



OPERATIONALIZING THE PALESTINE MEDICAL COMPLEX

**PALESTINIAN HEALTH SECTOR REFORM AND
DEVELOPMENT PROJECT: “THE FLAGSHIP PROJECT”**

SHORT TERM TECHNICAL ASSISTANCE REPORT

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SECTION I: EXECUTIVE SUMMARY

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 Palestine 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 and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Ministry of Health is in the process of establishing a Palestine Medical Complex (PMC) in Ramallah, West Bank. The PMC represents four hospitals that will provide specialized services to the Palestinian people. In December, 2008 the MoH completed a health system assessment with support from the Flagship Project in which 18 priority areas for intervention were highlighted for action. One of the top priorities identified by the MoH was to create a center of excellence at the PMC. As such, the MoH seeks assistance in operationalizing the PMC in a manner that promotes good governance and transparency, equity, quality, social participation, and cost-effectiveness.

This report is an initial step in the process to help make the PMC a reality and identify the steps necessary to move pediatric and obstetric services into the Bahraini Pediatric Hospital (BPH). The LLU team has identified key factors that are essential to the success of the establishment of the PMC and the BPH. These success factors include selection of a governing board and senior leadership; development of mission, vision and values statements; adoption of an organizational structure; adequate employee compensation; the importance of employee communication and involvement; staff training and development; placement of clinical services; plan for facility readiness; utilization of Joint Commission International (JCI) standards; finances; and stakeholder support of the PMC enterprise.

Each topic is followed by a series of recommendations that provide the specific task to be accomplished and who should coordinate or oversee each activity.

Finally, the report reviews the safety features of the BPH compared to the JCI hospital safety standards. Such a review should be conducted for every facility of the PMC.

SECTION II: ACTIVITIES CONDUCTED

The LLU short-term technical assistance (STTA) team worked closely with Flagship Project staff throughout the week of March 23-28, 2009, to further develop the overall approach and strategy for the Palestine Medical Complex (PMC), and to develop the plan to operationalize the Bahraini Pediatric Hospital (BPH). Significant activities include the following:

Date	Activities	Location	Description	Results
Monday, March 23, 2009	Briefing: Flagship Staff	Flagship Project offices	The overall goals and objectives of the LLU team were presented and discussed	Realized that at the Flagship Project team is committed to the PMC Also connected with other parts of the Project staff (i.e., procurement)
Tuesday, March 24, 2009	Phone Briefing: Beth Drabant, MD, MPH, Director, Health & Humanitarian Assistance USAID/West Bank/Gaza	Flagship Project offices	An update was provided on the LLU team's progress. Major areas of emphasis were outlined and discussed	USAID approved the approach and initial direction of the team's work
Monday, March 23, Wednesday March 25, & Friday, March 27, 2009	Site Visits: Ramallah General Hospital (RGH) BPH Kuwaiti Surgical Hospital (KSH) Sheikh Zayed Hospital (ZSH) Hippocrates National Center for Blood Diseases	PMC	LLU team and Flagship Project staff walked through each facility reviewing potential clinical services; staffing; equipment and supplies; space utilization & efficiency; safety; and overall work flow	The site visits provided good background and context for the LLU team as they work to develop plans for the PMC and for opening the Bahrain Pediatric Hospital
Wednesday, March 25, 2009	Briefing: Minister of Health, MoH staff and Flagship Project staff	MoH offices	MoH officials were provided an overview of the emerging strategy to open the BPH	Learned that the MoH is moving ahead with trying to assign PMC leadership and appoint a governing board
Thursday, March 26, 2009	Briefing: Suzy Srouji, MD, MPH, Sr. Health Advisor, USAID/West Bank/Gaza	Flagship Project offices	Presented findings and strategies that had evolved to that point Discussed problems with the NICU,	Decided to present different service matrix options to USAID and other stakeholders

			PICU & OB & GYN services at the BPH	
Friday, March 27, 2009	Outbriefing: Elizabeth Drabant, MD, MPH, Director; Suzy Srouji, MD, MPH, Enilda Martin, MD, MPH, Gaby Abboud and Flagship Project leadership	USAID Office, Tel Aviv	The emerging PMC strategy and clinical service options for the BPH, KSH, ZSH and RGH were presented and discussed	USAID leadership seemed pleased with the direction and progress made by the LLU STTA team A final report of activities and recommendations was requested
	Meeting: Nadera Shibly, Dir. of Procurement, Ra'ed Qubbaj, Pharmaceutical Procurement Mgr.	Flagship Project Offices	Discussion focused on facilities and patient safety issues	Shibly and Qubbaj recommended utilization of logistics tracking software (e.g., Harvest One software for bio medical inventory and maintenance management and Graham Process Mapping software for plotting procedures for efficiency)

SECTION III: FINDINGS, RECOMMENDATIONS, NEXT STEPS

This section of the report outlines the findings, recommendations, and next steps in the development of the PMC.

Specifically, this section discusses key success factors for the PMC and safety recommendations for the PMC and the BPH.

A. PMC KEY SUCCESS FACTORS

The concept of a tertiary level healthcare facility serving the needs of the Palestinian people is not new. It has been discussed for some time and has been accepted by key stakeholders including the MoH. Expectations for success continue to run high, and the broad ideas that were only a discussion several months ago are now becoming more focused and backed by emerging action plans.

As this planning unfolds, the goal of the PMC must remain at the forefront—to efficiently bring a higher standard of healthcare to the Palestinian people. The LLU team maintained its focus on this as they worked through the various ideas and issues surrounding the development of this grand experiment in healthcare.

As such there are nine key factors that must be present that will serve as the foundation for the success of the PMC. These are:

1. *Selection of PMC governing board, senior leadership and hospital administration, development of the mission, vision & values statement, and adoption of an organizational structure.*

Governing Board

This objective has been identified as a critical success factor in earlier reports. While there appears to be some uncertainty within the MoH over the governing board, what is not in doubt is the type of person who should serve on the board.¹ The successful board member should possess and demonstrate the following characteristics:

- a. **Expertise**: Board members should have expertise in a specific area that can help the PMC evolve into the institution the stakeholders envision and the Palestinian people need. For example, an attorney or financial advisor may be beneficial as board members.
- b. **Leadership and Management Experience**: Board members should have proven leadership qualities, particularly in a related capacity, such as a business or community leader, healthcare executive, or management board member
- c. **Commitment to the Business or Institution**: Effective board members must be interested in the entity itself and be passionate for its well-being. This is crucial for the development of an institution like the PMC. What is emerging is an

¹ For the purpose here, “governance” is defined as—the structure and process used to direct and manage the business and professional affairs of the organization to assure the achievement of its mission. Essentially, the governing board represents the hospital’s owners and is accountable to the community, as well as other stakeholders.

institution that inspires all involved and evokes emotions. Board members who share that dream will be more effective and participatory.

- d. Availability and Dedication: Serving on a governing board requires participation and involvement that can be time consuming and fatiguing, particularly when working with complex and tedious issues. (For instance, committee assignments and formal meetings require time to prepare.) Board members need to make time for these activities so the reports do not become only anecdotal and meetings merely social events.
- e. Integrity and Lack of a Conflict of Interest: Board members should be required to sign a conflict of interest statement and they must serve in the best interests of the PMC, not their own individual or business interests. This quality could be the most difficult to ascertain and enforce. There will be those who feel entitled to serve on the PMC board and there will be pressure to have members who are “friends,” but such efforts must be met with resistance and opposition.

What is needed as a first step is an actual selection process for the governing board. The board should have an odd number of members to avoid a voting tie. Given the complexity of the PMC, the board could contain as many as nine or eleven members. In addition, the governing board should contain members from a diverse variety of backgrounds.

Hospital boards delegate the responsibility for day-to-day management to the CEO or president of the institution. This person further delegates decision-making authority to line managers and professional committees for policies and procedures regarding medical care and hospital function. Most hospitals operate in accordance with a set of bylaws that outline the organization and processes for the institution. Such bylaws often specify an elaborate committee, as well as reporting structure.

A formal process needs to be developed so that board members can be selected based on merit and not whim. Expectations along the lines identified above should be outlined to potential candidates so that a more transparent process can emerge. Developing a competitive process for potential board members will not only ensure selection of qualified people but will also demonstrate that the PMC is not “business as usual”—a concept that is difficult to foster when bringing change to structure and alliances that have existed for a long time.

Mission, Vision, & Values

Once the PMC governing body has been created and backed by accepted bylaws, the next task is to define the mission, vision, and values for the new system. It is the responsibility of the governing board to state and adopt these critical pieces of organizational structure for, in doing so, these statements breathe life into what has heretofore remained only a concept or drawing. The development of a mission statement supported by a clear vision and built on core values is essential to the success of the PMC and its affiliated institutions. These simple statements will tell every employee why the PMC exists, where it is going and what it stands for, so they will clearly understand if this is an organization for which they want to work and serve.

These statements should be concise and clear. For example, a sample mission statement for the PMC could be:

“To Bring Hope, Health and Healing to the Palestinian People...”

A sample vision statement might be:

The PMC seeks to establish a model healthcare system that delivers excellence through high quality, evidence-based, patient-centered services provided by a compassionate and caring staff

These statements would be built on core values such as:

- Honesty/Integrity/Trust
- Respect
- Commitment
- Unity/Teamwork
- Compassion/Service

Mission, vision, and values statements not only help employees understand why the PMC exists, but also brings in the community and stakeholders to support the institution. These statements should be reflected through an appropriate institutional logo that is designed to reflect the energy for change that has been created.

Administrative Leadership & Management

The governing body is also responsible for putting the right administrative team into place. The individual characteristics outlined above for potential board members reflect the traits that are most desirable amongst senior leaders and managers.

Involvement in hospital governance requires the development and exercise of a new skill set that is often not intuitive to physicians. The independence and autocracy of direct patient care disappears when a physician pursues effective, diplomatic solutions to problems through the hospital processes and in collaboration with hospital administration.

In addition to the CEO or president position, there are five key senior leadership positions: Administration and Finance Director; Nursing Director; Medical Staff Director; Facilities Director; and Ancillary Services Director. In support of the overall objective for central leadership, these directors would serve all the hospital facilities that make up the PMC. Again, the intent is to bring unity and efficiency to the operations and avoid a top heavy administrative structure.

