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Enhancing Quality in Secondary Healthcare

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT (FLAGSHIP PROJECT)

SHORT-TERM TECHNICAL ASSISTANCE REPORT (FINAL)

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AND

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ACRONYMS

FMEA	Failure Mode and Effects Analysis
HQ	Healthcare Quality
JCI	Joint Commission International
JCIA	Joint Commission International Accreditation
MoH	Ministry of Health
QA	Quality Assurance
QI	Quality Improvement
PI	Performance Improvement
RCA	Root Cause Analysis
USAID	United States Agency for International Development

ABSTRACT

The purpose of this consultancy was to assess and provide feedback on the ongoing and future activities of the Flagship Project in the area of quality at the secondary healthcare level in the Palestinian health system. The consultant, Professor Al-Assaf, visited four MoH hospitals in Ramallah, Nablus, Qalqilya, and Hebron. A visit was also organized to a NGO hospital in Bethlehem to compare services between the two sectors. The consultant also had a chance to meet with several MoH officials including the Director of the Quality Planning Department, the Director General for Planning and Policy Development, and the Director General for Hospitals, as well as several members of the Secondary Healthcare Steering Committee for Quality Improvement at the MoH. A three-day workshop was also delivered by the consultant to 35 participants from the MoH, and included topics in healthcare quality, such as terminologies, principles, tools, performance improvement, infection control, tools, patient safety, documentation, medical records, and accreditation. Several documents were also reviewed including the organizational structure of the MoH, the strategic plan, and general policy of the MoH and that of the Quality Planning Department. The consultant also reviewed the Flagship Project's plans towards introducing and sustaining quality at the secondary healthcare level of the MoH, including infection prevention and control policies and protocols that are being developed with the assistance of the LLU STTAs.

In general, the consultant concluded that there has been tremendous growth and development in the health sector at both the levels of primary and secondary care. There has been major development in human capacity (considerable training, seminars, workshops, etc.). The infrastructure - including human resources, buildings, and equipment - is being upgraded and new services are now being offered. At MoH headquarters, the Quality Planning Department under the General Directory for Health Planning and Policies has now been staffed, following a three-year vacuum. Furthermore, there is a new three-year strategic plan for the Ministry for 2011-2013. The current Minister of Health seems to be extremely interested in improvements and quality of care and there are an increasing number of professionals devoted to continuous improvements. Additionally, there is an increasing interest in accreditation of hospitals and primary health centers. At this juncture, this consultant proposed to introduce JCI standards at the secondary level on a gradual basis. So, at the first stage hospitals would implement JCIA standards related to Patient Safety (IPSG), Infection Control (PCI) and Governance/Leadership (GLD) and perhaps at a little later stage, Medication Management and Use (MMU). Other "programs" to be implemented in the near future (within the next 3 years) at the hospitals may include Pain Management, Informed Consent, Risk Assessment, Performance Improvement tools (RCA and FMEA), and Performance Indicators/Monitors. Each hospital would also start the process of identifying the appropriate policies and program plans and make the necessary steps towards their adoption, communication and implementation. Certainly providing support and capacity building to the recently reactivated department of Quality Planning at the MoH would be paramount. This may include professional development programs as well as enhancing the role, responsibility and, most importantly, the credibility of the unit.

SUMMARY OF RECOMMENDATIONS

Based on the information gathered and the experience of the consultant, the following recommendations may be taken into consideration in implementing Healthcare Quality (HQ) at the secondary level:

Within the next month:

- Finalize the plans of the MoH in congruence with this project of the recommended HQ interventions and activities envisioned for secondary care during the life of this project.
- Draft the outlines of the programs to be implemented at each of the hospitals working with the project.
- Identify local/regional STTAs who will support the implementation of the proposed programs.

