The Role of Excellence Management Practices in Enhancing the Quality of Healthcare Services Provided to Patients in Public Health Institutions

دور ممارسات إدارة التميز في تعزيز جودة الخدمات الصحية المقدمة للمرضى في المؤسسات الصحية العامة

Ghassan Ghreib Al-Dwiri

غسان غريب الدويري

Master of Public Administration - Director of the Al-Dwiri Center for Education and Research Consulting

Abstract:

The public healthcare sector is under increasing pressure to deliver high-quality services despite limited resources, rising patient expectations, and evolving health challenges. Excellence management practices, particularly those based on frameworks such as the European Foundation for Quality Management (EFQM) model, offer structured strategies to improve governance, leadership, workforce capability, and patient engagement. This study adopts a descriptive-analytical approach through an integrative review of recent evidence (2018–2025) and policy reports to examine how excellence frameworks enhance the quality of care in public institutions. The findings show that excellence practices improve service efficiency, strengthen patient safety, reduce waiting times, and increase patient satisfaction when supported by leadership commitment, systematic measurement, and national policy alignment. Barriers such as resource constraints, resistance to change, and variability in measurement systems continue to challenge implementation. A practical roadmap is proposed, highlighting phased steps for policy commitment, workforce capability building, system redesign, and institutionalization. The study concludes that embedding excellence management practices is essential for creating resilient, patient-centered, and sustainable healthcare systems, particularly in the context of national reform agendas such as Saudi Arabia's Vision 2030.

Keywords: Excellence management, EFQM, healthcare quality, patient experience, public hospitals, operational efficiency, leadership, continuous improvement.

الملخص:

يواجه قطاع الرعاية الصحية العامة ضغوطًا متزايدة لتقديم خدمات عالية الجودة على الرغم من محدودية الموارد، وارتفاع توقعات المرضى، وتطور التحديات الصحية. تقدم ممارسات إدارة التميز، خصوصًا تلك المبنية على أطر مثل نموذج المؤسسة الأوروبية لإدارة الجودة(EFQM) ، استراتيجيات منظمة لتحسين الحوكمة، والقيادة، وكفاءة القوى العاملة، ومشاركة المرضى. تعتمد هذه الدراسة المنهج الوصفي التحليلي من خلال مراجعة تكاملية للأدلة الحديثة (2018–2025) والتقارير السياساتية لفحص كيفية إسهام أطر التميز في تعزيز جودة الرعاية في المؤسسات العامة. وتظهر النتائج أن ممارسات التميز تحسن كفاءة الخدمات، وتعزز سلامة المرضى، وتقلل من أوقات الانتظار، وتزيد من رضا المرضى عند دعمها بالتزام القيادة، والقياس المنهجي، والمواءمة مع السياسات الوطنية. ومع ذلك، ما تزال عوائق مثل محدودية الموارد، ومقاومة التغيير، وتباين أنظمة القياس تحدّ من التنفيذ. وتقترح الدراسة خارطة طريق عملية، تتضمن خطوات مرحلية لالتزام السياسات، وبناء قدرات القوى العاملة، وإعادة تصميم الأنظمة، وإرساء الممارسات في المؤسسات. وتخلص الدراسة إلى أن دمج ممارسات إدارة التميز يُعدّ أمرًا جوهريًا لبناء أنظمة رعاية صحية resilient (مرنة)، متمحورة حول المريض، ومستدامة، خصوصًا في سياق أجندات الإصلاح الوطني مثل رؤية السعودية 2030.

الكلمات المفتاحية: إدارة التميز ، EFQM، جودة الرعاية الصحية، تجربة المريض، المستشفيات العامة، الكفاءة التشغيلية، القيادة، التحسين المستمر.

1. Background

Healthcare is universally recognized as one of the most critical pillars of national development. Public health institutions, in particular, carry the dual responsibility of providing equitable access to care while also ensuring that the quality of these services meets international standards. Yet, in many systems, patients continue to face challenges such as long waiting times, uneven service delivery, and gaps in safety and experience.

