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# Recommendations in Support of Emergency Care Nursing Activities at the Palestine Medical Complex Emergency Wing and Rafidia Hospital

**PALESTINIAN HEALTH SECTOR REFORM AND  
DEVELOPMENT PROJECT (THE FLAGSHIP PROJECT)**

**SHORT-TERM TECHNICAL ASSISTANCE REPORT**

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# ACRONYMS

ACLS	Advanced Cardiac Life Support
BLS	Basic Life Support
CE	Continuing Education
CoE	Center of Excellence
ED	Emergency Department
EMS	Emergency Medical Services
ENA	Emergency Nurses Association
ESI	Emergency Severity Index
GHI	Global Health Institute
ICU	Intensive Care Unit
ITLS	International Trauma Life Support
JCI	Joint Commission International
LLUMC	Loma Linda University Medical Center
LLU	Loma Linda University
MoH	Ministry of Health
NM	Nurse Manager
PI	Performance Improvement
PMC	Palestine Medical Complex
PMC ED	Palestine Medical Complex Emergency Hospital
PMS	Palestinian Medical Society
RH	Rafidia Hospital
RGH	Ramallah General Hospital
QA	Quality Assurance
QI	Quality Improvement
QIPC	Quality Improvement Process Committee
STTA	Short-Term Technical Assistance
SZEH	Sheikh Zayed Emergency Hospital
TNCC	Trauma Nurse Core Curriculum
USAID	United States Agency for International Development

## ABSTRACT

This consultancy focused on identifying existing challenges at the Palestine Medical Complex (PMC) Emergency Wing and Rafidia Hospital, specifically the observation of Emergency Department operations. Clinical support was also provided for the Head Nurses at Rafidia Hospital and the triage nurses at the PMC Emergency Wing.

There are clearly many challenges to be faced as the Palestinian Ministry of Health works to reform and develop its health sector. It is important to note, however, that Palestinian medical staff, particularly nurses, are eager to learn and improve their skills and overall services to better serve the health care needs of the Palestinian people.

This report highlights key challenges and suggested methods for addressing challenges and implementing change as necessary. Certain successes were also identified during this consultancy and it is recommended that various health institutions be used as examples for best practices, which will further promote reform and foster cooperation among the various players in the health sector.

## SUMMARY OF RECOMMENDATIONS

Recommendations for the PMC Emergency Hospital and Rafidia Hospital are listed below by location and time frame for implementation (one month, six months, and one year). In addition, STTA positions that will be beneficial to help carry out the recommendations set forth in this document have also been listed. The recommendations for the PMC are realistic for implementation if the issues related to organizational structure are resolved with MoH and serious staff recruitment takes place.

### I. PMC Emergency Wing

#### Within The Next Month:

- Schedule and conduct a refresher course in Emergency Severity Index (ESI) Triage at the Emergency Wing
- Schedule all uncertified Emergency Wing nurses for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses
- Ensure supplies of Ministry of Health (MoH)-approved Emergency Department Records
- Name, train, schedule, and set indicators for a Quality Improvement Process Committee (QIPC)
- Obtain, refine, print, and distribute job aides developed by the *Train the Trainer* group started on January 26, 2010, and implement any other team identified process
- Identify and hire a qualified Emergency Department Nurse Manager
- Identify and hire a qualified Emergency Department Educator
- Identify indicators for use in assessment of triage process quality
- Complete plans to install bulletin board in triage area for Nurse Manager (NM)-Staff communications
- Begin data collection of Emergency Wing census, acuity, and dispositions
- Create a facilities support team to address on-going facility challenges such as linen supply, cleaning schedules, and emergent situations (i.e. flooding of the building during recent rains)
- Add signage for hand washing and processes to improve hand washing
- Add signage in triage areas for patient information and direction
- Implement patient and visitor control to the ED

#### Within The Next Six Months:

- Develop and apply Job Descriptions for all levels of nursing staff
- Develop and administer continuing education (CE) and training to bring all nurses to desired levels of practice

- Through the QIPC implement processes that will lead to Joint Commission International (JCI) accreditation
- Complete ACLS and BLS training for all nursing staff
- Schedule and conduct International Trauma Life Support (ITLS) training
- Schedule and conduct Trauma Nurse Core Curriculum (TNCC) training
- Define and collect Emergency Wing data for reporting to MoH to assist with short and long term planning for health care administration
- Identify and hire support staff (i.e. ward clerks, transport assistants, etc.) for the Emergency Wing
- Develop policies and procedures to guide nursing staff in professionalism, patient care, and educational standards
- Implement Emergency Nurses Association (ENA) training modules for all ED nurses

#### **Within The Next Year:**

- Evaluate progress of Quality Improvement (QI) results for triage process
- NM to participate in any regional or MoH sponsored education and training
- Department Educator to participate in any regional or MoH sponsored education and training

## **2. Rafidia Hospital**

#### **Within The Next Month:**

- Provide the Nurse Manager (NM) with at least one portable computer
- Set a schedule for the year for the NM and the Head Nurse group to meet at least monthly as a process improvement team, with a goal of meeting JCI nursing standards
- Create specific hospital unit/specialty job descriptions for head nurse, staff nurse, and practical nurses
- NM to collaborate with other NMs within the MoH hospitals to share information and identify best practices
- Schedule and conduct a course in Emergency Severity Index (ESI) triage for nurses
- Provide Flagship consultant support in the ED to improve infection prevention and control
- Schedule all uncertified nurses for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses
- Implement and supply the ED with the approved MoH Emergency Department Record
- Identify and hire qualified ED nurse manager

- Begin daily tracking and reporting of ED census
- Begin process of implementing Quality Improvement Process Committee

**Within The Next Six Months:**

- Initiate analysis of ED data for acuity and staffing patterns/ratios
- NM/Head nurse group to collaborate with MoH nursing administration with best practices for adoption at all MoH hospitals
- Develop policies and procedures for the Emergency Wing
- Develop and implement orientation checklists
- Identify and hire qualified nurse educator

**Within the next year:**

- Identify and implement JCI standards

**3. STTA Recommendations**

The following STTA positions are suggested to help implement and accomplish the recommendations outlined in this document.

- Infection prevention/infection control specialist to evaluate Rafidia Hospital for needed changes and draft policies for routing cleaning, appropriate use, and labeling of solution and cleaning agents, and environmental issues
- Charge nurse or ED supervisor-skilled nurse to coach and mentor head nurses and the shift supervisors in staff supervisory skills, department management, and supervisory documentation at all MoH sites
- Quality assurance (QA) nurse to assist in identification of needed data, collection strategies, and application of data to drive process improvement at all sites
- Human resource manager for aid in assessing, refining, and implementing job descriptions, hiring practices, and recruitment of staff

## SECTION I: INTRODUCTION

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

In support of Component 2, clinical nursing practices at the Emergency and Trauma Wing of the Palestine Medical Complex (PMC) are expected to develop to high standards. The Emergency Wing is a part of the plan to provide a “*Center for Excellence*” able to function as a tertiary care center, accepting regional referrals, and supporting a yet to be developed Emergency Medicine Residency Program. Together with Ramallah General, Bahraini Pediatric, Kuwaiti Surgical, and the Blood Bank Hospitals, the Emergency Wing is an integral piece of the PMC.

A key success factor in the development of a “*Center for Excellence*” at the PMC, as well as other MoH facilities, is an emphasis on two critical factors:

- Effective Employee Communication and Involvement
- Staff Training and Development

Achieving these two objectives within a hospital setting is important if reform is going to be introduced and implemented. Earlier Loma Linda University (LLU) Short-term Technical Assistance (STTA) reports suggested that the implementation of employee forums led by MoH and Project staff to effectively communicate project goals and objectives.

It is clear that there is positive momentum for change amongst many of the nursing staff at the PMC Emergency Wing and Rafidia Hospital. There is a genuine desire to learn and grow professionally. However, there seems to be insufficient vision for reform by the MoH and sometimes local turf battles when change is proposed to mid-level physician managers at MoH facilities.

The mentoring and teaching model that the consultant helped to implement at both the PMC Emergency Wing and Rafidia Hospital with the nursing staff was well received. A collaborative spirit was developed that encouraged working together to foster change and build skills. However, more of a mentoring approach (i.e. working alongside current staff) is needed. While strategy and vision are required to help lead institutions to greatness, it is equally important to develop a mechanism whereby lofty goals and objectives can be implemented to bring change to the lives of the Palestinians we serve.

