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JORDAN HEALTHCARE ACCREDITATION PROJECT

QUARTERLY PERFORMANCE REPORT NO. 2

JANUARY 1 - MARCH 31, 2008



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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
CPR	Cardiopulmonary Resuscitation
DAP	Department of Accreditation Preparedness
DSD	Department of Standards Development
DSSC	Department of Surveys and Surveyor Certification
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.
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
PHRplus	Partners for Health Reform <i>plus</i>
P&P	Policy & Procedure
QI	Quality Improvement

SSI	Surgical Site Infections
STA	Senior Technical Advisor
TASC2	Technical Assistance and Support Contract 2
TOR	Terms of Reference
URC	University Research Co. LLC
USAID	United States Agency for International Development

I. INTRODUCTION

This is the second Quarterly 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 so this report reflects the activities from the second quarter – 1 January to 31 March 2008.

JHAP is a follow-on project from PHRplus and the TASC2 Bridge project that ran from 2004 to 2007. The main accomplishments prior to JHAP were 1) the establishment of Jordan Hospital Standards; 2) 17 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 through the provision of technical assistance to target hospitals and other health care facilities, and by building the capacity of the now established Health Care Accreditation Council (HCAC) to develop healthcare standards, in accreditation preparedness by assisting facilities to meet the standards through consultation and training, to do surveyor certification and surveys to determine if standards are met, and to award 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 Health Care Quality, 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 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 will support 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 curriculum, do consultation, and evaluate both hospital and PHC facility and program readiness.

Financial management and business planning will be critical for the HCAC during the 3-year project. The role will be to develop financial management and planning skills in selected hospitals and most importantly 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.

2. KEY ACCOMPLISHMENTS FOR Q2 2008

All activities planned for Q2 have been accomplished except for finalizing the HCAC and project logos, finalizing the HCAC strategic plan, finalizing the MOU with the MOH, and the hiring of two Senior Technical Advisors (STA) - the STA for Surveys and Surveyor Certification and the STA for Standards Development - which will be done in Q3. Accomplishments are as follows:

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

- HCAC board orientation done
- The first General Assembly meeting of the HCAC shareholders held
- The first and second HCAC board meeting held
- The HCAC Chairperson elected by the board and an auditor appointed
- The CEO of the HCAC hired
- The STA for Accreditation Preparedness hired
- Job descriptions for the CEO and three Directors of the HCAC finalized
- Policies and Procedures of the Departments of Standards Development and Accreditation Preparedness finalized

Activities related to providing training and consultation to pilot hospitals

- Seven new public pilot hospitals assessed to determine how well they were doing their self assessment against the standards
- Seven new QI Coordinators trained to prepare quality improvement studies
- QI Committees appointed at 7 new public pilot hospitals helped to finalize their Terms of Reference (TOR)
- New pilot hospitals visited to determine readiness for meeting standards
- A three year plan developed to implement the ten indicators identified and agreed by the USAID & MOH that will determine if there was an improvement in quality and safety of health care services
- Workshop conducted for 17 phase I hospitals on Developing Departmental and Hospital-Wide Human Resources plans

Activities related to hospital accreditation surveys & surveyor certification

- Twenty surveyor trainees identified
- Surveyor training initiated and 3 modules presented
- Two pilot hospitals identified to be the first to be surveyed against the HCAC standards
- Policies and procedures related to surveys and surveyors developed
- Survey & Surveyor Trainer job descriptions finalized

Activities related to standards development

- Policies and procedures for developing and revising standards written according to ISQua requirements
- Measurable elements developed for the Nursing Services cluster of standards.

- Workshop held to review and revise the Nursing Services standards
- Nursing Services standards revised
- Assisted the Jordan Nursing Council to revise their standards
- Prepared measurable elements for the Patient and Family Rights and the Patient Care clusters

Activities related to international recognition by ISQua

- Filing system developed based on the 9 ISQua Principles to assure that all documents required by ISQua will be available when the HCAC goes for ISQua accreditation
- Interim report to ISQua related to meeting their recommendations for revising the standards finalized

Not Accomplished

- The strategic plan and work plan for the HCAC which was to be completed by the CEO for board approval has been delayed to be presented at the July 2008 HCAC Board meeting
- The Memorandum of Understanding between USAID, the JHAP and the MOH is signed, drafted, prepared, and will be discussed with the USAID Mission and MOH in Q3

