement Pathways						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Develop clear career advancement pathways for healthcare professionals, ensuring that 80% of staff to mentoring and career progression opportunities within two years.	KR 4.1: Develop and implement a formal mentoring program for career progression.	Number of mentoring relationships established and active.	Monitor mentoring program participation and feedback.	HR/MS	Funds	By Q3 2024.
	KR 4.2: Ensure that 80% of staff have access to clear career progression opportunities within two years.	Percentage of staff with access to career advancement pathways.	Track career development plans for access and utilization.			By the end of 2025.
	KR 4.3: Offer bi-annual career development workshops or seminars	Number of workshops/seminars conducted and average attendance.	Record workshop/seminar schedules and attendance data.			Semi-annually.
	KR 4.4: Create and maintain a transparent career ladder for key healthcare roles.	Completion and distribution of career ladder documentation.	Review and distribute career ladder documents.			By Q2 2024.
Objective 5: Increase Employee Engagement and Retention						
Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Implement initiatives such as employee recognition programs, wellness activities, and flexible work arrangements to boost employee engagement and reduce turnover rates by 20% over the next three years.	KR 5.1: Launch an employee recognition program and achieve 80% participation.	Participation rates and frequency of recognition events.	Track participation and recognition event records.	Department of Human Resource	Funds	By Q1 2024.
	KR 5.2: Introduce wellness activities and flexible work arrangements, aiming for a 20% increase in employee engagement scores.	Engagement score improvement and participation in wellness activities.	Monitor engagement survey scores and wellness activity participation.			By the end of 2026.
	KR 5.3: Achieve a 20% reduction in employee turnover	Turnover rate reduction percentage.	Analyze turnover data and trends.			By the end of 2026.

	rates over three years.					
	KR 5.4: Conduct bi-annual employee satisfaction surveys and implement improvements based on feedback.	Number of improvements implemented and satisfaction survey results.	Review survey results and track implemented changes.			Semi-annually.

Objective 6: Strengthen Leadership Development Programs

Objective	Key Results	KPI	Measurement Method	Person Responsible	Resource Requirement	Timeline
Establish leadership development programs to identify and nurture future leaders within the hospital, to fill 50% of leadership positions internally within the next three years.	KR 6.1: Establish a leadership development program with clear selection criteria and development goals.	Number of leaders selected and enrolled in the program.	Track program enrollment and participant progress.	IBHM/Department of Human Resources	Funds	By Q2 2024.
	KR 6.2: Fill 50% of leadership positions internally within three years.	The percentage of leadership positions filled internally.	Monitor internal promotions and leadership hires.			By the end of 2026.
	KR 6.3: Implement quarterly leadership training sessions and track attendance.	Number of training sessions conducted and attendance rates.	Record session details and participant numbers.			Quarterly
	KR 6.4: Develop and review individual leadership development plans for 100% of program participants.	Percentage of participants with reviewed development plans.	Track development plan creation and review processes.			By Q4 2024.

SECTION V: RESOURCE PLANNING FOR ACHIEVING STRATEGIC GOALS

To accomplish our strategic goals at Dow University Hospital, we require a range of assets, including personnel, infrastructure, equipment, and technology. Below is a worksheet outlining the anticipated requirements by year:

Year	Assets Required	Justification
2024	Additional Clinical Staff Upgraded Medical Equipment Expanded Training Facilities	To meet increasing patient demand and ensure optimal patient care. To enhance diagnostic capabilities and treatment modalities. To accommodate growing educational programs and facilitate hands-on learning experiences.
2025	Recruitment of Specialized Faculty Renovation of Existing Facilities Implementation of Advanced Technology Systems	To further enhance educational offerings and research capabilities. To improve patient comfort and optimize workflow efficiency. To streamline operations and improve communication across departments.
2026	Development of Research Centers Expansion of Outpatient Services Training and Development Programs for Staff	To foster interdisciplinary research collaborations and drive innovation. To better serve the community and reduce wait times for appointments. To ensure ongoing professional growth and competency.
2027	Infrastructure Expansion for newer units Acquisition of Specialized Equipment Introduction of Telemedicine Services	To accommodate projected growth and increase capacity for patient care. To stay at the forefront of medical technology and treatment options. To enhance access to healthcare and reach remote populations.