Within the next six months:

- Develop and execute plans for the MoH Quality Planning Department Director to receive on-service training/mentorship in HQ plus prepare for international certification and credentialing in HQ.
- Strengthen the Central HQ steering committee and the MoH Quality Council through mentorship, training, enhancing of roles, etc.
- Introduce and support (through STTA's) the following hospital programs:
    - Two International Patient Safety Goals (infection control and medication errors)
    - Governance, Leadership, Direction JCIA standards.
- Contract the identified above local/regional STTA/s to support the implementation of the agreed upon programs for QI at the selected hospitals.
- Identify, revise, and adopt appropriate set of key hospital policies and procedures.
- Identify, revise, and adopt necessary hospital safety plans such as:
    - Facility Safety
    - Security and Patient Privacy
    - Emergency Preparedness
    - Fire Safety
    - Hazardous Material Management
    - Utilities Management
    - Biomedical Equipment Management

Within the next year:

- Continue to support the HQ hospitals steering committee with related material, further training, mentorship, benchmarking, etc.
- Continue to introduce and support (through STTA's) the following hospital programs:
    - International Patient Safety Goals
    - Prevention and Control of Infection JCIA standards
    - Governance, Leadership, Direction JCIA standards

- Introduce the following hospital programs:
    - Pain Management programs
    - Informed Consent program
    - Risk Assessment program
- Implement the hospital safety plans (the JCIA standards identified above).

SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed, and implemented in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

An essential step towards integrating and systemizing quality improvements issues at the managerial and service provision levels, the Flagship Project's Quality Assurance Specialist has been communicating and discussing an overall strategy for QA/QI for capacity building, implementation and monitoring related interventions. The Flagship Project partnered with this consultant to evaluate/monitor what would had been accomplished by the time of the consultancy and to support the MoH in moving forward with the Secondary Healthcare QA/QI Implementation Plan, including training of the quality coordinators/supervisors on QA/QI basics, principles and the applicable approaches and to support the process of institutionalizing quality assurance and quality improvement systems within the Palestinian public sector secondary health care system.

This report contributes to Flagship Project Component 2, Task 2.1.2, and Deliverable 2.1.2.3. This consultancy also contributed to the MoH IDP Module Number 6 (Accreditation Program), Module 7 (Improve Performance Management) and Module 12 (Improve the Quality of Clinical Services in the Palestinian MoH Hospital System).

SECTION II: ACTIVITIES CONDUCTED

Herein is an overview of the activities, tasks, trainings and capacity building that took place during this short-term assignment (June 21 – July 2, 2010):

1. **Visited and performed a high level gap analysis of the following hospitals:**

    a. Palestinian Medical Complex and Blood Bank in Ramallah.
    b. Alia Hospital in Hebron
    c. Darwish Nazzal Hospital in Qalqilia
    d. Rafidia Hospital in Nablus
    e. Holy Family Hospital in Bethlehem

2. **Participated in several meetings including:**

    a. Project leaders: COP, DCOP, Component Leaders, Quality, Hospital Affairs, Procurement, Monitoring and Evaluation, Community Mobilization, and others.
    b. Director of Quality Planning Department at MoH
    c. Director General of Hospitals and Director General of Planning and Health Policies.
    d. Director of Nutrition Department (the newly assigned focal point for QA at the PHC).

3. **Organized and delivered a three-day workshop on Healthcare Quality; the objective of which was to enable participants to better appreciate the importance of quality healthcare programs and initiate such quality programs in their facilities, including:**
    a. List some of the key principles of healthcare quality
    b. Perform a PI project
    c. Use some of the key tools for improvement
    d. Recognize the roles and responsibilities of quality professionals

Topics included healthcare quality principles and guidelines, performance improvement methods, quality tools plus root cause analysis (RCA) and failure mode and effect analysis (FMEA), infection control guidelines, patient safety goals, performance measurement and indicators, as well as accreditation of healthcare facilities. The main workshop outcomes were that participants from each hospital were able to perform an overall self assessment and to draft a short term action plan for quality improvement, targeting patient safety. In addition, two steering committee members were assigned to team with quality coordinators from both Alia and Rafidia hospitals to follow on the fine-tuning and support the implementations of those plans through routine monthly meetings. Regarding the Palestine Medical Complex (PMC) in Ramallah, it was proposed that the Flagship Project work on promoting formulation of a general quality improvement

committee that would support quality coordinators at the emergency and pediatric wings in the implementation process. (Refer to Annex E for details of program, materials).