3. SHORT TERM CONSULTANT ACTIVITIES

Ms. Janet Farrell: Worked with the STA for Standards Development to collate and assess data from the survey questionnaires returned from the pilot hospitals, and integrated the pertinent points into the nursing section of the standards document. The revised nursing standards document was used in a two-day nationwide workshop as a basis for the discussions in order to form a consensus on the finalization of the revised standards. Representative stakeholders and representatives from the 17 pilot hospitals attended the workshop, which was conducted by Ms. Farrell. Twelve groups of attendees assessed, discussed, debated, and came to a consensus on the suggested changes to the first draft of revised standards. They also made suggested changes to the documented Survey Process, the scoring of standards and sub-standards, and added new words to the Glossary of Terms where required. Based on evaluations completed by the participants, and observations made by the Chief of Party and the STA for Standards Development, Ms. Farrell revised the policies and procedures relating to the development and revision of standards and developed a new policy relating to the workshop processes. In addition, she worked with the STA for Standards Development to integrate suggested and appropriate changes to create a second draft of the revised Nursing Standards.

Ms. Joanne Ashton: Developed ten job descriptions for HCAC staff positions, and a template for policies & procedures, workshop agendas and evaluations. She wrote 58 policies & procedures for the HCAC, a code of ethics and business practices document, an application and organization profile for facilities applying for accreditation, and a contract for organizations undergoing accreditation. Ms. Ashton conducted site visits to the seven new pilot hospitals and a cause-effect analysis at one hospital that had a fire. She also organized and facilitated a workshop with seven pilot hospitals regarding policy/procedure development, and a two-day workshop for new surveyors regarding quality improvement. In addition, she assisted in planning and organizing the HCAC Board orientation, and developed a plan to measure hospital indicators. Finally, Ms. Ashton met with the Finance and Administration Manager and the Director of Accreditation Preparedness to identify potential HCAC products and services and to project a budget for each.

Dr. Derick Pasternack: Prepared the agenda, curriculum, and materials, and conducted an orientation program for the HCAC Board.

Dr. Helen Hoelsing: Prepared the agenda, curriculum, and materials for the Development of Hospital Staffing Plans workshop, and conducted two one-day workshops on developing department staff plans, and developing hospital-wide human resources plans.

4. EXPECTED ACCOMPLISHMENTS Q3 2008

- Hold the third HCAC Board meeting
- Accredite the first two hospitals with HCAC standards
- Finalize logo
- Finalize HCAC marketing strategy
- Finalize HCAC strategic plan
- Recruit STA for Standards Development & STA for Surveys and Surveyor Certification
- Revise Patient and Family Rights, Patient Care, and Medication Use and Pharmacy Services standards and develop measurable elements for them
- Continue to conduct the Surveyor Certification Course
- Do the first mock survey
- Continue to prepare the HCAC for ISQua accreditation by finalizing 20 for the 50 policies and procedures presently in draft form
- Do a workshop for all pilot hospitals on Clinical Risk Management
- Do a workshop for all pilot hospitals on the meeting the Environmental and Clinical Safety standards
- Conduct two workshops for the QI Coordinators from the 7 new pilot hospitals on conducting PDSA studies
- Hold a workshop for the 7 new pilot hospitals on implementing the 10 indicators agreed by the MOH and USAID
- Visit 7 new pilot hospitals to assist in finalizing tools to measure indicators
- Assist Prince Hamzeh Hospital to do an analysis of their Emergency Room patient flow system

5. GANTT CHART FOR Q2 AND Q3

Below is the Gantt Chart taken from the Annual Report showing what was to be done in the last quarter and what is expected for the coming quarter. The X indicates when it was to be completed and the C indicates it has been completed, NC means it has not been completed.

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						
2008						
Objective#1.1: Agreement reached on the roles and responsibilities of all stakeholders and health sectors and Memorandum of Understanding (MOU) signed						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Contributions received by HCAC (CFO)	X/C					
Discussions with MOH on commitment to assist public pilot hospitals with resources needed to achieve Jordan Hospital Standards (COP)	X/C					
MOU with MOH signed (COP)		X/C				
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						
Objective #2.1						
HCAC board and Commission have capacity to be self sustaining:						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Do HCAC Board Orientation (COP)		X/C				
Hold first HCAC Board meeting (COP)		X/C				
Hold regular meetings of the Board (CEO)			X/C		X	
Hire Project/Council STA/Directors (COP)	X/NC					
Hire Council CEO	X/C					
Prepare HCAC Strategic and Work Plans for Board approval (CEO/COP/CFO)			X/NC			
Establish the Dept of Standards Development (DSD)	X/C	X/C				
Revise the Jordanian Hospital Accreditation		X/C		X	X	X

