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# TECHNICAL ASSISTANCE IN STRATEGIC PLANNING FOR JORDAN'S NATIONAL MEDICAL INSTITUTE

MARCH 1989

**Resources for Child Health Project**

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# TECHNICAL ASSISTANCE IN STRATEGIC PLANNING FOR JORDAN'S NATIONAL MEDICAL INSTITUTE

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March 1989

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# Technical Assistance
# in
# Strategic Planning
# for
# Jordan's National Medical Institute

Trip Report #3
February 1989

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**Technical Assistance**
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**Strategic Planning**
**for**
**Jordan's National Medical Institute**

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## I. Background and Scope of this Visit

This report covers the last of three scheduled visits by the REACH Strategic Planning Team, providing technical assistance to the Hashemite Kingdom of Jordan's National Medical Institute (NMI). The visit was part of a broad USAID program of technical assistance involving strategic planning, organization, management information systems, management training, and alternative health financing. The overall program has four main objectives:

- To assist Jordan in rationalizing its health care system, encouraging coordination among NMI, the Ministry of Health and the private sector for the provision of health services (including primary care), the development of health manpower, and the allocation of financial resources.

- To encourage NMI to balance its programming efforts between acute inpatient care and primary care services - both sizable and important components of its overall program.

- To assist NMI in developing the organization and managerial systems that can help assure a cost effective operation and the efficient use of Jordan's limited financial resources,

- To encourage the adoption and implementation of creative alternative approaches to financing health care services.

In order to initiate the technical assistance program, USAID's Science and Technology Bureau in Washington provided funding for a strategic planning exercise. Through its Washington-based REACH Project, under Contract No. DPE-5927-C-00-5068-00, John Snow Incorporated, Boston, mobilized a three-person Strategic Planning Team composed of Robert J. Taylor, Susan B. Taylor, and Susan Friedrich. The visit was conducted from February 4 - 14, 1989. During the visit, the REACH Team worked intensively with special "Task Forces" organized by NMI in three areas: NMI Organization, Management Training, and Management Information Systems in Personnel. All three Task Forces met in joint session at the beginning

of the exercise, followed be a series of separate meetings to develop the suggestions and recommendations detailed in Exhibits C, D, and E, attached to this report. A final joint session, for review and discussion, was held at the conclusion of the exercise.

Each of the NMI Task Forces was able to accomplish several important objectives:

- To identify the key issues involved in their area of focus;
- To develop specific recommendations on how these issues could be addressed; and
- To bring together individuals from throughout the NMI organization to collaborate in shared problem solving.

Information in support of the findings and conclusions detailed in this report was gathered from personal contacts, interviews, and the task force meetings held during the site visit. In addition, materials and files from Jordan's National Medical Institute, the Ministry of Planning, the USAID Mission in Jordan, and other sources were reviewed. Lists of Resource People and Resource Materials are attached to this report as Exhibits A and B. Additional background on NMI, including details of the technical assistance plan, are provided in the first trip report (September 1988).

## II. NMI's Progress and Current Status

The National Medical Institute has made substantial progress since its inception in July 1988. Appropriately, NMI has been focusing its attention on establishing its organizational and financial foundation - creating the necessary infrastructure that supports its primary purpose of improving curative care services. It has recently received its initial operating and capital budget allocation, it has in place a functional organizational structure, and it continues to make progress in defining its role in Jordan's overall health care system. The following areas are worthy of special note:

### A. NMI's Budget Allocation

Developing a consolidated NMI operating budget has been a formidable challenge involving several elements:

- Accurately estimating the historical budgets of the three successor organizations: the Royal Medical Service, the University Hospital, and the hospital component of the Ministry of Health;
- Developing a recurrent operating budget that would cover continuing obligations and would begin to address needed reforms;
- Developing a short-term capital budget that could help upgrade facilities to a "habitable" level; and
- Obtaining a budgetary allocation from the government that would fund NMI's operating and capital needs.

To further complicate NMI's budgetary process, Jordan has been experiencing serious economic difficulty, culminating in a substantial devaluation of its currency in October 1988. In light of the government's financial constraints, NMI did not receive the financing it requested, but has now received an allocation that will meet its basic requirements. The allocation provides a small increase for operating funds and a small amount for capital improvements. While NMI can not be as aggressive as it might wish in addressing its program of reform, it has responded constructively to its constrained budget - and is well into the process of identifying its program and capital priorities.

**B. NMI's Organization**

NMI has been working on its organizational structure at both the corporate and institutional level. The basic corporate structure was established shortly after NMI was created in mid-1988, and the central office staff is now housed in centralized facilities. Last fall a process was undertaken to review the structure of the individual hospitals in the system. Hospitals were divided by size into four categories. "Standard" organizational models were designed for smaller hospitals - based on program components, staffing ratios, and similar criteria. The largest hospitals in the system were reviewed separately with their organizations reflecting their unique programs and services. Meetings were held with each of the hospital directors making adjustments were appropriate.

While NMI's organization is still in its formative stages, and there is still much to do before it is fully established, the management staff has made a good beginning. The work of the "Organizational Task Force," which developed the report attached as Exhibit C, has taken the organizational effort several steps further. Attention must still be given to creating a shared corporate identity and cohesiveness among the workers who have come from three different organizational backgrounds.

