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JORDAN HEALTHCARE ACCREDITATION PROJECT

SEMI-ANNUAL PERFORMANCE REPORT NO. 2

October 1, 2008 – March 31, 2009



April 14, 2009

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Distributed to: Dr. Ali Arbaji, COTR, USAID/Jordan
Amman, Jordan

The Jordan Healthcare Accreditation Project, or JHAP, is a technical assistance program to support healthcare accreditation in Jordan. JHAP is managed by University Research Co., LLC (URC) in collaboration with Abt Associates, Joint Commission International and Initiatives, Inc. The project is funded by the United States Agency for International Development (USAID), under Task Order No. GHS-I-01-07-00010-00.

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ACRONYM LIST

ACLS	Advanced Cardiac Life Support
CEO	Chief Executive Officer
CFO	Chief Financial Officer
COP	Chief of Party
COTR	Contracting Officer Technical Representative
CPR	Cardiopulmonary Resuscitation
DAP	Department of Accreditation Preparedness
DSD	Department of Standards Development
DSSC	Department of Surveys and Surveyor Certification
FAM	Finance and Admin Manager
FOCUS-PDSA	Find, Organize, Clarify, Understand, Select – Plan, Do, Study, Act
FY	Fiscal Year
HCAC	Health Care Accreditation Council
HSS	Health Systems Strengthening
HR	Human Resource
IP	Infection Prevention
ISQua	International Society for Quality in Health Care, Inc.
JCI	Joint Commission International
JHAP	Jordan Healthcare Accreditation Project
LLC	Limited Liability Company
MOH	Ministry of Health
MOU	Memorandum of Understanding
PALS	Patient Advice and Liaison Service
PDSA	Plan-do-study-act or sometimes it is plan-do-check-adjust. QI studies

PHC	Primary Health Care
PHR ^{plus}	Partners for Health Reform ^{plus}
P&P	Policy & Procedure
QI	Quality Improvement
SABEQ	Sustainable Achievement of Business Expansion and Quality
SSI	Surgical Site Infections
STA	Senior Technical Advisor
TASC2	Technical Assistance and Support Contract 2
TASD	Technical Advisor for Standards Development
TOR	Terms of Reference
URC	University Research Co. , LLC
USAID	United States Agency for International Development

I INTRODUCTION

This is the second Semi-Annual Report of the Jordan Health Care Accreditation Program which is referred to as the Jordan Healthcare Accreditation Project (JHAP). The project was awarded to University Research Co., LLC in June 2007 to run to January 2011. Initially the project ran in parallel with the TASC2 Bridge project which ended 30 September 2007. The intention was that major activities of JHAP were to begin 1 October 2007; this report reflects the activities from the second project year from 1 October to 31 March 2009.

JHAP is a follow-on project from PHR*plus* and the TASC2 Bridge project that ran from 2004 to 2007. The main accomplishments prior to JHAP were 1) the Jordan Hospital Standards were established; 2) seventeen pilot hospitals were prepared to meet the standards; and 3) the initial work to establish the private agency to sustain the accreditation process in Jordan was completed.

The overall purpose of JHAP is to improve the quality and safety of healthcare services in Jordan by providing technical assistance to target hospitals and other health care facilities, and by building the capacity of the now established Health Care Accreditation Council (HCAC) in developing healthcare standards, in accreditation preparedness by assisting facilities to meet the standards through consultation and training, in doing surveyor certification and surveys to determine if standards are met and in awarding accreditation. Also, JHAP will work with HCAC to develop their policies and procedures, develop a marketing strategy, and do strategic, financial, and business planning. It is envisioned that by the end of the project, the HCAC will have their standards, their surveyor certification program, and the Council itself accredited by the International Society for Quality in Health Care, Inc. (ISQua)

Standards development is an on-going process with all standards having to be reviewed and revised every two years. Also, new standards need to be developed to address new priorities in both tertiary and primary care. JHAP will work with HCAC to build capacity in the process of standards revision and development, including establishing expert committees, publishing standards for comment, and developing a process for finalizing the standards and informing the appropriate facilities and programs. The HCAC will develop the skills to manage these processes. New clusters of standards for primary health care facilities, laboratories, medical transportation, private clinics, specialty programs, and disease-specific programs will be developed. Standards will be submitted to the International Society for Quality in Health Care (ISQua) for accreditation.

