

Assessment of the institutional *capacity* to develop nursing standard operating procedures

ProSes

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I Introduction

Nursing standards, guidelines and protocols improve the quality of nursing care provision by articulating consistent best-practice approaches. They also improve and standardize patient/client care, define/clarify roles, legitimacy and responsibility, provide bases for care auditing and evaluation, facilitate effective staff induction, and serve as educational tools.

Nurse Standard Operating Procedures (SOPs) are written instructions for nurses that describe in detail how certain tasks are to be performed. Thanks to them, the possibility of error is reduced, work efficiency is increased, while equal quality and safety of services provided by nurses are ensured. SOPs enable nurses to provide services in a standardized, unified and safe manner, both for the patients and the nurses, and contribute to development of contemporary nursing profession.

1. Healthcare quality assurance and improvement in Bosnia and Herzegovina has been initiated some twenty years ago, with the formation of two entity-level accreditation agencies (ASKVA and AKAZ). In this sense, their mandates include the certification and accreditation of healthcare facilities. Accreditation agencies require healthcare institutions to check and align their practices against publicly available certification and accreditation standards approved by their respective Ministries of Health. Certification is obligatory by the law.
2. Certification standards list obligatory nursing procedures to different degrees. For example, ASKVA hospital standards list around 30 nursing procedures and AKAZ PHCC certification standards include 15 nursing SOPs. This year AKAZ certification standards for PHCCs are being revised.
3. Those healthcare facilities that have already undergone or are in advanced phases of the certification processes develop and implement SOPs ("procedure") - some of which relate to nursing care.
4. ProSes has supported the standardization process of nursing care in BiH, following the findings and recommendation of the best-case report "*Nursing standards, guidelines, protocols in BiH*" by developing generic nursing procedures. These are based on the analysis of relevant literature, practical knowledge and experience from clinical practice, and the best models of good practice. Seven handbooks with in total 345 nursing procedures for PHC/community nursing and hospital-level have been developed, published and distributed to all the health facilities in BiH. In addition to these handbooks, a manual for the development and use of standard operating procedures has been recently prepared and distributed.

¹ Ausserhofer, D., Novo, A., Rakic, S., Dropic, E., Fisekovic, E., Sredic, A., i Van Malderen, G. (2014): Nursing standards, guidelines, protocols in BiH – Best case reporting. Final report. All rights reserved. © 2015 Swiss Government.

II. Methodological approach

A large-scale online survey was undertaken by ProSes in November 2024 aimed at all health facilities in BIH to assess their institutional capacities to develop, adapt, use, monitor and revise nursing SOPs. The response rate was 82% (138/169 health facilities in BIH), with 477 respondents in total.

- More than 57% claimed their health facility had a policy for the adaptation, development, use and revision of (nursing) SOPs, while 43% stated they had an appointed working group for their development.
- 72% of the respondents estimated their institution had the needed capacities, while 49% responded that their institution had already developed nursing SOPs.
 - In those health facilities where nursing SOPs had been developed, main authors were working groups (37%), quality coordinators (35%) and head nurses (10%); in 68% of the cases feedback on the draft is being asked from nurses in practice.
 - More than 60% assessed ProSes *Manual for the Development and Use of Nursing SOPs* as extremely useful, both for them and the health facility.
 - In 60% of the cases ProSes handbooks with generic nursing procedures are being used as a reference;
 - Finally, 96% claim those nursing SOPs are being used in practice.

Following the survey a random selection of 10 health facilities was made and focus group interviews to verify information previously collected via online survey were conducted. This also allowed further exploration of the relevance and use of (ProSes) SOPs, as well as the institutional capacity to adapt and adopt the practices listed in SOPs.

To complete our assessment, several additional field visits are planned together with participation at eventual SOP workshops to lead to additional findings and recommendations.

Step by step study description is in Annex 1, while indicator description and details from ProSes Monitoring Plan are available in Annex 2.

III Findings and recommendations

Focus groups (FG), two per facility, have been conducted in 10 health facilities: Dobož and Konjic hospitals, as well as PHCCs in Teslic, Zepce, Zavidovici, Cajnice, Srebrenica, Bihac and Derвента. In total, 89 people have participated (first FG: head nurses and quality coordinators, second FG: nurses from practice). The participants were informed at the beginning of each session that their contribution is for internal use only and will be anonymous when aggregated.