All of the senior leadership team requires PMC board approval. In anticipation of a transparent selection process, job descriptions need to be developed for these jobs so they can be advertised to select the best candidate for these critical roles. One additional characteristic the leadership of the PMC should possess is the concept of servant leadership. This simple approach encourages those in leadership to focus on serving others—whether employees, stakeholders, patients, or their families—while keeping an eye on the mission and values of

the institution. Developing this type of leadership will help promote change and excellence throughout the PMC.²

In addition to the top-tier positions, facility and departmental managers need to be selected. Again, formal job descriptions should be developed so a transparent process can emerge that results in only the most qualified people being hired in the PMC. Job descriptions can also serve as a tool to measure performance and state expectations for each employee. The development of these job descriptions and hiring processes are tasks that will be assigned to one of the activation teams, an approach that is explained in detail below.

Organizational Structure

A draft PMC organizational chart is attached (see Annex C). This design shows a senior PMC administrator (CEO or president) with direct line authority to an Administration and Finance Director, Nursing Director, Medical Staff Director, Facilities Director and Ancillary Services Director. The appeal of this particular design is that it unifies the PMC under a single administrative structure by eliminating director-level positions for each facility resulting in better efficiency for the system as a whole.

The proposed organizational model brings many services common to each hospital under central direction and leadership. The Nursing Director will oversee nursing operations and the Medical Staff Director will oversee medical staff.

Three additional areas of operations impacted by this concept are:

Administration and Finance	Facilities	Ancillary Services
Information Systems	Clinical Engineering	Clinical Lab
Human Resource Mgt.	Facilities/Physical Plant & Utilities	Physical Therapy
Purchasing	Safety & Security	Respiratory Therapy
Central Service	Housekeeping	Nutritional Services
Medical Records (Health Info. Mgt.)	Laundry	Outpatient Services
	Morgue	

These departments would function across the enterprise and would serve all institutional entities. A study needs to be conducted to determine if these departments should function centrally or if some would end up physically split between hospitals. The physical location of each support service can be decided as the activation process unfolds and each hospital’s services and space utilization needs are identified. The goal is efficiency, and cost effectiveness while keeping in mind what makes the most sense in each of these areas of operations.

² One way to develop servant leadership is to formally discuss the concept with current and potential administrators as well as those serving in management roles at the PMC. These individuals should exhibit traits of collaboration, compassion, trust, and empathy, and be committed to leading in order to serve employees and patients.

Success Factor: <i>Selection of PMC governing board, senior leadership and hospital administration, development of the mission, vision & values statement, and adoption of an organizational structure.</i>		
Recommendations	Task	Responsibility
1	Develop governing board membership requirements	MoH, with technical support from the Flagship Project
2	Select PMC board members	MoH, with technical support from the Flagship Project
3	Conduct a board orientation & education workshop	Flagship Project
4	Develop and adopt PMC bylaws & organizational & committee structure	Governing Board, with technical support from the Flagship Project
5	Advertise and select PMC CEO or President	Governing Board
6	Advertise and select PMC Senior Leadership	CEO or President & Governing Board
7	Advertise and select PMC hospital and departmental managers	CEO or President & Senior Leadership

The development of the PMC is a new concept in healthcare for the West Bank. What is emerging is a highly technical and complex organization that will be dynamic and a challenge to manage as new ideas, fresh approaches and processes emerge. Given the level of expectation and stakeholder risk and involvement, LLU proposes that a mentor-model be used.

Under this method an expatriate mentor initially partners with PMC senior leaders, facility and key departmental managers to help educate and train them as they encounter and work through daily operational needs. Once the PMC functions as a system and is stabilized, the handoff to a trained Palestinian administrative staff can take place.

2. Adequate Compensation and Incentives for PMC Employees

One of the critical success factors in any organization is the staff and their support for established goals and objectives. Obtaining staff buy-in to the PMC mission is important since so much effort and emphasis is being placed on building capacity to improve the quality of patient care. The pool of potential PMC staff will be involved in ongoing clinical training and orientation and the PMC concept could be in jeopardy if the staff are not fully engaged.

Adequate employee compensation is essential to PMC staff involvement. This is particularly true if they are to be motivated to learn and work at a higher skill level. The Flagship Project *cannot* provide wage support to the PMC staff. This fact does not eliminate the need for there to be a review and development of a new compensation system for the employees of the PMC. A merit-based transparent personnel system within the MoH for the PMC must be developed. The basis for this system is having qualified employees who are placed in specific jobs, evaluated and measured periodically, and advanced based on merit and achievement. A human resource system with performance-based job descriptions is essential to this process and is backed by adequate compensation which can be built into the employment system that rewards those who successfully advance in their positions and participate to improve the standard of care at PMC facilities.

Current MoH clinical and nursing staff maintain multiple jobs in order to support themselves. During our initial site visit in December, we spoke with several nurses at Ramallah General Hospital. While they were excited about the potential development of the PMC, they

underlined the need to improve their salaries. The nurses explained that they had to work in another job outside the hospital to support their families and implied that their civil service salaries were not sufficient. The practice is in conflict with the goals and objectives of the PMC. A satisfactory solution must be identified and implemented to protecting the investment in the PMC and support the development of a center of excellence with improved standards of care.

Success Factor: <i>Adequate Compensation & Incentives for PMC Employees</i>		
Recommendations	Task	Responsibility
8	Develop performance based job descriptions and employee evaluation process	PMC Senior leadership & managers, with technical support from the Flagship Project
9	Develop and implement an adequate PMC employee compensation and incentive system	MoH & stakeholders, with technical support from the Flagship Project

3. PMC Employee Communication & Involvement

Another area of need that was discovered from visiting the PMC and talking with the staff is the lack of communication about what is going to happen. Up to this point, they have only heard rumors about change and have they heard specific plans about the future consolidation of these facilities. Naturally, staff are concerned about their jobs and what may happen with these hospitals. Staff at the current MoH facilities could benefit from receiving information directly from stakeholders, particularly from Flagship Project personnel, explaining the desire to consolidate the four main hospitals into the PMC.

Employee forums could be a mechanism to communicate the strategies and plans for the development of the PMC. This would ensure that the employee input is being sought and that their ideas and opinions matter. In the absence of information, they are left to stand on the sidelines and wonder what is going to happen. Also, in the absence of a PMC voice, the alliances and forces that may not be supportive of centralization and unity will no doubt breed dissention, thus making change more difficult.

It might be useful to have a general meeting with employees now to discuss the direction that the development of the PMC is going and then walk them through their potential involvement via Activation Teams (discussed in greater detail below in Section 6). The intent is to increase excitement amongst the pool of current hospital employees to let them know that their involvement and ideas will be crucial to the success of the PMC.

Success Factor: <i>PMC Employee Communication & Involvement</i>		
Recommendations	Task	Responsibility
10	Conduct a general orientation session with Q & A to current hospital employees	Stakeholders, with initial lead by Flagship Project
11	Conduct regular employee forums to obtain buy in and solicit ideas	Stakeholders, with initial lead by Flagship Project

4. BPH Staff Training & Development

Staff training and development will be an important component in the development of the PMC. Thus far, we have focused on the PMC itself and the key success factors that need to be initiated. Concurrently, preparations can be made for moving into and opening the Bahraini Pediatric Hospital (BPH) and the Kuwaiti Surgical Hospital (KSH). In addition, plans are currently being developed to redefine the Sheikh Zayed Hospital (SZH) to fit into the organizational scheme of the PMC by focusing on emergency services and trauma.

While many of these processes can move forward simultaneously, the assessment and training of staff for the BPH should be developed and implemented prior to the hospital becoming operational. Emphasis will be placed on upgrading of clinical nursing skills and practices, development of administrative leadership, and continuing education for physicians. These teaching efforts will be coordinated by short-term clinical, nursing, and administrative experts who will help develop the content and the measurement tools. Training of BPH staff will serve as a pilot for other PMC facilities, particularly by enabling the evaluation of the methodology's effectiveness and the identification of any necessary changes or adjustments.

Most of the training of staff can take place onsite at the BPH or at Ramallah General Hospital (RGH). There may be a need to have select BPH managers and/or department heads visit other facilities internationally to see how higher standards of care are implemented and receive some training in key areas like nursing administration and management, Pediatric Intensive Care Unit (PICU) and the Neonatal Intensive Care Unit (NICU).

Bahraini Pediatric Hospital			
Required Training Area	Staff	Trainers	Responsibility
Management & Leadership	Directors & Managers	STTA	Flagship Project
Pediatric Intensive Care Unit (PICU)	Nursing Staff	STTA	Flagship Project
	Medical Staff	STTA	Flagship Project
Neonatal Intensive Care Unit (NICU)	Nursing Staff	STTA	Flagship Project
	Medical Staff	STTA	Flagship Project
Acute Care Pediatrics	Nursing Staff	STTA	Flagship Project
	Medical Staff	STTA	Flagship Project
Pediatric Surgery	Medical Staff	STTA	Flagship Project
Obstetrics (OB)	Nursing Staff	STTA	Flagship Project
	Medical Staff	STTA	Flagship Project
Other TBD		STTA	Flagship Project

Not all training areas need to be done separately. Some STTA trainers can teach staff from different areas simultaneously. The first step in this process is to complete an analysis of the training needs through an assessment of the areas listed above and then develop a plan to meet the identified educational needs of the BPH, keeping in mind the tertiary level of care at the PMC.

The teaching method would be a combination of lectures and discussion, skills lab training, and bedside mentoring. Pre- and post-tests should be given to measure and confirm competency. Any curriculum and teaching materials that are developed could be used to orient new staff as they are hired into BPH departments.

Success Factor: <i>BPH Staff Training & Development</i>		
Recommendations	Task	Responsibility
12	Develop clinical and nursing staff levels for BPH	PMC leadership, with technical support from Flagship Project
13	Assess and document current nurse educational levels for the BPH	PMC leadership, with technical support from Flagship Project
14	Assess and document current pediatric & sub specialist staffing levels at the BPH	PMC leadership, with technical support from Flagship Project
15	Develop a BPH training program and schedule	PMC leadership, with technical support from Flagship Project
16	Develop pre & post tests for outcomes measurement	PMC leadership, with technical support from Flagship Project
17	Integrate training program into CQI process for the BPH	PMC leadership, with technical support from Flagship Project

5. *Determination of Facility and Clinical Services of the PMC*

A final decision must be reached and agreed upon regarding the placement of each clinical service in various PMC facilities. This decision not only impacts the placement of services within the BPH, but also impacts the selection, acquisition and placement of key medical systems and supplies. LLU strongly recommends that the pediatric and obstetrical services should be together in the same hospital. There is insufficient space in the new hospital to adequately house all the departments that should be present.

A clinical service matrix (see Annex D) has been developed for the PMC to help guide the discussion. Two options which achieve the goal of having pediatric and obstetrical services in close proximity are summarized below:

Service Matrix Option #1: *To house pediatric and obstetrical services at the BPH by adding a 3rd floor to the hospital, if feasible*

Service Matrix Option #2: *To house pediatric patients at the BPH and obstetrical services at the Kuwaiti Surgical Hospital (KSH)*

LLU recommends Option #1, if a new floor can be added to the BPH. The reasons for selecting Option #1 is the efficiency it brings to the flow of patients; the close proximity to the NICU and its resuscitation team, if needed; and the need to preserve the space of KSH for special surgical services.