Standards (DSD)						
Establish the Dept of Surveys and Surveyor Certification (See Objective 2.2 below)	X/C	X/C	X/C			
Establish the Dept of Accreditation Preparedness (DAP)	X/C	X/C	X/C			
Develop systems for financial management and business planning for the HCAC including policies and procedures (CFO)		X/C	X/C	X	X	
Objective #2.2: Twenty-five surveyors are certified to survey facilities and programs for accreditation						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Recruit Surveyor trainees	X/C					
Conduct Surveyor Certification Course (DSSC)		X/C	X/C	X		
External Surveyors to do accreditation survey of first 2 Jordan hospitals with trainees (DSSC)				X		
Conduct mock surveys if 15 pilot hospitals (DSSC)						X
Objective #2.3: Jordan health care standards, the surveyor certification program, and the Health Care Accreditation Council have achieved ISQua accreditation						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Prepare the HCAC for accreditation by ISQua (CEO)	X/C	X/C	X/C	X	X	X
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						
Objective #3.1 Phase I pilot hospitals meet hospitals standards						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Conduct workshops for 17 Pilot hospitals to help them develop the skills and systems to meet the standards(DAP)		X/C	X/C		X	X
Do mock surveys of pilot hospitals (DSSC)				X	X	X

Accredit first pilot hospitals (DSSC)				X		
Objective #3.2: Pilot hospital QI Coordinators have the knowledge and skills to improve quality						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Workshops held to teach new QI Coordinators their role and responsibilities (STA)	X/C	X/C		X	X	X
Needs analysis done for Phase 1 pilot hospital QI Coordinators to determine training focus (STA)	X/C	X/C				
Four PDSA studies done at all pilot hospitals to show improvements in quality and safety (STA)			X/C			X
Based on needs analysis workshops held to meet needs (STA)				X		X
Objective #3.3: Seven new MOH hospital management teams are prepared to meet the Jordan Hospital Standards						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
New pilot hospitals have completed their self-assessments against all standards (STA)			X/C			
Workshops done to build capacity of pilot hospital management teams to meet standards (STA)	X/C	X/C	X/C	X	X	
Assessments of pilot hospitals shows they have put in place the infrastructure and have begun to meet standards (STA)		X/C				X
Objective #3.4: PHC standards developed and 25 centers accredited						
Milestones/Deliverables	Q2			Q3		
	1	2	3	4	5	6
Collaborate with HSS to finalize PHC Standards (DSD)	X/C	X/C				

6. RISKS AND CONSTRAINTS

In Q2 the primary constraints to meeting our goals and objectives were:

- 1) The difficulty in recruiting the two remaining STAs due to a limited supply of qualified candidates, most of whom would not accept the salary offered. This continues to be a problem and will impact on the ability of the project to accomplish the work in Q3.
- 2) A new STA to work with the project was recruited after the original candidate had to resign due to personal family reasons. The time to orient and train the new STA will potentially hinder the project from meeting its goals and objectives related to the preparation of the 7 new public hospitals and QI Coordinators to prepare for accreditation.
- 3) The Health Care Accreditation Council Chief Executive Officer has been recruited. However, she is not able to start full time until June 2008, resulting in the delay of finalizing the Council strategic, work, and marketing plans.
- 4) Even though 20 surveyor trainees were recruited, there is concern that there will not be enough surveyors who will meet the requirements and become certified surveyors. Two trainees have already dropped out feeling they did not have the time to devote to the training.

Finally, some members of the HCAC Board are putting pressure on the project to change some of its policies related to the time of accreditation. The present policy is to accredit for 2 years and members of the Board who head private hospitals want it to be 3 years. The constraint is the ability of the HCAC and project staff to do what is felt to be appropriate action to increase the quality and safety of health care in Jordan in the face of pressure due to conflict of interest on the part of certain Board members.

7. 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	Training on P&P development was held in February.
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 15 required plans D = Total number of hospitals	Document review	Pilot hospitals have not been informed of this indicator
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	Pilot hospitals have not been informed of this indicator
Medical Record Review	Inputs → staff trained to document according to the standards	Number of medical record reviews conducted with	Medical record review (open and closed): minimum	Pilot hospitals have not been informed of indicator. QI

	<p>QI committee trained to conduct medical record review</p> <p>Process → Medical record review data collection, analysis and actions</p>	completed report	of 30 medical records reviewed for the month	Coordinators will be trained to do basic chart review in Q2
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>	Pilot hospitals have not been informed of this indicator
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>	Data collection tools	Pilot hospitals have not been informed of indicator
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>	Observation Inspection	Data collection method is being tested in Prince Hamzeh Hospital. Indicator will be introduced in April to all hospitals.

		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 not been informed of indicator
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	Pilot hospitals have not been informed of indicator
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	Pilot hospitals have not been informed of this indicator

A workshop will be held in April to review the indicators and initiate data collection for hand washing and emergency cart maintenance.