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# JORDAN HEALTHCARE ACCREDITATION PROJECT

## ANNUAL PERFORMANCE REPORT NO. 2

OCTOBER 1, 2008 – SEPTEMBER 30, 2009



October 8, 2009

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# **JORDAN HEALTHCARE ACCREDITATION PROJECT ANNUAL PERFORMANCE REPORT NO. 2**

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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.

## **DISCLAIMER:**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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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.
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 <i>plus</i>	Partners for Health Reform <i>plus</i>
P&P	Policy & Procedure
QI	Quality Improvement
SABEQ	Sustainable Achievement for Business Expansion and Quality
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

# 1 INTRODUCTION

This is the second 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 2008 to 30 September 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 ACCOMPLISHMENTS FOR FY 2009

### Key Accomplishments for FY 2009

- The 2009 National Quality and Safety Goals were launched under the patronage of Her Royal Highness Princess Muna and 44 hospitals enrolled to implement them.
- Sixteen HCAC Surveyors were certified.
- The HCAC became a member of the ISQua Council.
- The HCAC website, [www.hcac.jo](http://www.hcac.jo), was officially launched.
- Queen Alia Military Hospital became the first public hospital to obtain HCAC accreditation.
- The HCAC business plan was finalized.
- Eight accreditation preparedness educational packages were completed.
- The Primary Health Care Standards and the Second Edition of the HCAC Hospital Standards were finalized.
- The HCAC Surveyor Training Program was accredited by ISQua.

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

- National Quality and Safety Goals for 2009 were approved by the Board and were officially launched under the patronage of Her Royal Highness Princess Muna.
- 44 hospitals enrolled to implement the National Health Care Quality and Safety Goals.
- The second edition of the HCAC Hospital Accreditation Standards was approved by the Board of Directors.
- Sixteen HCAC surveyors were certified.
- Paul vonOstenberg, JCI Consultant, held an in-service session for the HCAC Board on the role and responsibilities of the Board of Directors.
- A joint workshop was held with the Insurance Commission on the importance and implications of accreditation.
- HCAC CEO participated in ISQua annual conference.
- The HCAC became a member of the ISQua Council.
- The HCAC website, “[www.hcac.jo](http://www.hcac.jo)”, was officially launched in February 2009.
- At the Board of Directors meeting in February 2009 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.
- Istiklal Hospital was awarded HCAC accreditation.
- The HCAC Marketing Plan was completed and approved by the Board.
- HCAC Board of Directors meetings were held in February, April, June, and August 2009).
- The Board of Directors approved the HCAC business and communication plans.
- The HCAC business plan was submitted to the Ministry of Planning in application for funding of HCAC.
- The HCAC second General Assembly meeting was held to review and approve the 2008 annual report, financial statements and audit report.
- The Arabic translation of the HCAC website was revised and edited with internal and external stakeholders.
- The HCAC corporate movie was developed.
- Presentations were delivered on HCAC and possibilities of future cooperation and delivery of HCAC services were explored with the following international representatives who visited HCAC:
  - A delegation from the Quality Directorate at the Ministry of Health of Morocco and two Moroccan public hospitals;
  - Dr. Suzie Srouji, the COTR for health care at USAID, West Bank;
  - Dr. Taroub Faramand, the COP of the Flagship Healthcare Project in the West Bank;
  - Mr. Sameer Seddiqi, the Healthcare Coordinator at the WHO – EMRO.
  - A delegation from Iraq.
- A presentation was conducted at the WHO regional workshop on patient safety.
- Participated in the “Hospital Build” conference and exhibition in Dubai. HCAC participation included delivery of a presentation on HCAC followed by a panel discussion by Mr. Edward Chappy. In addition, four JHAP/HCAC staff members attended the conference and manned the HCAC booth at the exhibition.
- The HCAC CEO attended the ISQua Accreditation Council meeting in Malaysia and participated in a seminar on trends in global accreditation organized by the Malaysian Quality Council.
- The Board of Directors policies and procedures related to continuing education and new members’ orientation were finalized.
- The HCAC quality plan was developed.