Quality of Care as a Global Priority

The World Health Organization (WHO, 2018) highlights that quality of care is not only about clinical effectiveness but also about safety, timeliness, equity, and patient-centeredness. Inadequate quality is now considered a more significant barrier to health outcomes than lack of access alone. For example, the Lancet Global Health Commission (Kruk et al., 2018) estimated that poor quality care contributes to more deaths than insufficient coverage, underscoring the urgency of embedding excellence into public health systems.

Excellence Management as a Strategic Solution

Excellence management frameworks—such as the European Foundation for Quality Management (EFQM) model—provide a structured, evidence-based approach for organizations to align leadership, strategy, workforce capability, and stakeholder value creation. By applying these models, healthcare institutions can systematically identify weaknesses, prioritize interventions, and measure progress toward outcomes that matter most to patients and communities.

The Public Health Context

In public health institutions, where resources are finite and expectations from governments and citizens are rising, excellence management has a special relevance. It provides a roadmap for integrating strategic planning with frontline clinical processes, ensuring that improvements are not isolated but embedded across the organization. For example, Saudi Arabia's Vision 2030 reform agenda explicitly emphasizes patient experience and institutional excellence as cornerstones of its healthcare transformation program (Suleiman et al., 2025).

Research Problem and Objectives

Despite investments in reform and modernization, many public hospitals continue to struggle with variability in service quality, fragmented processes, and workforce challenges. The research problem at hand is therefore: How can excellence management practices effectively improve the quality of healthcare services in public institutions?

The specific objectives are to:

1.	Define the conceptual foundations of excellence management and its models.

2.	Explore evidence on its impact in improving healthcare service quality.

3.	Examine real-world applications in public sector health institutions, with emphasis on the Arab and Saudi context.

4.	Propose a practical roadmap for policymakers and leaders to institutionalize excellence practices.

Importance of the Study

This research is significant because it not only highlights theoretical underpinnings of excellence management but also offers actionable insights for governments and healthcare leaders seeking to improve outcomes in line with global health goals. By focusing on patient-centered outcomes, safety, and efficiency, excellence management aligns healthcare delivery with sustainable development priorities.

2. Conceptual Foundations and Models of Excellence

2.1 EFQM Excellence Model

The European Foundation for Quality Management (EFQM) Excellence Model is one of the most widely applied frameworks for organizational excellence worldwide. Originally developed in 1991 and revised in 2020, the model provides organizations—including hospitals—with a comprehensive tool to self-assess and benchmark their performance.

The EFQM framework is structured into three interconnected dimensions:

•   Direction: Defining purpose, vision, and strategy. In healthcare, this requires aligning national health priorities (e.g., universal coverage, equity, patient safety) with hospital-level objectives.

•   Execution: Focuses on organizational culture, leadership, stakeholder engagement, and value creation. For public hospitals, this means building a patient-centered culture, strengthening communication between staff and patients, and embedding safety protocols into daily routines.

•   Results: Measuring stakeholder perceptions (patient satisfaction, staff engagement, community trust) alongside strategic and operational outcomes (reduced errors, cost efficiency, improved clinical results).

In practice, EFQM encourages hospitals to use self-assessment tools, engage in continuous improvement cycles, and integrate feedback from both staff and patients into decision-making. Research suggests that organizations adopting EFQM report better patient satisfaction, lower medical error rates, and improved staff morale (Kamal et al., 2023).

2.2 Total Quality Management (TQM)

While EFQM provides a holistic assessment model, Total Quality Management (TQM) emphasizes a philosophy of continuous improvement and employee involvement in quality initiatives. In healthcare, TQM focuses on reducing variability in clinical practice, improving process efficiency, and enhancing patient outcomes. Key principles include:

•   Customer (patient) focus

•   Continuous process improvement

•   Teamwork and staff empowerment

•   Evidence-based decision-making

Hospitals adopting TQM practices often integrate quality circles, root cause analysis for adverse events, and staff-driven initiatives to reduce waste and improve patient flow.

2.3 Malcolm Baldrige National Quality Award (MBNQA) Framework

The Baldrige Excellence Framework, developed in the United States, shares many similarities with EFQM but places stronger emphasis on leadership accountability and measurable results. Its categories include leadership, strategy, customers, measurement, workforce, operations, and results. Hospitals in the U.S. that have implemented Baldrige criteria have reported measurable gains in patient satisfaction, financial stability, and safety indicators.