1. Certification/accreditation process as the driver

The degree of nursing care standardization through the development, use, follow-up of use and revision of nursing procedures (SOPs) is largely dependent on the certification process and standards. However, a significant number of health facilities in BIH have not been certified or re-certified, despite the fact it is legally obligatory. Accreditation agencies have increased their efforts to encourage health facilities to certify.

The reasons for that are multiple:

- a) Lack of financial means for the certification process lead to certification being seen as a financial punishment.

Recommendations:

- ensure financial means for the certification process through e.g. grant system - (Health Insurance Fund - HIFs, Ministry of Health - MoH)
 - introduce financial stimulation (versus de-stimulation) for certified/accredited health facilities and providers (example of Una-Sana Canton where 0.5% topping-up to contracted funds for accredited teams has been introduced versus Tuzla Canton with 2% decrease for non-certified) (HIFs, MoH)
- b) Lack of management support is seen as crucial, as well as resistance to change from health professionals, caused mainly by a lack of awareness and information on the expected benefits for all the parties (patients, health providers, health facility, health system) and its legally obligatory nature. Establishing a quality and risk management system requires a profound change in organizational climate and culture, which is a long-term process. Unfortunately, frequent management changes and long-term maintenance of acting directors directly undermine the stability and continuity necessary for such strategic changes. Introducing standardized procedures is often met with resistance, as it requires employees to change long-standing, established habits and adapt to strictly prescribed ways of working.

Developing a culture in which adverse events and errors are reported openly, without fear of punishment, and with the aim of learning and improving the system, represents a profound and difficult cultural change for many teams. The ultimate success of certification does not depend on the formal fulfilment of requirements, but on whether management and employees will accept new procedures as their own. Only when they begin to consider them a useful tool for improving their own work, and not just an imposed obligation, does the certification process achieve its full meaning.

Recommendations:

- raise awareness (events - e.g. symposium for health facilities leadership teams, field visits) (ProSes)
- publish a manual titled "*The Art of Nursing - 'Soft Skills' in the Process of Nursing Care*", prepared by Predrag Petrovic in collaboration with two university professors, focused on improving the quality, safety and humanization of the entire healthcare system. The manual contains concrete examples from practice,

exercise scenarios, checklists and practical advice. It could be used as a reminder and guide in challenging situations, the basis for education and mentoring, as well as a tool for self-assessment and continuous development. (ProSes)

- organize annual workshops on quality improvement, certification and procedures for all the staff (health facilities)
- introduce stimulation vs. penalties (health facilities)
- ensure needed law enforcement (MoHs)

c) Limited human and material resources are disabling many health facilities to fulfil the certification standards. Needed infrastructural investments and purchase of lacking equipment, along with the need to contract companies for services such as municipal waste management and organize continuous and documented education of staff, are both very financially demanding and time consuming. Required specific qualifications and valid licenses of the staff are difficult to fulfil, especially in smaller communities.

Some of the certification requirements are seen as not feasible (e.g. having two nurses per FM team), not rationale or too strict (e.g. two delivery sets, original 1-liter package of iodine), not functional (e.g. increased sterilization temperature and duration leading to gauze burning), or not aligned to the existing/amended legal framework (e.g. with Job Classification Rulebook in RS that does not provide for "person responsible). Even though infrastructural investments needed to fulfil certification requirements are rather high (and sometimes not feasible), they are still seen as long term investments.

Recommendations:

- organize joint visits to determine what is feasible regarding certification and the development of procedures and make a realistic plan (accreditation agencies, MoH)
- adjust the certification preconditions to better reflect the reality and not hinder those willing, but unable to fulfill all the existing pre-conditions, to be certified (accreditation agencies - AAs)
- adapt certification standards to the existing/amended legal framework (RS new Healthcare Law and Job Classification Rulebook) (accreditation agencies)
- provide financial means for (re)-construction and equipping (e.g. by municipality)
- increase the tariff for health services to reflect the real costs (HIF, MoHs)
- provide opportunities for additional training in family medicine for nurses, required by certification standards (FM Cathedra/CCEs)
- attract and employ more nurses and doctors by making working conditions more attractive (facility, HIF, MoH, educational system)

d) Considerable amount of written documentation that needs to be created and maintained (centralized and regularly updated policies, procedures and records) poses significant administrative and organizational challenge, especially in regards to the short timeframe prescribed to complete the certification process. Smaller health facilities with only a quality coordinator who is in some cases performing also another function are at a disadvantage compared to larger health facilities that have a quality improvement department with several employees, as the workload is the same. Given the complexity of the legal regulations and the certification standards themselves, in practice it is often unclear which set of documents are required.