The development and refinement of a mentor model at both the PMC Emergency Wing and Rafidia Hospital could easily be exported to other MoH facilities. For example, at Rafidia Hospital, once the staff achieves a certain level of competency, they themselves could be then sent to other MoH facilities to help train others. This would not only foster excellent employee interaction, but would also provide the MoH with a number of nurse trainers that could help less developed MoH facilities.

A case study for reform was implemented in November 2009 when the emergency staff at Ramallah General Hospital (RGH) was merged with the staff at Sheikh Zayed Emergency Hospital (SZEH). The newly constituted staff implemented an improved method for processing patients by establishing a nurse-based triage system. The main objective of this method of patient evaluation—which is one of the best practices in emergency medicine today—is to promptly identify those patients that are critically ill and channel them quickly into Emergency Wing services. Those patients that are not critically ill can be sent to the step-down urgent care side of the Emergency Wing for treatment. Proper implementation of a triage system helps to streamline patient flow and improve access for patients who come to an emergency facility for help.

This consultancy evaluated the effectiveness, progress, and implementation of a triage system at the Emergency Wing. In addition, consideration was given to evaluating the management of the Emergency Wing in terms of patient flow, support for continuing education and best or quality practices in emergency care. Time was also spent serving as a mentor and coach while demonstrating and training with best practices mid-level leaders at the Emergency Wing especially Nurse Managers—who responded positively to many of the reforms presented.

A second emphasis of this consultancy involved similar activities at Rafidia Hospital in Nablus where a mentor model was utilized to introduce best practices in emergency care while working closely with nursing leadership and nurse managers at the hospital. Given the positive response received by the nursing staff at MoH facilities the mentor model program should be expanded through additional STTA nursing involvement in the future.

This consultancy and report contribute to the Flagship Project as follows:

#### Component 1, Objective 1.1: Improve Good Governance and Management Practices in the Palestinian Health Sector

Task 1.1.1: Strengthen the capacity of the Ministry of Health to implement reforms needed for improved quality, sustainability, and equity in the Palestinian Health Sector

Deliverable 1.1.1.5 Put systems in place and provide technical assistance to operationalize the Palestine medical Complex (PMC) in the area of administration and management of health facilities and services

#### Component 2, Objective 2.1: Improve the Quality of Essential Clinical Services for Palestinians

Task 2.1.2: Strengthen Quality Improvement Systems within Palestinian Health Institutions to Deliver Better Secondary Health Care Services:

Deliverable 2.1.2.8 Put systems in place and provide technical assistance to operationalize the Palestine Medical Complex in the area of quality healthcare service delivery

Task 2.1.3: Strengthen the Capacity of Palestinian Health Institutions to Provide Quality Emergency Care Services

Deliverable 2.1.3.1. Situation analysis and needs assessment regarding MoH emergency departments and emergency preparedness

Deliverable 2.1.3.2. Five-year institutional development work plan for improved quality of emergency department services in the Palestinian Ministry of Health hospital system

Deliverable 2.1.3.6. Other deliverables as specified in the MoH institutional development work plan for emergency services

This consultancy also is related to the MoH IDP module number 1: Develop a Center for Excellence at the Palestine Medical Complex (PMC).

## SECTION II: ACTIVITIES CONDUCTED

This consultancy encompassed several areas, including working with staff at the Palestine Medical Complex (PMC) Emergency Wing, the Flagship Project office, and Rafidia Hospital; in addition to being part of a team that conducted assessments at Ministry of Health (MoH) facilities throughout the West Bank.

### PMC Emergency Wing:

- Observed clinical practices during A and B shifts
- Toured all five facilities at the PMC
- Conducted clinical work during the A shift, working in the triage area and the main ED
- Met with the Emergency Wing Nurse Manager to evaluate, mentor, and plan for change
- Met with a locally contracted educator to evaluate current triage practice, job descriptions, and orientation process
- Conducted a *Train the Trainer* session with identified Emergency Wing leaders
- Attended a PMC Emergency Wing Activation Team meeting

### Ministry of Health Hospitals:

- Field visits to Al Watani Hospital, Qalqilia Hospital, Rafidia Hospital, and Alia Hospital
- Additional support to Rafidia Hospital, including:
  - Observed clinical practices during Shift A
  - Provided ED clinical work during Shift A
  - Conducted coaching/training sessions with group of head nurses.

### Other:

- Met with Dr. Naim Sabra, Director General of Hospitals Directorate
- Attended meetings at Rafidia Hospital with Dr. Khaled Saleh, Director of Rafidia Hospital, and staff
- Networked with local and regional nurse leaders
- Met with MoH Head Nurse, Najat Dweikat and Continuing Education director, Abdulah Bani Odeh at Rafidia Hospital on February 18, 2010, and discussed MoH nursing goals and objectives, requested direction and permission to proceed with the identification of best practices and the implementation of CE, job descriptions, and nurse orientation policy
- Attended a Juzoor BLS training session

## SECTION III: FINDINGS AND RECOMMENDATIONS FOR NEXT STEPS

### A. Findings

Visits were made to the PMC Emergency Wing and to Rafidia Hospital, to observe, tour, interview and talk with staff, assess and make recommendations, and provide consultation as well as mentoring and coaching.

#### I. PMC Emergency Wing

The observations and findings from the visits to the Emergency Wing in the areas of management, triage process, nursing, and environment are as follows:

##### Management

- Management of the Emergency Wing nurses has been assigned to one person, Saleh Hajeer. He is responsible for all of the day-to-day supervision, scheduling, and operations for nurses. He believes that he does not have the authority to send out memos about various issues, such as documentation expectations, to the nurses without the consent of the ED Director. It is expected that he will soon receive seven new nurses; however there are no policies or tools in place for their orientation. Discussions with staff nurses at the Emergency Wing resulted in requests for job descriptions, clear information about lines of authority and for improved communication from managers. Saleh is interested in developing job descriptions and standards for care at the Emergency Wing. He is very open to learning more about process improvement, professional development, and managerial strategies. Saleh would greatly benefit and flourish with continued mentoring and coaching.
- A majority of the Emergency Wing nurses have advanced degrees; however there is currently no education or training plan in place to improve skills for the nurses with lesser training. Nurses are not able to take any personal leave due to short staffing. The nursing staff routinely work 2-3 nurses short.
- Upon reviewing the process of medical records, it was found that a new medical record number is issued with each admission to the Emergency Wing. No patient data is kept. Daily census is not examined or totaled, percentage of pediatric patients is not tracked, and no information on acuity or disposition of patients is compiled. Frequently, patients arrive to the Emergency Wing and are turned away, or sent to primary care. No chart is made for such patients. The patients are turned away due to inability to pay, or due to the triage staff's perception they are not ill enough to enter the ED system. There are no guidelines to follow for this decision and no physician is consulted before the patient is sent away. No information is given to the patient to assist them in entering into the primary care system.
- There were very positive responses to the *Train the Trainer* session that was conducted on January 26, 2010. The NM Saleh, staff nurse Jahwahel, and two physicians, Drs. Khalid and Samir, participated. The session guided the participants in identifying needed improvements for the current triage processes, devising strategies and implementation methods. The information presented regarding plans to create triage quality indicators and job aids were embraced and produced. A follow-up meeting was scheduled on February 25, 2010 to review the progress and plan the implementation of products. A discussion with Jawahel

during the week following the initial meeting revealed that she had produced two triage job aids, and a tentative set of triage guidelines.

- Additional coaching sessions were conducted with the NM and a local consultant, Jamal Wahmak, RN, who was brought in from Al Makassed Hospital to implement triage training. Plans to develop an orientation process with checklists and job descriptions were made. Additional topics that were discussed included planning for a communications board, to be located in the triage area, as a start for regular NM/staff communication.
- Jamal, who works at Al Makassed Hospital in Jerusalem as a Nurse Educator, was also working on discharge instructions for several common diagnoses, and planned to train the staff to use the instructions. A problem regarding patient follow-up was identified as some physicians do not provide care records to patients at the time of discharge. To better understand this aspect, physicians could be surveyed for their practices regarding continuation of care and then implement training to standardize this aspect of patient care.
- The current infrastructure/environment of care is currently inadequate to support functions at a Center of Excellence level. Inadequate hygienic practices, insufficient staff training, and lack of a completed facility are some of the barriers to achieving Center of Excellence status. Flooding during the rains resulted in the collapse of ceilings in the operating room. No visible containment or repair activity was noted during this crisis. The MoH has not supported nursing with job descriptions or adequate staffing support. The nursing staff is at approximately 50 percent of its intended level. Safety and security of the facility are also inadequate, with uncontrolled access to treatment areas, no identification of patients, and non-functioning equipment.