**C. Jordan's National Health Policy**

The consolidation of governmental hospitals under the NMI corporate umbrella challenged not only NMI, but also the Ministry of Health and the private sector, to re-examine their respective roles in providing health services to Jordan's people. As might be expected, the Ministry of Health was initially chagrined at the loss of its hospitals and maintained an uncooperative (if not overtly hostile) attitude regarding NMI. The recently appointed Minister of Health has taken a refreshingly positive stance toward his responsibilities in primary care and preventive medicine. In recent discussions between the Ministry

and NMI, a list of 27 unresolved issues were quickly settled. Representatives of both organizations are now very optimistic that a strong working relationship can be developed.

In November 1988, it was suggested by the REACH Team that Jordan has a unique opportunity to forge a unified national health policy - a coordinated strategy that will guide the development of the country's entire health care system. The idea was reinforced by representatives of the World Bank during their visit to Jordan in January 1989. As a result, a special study is to be undertaken by Jordan's "Higher Council for Science and Technology." Under the direction of the Section on Health and Environment, a comprehensive study will be conducted, involving governmental and private sectors, to address the following:

- Assess health care activities, their organization and financing;
- Study problems and bottlenecks that impede health services;
- Benefit from the experience of other similar countries; and
- Develop projects, recommendations, and plans of action that will improve the provision of health care.

The forty week study will be conducted under the direction of a high level steering committee, with several smaller task forces addressing the following: primary health care, secondary and tertiary care, applications of science and technology, health related industries, management and organization, financing and insurance, and training and manpower development. It is envisioned that the study will conclude with a national conference where significant findings and recommendations will be presented.

## III. Summary of Task Force Reports

In anticipation of this most recent visit, the REACH Team requested that NMI create three special "Task Forces" to address issues that had been identified in organization, management training, and management information systems. At the beginning of the visit, the Task Forces met in combined session, agreeing on a course of action and a schedule of meetings. Over the course of the next several days, each separate group met several times to develop its own findings and recommendations. A final combined session was then held to review the work of each group. Detailed reports were prepared for each Task Force and are attached as Exhibits C, D, and E. Highlights from each report are presented below.

### A. Organizational Task Force

The Organizational Task Force met three times, with several additional sub-committee meetings, to address four areas of concern:

- The organization and staffing of individual NMI hospitals,
- The organization of NMI's central administration,

- The issue of regionalization, and
- The "authority hierarchy" or levels of responsibility.

A small committee had been meeting for several months to study the organization of individual hospitals within the NMI system. The committee had categorized the hospitals by size, and designed standard organizational structures and staffing patterns for the majority of institutions. Because of their complexity, the three largest hospitals were dealt with separately. While a productive exercise, several additional tasks remain:

- The organization and staffing of the former military hospitals need to be documented,
- Actual staffing levels need to be documented and compared to the "standards,"
- Job descriptions should be developed for key managerial personnel in each institution.

A tentative organization structure for NMI's Central Administration had been developed which is basically sound. The ministerial level "Administrative Committee" is now more appropriately called the "Board of Trustees." Major divisions have been established in Planning, Quality Assurance, Administration, Professional Services, and Supply. In reviewing departmental assignments, the Task Force adopted several alterations which are itemized in the full report, attached as Exhibit C. In addition, the Task Force recommended:

- That the "Planning Committee" assume responsibility for the coordination of operational planning as well as strategic planning,
- That job descriptions for the major positions within Central Administration should be developed and any gaps or overlaps be identified,
- That "needed" positions be phased in slowly to avoid the unnecessary inflation of jobs, and
- That the possibility of future regionalization be considered when adding positions.

NMI has considered regionalization as a way to reduce the burden of routine work at the central office, and to be more responsive to the needs of the local hospital. While it is desirable to delegate more to the hospitals, the smaller institutions are not ready to assume increased responsibility. Still, establishing regionals is time consuming, expensive and might lead to excessive bureaucracy. For the present, the Task Force recommends:

- That Central Administration review what decisions it can delegate within its own ranks,
- That more responsibility be delegated to the three largest hospitals, and
- In lieu of regionalization, a "Regional Management Consultant" or roving administrator be designated to serve each geographic region. These individuals would be officed centrally but would visit each

hospital frequently. They would serve as liaison between hospital and central office.

The Task Force also recommended that NMI needs to more clearly define the authority that will be exercised at each level of the organization. NMI should begin to develop the detailed policies and procedures required to manage a large multi-hospital system - with an initial focus on personnel and supply. In addition, it was recommended that NMI pursue several other organizational activities, including: clarifying NMI's vision and objectives, define and articulate its corporate "values," improve its internal communications, and create a clear corporate identity that helps "glue" NMI people together as a cohesive whole.

### B. Management Training and Development

The Management Training and Development Task Force met four times to determine:

- Where management training and development (MT&D) activities should be placed within the NMI organizational structure,
- What types of programs NMI should undertake to strengthen management capability, and
- To suggest format and curriculum for a seminar series.