Recommendations:

- expand *ProSes Manual for SOP development and use* with a precise list of all mandatory procedures, policies, records, forms and regulations in the form of an annex (ProSes, AAs)
- extend the certification period/deadlines (AAs)

2. Current status regarding the existence of (nursing) procedures

Certified health facilities have developed, adopted and use all the procedures required by certification standards (most related to family medicine (FM) department when it comes to PHCCs). They all have standard SOP form, reporting mechanism for incidents, trained quality coordinator, etc. Half of the visited facilities have specifically nursing procedures, some of which are non-obligatory procedures (the results of Shout online survey are similar: 48% of respondents claim they have nursing procedures). Often, the reason behind is to prevent repetitions of mistakes that have occurred. Nursing procedures are seen by some as more needed than some of the procedures currently required by certification standards. Some facilities lack a procedure to protect nurses/health workers from workplace violence.

Even health facilities that have not been certified or have just initiated the process have a trained quality coordinator and a number of adopted procedures (e.g. reporting mechanism for incidents). There are also cases when in the same health facility not yet certified FM teams take on and use adopted procedures that are only certified teams obliged to use (e.g. procedure on patient records).

All health facilities are generally interested to be certified and to standardize nursing care, as they have experienced some of the benefits of healthcare standardization. However, those undergoing certification process have first to focus on the development of mandatory procedures per certification standards.

When a health service is not standardized with procedures health professionals are relying on unwritten rules, the usual practice and on what is being passed on from more experienced colleagues.

3. The process of developing

Nursing procedures are usually developed by quality coordinators, in consultation with head nurses and doctors (Shout online survey results differ slightly: 35% claim it is quality coordinator, 10% head nurse and 37% working group).

Nurses from practice are not sufficiently involved in the development of nurse procedures (compared to online survey results where 68% claimed nurses from practice are always being consulted). The desired degree of involvement varies (identification of repeated errors, needed and most often used procedures, as well as of existing but not relevant procedures, active participation in the development, consultation/comments on the draft, testing). Lack of understanding of the need for and importance of having and using procedures, lack of staff and lack of time, are seen as obstacles to greater involvement of nurses in the development of nurse procedures.

During the development of (nursing) procedures, the existing legal framework, the usual practice for developing standard operating procedures, the usual work practice, sometimes also PHI obligatory documentation, consultations with facility expert council and other health facilities are being used. Though many understand the importance of following the latest scientific recommendations and findings in practice, it is questionable to what extent they are being used as references during the development of nurse procedures (Compared to Shout survey results: 22% international literature, 44% best internal practice, 31% SOPs from other health facilities, 60% Proses handbooks) .

Recommendations:

- form a WG for the development of nursing SOPs and provide stimulation (free time, or financial if outside working hours, etc.) (health facility)
- train head nurses to develop procedures (AAs)
- involve interested and motivated head nurses and nurses from practice in the identification of needed/missing procedures, their development and revision, as well as to present new procedure to their peers (health facility)
- include doctors from the beginning of the development process (health facility)
- employ a nurse in the quality department (health facility)

4. The capacity to develop

The facilities that are (re-)certified have a quality coordinator (not uncommon that the head nurse is also the quality coordinator), while larger facilities have a quality department. Despite having developed their institutional capacity for development and use of the (nursing) procedures to a varying extent, some health facilities need additional support to develop (further) nursing SOPs (72% of Shout survey respondents claimed their institution has the needed capacity). Using already existing procedures (from ProSes handbooks or from other health facilities) to adapt and adopt them would be helpful, as well as to start standardizing first most often used procedures in practice.