## **Triage Process**

- Nursing has implemented a triage process according to the training provided by Jamal Wahmak. Triage nurses were able to demonstrate the use of the triage process and theory. The triage process is well understood by the majority of the nursing staff. They continue to utilize the process in the face of opposition from some physicians and without tools such as chart supplies. They each received one training session that was not followed up with any clinical time or supervised feedback.
- Inconsistencies, such as the skill level of the triage nurse and depth of assessment in the triage process, occur from shift to shift and there is no quality evaluation being done on nursing decisions. This has led to dissatisfaction between both nurses and physicians. There is no apparent cooperation/crossover between triage and ED nurses. There are two charts designed for nurses to use in the Emergency Wing triage, both have triage levels and pain scales. One is preferred by the staff. However, neither is supplied on a regular basis. The preferred chart is basic with areas for all services to chart. The second chart was developed by an outside contractor and is specific to triage only. It is probably too extensive at this point to be used without additional training for the nurses.
- During discussions with the NM, Jamal stated that forms had not been supplied for some time. There is no apparent method of requisition for needed equipment or supplies. When asked what he had done about the lack of triage charts, the NM stated he had sent a note to someone and had not heard back. While attending a PMC Emergency Wing activation

meeting, this issue was brought up and the next day there were Xeroxed copies of the form. Two days later the forms were used up and no additional forms were supplied.

- The triage areas are spacious, but patient waiting areas are restricted and insufficient for more than approximately 12 people. Patients are assessed at the time of arrival. However, no condition updates, vital signs, or discharge teaching was observed. There is no signage to direct, instruct, or assist patients or nursing staff in the check-in, triage, or ED care process.
- The triage process at the Emergency Wing, while imperfect, is still a best practice for the region. No other hospital has an active triage process in place. The process is supported by a physical patient flow from door to assessment to treatment/diagnostic areas. A pediatric area is adjacent to the triage area. The registration area is also correctly located for ease of collection of patient information. This triage process can be a model for all MoH hospitals to follow. Once all nurses at the Emergency Wing are trained to equal skill in triage and documentation issues are corrected, then appropriate data for quality assurance can be collected. With this feedback in place, the MoH can use the Emergency Wing as the demonstration site for triage processes and a training site for bringing standardization to the region.
- During patient transport from the Emergency Wing to RGH, patient care was transferred over to the ambulance personnel. Nurses do not always ride with the ambulance. In fact, two nurses told me that they are not allowed to ride in the back to care for the patient. One patient was observed to be taken off oxygen and transported without it. The patient was later found in respiratory distress while waiting for the CT scanner to be readied and required head positioning, as well as, oxygen. When nurses are sent on transports, the rest of the staff in the ED are short. This sometimes leaves the ED with only two nurses for the entire ED. It was observed that triage staff do not seem to flex in order to assist with the ED work when triage is less busy.

## **Nursing**

- The staff nurses have excellent potential and are eager to learn. Most staff demonstrated adequate working skills. Many verbalized a desire for improvement at the Emergency Wing. They are aware that the Emergency Wing is a critically important service to Palestinian people and that its position is in direct support of the success of the MoH. However, it was noted that there is some disparity in training levels of the nurses. About one-third of the nurses have basic nurse training, while the majority have at least diplomate training. The nurses have no means at this time for improving their skills through on-the-job training. They have repeatedly asked for updates regarding their training and for assistance in becoming more proficient in all aspects of care giving. One shift supervisor holds a degree in Hospital Management, yet is so busy holding the ED's work together, he is unable to adequately supervise the triage nurses and he is extremely frustrated by this reality. The more educated nurses were observed taking time to give feedback and education to the other nurses needing it. At least two of the nurses have advanced ED skills, with ACLS and ITLS certifications. These nurses should be given precepting classes and used to implement orientation for new nurses, and training for the less skilled nurses.
- All nurses asked for policy and procedure guidance and job aids for the equipment. Most nurses felt the need for a job description, however none have been given one. They find

this confusing and not conducive to knowing what they are responsible for on a day to day basis or who they must answer to in matters of supervision. Skill improvements needed are advanced assessment skills, such as bedside monitoring, auscultation skills, ongoing patient assessment, and documentation standard skills. Patient safety measures also need to be taught.

- All staff demonstrated a high degree of cooperation and interest in any discussions, training or assessments during the consultancy. They verbalized a desire and hope for improvement in all aspects of their work and environment. Most nurses verbalized concerns over pay, staffing, and development activities.
- The staff nurse included in the *Train the Trainer* session produced several ideas and drafts for job aids for triage process. Due to change in focus from the PMC Emergency Wing during the consultancy, I was not able to follow up with the nurses regarding their ideas and job aid drafts for the triage process.

## Environment

- For several days, there were heavy rains and flooding which affected the Emergency Wing. Because the upper level of the building is not complete and is open to the elements, rain entered the building, soaking the concrete and flooding the building. The ceiling in the operating suite collapsed; fortunately no patients were injured in that incident. There was standing water in the lobby and waiting areas. The weather and rain has a severe impact on operations and the provision of safe patient care.
- No controls are in place to limit the amount of people in the ED. There were frequent occurrences of loud confrontations between patients, onlookers, family members, and the ED staff. There is no security support to prevent or limit such confrontations. Trained security guards, controlled accesses, and doors in good repair are some immediate remedies for this problem. Signage would help to guide, educate, and support patient and people flow.
- Patients are left on their own to navigate their care in the ED. For example, they are sent on their own or taken by family to obtain diagnostic tests. Once the tests are completed, they must find the physician and let them know that they have returned with the tests. Many times this contact is conducted when the patient or family member is frustrated with the process, and a confrontation ensues. Non-nursing staff should be hired, such as a ward clerk, and technicians. These staff can be used to assist the patients in the diagnostic portion of the visit, transport the patient to and from testing, and interface with the medical staff in a timely and non-confrontational manner.
- The shift supervisors manage patient flow, admissions, discharges, and answer the phones. They also manage the frequent disruptions due to confrontations in the ED. It was observed that one shift supervisor had to deal with multiple non-patient care issues which disrupted patient flow. Efficiency could be greatly improved with clerical support to handle telephone calls, paperwork, answer questions, and interface with the patients and patient families. This would free shift supervisors to deal with clinical issues.
- Additional environmental needs for nursing are:

- Adequate supplies of linens. Linen is reused until heavily soiled. There is one small cupboard for the daily linen supply. Staff indicated to me that they see more than 300 patients per day, however there were less than 100 sheets kept in the cupboard.
- Adequate documentation materials, and a hygienic environment
- Other safety and support systems (i.e. ongoing equipment maintenance, patient identification systems, medical record keeping and retrieval, and safe patient care equipment, rails on gurneys and wheelchairs in sufficient number in good repair)
- Functioning equipment. Equipment is present, but found to be frequently in disrepair. Defibrillators were found unplugged and with marginal battery recharge. I found no functioning cables on a bedside monitor and a pulse oximetry cable missing. It was observed that 12 lead EKG machines were out of paper for printing results.
- Hand washing education and implementation. Few staff wash their hands and it was observed that gloves were not used during procedures. There is only one hand washing station in the ED, however the soap solutions are in improvised dispensers that are unlabeled and paper towels ran out daily. Toilet facilities would benefit with cleaning and supplies of soap and paper towels.

## 2. Rafidia Hospital

Intact and functioning hospital systems exist at Rafidia Hospital. Dr. Khaled Saleh, Director of Rafidia Hospital stated, “The launching of success will start here.” Dr. Khaled heads a full team of hospital executives. He is in collaboration with Al Watani Hospital in Nablus. The two hospitals are currently in process of moving all the neonatal care from Al Watani to Rafidia Hospital. There is a team in charge of the transition. Dr. Khaled has a stated strategy of hiring young, well trained, visionary subordinates who he believes will bring about reform at Rafidia. The NM has the vision and organizational skills to create a forum for the sharing of current best practices, problem solving, and management coaching.