Further, LLU proposes that the current morgue at the Ramallah hospital be upgraded immediately. The current facility is inadequate and the equipment is in disrepair. Moving the morgue to a new location³ and outfitting it with more modern equipment would be a huge boost not only to the staff but to the community who would appreciate seeing their loved ones treated with more respect and dignity.

³ LLU recommends that the morgue be moved to the Sheikh Zayed Hospital, which has sufficient space in its basement.

6. BPH Facility Readiness

The planning for the migration into, and formal opening of, the BPH will be done through what is called a Facility Activation Process.⁴ The end result should lead to the completion of the necessary steps to make the hospital “patient-ready.” This is the next logical step in the development of the PMC/BPH once the decisions regarding hospital services have been made. Our immediate attention focuses on the BPH, but the methods that will be designed for the BPH can be applied to the other hospitals in the system as well.

There are three BPH Activation Teams formed by the PMC leadership: Operations and Planning; Education and Training; and Occupancy Planning. Activation teams are essential to distributing and completing all the work ensuring that the myriad of details are completed prior to opening day. The activation process is a new concept and process for the PMC stakeholders. An in-service training session needs to be set up and conducted to explain the activation process forming the teams and work groups along the lines outlined.

Under each of these areas, work groups are organized by the PMC leadership around specific assignments or tasks. These work groups are made up of PMC and BPH staff with relevant skills or knowledge. The use of work groups has proven to be an effective tool to help engage staff in the creation and development of the new facility. Rather than inherit what has been decided, they help create it. In the case of the BPH, these different groups will work through every aspect of the hospital from the very simple to the complex—keeping the overall objectives of the PMC in mind. While the activation process can take some time to complete, it is well worth the effort and the end results should satisfy all stakeholders. An activation activities checklist has been developed and appears in Annex E.

All the work groups receive direction from a central activation/coordinating authority called the Management Oversight Group (MOG), which will be activated at the same time as the BPH Activation Teams and work groups. The membership of MOG will include select Flagship Project, MoH, and current hospital administrative and clinical personnel. The BPH Activation Teams will report up to MOG, which exists to make decisions quickly and serves as the final decision authority for the activation process. (The entire activation process will stumble if MOG is not empowered by the governing board and PMC administration to make decisions quickly. With the pressure to bring the BPH online soon, MOG has to be able to resolve problems moving the process forward.)

The table below outlines the different work groups under each area of need. All work groups report up to their respective activation team, who in turn report up to MOG. The size of each work group depends on the scope and tasks needed to be accomplished. The membership of the work groups is dependent upon the types of tasks they are to complete. The activation teams and work groups function simultaneously and report regularly to MOG.

⁴ In 2008, LLU purchased a newly constructed hospital three miles from its main campus. In the course of acquiring and opening this new facility, LLU developed an activation process that we have adapted for use in the operationalizing of the BPH.

Operations Planning Activation Team	Education & Training Activation Team	Occupancy Planning Activation Team
Work Group 1 <ul style="list-style-type: none"> • Patient, Work Flow, and Queuing • Policies/Forms/Procedures 	Work Group 8 <ul style="list-style-type: none"> • HRM—Medical Staff, Administration, Nursing, Others 	Work Group 10 <ul style="list-style-type: none"> • Facilities • Facilities—Morgue • Hazards/Waste Management • Engineering/ Information Systems
Work Group 2 <ul style="list-style-type: none"> • Medical Staff Licensure 	Work Group 9 <ul style="list-style-type: none"> • Staff Orientation & Training • Public Education/ Orientation Tours 	Work Group 11 <ul style="list-style-type: none"> • Fire Safety • Safety & Security • Emergency Preparedness
Work Group 3 <ul style="list-style-type: none"> • Business/Billing/Registration 		Work Group 12 <ul style="list-style-type: none"> • Logistics—Supplies, Inventory Mgt, Pharmacy, Medication Mgt/Use, Food Service, Housekeeping, Laundry, Signage, Key Control/Access Devices • Parking and Site Transportation
Work Group 4 <ul style="list-style-type: none"> • Information Management/Medical Records 		
Work Group 5 <ul style="list-style-type: none"> • Quality Assurance and Control 		
Work Group 6 <ul style="list-style-type: none"> • Patient and Family Rights 		
Work Group 7 <ul style="list-style-type: none"> • Budget and Finance 		
Work Group 7 <ul style="list-style-type: none"> • Budget and Finance 		

The final act in the activation is to confirm whether or not the BPH is ready to open. This is done through a mock test. On a pre-determined day “mock” patients and families go through the BPH, testing every system and operation to make sure the facility is ready to receive real patients and their families. Observers will be deployed to take notes and write down comments on what works and what does not work. A post-event debriefing will create a final list of problems that will need to be resolved prior to opening. Each clinical, administrative, nursing, financial, and facilities service within the BPH needs to develop life-like scenarios and patients that will test the processes and systems of the hospital. These should reflect the capacity of the hospital to ultimately measure preparedness for opening.

Success Factor: BPH Facility Readiness		
Recommendations	Task	Responsibility
18	Conduct an in-service training session for the BPH Activation Process	MoH and other stakeholders, with technical support from the Flagship Project
19	Create Management Oversight Group (MOG)	PMC leadership, with technical support from the Flagship Project
20	Create Operations Planning Activation Team and associated work groups	PMC leadership, with technical support from the Flagship Project
21	Create Education and Training Activation Team and associated work groups	PMC leadership, with technical support from the Flagship Project
22	Create Occupancy Planning Activation Team	PMC leadership, with technical

	and associated work groups	support from the Flagship Project
23	Activate and authorize MOG, Activation Teams and all work Groups	PMC leadership, with technical support from the Flagship Project
24	Conduct a "mock" test for the BPH and resolve any problems that arise. Be prepared for a retest, if needed	Stakeholders and all BPH Staff

7. Utilization of Joint Commission International (JCI) Standards for the PMC

The decision whether or not to implement JCI hospital standards for the PMC needs to be made so the standards can be kept in mind when processes and goals are set. While JCI accreditation is a goal, it is unrealistic to assume that accreditation will be achieved any time soon. The use of the standards is appropriate nonetheless as they will help to upgrade the standard of care at the PMC and make it a center of excellence.

Success Factor		
Utilization of Joint Commission International (JCI) Standards for the PMC		
Recommendations	Task	Responsibility
25	Adopt JCI standards as standards for the PMC	PMC leadership

8. Financial Viability of the PMC

A great deal of effort is being put into the operations, staff education and training and physical requirements of the PMC. Parallel to all these developments are the finances and budget that will support the PMC. While much of the budget will be developed during the activation process, consideration needs to be given to develop a budget based on each facility that will roll up into one bottom line for the PMC enterprise.

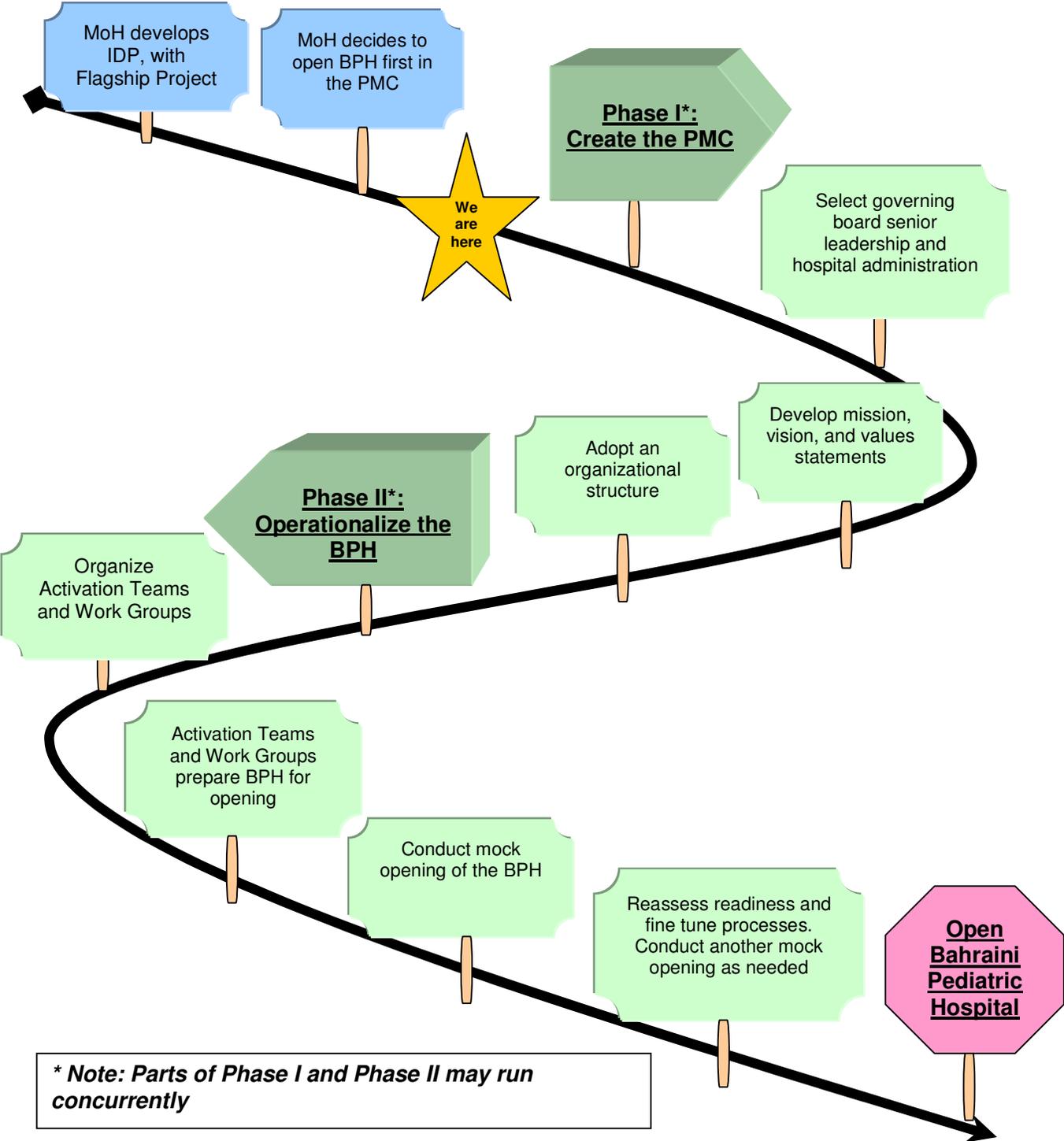
All stakeholders will need to collaborate to develop a successful funding model taking into account the existing payer mix, potential for reimbursement from private and government sources.