During the certification process accreditation agencies are providing one-year support of facilitator (telephone consultations, monthly visits), including the support to the development of basic policies and procedures, but not really assisting with the development of the content of other required procedures. However, accreditation agencies have been during field visits taking and sharing with others best examples of developed procedures, as well as recommending exemplary institutions to others for peer support. There are cases when more advanced facilities visited those undergoing certification process and vice versa to prepare for certification (a sort of mini internal assessment prior to certification assessment by accreditation agencies).

ProSes handbooks with generic nursing procedures and ProSes manual on the development and use of standard operating procedures, though not familiar to everyone, are seen as a potential practical reference for the development of nursing procedures. Illustrations/algorithms are particularly useful. Unless they have been adapted and adopted at the level of the health facility, those procedures cannot be used to guide the practice. In one of the visited health facilities nurses have been granted the permission to apply the practice described in a ProSes procedure (using a lancete instead of a needle for GERB testing in newborns). Some facilities plan to start using ProSes handbooks to adapt and adopt nursing procedures, and/or to revise their existing procedures. They can also be used as an educational tool (in health facilities and nursing faculties/schools). The manual for the development of nursing procedures has been also assessed as useful and in line with the process they have already been using to develop procedures.

Recommendations:

- networking and peer support - encourage the development of a community of practice² (head nurses and quality coordinators from different institutions) or “quality circles³” to learn from each other (ProSes)
- provide technical assistance for the adaptation and adoption of nurse SOPs at the health institution level (as well as for the development of mechanisms to disseminate, introduce and present SOPs to all nurses) - be available for consultations, attend 1st WG meeting, include doctors, etc. (ProSes)
- develop and adopt nursing procedures, using ProSes handbooks as a reference, for the most common nursing services (health facilities)
- include (additional) nursing procedures to the list of required procedures in the certification standards and provide exemplary procedures in the upcoming revisions of certification standards (AA)
- provide within the existing package of services also some sort of mentoring/consultations during the development of procedures (the risk management procedure was for some facilities especially demanding and required more support) (AA)

² Community of practice is a group of members who share a common interest and work together to achieve both individual and group goals. It is formed to share best practices and generate new knowledge.

³ Small groups of 6 to 12 professionals from a similar background who meet at regular intervals to discuss and review clinical practice, with a facilitator.

- include Proses handbooks with nursing procedures in required reading in nursing schools (Ministry of Education - MoE) (Ministry of Education - MoE, secondary medical schools, nursing faculties (NF)

5. Distribution

Adopted procedures are mainly available in paper form (registers in departments and with the quality coordinator). Some have them available also in electronic form on computers and are considering making an android App version which is user-friendly (meaning searchable by clicking on content or using key word).

Once adopted, (nursing) procedures are being distributed across the departments, following usual hierarchy. Though trainings are generally rarely organized, some health facilities have monthly meetings/trainings and even annual testing. In many facilities employees are obliged to sign a document, stating he/she has been informed, has read and understood the newly adopted procedure.

Recommendations:

- organize trainings to present/introduce new nursing procedures, integrating the promotion of inter-professional collaboration (doctors primarily, non-medical staff when relevant) Combine presentations with group work and exercise. Include knowledge test. (ProSes)
- make reading of newly introduced procedures and signing them obligatory (health facility, AAs)
- have a designated person to provide additional information, if needed - head nurse or quality coordinator (health facility)
- make android App version of adopted nursing procedures, particularly of community nursing procedures to be used in a home setting (health facility)

6. Use

Those health facilities that have initiated the process of quality improvement and introduced (nurse) standard operating procedures, at least to some extent, have perceived the following benefits of their use:

- improved patient safety and quality of health/nursing services
- adherence to best-practice and modern evidence-based science
- protection of health workers and facilities from possible mistakes, complaints and lawsuits (procedure for triage of emergency cases is particularly useful)
- eased work and better work organization
- clearer distribution of tasks, roles and responsibilities
- same, unified approach
- useful tool to introduce new employees to work
- eased reporting

It should be added that as procedures require health professionals to make regular records, they are also adding additional administrative burden, especially because of still simultaneous existence of paper and electronic records in most of the health facilities.

Some of the adopted procedures are not applicable, due to different reasons (lack of material resources, human resources and time, high workload, etc.). There are several such examples related to inhalation therapy, application of *Fentanil* plaster (painkiller), insertion of a catheter, appointment system, treatment of decubitus, use of morphine in palliative care patients, application of 2nd and 3rd health care level drugs at PHC level, etc.