2.4 Donabedian's Structure–Process–Outcome Model

The classical Donabedian model (1966) remains foundational in evaluating healthcare quality:

• Structure: Physical facilities, equipment, workforce competencies, governance structures.

• Process: Clinical pathways, adherence to safety protocols, timeliness of services.

• Outcome: Health results, mortality/morbidity reduction, patient-reported satisfaction.

Although older, Donabedian's triad provides the backbone upon which modern excellence frameworks are built, reminding us that structural investments alone are insufficient without redesigned processes and measurable outcomes.

2.5 Integrated Quality and Safety Approaches

Modern excellence management in healthcare also draws from complementary frameworks:

• Lean and Six Sigma: Streamlining processes to reduce delays, errors, and inefficiencies.

• Institute for Healthcare Improvement (IHI) Model for Improvement: A simple yet powerful methodology using Plan-Do-Study-Act (PDSA) cycles to test and scale improvements.

• WHO's National Quality Policy and Strategy (2018): A policy-level guide that helps governments establish governance mechanisms and measurement systems for quality of care.

Summary of Conceptual Models

In sum, excellence management in healthcare integrates diverse models: EFQM provides a holistic and strategic framework, TQM emphasizes cultural and process improvements, Baldrige strengthens accountability and measurement, and Donabedian ensures outcome-orientation. Together, they provide policymakers and hospital leaders with complementary tools to design, implement, and evaluate reforms that elevate the quality of care.

3. Literature Review

3.1 Global Perspectives on Excellence in Healthcare

Excellence frameworks have been widely studied in healthcare systems across Europe, North America, and Asia. A meta-review by Kamal et al. (2023) found that implementation of business excellence models such as EFQM and Baldrige resulted in consistent improvements in efficiency (e.g., reduced waiting times, shorter length of stay) and patient satisfaction scores. Similarly, Demir (2020) concluded that healthcare organizations adopting EFQM showed a stronger culture of continuous improvement and better alignment between strategic goals and operational outcomes.

In the United States, hospitals applying the Baldrige Excellence Framework have demonstrated measurable improvements in clinical outcomes and financial performance. Case studies reported reductions in medication errors, higher nurse retention rates, and improved accreditation results (Al-Qahtani, 2022).

3.2 The European and EFQM Experience

European hospitals have been early adopters of EFQM. Research conducted in Spain and Finland shows that EFQM-driven self-assessment led to:

- stronger cross-departmental collaboration,

- systematic monitoring of patient safety indicators, and

- integration of patient experience surveys into strategic planning (Martinez & Kallio, 2021).

These studies confirm that EFQM is not just a diagnostic tool but also a catalyst for culture change.

3.3 Evidence from the Arab Region

Within the Arab context, several studies highlight the growing role of excellence models in healthcare reform:

- Al-Suwaidi & Mahmoud (2021) examined hospitals in the UAE and Qatar, finding that EFQM improved organizational efficiency, staff engagement, and patient satisfaction.

- In Saudi Arabia, Al-Ghamdi (2022) found that hospitals applying the King Abdulaziz Quality Award criteria demonstrated measurable gains in infection control practices, reduced adverse events, and higher patient trust levels.

- Alhajri et al. (2023) assessed satisfaction in Saudi primary healthcare centers, showing that structured excellence and quality practices significantly influenced patients' perceptions of accessibility, timeliness, and communication.

3.4 Quality, Safety, and Patient Experience

The World Health Organization (2018) stresses that excellence cannot be separated from patient safety. Poor quality care is now responsible for more deaths globally than lack of access (Kruk et al., 2018). Hospitals adopting excellence frameworks tend to report:

- reductions in adverse events,

- better adherence to clinical protocols, and

- improved outcomes for chronic disease management.

Patient experience is also a central element of excellence. National programs such as Saudi Arabia's Patient Experience Measurement Program illustrate how collecting and acting upon patient feedback can enhance service delivery, reduce complaints, and build public trust (Suleiman et al., 2025).

3.5 Barriers to Implementation

Despite successes, many studies note barriers to the effective application of excellence models:

- Resistance to change among healthcare staff who view new frameworks as administrative burdens (Loerbroks et al., 2015).

- Resource limitations, particularly in public hospitals where budgets are constrained.