It was decided that MT&D be placed under "Technical Training," a major department in the Professional Services Division. Within that division it should gain greater attention, receive an equitable share of the training budget, and facilitate communication and coordination with all technical training initiatives. Dr. Mohamed Hattab is the newly appointed Head of MT&D. He has recently completed his Masters of Health Sciences and thus brings both medical and management knowledge to the position.

In the short-term, the Task Force decided MT&D will focus on three areas:

- A Strategic Planning Retreat for top management,
- Participant Training in the USA for Directors of major divisions to explore the structure and operation of multi-hospital systems, and
- A Seminar Series for Central Office department heads and the directors of all 28 hospitals.

Over the long-term, MT&D will assume responsibility for orienting new employees, a management training residency program, on-the-job training, and continuing management education.

The Strategic Planning Retreat will include 8 or 10 of NMI's top management staff, meeting at a remote location (such as Aqaba) for about three days. The purpose of the retreat is to more clearly articulate NMI's vision, objectives, values, and key strategies. The

retreat will help coalesce these issues and lend direction and material for the management training sessions that will follow.

Participant training will involve 5 to 10 of NMI principal division heads, each of whom will visit a multi-hospital system in the United States for a period of 4 to 5 weeks. Each participant will concentrate on his or her own specialty area, identifying approaches and materials that can be adapted to needs within Jordan. Training visits would begin about July.

The Seminar Series will be targeted for managers at three levels in the NMI hierarchy - central office division heads, the directors and their assistants from larger hospitals, and directors and their assistants from smaller hospitals. Each group will be in session for about 5 working days. Early sessions will be designed to communicate NMI's vision, goals, objectives and strategies as well as leadership, decision making, and project management. Later sessions will address communication, planning, budgeting, and performance evaluation. The initial sessions are slated to begin in August with later segments occurring every four to six months thereafter.

Program details, as well as further discussion on MT&D organizational issues, are included in the Task Force Report, attached as Exhibit D.

## C. Management Information Systems

The Management Information Systems Committee focused its efforts on Personnel and Payroll, meeting several times to address the following issues:

- Which management decisions will be made at each level of the organization: local, regional, and central;
- What information is required to make decisions; and
- How will this information be collected and reported.

In summary, the Committee recommended the following:

- Local hospitals should be delegated the authority to approve leaves, employee evaluations, penalties, and training. Local records will be maintained manually.
- The central office will be responsible for approving allowances, promotions, position assignments, and transfers. Central records will be automated.
- A complete personnel record will be created for each employee.
- Computer hardware costing approximately US$65,000 will be required to activate the system. The Mainframe and software requirements are already available.
- Computer center staff needed to implement and operate the system must be secured promptly in order to be trained before the system is operational.

A detailed implementation plan, including a chart of critical activities, is included in the Committee's complete report, attached as Exhibit E.

## IV. Schedule for Further Action

As follow-up to the work of the Task Forces, and in anticipation of the next round of technical assistance interventions, the REACH Team recommends that the following activities be pursued.

### A. Organization

- The organization of Central Administration should be finalized and implemented immediately. Even if some individuals are disappointed, it is import to clarify lines of authority and responsibility.

- Central Administration departments should revise job descriptions to reflect realistic targets for needed start-up personnel. Include responsibilities, authority and coordinating activities for each job description. Compare gaps and overlaps. Complete by April.

- Organizational structure should be documented for all hospitals in the NMI system. Job descriptions should be prepared for key managerial staff in all hospitals. Complete by May.

### B. Management Training and Development

The following activities should be pursued by Dr. Hattab, the new Director of Management Training and Development (MT&D), in coordination with Dr. Wadie Kamel, University of Jordan; Dr. Yousef Goussous, Technical Training Division; and Dr. N. J. Ajluni, Planning Committee.

- Develop a proposal for funding the MT&D Department and submit to Dr. Goussous. The proposal should include items necessary to establish an office, secretarial assistance, and program funds. The most immediate program funding needs are to support NMI's contribution to the Strategic Planning Retreat (travel and per diem for NMI participants), any NMI contribution to the participant training program in the USA, and start-up costs for implementing the Management Training Residency Program.

- Prepare the Participant Training Proposal for submittal to the Ministry of Planning by April 15. This will need to be done as soon as information arrives from REACH Team about possible multi-hospital venues for the program. Must be developed in concert with USAID policy requirements; Dr. Ajluni should advise.

- Drs. Kamel and Hattab need to make in-country arrangements for the Management Development Seminars Series to begin in August. The first step is to reserve a three-week block of suitable space at a local hotel; tentative dates - August 13 - September 2. A bidding process will be necessary for final venue selection; contact USAID about the procedure. The REACH Team recommends that the Marriott Hotel be asked to bid; they have provided excellent service for other USAID sponsored seminars.

- Finalize proposal for Management Development Seminars and submit to USAID by May 10th. The REACH Team will provide NMI with basic information.

- Research existing management training expertise within Jordan that could be included in the Management Development Seminar Series as faculty. Also determine existing community programs to which NMI could refer its employees for specific training needs, such as financial management, leadership training, etc. Think broadly and beyond health services management; are there business leaders or programs that might be applicable?