Surveys & Surveyor Certification will focus on identifying, training, and certifying surveyors and on obtaining ISQua accreditation of the Surveyor Certification process. This component will also assist in the development of the policies and procedures for the application for accreditation, fees, scheduling survey visits, and the granting of awards of accreditation and certification.

Accreditation preparedness is the consulting arm of the HCAC. To address a changing health environment, hospitals will need to develop new ways of thinking and working by developing new systems and processes. The JHAP supports the HCAC in a variety of key areas including policy and procedure development, strategic planning, quality improvement, environmental planning, hazardous material, disaster and safety planning, human resources planning, committee formation and committee work. HCAC will review, certify and accredit primary health care

facilities. The JHAP will work with the HCAC staff to help them prepare **curricula**, conduct consultations, and evaluate both hospital and PHC facility program readiness.

Financial management and business planning will be critical for the HCAC during the three-year project. The role will be to develop financial management and planning skills in selected hospitals and most importantly to assure that the HCAC has implemented financial management systems and developed marketing and business plans that will enable it to sustain its activities after USAID support terminates.

Besides developing the HCAC, the project is also providing training and consultation to seven new public pilot hospitals to prepare them to meet the Hospital Accreditation Standards and continuing to work with the Quality Improvement Coordinators.

2 KEY ACCOMPLISHMENTS FOR Q1 AND Q2 2009

The Jordan Healthcare Accreditation Project accomplished the following in the first half of FY 2009:

2.1 Activities related to the Health Care Accreditation Council (HCAC)

- National Quality and Safety Goals for 2009 were approved by the Board of Directors and their official launch was held under the patronage of Her Royal Highness Princess Muna.
- 36 Hospitals enrolled to implement the National Quality and Safety Goals.
- The HCAC Board of Directors approved the second edition of the HCAC Jordan Hospital Accreditation Standards.
- Nine HCAC surveyors were certified.
- Paul vanOstenberg, Consultant from the Joint Commission International (JCI), held an in-service session for the HCAC board on the role and responsibilities of the Board of Directors.
- HCAC held a joint workshop with the Insurance Commission on the importance and implications of accreditation.
- The HCAC became a member of the ISQua Council and the HCAC CEO participated in the ISQua annual conference.
- The HCAC website, "www.hcac.jo", was officially launched in February.
- A Board of Directors meeting was held in February, in which the HCAC three-year strategic plan and financial statements for the fiscal year ending December 31, 2008 were discussed and approved.
- Queen Alia Military Hospital was awarded HCAC accreditation and became the first public hospital to be accredited by the HCAC.
- The HCAC Marketing Plan was completed.

2.2 Activities related to accreditation preparedness

- Workshops on strategic planning, information management, change management, performance measurement and improvement and environmental safety and hospital plans were held for the seven new public pilot hospitals.
- A workshop on Cardiac/Respiratory Arrest Systems & Processes was held for the fifteen public pilot hospitals.
- A draft shortlist of 25 PHC centers to be prepared for accreditation was completed.
- An assessment on meeting the standards was conducted for the seven new public pilot hospitals.
- On-site technical assistance was provided for the seven new public pilot hospitals to implement the standards.
- A workshop on leading the change was held for the Quality Improvement Coordinators in the 24 pilot hospitals.

2.3 Activities related to surveys & surveyor certification

- Interviewed and selected trainees for the second surveyor training course.
- Conducted mock surveys of the following MOH hospitals:
 - Al-Hussein Al-Salt
 - Princess Raya Hospital
 - Princess Basma Hospital
 - Prince Faisal Hospital
 - Queen Rania Hospital
 - Al Bashir Hospital
 - Al Karak Hospital
 - Dr. Jamil Tutanji Hospital
- Conducted mock survey of Prince Zaid Hospital (Royal Medical Services).
- Conducted mock survey of Jordan University Hospital.
- Conducted mock survey of King Abdullah University Hospital.
- Conducted mock survey of Luzmila Private Hospital.
- Conducted accreditation survey of Istiklal Private Hospital.
- Conducted accreditation survey of Queen Alia Hospital (Royal Medical Services).
- The Surveyor Certification Course was completed.