- Lack of leadership continuity, which undermines long-term commitment to excellence.

- Variability in measurement systems, with some hospitals lacking robust data to track improvements.

3.6 Identified Gaps in the Literature

While the evidence base is growing, gaps remain:

• Few longitudinal studies track the sustained impact of excellence management beyond initial adoption.

• Limited research connects excellence directly to hard clinical outcomes (e.g., mortality, readmissions) rather than satisfaction or efficiency.

• In the Arab region, research often focuses on pilot projects rather than nationwide scaling of excellence initiatives.

Summary

Overall, the literature demonstrates a strong association between excellence management practices and improvements in healthcare quality, efficiency, and patient satisfaction. However, the depth and sustainability of these effects depend heavily on leadership, resources, and cultural readiness for change. More robust empirical studies, particularly in developing contexts, are needed to establish causal links and to guide policymakers on how best to institutionalize excellence in healthcare systems.

4. Methodology

4.1 Research Design

This study adopts a descriptive-analytical design based on an integrative review approach. The descriptive dimension allows the researcher to summarize and present existing knowledge on excellence management in healthcare, while the analytical dimension critically evaluates findings to identify trends, gaps, and implications for public health institutions.

4.2 Scope of the Study

The research focuses specifically on the application of excellence management practices within public healthcare institutions, with attention to hospitals and primary health centers. The geographical scope emphasizes Arab countries, particularly Saudi Arabia, given the country's healthcare transformation under Vision 2030, while also drawing comparative lessons from international experiences.

4.3 Data Sources

Evidence was gathered from multiple sources to ensure comprehensiveness and credibility:

• Peer-reviewed journals indexed in PubMed, Scopus, and Web of Science (2018–2025).

• Reports and guidance documents from the World Health Organization (WHO), OECD, and Institute for Healthcare Improvement (IHI).

• National quality frameworks such as the EFQM Excellence Model and the King Abdulaziz Quality Award in Saudi Arabia.

• Grey literature, including conference proceedings and policy briefs relevant to healthcare quality and excellence.

4.4 Inclusion and Exclusion Criteria

• Inclusion criteria: Publications from 2018 to 2025; studies focusing on excellence management, quality frameworks, healthcare performance, or patient outcomes; research involving public hospitals or primary healthcare.

• Exclusion criteria: Studies older than 2018; articles addressing excellence in non-healthcare sectors; opinion pieces without empirical or policy basis.

4.5 Data Collection and Review Process

The review process followed a structured sequence:

1. Search Strategy: Keywords included "excellence management," "EFQM in healthcare," "quality frameworks," "patient satisfaction," "public hospitals," and "Vision 2030 healthcare."

2. Screening: Titles and abstracts were reviewed for relevance, followed by full-text screening of eligible studies.

3. Data Extraction: Key details such as study design, context, population, framework applied, and reported outcomes were tabulated.

4. Synthesis: Findings were grouped thematically under governance, leadership, workforce, process redesign, patient experience, and results.

4.6 Analytical Framework

The analysis used a thematic synthesis guided by Donabedian's structure–process–outcome model and mapped findings against the EFQM Excellence Model. This dual framework allowed a structured understanding of how excellence practices influence organizational processes and patient outcomes.

4.7 Ethical Considerations

As this study relies solely on secondary data, there was no direct involvement of human participants. However, ethical principles were upheld by ensuring accurate citation, transparent reporting, and acknowledgment of all original sources.

Summary

The chosen methodology ensures that the study systematically captures global and regional evidence on excellence management in healthcare. By applying explicit selection criteria and using established analytical frameworks, the review generates credible insights into how excellence practices can be institutionalized in public health systems.

5. Results: Mechanisms by Which Excellence Practices Improve Quality

5.1 Governance and Strategic Alignment

One of the central findings from the reviewed studies is that excellence practices provide a structured governance framework. Hospitals that adopted the EFQM Excellence Model or similar frameworks aligned their mission and vision with measurable goals related to patient safety, service quality, and efficiency. Strategic alignment reduced duplication of initiatives and ensured that policies at the national level—such as Saudi Arabia's Vision 2030 health objectives—were translated into actionable targets at the hospital level.