- Develop ideas for NMI-specific management case studies to be used during the August training sessions. Dr. Kamel and hospital administrators should be helpful in conducting this exercise.

**C. Management Information Systems**

In order to have each element of the Personnel and Payroll System automated by the target completion date of February 1, 1990, the following activities need to be conducted (see Implementation Schedule and Pert Chart at end of Management Information Systems Committee Report for details):

- Develop computer hardware request and order equipment immediately, for installation in August.

- Hire new MIS personnel immediately; complete training by September for data entry September to January.

- Seek approval for dedicated telephone lines in March with installation planned for May.

- Begin data collection in March for data entry in September. Urge hospitals to complete employee personnel records by April 1st. Prepare worksheets and create personnel file beginning in March.

- Adapt software for installation in August.

**D. REACH Team Activities**

In order to move all of the NMI activities along, the REACH Team will:

- Prepare information for placement of advertisements recruiting candidates for Resident Hospital Administrator. FAX information to Bill Jansen. (Completed February 28, 1989)

- Follow-up on potential candidates for a resident hospital administrator and FAX any relevant resumes to Bill Jansen, during March.

- Identify potential multi-hospital systems to conduct participant training in the USA by March 20th. FAX information to Bill Jansen.

- Identify choices for companies or individuals to conduct Management Development Seminar Series, during March.

- Locate pertinent Continuing Medical Education (CME) information for Dr. Haddab and mail as soon as available.

- When the Planning Committee has prepared their training materials/manual on the planning/budget cycle, the REACH Team will review it if you so desire. FAX document to Robert Taylor Associates through USAID; we will respond promptly by FAX.

**E. USAID Mission Activities**

It is recommended that the USAID Mission/Jordan address the following items:

- Prepare and submit advertisements in selected journals for recruitment of Resident Hospital Administrator.

- Finalize scope of work and contractual arrangements for additional technical assistance required by NMI in strategic planning and management information systems.

- Finalize scope of work and contractual arrangements for technical assistance in management training.

**Exhibit A**

**List of Interviews and Personal Contacts**
(February 4 - 14, 1989)

**USAID Jordan Mission:**

Dr. Lewis Reade, Director

Richard A. Johnson, Ph D., Deputy Mission Director

Dr. William Jansen II, Chief, Office of Health, Population, and Nutrition

Mr. James Dempsey, Chief, Project Development Office

Mr. Barry MacDonald, Project Development Officer

**National Medical Institute:**

Lieutenant-General Daoud Hanania, MD, Director General, NMI

Dr. Rizk Rashdan, Deputy Director General, NMI, and Director General, Jordan University Hospital

Adel Jamil El-Ali, MD, Assistant Director General for Administration, NMI

Dr. Yousef Goussous, Medical Director, Queen Alia Heart Institute, King Hussein Medical Center, and Head, NMI Technical Training Section

Mustafa Burmawi, MD, Director of Quality Assurance, NMI

Adel Haddad, MD, Director of Continuing Medical Education, NMI

Mohammad Hattab, MD, MHA, newly appointed Director of Management Training and Development, NMI

Lt. Col. Fareed Massarweh, MHA, Hospital Administrator, Queen Alia Heart Institute, King Hussein Medical Center

Ratib Hinnawi, Pharmacist, MHA, Director of Public Relations

Ali Mohammad Akil, MBA, Director of Personnel, NMI

Lt. Col. Abdel Raouf Qawas, Director of MIS, NMI

Lt. Col. Musa Ajluni

Cpt. Sahar Ajeilat, MIS Department

Lt. Najeb Hanna Al-Nimri, Finance Department

Lt. Mohamed Mahmoud Al-Mistarihi, Finance Department

1st Lt. Osaha Sumadi, Personnel Department

1st Lt. Hasham Irshaid, Personnel Staffing and Organization

Lt. Col. Abdul mundi Tobashait, MHA, NMI Planning Committee

Mr. William Dahdaleh, Engineer, NMI Planning Committee

Mr. Stepho Mushabek, Engineer, NMI Planning Committee

Rima Khalidi, MPH, NMI Planning Committee

Aida Musmar, Librarian, King Hussein Medical Center

**Royal Medical Service:**

Brig. General. N. J. Ajluni, MD, Director, Royal Medical Services, and NMI Planning Committee

**Other Sources:**

Dr. Zuhir Mulhas, Minister of Health

Wadie W. Kamel, Ph.D., Professor of Health Services Management and Program Coordinator, University of Jordan

Dr. Waleed Alkhateeb, Director, Health and Environment, The Higher Council for Science and Technology

William Berg, Management Development Specialist, Development Associates Inc., Arlington, Virginia

Dr. Richard F. Southby, Professor and Chairman, Dept. of Health Services Administration, The George Washington University, Washington, D.C.

E. Ross Sawtelle, Director of Operations - Jordan, International Executive Service Corps

**Exhibit B**

**List of Reference Materials**
(Cumulative)

"Five Year Plan for Economic Development 1986-1990," Ministry of Planning, Hashemite Kingdom of Jordan.

"Jordan University Hospital: An Overview 1986," The Public Relations Department, Jordan University Hospital.

"Statistical Yearbook 1986," Department of Statistics, Hashemite Kingdom of Jordan.