## **2.2 Activities related to accreditation preparedness**

- A Strategic Planning workshop was held for the seven new public pilot hospitals.

- A Cardiac/Respiratory Arrest Systems & Processes workshop was held for the 15 public hospitals.
- An Information Management workshop was held for the seven new pilot hospitals.
- An assessment on meeting the standards was conducted for the seven new pilot hospitals.
- On-site technical assistance was provided for the seven new pilot hospitals to implement the standards
- A workshop on change management was held for the seven new public pilot hospitals.
- A workshop on leading the change was held for the Quality Improvement Coordinators in the 24 pilot hospitals.
- A workshop on performance measurement and improvement was held for the seven new public pilot hospitals.
- A workshop on environmental safety and hospital plans was held for the seven new public pilot hospitals.
- Assessment visits to measure compliance with all standards were conducted for the seven new MOH pilot hospitals.
- A workshop on medical staff standards implementation was held. The workshop was attended by the medical department heads at the Ministry of Health, as well as the medical directors & medical staff department heads of the MOH pilot hospitals.
- A workshop on support services standards was held. The workshop was attended by the support services department heads of the MOH pilot hospitals.
- A workshop on nursing standards was held. The workshop was attended by the matrons and head nurses of the MOH pilot hospitals.
- A training of trainers (TOT) workshop was held for quality coordinators from the 24 pilot hospitals.
- The outline for 22 workshops that will be offered as part of the accreditation preparedness educational packages was finalized.
- Eight accreditation preparedness educational packages were completed (PowerPoint presentations; instructor guide, handouts, agenda and evaluation form). The packages were sent to external consultants for editing and revision.
- The 25 PHC centers to be prepared for accreditation were identified.

### **2.3 Activities related to surveys & surveyor certification**

- Mock surveys of the following hospitals were conducted:
  - Al-Hussein Al-Salt Hospital
  - Princess Raya Hospital
  - Princess Basma Hospital
  - Jordan University Hospital

- Prince Faisal Hospital
  - Queen Rania Hospital
  - Al-Bashir Hospital
  - Al-Karak Hospital
  - Dr. Jamil Tutanji Hospital
  - Prince Zaid Hospital
  - King Abdullah University Hospital
  - Luzmila Hospital
- Conducted accreditation survey of Istiklal Hospital.
  - Conducted the second accreditation survey for Istiklal Hospital on critical standards not met and the HCAC Board awarded accreditation to the hospital.
  - Conducted accreditation survey of Queen Alia Hospital (Royal Medical Services) and the hospital obtained HCAC accreditation.
  - The first and second Surveyor Training Courses were completed.
  - Trainees were selected for the third Surveyor Training Course.
  - A contract was signed with King Hussein Cancer Center (KHCC) to conduct an accreditation survey for the center, which was done in July 2009.
  - Sixteen trainees passed the surveyor certification exam and became certified.
  - A one-day assessment visit to Prince Zaid Hospital was conducted to determine readiness for accreditation.
  - A meeting was held with the newly appointed Secretary General of the MOH to discuss findings of the MOH mock survey results and agreement was reached with the MOH to pay HCAC to work with three hospitals to prepare them for accreditation.

## **2.4 Activities related to standards development**

- The Primary Health Care Standards were developed, finalized and approved by the HCAC Board of Directors.
- Medical Transportation & Emergency Services Standards were developed and revised and reviewed by an external consultant.
- A two-day workshop was held on "Medical Transportation and Emergency Services Standards".
- The standards books cover design was finalized.
- The National Quality and Safety Goals campaign was initiated.
- The educational materials for the National Quality and Safety Goals were developed and three workshops were conducted for representatives of 44 hospitals.

- A partnership agreement was signed with the Jordan Breast Cancer Program (JBCP) to develop and support the implementation of the HCAC Breast Cancer Screening Programs Standards.
- The Arabic translation of the second edition of the HCAC Hospital Accreditation Standards and the PHC Accreditation Standards were completed.