2.4 Activities related to standards development

- The second edition of Jordan's Hospital Accreditation Standards was revised.
- A two-day workshop on "Medical Transportation and Emergency Services Standards" was held.
- The third draft of PHC standards was completed.
- The second draft of the Medical Transport and Emergency Services Standards was completed.
- The standards books cover design was finalized.
- The National Quality and Safety Goals campaign was initiated.

2.5 Activities related to international recognition by ISQua

- HCAC/JHAP continued to develop and revise policies and procedures to meet the ISQua standards for accreditation organizations.
- The documentation required for ISQua accreditation of the Surveyor Certification Program was completed.

2.6 Not Accomplished

- An increase in financial contributions to the HCAC determined and agreed upon by public, private, military and university sectors was not finalized in Q2.
- The application for ISQua accreditation of the Surveyor Certification Program was not submitted during Q2. The application will be sent to ISQua in April 2009.

- The revised hospital standards were not submitted to ISQua for reaccreditation, as that is no longer a requirement. HCAC standards are accredited for four years up to 2012.
- Discussions with MOH on its commitment to assist public pilot hospitals with resources needed to achieve Jordan Hospital Accreditation Standards were not yet held, and an MOU has not been signed.
- The Primary Health Care standards were not published during Q2. This will be done during the last week of April.

3 SHORT TERM CONSULTANT ACTIVITIES

Ms. Joanne Ashton:

In October 2008, Ms. Ashton's work included supervising the mock surveys conducted during the quarter. She also worked on providing feedback to the HCAC regarding the training program, standards and survey process. Ms. Ashton also visited the seven public pilot hospitals to provide technical assistance on implementing the work plan to meet the standards. Additionally, she provided feedback and advice on procedures and systems to obtain ISQua accreditation and continued working on the development of the HCAC staff orientation and appraisal system.

In January-February 2009, Ms. Ashton continued to advise on procedures/systems required to obtain ISQua accreditation of the Health Care Accreditation Council. She conducted site visits in each of the seven new public pilot hospitals to provide technical assistance to implement the hospital standards and to collect indicator data. Additionally, Ms. Ashton conducted a two-day capacity building workshop with the fifteen public pilot hospitals, as well as another two-day workshop with surveyor trainees on assessing the hospital quality indicators. She also led a three-day accreditation survey and assisted to revise/finalize the 2009 training plan for all the QI Coordinators and for the seven new public pilot hospitals. Finally, Ms. Ashton supported JHAP staff in analyzing the data that was collected from self-assessments conducted in November 2008 and in identifying strategies to assist the hospitals in meeting the standards.

Dr. Helen Hoelsing and Ms. Kathy English:

In October-November 2008, Dr. Hoelsing and Ms. English supervised four mock surveys for four pilot hospitals and evaluated surveyor trainees and the survey process. They also reviewed the revised standards prior to their in-country visit, and suggested revisions for the standards, measurable elements, survey process, and scoring.

In January-February 2009, Dr. Hoelsing and Ms. English reviewed, revised and conducted several modules of the surveyor training course and developed a Survey Guide for the surveyor trainees. They completed one mock and one accreditation survey and provided reports for the hospitals, as well as recommendations to the HCAC Board of Directors. They also observed mock surveys conducted by newly trained surveyor trainees in several hospitals and provided feedback. Finally, Dr. Hoelsing and Ms. English reviewed standards, measurable elements and the survey process and scoring, and did a complete editing of the standards document.