"Alternative Strategies for a National Health Insurance Plan for Jordan," Health Management Group, Ltd., Piedmont, California, for the Ministry of Health, 1982.

"An Economic, Financial and Organizational Pre-feasibility Framework for Developing a Comprehensive National Health Insurance System for the Hashemite Kingdom of Jordan", Ferster, G. and Goodhope, S., Westinghouse Applied Public Systems, for USAID, October 1985.

"The Law of the National Medical Institute , Number 28 of 1987", Hashemite Kingdom of Jordan, October 1987.

"The National Medical Institute", Briefing papers prepared by Dr. N. J. Ajluni, Royal Medical Service, Hashemite Kingdom of Jordan, 1988.

"The Development and Implementation of Medical Records, Accounting and Statistical Reporting Systems: Phase III - Recommendations", Royal Medical Services, Hashemite Kingdom of Jordan, March 1978.

"Health Services Management Program", University of Jordan.

"National Health Planning in Jordan Phase One: Preliminary Survey 16 September to 2 October 1976", Emrey, R., Gallivan, J., and Joseph, S., for USAID, October 1976.

"Management Development Exercises: Problem-Solving Processes Used by the Ministry of Health in Jordan", Bernhart, M. and Quintana, O., for Association of University Programs in Health Administration, Health Management Appraisal Methods Program, September 1981.

"Jordan Case Study", Bernhart, M., for AUPHA Health Management Appraisal Methods Program, September 1981.

"Health Planning Manual," Ministry of Health, Prepared by the Westinghouse Health Systems Team, August 9, 1983.

"Guide for Workers in Primary Health Care," Ministry of Health, 1982.

Preliminary Notes for World Bank Report, World Bank, February, 1989.

"National Medical Institution: Audit Directorate," Burmawi, M., 1988.

National Medical Institute Planning Documents, including: Transitional Task Forces, Planning Office Projects, 1989 Facilities Planning for Hospitals, Planning Department Current Projects and Immediate-Future Work, NMI Proposed Capital Budget for 1989, and NMI Recurrent Budget for 1989, all produced between July and September 1988.

Organizational Charts for NMI Central Administration, Category 1 -4 Hospitals, and National Centre for Psychiatric Health.

Miscellaneous files and papers provided by the USAID Jordan Mission, the National Medical Institute, and the University of Jordan.

# National Medical Institution

## Organizational Task Force Report

## I. Background

The National Medical Institution is in its earliest stages of development, still grappling with such fundamental issues as defining its organization, operating procedures, and management systems. Eventually, NMI will begin to concentrate on its main purpose, the improvement of health care services, but it must first establish a firm organizational foundation. NMI has a complex task requiring capable managers to work in concert toward common goals, with clearly understood responsibilities and lines of authority. A well-defined organization, with clear expectations and rules of performance, helps create the secure environment employees need to perform well. An essential requirement of any organization is structure - how various components relate to each other, levels of authority, and reporting relationships. In an effort to assist NMI in refining its organizational structure, an "Organization Task Force" was created composed of the following individuals:

| | |
|---|---|
| Dr. Nile Ajluni | Lt. Col. Ali Mohammad Akil |
| Dr. Rizk Rashdan | Lt. Col. Abdul mundi Tobashait |
| Dr. Adel Jamil | Lt. Col. Musa Ajluni |
| Dr. Mustafa Burmawi | Ratib Hinnawi, Pharmacist |
| Dr. Wadie Kamel | 1st Lt. Hashem Irshaid |
| Lt. Col. Fareed Massarweh | Robert Taylor, Consultant |

The Organization Task Force, and a smaller sub-committee, met several times over a ten day period from February 6 to 13, 1989, to address the following issues:

- The organization and staffing of individual NMI hospitals;
- The organization of NMI's Central Administration;
- The establishment of regionalization; and
- The "authority hierarchy" or levels of responsibility.

## II. Summary of Conclusions and Recommendations

### A. Organization of Individual Hospitals

For the last several months, a small "NMI Organization Committee" has been working to define the organizational structure and personnel staffing patterns for each individual hospital in the NMI system. To guide its work, the Committee established several criteria.

- Hospitals were divided into four categories, by number of beds;
- An administrative hierarchy was established;
- The number of beds, type and volume of service was itemized for each hospital based on statistical records;
- The hospital's physical layout and geographic location was considered; and
- Standard staffing ratios and organizational principles were adapted and applied.

The Committee was able to design standard organizational structures and staffing patterns for all but the military hospitals in the system. Organization charts for the three largest hospitals in the system were developed separately. The Committee then conducted a series of meetings with hospital directors, incorporating adjustments and modifications where appropriate. The exercise was considered both successful and productive.

**Recommendations:**

1. The organizational structure and staffing complement for the military hospitals should be documented in detail;

2. Actual staffing levels need to be compared, position by position, with the standard personnel complement;

3. Standard staffing patterns should be reviewed periodically to assure they reflect real staffing requirements. It is especially important to review staffing at smaller hospitals and those with low occupancy levels;

4. Job descriptions should be developed for the key management positions in each hospital;

5. The hospital directors in each hospital should match people on the staff with the standard positions.

## B. NMI Central Administration

A tentative organizational structure for NMI's Central Administration has been developed. The organization has the following features:

- The NMI governing body, known originally as the Administrative Committee or Board of Directors, has been renamed the "Board of Trustees" to reflect its responsibility to oversee NMI from a broad perspective and not to be involved in detailed direction or administration.