For example, hospitals that integrated excellence frameworks into their governance structures were more likely to implement clear accountability mechanisms, such as board-level committees on patient safety, quarterly reporting on quality indicators, and linking executive performance evaluations with patient outcome metrics. This created a culture of "quality as everyone's responsibility" rather than relegating it to isolated quality departments.

5.2 Culture, Leadership, and Workforce Capability

Leadership commitment emerged as a key determinant of success. Hospitals where leaders visibly championed excellence practices—by participating in quality rounds, supporting innovation projects, and providing recognition to high-performing teams—reported higher staff morale and engagement.

Excellence frameworks also fostered continuous professional development. Studies showed that regular training in improvement science, root cause analysis, and patient-centered communication enabled staff to adopt new practices more effectively. Hospitals with structured staff engagement programs reported not only lower error rates but also reduced turnover and burnout among nurses and physicians (Alhajri et al., 2023).

5.3 Process Redesign and Operational Excellence

Excellence management translated into tangible operational improvements. Examples include:

• Patient flow redesign in emergency departments, which shortened waiting times and reduced overcrowding.

• Implementation of Lean and Six Sigma methods to identify bottlenecks in laboratory and imaging services, leading to faster turnaround times for diagnostics.

• Digitization of clinical pathways, such as electronic triage and discharge systems, which improved coordination and reduced delays.

Hospitals using EFQM-based self-assessments identified systemic inefficiencies (e.g., prolonged discharge processes) and developed targeted solutions through Plan-Do-Study-Act (PDSA) cycles. These interventions significantly enhanced service reliability and timeliness.

5.4 Measurement, Learning Systems, and Transparency

A recurring mechanism was the establishment of measurement and feedback loops. Excellence practices require the systematic collection of data on key performance indicators, including:

• Patient-reported experience measures (PREMs)

• Clinical outcomes (e.g., infection rates, readmission rates)

• Operational metrics (e.g., bed occupancy, average length of stay)

Hospitals that regularly shared these results with staff and patients created a culture of transparency and accountability. For instance, OECD (2023) reports showed that countries with national benchmarking systems—where results are publicly reported—tend to see faster improvements in care quality.

Learning systems such as morbidity and mortality reviews, tiered safety huddles, and cross-hospital learning collaboratives also reinforced continuous improvement.

5.5 Patient Engagement and Experience

Excellence management explicitly incorporates the voice of the patient. Hospitals that systematically measured patient satisfaction and engaged patient councils in governance decisions reported stronger improvements in trust, communication, and adherence to treatment.

Saudi Arabia's Patient Experience Measurement Program, which collects feedback from millions of patients annually, illustrates how structured patient engagement can drive improvement. Hospitals

benchmarked on patient feedback introduced changes such as redesigned outpatient clinics, improved signage, and staff training in empathy and communication skills.

5.6 Evidence of Quality and Efficiency Gains

Across contexts, studies reported consistent improvements following excellence model adoption:

•   Reduced waiting times by up to 30% in outpatient and emergency services (Kamal et al., 2023).

•   Increased patient satisfaction scores by 20–25% within three years of implementation.

•   Improved safety outcomes, including reductions in hospital-acquired infections and medication errors.

•   Higher staff engagement, with turnover reduced by as much as 15% in hospitals integrating excellence with workforce development initiatives.

Where excellence practices were supported by national policy levers such as financing incentives, accreditation standards, and public reporting, the improvements were more substantial and sustained.

Summary of Results

In sum, excellence management practices improve healthcare quality through multiple reinforcing mechanisms: strategic alignment, leadership and culture, process redesign, robust measurement systems, and patient engagement. The evidence indicates that hospitals adopting these practices achieve measurable gains in efficiency, safety, and patient-centeredness. However, the magnitude of impact depends on leadership commitment, resource availability, and integration of excellence into broader health system policies.

6. Discussion

The findings of this review reinforce the view that excellence management in healthcare is not a checklist exercise, but rather a comprehensive operating system that aligns leadership, culture, processes, and measurement. When institutions integrate these elements coherently, they achieve sustained improvements in quality, efficiency, and patient experience.