Dr. Paul vanOstenberg:

In November 2008, Mr. vanOstenberg reviewed the three year Strategic Plan of the HCAC and provided advice on the Council's direction. He also conducted interviews with Board members and staff, as part of his work in assessing the present and projected organizational structure of the HCAC and evaluating its appropriateness to accomplish the short and long -term goals and objectives of the Council. Mr. vanOstenberg also conducted a training and consultation session for the HCAC Board of Directors on the role of the board.

Ms. Catherine MacAulay:

In November 2008, Ms. MacAuley reviewed policies and procedures related to Accreditation Preparedness. She also developed a standardized format for preparing educational activities for use/re-use to prepare hospitals to meet the Jordanian Hospital Accreditation Standards. Her work also included assisting with the development of templates for agenda preparation, course curriculum, instructor guides, and slide formats. Ms. MacAuley also completed one educational package on Quality Improvement and Patient Safety using the templates developed, including evaluation instruments. Additionally, she prepared a training plan for the Sr. Technical Advisor

for Accreditation Preparedness. Finally, Ms. MacAuley's work included providing recommendations on the organization of the Accreditation Preparedness Department, including the development of a filing system.

Ms. Janet Farrell:

In November 2008, Ms. Farrell assisted the Technical Advisor for Standards Development (TASD) in developing the Medical Transportation and Emergency Services Standards and conducting a workshop to review the Transportation Standards with key representatives and stakeholders from the Civil Defense Department and hospital transportation and emergency services. She also provided assistance to the TASD in developing Ambulatory Care and Primary Health Care Standards, and in initiating the process for developing the Network Standards. Ms. Farrell's work also included providing recommendations to the TASD on the policies and procedures related to the development and revision of standards.

In February 2009, along with Dr. Thomas Schwark, Ms. Janet Farrell provided short term technical assistance to train and supervise surveyor trainees working with the Health Care Accreditation Council. She also supervised surveyor trainees during four mock surveys, mentored them on-site at the pilot hospitals and evaluated them based on a set of established criteria. Ms. Farrell and Dr. Schwark provided feedback to the Jordan Healthcare Accreditation Project/Health Care Accreditation Council on the surveyor training program, as well as on the standards and survey processes. Additionally, they conducted a one-day training session for the surveyor trainees on writing survey reports.

Dr. Thomas Schwark:

In February 2009, along with Ms. Janet Farrell, Dr. Schwark provided short term technical assistance to train and supervise surveyor trainees working with the Health Care Accreditation Council. He also supervised surveyor trainees during four mock surveys, mentored them on-site at the pilot hospitals and evaluated them based on a set of established criteria. Dr. Schwark and Ms. Farrell provided feedback to the Jordan Healthcare Accreditation Project/Health Care Accreditation Council on the surveyor training program, as well as on the standards and survey processes. Additionally, they conducted a one-day training session for the surveyor trainees on writing survey reports.

Dr. Ashraf Ismail:

In February 2009, Dr. Ismail conducted a six-day workshop on performance measurement and improvement to provide QI Coordinators with knowledge to fill the gap between theory and practice in the area of performance improvement. During this training, Dr. Ismail assisted QI coordinators in identifying indicators to meet Jordan Hospital Accreditation Standards (both clinical and managerial). In addition, he helped the participants to identify appropriate problems that could be addressed through the PDSA cycle in their respective hospitals.

Mr. Jack Galloway:

In February-March 2009, Mr. Galloway conducted a corporate monitoring visit, during which he reviewed on-going project activities as well as spending and budgets for both JHAP and HCAC. Mr. Galloway met with JHAP and HCAC staff, as well as with HCAC Board Members to assist with finalizing the HCAC Business Plan. Additionally, Mr. Galloway, along with the COP and the Project Coordinator, met with the COTR, the USAID/Jordan Mission Director and other USAID representatives to discuss the sustainability of the HCAC, the accreditation of public hospitals and improved collaboration with the USAID-funded Sustainable Achievement for Business Expansion and Quality (SABEQ) project.

4 GANTT CHART FOR Q1 AND Q2 2009

Below is the Gantt Chart taken from the Annual Work Plan showing what was done in the past two quarters (Q1 and Q2 of FY 2009).