4. Debriefing meeting at USAID in Tel Aviv

5. Review of the following documents:
    a. Palestinian National Strategic Health Plan
    b. Health System Assessment Report of the Ministry of Health
    c. Draft two-year strategic plan of the Quality Unit
    d. MoH organizational structure
    e. Strengthening Quality Assurance: Overview And Strategy
    f. Quality Assurance / Quality Improvement implementation plan for Secondary Healthcare
    g. Reports/article on status of the Palestinian Health system

SECTION III: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS

A. Findings

There seems to be tremendous growth and development in the heath sector both at the levels of primary and secondary care since the Ministry of Health (MoH) conducted its initial self assessment in 2008. The MoH has developed its organizational structure and drafted its three-year strategic plan. New facilities have been upgraded and new programs have been introduced. There has been major development in human capacity (considerable training, seminars, workshops, etc.). The infrastructure (including human resources, buildings and equipment) are being upgraded and new services are being offered. At the MoH headquarters, the "Quality" initiative has been reactivated and the Minister of Health seems to be extremely interested in improvements and quality of care; and there is an increasing number of professionals devoted to continuous improvements. Additionally, there is an increasing interest in accreditation of hospitals and primary health centers.

There are still a number of opportunities for improvement and certain challenges that could be overcome. In the hospitals visited, policies and procedures are not widely communicated or implemented; there were no clear program plans, no performance indicators, and certainly no benchmarks. Almost all hospital departments do not follow any specific clinical practice guidelines or clinical pathways. Standard operating procedures and protocols are not documented nor completely followed. New equipment is being installed but the plans for the management of this equipment in terms of preventive maintenance, training, inventory, etc. are not fully communicated to relevant staff. Facility management and safety principles are not documented and staff is not trained in safety procedures. Patient safety needs major improvements. Human resources need strengthening and there is still no culture or system for clinicians credentialing; job descriptions for staff is not clear nor communicated or monitored. HR policies need to be drafted and followed; and continuous education and training are not formally managed. One hospital director discussed with this consultant his "vision" of what the new health information system (HIS) is going to do and provide. He seemed so excited and expressed extremely high expectations in terms of solution of managerial challenges which could hinder or jeopardize attempts of developing and implementing the envisioned necessary operational plans to meet the international leadership and management standards. Unfortunately, however, this vision is not realistic or doable and a more realistic and operational plan should be available to guide these facilities through the HIS implementation process.

B. Recommendations

At the MoH level:

1. Enhance the capacity and knowledge of the professionals in the Quality Department (through mentorships, benchmarking, study tours, training, credentialing, etc.).
2. Develop and adopt operational bylaws for the policies and procedures of the Ministry of Health that would govern the daily processes of the MoH and its many units and departments.

3. Strengthen the credibility of the Quality Department by including the Director of Quality in membership of the National Palestinian Council on Policies and recognize his role as the registrar/secretary of the Council.

At the level of hospitals:

4. Select pilot hospitals towards HQ implementation (e.g. Qalqilia hospital and Pediatric wing at the Palestinian Medical Complex in Ramallah).
5. Adopt the international standards in the following areas and start their implementation in the pilot hospitals:
    a. International Patient Safety Goals
        i. Proper Patient Identification
        ii. Effective communications among care-givers
        iii. Handling and Management of high alert medications
        iv. Prevention and Control of Infections
        v. Ensuring right surgery/procedure, right patient, right side, right organ, etc.
        vi. Prevention of patient falls
    b. Program and international standards for the Prevention and Control of Infections
    c. Standards for effective hospital Governance, Leadership and Direction
6. Identify and adopt appropriate hospital policies and procedures prioritized as follows:
    a. Must have policies (about 12)
    b. Highly important and necessary policies (about 60)
    c. Hospital and department related policies (300 plus)
7. Identify and adopt necessary program plans as follows:
    a. Hospital strategic plan
    b. Hospital quality management and patient safety
    c. Facility management as follows:
        i. Facility safety
        ii. Security
        iii. Fire safety
        iv. Emergency preparedness
        v. Hazardous material management
        vi. Biomedical equipment management
        vii. Utilities management
8. Gradually organize and implement select programs in certain hospitals such as:
    a. Pain Management
    b. Informed consent
    c. Patient privacy
    d. Confidentiality of personal health information
9. Continue to deliver on-the-job/practical training to build capacity and enhance professional skills.

C. Next Steps

1. Agree on the structure and role of the quality department at the MoH
2. Agree on the standards at the two sectors (primary and secondary)
3. Identify the pilot organizations for introducing the standards
4. Agree on the methodology for quality implementation
5. Start the process of communicating the standards to related staff at those facilities
6. Start the interpretation and implementation of the standards at the facilities
7. Identify, select, and adopt related operational procedures and policies at the facilities
8. Identify, select, and adopt related programs towards implementation at the facilities
9. Start the process of monitoring progress and the evaluation of achieved improvements.

ANNEX A: SCOPE OF WORK

Short-Term Consultancy Agreement Scope of Work

SOW Title:	Enhancing Quality in Secondary Healthcare
SOW Date:	June 13 – July 9 (17 days inclusive of travel and pre/post LOE's)
SOW Status:	Final
Consultant Name:	Dr. Assaf F. Al-Assaf, Intra Heath- International
Job Classification:	Short-Term (US expatriate) Consultant
Reporting to:	Dr. Maha Al Saheb

I. Flagship Project Objective

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

II. Specific Challenges to Be Addressed by this Consultancy

Strengthening and defining quality of care has been identified by the MoH, during its self assessment in 2008, as an important element of reform. To assure the clinical quality of health services, health systems must define, communicate, and monitor national evidence‐based standards, which represent an ideal of how clinical care should be implemented and reviewed. The MoH, with support from the Flagship Project, has been working in updating the guidelines and the standards of care especially for the approved Essential Service Package to be offered at the different levels of the Primary Health Care centers. In addition comprehensive work on the other cross cutting domains of healthcare that feeds in quality assurance and improvement like; Health Information System, Infection Control & Prevention and Medical Waste Management is taking place.

An essential step towards integrating and systemizing quality improvements issues at the managerial and service provision levels, the flagship quality assurance specialist has been communicating and discussing an overall strategy for QA/QI for capacity building, implementation and monitoring related interventions.

During the initial STTA trip of the IntraHealth Clinical Services Team Leader Sharon Arscott- Mills conducted in October 2009, a draft Strategy and Implementation Plan for Quality Assurance/Quality Improvement at the primary and secondary health care levels were developed in collaboration by Sharon Arscott- Mills and Dr. Maha El-Saheb the Flagship Project Quality Assurance Specialist.

The draft Strategy and Implementation Plan for Quality Assurance/Quality Improvement at the secondary health care were shared with Dr. Naim Sabra, the MoH general director of Secondary healthcare and central quality improvement committee was identified, initially members were the SHC main departments' directors with no physicians .in response to the Flagship Project Quality Assurance Specialist recommendations, two physicians (hospital directors) joint the committee.

With active involvement of the director of the central quality improvement department, the SHC central QI committee preliminary approved the implementation plan and agreed to phase implementation by working at the same location where the HIS will be implemented. With the support of the Quality Assurance Specialist and other

Flagship long term hospital management support team, the central committee is working on the plan fine-tuning and actual implementation.
In addition to the other fundamental inputs for any QA system/program, capacity building for quality coordinators\supervisors at General Directory for Secondary Healthcare' and in the individual hospitals constitute a basic step for the rolling out of the implementation plan.