Success Factor:		
Financial Viability of the PMC		
Recommendations	Task	Responsibility
26	Develop a financial plan and budget for the PMC	Stakeholders

9. Stakeholder Support for the PMC Concept

The single most important factor that will ensure the success of the PMC is stakeholder support. Without support from all stakeholders, the road forward will be difficult to make decisions, institute change, and achieve desired goals. It will take a collaborative spirit to resolve all the issues that develop.

PMC/BPH Activation Pathway



B. BPH FACILITY REVIEW AND SAFETY RECOMMENDATIONS

An external assessment was conducted of the Bahrain Pediatric Hospital (BPH) facilities, applying the 2008 Joint Commission International Accreditation Standards for Hospitals with a specific focus on Safety, Security, Facilities Management, and Infection Control. All observations are offered respectfully with the purpose to identify and provide direction for safety and quality improvements needed in the BHP facility prior to its anticipated occupancy. The Joint Commission Standards (JCI) (3rd Edition) are provided here to guide in preparation of commissioning and occupying this facility.

1. JCI Facility Management Safety Standards

FMS.1 Complies with relevant laws, regulations and facility inspection requirements.

Recommendation:

1. Ministry of Health guidelines are minimum requirements. The facility should implement JCI standards to improve overall facility safety.

FMS.2 Plans and implements a program(s) to manage risks to patients, families, visitors and staff

Recommendations:

1. Plans for safety, security, hazardous material management, emergency response, fire safety, medical equipment safety, and utility safety need to be developed and staff trained and tested.
2. Hazard Vulnerability Analysis needs to be performed for the facility. The HVA should include risk assessment and development of emergency plans for natural, human and technological hazards (e.g. earthquake, mass casualty, terrorist attack, loss of power, or water).
3. A Facility Inspection Report must be developed and completed prior to occupying the facility. This will indicate that the hospital is aware of all conditions in its buildings and has plans to improve the safety of its buildings.
4. Housekeeping standards for cleanliness of walls, floors, horizontal surfaces, and windows a need to be established by infection control specialists.
5. Many stairwell exits are dark and need bulbs replaced or lights turned on to aid in safe passage. All exits must be kept clear of furniture, boxes, etc. The doors should remain closed as a smoke barrier.
6. The kitchens need a cleaning schedule for ceilings and walls and horizontal surfaces. The kitchen staff and management should consult with Infection Control specialists to identify and develop appropriate policy and procedure to minimize risk of infection/contamination and food borne disease for this at-risk population of patients.

- FMS.3 One or more qualified individuals oversee the planning and implementation of the program to manage the risks in the care environment.*
Recommendation:
1. An individual should be identified that is qualified and responsible to develop policy, procedure, organization charts with defined roles and responsibilities. Staff must be trained prior to occupancy.
- FMS.3.1 A monitoring program provides data on incidents, injuries, and other events that support planning and further risk reduction.*
Recommendation:
1. An event monitoring program should be established.
- FMS.4 The organization plans and implements a program to provide a safe and secure physical environment.*
Recommendation:
1. Security should be evaluated based on risk. Staffing, procedures for reducing infant/child abduction risk should be developed and implemented. An access control program should be developed to ensure a safe and secure environment for staff, visitors, patients and their families.
- FMS.4.1 Inspects patient care buildings and has a plan to reduce evident risks and provide a safe physical facility for patients, families, staff and visitors.*
Recommendations:
1. A regular inspection process should be established to evaluate risks and ensure compliance with safety plan.
 2. Establish fire patrols to weekly assess and correct fire safety lapses and ensure staff knowledge of emergency procedures.
 3. Ensure flammable materials are stored properly. Consider appropriate storage/fire cabinets in key areas.
- FMS.4.2 The organization plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection and in keeping with law and regulation.*
Recommendation:
1. Not assessed, but a policy and procedure for establishing a safety program and a committee process to ensure regular assessment and compliance should be developed.
- FMS.5 Hazardous material management program.*
Recommendations:
The following are needed:
1. A comprehensive facility plan including policies and procedures are needed. A system is established to safely manage the inventory, handling, storage, use, control and disposal of hazardous materials is needed.
 2. Documented training of employees regarding hazardous material risks, and the use of personal protection must be completed
 3. Development of both policy and procedures related to hazardous material spills. Development and placement of spill kits. Documented training needed for all relevant employees.

FMS.6 The organization develops and maintains an emergency management plan and program to respond to likely community emergencies, epidemics, and natural and other disasters.

Recommendations:

1. A plan must be developed
2. Hazard Vulnerability Analysis must be performed for natural, human and technological hazards.
3. This plan shall include evidence of coordination with community resources

FMS.6.1 The organization tests its response to emergencies, epidemics and disasters

Recommendation:

1. A documented drill for fire safety, evacuation, and security must be performed before occupancy. The drill should include review, and implementation of corrective action plan.

FMS.7 Plans and implements a program to ensure that all occupants are safe from fire smoke, or other emergencies in the facility

Recommendations:

1. Staff must demonstrate adequate knowledge of fire and evacuation plan prior to occupancy
2. Drills are needed to increase “top of mind awareness”
3. Ensure the fire hydrants and fire suppression equipment on the campus is tested, accessible and not blocked.
4. The fire suppression plan should be tested for adequate pressure in both static and dynamic performance test of all components.

FMS.7.1 Plan includes prevention, early detection, suppression, abatement and safe exit

Recommendations:

1. Establishment of regular fire patrols through a safety officer infrastructure
2. Need to establish flammable material management program
3. Establish training and procedure requirements of fire plan
4. Training needed on safe exit in response to fire and non-fire emergencies

FMS.7.2 Organization regularly tests its fire and smoke safety plan, including any devices related to early detection and suppression, and documents results.

Recommendation:

1. Perform testing prior to occupancy and then develop scheduled testing for key components of the system

FMS.7.3 The organization plans and implements a plan to limit smoking by staff and patients to designated non-patient care areas of the facility.

Recommendation:

1. A non-smoking policy or policy identifying specific areas for smoking need to be developed and implemented.

FMS.8 The organization plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting results

Recommendation:

1. Medical equipment management plan needed. Needs to include:
 - Inventory

- Risk-based criteria
- Maintenance planning and scheduling
- Quality indicators to guide improvement

FMS.8.1 Collects monitoring data for the medical equipment management program. These data are used to plan the long-term needs for upgrading or replacing equipment.

Recommendation:

1. Reports and analysis for medical equipment management program

FMS.8.2 The organization has a product/equipment recall system

Recommendation:

1. Develop recall program

FMS.9 Potable water and electrical power are available 24 hours a day, seven days a week through regular and alternate sources to meet essential patient care needs

Recommendation:

1. Emergency water supply and electrical power plan is needed for operating rooms, blood bank, NICU, PICU, Post anesthesia and recovery rooms and other essential support areas of patient care.

FMS.9.1 Emergency processes are available to protect facility occupants in the event of water or electrical system, disruption or failure.

Recommendation:

1. An emergency power and water plan needs to be developed. If normal power is lost to the water pumps, no emergency power is available fire suppression capability is compromised.

FMS.9.2 The organization tests its emergency water and electrical systems on a regular basis appropriate to the system and documents results

Recommendation:

1. A program must be established.

FMS.10 Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained and when appropriate, improved.

Recommendation:

1. An ongoing program is needed that provides evidence of regular monitoring and corrective action

FMS.10.1 Designated individuals or authorities monitor water quality regularly.

Recommendation:

1. Monitoring water quality

FMS.10.2 The organization collects monitoring data for the utility system management program. These data are used to plan the organization's long-term needs for upgrading or replacing the utility systems.

Recommendation:

1. A program must be established.

FMS.11.0 Educates and trains all staff members about their roles in providing a safe and effective patient care facility

Recommendations:

1. A program must be established
2. Training must be provided and documented for all employees regarding overall facility safety training roles, responsibilities and actions. This training program should include specific departmental training.

FMS.11.1 Staff members are trained and knowledgeable about their roles in the plans for fire safety, security, hazardous materials and emergencies

Recommendation:

1. All training shall be documented, drilled and tested at least annually

FMS.11.2 Staff is trained to operate and maintain medical equipment and utility systems

Recommendation:

1. Qualified staff provide maintenance for all medical equipment and utilities.

FMS 11.3 The organization periodically tests staff knowledge through demonstration mock events, and other suitable methods. Testing is documented.

Recommendation:

1. A schedule should be provided to the organization and performed at least twice per year. Results are reviewed, evaluated and improved. All testing should be related to high risk areas identified in the Hazardous Vulnerability Plan

2. Additional Recommendations

- Several areas of the building have suffered water damage. These areas should be repaired, and treated with antifungal/mold substances to reduce risk of aspergillus and other unwanted mold contamination.
- Food service needs to organize services consistent with the W.H.O. Five Keys to Safer Food. These include the following keys concepts:
 - Keep Clean, hand hygiene, disinfection
 - Separate raw and cooked foods
 - Cook thoroughly
 - Keep food at safe temperatures
 - Use safe water and raw materials
- An infection control specialist should help develop food service cleaning and cleanliness specifications consistent with WHO recommendations.
- Management of hazardous material including inventory, storage, handling, safety and disposal must be specified prior to occupancy. Particular attention should be given to emergency spill kits, Material Safety Data Sheets and proper storage and limited inventory. Staff must be trained in this area prior to occupancy
- Hospital must purchase an emergency generator. Size and complexity relate to the scope of the emergency power support. This service is critical to support the NICU, PICU, and Operating room.
- Emergency Water supply. Hospital must determine how long the emergency water supply must last. Usually a minimum is 48 hours.

- The Infection Control staff needs to assist the nursing units to evaluate and set up workflow areas that separate “clean” and “dirty” work functions for medication preparation and biohazard waste management functions
- Infection Control specialists should determine type of disinfectants, frequency and level of cleaning for patient care units, equipment and public areas
- The Fire Safety system is not automated and appears to be based on smoke alarms and human activation for fire suppression. A comprehensive fire safety plan needs to be developed including horizontal and vertical evacuation plans, protocols for fire department notification, staff training, and quarterly drills. Weekly fire patrols are recommended to ensure minimization of fire risk by removing trash, and clearing egress routes. All exit doors should be identified with signage, able to open in the direction of egress and unlocked at all times after occupancy. Signs are needed to make fire alarms more visible when looking down the corridors.
- All refrigerators, freezers, and temperature controlled environments (carts for delivering food) should be measured, and recorded. A cleaning schedule should be established.
- Soap and towels need to be consistently available throughout the facility. Many of the sinks are not yet in place and should be installed prior to occupancy. Many of the wash stations are part of the bathrooms. This is not ideal. Hand hygiene can be significantly improved by strategically locating alcohol based hand cleaner. In the 5 bed wards, alcohol based hand cleaners can be placed in each room so staff can wash between patients. Hand hygiene should be implemented throughout the facility.
- Electrical outlets placed below 1.5 meters from the floor should have outlet protective covers to ensure small children are protected from electrical hazards.