• The Director General (NMI's Chief Executive Officer) has three direct reports: the Planning Committee, the Director of Quality Assurance, and the Deputy Director. The Director General also conducts an "Administrative Committee" composed of his direct reports and several additional key administrative officers and division chiefs.

• The Deputy Director position is intended to serve as NMI's Chief Operating Officer, with several major divisions reporting: Administration, Professional Services, Supply, and Finance.

**Recommendations:**

Overall, the assignment of departmental activities to the various divisions is functional and practical. However, the following modifications should be considered:

1. The "Planning Committee" should be more formally organized as the "Planning Department," incorporating "Operational Planning" along with its other responsibilities for strategic planning and facilities (or master) planning. In the absence of a full-time director of the Planning Department, an individual should be designated as "Planning Coordinator" or similar title. The Planning Department should be encouraged to work closely with NMI's line officers, coordinating planning activities throughout the organization.

2. Ideally, the finance division should report directly to the Director General, with responsibility for top level financial planning as well as accounting and financial control. The Computer Services (or Management Information Systems) should also report to the Financial Manager. At the present time, however, the financial division reports to the Deputy Director, and should remain there until it develops the strength and capability to function at a higher level.

3. Computer Services (MIS) should be managed separately from the operating divisions in order to maintain separation of control - ideally, it should report to Finance. Since that does not seem acceptable at present, it can report to the Administrative Department.

4. The "Complaints Division" should be divided into two components. Personnel complaints, or grievances, should be channeled through the employee's supervisor to the Personnel Department. Patient complaints should be directed to the "Patient Affairs Department" under the Assistant for Administration.

5. "Transportation" should be redefined as "Vehicle Maintenance" and remain under General Services. The supervision of drivers and transportation should be assigned to the individual hospitals.

6. "Security" is most appropriately assigned to General Services (its current location). Staffing at the central security office should be maintained at a minimum level, providing overall direction and training to the security forces maintained within the individual hospitals.

7. Job descriptions for each of the major positions within the Central Administration should be developed and compared. Any gaps or overlaps in responsibility should be identified and resolved.

8. In any new organization there is a tendency to inflate staffing requirements. In reviewing the job descriptions and suggested organization for each unit with Central Administration, care should be given to avoid positions that can not be justified by current work demands. Positions can be phased-in over future months as the work increases.

9. The possibility of future regionalization should be kept in mind and any positions added now to handle the work load should be reconsidered at that time.

## C. Regionalization

NMI has been seriously considering regionalization in order to reduce the burden of routine work on Central Administration and as a way of being more responsive to local hospitals. While there is a desire to delegate more responsibilities directly to the hospitals, the smaller hospitals have yet to prove their ability to handle these increased responsibilities. Regions have been considered as a possible approach to resolving these problems.

**Recommendations:**

1. At the present time, regions would be difficult and time consuming to establish and could easily lead to an unnecessary build up of bureaucracy and personnel. Regions introduce an additional layer of management and could distance hospitals from Central Administration rather than improve communication as desired.

2. Before regionalization is seriously considered, the Central Administration should take a hard look at how it can delegate more routine duties to lower levels of management within its own ranks. One approach is to divide the work among individuals who each have been assigned a small group of hospitals - similar to regionalization but without the need to create geographically separate offices.

3. An effort should be made by Central Administration to delegate more responsibility to the three major hospitals in the system. From

this experience a model of delegation can be developed for eventual application to the other hospitals or to the regions if they are developed.

4. In lieu of regionalization, a "Regional Management Consultant" or "Roving Administrator" should be designated to serve each of the three geographic areas: North, Central, and South. These individuals would be officed centrally but would visit each hospital on a frequent basis, assisting the hospital director in addressing management problems. They would also liaison with central office staff, expediting decisions or seeking information on behalf of the local hospital.

### D. Authority Hierarchy

In order to determine the staffing required at each level of the organization - especially the central and regional offices - NMI needs to more clearly define the authority that will be exercised by each individual for major functional activities: personnel, purchasing, etc.

**Recommendations:**

1. Each key position in the NMI Central Administration has been requested to list its major duties, functions, and responsibilities. These initial "job descriptions" call for an excess number of support staff and should be re-evaluated. Duties need to be prioritized and staff phased in as they can be justified by the volume of work.

2. Detailed policies and procedures need to be developed, especially in personnel and supply, specifying where decisions are to be made. A concerted effort should be made to avoid centralized decision-making and the bureaucratic build up that will result. Wherever possible, decisions and record keeping should be delegated to the individual hospital.