Below are the findings regarding Rafidia Hospital in the areas of management, nursing, emergency services, and environment.

### Management

- RH has in place an active progress-oriented leader and staffed leadership positions. The NM is vibrant and ready to lead her staff of fourteen head nurses. She recognizes the need for managerial coaching so that she can lead more effectively. She has two primary concerns: 1) the impending increase in service, census, and staff when the pediatric floor is transferred from Al Watani Hospital, and 2) that she has no computer available to her so that she can more easily manage her staff and assist in their education.
- There are several best practices in place at RH, which can serve as templates for the rest of the MoH hospitals. Unit orientations, though they are not currently documented, should be emulated, as well as, the Midwife policy and procedures. These behaviors contribute to increasing nursing skill, accountability for knowledge, and patient safety. Additionally, at least one of the head nurses has submitted a plan for staff improvement to the MoH. This group should serve as a development center for the MoH and be used by the MoH to drive change. The MoH offices are in Rafidia, making collaboration convenient. The nurse leaders at Rafidia are eager to make changes. They also possess the skills and drive to create,

implement, evaluate, and teach others in what they learn should the MoH choose to take such an action.

- Another best practice is in use in the intensive care unit (ICU). The head nurse puts together case studies and presents them to the staff to promote learning and improvement in care. A brief discussion was held to coach a formalization of this process. Development of a template for presenting with learning objectives and documentation of staff participation are the next steps needed.
- During discussions about equipment needs, no items were identified beyond the need for computerization to maintain records, follow patient care, and assist in data collection.

## **Nursing**

- The nurses were highly receptive to interaction. The nurses interviewed place a high priority on having the MoH implement job descriptions. Nurses need a support system in place to obtain direction and develop best practices and other nursing management activities (i.e. staffing ratios, staff evaluations, staff development, data collection for QI, etc.). The staff are knowledgeable and work well with the physician group.
- During a meeting with the head nurses, the MoH head nurse, and the CE director, it was discussed that the Project staff will coordinate with the MoH regarding the potential for using the Rafidia head nurse/nurse manager group as a development group. This development group would evaluate and implement policies, procedures, and job descriptions that would then be used at other MoH sites.
- A training session was held with the head nurses. Orientation processes were presented and discussed. Most units have an informal orientation process, it is not documented, and there is no formal process given to the nurses who do the orientation. Discussion about how to use the process to drive improvement in nursing skills, track performance and identify areas for education was well received by the group. Sample orientation checklists were distributed to assist development of unit specific forms.
- Improvements are needed in documentation and patient assessment. Nurses take only one set of vital signs at the initial presentation of the patient and make no ongoing notations about patient care. They have no ongoing nursing note documents. Adli, the head nurse, identified documentation as one of the greatest improvements needed. Some data is collected with the help of ED volunteers from the local university. It is difficult to do, as the patient log is kept by volunteers when they are present and when they are not available, nursing staff keep the log. The patient charge is numbered to correspond to the patient log. The log serves as the tracking board and reflects the patient number, age, name, chief complaint/diagnosis, and admission status. No other patient identifiers are used during care. The potential exists to have volunteer collect daily census data, with proper training and a standardized format to collect information. Also, not all arriving patients receive a chart before being sent to a clinic.

## **Emergency Services**

- The ED at Rafidia Hospital has nine beds and an average daily census of approximately 150-160 patients a day. All documentation is done with a paper system, however currently no daily data is reported or requested by hospital management. Over the course of a three-day evaluation period at this hospital, it was discovered that approximately 45 percent of the patients are pediatric. There is currently no tracking of acuity done. ED record keeping is useful, but is currently not used to drive quality or to track patient acuity to assist in quality assurance, staffing patterns, or specialty medical service needs.
- The standard MoH Triage paperwork has not been supplied for some time, the nurses chart vital signs on the physicians note. It was unclear why this practice is used, and since triage is not used at Rafidia Hospital the NM has not pursued obtaining the forms. According to the head nurse, other supplies arrive in a timely manner and sufficient amount.
- Secretarial support is provided by volunteers from a local university, but is only during the A shift. Because the ED lacks consistent clerical support, the head nurse's time is taken up with logging patients in and out, answering phones, and processing paperwork.
- No triage process is in place. A previous area for the triage process has been repurposed and the space that was set aside for triage is currently used as an orthopedic procedure and storage room. Patient flow was evaluated and found that patients most often arrive via personal auto, walk directly into the ED, and are placed in a bed or sent to check-in and pay. Vital signs are done by a nurse and charged inconsistently. It was noted that vital signs are not repeated after interventions or at discharge. No pain assessments are document.
- Preliminary findings indicate that there is some communication with the Emergency Medical Services (EMS) system; notification of transfers and severely injured patient arrivals occurs most of the time. No written transfer policies or guidelines exist for transfers in or out of the RH ED. Written policy and procedures to determine the needs of the patient during transfer and the level of service needed will provide safety and prevent unnecessary or inappropriate patient placement.

## **Environment**

- There are dedicated janitorial services in the ED. The janitors clean floors and beds routinely and upon request. The unit areas are clean, with very little odors. The intensive care unit nurses stop visitors and require clean covers to prevent infections to burn patients. Toilets appeared clean and in good repair.
- In the ED there is only one hand washing station – a reused cake of soap was used for hand washing. Hand washing was not consistent. The single hand washing station is behind the desk, and difficult to reach during crowded times. The one staff toilet lacked toilet paper and there is no holder for the roll. Bed linens are reused until heavily soiled. Cleaning solutions are at each bedside, however labels need to be made for each container regarding the content, mixing date, and expiration date.
- No controls are in place to limit the amount of people in the ED. There are frequent occurrences of loud confrontations between patients, onlookers, family members, and the ED staff. There is no security support to prevent or limit such confrontations. The ED desk is frequently over crowded with patients and onlookers.

- It was noted that patients or patient families are left to their own devices to move to and from diagnostics as ordered by the physician. Patients frequently have to walk while in pain. The number of wheelchairs available for patients should be increased and readily available.

### **3. Al Watani Hospital**

A brief assessment was conducted at Al Watani Hospital along with Paul Rader, Dr. Daoud, Dr. Prystowski, and Sarah Simmons. The following staff were interviewed: Dr. Louai; Mona, Head Nurse; Dr. Ishmael (Interventional Cardiologist); and Thad, engineering department head. They provided candid information. Some of the concerns voiced were a lack of reliable radiology services. Radiology is understaffed, has old equipment, and has untrustworthy readings of results.

Anecdotally, they report a 45 percent increase in coronary artery disease and acute myocardial infarction rates since the last intifada, per Dr. Ishmael. Currently 10 patients per month require interventional procedures for heart attack. These patients usually require transport to other facilities for care and there is no dedicated transport system for such patients.

Outlying hospitals that refer patients to Al Watani have no treatment or transport plans resulting in inappropriate transfers. Concerns were voiced that hospital expansion and improvements do not meet and will continue to lag behind population needs.

The facility is old and needs many repairs. Its location prevents further building on the site. Currently, plans are underway to relocate the pediatric services to Rafidia Hospital.

### **4. Qalqilia Hospital**

Qalqilia Hospital is a new facility in excellent repair and upkeep that is currently under-utilized. It operates at 50 percent occupancy. Administration is actively engaged and it should be noted that the administrator is the first and only non-physician to lead a MoH hospital. Staff in all areas that we visited are knowledgeable and interactive. It was noted that the equipment is in pristine working order. Staff relayed requests to us for a CT scanner, a second cell counter, a second chem. analyzer and one dialysis chair. It is anticipated that a MoH-wide health information system will be implemented to increase the ability to track data and improve patient record keeping.

The ED is large, but there is no standardized triage system. Approximately 100 patients are seen in the ED each day. Staffing supplied by the MoH is reported to be 50 percent of what is needed, according to the hospital management.

During the assessment, the staff demonstrated currently functioning processes that exceed other MoH hospitals' practice and meet excellence standards. Based on observations, it is advised that this hospital be utilized as a MoH best practice site for the following areas:

- Administration activities
- Hospital upkeep and maintenance practices

### **5. Al Alia Hospital**

Al Alia Hospital is a fully functioning hospital with a residency program, quality improvement, CE/CME, and disaster/surge planning activities in place. The hospital is functioning above capacity

and sees 700 births and 9,000 ED visits each month. The hospital was observed to be clean with some repairs needed. An engaged and active administration responds and plans for needs, limitations, and improvements.