## **2.5 Activities related to international recognition by ISQua**

- Continued to develop and revise HCAC/JHAP policies and procedures to meet the ISQua standards for accreditation organizations.
- The HCAC Surveyor Training Program was completed and accredited by ISQua.
- The policies and procedures that are required for ISQua accreditation of the Department of Accreditation Preparedness were finalized.
- Barbara Donaldson, an external consultant, conducted a review and evaluation of the HCAC readiness for ISQua organizational accreditation. Ms. Donaldson also held training sessions for HCAC Board of Directors, surveyors, management and staff on ISQua accreditation process and requirements.
- Conducted a staff satisfaction survey.

## **2.6 Not Accomplished**

- Submission of the revised hospital standards for reaccreditation by ISQua.
  - This is no longer a requirement. The HCAC Hospital Standards are accredited for four years up to 2012.
- An increase in financial contributions to the HCAC determined and agreed upon by public, private, military and university sectors was not finalized in Q2.
- 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 yet published. This will be completed during the first quarter of FY 2010.
- All HCAC Board members have not signed the Code of Ethics and Business Practices. This will be accomplished at the next board meeting.
- Because there are already laboratory standards in Jordan, a decision was taken not to develop these and duplicate what already exists. The laboratory standards have been replaced by breast cancer screening standards in the work plan.

### **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 HCAC regarding the training program, standards and survey process. Ms Ashton also visited the 7 Pilot Hospitals to provide technical assistance on implementing the work plan to meet the standards. In addition, 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.

In April 2009, Ms. Ashton provided assistance to Ms. Bushra Al-Ayed, Ms. May Abu-Hamdia, Mr. Khaled Al-Saheb and Ms. Tahani Abu-Risheh to prepare documents and plans for the ISQua survey. She made a presentation to the HCAC Board regarding ISQua leadership standards, and a set of performance indicators were approved by the Board. She also assisted in completing the self-assessment required for submission to ISQua for the Surveyor Training Program accreditation. Additionally, Ms. Ashton visited five of the seven new public pilot hospitals to provide technical assistance to implement the hospital standards. She held a two-day workshop with the pilot hospitals to prepare them to implement the hospital standards related to medication management. She also held a meeting with hospital directors and representatives from the MOH to provide guidance in meeting the hospital leadership standards. Furthermore, she assisted in facilitating three days of the Quality TOT Course. During this visit, Ms. Ashton provided one-on-one mentoring to Ms. Suzan Tashman, JHAP Technical Advisor, to prepare/conduct workshops and implement standards at the facility level. Finally, Ms. Ashton assisted in editing accreditation mock survey reports of the original eight public hospitals and in analyzing the data from the surveys. She also provided feedback on the revision of the second edition of the HCAC hospital standards.

In June 2009, Ms. Ashton conducted an assessment of the seven new public pilot hospitals against the new HCAC hospital accreditation standards. She also conducted a meeting with the hospital directors of the seven new public pilot hospitals and the MOH to continue work on implementing the management and leadership standards. Additionally, she conducted a meeting with the all the pilot hospitals' QI Coordinators focused on PDSA activities and

clinical practice guidelines. Finally, Ms. Ashton conducted a workshop for the seven new public pilot hospitals regarding developing staffing plans.

### **Ms. Janet Farrell and Dr. Thomas Schwark**

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, Dr. Thomas Schwark and Ms. Farrell provided short term technical assistance to train and supervise surveyor trainees working with the Health Care Accreditation Council. They 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. They 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, Dr. Schwark and Ms. Farrell conducted a one-day training session for the surveyor trainees on writing survey reports.

### **Catherine MacAuley**

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.

In June 2009, Ms. MacAuley reviewed four educational packages prepared by the STA for Accreditation Preparedness and made recommendations to revise and update the educational packages to ensure they provide the information and methods needed to meet the HCAC standards.

### **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.

### **Dr. Helen Hoelsing and Ms. Kathy English**

In November 2008, Dr. Helen Hoelsing and Ms. Kathy 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.

In July 2009, Ms. English reviewed, revised and edited the PHC Standards manual. Additionally, she led the accreditation survey of the King Hussein Cancer Center and she also conducted an orientation to the survey process for two HCAC Board members.