ANNEX A: TERMS OF REFERENCE



Palestinian Health Sector Reform and Development Project Scope of Work

Consultants: Jerry Daly, Jan Zumwalt, Gerald Ellis

General Project Overview:

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 to 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.

Background:

The Ministry of Health is in the process of establishing a Palestine Medical Complex (PMC) in Ramallah, West Bank. The PMC represents four hospitals that will provide specialized services to the Palestinian people. The complex will provide emergency care (Sheikh Zayed Trauma Center, financed by the United Arab Emirates), specialized surgery (Kuwaiti Hospital), pediatrics (Bahraini Pediatric Hospital), general medical and surgical services and limited tertiary care at Ramallah Hospital, and a blood bank. The longer-term objective of the PMC is to serve as a center of excellence in the West Bank that will encourage the rest of the Palestinian health system to provide the highest quality service in a complementary fashion.

During a comprehensive health system needs assessment conducted by the MoH with support from the Flagship Project, the PMC was identified as a priority area for intervention from the

MoH. The Ministry seeks assistance in operationalizing the PMC in a manner that promotes good governance and transparency in health, equitable and quality services in care, social participation, and cost-effectiveness.

Two of the consultants for this Scope of Work – Mr. Jerry Daly and Ms. Jan Zumwalt – conducted an initial assignment in December to begin the initiation process of preparing the Bahraini Pediatric Hospital and the Sheikh Zayed Trauma Center for operation and develop the master plan for the Palestine Medical Complex. This Scope of Work will build on that assignment and achieve many of the recommendations Mr. Daly and Ms. Zumwalt included in their final report.

As such, the purpose of this scope of work is to activate the mobilization process of the PMC. To do so, the Flagship Project seeks the services of Loma Linda University (LLU), a subcontractor to Chemonics International under the USAID-funded Flagship Project, which brings specialized expertise in hospital management, emergency, and secondary care.

Specific Tasks:

Mr. Jerry Daly, Hospital and Clinic Administration Specialist, Ms. Jan Zumwalt, Nursing Administration Specialist, and Mr. Gerald Ellis, Hospital and Clinic Administration Specialist, will conduct the following tasks:

- Meet with key Flagship field staff and USAID personnel, as needed.
- Write and develop SOW outlining necessary sequences to operationalize the PMC pediatric hospital.
- Identify clinical areas and timetable to initiate STTA training in support of the PMC institutional development plan.
- Gather and develop topics and background information to create presentations for the upcoming Flagship Project Partners' Meeting in April 2009.
- Develop trip report detailing all activities and further recommendations.

Deliverables:

The consultants are expected to prepare a trip report that includes the following deliverables:

1. Scopes of Work for operationalizing the PMC Bahraini Pediatric Hospital.
2. Timetable for STTA trainings in support of the PMC institutional development plan.
3. Presentation for Flagship Project Partners' Meeting.
4. Additional notes and recommendations as applicable.

Reporting:

The Consultants will work under the direction of, and report to the Chief of Party, Dr. Taroub Faramand. Day-to-day work in the field will be conducted in consultation and coordination with Dr. Damianos Odeh, Director of Health Sector Reform.

Timing: March 21-March 29, 2009.

ANNEX B: CONSULTANT CVS

Gerald A. Ellis

10991 Yunis Court Yucaipa, CA 92399
Ph. 909 790 5179 Mobile 909 844 8047
gerald.ellis@yahoo.com

SENIOR HEALTHCARE EXECUTIVE

Strong management career providing creative leadership; innovative, mission-driven solutions; strategic planning; and administrative oversight to a world-class healthcare complex and academic medical center located in Loma Linda, California. Known as a highly effective resource manager, consensus-builder and team facilitator. Dedicated to high quality clinical care and high patient satisfaction. A strong champion of the mission of whole person patient care, teaching, and clinical research. Faculty member in the School of Allied Health Professions, Loma Linda University, in Healthcare Management. Key accomplishments:

- Improved profitability and physician group stability of the International Heart Institute, Cancer Institute, Transplantation Institute, and Proton Therapy Center
 - Managed as Acting Chief Operating Officer for 18 months during \$42 million turnaround at Loma Linda University Medical Center (2000-2003)
 - Developed key strategies to enhance hospital/physician relationships and stabilize key physician groups: Cardiology, Medical Oncology, Radiation Medicine and Transplantation Services. (2004-2006)
 - Developed first gain sharing program at Loma Linda University Medical Center
 - Working with physicians, established strategic direction for **adult and pediatric** care in Cardiac Services, Cancer services, Transplantation Services and the world's first hospital-based Proton Treatment Center
 - Recruited and trained the middle and senior management team and lead new program rollouts
 - Served as member of Center for Bioethics Administrative board
 - Administrative leader and Secretary of Board of Directors Quality Committee 2001-2006
 - Served on faculty at Loma Linda University since 1984 and as Loma Linda University Medical Center liaison (2005-2006) to numerous key Loma Linda University leadership groups
-

AREAS OF EXPERTISE

OPERATIONS PHYSICIAN RELATIONS INTELLECTUAL PROPERTIES
 QUALITY / PATIENT SAFETY INTERNATIONAL SERVICES

Budget creation/forecasting Financial Analyses Multimillion Dollar P&L oversight
Provided operational oversight to Pediatric and Adult Cardiac, Oncology, and Transplant Services Responsible for facilities Strategic planning in Cardiac Services, Cancer, Transplant and Radiation Medicine (Proton Therapy) Physician relations Mission-based management Marketing/community relations Process improvement engineering / reengineering Team building Incentive compensation Patient satisfaction Facilities planning and management Utilization management Grants management Physician and staff recruitment and placement Medicare provider-based clinics planning Patient Satisfaction Accreditation Intellectual Property Fundraising associated with Cardiac Services, Cancer, and Radiation Medicine (Proton Therapy) Member Overseas Heart

surgery team, Suzhou, China; presenter at critical care symposium in Hong Kong, China; Penang, Malaysia; Tokyo, Japan; Cebu City, Philippines □ Consultation with Sir Run Run Shaw Hospital to support successful JCI accreditation □ Administrative Consultant to Sir Run Run Shaw Hospital, Hangzhou, China and Huashan Worldwide Medical Center, Shanghai, China

EXECUTIVE PERFORMANCE HIGHLIGHTS

Acting Chief Operating Officer, key team member to lead \$42 million turnaround (2000 – 2003)

- Responsible for non-nursing and non-financial departments: reduced expenses, enhanced revenue, improved operational efficiency.
- Improved purchasing process through change of GPO saving over \$3 M.
- Working with department Director, improved pharmacy operations through use of robotics improved turnaround time and improved accuracy of medication delivery
- Established patient satisfaction program “ICARE” and surveyed patients with the Press-Ganey Survey tool. Modest improvements in patient satisfaction achieved.
- Administrator responsible for Quality Resource Management services and JCAHO and California Department of Health Services survey preparation and readiness. Assisted in development of disaster and security plan
- Developed utilization management program in clinical ancillary services
- Alpha test site for clinical information system using handheld computer terminal technology

Cardiac Service Line: Stabilized physician group and increased contribution margin by \$10.2M

- Established Cardiac Service Line and recruited Executive Director
- Developed shared management with physicians to improve efficiency and volume in non-invasive laboratory. Volume increased by 17% (2005-2006). and through process improvement reduced delay of service by 50%, and improved report completion by 25%.
- Pediatric ECHO lab accredited nationally by ICAEL.
- From 2004 – 2006, improved contribution margin in Cardiac Services 34% (\$10.2 M) and reduced direct costs 16% or \$11.3 M.
- Established first gain sharing program with Adult Cardiology creating a net savings of \$3.5 M. Reduced direct costs by 21% without change in mortality or increased length of stay
- Established a productivity-based compensation system for our academic cardiology practice. Resulted in recruitment of 4 adult cardiologists, financially stabilized the group and increased procedure volume and profitability for the hospital.
- Collaborated in the development of a team to negotiate the design and structure of professional and financial relationship between Radiology, Cardiology and Vascular Surgery relating to cardiac imaging and peripheral vascular services
- Led team in design and specification of new “Cardiac Ambulatory Pavilion project”. Met planning schedule.
- Collaborated with staff and physicians to develop report streamlining process improvements using work redesign and new technology.

Transplantation Institute/Service Line: Controlled expenses while maintaining excellent outcomes

- Transitioned a new medical director for the Transplantation Institute while increasing volumes and maintaining quality. Program is among the best in California relating to survival rate for liver, heart, and kidney transplant patients
- Faced with a large potential deficit, worked with Heart Transplant program to reduce expenses and financially break even.
- Increased referral by 10% from 2005-2006
- Worked to establish cooperative practice with community hospital to better capture market share in two county regions.
- Evaluation of adult and pediatric stem cell programs. Strategic plan developed and implemented.

Cancer Institute/Service Line: Led team to stabilize oncology physician groups and establish clinic/infusion center (2004-2007)

- Developed strategic plan and structure for Cancer Institute.
- Assisted in transition of Medical Oncology group from Department of Internal Medicine to School of Medicine physician corporation
- Led team to design new clinic, infusion center and cancer resource center as well as to design and define inpatient oncology services.
- Enabled the strengthening of clinical research and enrollment into clinical trials
- Facilitated the recruitment of Cancer Institute Medical Director, Executive Director and Medical and Surgical Oncology Section Chiefs.

Department of Radiation Medicine and Proton Treatment Center: Enhanced revenue and profitability (2004-2007)

- Implementation of comprehensive marketing plan for proton treatment center. Daily volume increased by 52% (90-137 treatments per day). Volume stabilized at 150 treatments per day even though 4 new competitors entered the market. Annual net profit >\$18M
- Assisted in negotiation with CMS to increase reimbursement of hospital-based Proton Treatment facilities by 17% adding \$2.3M in profitability in 2006. Charter member of Proton Consortia.
- Established innovative program with former patient and use of website to provide patient support, information, and referral and fundraising for patients diagnosed and treated for prostate cancer.
- Working with physicians, physicists, and engineers developed a process to review and prioritize projects that improve uptime of proton accelerator.
- Worked with legal counsel, physicians, and engineering development partners to develop methods for identifying intellectual properties associated with Proton Therapy. Identified, procured and defended patents associated with Proton Therapy.
- Worked with physicians and the Special Assistant to the President to identify key technology advances and establish priorities for appropriations from the Department of Energy, Department of Defense, and other Federal Agencies.
- Assisted in management of grants from federal agencies. Helped to improve efficiency of grants management processes.