6.1 Interpretation of Key Results

The results demonstrate that hospitals applying frameworks such as EFQM benefit from improved governance and clearer strategic alignment. This resonates with earlier studies by Demir (2020) and Al-Suwaidi & Mahmoud (2021), which emphasize that excellence frameworks translate policy aspirations into measurable organizational targets. Similarly, the evidence that leadership engagement and workforce capability are central drivers echoes the Institute for Healthcare Improvement's (IHI) Psychology of Change Framework (Hilton & Anderson, 2018), which stresses intrinsic motivation, co-design, and psychological safety as enablers of change.

Operational improvements, such as reduced waiting times and enhanced patient flow, confirm the value of combining excellence models with Lean and Six Sigma approaches. These outcomes suggest that excellence management not only sets strategic direction but also provides mechanisms to operationalize continuous improvement at the frontline.

6.2 Patient-Centeredness as a Cornerstone

The results highlight that patient engagement is not peripheral but central to excellence. Incorporating patient experience measures into strategic dashboards ensures that care redesign aligns with what matters most to patients—timeliness, empathy, communication, and trust. Evidence from Saudi Arabia's Patient Experience Measurement Program illustrates how large-scale, structured patient feedback can accelerate reforms. This aligns with global calls by the WHO (2018) for patient-centered quality policies as a condition for universal health coverage.

6.3 Barriers and Contextual Challenges

Despite these gains, several challenges remain. Resistance to change is a recurring barrier, particularly in hierarchical public hospitals where staff may perceive excellence models as additional administrative burdens. Moreover, resource limitations—financial, technological, and human—affect the pace and depth of implementation, especially in lower- and middle-income settings.

Another challenge lies in leadership continuity. Excellence initiatives often lose momentum when leadership changes, highlighting the need to institutionalize practices beyond individual leaders. Variability in measurement systems also constrains progress; some hospitals lack robust data infrastructure to track improvements consistently.

6.4 Policy and System-Level Implications

The evidence underscores that national policy alignment amplifies the impact of excellence initiatives. Countries that embedded excellence criteria into accreditation standards, financing mechanisms, and public reporting achieved broader and more sustainable improvements. In Saudi Arabia, the alignment of hospital-level initiatives with Vision 2030 health reforms provides a clear example of how policy can drive organizational change.

These findings suggest that excellence management should not be confined to individual hospitals but integrated into national healthcare governance. Ministries of health can accelerate adoption by providing technical support, training, and incentives, while ensuring accountability through transparent reporting.

6.5 Future Research Needs

The literature reveals gaps that merit attention. Few longitudinal studies track the long-term sustainability of excellence practices beyond initial adoption. Moreover, most studies focus on satisfaction and efficiency outcomes, with limited evidence linking excellence directly to hard clinical results such as reduced mortality or improved chronic disease outcomes. Future research should adopt quasi-experimental designs, incorporate patient-reported outcome measures (PROMs), and examine the cost-effectiveness of excellence frameworks in public health systems.

Summary of the Discussion

Overall, this study confirms that excellence management provides a robust approach to improving healthcare quality in public institutions. However, its effectiveness depends on the coherence of implementation, leadership stability, and system-level integration. For countries in the Middle East and beyond, excellence management offers a practical pathway to achieving sustainable, patient-centered, and high-performing health systems, provided that challenges of resources, measurement, and culture are addressed.

7. Practical Roadmap for Public Health Leaders

Transforming healthcare quality through excellence management requires not only theory but also a phased roadmap that is both realistic and scalable. Based on international frameworks (EFQM, IHI, WHO) and lessons from healthcare reforms in Saudi Arabia, the following three-phase roadmap is proposed.

Phase 1: Set Direction (0–6 Months)

The initial phase focuses on establishing a shared vision and strategic alignment across institutions:

• Policy Commitment: Ministries of health should issue a clear National Quality and Excellence Policy that sets expectations for hospitals and aligns with universal health coverage and equity goals.

• Indicator Definition: A small set of core quality indicators—safety, clinical outcomes, patient experience, and efficiency—should be adopted nationally to avoid fragmentation.

• Governance Structures: Hospitals should create quality and safety committees at board and executive levels to ensure leadership oversight.

• Stakeholder Engagement: Patient councils, professional associations, and community representatives should be integrated early to build legitimacy and trust.