Acknowledging the longstanding experience and great achievement in quality improvement of Dr. Al-Assaf, the Flagship Project is looking for the collaboration and partnership with Dr. Al-Assaf to evaluate\monitor what would have been done by the time of the of his consultancy and to support MoH in moving on with the Secondary healthcare QA/QI Implementation plan including training of the quality coordinators\supervisors on QA/QI basics, principles and the applicable approaches and support the process of institutionalizing quality assurance and quality improvement systems within the Palestinian public sector secondary health care system.

III. Objective of this Consultancy

1. *Assist Quality Assurance Specialist in monitoring and supporting the Quality Assurance\Improvement program in the MoH hospitals.*

Specific Tasks of the Consultant

In coordination with the Flagship QA/QI Specialist;

- Monitor and support progress on Secondary care QA/QI implementation in the four selected hospitals.
- Developing the QA/QI training curricula for the hospitals' Quality Coordinators\officers and concerned staff.
- Work with MoH to draft a scale up plan for expanding to additional hospitals.
- In addition to the above listed tasks, should Flagship and the consultant identify other tasks to be completed by the consultant, IntraHealth will work with Flagship and the consultant to modify his scope of work to address these issues.

A. **Background Reading Related to Understanding the Work and Its Context**.

Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:

1. Palestinian National Strategic Health Plan
2. Ministry Of Health, Health System Assessment Report
3. MoH organizational structure
4. Strengthening Quality Assurance: Overview And Strategy
5. Quality Assurance /Quality Improvement implementation plan for Secondary Healthcare

B. **Background Interviews Related to Understanding the Work and Its Context**. The Consultant shall meet\interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

The Flagship team leaders and focal persons the cross cutting modules;

1. Dr. Damianos Odeh
2. Ziad Abdallah
3. Dr. Jihad Mashal
4. Dr. Daoud Abdeen
5. Nadera Sansour
6. Dr. Salem Jaraiseh
7. Dr. Amal Bandak
8. Dr. Tasneem Atatrah
9. Maha Al-Sheikh
10. Yasir Harb
11. Suzanne Shamali

Key persons from MoH:

1. Mr. Abed Alraof Saleem.

2. Dr. Naim Sabra.
3. Mr. Muhammad Suboh.
4. Targeted hospitals' directors.

C. **Tasks Related to Accomplishing the Consultancy's Objectives**.
The Consultant shall use his/her education, considerable experience and additional understanding gleaned from the tasks specified in A. and B. above to:

- Liaise with other STTA for this activity on draft tools and guidelines for use in the workshop.
- Liaise with the project's HIS team to integrate quality toolkits and quality indicators in the forms and reports and to monitor and provide quality indicators reports.
- Liaise with other project's teams involved in tools and guidelines related to quality of Secondary Healthcare.
- Conduct on the job training activity for QA/QI coordinators\supervisors with the Flagship QA Specialist and other hospital management supportive team.
- Conduct the training activity for QA/QI for the hospitals' hospitals' Quality Coordinators\officers and concerned staff.
- Field visits and meeting with the involved administrative and technical staff.
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship project staff and IntraHealth International to revise the tasks and expected products to accommodate for the new priorities.
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible.

IV. Expected Products.

Within three days of the consultant's arrival (unless otherwise specified), the consultant should provide the methodology for successfully completing the work (using Annex I: STTA Methodology). The substance of, findings on, and recommendations with respect to the above-mentioned tasks shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Annex II: the Flagship-provided STTA report template). A draft of this report is due no later than 3 business days prior to the consultant's departure (unless otherwise specified) and final no later than 10 business days after the consultant's departure.