### **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.

In June 2009, Dr. Ismail conducted a two-day workshop for medical staff representatives from the seven new public pilot hospitals on the hospital accreditation standards that relate to the medical staff.

### **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.

### **Ms. Thada Bornstein**

In April 2009, Ms. Bornstein conducted a Training of Trainers for hospital Quality Improvement Coordinators to improve their training skills so that they can transfer their knowledge and skills in QI to the staff of their hospitals and, ultimately, to help them fulfill

the requirements to achieve accreditation. She also assisted the Senior Technical Advisor for Accreditation Preparedness to enhance her ability to develop educational packages based on the Instructional Systems Design (ISD) model and to review, improve, and/or further develop existing materials into instructional packages for use by consultants for helping hospitals prepare for accreditation.

In June 2009, Ms. Bornstein reviewed four (4) educational packages prepared by the STA for Accreditation Preparedness and made recommendations to revise and update the educational packages to ensure they provide the information and methods needed to meet the HCAC standards.

**Dr. Scott Altman**

In April 2009, Dr. Altman reviewed available documentation of the recent history of Jordanian medical transport and its participants, including the establishment of the National Commission for Emergency Medical Services; the National Strategy for Emergency Preparedness and Humanitarian Action for the Health Sector, developed jointly by the World Health Organization (WHO) and the Jordanian MOH; a three-day assessment of emergency medical services conducted by the George Washington University Ronald Reagan Institute in 2004; as well as the draft Medical Transportation Standards developed under the initiative of JHAP/HCAC. During this time, Dr. Altman also conducted on-site visits to medical transportation organizations to set the framework for the medical transportation standards.

**Mr. Zakaria Zaki Al Attal**

In June 2009, Mr. Al Attal prepared managers of the seven new public pilot hospitals to implement the nursing and support service standards. He conducted a one-day workshop on meeting the support service standards and another one-day workshop on meeting the nursing services standards.

**Ms. Barbara Donaldson**

In June 2009, Ms. Donaldson assessed the readiness of the HCAC for an ISQua accreditation survey by reviewing documents, interviewing a representative sample of all stakeholders, and visiting an HCAC accredited hospital. She advised the HCAC Board of Directors and Certified Surveyors on how best to prepare for an ISQua accreditation survey. She also made written recommendations on how the HCAC can better prepare for an ISQua accreditation survey.

**Ms. Altea Cico**

In September 2009, Ms. Cico worked with JHAP staff to assist in the preparation of next year's work plan. She also reviewed the spending and the budget and identified revisions that need to be made. Additionally, she identified successes of the JHAP project and initiated the development of a success story.

## **4 EXPECTED ACCOMPLISHMENTS Q1 2010**

The following are expected to be accomplished during Q1 of FY 2010:

### **4.1 Activities related to the Health Care Accreditation Council (HCAC)**

The following activities related to the Health Care Accreditation Council will be carried out in Q1 of FY 2010:

- The National Quality and Safety Goals will be approved by the HCAC Board.
- The preparation of the HCAC for accreditation by ISQua will continue.
- The application for the ISQua accreditation of the HCAC will be submitted and ISQua will be invited to survey the HCAC during Q2.

### **4.2 Activities related to accreditation preparedness**

The following activities related to accreditation preparedness will be carried out in Q1 of FY 2010:

- Workshops will be conducted for seven pilot hospitals to help them develop the skills and systems to meet the standards.
- Workshops will be held for all QI Coordinators to reinforce their roles and responsibilities.
- Second self-assessments against all standards will be completed by new pilot hospitals.
- Five PHC consultants will be trained to work with the PHC center staff to help them prepare to meet the PHC standards and to survey centers.
- Consultation visits will be conducted to all 25 PHC centers to assist them in implementing the PHC standards.

### **4.3 Activities related to surveys & surveyor certification**

The following activities related to surveys & surveyor certification will be carried out in Q1 of FY 2010:

- National Surveyors will be certified by the HCAC Board.
- The third and fourth Surveyors Certification Course will be conducted.
- Mock surveys will be conducted at the seven public pilot hospitals.
- The continuing education program for Certified Surveyors will be started.