Recommendations:

- revise procedures to be applicable and adherent to existing norms and legal requirements (health facility)
- provide needed material (facility management)
- modify the list of essential drugs, consult doctors from practice (HIF)
- ensure there are enough health professionals (MoH, HIF, health facility)
- eliminate paper records (MoH)

7. Follow-up

The follow-up of nurse SOP use is being done, but insufficiently. Obligatory records, such as protocol of interventions, help check their use. Usually only an error/mistake/complaint that has occurred leads to the examination of the use of the existing procedures. Lack of time and travelling distance to field practices are some of the reasons.

Recommendations:

- make sure use of SOPs in the practice is followed-up (not only listed in the books). This might be checked by the accreditation agencies, but it could as well be followed by someone in charge at each health institution (quality coordinators for instance). Some have suggested also formation of a Commission for Internal Control and making distinction between the commission for standardization and commission for certification. (health facilities, accreditation agencies)
- use the information obtained for stimulation, training and revisions (health facilities)

8. Revision

Revision of adopted procedures is mainly done after the defined timeframe (3 years), but initiatives also come from the field in case of error occurrence or detected changes in the legal framework (Shout survey results: 63% within prescribed timeframe, 55% new therapeutic approaches, 53% new guidelines). Generally, there is a need to revise some of the existing procedures in order to align them to the amended legal frameworks (e.g. RS Healthcare Law). Some facilities are considering comparing existing nurse procedures to those contained in ProSes handbooks and making changes, if needed.

Recommendations:

- use the information obtained through follow-up of the use of nursing procedures and active collection of feedback to revise procedures (health facilities)
- align existing procedures with legal framework (health facilities)
- compare existing nurse procedures with those in ProSes handbook and, if needed, revise to align with latest scientific evidence and recommendations (health facilities)

9. Table overview of recommendations

ProSes	Health facilities	CCEs	Municipalities	Accreditation agencies (AA)	Health Insurance Funds (HIFs)	Ministries of Health (MoHs)	MoE/schools/NFs / FM cathedra
<ul style="list-style-type: none"> - raise awareness (events, visits) - organize trainings - provide technical assistance in the development - help networking and peer support (community of practice, quality circles) - expand the <i>Manual on the SOP Development and Implementation</i> - publish "<i>The Art of Nursing - 'Soft Skills' in the Process of Nursing Care</i>" 	<ul style="list-style-type: none"> - organize training for head nurses on SOP development - form a WG for nurse SOP development, including nurses and doctors - involve more nurses from practice - develop and adopt nurse SOPs - revise existing nurse SOPs (law, ProSes handbook, follow-up info) - organize training for nurses on adopted SOPs - make reading of adopted SOPs and signing obligatory - designate a person for additional information - make android application - follow-up of the use (QQ, Commission for Internal Control) - organize annual workshops for staff - provide needed material for SOP implementation - employ a nurse in the quality department - introduce stimulation vs. penalties 	<ul style="list-style-type: none"> - organize additional training in FM 	<ul style="list-style-type: none"> - provide financial means for (re)-construction and equipping 	<ul style="list-style-type: none"> - provide mentoring/ consultations - follow-up the use of nursing SOPs - expand the <i>Manual on the SOP Development and Implementation</i> - expand certifications standards with nursing SOPs, including examples (both entities), and align with new Healthcare Law in RS - organize joint visits with MoH - adjust certification preconditions to realitys - extend the certification period/deadlines 	<ul style="list-style-type: none"> - provide financial means and incentives for the certification process and quality improvement - increase tariff for health services 	<ul style="list-style-type: none"> - organize joint visits with AAs - provide financial means and stimulation for the certification process and quality improvement - eliminate paper records - make law changes/ ensure enforcement - ensure enough health professionals - nurses and doctors 	<ul style="list-style-type: none"> - include ProSes handbooks in required reading - organize additional training in FM

IV Annexes

Annex 1: Study description (step by step)