V. Timeframe for the Consultancy & LOE for the Consultancy.

- **STTA** provided by **Consultant, Dr. Assaf** – IntraHealth International: Plan for two field visits:
  - **First trip-** 2 weeks in-country plus travel time, *Total LOE = approximately 13days*) Suggested travel dates: May \June 2010
  - **Second trip-** 2 weeks in-country plus travel time, Total LOE= approximately 13days. Suggested travel dates: Early August 2010

VI. Consultant Qualifications.

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

Educational Qualifications

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

Educational Qualifications

1. Physician, RN or graduate degree in public health or a related field
2. Post graduate qualification in secondary healthcare quality management.
3. Post graduate qualification in adult training.

Work Experience Qualifications

1. A minimum of 5 years direct experience developing hospitals' quality assurance systems
2. Knowledge and experience in developing health services in developing countries
3. Knowledge and experience in adult training and training planning and execution.
4. Excellent oral and written communication skills
5. Ability to work with and communicate with a wide variety of people
6. Excellent writing and communication skills in English

ANNEX B: ASSIGNMENT SCHEDULE

June 2010						
SUNDA	MONDAY	TUESDAY	WEDNESDA	THURSDA	FRIDAY	SATURDA
20 Dr. Assaf arrives	21 • Office meeting with Flagship team & Mary • Review the Secondary Healthcare implement	22 • **Visit** Palestine Medical complex: Dr. Assaf , Dr. Maha, Issa and Dr. Amal • Summariz e findings	23 • Meet with Dr. Naem Sabra. • **Visit** : Nablus: Hospitals –, Assaf , Dr. Maha, Issa and Dr. Amal	24 **Visit** Alia hospital:Dr . Assaf , Dr. Maha, Issa and Dr. Amal Summarize findings	25 Finalize Implementatio n plan, Next steps Finalize materials for the training.	26
27	28 Dr. Assaf – Steering Committee & QC training	29 Dr. Assaf – Steering Committee & QC training	30 Al Assaf – Steering Committee & QC training			

July 2010						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 Dr. Assaf Assaf debriefs Flagship/USAID/MoH	2 Dr. Assaf work on draft report meet	3 Al Assaf leaves

ANNEX C: CONSULTANT CV

Biographical Sketch

A.F. AL-ASSAF, M.D., M.P.H.; Professor and Associate Dean for International Health, College of Public Health, University of Oklahoma Health Sciences Center, U.S.A.

Dr. Al-Assaf is a physician and a consultant in preventive medicine and quality management with strong quantitative and analytical skills. He provides advice on healthcare quality and systems design, implementation, assessment and improvement in the U.S. and other countries worldwide. Dr. Al-Assaf also assists health organizations coordinate projects, plan for quality initiatives, designs performance improvement projects, and delivers training in tools and methods of data management both in the inpatient and the outpatient settings.

Dr. Al-Assaf is serving the University of Oklahoma Health Sciences Center as The Presbyterian Health Foundation Presidential Professor and Associate Dean for International Health at the College of Public Health, he is also the Co-Director of the Healthcare Executive Training Academy in the Department of Health Administration and Policy with specialization in quality improvement and international health. In this capacity, he provides research, guidance, and education to health professionals, graduate and medical students in areas of quantitative and qualitative management. He also holds adjunct and joint appointments in the Colleges of Medicine (Geriatric Medicine), Nursing, Allied Health (Nutritional Sciences), and Liberal Studies.

Besides his academic experiences, Dr. Al-Assaf provides advice and consultations to health care facilities. His consultation extends to such organizations as U.S. Air Force, U.S. Veterans Affairs Health System, US Agency for International Development (USAID), Hospital Corporation of America, Selected Professional Associations, World Bank, UNDP, UNICEF, World Health Organization (WHO), and the American Association for World Health. On the international scene, he has provided advice on healthcare quality and preventive medicine to a number of organizations in countries in the Mid-East, North America, North Africa, South East and Central Asia and Eastern Europe.