### **4.4 Activities related to standards development**

The following activities related to standards development will be carried out in Q1 of FY 2010:

- Workshops will be held for 25 PHC centers to prepare for accreditation against the HCAC PHC Accreditation Standards.
- Mock surveys will be conducted at the 25 PHC centers.
- The National Quality and Safety Goals will be approved by the HCAC Board.

#### **4.5 Activities related to international recognition by ISQua**

The following activities related to international recognition by ISQua will be carried out in Q1 of FY 2010:

- The preparation of the HCAC for accreditation by ISQua will continue.
- The application for the ISQua accreditation of the HCAC will be submitted and ISQua will be invited to survey the HCAC during Q2.

#### **4.6 Other activities**

- The new COO will be oriented to his role and responsibilities.
- Twelve workshops will be offered to the professional public for a fee.
- The QI Coordinator Certification Course will be started.

## 5 GANTT CHART FOR FY 2009

Below is the Gantt Chart taken from the Annual Work Plan showing what was done in the past fiscal year.

The following terminology is used to indicate item status:

- C: Completed**
- X: Planned**
- F: Moved to Future Period**
- NR: Not Required**

<b>JORDAN HEALTHCARE ACCREDITATION PROJECT GANTT CHART</b>												
<b>Goal # 1.0</b>												
<b>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</b>												
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												
<b>Objective#1.1: Agreement reached on the roles and responsibilities of all stakeholders and health sectors and Memorandum of Understanding (MOU) signed</b>												
Milestones/Deliverables	2008			2009								
	Q1			Q2			Q3			Q4		
	10	11	12	1	2	3	4	5	6	7	8	9
An increase in financial contributions to the HCAC determined and agreed upon by public, private, military and university sectors (stakeholders giving 7000 JD annually to HCAC) (CEO)				C								
Contributions received by HCAC (CEO/FAM)				C	C	C	C					
Discussions with MOH on its commitment to assist public pilot hospitals with resources needed to achieve Jordan Hospital Accreditation Standards (COP)									C			
All Board Members sign the Code of Ethics and Business Practice showing commitment to the HCAC (CEO)		C										
MOU with stakeholders signed (Bylaws of HCAC signed) (COP)	C											
<b>Goal #2</b>												
<b>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</b>												
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												
<b>Objective #2.1: HCAC Board and Council have capacity to be self sustaining</b>												
Milestones/Deliverables	2008			2009								
	Q1			Q2			Q3			Q4		
	10	11	12	1	2	3	4	5	6	7	8	9
HCAC Strategic, Marketing, Business, and Work Plans approved by the HCAC (CEO/FAM)					C		C					

The HCAC budget approved by the Board (CEO/FAM)					C							
Hold HCAC Board meetings (CEO)		C			C		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			C					
Do three Board Development Programs (CEO)		C					C		C			
HCAC Board approves National Quality and Safety Goals (CEO/DSD)			C		C		C					
Board approval of the Medical Transportation Standards (DSD)												
Network Standards developed and approved by the HCAC Board (DSD)												
Breast Cancer Screening Standards developed and approved by the HCAC Board (DSD)												
Laboratory Standards developed and approved by the HCAC Board (No longer needed because Jordan has developed these standards)												
Cardiac Care Standards developed and approved by the HCAC Board												
<b>Objective #2.2: Twenty-five surveyors are certified to survey facilities and programs for accreditation</b>												
Milestones/Deliverables	2008				2009							
	Q1			Q2			Q3			Q4		
	10	11	12	1	2	3	4	5	6	7	8	9
Nine national Surveyors certified by the HCAC Board		C			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			C				C	
Conduct Surveyor Certification Course (DSSC)			C	C	C	C			C			
Fifteen Surveyors certified by the HCAC Board												C
Certified Surveyors Continuing Education Program started							C	C	C			
<b>Objective #2.3: Jordan health care standards, the Surveyor Certification Program, and the Health Care Accreditation Council have achieved ISQua accreditation</b>												
Milestones/Deliverables	2008				2009							
	Q1			Q2			Q3			Q4		
	10	11	12	1	2	3	4	5	6	7	8	9
Apply for ISQua accreditation of the Surveyor Certification Program (DSSC)									C			
HCAC Surveyor Certification Program accredited by ISQua												C
Submit revised Jordan Hospital Accreditation Standards to ISQua for accreditation (DSD)				NR								
Revised standards accredited				NR								
Prepare the HCAC for accreditation by	C	C	C	C	C	C	C	C	C	C	C	C