During a site visit to this location, a critical pediatric patient was brought in. The full team approach to patient care was notable, including successful resuscitation and timely patient flow for admission.

Additional best practices were found at Al Alia Hospital. A fully formed CE program, with documentation of courses, attendees, and objectives is administered there. In addition, patient flow plans and disaster surge drills are in place. The MoH has the opportunity to replicate this model by using the expertise of the staff to lead the rest of the facilities in implementation of similar programs.

During the assessment, the staff demonstrated currently functioning processes that exceed other hospitals' practice and meet excellence standards. Based on observations, it is advised that this hospital be utilized as a MoH best practice site for the following areas:

- CE/CME activities
- Patient flow plan
- Disaster/surge planning and drill

## **B. Recommendations for Next Steps**

For each of the MoH hospitals assessed, recommendations for next steps are listed below. Recommendations for nursing and ED nursing for the Ministry of Health are also included.

### **I. PMC Emergency Wing**

<b>Area</b>	<b>Recommendation</b>
<b>ED Management</b>	<ul style="list-style-type: none"> <li>• Appoint leadership level management responsible for establishing an acceptable environment of care</li> <li>• Conduct training for ED managers in quality assurance and data collection</li> <li>• Conduct training for ED managers in management skills</li> <li>• Develop staff orientation and education processes</li> <li>• Implement staff communication processes (i.e. bulletin board, communication log, etc.)</li> <li>• Obtain or develop job descriptions, implement with staff</li> <li>• Explore pay differentials for higher credentialed/performing nurses</li> </ul>

Area	Recommendation
<b>ED Management - continued</b>	<ul style="list-style-type: none"> <li>• Explore incentives for higher credentialed/performing nurses</li> <li>• Evaluate template job descriptions for nursing manager, staff nurse, nurse educator, charge nurse (shift supervisor)</li> </ul>
<b>ED Nursing</b>	<ul style="list-style-type: none"> <li>• Create a mechanism for nurses to provide process improvement topics to the nurse manager/leadership</li> <li>• Explore utilizing triage nurses to staff transport or to provide coverage in the ED</li> <li>• Empower staff nurses with specific knowledge to create on-the-job-training materials, such as handouts, drug facts, case studies, which will be presented at staff meetings and placed in education notes easily accessible in the ED</li> <li>• Place a bulletin board in the ED for posting ongoing training, informational case studies, changes, and improvement topics for nurses</li> <li>• Implement a communication book to communicate with nurses and to relay pertinent communication over shifts and between management and staff</li> </ul>
<b>ED Education</b>	<ul style="list-style-type: none"> <li>• Identify training for Saleh to increase managerial/leadership knowledge and skills</li> <li>• Conduct training session with Saleh and other staff to present PI and select PI indicators</li> <li>• Provide in-service education on the use/maintenance of suction equipment Provide training to the shift coordinator/supervisor to assess and intervene for low performing staff</li> <li>• Conduct training for all nurses to attain triage competence and ED competency to improve the pool of staff available in high census/activity times</li> <li>• Conduct pain assessment training</li> <li>• Provide training to the ED nurses using the Emergency Nurses Association Curricula ( Module set at Al Alia hospital)</li> <li>• Conduct an ESI triage refresher course</li> <li>• Provide BLS and ACLS training and certification</li> <li>• Provide ITLS and/or TNCC training and certification</li> <li>• Provide support and the opportunity to complete the development, training, and implementation of discharge instructions for patients. It may be possible to purchase a system that this information already formulated.</li> <li>• Implement ED Ultrasound training</li> </ul>

Area	Recommendation
<b>ED Environment</b>	<ul style="list-style-type: none"> <li>• Implement infection prevention controls</li> <li>• Provide adequate supply and distribution of equipment, linens, and triage documents</li> <li>• Control access to the ED area controls, such as security guards, and access control doors</li> <li>• Place signage for direction and education for the benefit to patients, visitors, and staff. Clear signage will give information and encourage compliance.</li> <li>• Complete construction on the facility and repair leaks</li> <li>• Provide cigarette ash/trash bins in visitor areas</li> <li>• Develop routine cleaning schedule and minimum acceptable supply levels</li> <li>• Institute a system for reporting and effecting equipment repairs</li> <li>• Standardize the equipment for cost savings in consumables and repair</li> <li>• Institute a scheduled routing of equipment testing and maintenance</li> <li>• Provide basic equipment and space for meetings and education – including space, white board, etc.</li> </ul>

## 2. Rafidia Hospital

Area	Recommendation
<b>Hospital and ED Management</b>	<ul style="list-style-type: none"> <li>• Provide computerization for all nursing managers</li> <li>• Provide JCI Standards to all nursing managers</li> <li>• Develop interfacility collaboration in best practices</li> <li>• Collaborate with MoH nursing managers</li> <li>• Begin data collection in the ED</li> <li>• Develop orientation checklists</li> <li>• Strengthen and/or establish ties to nurse training institutions</li> <li>• Standardize the process for transferring patients</li> <li>• Create alliance with EMS systems by offering education. Evaluate transfer rates to inappropriate EMS destination decisions and institute education and policies to reduce incidences</li> <li>• Establish transport staff and train them in safe transport procedures</li> <li>• Implement a patient tracking system, using a white board</li> </ul>

Area	Recommendation
	<ul style="list-style-type: none"> <li>• Implement patient arm bands to identify and track patients</li> </ul>
<b>ED Nursing Education</b>	<ul style="list-style-type: none"> <li>• Provide ESI triage course</li> <li>• Provide BLS and ACLS certification</li> <li>• Provide ITLS and/or TNCC certification</li> <li>• Provide Emergency Nurses Association Education modules ( Module set at Al Alia hospital)</li> <li>• Conduct an assessment training</li> <li>• Include managerial training in the Master Plan</li> <li>• Post aids in all patient rooms describing the pain assessment</li> <li>• Train patients to expect assessment and interventions for pain</li> <li>• Post aids in all hand washing areas as reminders of proper hand washing and hygiene</li> </ul>
<b>ED Environment</b>	<ul style="list-style-type: none"> <li>• Implement infection prevention controls</li> <li>• Adequate triage documents</li> <li>• Reconfigure patient flow and access for triage process</li> <li>• Control access to the ED area controls, such as security guards and access control doors</li> <li>• Post signage for direction and education for patients, visitors, and staff</li> <li>• Provide internet access for all nurse managers</li> <li>• Increase number of wheelchairs available to transport patient</li> <li>• Repair existing gurneys and add side rails to all gurneys</li> <li>• Repair sinks and provide appropriate soaps in hand washing areas</li> <li>• Arrange for an infection prevention/infection control consultant to evaluate the area for needed changes and draft policies for routing cleaning, appropriate use and labeling of solution and cleaning agents, and environmental issues</li> </ul>

### 3. Al Watani Hospital

Area	Recommendation
<b>Management</b>	<ul style="list-style-type: none"> <li>• Evaluate cardiac care transport protocols, if any</li> <li>• Evaluate data collected about Coronary Artery Disease rates</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Assess staff for BLS/ACLS training and certification</li> </ul>

#### 4. Qalqilia Hospital

Area	Recommendation
<b>ED Management</b>	<ul style="list-style-type: none"> <li>• Include in Emergency Medicine Residency program if increase in ED case load occurs</li> <li>• Evaluate ED flow for triage area and standardized triage decision making</li> </ul>
<b>ED Education</b>	<ul style="list-style-type: none"> <li>• Provide BLS/ACLS training for medical and nursing staff</li> </ul>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>• Obtain a dialysis chair</li> </ul>

#### 5. Recommendations for Nursing and ED Nursing for the Ministry of Health

Area	Recommendation
<b>Nursing Management</b>	<ul style="list-style-type: none"> <li>• Establish regular meeting schedule with all MoH hospital NMs</li> <li>• Identify current best practices and implement in all MoH facilities</li> <li>• Provide standardized job descriptions, policy and procedure, and educational development</li> <li>• Obtain established nursing educational materials, such as in areas of management skills, ENA training materials, and staff development strategies</li> <li>• Provide region wide opportunities for nursing leaders to network, share and implement improvements in patient care, staff education, and the JCI accreditation process</li> <li>• Partner with the nursing leadership at Rafidia Hospital and use it as a development group for nursing progress</li> </ul>

# ANNEX A: SCOPE OF WORK

## Short-Term Consultancy Agreement Scope of Work

SOW Title: Emergency Care Nurse Consultancy

Work Plan No:

SOW Date: December 30, 2009

SOW Status: Final

Consultant Name: Orrine Singer, RN

Job Classification: Short-Term US Expatriate Emergency Medicine Nursing Consultant

Reporting to: Hospital Specialist, Amal Bandak, RN, PhD

### I. Flagship Project Objective

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

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

### II. Specific Challenges to Be Addressed by this Consultancy

This consultancy will focus on the existing challenges at the Emergency Hospital at the Palestinian Medical Complex (PMC). Orrine will serve as nursing mentor to help activate and integrate the Emergency Hospital at the PMC. Improvement in emergency hospital services is a priority of the MOH and Flagship staff is committed to help initiate change and necessary reforms to improve emergency services to the Palestinian people. The consultancy of Orrine will help back these efforts in his work at the Emergency Hospital of the PMC and other select hospitals in the West Bank.