The following terminology is used to indicate item status:

C: Completed

NR: Not Required

JORDAN HEALTHCARE ACCREDITATION PROJECT						
GANTT CHART						
Goal # 1.0						
To strengthen the quality and safety of services in the Jordan healthcare system through accreditation of facilities and services along the continuum from primary to tertiary care						
COP: Chief of Party, CEO: Chief Executive Officer, FAM: Finance & Admin Manager, DSD: Director of Standards Development, DSSC: Director of Surveys & Surveyor Certification, DAP: Director of Accreditation Preparedness, STA: Senior Technical Advisor						
Objective#1.1: Agreement reached on the roles and responsibilities of all stakeholders and health sectors and Memorandum of Understanding (MOU) signed						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
An increase in financial contributions to the HCAC determined and agreed upon by public, private, military and university sectors (CEO)						
Contributions received by HCAC (CEO/FAM)				C	C	C
Discussions with MOH on its commitment to assist public pilot hospitals with resources needed to achieve Jordan Hospital Accreditation Standards (COP)						
All Board Members sign the Code of Ethics and Business Practice showing commitment to the HCAC (CEO)		C				
MOU with MOH signed (COP)						
Goal #2						
To establish a Health Care Accreditation Council (HCAC) that has the support of key health care sectors and the capability to carry on project activities beyond the life of the project						
COP: Chief of Party, CEO: Chief Executive Officer, FAM: Finance & Admin Manager, DSD: Director of Standards Development, DSSC: Director of Surveys & Surveyor Certification, DAP: Director of Accreditation Preparedness, STA: Senior Technical Advisor						
Objective #2.1: HCAC Board and Council have capacity to be self sustaining						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
HCAC Strategic, Marketing, Business, and Work Plans approved by the HCAC (CEO/FAM)					C	
The HCAC budget approved by the Board (CEO/FAM)						
Hold HCAC Board meetings (CEO)		C			C	
Do an organizational assessment of the HCAC by an external advisor to determine the best way forward for the Council over the next five years (CEO/COP)		C		C		
Do three Board Development Programs (CEO)		C				
HCAC Board approves National Quality and Safety Goals (CEO/DSD)			C		C	
Board approval of the Medical Transportation Standards (DSD)						

Network Standards developed and approved by the HCAC Board (DSD)						
Mammography Standards developed and approved by the HCAC Board (DSD)						
Laboratory Standards developed and approved by the HCAC Board						
Cardiac Care Standards developed and approved by the HCAC Board						
Objective #2.2: Twenty-five surveyors are certified to survey facilities and programs for accreditation						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
Nine national Surveyors certified by the HCAC Board		C			C	
Recruit thirty Surveyor trainees in Nov 08 and Aug 09 to be trained to survey both hospitals and primary care centers		C	C	C		
Conduct Surveyor Certification Course (DSSC)			C	C	C	C
Certified Surveyors Continuing Education Program started						
Objective #2.3: Jordan health care standards, the Surveyor Certification Program, and the Health Care Accreditation Council have achieved ISQua accreditation						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
Apply for ISQua accreditation of the Surveyor Certification Program (DSSC)						
HCAC Surveyor Certification Program accredited by ISQua						
Submit revised Jordan Hospital Accreditation Standards to ISQua for accreditation (DSD)				NR		
Revised standards accredited				NR		
Prepare the HCAC for accreditation by ISQua (CEO)	C	C	C	C	C	C
Apply for ISQua accreditation of the HCAC (CEO/COP)						
Goal #3						
To build capacity in both hospitals and PHC Centers to carry out accreditation activities, meet standards, and improve the quality and safety of health services and be accredited						
COP: Chief of Party, CEO: Chief Executive Officer, , FAM: Finance & Admin Manager, DSD: Director of Standards Development, DSSC: Director of Surveys & Surveyor Certification, DAP: Director of Accreditation Preparedness, STA: Senior Technical Advisor						
Objective #3.1: Phase I pilot hospitals meet hospital standards						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
Conduct workshops for pilot hospitals to help them develop the skills and systems to meet the standards (DAP)	C	C	C	C	C	C
Conduct mock surveys of fifteen pilot hospitals (DSSC)	C				C	C
Do accreditation surveys of five pilot hospitals						C
Objective #3.2: Pilot hospital QI Coordinators have the knowledge and skills to improve quality						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
Workshops held for all QI Coordinators to reinforce their roles and responsibilities (STA)				C	C	
QI Coordinators to present their FOCUS-PDSA studies in competition for three top awards						C
Data collection and analysis workshop done for QI Coordinators (STA)						C
Two PDSA studies done at all pilot hospitals to show improvements in						