CAREER DEVELOPMENT

Loma Linda University Medical Center, Loma Linda, CA 1978 – 2007

Loma Linda University Medical Center is a private, not-for-profit teaching hospital located in Loma Linda, California, serving southern California, the United States of America, and the world.

Administrative Consultant 2008 – present

- Sir Run Run Shaw Hospital, Hangzhou, China.
 - Duties: JCI Preparation, International Business Development, Healthcare Management Training
- Huashan Worldwide Medical Center, Shanghai, China.
 - Duties: JCI preparation, Infection Control

Senior Vice President 2000 – 2007

Vice President 1998 – 2000

Administrative Director, Cardiopulmonary Services 1994 – 1998

Director, Respiratory Care Services 1984 – 1994

Faculty, Loma Linda University, School of Allied Health Professions 1984 – 2007

Liaison Loma Linda University Medical Center to Loma Linda University 2005-2006

EDUCATION

MBA, University of LaVerne, La Verne, CA, 1990

BA, Texas Lutheran University, Seguin, Texas, major in Health, Physical Education and Recreation, Minor in Biology, 1975.

AS, San Bernardino Valley College, San Bernardino, CA, Respiratory Therapy, 1977

TEACHING AND LEADERSHIP

- Instructor, School of Allied Health Professions: Leadership Seminars, organized, designed, and taught graduate level course in Leadership. Including, Quality systems, managing change, ethics, critical thinking, use of the balanced scorecard, conflict resolution and other leadership topics.
 - Represented Loma Linda University and Medical Center in **global outreach**
 - ◆ Consultant to Sir Run Run Shaw Hospital, Hangzhou, China - November 2006, performed facility preparation for successful Joint Commission International Accreditation
 - ◆ Regional Critical Care Symposium – Penang, Malaysia - 1992
 - ◆ Member of Overseas Heart Surgery Team – Suzhou, China 1982
 - ◆ Critical Care Seminars: Hong Kong; Cebu City, Philippines; Tokyo, Japan; 1982
 - Continuing Education: Quorum Quality Management, Gallup University, American College of Healthcare Executives, Healthcare Advisory Board, SG2
 - Committees and Boards: Administrator and Secretary, Board of Directors, Quality Committee; Corporate Secretary, Loma Linda University Medical Center 2000-2005; administrative representative, Center for Bioethics, Loma Linda University; Adventist Health Managed Care and Behavioral Medicine Board 2001-2003; Loma Linda Mercantile, President 2002-2006; Loma Linda University Medical Enterprises, President, 2002-2006
 - Authored numerous articles, PowerPoint presentations, and a book chapter, **Quality Assurance in the Blood Gas and Pulmonary Physiology Laboratories** in “Advances in Respiratory Care”, American College of Chest Physicians 1982.
-

REFERENCES AVAILABLE UPON REQUEST

Professional Profile

I am currently engaged in a number of international projects and initiatives at a health sciences university, providing leadership, administrative and logistical support, grant oversight, and direct project management. In addition, I have worked in departmental management, overseeing media and library resources in a university setting.

I possess the ability to:

- Think strategically
- Collaborate with others
- Motivate others
- Be fiscally responsible
- Remain compassionate
- Perform under pressure
- Learn from others
- Solve complex problems
- Carry projects to completion
- Listen to different points of view
- Work in diverse cultures and social settings
- Multi-task while maintaining momentum

Experience

- Associate Director 08/07 – Present
- *Global Health Institute, Loma Linda University*
 - Assists with the establishment, development, and rollout of the Global Health Institute—a system-wide entity to oversee and coordinate LLU's international efforts
- Assistant Vice President 01/05 – Present
- *Global Outreach, Loma Linda University Adventist Health Sciences Center*
 - Serves as the Country Director for Afghanistan to manage and direct a two-year \$6.6 million USAID grant in support LLU's efforts at Wazir Akbar Khan Hospital and Kabul Medical University, Kabul, Afghanistan
 - Coordinates professional staff recruitment and selection
 - Produces and files project reports and documents with USAID/Kabul
 - Manages project budget, selects and acquires new medical technology, and manages LLU's in-kind contribution to the project
 - Consults and collaborates with Afghan counterparts on hospital priorities; resolves operational problems; and helps establish strategic hospital priorities
 - Represents the interests of LLU and WAKH at the Ministry of Public Health and USAID Mission Kabul
 - Develops and implements LLU's strategic plan, budget, work plan and performance monitoring plan for Afghanistan
 - Served as onsite Country Director and Hospital Administrator/Chief of Party at Wazir Akbar Khan Hospital, December 2007 – August 2008

- Reorganizes the Office of Global Outreach based on a strategic plan for LLUAHSC, emphasizing the building and implementation of an operational infrastructure to direct and support institutional international programs and efforts
 - Web-based online Global Services Information Management System
 - Triages used medical equipment and supplies and oversees the Global Outreach warehouse facility
 - Chair, Global Outreach Administrative Committee, approving those to come to LLUAHSC from abroad and those who go out to serve
 - Consult and serve as a liaison to the LLUAHSC entities for the development of international projects and outreach efforts
 - Oversee and manage the Students for International Mission Service (SIMS) program
- Provides logistical and programmatic support to Adventist Health International—
a system that supports and backs 32 hospitals in Africa, South America, and Central America
- Travels internationally to assess hospital and clinic sites, makes recommendations, and develops proposals and strategies for improvement.
- Manages and oversees Global Health Institute finances
 - Global Outreach & SIMS budgets
 - Global Health Institute, Sir Run Run Shaw & SIMS endowments of nearly \$3 million in funds
- Serves on the following committees and boards:
 - Chair, International Charity Committee
 - Chair, Global Outreach Administrative Committee
 - Member, International Nursing Council
 - Member, Adventist Health International Services
 - Member, Adventist Health International Advisory Board
 - Member, Afghanistan Project Executive Committee
 - Member, China Operations Group
 - Member, Global Health Institute Oversight Committee

- Director

08/02 – 01/05

University Libraries, Loma Linda University

- Developed and implemented a five year strategic plan for the University Library system
- Secured stable funding for library operations and the acquisition of additional resources
- Increased spending on journals and books from \$500,000 to \$1.2 million
- Reorganized several independent branch libraries and the University Library into one system
- Succeeded in motivating the library staff to engage and embrace the future while laying the groundwork for transforming the Library into a more relevant entity on campus

- Director

09/79 – 01/05

Media Services, Loma Linda University

- Integrated audiovisual technology into library services and the curriculum
- Directed the planning and development of a Distance Learning program

with academic programs in Japan, Massachusetts, Alabama, and several sites in California.

- Integrated media technology into the curriculum through the use of appropriate new technology in classrooms and amphitheatres
- Reorganized the department in 1979, transforming it into a system that generated over \$550,000 in revenue annually
- Established a faculty development program for media technology
- Established a reputation for reliable high quality service in the academic and medical community at Loma Linda University

- International Program Leadership

- Administrator

01/05-

Present

Behavioral Trauma Team, Loma Linda University

- Coordinates and administers the LLU International Behavioral Medicine Trauma Team, which provides behavioral health support and training to first responders in post-disaster areas around the world.

- China Project Coordinator

01/89-12/04

Loma Linda University

- Provided administrative, logistical and programmatic support to the Sir Run Run Shaw Hospital Project, Hangzhou, China
- Managed a \$1.5 million grant from USAID for medical equipment and systems

- Administrative Director

01/84 – Present

Overseas Heart Surgery Team, Loma Linda University

- Provided administrative and logistical support to the LLU Overseas Heart Surgery Team for 16 international trips to over 8 countries

Education

Doctor of Philosophy, Comparative Politics and World Politics	Claremont Graduate University Claremont, California	<i>In progre ss</i>
Master of Science, Library Science	University of Southern California Los Angeles, CA	1980
Master of Arts, History	Loma Linda University Loma Linda, CA	1980
Bachelor of Arts, History	Loma Linda University Riverside, CA	1975

References

Available upon request.

JAN ZUMWALT, RN, MS, MBA

11730 Martin Street • Loma Linda, CA 92354
W: (909) 558-8541 • jzumwalt@llu.edu

Education

1993

Master of Business Administration, Finance
La Sierra University, California

1984

Master of Science, Nursing Administration
Loma Linda University, California

1974

Bachelor of Science in Nursing “Cum Laude”
Loma Linda University, California

Loma Linda University

Assistant Professor of Nursing
Loma Linda University, School of Nursing

Professional Experience

LOMA LINDA UNIVERSITY MEDICAL CENTER

11234 Anderson Street, Loma Linda, California, 92354

2004 – Present

Executive Director, International Affairs

- Supports Loma Linda University Adventist Health Science Center (LLUAHSC) international outreach programs as Associate Director of the Global Health Institute (GHI).
- Collaboratively plans and develops infrastructure to back international healthcare activities.
- Oversees and directs the China Project for the LLUMC CEO, including strategic planning and working with Zhejiang University (ZU) School of Medicine, Sir Run Run Shaw Hospital, and ZU Children’s Hospital.
- Coordinates and supports nursing activities for LLUAHSC international initiatives, i.e. the Afghanistan Project.
- Manages the foreign exchange and mentorship program for LLUAHSC entities.
- Ensures compliance with Federal Homeland Security government agencies and state regulations.
- Recruits physicians, nurses, and other healthcare professionals for participation in LLUAHSC international projects and programs.
- Introduced the Joint Commission International (JCI) standards and assisted Sir Run Run Shaw Hospital to improve the quality and safety of patient care, leading to a successful JCI accreditation survey in December 2006.

1993 – Present

International Nursing Leadership

- Manages and supports the nursing division at Sir Run Run Shaw Hospital, People’s Republic of China. This includes recruiting long- and short-term nursing leadership personnel to fill key positions for the duration of L.L.U.M.C.’s contract.