### III. Objective of this Consultancy

Orrine Singer will serve as nursing mentor to help activate and integrate the Emergency Hospital at the PMC.

### IV. Specific Tasks of the Consultant

Under this Scope of Work, the Consultant shall perform, but not be limited to, the specific tasks specified under the following categories:

- A. **Background Reading Related to Understanding the Work and Its Context.** The Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:
- Previous Loma Linda University Flagship Project technical reports relating to the PMC
  - Loma Linda University GHI Consultant Orientation Guide
  - Previous Flagship Project technical reports, Work Plan, etc.
  - MOH National Strategic Health Plan
  - USAID Flagship Project Quarterly Reports
  - USAID Needs Assessment Report, December 2008
  - USAID MOH Institutional Development Plan
  - Rand Corporation, "Building a Successful Palestinian State," 2007
  - Rand Corporation, "Strengthening the Palestinian Health Care System," 2005
- B. **Background Interviews Related to Understanding the Work and Its Context.** The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under

this consultancy:

- Chemonics Project Management Unit (PMU), if appropriate
- Chemonics Field Office Staff, as needed
  - Taroub Faramand, MD, Chief of Party
  - Damianos Odeh, PhD, Deputy Chief of Party
  - Amal Bandak, RN, PhD, Hospital Specialist
  - Jihad Mashal, MD, Sr. Program Officer
  - Daoud Abdeen, MD, Primary Health Care Specialist
  - Noor Hussein, Program Coordinator
- Appropriate MOH Staff and others appropriate
- Hospital Emergency Staff and others as appropriate
- Global Health Institute Palestine Project leadership
- LLUMC Emergency Department leadership
- Tae Kim, MD, LLU-Flagship Project Emergency Medicine Coordinator

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

- Work as a nursing consultant to help integrate and activate the Emergency Hospital into the PMC healthcare system
- Mentor Emergency Hospital charge nurse, Seleh, with good coaching and by example
- Work with PMC and MoH leadership to help develop the patient flow for emergency and intra-facility transport of critically ill patients
- Assist as an emergency and triage room nurse if needed, treating patients within the scope of the normal duties and responsibilities of an emergency room nurse
- Conduct training for emergency room and triage nurses and/or lecture on relevant emergency medicine nursing topics and procedures, including Trauma Nurse Core Curriculum
- Conduct assessment for educational needs of triage and ER nurses
- Review and update nursing forms for patient care
- Work closely with MOH hospital staff to create ways to improve nursing in emergency services and the standard of care at MOH facilities
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship project staff to revise the tasks and expected products to accommodate for the new priorities
- In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible

#### V. **Expected Products.**

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

- Contribute to the ongoing review, recommendation, and development of policies, procedures, job descriptions, guidelines, and orientation materials
- Educational materials, as needed
- Review and help modify forms

#### VI. **Timeframe for the Consultancy.**

The timeframe for this consultancy is on or about January 16 – February 5, 2010 in the West Bank and will conclude on or about May 29, 2010. Please note that we plan to request clearance for possible additional short-term return assignments through December 2010.

#### VII. **LOE for the Consultancy.**

The days of level of effort are estimated to be 2 days for preparation work prior to departure; 2 days for travel; 18 days for work in the West Bank (6 day work week if needed); and up to 30 days for work upon conclusion of time in the West Bank to complete the assignment.

#### VIII. **Consultant Qualifications.**

Recommendations in Support of Emergency Care Nursing Activities at the Palestine Medical Complex Emergency Hospital and Rafidia Hospital  
Palestinian Health Sector Reform And Development Project (The Flagship Project)

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

Educational Qualifications

- Shall be a currently licensed registered nurse in good standing

Work Experience Qualifications

- Minimum of three years of experience as a nurse, including experience in critical care, trauma, and/or emergency medicine
- International experience preferred

**XI. Other Provisions.**

Professional Liability Coverage

The Palestinian National Authority, Ministry of Health shall provide Loma Linda University and associated practitioners with professional liability (malpractice) coverage that will protect the organizations and individual practitioners from litigation and financial responsibility in the case of human error or uncontrollable circumstances arising from the performance of their duties and practice of nursing.

License to Practice as a Registered Nurse

Associated practitioners of Loma Linda University will be temporarily licensed to practice nursing in the West Bank/Gaza under the auspices of the Palestinian National Authority, Ministry of Health, to work within the scope of their normal duties and responsibilities.

Trip Logistics

Consultant shall depart Ontario or Los Angeles, California on a U.S. flag air carrier compliant with the Fly America Act to Tel Aviv, Israel and will return via the same route, departing Tel Aviv the following day after the last day of work. Transportation from/to the Tel Aviv airport will be provided by the Flagship Project. Housing will be provided in the West Bank.

## ANNEX B: ASSIGNMENT ACTIVITIES

Date	Activity	Location
January 18 & 19	Arrival and orientation	Flagship Office
January 20	Walk through evaluation with Saleh Hajeer, ED Nurse Manager	PMC Emergency Wing
	Meeting with Dr Eida, Saleh Hajeer Dr Kim, Amal Bandak, Issa Bandak, Orrine	
	Pre- meeting with Issa, Dr Kim, Amal, Orrine	Flagshp Office area for consultants
January 21	Meeting with activation team, Issa, Amal, Aisha Orrine Tae, Saleh, Jameal, Dr. Eida	PMC Emergency Wing
	Reviewed activation meeting with Dr. Jihad	Flagship Office
	Meeting with Dina Nasser from Juzoor	
	PMC site visit to assess for site rediness and internet access	PMC Emergency Wing
January 22	On-site visit and observations EH for A & B Shift	PMC Emergency Wing
	Conducted assessments in the areas of environment of care, equipment, and management activity	
January 23	Meeting at Emergency Wing with Saleh, NM and Jamal, RN, consultant	PMC EH
	Meeting at Jazoor, lead by Dina Nasser and Dr. Mazen	Jazoor
January 25	Team Meeting	Flagship Office
	Meeting /tour at PMC	PMC
	Meeting with Dr. Jihad at Emergency Wing	PMC Emergency Wing
	Work in PMC ED	
January 26	PMC on-site work	PMC Emergency Wing
	Train the Trainer Training core team with Dr Samir; Dr Khalid; Saleh Hajeer, NM; Jawahal, Staff RN; Dr. Maha; Dr Bandek; Dr Eida.	PMC Emergency Wing
	Meeting with Dr. Taroub	Flagship Office
	Conference call with LLU	
January 27	PMC on-site work	PMC Emergency Wing
	Meeting with Dr Jihad	PMC
	Flagship meetings	Flagship Office
	Presentation to Medical Community about PMC	Ramallah