ISQua (CEO)													
Apply for ISQua accreditation of the HCAC (CEO/COP)									C				
Invite ISQua to survey the HCAC (CEO)										C			
HCAC accredited by ISQua													
<b>Goal #3</b>													
<b>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</b>													
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													
<b>Objective #3.1: Phase I pilot hospitals meet hospital standards</b>													
Milestones/Deliverables	2008			2009									
	Q1			Q2			Q3			Q4			
	10	11	12	1	2	3	4	5	6	7	8	9	
Conduct workshops for pilot hospitals to help them develop the skills and systems to meet the standards (DAP)	C	C	C	C	C	C	C						
Conduct mock surveys of fifteen pilot hospitals (DSSC)	C				C	C	C						
Do accreditation surveys of five pilot hospitals						C							
<b>Objective #3.2: Pilot hospital QI Coordinators have the knowledge and skills to improve quality</b>													
Milestones/Deliverables	2008			2009									
	Q1			Q2			Q3			Q4			
	10	11	12	1	2	3	4	5	6	7	8	9	
Workshops held for all QI Coordinators to reinforce their roles and responsibilities (STA)				C	C			C					
QI Coordinators to present their FOCUS-PDSA studies in competition for three top awards						C	C						
Data collection and analysis workshop done for QI Coordinators (STA)						C	C						
Two PDSA studies done at all pilot hospitals to show improvements in quality and safety, reviewed (STA)													NC
Based on needs analysis done in July 2008, workshops held to meet needs (STA)							C	C	C				
<b>Objective #3.3: Seven new MOH hospital management teams are prepared to meet the Jordan Hospital Standards</b>													
Milestones/Deliverables	2008			2009									
	Q1			Q2			Q3			Q4			
	10	11	12	1	2	3	4	5	6	7	8	9	
New pilot hospitals have completed their second self-assessments against all standards (STA)		C							C				
Workshops done to build capacity of pilot hospital management teams to meet standards (STA)		C					C	C	C				
Assessments of pilot hospitals show they have put in place the infrastructure and have begun to meet standards (STA)	C	C	C	C			C	C	C				
<b>Objective #3.4: PHC standards developed and 25 centers accredited</b>													
Milestones/Deliverables	2008			2009									

	Q1			Q2			Q3			Q4		
	10	11	12	1	2	3	4	5	6	7	8	9
<b>Finalize PHC/Ambulatory Care Standards</b>								C				
<b>PHC/Ambulatory Care Standards approved by the HCAC Board</b>									C			
<b>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)</b>						C		C				
<b>Do an assessment of a sample of the centers to determine baseline readiness for accreditation</b>								C	C			
<b>Do an orientation for all District Heads and PHC Center Directors to the standards and the role and responsibilities of management to achieve accreditation</b>												C

## 6 RISKS AND CONSTRAINTS

In FY 2009 the primary constraints to meeting our goals and objectives were as follows:

### 6.1 Risks and constraints related to the sustainability of the HCAC

#### 6.1.1 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.

#### 6.1.2 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.

### **6.1.3 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.

### **6.1.4 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.

To mitigate these risks, we have prepared a Risk Management Plan which addresses most of these concerns. We attempt to address some issues through marketing activities and inviting the HCAC Board to participate in activities like standards development and conduction of surveys.

## **6.2 Other risks and constraints**

- 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.
- The changes in hospital management team staff at the pilot hospitals.

In our next Quarterly Report, we will present our response to each of these and new risks and constraints that we face in meeting our goals and objectives.