- Coordinates international nursing endeavors for the nursing division.
- Worked with the School of Nursing to develop the joint Medical Center and School of Nursing L.L.U. International Nursing Council. *Serves as chairperson, alternate terms.*
- ***Hosts and coordinates foreign nurse mentorships and visits to LLUMC.***

2000 – 2004

Executive Director, Case Management, Nursing Resources, Home Health Care and Advanced Practice Nursing

- Responsible for case management, including utilization management and review and discharge planning coordination/implementation for LLUMC, Children's Hospital, and Community Medical Center.
- Supported and assured efficient management of patients with complex continuum of care needs.
- Responsible for 60 Advanced Practice Nurses partnered with physicians in various specialties, including contracting and reimbursement.
- Responsible for developing a Bed Access Center to improve patient flow and facilitate planned admissions obtaining beds.
- Promoted teamwork/communication between Home Care Service departments and Hospital Case Management.
- Actively managed Revenue and Expense flows in Home Care Service departments.

1988 – 2000

Executive Director, Medical-Surgical Nursing

- Responsible for 200 adult acute care inpatient beds, the Kidney Center (in and outpatient dialysis units) and the nursing resource department in a large teaching hospital.
- Managed approximately 450 employees in 16 cost centers.
- Responsible for an annual operating budget of \$20,000,000.
- Generated and implemented cost containment strategies for both labor and supplies.
- Chaired weekly, monthly and ad hoc meetings with nurse managers, other department directors and physicians to increase communication and improve patient care.
- Developed a 25-bed Intermediate Care Unit to accommodate sicker patients coming from ICU.
- Developed a Pediatric Dialysis program.
- Developed a Joint Replacement Program in conjunction with a prosthesis vendor and orthopaedic surgeons.
- Preceptored graduate students in Administration.

1978 - 1988

Head Nurse, Surgical-Trauma Intensive Care Unit

- Planned and directed nursing services for a 25 bed Surgical and Trauma Intensive Care Unit. Selected, evaluated and counseled 110 employees.
- Initiated equipment purchase decisions for patient monitoring systems and provided for optimal environmental conditions.

1974 - 1978

Staff and Charge Nurse, Surgical-Trauma Intensive Care Unit (AM shift)

- Coordinated AM shift work assignments, determined nurse:patient ratios, and managed patient care on a busy critical care unit.
- Prepared monthly staffing schedule.
- Administered direct care to critically ill patients.

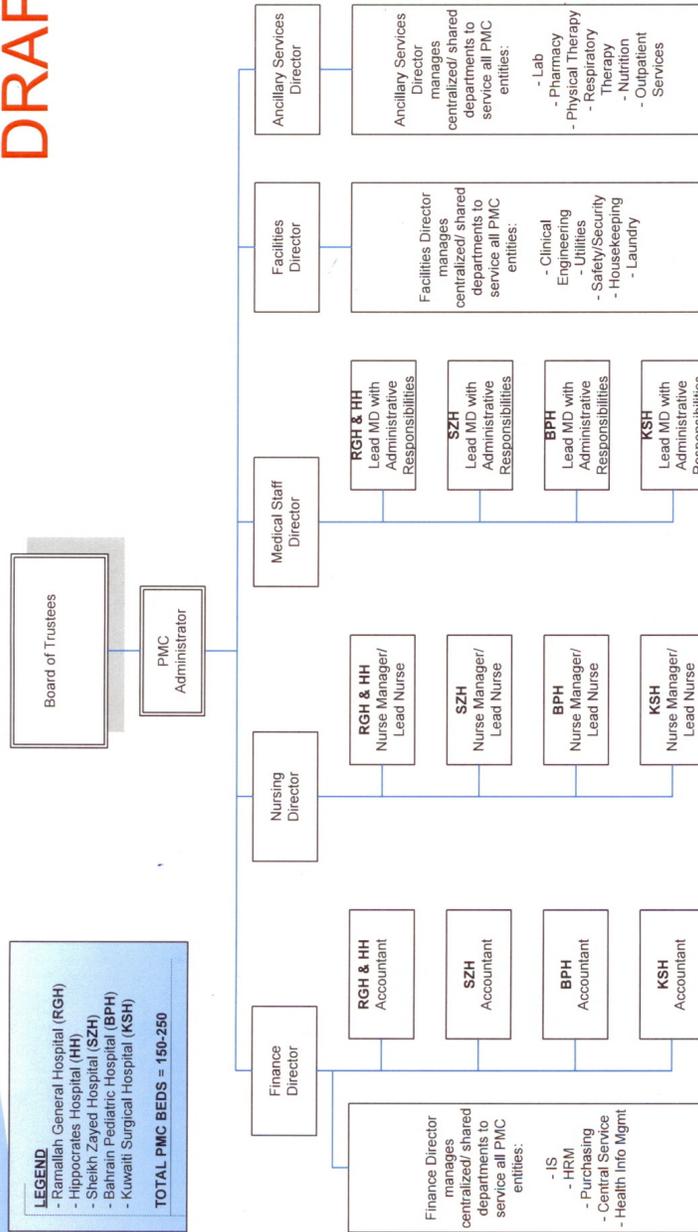
**National
Certifications**

- Registered Nurse, State of California, 1974 - present
- C.N.A.A., Certification in Nursing Administration Advanced, American Nurses' Association, 1992 – 2007 (2008 inactive)
- CCRN, Certified Critical Care Nurse, American Association of Critical Care Nurses, 1978 – 1991

ANNEX C: ORGANIZATIONAL CHART

“The Flagship Project” Palestinian Medical Complex

DRAFT



March 26, 2009

ANNEX D: SERVICE MATRIXES

Service Matrix Option #1: OB → New 3rd Floor at (BPH), Cardiac Care Services at Kuwait Surgical Hospital (KSH)

PROS			CONS		
<ul style="list-style-type: none"> OB on new 3rd floor at BPH Inpatient adult surgical services all kept together at KSH NICU and PICU services can share physician coverage at (BPH) 			<ul style="list-style-type: none"> No room for growth in surgical service patients at KSH 		
CURRENT			PROPOSED		
Hospital	Service	# Beds	Service	# Beds	Notes
Ramallah General Hospital (RGH) Beds: 150 Staff: 393	<u>Medicine</u>		<u>Medicine</u>		<u>Centralized Departments</u> Administration Human Resources Finance Nutrition Physical Therapy Respiratory Therapy Clinical Lab? Pharmacy? Purchasing? Central Service? Housekeeping? Laundry? Safety/Security? Utilities? Clinical Engineering? IS? HIM <u>Outpatient Clinics</u> Adult Pediatric
	Internal Medicine	11	Internal Medicine	11	
	Pulmonary (TB)	3	Pulmonary (TB)	3	
	Heart	7	Nephrology	3	
	Nephrology	3	ICU	6	
	CCU	8	Overflow Beds	7	
	<u>Surgical</u>				
	ICU	6			
	GYN	7			
	General Surgery	11			
	Urology	3			
	Ortho	8			
	Cardiac Surgery	8			
	Neurosurgery	7			
	<u>OB</u>				
	OB	18			
<u>Pediatric</u>					
Incubators	7				
Pediatrics	27				
Pediatric Surgery	4				
<u>Outpatient</u>					
Daycare	12				
	<i>Subtotal</i>	150	<i>Subtotal</i>	30	
Sheikh Zayed Hospital (SZH) Beds: 28 Staff: 87			<u>Emergency</u>		<u>Centralized Departments</u> Morgue? Forensic lab?
			Peds & Adult <u>Daycare</u> Peds & Adult		
	<i>Subtotal</i>		<i>Subtotal</i>		
Bahrain Pediatric Hospital (BPH) Beds: 45 Staff:			<u>Pediatrics</u>		May use Kuwaiti Hospital for pediatric OR cases Pediatric Dialysis OB space planning technical assistance needed to assess space for L&D, c-section, etc.
			Pediatrics	27	
			Pediatric Surgery	4	
			NICU	7	
			PICU	7	
			<u>OB – add 3rd floor</u>		
		Obstetrics	20		
		Nursery	?		
	<i>Subtotal</i>		<i>Subtotal</i>	65	
Kuwaiti Surgical Hospital (KSH) Beds: 60			<u>Surgical</u>		
			GYN General Surgery	7 11	

Staff:			Urology	3	
			Orthopedic	8	
			Neurosurgery	7	
			Cardiac Care		
			Cardiac Surgery	8	
			CCU/ICU	7	
			Heart	8	
			Overflow Bed	1	
			<i>Subtotal</i>	60	
Hippocrates Hospital (HH) Outpatient Beds: Staff:					Adult Dialysis?
	<i>Subtotal</i>		<i>Subtotal</i>		
	TOTAL	150	TOTAL	155	

Service Matrix Option #2: OB → KSH

PROS			CONS		
<ul style="list-style-type: none"> GYN surgery and OB (obstetrics) done in the same hospital Close proximity of mothers to the NICU Shared physician coverage 24/7 for NICU and PICU due to close proximity of the units on BPH. Cardiac care service line patients are together at KSH 			<ul style="list-style-type: none"> Inefficient use of 4 OR rooms at KSH Inefficiency, surgeries being done across three hospitals 		
CURRENT			PROPOSED		
Hospital	Service	# Beds	Service	# Beds	Notes
Ramallah General Hospital (RGH) Beds: 150 Staff: 393	Medicine		Medicine		Centralized Departments Administration Human Resources Finance Nutrition Physical Therapy Respiratory Therapy Clinical Lab? Pharmacy? Purchasing? Central Service? Housekeeping? Laundry? Safety/Security? Utilities? Clinical Engineering? IS? HIM Outpatient Clinics Adult Pediatric
	Internal Medicine	11	Internal Medicine	11	
	Pulmonary (TB)	3	Pulmonary (TB)	3	
	Heart	7	Nephrology	3	
	Nephrology	3	ICU	6	
	CCU	8	Surgical		
	Surgical		General Surgery	11	
	ICU	6	Urology	3	
	GYN	7	Orthopedic	8	
	General Surgery	11			
	Urology	3			
	Ortho	8			
	Cardiac Surgery	8			
	Neurosurgery	7			
	OB				
OB	18				
Pediatric					
Incubators	7				
Pediatrics	27				
Pediatric Surgery	4				
Outpatient					
Daycare	12				
	<i>Subtotal</i>	150	<i>Subtotal</i>	45	
Sheikh Zayed Hospital (SZH) Beds: 28 Staff: 87			Emergency Peds & Adult		Centralized Departments Morgue? Forensic lab?
			Daycare Peds & Adult		

	<i>Subtotal</i>		<i>Subtotal</i>		
Bahrain Pediatric Hospital (BPH) Beds: 45 Staff:			<u>Pediatrics</u> Pediatrics 27 Pediatric Surgery 4 NICU 7 PICU 7		May use KSH for pediatric OR cases Pediatric Dialysis
			<i>Subtotal</i>	45	
Kuwaiti Surgical Hospital (KSH) Beds: 60 Staff:			<u>OB</u> Obstetrics 18 <u>Surgical</u> GYN 7 Neurosurgery 7 <u>Cardiac Care</u> Cardiac Surgery 8 CCU/ICU 8 Heart 7 <u>Overflow Beds</u> 5		
			<i>Subtotal</i>	60	
Hippocrates Hospital (HH) Outpatient Beds: Staff:					Adult Dialysis?
	<i>Subtotal</i>		<i>Subtotal</i>		
	TOTAL	150	TOTAL	150	

ANNEX E: ACTIVATION ACTIVITIES CHECKLIST

Palestinian Health Sector Reform and Development Project "The Flagship Project"

Activation Activities Checklist

Palestine Medical Complex and Bahrain Pediatric Hospital

Outline

- I. Management Oversight Group (MOG)
 - A. Operations Planning Activation Team
 - B. Education and Training Activation Team
 - C. Occupancy Planning Activation Team
- II. Mock Opening – Directed by MOG

NOTE: Each work group may be responsible for more than one category or activity.