<b>Date</b>	<b>Activity</b>	<b>Location</b>
January 28	Team meetings	Flagship Office
	Nablis Class site visit	Nablis
	Meeting with Dr. Srouji	Flagship Office
	Planning meetings	
Januray 29	PMC on-site work	PMC Emergency Wing
	Interviews with shift supervisor and 1 staff nurse	
	Interviews with 2 Physicians	
February 1	Team Meeting	Flagship Office
	Meeting with Dr. Jihad, Paul Rader Jason Prystowski, Sarah, Dr. Amal, Amal Issa, Tae, Orrine	
	Site Tour of PMC	PMC
	Meeting with Jamal, Saleh	PMC
	Meeting with Saleh, Jawahel	
February 2	Meeting at Ministry of Health with Dr. Sabra	Rafidia
	Rafidia Hospital Tour	
February 3	Work day	Flagship Office
	Team meeting with Paul Rader, Sarah, Orrine, Dr. Amal, Tae, Jason, Issa, Dr Jihad	
	Meeting with Jamal and Amal (cancelled)	
	Conference call with LLU	
February 4	Team Meeting	Flagship Office
	Coordination with Amal Bandek Meeting Lead by Paul Rader	
	Office work	
February 5	TeamMeeting	Flagship Office
	Meeting with Randa re EMS and primary care needs	
	Meeting Lead by Dr Rader	
	Office Work	
February 8	Site visit Rafidia interview with Dr. Khalid, Saleh, and Saima, Head Nurse	Rafidia Hospital
February 9	Site Visit at Al Alia hospital	Al Alia Hospital
	Meeting Dr. Said Sarahneh and staff	
February 10	Site visit to Qalqilia hospital	Qalqilia Hospital
February 11 & 12	Office work, report submission, planning for Rafidia work	Flagship Office
February 15	ED clinical work	Rafidia Hospital
	HMS team meetings	Flagship Office
February 16	ED clinical work	Rafidia Hospital
February 17	Rafidia Hospital Admin Meeting	Rafidia Hospital
	ED Visit withDr Clem	
	Meeting with Head Nurses of hospital services	
	ED visit with Drs Clem and Gunkle	
February 18	ED site visit	Rafidia Hospial
	Meeting with head nurses	
	Meeting with MOH head nurse and CE director	

Date	Activity	Location
February 19	HMS team meeting	Flagship Office
	Processing out	

## ANNEX C: CONSULTANT CV

### Orrine A. Singer

California RN 335266

#### Residence

3331 West Avenue L-2  
Lancaster, California 93536  
(661) 722-6272

#### Work

Loma Linda University Medical Center  
Emergency Department  
11243 Anderson Street, room A130  
Loma Linda, California 92354  
(909) 558-8502

### Professional Experience

- 1976-1980 EMT-1 volunteer with 500+ hours at Antelope Valley Medical Center in Emergency services.  
Contract EMS provider through Red Cross for public events.
- 1981-1994 RN providing direct patient care in medical-surgical, emergency and critical care settings at Lancaster Community Hospital, Lancaster California.
- 1984-1986 RN providing direct patient care in emergency and critical care areas; Relief Charge Nurse duties in critical care areas, at Henry Mayo Newhall Memorial Hospital Valencia, California.
- 1994-1995 RN providing direct patient care in level one trauma center emergency department at Loma Linda University Medical Center, Loma Linda, California.
- 1995- to 1998 RN providing staff development as Educator and Process Improvement Director for Loma Linda University Medical Center Emergency Department. Member of Emergency Department Leadership Team, Critical Care Educatorcommittee, Orientation Advisory council, Quality Improvement council, Departmental Education committee
- 1998 to 2007 Staff member, RN level C, providing direct patient care in level one trauma center emergency department Loma Linda University Medical Center Emergency Department.
- 2003-2007 Assistant Paramedic Liaison Nurse, supporting Pre-hospital care, education and quality assurance.
- 2007 to Present Paramedic Liaison Nurse providing supervision, education, quality assurance and Regulatory Agency compliance for Emergency Medical Operations, at Loma Linda University Medical Center, Loma Linda University Medical Center Emergency Department

### International Nursing Experience

- September 1999 Sir Run Run Shaw Hospital Hangzhou, China: Instructor for pediatric and adult trauma care to emergency department nursing staff.
- September 2009 Ile-Ife Adventist Hospital, Ile-Ife, Osun State, and Nigeria: Instructor for nursing staff, physician staff and nursing student staff teaching trauma assessment and care for adult and pediatric patients.

## **Education**

### **Antelope Valley High School**

Graduated 1976, Class Salutatorian

### **Antelope Valley Community College**

1981 AA Liberal Arts

AS Nursing Science

### **University of Phoenix**

1995 Completion of BSN Core curriculum

## **Certifications and Professional Memberships**

Emergency Nurses Association, #43942

Advanced Cardiac Life Support Provider

Pediatric Advanced Life Support Provider

Pediatric Advanced Life Support Instructor (1996)

Certified Emergency Nurse (1983-1988, 1996)

Trauma Nurse Core Curricula (1988-1992, 1996 to present)

Trauma Nurse Core Curricula Instructor (1997, 2006 to present)

Sexual Assault Nurse Examiner Core Curricula (1988 & 1995)

Mobile Intensive Care Nurse, San Bernardino County, # M911

Red Cross Disaster Shelter Manager

International Forensic Nurses Association, #0698-002156

## **Instructor Experience**

Community CPR Instructor (1983-1985)

Sexual Assault Examination training (1988)

Impact of Alcohol Use (1994)

Pediatric Gunshot Wound Prevention (1995)

Monthly Staff Inservices (1995-1998)

Skills Training for Nurses, EMTs and Paramedics (1995-present)

Pediatric Advanced Life Support (1996)

Victims of Violence for Adult Critical Care Core Course (1995-2000)

Triage Competency Course (1995-2003)

Emergency Medicine History (1996)

Emergency Medicine Medical Records (1995 and 1996)

Procedure Related Sedation Basics (1997)

Trauma Nurse Core Curricula

## **ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED DURING ASSIGNMENT**

1. MoH Emergency Department record – *see below*
2. PMC emergency record – *see below*
3. MoH Emergency department record, consultant form – *see below*
4. OTHER: Various nursing job descriptions

# 1. MoH Emergency Department record

Time: _____ Date: ___/___/20__	<b>EMERGENCY DEPARTMENT RECORD</b> Ministry of Health _____ Hospital	Receipt #: _____ Chart #: _____					
ID/MR#: _____ Name: _____ DOB: ___/___/___ Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/> Trauma/Injury: Y <input type="checkbox"/> N <input type="checkbox"/> Cardiac: Y <input type="checkbox"/> N <input type="checkbox"/> Brought by: Self <input type="checkbox"/> PHC Referral <input type="checkbox"/> Hosp. Trans. <input type="checkbox"/> Private MD <input type="checkbox"/> Other <input type="checkbox"/> Medic <input type="checkbox"/> Insurance Type: _____ Insurance Number: _____ Status: _____ Address: _____ Phone #: _____							
Complaint:							
Time	HR	RR	BP	Temp	O2%	Past Med/Surg History:	Current Medications:
LMP: _____		Glucose: _____		Allergies: UNK <input type="checkbox"/> Y <input type="checkbox"/> If Yes, list: _____			Pain Scale: 1 2 3 4 5 6 7 8 9 10
Vaccines: _____					Triage Code: 1 2 3 4 5		
Triage Note: _____							
				Triage RN: _____		End Time: _____	
Time	HR	RR	BP	Temp	O2%	Nursing Note	
Time: _____ Chief Complaint/History: _____							
Physical Examination: _____							
Time	Order	Ordered by:	Done by:	Time	Result		
ECG: _____							
X-RAY: _____							
Other: _____							
Na	Cl	Bun	Gluc	WBC	Hb	Other labs	
K	CO <sub>2</sub>	Creat		Hct	Plat		
Dx: _____				ICD 10 Code (1): _____ (2): _____ (3): _____			
Treatment & Discharge Plan: _____							
Consultant: _____		Specialty: _____		Time of Call: _____		Time of Arrival: _____	
Admitted to Hospital: <input type="checkbox"/>		Discharged from ED: <input type="checkbox"/>		Time: _____		Date: ___/___/20__	
Trans to Other Hospital: <input type="checkbox"/>		Left Unseen: <input type="checkbox"/>		Discharge MD: _____			
Trans to Outpatient: <input type="checkbox"/>		Expired in ED: <input type="checkbox"/>		Discharge RN: _____			
AMA: <input type="checkbox"/>		Dead On Arrival: <input type="checkbox"/>		Patient: _____			
Discharge Notes: _____							