2028	Establishment of Community Outreach Programs	To address health disparities and promote preventive care initiatives.
	Collaboration with Research Institutions	To leverage external expertise and resources for collaborative research projects.
	Continued Investment in Staff Well-being	To maintain a motivated and engaged workforce.
2029	Sustainability Initiatives Partnerships with Industry Leaders Continuous Quality Improvement Efforts	To reduce environmental impact and ensure long-term viability. To access cutting-edge technology and research opportunities. To uphold high standards of patient care and safety.

This worksheet outlines the anticipated resource requirements for each year, aligning with our strategic goals and objectives. It serves as a guide for resource allocation and planning to ensure the successful implementation of our strategic plan.

SECTION VI: IMPLEMENTATION AND MONITORING OF STRATEGIC PLAN

Implementing and monitoring the strategic plan of Dow University Hospital involves a structured approach to ensure the realization of its goals and objectives while staying responsive to evolving dynamics in healthcare. The implementation phase requires a clear delineation of responsibilities, effective communication channels, and robust monitoring mechanisms.

To begin with, the strategic plan is disseminated across the organization, ensuring all stakeholders understand their roles and contributions towards achieving the identified objectives. This involves holding orientation sessions, workshops, and training programs to align staff members with the strategic priorities.

Next, specific action plans are developed for each strategic goal, outlining key initiatives, timelines, and performance indicators. These action plans are assigned to designated teams or departments, fostering accountability and ownership of the implementation process.

Regular monitoring and evaluation are essential to track progress and identify any deviations from the established course. This involves establishing key performance indicators (KPIs) and milestones against which progress is measured. Periodic reviews are conducted to assess the effectiveness of strategies and make necessary adjustments in response to changing circumstances.

Communication plays a pivotal role throughout the implementation process, facilitating transparency, alignment, and engagement among stakeholders. Regular updates, progress reports, and feedback mechanisms are established to keep all stakeholders informed and involved in the strategic journey.

Moreover, fostering a culture of continuous improvement is crucial to ensure the strategic plan remains relevant and responsive to emerging challenges and opportunities. Lessons learned from successes and setbacks are incorporated into future iterations of the plan, enabling the organization to adapt and thrive in a dynamic healthcare environment.

Overall, effective implementation and monitoring of the strategic plan require commitment, collaboration, and adaptability from all levels of the organization. By staying focused on the overarching vision and remaining agile in execution, Dow University Hospital can successfully achieve its strategic objectives and deliver a meaningful impact to its stakeholders and the community it serves.

SECTION VIII:

LIST OF APPENDICES

No.	DESCRIPTION
A	SWOT ANALYSIS
B	TOWS MATRIX

APPENDIX A: SWOT ANALYSIS

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. Dow University Hospital likely benefits from a skilled and experienced medical team. 2. The presence of modern medical equipment and facilities can be a strength. 3. The hospital is involved in research; it can contribute to advancement in healthcare. 4. Transplant facilities. 5. NISOT and BMT 6. Dow Cancer Institute is a completely equipped centers for all the needs of cancer patients. 7. Gamma knife institute for neurological tumors. 8. We have a fully established QAQC department for clinical governance and complaint management. 9. We have a fully established infectious disease department. 10. Community programs. 	<ol style="list-style-type: none"> 1. Constraints in budget or staff may impact on the hospital's ability to provide comprehensive services. 2. Aging infrastructure or insufficient space could hinder efficient operations. 3. Staff Shortages: Shortages in HCPs from consultants, nurses, technicians, and other supporting and administrative staff may affect patient care. 4. Lack of proper marketing of available facilities. 5. Slow tender and procurement process. 6. The welfare department is not fully established. 7. No transparent system is available in HR for salary escalation and promotion. 8. Lack of retention policy, well trained and qualifying human resource leaving to another institute. 9. The medical record system is not coded but is underway.

OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1. Opportunities for partnership with research institutions or other healthcare providers can enhance services. 2. Embracing new technologies can improve patient care and operational efficiency. 3. Building strong ties with the local community can enhance the hospital's reputation and support. 4. DUHS Brand and economical and affordable packages will always benefit enhancement in terms of quality and quantity. 5. Establishment of MIS (minimally invasive surgery) unit. 6. The number of operating theaters has increased from 12 (existing) to 18. This will provide a greater number of specialized surgeries to be done. 7. The establishment of a PICU with a trained pediatric intensivist will facilitate the initiation of specialized pediatric surgeries. 8. Dow University Hospital will provide a platform for attracting CSRs and donors to provide funds for needy patients and give quality care to the underprivileged. 9. Dow University Hospital has completely set up catering to endemic and pandemic situations that may arise. 	<ol style="list-style-type: none"> 1. Changes in healthcare policies or regulations may pose challenges to the hospital's operations. 2. The presence of other hospitals or healthcare providers in the area could impact patient numbers. 3. Outbreaks or pandemics can strain healthcare resources and pose significant challenges. 4. Waste management. 5. Resource limitation. 6. Human resource retention is due to national and international opportunities.

APPENDIX B: TOWS MATRIX

	OPPORTUNITIES	THREATS
	<ol style="list-style-type: none"> 1. Opportunities for partnership with research institutions or other healthcare providers can enhance services. 2. Embracing new technologies can improve patient care and operational efficiency. 3. Building strong ties with the local community can enhance the hospital's reputation and support. 4. DUHS Brand and economical and affordable packages will always benefit enhancement in terms of quality and quantity. 	<ol style="list-style-type: none"> 1. Changes in healthcare policies or regulations may pose challenges to the hospital's operations. 2. The presence of other hospitals or healthcare providers in the area could impact patient numbers. 3. Outbreaks or pandemics can strain healthcare resources and pose significant challenges. 4. Human resource retention is due to national and international opportunities.
STRENGTHS	SO	ST
<ol style="list-style-type: none"> 1. The hospital is involved in research; it can contribute to advancement in healthcare. 2. The presence of modern medical equipment and facilities can be a strength. 3. Dow University Hospital likely benefits from a skilled and experienced medical team. 4. High patient turnover. 	<ol style="list-style-type: none"> 1. Establish collaborative research projects with external institutions to contribute to advancements in healthcare, leveraging the hospital's existing research involvement. 2. Continuously update and incorporate new technologies into patient care processes, showcasing the hospital's commitment to advancement and efficiency. 3. Utilize community engagement programs to raise awareness regarding hospital services showcasing the hospital's commitment to community health and safety. 	<ol style="list-style-type: none"> 1. Promote the hospital's advanced facilities and equipment through targeted marketing and partnerships, differentiating it from competitors and attracting patients seeking high-quality services. 2. Implement employee retention programs, professional development opportunities, and recognition initiatives to retain

WEAKNESS	WO	WT
<ol style="list-style-type: none"> 1. Constraints in budget or staff may impact the hospital's ability to provide comprehensive services. 2. Aging infrastructure or insufficient space could hinder efficient operations. 3. Staff Shortages: Shortages in HCPs from consultants, nurses, technicians, and other supporting and administrative staff may affect patient care. 4. Lack of proper marketing of available facilities. 5. The welfare department is not fully established. (PCP certification required). 6. No transparent system is available in HR for salary escalation, promotion, and performance appraisal. 7. The medical record system is not coded. 8. Waste management. 	<ol style="list-style-type: none"> 1. Invest in modern technologies that optimize space utilization and improve operational efficiency, addressing infrastructure limitations and ensuring smooth operations. 2. Develop and implement a comprehensive marketing strategy to promote available facilities and cost-effective packages, attracting more patients and addressing budget constraints. 3. Implement modern HR management systems to ensure transparency in salary escalation, promotions, and hiring. 4. Streamline the process of patient welfare. 5. Initiation of patient medical records and medical record coding to improve data management, enhance patient care, and streamline hospital operations. 	<ol style="list-style-type: none"> 1. Strategize to improve the hospital waste management system. 2. Develop transparent HR policies and practices, aligning them with international standards to attract and retain qualified human resources despite external opportunities.