quality and safety, reviewed (STA)						
Based on needs analysis done in July 2008, workshops held to meet needs (STA)						
Objective #3.3: Seven new MOH hospital management teams are prepared to meet the Jordan Hospital Standards						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
New pilot hospitals have completed their second self-assessments against all standards (STA)		C				
Workshops done to build capacity of pilot hospital management teams to meet standards (STA)		C				
Assessments of pilot hospitals show they have put in place the infrastructure and have begun to meet standards (STA)	C	C	C	C		
Objective #3.4: PHC standards developed and 25 centers accredited						
Milestones/Deliverables	2009					
	Q1			Q2		
	1	2	3	4	5	6
Finalize PHC/Ambulatory Care Standards						
PHC/Ambulatory Care Standards approved by the HCAC Board						
Collaborate with HSS and MOH to select twenty-five Comprehensive Health Centers (CHC) and Primary Health Centers (PHC) to prepare for accreditation against the PHC/Ambulatory Care Standards (DSD)						C
Do an assessment of a sample of the centers to determine baseline readiness for accreditation						
Do an orientation for all District Heads and Center Directors to the standards and the role and responsibilities of management to achieve accreditation						

5 RISKS AND CONSTRAINTS

5.1 Constraints related to the sustainability of the HCAC

In the first half of FY 2009, the primary constraints to meeting our goals and objectives related to the sustainability of the HCAC. They were as follows:

5.1.1 Environmental Challenges

Environmental challenges related to the sustainability of the HCAC included:

- Developing standards and a program that drives the sectors and industry rather than tailoring to current situation (standards drive change);
- Defining the framework, voluntary or mandatory, and working with stakeholders to establish the incentives within a voluntary framework;
- Building a quality culture;
- Obtaining the consensus of the key stakeholders on the “business” of the accreditation body;
- Instilling the need and value for a national program vs. the strive for international accreditation;
- Finding and establishing the value for seeking accreditation across the sectors;
- Implementing the accreditation process and standards in the absence of supportive external national processes, systems and legislation, credentialing, CME, re-licensure etc.;
- Ensuring the health care professionals’ commitment to the process of continuous quality improvement;
- Facing potential “competition” from other national entities including the government organization accrediting laboratories and private consulting companies.

5.1.2 Organizational Challenges

Organizational challenges related to the sustainability of the HCAC included:

- Developing an appropriate business model: finding the optimal “legal” framework that enables both independence and support of the stakeholders has been challenging. The new not-for-profit law may compromise the independence of the HCAC if it must come under the MOH;
- Responding and managing the demands for representation by “all” the stakeholders – e.g. dentists, pharmacists;
- Maintaining the delicate balance of representative and conflict of interest in the governance;
- Creating a model of a “working” Board of Directors as opposed to an honorary one;
- Brand building: ensuring visibility without “over marketing”, i.e. that HCAC has the capacity to deliver what it promises.

5.1.3 Resource Challenges

Resource challenges related to the sustainability of the HCAC included:

- Capacity building: developing qualified staff, working to towards international recognition (ISQua accreditations);
- Developing a pool of local external expertise to provide services to clients;
- Funding through generation of revenues and other means;
- Anticipating and projecting future organizational structure and composition.

5.1.4 Other Challenges

Finally, other challenges related to the sustainability of the HCAC included:

- Determining how to add value to accredited hospitals;
- Sharing knowledge and working with “competitors”:
 - JCI (JHAP partner),
 - Canadians,
 - Australians,
 - British.