## III. Additional Organizational Activity

NMI has made considerable progress in establishing its organizational structure. But in addition to the suggestions offered above, NMI should continue its efforts to address the following organizational issues:

### A. NMI's Vision and Objectives:

NMI has been given the responsibility to reform Jordan's governmental hospitals - a difficult challenge with significant implications for Jordan's social and economic development. NMI

needs to clearly define and articulate its vision of the future and its plan for fulfilling that vision. It must also communicate its vision, in a consistent manner, to every level of the organization. It should be NMI's objective to have all 13,000 of its employees marching to the same drummer.

**B. Corporate Values:**

The NMI organization is a melding of three diverse organizations, each with its own values, its own way of doing business. NMI needs to define and articulate its values, reflecting a new NMI "corporate culture". Values that have been expressed so far are: that planning is good, that team management is desired, that accurate data helps make better decisions, that each employee contributes to the success of the system, and that all managers are accountable for their actions.

**C. Communications:**

Even with clearly defined authority, accountability, and responsibility, NMI's success as a working corporate organization will depend heavily on the effective handling of internal communication. Good communication serves to provide information essential to employees performing their jobs well, but also contributes to their sense of "belonging" - important for job security. NMI should stress the use of work groups and multi-disciplinary task forces to address corporate problems. Regular communication meetings are essential.

**D. Corporate Identity:**

Creating and communicating a clear corporate identity is an integral part of establishing any new organization. A clear corporate image helps to "glue" together the many employees who must become part of the new corporate entity. NMI employees must give up their loyalty to their former employer and cleave to the new NMI, they must know what NMI is all about and how they personally fit into the new organization, before they can devote themselves to productive work.

RJT: February 1989

**Exhibit D**

**National Medical Institution**

**Management Training and Development Task Force Report**

## I. Background

During the formative stages of the National Medical Institution it is particularly important to develop and communicate an inspiring vision of the organization to all employees. The Management Training and Development function is one tool for creating a clear statement of purpose and gaining commitment to the goals and objectives of NMI among all levels of the institution. Over time, it will also develop managers who can design strategies that will help NMI achieve its goals of providing quality health care to Jordan's citizens while maintaining a cost effective organization.

The Task Force was charged with addressing the following issues:

- Where Management Training and Development activities should be placed within the NMI organizational structure.

- What types of long-range and short-range programs NMI should undertake to strengthen its management capability.

- To suggest format and curriculum for a seminar series designed to communicate the vision, goals, objectives and strategies of the NMI organization to upper management. To also address who should participate in these seminars in order to create the maximum benefit to NMI during the first year of its existence. This activity will be supported by the USAID Jordan Mission and will begin in summer 1989, continuing for about one year.

Task force participants included:

Dr. Yousef Goussous, Chair
Dr. Rizk Rashdan
Dr. Adel Jamil
Dr. Mustafa Burmawi
Lt. Col. Fareed Massarweh
Rateb Al Hanawi, Pharmacist
Dr. Mohamed Hattab
Dr. Wadie Kamel
Susan B. Taylor, Consultant

## II. Activities of the Technical Training Department

As Management Training and Development will be joining the Technical Training Department, it is necessary to understand what activities are currently addressed by that department. The Technical

Training Department, under the direction of Dr. Yousef Goussous, conducts the following medical activities.

- A Physician Residency Program is conducted using the King Hussein Medical Center, Jordan University Hospital, Al-Bashir Hospital, and Prince Basma Hospital.

- Physician Fellowship Training is offered in surgery and cardiology, expansion is planned.

- Interns receive training in most NMI hospitals. The aim is to have one intern for every ten beds, about 300 for the NMI system.

- Continuous Medical Education has begun to assess the needs for particular areas of study and is developing a system-wide medical education program. The consultants met with Dr. Haddad regarding this program and will secure materials from the USA to assist in establishing curriculum and management guidelines.

In addition to Medical Education, other educational activities include:

- Nursing Education provides a BSC degree at both the University of Jordan and the University of Science and Technology. Diploma degrees are offered by nursing colleges in three MOH hospitals and one RMS hospital (all now under NMI). Vocational training is offered by some nursing schools attached to hospitals and nursing maids are also trained. An MS degree can be obtained in Nursing Services Management, Med/Surg Nursing, and Community Health Nursing.

- Fellowship Training for Dentists is in place and Diploma degrees can be obtained for technical assistants in dentistry at some community and government colleges.

- Allied Health Services offer a BSC degree and a two year diploma.

- Pharmacy offers a BSC degree and a Diploma, plus some training courses in clinical pharmacology.

All of these disciplines will conduct technical training at NMI; coordinators of each program meet together bi-weekly to discuss development of their various programs. The Medical Library also reports to Dr. Goussous, facilitating its use among all disciplines in their teaching efforts.

## III. The Management Training Division

It was decided by the Management Training and Development Task Force that the most appropriate place for Management Training in the

NMI organizational structure is under "Technical Training". Some discussion was given to the possibility of locating Management Training under Personnel, but is was decided that Personnel is already overburdened with establishing personnel policies, an MIS system, and payroll. The advantages to placing Management Training with Technical Training is that it should gain greater attention there, receive an equitable part of the over-all training budget, and facilitate communication with all other training initiatives.