Step 0 (October 2024): inform partners (SDC and MoHs) about the approach (survey, focus groups and field visits) and planned timeline
Step 1 (October 2024): Database/contact list
Step 2 (November 2024): <i>Shout</i> online survey (started after ProSes SOP manuals have been distributed - preparation of the questionnaire, development of online survey/testing, sending out invitations for the survey to all 169 health facilities and selected respondents (facility and department head nurses and quality coordinators). Questionnaire in Annex 3
Step 3 (December 2024/January 2025): Data base cleaning and report - Initial 693 respondents were reduced to 477, after erasing incomplete survey responses and re-coding done where needed
Step 4 (February 2025): Random selection of four PHCCs and one hospital in the RS and in the FBIH (in total, eight PHCCs and two hospitals) from the database <ol style="list-style-type: none">1. RS - hospital Dobož2. RS - PHCC 1 - Derventa3. RS - PHCC 2 - Teslic4. RS - PHCC 3 - Cajnice5. RS - PHCC 4 - Srebrenica6. FBIH - hospital Konjic7. FBIH - PHCC 1 - Zepce8. FBIH - PHCC 2 - Zavidovici9. FBIH - PHCC 3 - Sarajevo Stari Grad10. FBIH - PHCC 4 - Bihac
Step 5 (February 2025): Preparation of generic FG topic guide (Annex 4).
Step 6 (March 2025): Modification of the basic FG questionnaires per health facility, based on the answers obtained during the online study.
Step 7 (March - May 2025): FG sessions in 10 health facilities, with two focus groups per facility (strategic - facility and department head nurses and quality coordinators, and operational - nurses from practice)
Step 8 (April - June 2025): Preparation of reports (brief and longer version) per health facility and obtaining feedback from the participants.
Step 9 (June): Preparation of the synthesis report
Step 10 (to follow): Attendance at coming workshops for elaboration/revision/adaptation of nursing SOPs, if organized by health facilities encompassed by FG interviews and agreed to invite project representative

Annex 2: Monitoring Plan Indicator Description and Details

Project related indicator:

% of health institutions capable of developing further nursing SOPs

Rationale:

the *Guide for SOPs development of nursing SOPs* and previously by *ProSes* published and distributed nursing SOP handbooks are (i) perceived as useful, (ii) integrated in an institutional policy to develop and keep SOPs up-to-date and (iii) being used by health professionals to adapt, maintain and develop further SOPs relevant to the institution's activities. As a result, the institutional capacity to develop nursing SOPs is increased.

Targets:

PY2: 30% of health institutions throughout the country (i.e. 41 health facilities), PY3: 40% (i.e. 54 health facilities), PY4: 50% (i.e. 68 health facilities) have established nursing SOPs development processes.

Data source:

Online survey, interviews in a sample of randomly health facilities and nurses, (participation in SOP development/adaptation workshops).

Time frame:

Start the survey as soon as all the health facilities have received the *Manual for the development and use of nursing SOPs* (to be pursued on an ongoing basis in 2025 and 2026). This will allow us to report achieved results for the annual PY2 report, provide input for exit strategy and SC meeting for possible modification of project activities. (Due to the delay in the development and distribution of the ProSes manual, first survey was survey was conducted in 2025).