Dr. Al-Assaf is a recipient of 60 awards and recognitions including Who's Who in American and the World. As a researcher and public speaker, Dr. Al-Assaf has published twelve (12) books, six book chapters, and over 120 scientific and professional publications in national and international journals, and presented lectures, seminars, or workshops to over 200 groups and organizations both nationally and internationally. He is a reviewer for several international journals on quality in health care and is a member of the editorial board of several American health care journals. He has also served as principal investigator on several grants and contracts and has authored a considerable number of technical reports and abstracts.

Dr. Al-Assaf is a physician (MD) with a Masters degree (MS) and a Diploma in Cardio-thoracic Medicine (DCTM) from the University of London. He also holds a Masters of Public Health administration degree (MPH) from the University of Oklahoma. He is a Fellow of the Royal Society of Health (FRSH), a Fellow and a Diplomate of the American Academy of Medical Administrators (FAAMA), a Fellow of the American Institute for Healthcare Quality (FAIHQ),

Fellow of the American College of Managed Care Administrators (FACMCA) and Board Certified as a Quality Analyst (CQA). He is a member of the speakers' bureau of the American Association for World Health and belongs to several professional associations in Healthcare Quality and Medicine. Dr. Al-Assaf is the recipient of more than 60 awards and recognitions including several Who's Who in America and the World.

ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED

1. Palestinian National Strategic Health Plan
2. Health System Assessment Report, Ministry of Health
3. Draft two-year strategic plan of Quality Unit
4. MoH organizational structure
5. Strengthening Quality Assurance: Overview And Strategy
6. Quality Assurance \Quality Improvement implementation plan for Secondary Healthcare
7. Reports/article on status of the Palestinian Health system

ANNEX E: LIST AND COPY OF MATERIALS DEVELOPED AND UTILIZED DURING ASSIGNMENT

1. WORKSHOP AGENDA

HQ TRAINING

June 28-30, 2010

Monday

9:00 – 10:30	overview of healthcare quality
10:30 – 10:45	BREAK
10:45 – 12:00	standards, indicators, benchmarks – plus exercise
12:00 – 1:00	indicators - discussion and presentation
1:00 – 1:45	LUNCH
1:45 – 3:00	Principles of HQ

Tuesday

9:00 – 10:30	performance improvement – plus exercise
10:30 – 10:45	BREAK
10:45 – 12:00	PI tools
12:00 – 1:00	RCA
1:00 – 1:45	LUNCH
1:45 – 3:00	FMEA

Wednesday

9:00 – 10:30	Documentation for HQ
10:30 – 10:45	BREAK
10:45 – 12:00	Patient safety and risk management
12:00 – 1:00	Infection control
1:00 – 1:45	LUNCH
1:45 – 3:00	The road towards ACREDITATION

* Certificates of participation to be awarded to participants whom attended the 3 full days, with a CD of all the lectures.

2. WORKSHOP OBJECTIVES

Workshop Objective	To provide the participants: • An overview of healthcare quality and its principles • Methods on how to use healthcare quality and performance improvement tools • Mechanisms and models for measuring and improving performance • Basics of infection control in healthcare organizations • The fundamentals of patient and facility safety • Methods on how to enhance professional accountability
Duration	3 days 9:00– 3:00 pm
Place & Date	City inn hotel, Ramallah June 28-30 /2010
Target Audience	MoH professionals (physicians, nurses, administrators, AHP's) with prepared as quality coordinators
Workshop Covered Topics	Healthcare Quality – overview Healthcare Quality – principles Patient Safety and Risk Management Performance Improvement Models Performance Improvement tools Infection control methods Accreditation
Workshop Objectives	**By the end of this workshop participants will be able to:** • Define healthcare quality • List some of the key principles of healthcare quality • Perform a PI project • Use some of the key tools for improvement • Recognize the roles and responsibilities of quality professionals
Workshop Outcomes	**After finishing this workshop, participants should be able to:** • Develop an action plan of "what's next?"
Approach	Presentations, group work, exercises, interactive learning methods with audiovisuals

3. TRAINING MATERIALS (Presentations on file)