5.2 Other constraints

Additionally, other constraints to meeting our goals and objectives in the first half of 2009 included:

- The continued dependence on international consultants and the COP to do the technical work of the project because of the time it takes to prepared qualified Senior Technical Advisors to work independently.
- Keeping up with the demand for the services of the Council.
- Balancing our marketing strategies with our ability to provide the services being asked of the Council.
- The changes in hospital management team staff at the pilot hospitals.
- Materials not received by ISQua to complete application for accreditation of the Surveyor Training Course.

6 MEASUREMENT AND EVALUATION

Jordan Healthcare Accreditation Project (JHAP) Monitoring & Evaluation Plan Hospital Quality Indicators 2008-10

Standard	Inputs/Processes/Outcomes	Indicator/Definition	Method of Data Collection	Status
Policies and Procedures	Inputs → written policies and procedures (according to the criteria in standards)	N = Number of policies/procedures completed according to the criteria D = Number of policies/procedures required	Document Review	All hospitals have already developed more than 50% of the required policies and procedures.
Hospital Plans	Inputs → written plans for: Fire & smoke safety, infection prevention, quality improvement & patient safety, chemical hygiene, emergency response, resuscitation services plan, emergency, general safety & security, emergency preparedness, hazardous materials & waste management, medical equipment, information management, staffing	N = Number of hospitals that have all 14 required plans D = Total number of hospitals	Document review	All hospitals started developing their plans, approximately 50% of the required plans are already developed
Fire Plan	Inputs → written plan, policies and procedures Fire exit signs Staff trained in fire plan (100%) Process → Fire drills conducted annually	Number of hospitals that have a written fire plan that contains all the required elements Number of hospitals that have fire exit signs in all required locations Number of hospitals that conduct a fire drill annually N = number of staff that have received fire training D = total number of staff	Document Review Inspection	All hospitals completed their fire plans and awaiting the approval of the Civil Defense Department Approximately 80% of the required signs are done. 3 out of 7 hospitals have conducted a fire drill
Medical Record Review	Inputs → staff trained to document according to the standards QI committee trained to	Number of medical record reviews conducted with completed report	Medical record review (open and closed): minimum of 30	Quantitative reviews were done by medial record employees; however, medical

	<p>conduct medical record review</p> <p>Process → Medical record review data collection, analysis and actions</p>		<p>medical records reviewed for the month</p>	<p>record committees are inactive.</p>
CPR	<p>Inputs → Written policies and procedures: emergency response plan, maintenance of emergency cart, emergency response record documentation, CPR and ACLS guidelines/protocols CPR trained staff Emergency carts appropriately stocked and maintained, locking mechanism</p> <p>Process → Carrying out emergency response plan Performing emergency resuscitation</p> <p>Outcome → Resuscitation success rate</p>	<p>N = number of staff certified in CPR/PALS/ACLS D = number of staff required to be certified in CPR/ACLS</p> <p>N = number of carts stocked according to the stock list & locked D = number of cart inspections</p> <p>N = number of CPR interventions carried out according to protocol D = number of CPR events reviewed</p> <p>N = number of patients that survived CPR D = number of patients that were resuscitated</p>	<p>Document review Medical record review Direct observation Emergency cart inventory</p>	<p>MOH started a training program for CPR in pilot hospitals</p> <p>Local hospital training activities are still being conducted.</p> <p>One out of seven hospitals has ED cart stocked and locked.</p> <p>For other hospitals, conditions vary in remaining categories</p>
Surgical Site Infections	<p>Inputs → Policies and procedures, SSI monitoring tool, staff trained to recognize SSI and report, IP staff trained to conduct surveillance, antibiotic prophylaxis protocol</p> <p>Process → Routine and accurate collection of SSI data and neonatal sepsis</p>	<p>Surgical site wound infections: cesarean section Neonatal sepsis</p> <p>N = number of c-section wound infections D = number of c-sections</p> <p>N = number of cases of neonatal sepsis D = number of live deliveries</p>	<p>Data collection tools</p>	<p>All hospitals are collecting data on surgical site infection and neonatal sepsis.</p>
Hand washing	<p>Inputs → Access to sinks and alcohol rub dispensers</p> <p>Process → Performing hand hygiene</p>	<p>Number of patient rooms that have access to sinks or alcohol rub dispensers within room.</p> <p>N = Number of</p>	<p>Observation Inspection</p>	<p>All hospitals are observing hand washing requirements and providing related data to JHAP</p>