Phase 2: Build Capability and Redesign Systems (6–18 Months)

The second phase emphasizes building human and organizational capacity to implement excellence frameworks:

• Training and Education: Leaders, clinicians, and managers should undergo training in improvement science, change psychology, and Lean/Six Sigma methods.

• Pilot Projects: Hospitals should launch cross-functional value-stream projects targeting high-priority issues such as emergency flow, surgical safety, or chronic disease management.

• Measurement Infrastructure: Implementation of dashboards, tiered daily huddles, and registries ensures that frontline teams have access to real-time performance data.

• Digital Enablement: Adoption of electronic health records (EHRs), e-triage, and clinical decision-support systems enhances coordination and reduces errors.

Phase 3: Institutionalize and Scale (18–36 Months)

The final phase ensures that excellence practices become embedded into the DNA of health systems:

• Integration into Governance: Excellence criteria should be embedded in budgeting, strategic planning, and executive performance reviews.

• National Benchmarking: Ministries should establish public reporting platforms that allow hospitals to benchmark against peers, increasing accountability and transparency.

• Incentives and Accreditation: Linking excellence progress to financing mechanisms and accreditation standards helps sustain momentum.

• Communities of Practice: Establishing networks of hospitals that share best practices, conduct peer reviews, and mentor newcomers supports a culture of learning.

• Annual Self-Assessment: Hospitals should conduct annual EFQM or equivalent assessments to track maturity and set new improvement goals.

Enabling Conditions for Success

Regardless of phase, several enabling factors are critical:

• Stable Leadership: Continuity in leadership ensures consistency of vision and reduces reform fatigue.

• Resource Allocation: Adequate funding, staffing, and technology are necessary to avoid "excellence on paper only."

• Cultural Change: Building psychological safety, rewarding innovation, and promoting teamwork foster long-term adoption.

• Patient Partnership: Ensuring that patients are not just recipients but co-creators of solutions strengthens legitimacy and sustainability.

Summary of the Roadmap

This phased roadmap demonstrates that excellence management is not a one-time initiative but a progressive transformation journey. By starting with strategic direction, building capability, and institutionalizing learning, public health leaders can ensure that excellence practices translate into lasting improvements in patient safety, efficiency, and satisfaction.

8. Conclusion

This study has examined the role of excellence management practices in improving the quality of healthcare services provided by public health institutions. The findings highlight that excellence management is not merely a management tool but a comprehensive operating philosophy that integrates leadership, culture, governance, processes, and patient engagement into a coherent system.

The review shows that hospitals adopting excellence frameworks such as the EFQM Excellence Model, Total Quality Management (TQM), and Baldrige Criteria consistently achieve measurable improvements. These include reduced waiting times, improved patient safety, higher patient satisfaction, and enhanced staff engagement. Importantly, these gains are most sustainable when excellence practices are supported by national policy frameworks, financing incentives, and transparent public reporting.

The evidence also confirms that leadership commitment and workforce capability are critical enablers. Hospitals where leaders visibly champion quality, invest in continuous staff training, and foster cultures of psychological safety demonstrate more consistent improvements than those where excellence is pursued as a compliance exercise. Furthermore, embedding patient engagement at the heart of excellence frameworks ensures that reforms remain patient-centered, building trust and accountability.

Despite these achievements, challenges remain. Resistance to change, variability in measurement systems, and resource limitations constrain the depth and sustainability of excellence practices, especially in underfunded public hospitals. To overcome these barriers, policymakers and health leaders must prioritize stable governance, adequate resource allocation, and capacity building.

The practical roadmap proposed in this study outlines a phased approach for embedding excellence—beginning with strategic direction setting, moving into capability building and system redesign, and

culminating in institutionalization and scaling. This phased pathway ensures that excellence management evolves from isolated projects into an integrated operating system for public healthcare delivery.

In conclusion, excellence management provides a powerful framework for transforming public health institutions into organizations that are not only efficient but also equitable, patient-centered, and resilient. As health systems worldwide pursue the dual goals of universal health coverage and sustainable development, embedding excellence management practices will be essential for achieving high-quality, safe, and trustworthy care. Future research should deepen the evidence base by linking excellence maturity to long-term clinical outcomes and exploring the cost-effectiveness of large-scale adoption in diverse settings.

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