# 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	<b>Inputs</b> → 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	An average of 48% of the policies/procedures has been written; hospitals range from 27-62% completion.
Hospital Plans	<b>Inputs</b> → 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	On average, 38% of the plans have been written. Hospitals range from 21-50% completion.
Fire Plan	<b>Inputs</b> → written plan, policies and procedures Fire exit signs Staff trained in fire plan (100%) <b>Process</b> → 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.  4 out of 7 hospitals have conducted a fire drill  An average of 21% of staff in the 4 hospitals were trained; one hospital has 90% of the staff trained.
Medical Record	<b>Inputs</b> → staff trained to	Number of medical	Medical record	4 out of 7 hospitals

Review	document according to the standards QI committee trained to conduct medical record review  <b>Process</b> → Medical record review data collection, analysis and actions	record reviews conducted with completed report	review (open and closed): minimum of 30 medical records reviewed for the month	are conducting medical record reviews regularly.
CPR	<b>Inputs</b> → 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 <b>Process</b> → Carrying out emergency response plan Performing emergency resuscitation <b>Outcome</b> → Resuscitation success rate	N = number of staff certified in CPR/PALS/ACLS D = number of staff required to be certified in CPR/ACLS  N = number of carts stocked according to the stock list & locked D = number of cart inspections  N = number of CPR interventions carried out according to protocol D = number of CPR events reviewed  N = number of patients that survived CPR D = number of patients that were resuscitated	Document review Medical record review Direct observation Emergency cart inventory	47% of staff in 4 hospitals has been trained in CPR; 3 hospitals have not started training.  75% of the emergency carts are stocked & locked; hospitals are using creative approaches to locking the carts; some carts cannot be locked.  CPR interventions are not being routinely assessed. 2 of 7 track the number of successful CPR interventions.
Surgical Site Infections	<b>Inputs</b> → Policies and procedures, SSI monitoring tool, staff trained to recognize SSI and report, IP staff trained to conduct surveillance, antibiotic prophylaxis protocol  <b>Process</b> → Routine and accurate collection of SSI data and neonatal sepsis	Surgical site wound infections: cesarean section Neonatal sepsis  N = number of c-section wound infections D = number of c-sections  N = number of cases of neonatal sepsis D = number of live deliveries	Data collection tools	C-section infection rates ranged from 0-6%. Neonatal sepsis ranged from 1.1 – 26%. Increased infection rates were investigated by hospitals and actions taken.
Hand washing	<b>Inputs</b> → Access to sinks and alcohol rub dispensers <b>Process</b> → Performing hand hygiene	Number of patient rooms that have access to sinks or alcohol rub dispensers within room.	Observation Inspection	2 hospitals have had good access; 1 remains unchanged; 3 improved significantly by

		N = Number of observations of hand washing according to procedure D = Total number of opportunities for hand washing (observations)		implementing handrub dispensers; however one of those hospitals reported a problem in June when handrub was not available through the MOH.  Handwashing practices comply with standards 57% of the time (range 20-91%). Hospitals initiate corrective action plans although, in general, compliance remains low.
Incident Reports related to patients	<b>Inputs</b> → policy/ procedure regarding incident reports, incident report forms, staff informed of need/process for reporting <b>Process</b> → incident reporting	Numbers of incident reports completed regarding medication errors and patient falls.	Incident Report	One hospital is reporting a few medication errors; 5 are reporting on patient falls but only 2 have reported cases of patients falling.
Patient/Family Satisfaction	<b>Inputs</b> → policies & procedures regarding patient rights, staff with interpersonal relationship skills, competent care, <b>Process</b> → treatment and care and service processes <b>Outcome</b> → 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; several hospitals are now doing “one minute” surveys and tabulating responses; this seems to be a popular approach.
Staff Satisfaction	<b>Inputs</b> → Human resource policies & procedures <b>Process</b> → as identified in HR policies and procedures, e.g. staff development, performance appraisal system, scheduling and salary. <b>Outcome</b> → 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, although actions for improvement have not been initiated in most cases.