		observations of hand washing according to procedure D = Total number of opportunities for hand washing (observations)		
Incident Reports related to patients	Inputs → policy/ procedure regarding incident reports, incident report forms, staff informed of need/process for reporting Process → incident reporting	Numbers of incident reports completed regarding medication errors and patient falls.	Incident Report	Pilot hospitals have been informed of this indicator. A workshop was held on Incident Reporting and all have been tracking the indicator through their incident reports Only 2 incident reports were provided to JHAP.
Patient/Family Satisfaction	Inputs → policies & procedures regarding patient rights, staff with interpersonal relationship skills, competent care, Process → treatment and care and service processes Outcome → Increase in patient/family satisfaction	Average of each component of the satisfaction survey for inpatient, outpatients and primary health care. N = # of clients who rate a component as “highly” satisfied D = Total number of clients that respond to the survey	Survey	6 out of 7 hospitals have conducted surveys on patient satisfaction
Staff Satisfaction	Inputs → Human resource policies & procedures Process → as identified in HR policies and procedures, e.g. staff development, performance appraisal system, scheduling and salary. Outcome → Increase in staff satisfaction	Percentage of employees satisfied. N =Number of survey respondents that were satisfied or highly satisfied D =Number of survey respondents	Survey	6 out of 7 hospitals have conducted surveys on staff satisfaction

7 BUDGET AND EXPENDITURES FOR FY 09 Q1 AND Q2

Period: October 1, 2008 to March 31, 2009
 Contract No: GHS-I-00-07-00010-00

Contract Cost	\$5,607,444
Fixed Fee	\$392,521
Total Contract Amount	\$5,999,965
Obligation	\$1,850,000

Expenditures to Date by Line Item

Line Item	Total Estimated Cost	Expended First Half of FY 09 (10/08-3/09)	Cumulative Expenditures to Date	Remaining Funds
Salaries and Wages	\$1,097,494	\$244,257	\$643,453	\$454,041
Fringe Benefits	\$185,295	\$31,033	\$94,755	\$90,540
Allowances	\$181,734	\$38,040	\$94,437	\$87,297
Overhead	\$205,033	\$43,866	\$116,570	\$88,463
Consultants	\$138,800	\$25,049	\$62,525	\$76,275
Statutory Fringes	\$13,173	\$465	\$1,098	\$12,075
Travel, Per Diem & Transportation	\$193,403	\$49,007	\$124,756	\$68,647
Equipment	\$42,682	\$1,848	\$10,980	\$31,702
Training	\$641,312	\$23,682	\$87,485	\$553,827
Other Direct Costs	\$773,921	\$116,734	\$353,252	\$420,669
Subcontracts	\$1,407,064	\$293,210	\$477,820	\$929,244
Subtotal	\$4,879,911	\$867,192	\$2,067,131	\$2,812,780
G&A	\$727,533	\$107,622	\$308,381	\$419,152
Subcontractor Handling	\$0	\$11,728	\$11,728	-\$11,728
Total Estimated Cost	\$5,607,444	\$986,542	\$2,387,240	\$3,220,204
Fixed Fee	\$392,521	\$69,058	\$167,107	\$225,414
Total Cost Plus Fixed Fee	\$5,999,965	\$1,055,599	\$2,554,347	\$3,445,618

Total Expended Funds	\$2,387,240
Total Obligated Funds	\$3,625,965
% of Obligated Funds Expended	65.84%
Total Obligated Funds Remaining	\$1,238,725

Total Fee	\$392,521
Total Fee Billed	\$167,107
Fee Remaining to be Billed	\$225,414