Annex 3: Online survey questionnaire

1. Are you (*multi-option*):
a head nurse of the facility (PHCC, hospital,
a head nurse of the university clinic
a head nurse of department
a quality coordinator / working in quality control department
a nurse from practice
other (specify)
2. Specify which department/university clinic? (*drop-down list*) - *to be answered by head nurses of university clinic, head nurses of departments and nurses from practice*
3. For how long are you in this position? (*open question*)
4. Which health facility are you working in? (*single option*): PHCC/hospital/university clinical center
5. In which entity is your facility located? RS/FBIH/BD (*single option*)
6. In which municipality? (*drop down lists - RS, FBIH*)
7. Does your institution have the *ProSes* manual for the development of SOPs? (Yes/No/I do not know)
If yes:
 - a. Where did you get it from? (*single option*)
ProSes-Fondacija fami team/ ProSes -Fondacija fami web site/ Colleagues/
Another institution/ I do not know/ Other (specify)
 - b. How useful do you consider the manual for your institution? (*0 to 5*)
 - c. How useful do you consider the manual for yourself (*0-5*)
 - d. The current manual is paper-based, an electronic version is available on ProSes/fondacija fami's website. Which version do you use?
paper based/an electronic (*multi-option, not required*)
 - e. Do you have a preference for the next (updated) version of the manual? *Yes/No*
8. Does your health facility have the capacity to develop nursing SOPs? Yes/No/ I do not know
 - a. Does your health facility have a policy for the use of nursing SOPs?
Yes/No/I do not know
 - b. Does your health facility have a policy for the adaptation, revision, development of nursing SOPs?
Yes/No/I do not know
 - c. Does your health facility have a designated group or individuals to support the adaptation, revision, development and implementation of nursing SOPs?
Yes/No/I do not know
9. Did your health facility develop any nursing SOPs on its own? (Yes/No/I do not know)
If yes:
 - a. How many? (*open question, not required*)
 - b. Who validates new or revised nursing SOPs?
Internal person/group of internal reviewers/external specialist/I do not know/other (specify) (*single option*)
 - c. Who is usually the main author (the lead) of nursing SOPs developed in your health facility?
Working group/ department/ quality coordinator/head nurse/nurse/I do not know/other- please specify) (*single option*)
 - d. During the process of nursing SOPs development, are they being tested and feedback collected from nurses? (Always/Sometimes/Never/I do not know)
 - e. What sources are used when developing nursing SOPs?

International literature/ Internal best practices / SOPs from other health facilities/ *ProSes* handbooks with nursing SOPs/ I do not know/Other, please specify – *(multi option)*

- f. Are there periodic revisions of existing nursing SOPs? (Yes/No/I do not know)
If yes:
 - g. What triggers the revisions process (date/new therapeutic approaches/new guidelines/I do not know, other (specify) – *multi-option*
 - h. How often? *(open question, not required)*
 - i. Who is doing the revisions? *(open question, not required)*
 - j. Are the nursing SOPs being used in daily practice? Yes/No/I do not know
- 10a. Do you have the handbooks with nursing SOPs developed within ProSes? Yes/No
- 10b. Are you using the handbooks with nursing SOPs in daily practice? Yes/No
11. Is there anything additional you want to share regarding the development/use of nursing SOPs? *(open question)*

Exit page: Thank you for taking part in the survey. The mentioned SOP manual and handbooks, along with other publications, are available at Fondacija fami/ProSes web page link: <https://www.fondacijafami.org/publikacije.html>.

Annex 4: Generic focus group topic guide and methodology

1. **CERTIFICATION:** What is your current certification status? If not (re-)certified, why not? Are you planning certification in the coming period? Are you familiar with certification standards? Those related to nursing?
2. **PROSES HANDBOOKS AND MANUAL:** Are you familiar with ProSes handbooks with nursing SOPs and manual for the development of SOPs? Have you had the time to read to? Paper or e-format? How useful/applicable is it? How are they being used?
3. **DEVELOPMENT:** Has your health facility developed and adopted any nursing SOPs yet?
 - a. If not, why not?
 - b. If yes, can you give examples or provide a list? How do you ensure that nurses are involved in the process of the SOP development? What incentives do you use?
 - c. Are there any plans to adapt ProSes nursing SOPs, making them relevant for your setting/develop (other) nursing SOPs and adopt them? Would you feel comfortable to do so?
4. **DISSEMINATION:** How do you ensure that all nurses are acquainted with adopted procedures?
5. **FOLLOW-UP:** How do you know if nurses adhere to the existing nursing SOPs? Do you have a monitoring or evaluation system in place?
6. **REVISION:** What does the process of revision of nursing SOPs look like? Is it formalized?
7. **CHALLENGES:** What are the challenges for the development and implementation of nursing SOPs your health facility has been facing?
8. **DRIVERS:** What do you see as drivers for the development and implementation of nursing SOPs? What would help you build further your institutional capacity?
9. **OBSERVATION:** Could you invite us to participate in one of the meetings for developing nursing SOPs?
10. Is there anything that you wanted to say that you did not get a chance to say?

Current status	Obstacles	Proposed solutions
What is the current status regarding the development, use, follow-up and revision of nurse procedures? Certification?	What are the obstacles?	What are possible solutions? (under jurisdiction of the health facility, ministries, accreditations agencies, within the project, etc.)

Continue	Start	Stop
What are we doing right that we should continue?	What are we doing wrong and should stop?	What are we not doing that we should start doing?