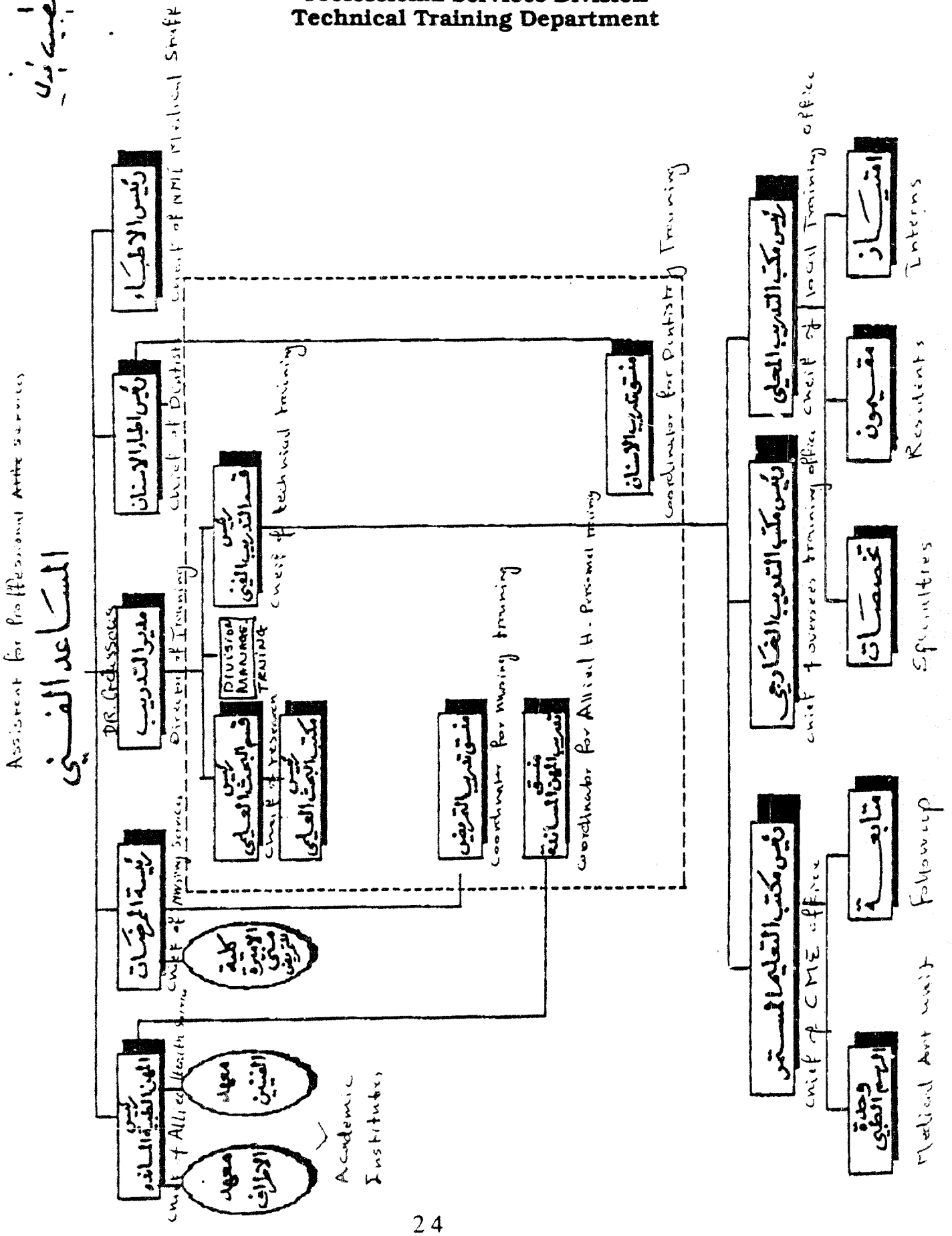
Dr. Mohamed Hattab is the newly appointed Head of Management Training and Development. Dr. Hattab seems to be an excellent choice for this position as he recently completed his Masters of Health Sciences and thus brings both medical and management knowledge to the position. He is conscious of the need to coordinate his activities with those of Dr. Burmawi, who conducts assessments through the Audit Department, and with the Planning Committee, keeping on top of proposed plans which could affect training needs.

It is suggested that Dr. Hattab also coordinate his activities with those of each Training Division, offering a management component to technical training programs whenever appropriate. This coordination should become a natural outgrowth of the bi-weekly Technical Training meeting which includes the Chiefs of Research and Technical Training and the Coordinators of Nursing, Allied Health, Dentistry and Management Training. See the Professional Services organizational chart on page 24 for details.

## IV. Proposed Short-Term Management Training Activities

### A. Strategic Planning Session for Upper Management

In preparation for a series of Management Development Seminars, it is recommended that NMI senior management engage in a 3-day retreat with Robert Taylor as facilitator. The goals of the retreat would be to:

1. Create, focus and articulate the NMI vision;
2. Develop various strategies to achieve NMI goals;
3. Make sure the organization is structured to accomplish the strategies;
4. Determine how NMI leadership will communicate and reinforce the vision and strategies with all NMI employees;
5. Evaluate NMI's progress and make adjustments as needed, and;
6. Pursue goals, making sure each manager's behavior reflects NMI values.

# Organization Chart
## Professional Services Division
## Technical Training Department