## 2. PMC emergency record

Palestine Medical Complex  
Emergency



مجمع فلسطين الطبي  
الطوارئ

Date: / /		Time:		Medical record NO:		Source: <input type="checkbox"/> Patient <input type="checkbox"/> EMS, Others -----	
Name:				ID NO:		DOB:	
Marital status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Trauma: <input type="checkbox"/> Y <input type="checkbox"/> N		Medical: <input type="checkbox"/> Y <input type="checkbox"/> N	
Brought By: <input type="checkbox"/> Self <input type="checkbox"/> PHC referral <input type="checkbox"/> Hosp Trans <input type="checkbox"/> Private MD				PRCS: <input type="checkbox"/> Y <input type="checkbox"/> N Other -----			
Insurance: <input type="checkbox"/> No <input type="checkbox"/> PNA <input type="checkbox"/> Private Other -----				Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N LMP -----			
Address:						Tel:	
Chief Complaint:						Allergy: <input type="checkbox"/> NKA -----	
Patient Wt:		Last TT:		PMH: <input type="checkbox"/> IHD <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Asthma/COPD			
VS taken: <input type="checkbox"/> Laying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing				<input type="checkbox"/> Smoking <input type="checkbox"/> Previous surgery <input type="checkbox"/> Medication -----			
Time	HR	BP	RR	T	O2%	Treatment Prior to Arrival: <input type="checkbox"/> None <input type="checkbox"/> ACLS Protocol <input type="checkbox"/> C-collar	
						<input type="checkbox"/> Backboard <input type="checkbox"/> Monitor <input type="checkbox"/> Glucose <input type="checkbox"/> Splint(s) <input type="checkbox"/> CPD <input type="checkbox"/> IV	
						<input type="checkbox"/> Airway <input type="checkbox"/> Intubation <input type="checkbox"/> Dressing(s) <input type="checkbox"/> Medications <input type="checkbox"/> O2	
Pain assessment: At rest <input type="checkbox"/> Y <input type="checkbox"/> N							
Onset: --- min <input type="checkbox"/> hrs <input type="checkbox"/> day <input type="checkbox"/> months							
site ----- Radiation -----							
Precipitating Factors -----				Airway: <input type="checkbox"/> Clear <input type="checkbox"/> Obstructed <input type="checkbox"/> Intubated <input type="checkbox"/> Breathing: WNL			
Neuro: <input type="checkbox"/> Conscious <input type="checkbox"/> Decreased LOC <input type="checkbox"/> Unconscious -----				Trauma assessment:			
<input type="checkbox"/> Alert <input type="checkbox"/> Oriented x4 <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Situation <input type="checkbox"/> Time				<input type="checkbox"/> Assault <input type="checkbox"/> Stab <input type="checkbox"/> GSI <input type="checkbox"/> Fire <input type="checkbox"/> Fall			
<input type="checkbox"/> Seizure <input type="checkbox"/> Lethargic <input type="checkbox"/> Stuporous.				<input type="checkbox"/> MVA: Speed ----- Km/hr			
Reactive to Painful stimuli: <input type="checkbox"/> Y <input type="checkbox"/> N, Verbal stimuli: <input type="checkbox"/> Y <input type="checkbox"/> N				- Impact: <input type="checkbox"/> Rare <input type="checkbox"/> Front <input type="checkbox"/> T-Bone			
Skin: <input type="checkbox"/> Warm & Dry <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Clammy <input type="checkbox"/> Pale				<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rare			
<input type="checkbox"/> Cyanotic <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Ulcerated <input type="checkbox"/> Infection				<input type="checkbox"/> Airbag <input type="checkbox"/> Belt <input type="checkbox"/> Pedestrian <input type="checkbox"/> Ejected			
Appearance: <input type="checkbox"/> Normal <input type="checkbox"/> ill looking <input type="checkbox"/> Flushed <input type="checkbox"/> Shocked <input type="checkbox"/> Angry <input type="checkbox"/> Abnormal gait <input type="checkbox"/> Fearful <input type="checkbox"/> Distressed				<input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Helmet			
<input type="checkbox"/> Clutch any part of body <input type="checkbox"/> Jaundiced <input type="checkbox"/> Supported walk				<input type="checkbox"/> Fall: Height ----- m. Impact site -----			
Breathing: <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Rales <input type="checkbox"/> Equal Breath sounds <input type="checkbox"/> Unequal breath sounds <input type="checkbox"/> Absent sound							
PUPILS:		Bleeding: <input type="checkbox"/> None		ABDO/GI:		Bone #: <input type="checkbox"/> Y <input type="checkbox"/> N	BURN %
<input type="checkbox"/> P.E.A.R.L		<input type="checkbox"/> Internal <input type="checkbox"/> External		<input type="checkbox"/> Rigid <input type="checkbox"/> Flaccid		<input type="checkbox"/> Site	
<input type="checkbox"/> Not equal		<input type="checkbox"/> Minimal		<input type="checkbox"/> Guarded		<input type="checkbox"/> Deformity	
R L		<input type="checkbox"/> Moderate		<input type="checkbox"/> Blunt trauma		<input type="checkbox"/> Open #	
<input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Severe		<input type="checkbox"/> Nausea		<input type="checkbox"/> Closed #	
<input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Arterial		<input type="checkbox"/> Vomiting		<input type="checkbox"/> Multiple #	
<input type="checkbox"/> Slow to react <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Venous					
Triage intervention(s):							
<input type="checkbox"/> Respiratory Precautions <input type="checkbox"/> Dressing <input type="checkbox"/> Splint <input type="checkbox"/> C-Collar <input type="checkbox"/> EKG <input type="checkbox"/> Ice <input type="checkbox"/> Elevation <input type="checkbox"/> Glucose							
<input type="checkbox"/> Sling <input type="checkbox"/> IV Line <input type="checkbox"/> Blood for Lab <input type="checkbox"/> Consultation(s) -----							
Triage Nurse Note: -----							
Triage Disposition Time:		Triage Nurse Signature:			ACUITY LEVEL		
					1 2 3 4 5		



## ANNEX E: MATERIALS PREPARED DURING ASSIGNMENT

1. *Train-the-Trainer* Objectives and agenda – *see below*
2. Educator New Hire Checklist – *see below*
3. OTHER: Various orientation checklists and powerpoint presentations

## **1. *Train-the-Trainer* Objectives and agenda**

### **Train the Trainer Education at EH January 26, 2010**

#### **Objectives**

- 1) Learners will identify areas of need in the triage process at the EH.
- 2) Learners will construct strategies to address educational needs of the triage process at the EH.
- 3) Learners will plan and implement an ongoing educational process at the EH.

#### **Agenda**

- Tae and Orrine will lead discussion to facilitate group activities
- Group will select a leader
- Group will create an evaluation system to assess the current triage process
- Group will set goals to continue teach/train triage, e.g. coaching, 1:1 teaching, lectures, job aids, etc.
- Group will set next session's date and implement the education schedule for the current and next month

## 10. Educator New Hire Checklist – see below

### Educator New Hire Checklist

- ❑ When HR notifies us of that the New Hire has been cleared from the HR process:
- ❑ Verify that they have been scheduled by HR to go to General Hospital Orientation.
- ❑ Verify that they have completed their Step II (TB screening at our Employee Health).  
**They are unable to orient in the Department until they complete these above steps.**
- ❑ First Meeting with Educator obtain a **copy** of their and give these to Sue Macey:
  - License (verify if RN on the BRN website and obtain copy on the license verification form)
  - Certification Cards (BLS, ACLS, PALS/ENPC, LVN, EMT, CNA etc.)
  - Front and back copy of their badge with their home address, phone #, and alternative number.  
(Sue will also activate their badge)
- ❑ Provide a manual and preferably go over each page.
- ❑ Complete JCAHO Checklist: sign. (One copy goes to Sue for the file.)
- ❑ Send sign-on paperwork to Information systems.
- ❑ If RN: send Accudose request via email under **ACCUDOSE**.
- ❑ If PCA: send PSR code (meeter/greeter code) request via email to Debbie Gill (or registration supervisor).
- ❑ Reiterate and set a mutual date for when competencies and Orientation work is DUE.
- ❑ Schedule: email **Staff Development**
  - RN: **General Clinical Orientation, General Nursing- A & Computer, General Nursing Orientation B** (for people new to the institution).
    - BART, Adult Boot Camp etc.
    - Medication Test Phase I (for people who have transferred)
    - Medication Test Phase II (for all new RN's)
  - PCA: Non-licensed personnel Orientation. (for people new to the institution).
    - BART
- ❑ Schedule with Preceptor
  - RN New Grad: 36 shifts plus classes.
  - RN (with 1 year experience): varies on experience...modified new grad program or extended shifts 6-9 shifts.
  - RN (with experience): 6 shifts
  - PCA: 6 shifts then re-evaluate.