ANNEX 4: LIST OF OBJECTIVELY VERIFIABLE INDICATORS

MOSUL

Expected Result	Objectively Verifiable Indicators	
# 1: Patients in need of secondary	80% of TOC IPD bed occupancy rate	
management of chronic, sub-	80% of Al Wahda OPD entries meet admission criteria	
acute wounds and fractures in	• <5% lost to follow up (missing 2 consecutive OPD FU	
Mosul can access free, quality,	consultation)	
and integrated surgical,	• <1% IPD mortality	
anesthesia and post-operative	80% of IPD discharged home (cured or OPD FU)	
care at IPC-ensured MSF Al	• 90% three-pillar (hand hygiene, cleaning and disinfection,	
Wahda tertiary orthopedic center	PPE) IPC compliance	
(TOC)	100% patients prescribed physiotherapy access care	
GAZA		
Expected Result	Objectively Verifiable Indicators ¹	
# 1: Quality surgery and	Proportion of safe surgery and safe anesthesia checklists	
anesthesia is provided in the	performed correctly (>95%)	
operating theater	Proportion of patients receiving appropriate measures to	
	decrease risk of surgical site infection (pre-op bathing, no hair removal/by clippers, antibiotic administration) (100%)	
	 Proportion of prophylactic antibiotics administered within the 	
	correct timeframe within all interventions where prophylaxis	
	is indicated (100%)	
	• Proportion of cases (other than dressing changes) with	
	sponge and instrument counts performed (100%)	
	Proportion of postoperative surgical site infection within	
	surveillance group (<3%)Proportion of intra-operative mortality rate (<0.5%)	
	Proportion of acceptable environmental swabs and air quality	
	testing in both OT (100%)	
	Number of deep cleaning per week (1/week)	
	OT hand hygiene compliance (>90%)	
	Proportion of patients with complications during surgery it is all a majoral interpretations (2002).	
	within all surgical interventions (<2%) OT, LRS and SSI databases are correctly filled in a timely	
	manner and match with the paper registers (1/week for OT;	
	1/month for LRS and SSI)	
	Proportion of discrepancy in controlled drugs in OT (0%)	
# 2: Quality multidisciplinary care	Bed occupancy rate (adult and peds) - Note: 85% is the	
is given in the surgical IPD	internationally recommended standard (70-90% adults; 50-	
	90% peds)Rate of complications in IPD admissions (and rate of non-	
	 Rate of complications in IPD admissions (and rate of non- drug related complications) (<5%) 	
	 Proportion of peri-operative mortality (<0.01%) 	
	Proportion of acceptable environmental swabs and air quality	
	testing in both IPD (100%)	
	Number of SIPCA IPC reports (2x/year)	
	Proportion of hand hygiene compliance (>85%) Proportion of antibiation propositions made geografing to MSE.	
	 Proportion of antibiotic prescriptions made according to MSF guidelines (>90%) 	
	Suidellies (27070)	

Number of trainings/refreshers given (1 new and 1 refresh)

 $^{^{}m 1}$ Figures in brackets indicate the baseline metrics listed in the Monitoring sheet for the log frame.

	 Proportion of IPD admissions receiving at least 1 HP session (>75%) Proportion of HP message retention among all IPD patients interviewed (>75%) Proportion of discrepancy in controlled drugs in IPD (0%)
# 3: Quality multidisciplinary care is provided in the surgical outpatient department	 Increase number of specifics OPD consultations (Plastics, ortho, pain, ATB) per year (+1% min per year) Number of (amputee and non-amputee) multidisciplinary clinics held (2/month) Number of OPD dressings (35/working day) Proportion of pre-selected elective surgical patients have pre-op physio assessment done in OPD (100%) Proportion of OPD admission received at least 1 HP session (>75%) Proportion of HP message retention among all OPD participants interviewed (>75%) Proportion of defaulters within all discharged patients (<5%) Proportion of missed appointments (<75%)
# 6: Case management based quality and free research and advocacy are provided	 Number of publications² Number of advocacy addressed Research results Accepted MSF protocols

 $^{^{\}rm 2}$ The log frame monitoring sheet does not list any expected targets.