I. MANAGEMENT OVERSIGHT GROUP (MOG)
<input type="checkbox"/> Oversees/coordinates the <ul style="list-style-type: none"> ▪ Operations Planning Activation Team ▪ Education and Training Activation Team ▪ Occupancy Planning Activation Team
<input type="checkbox"/> Identify a Project Manager and supporting roles
<input type="checkbox"/> Determine project timeline for opening (use Microsoft Project or equivalent to map out the dates and determine if milestones are being reached in accordance with the projected opening date). What happens if team is not completing tasks on time? Etc.
<input type="checkbox"/> Determine clinical services that will be offered
<input type="checkbox"/> Develop a communication process to keep key stakeholders/decision makers informed of all activation activities. Conduct employee forums to ensure "organization" is informed of what you are doing, who will be involved, timeframes, culture, mission, etc. (Ensures everyone is on the same page)
<input type="checkbox"/> Assign members to Activation Teams and appoint chairpersons
<input type="checkbox"/> Ensure all plans include a "Plan B," "Plan C," etc. for EVERYTHING. (i.e. will staff be borrowed if not hired in time or will you delay opening? If certain equipment is not there will you perform the service at another site, move equipment from another site? etc.)
A. OPERATIONS PLANNING ACTIVATION TEAM
ALL Work groups
<input type="checkbox"/> Establish critical deadlines (use Microsoft Project or equivalent to map out the dates and determine if milestones are being reached in accordance with the projected opening date)
<input type="checkbox"/> Ensure the plan includes a "Plan B," "Plan C," etc. for EVERYTHING. (i.e. will staff be borrowed if not hired in time or will you delay opening? If certain equipment is not there will you perform the service at another site, move equipment from another site? etc.)
Work Group #1 Patient, Work Flow, and Queuing

<input type="checkbox"/> Script the patient experience for different clinical services and activities. Flow chart services and processes, noting duration of time at each step, in order to validate efficiency. Assess patient flow. What can be improved?
<input type="checkbox"/> Work with ED, housekeeping, Radiology, Clinical Lab, physicians, nursing staff to develop processes to facilitate flow
<input type="checkbox"/> Develop a plan for communicating and dealing with family members
<input type="checkbox"/> Determine optimal location and size of outpatient clinics and services
Work Group #1 Policies/Forms/Procedures
<input type="checkbox"/> Determine and develop important policies and procedures which need to be written in the context of JCI.
<input type="checkbox"/> Communicate policies and procedures communicated to staff
<input type="checkbox"/> Develop and approve institutional forms. Ensure standardized forms are used in all the hospitals – i.e. the same Medication form or the same Doctors Order form, etc.
<input type="checkbox"/> Are forms compatible with an electronic HIM system?
<input type="checkbox"/> Develop letterhead and business cards
Work Group #2 Medical Staff Licensure
<input type="checkbox"/> Review MoH rules and regulations for medical staff licensure and report findings to MOG
<input type="checkbox"/> Conduct audits of diplomas and licensure/credentials of all potential personnel – physicians, nurses, techs, etc.
Work Group #3 Business/Billing/Registration
<input type="checkbox"/> Develop process for billing and collecting patient charges
<input type="checkbox"/> Determine service point(s) where patients are registered/admitted
<input type="checkbox"/> Recommend system for charging/billing patients and insurance companies for services
Work Group #4 Information Management/Medical Records
<input type="checkbox"/> Develop a common paper medical record system, with consideration for a future electronic HIM system
<input type="checkbox"/> Develop a plan for storing and archiving of medical records
<input type="checkbox"/> Develop a plan to integrate current medical records
Work Group #5 Quality Assurance and Control
<input type="checkbox"/> Develop an infection control program
<input type="checkbox"/> Provide training to develop a QI program with measurable outcomes
Work Group #6 Patient and Family Rights
<input type="checkbox"/> Develop a plan for meeting the religious needs of the patients
<input type="checkbox"/> Develop consents for treatment
<input type="checkbox"/> Develop plan for communicating with families and involving them in the patient care decisions
Work Group #7 Budget and Finance
<input type="checkbox"/> Develop a budget and identify key cost centers
<input type="checkbox"/> Set up/define the approval process: Purchasing Equipment, Purchasing Supplies, etc. Define process for start up as well as ongoing operations

B. EDUCATION AND TRAINING ACTIVATION TEAM
ALL Work groups
<input type="checkbox"/> Establish critical deadlines (use Microsoft Project or equivalent to map out the dates and determine if milestones are being reached in accordance with the projected opening date)
<input type="checkbox"/> Ensure the plan includes a "Plan B," "Plan C," etc. for EVERYTHING. (i.e. will staff be borrowed if not hired in time or will you delay opening? If certain equipment is not there will you perform the service at another site, move equipment from another site? etc.)
Work Group #8 HRM – Medical Staff, Administration, Nursing, Others
<input type="checkbox"/> Define a transparent hiring process.
STAFFING
<input type="checkbox"/> How many and what type of staff are needed (hire managers first and then involved with hiring additional employees)
<input type="checkbox"/> Develop job descriptions
<input type="checkbox"/> Develop performance evaluation mechanisms
<input type="checkbox"/> Identify compensation and benefits
<input type="checkbox"/> Develop team building/recognition programs
<input type="checkbox"/> Develop an employee handbook
<input type="checkbox"/> Develop on-call requirements and schedule
STAFFING (MEDICAL STAFF)
<input type="checkbox"/> Identify any credentialing requirements
<input type="checkbox"/> Develop a disciplinary process
<input type="checkbox"/> Recommend an employee incentive program
Work Group #9 Staff orientation and training
<input type="checkbox"/> Develop an employee orientation program
<input type="checkbox"/> Identify and train personnel responsible for orientation
<input type="checkbox"/> Educate staff regarding patient safety goals
Work Group #9 Public education/orientation tours
<input type="checkbox"/> Develop a program for public tours
<input type="checkbox"/> Prepare tour script
<input type="checkbox"/> Determine who will serve as tour escort
<input type="checkbox"/> Develop safety/evacuation plan during tour
<input type="checkbox"/> Prepare community relations / communications plan/schedule for special events (dedication/grand opening)
<input type="checkbox"/> Prepare internal relations / communications plan

C. OCCUPANCY PLANNING ACTIVATION TEAM
ALL Work groups
<input type="checkbox"/> Establish critical deadlines (use Microsoft Project or equivalent to map out the dates and determine if milestones are being reached in accordance with the projected opening date)
<input type="checkbox"/> Ensure the plan includes a "Plan B," "Plan C," etc. for EVERYTHING. (i.e. will staff be borrowed if not hired in time or will you delay opening? If certain equipment is not there will you perform the service at another site, move equipment from another site? etc.)
Work Group #10 Facilities
<input type="checkbox"/> Develop a "to-do punch list" for every room of the new hospital
<input type="checkbox"/> Develop a plan for completing the "to-do punch list"
<input type="checkbox"/> Test, verify, and document that all hospital systems are functional – especially O2 system, emergency generator, and water distribution system
<input type="checkbox"/> Verify all needed equipment is present and operational
<input type="checkbox"/> Verify all needed furniture is present and functional
Work Group #10 Facilities – morgue
<input type="checkbox"/> Develop a plan to improve current morgue facilities
<input type="checkbox"/> Consider cultural and spiritual customs are met
<input type="checkbox"/> Develop a plan for covered transport from PMC hospitals to the morgue
Work Group #10 Hazard/Waste Management
<input type="checkbox"/> Assess and develop a hazardous waste management program
<input type="checkbox"/> Train employees for proper handling of hazardous waste.
<input type="checkbox"/> Train employees in the proper handling of hazardous waste
Work Group #10 Engineering/Information Systems
NETWORK NEEDS, PHONES, COMPUTERS, PRINTERS, COPIERS, FAX MACHINES
<input type="checkbox"/> Determine network connectivity needs – do lines need to be pulled? Where?
<input type="checkbox"/> Any special system needs (new technology, long lead time, complex installation)
<input type="checkbox"/> Identify all systems that will be used
<input type="checkbox"/> How/who will support those systems (help desk, data management center, etc)
<input type="checkbox"/> Data back up plan for all systems
<input type="checkbox"/> Downtime procedures
<input type="checkbox"/> Test all systems
<input type="checkbox"/> Determine number of computer monitors, hard drives needed
<input type="checkbox"/> Determine number of copiers needed
<input type="checkbox"/> Determine number of faxes needed
<input type="checkbox"/> Determine number of printers needed
<input type="checkbox"/> Determine number of phones needed
<input type="checkbox"/> Map locations for all of the above items –ensure power sources and other infrastructure in locations needed
<input type="checkbox"/> Software license?
<input type="checkbox"/> Perform stress tests on system
<input type="checkbox"/> Talk to appropriate parties to determine what applications are needed on system

<input type="checkbox"/> Emergency telecommunications requirements
<input type="checkbox"/> Biomedical Engineering - develop a medical equipment inventory and maintenance plan
Work Group #11 Fire Safety
<input type="checkbox"/> Audit current fire safety measures – evacuation, extinguishers, fire alarms
<input type="checkbox"/> Develop evacuation plans
<input type="checkbox"/> Develop plan to mobilize staff to help evacuate patients
<input type="checkbox"/> Train staff on fire suppression techniques
<input type="checkbox"/> Eliminate fire dangers
<input type="checkbox"/> Test fire alarms
<input type="checkbox"/> Conduct mock fire drills
Work Group #11 Safety and Security
SECURITY
<input type="checkbox"/> What are security requirements for Hospital (are there different requirements for activation vs. opening)
<input type="checkbox"/> Who will provide security – employees/contract
<input type="checkbox"/> Is any special equipment needed
<input type="checkbox"/> What identifier will people have to show that they “belong” on-site (during the activation process, after opening)
KEYING/KEY CONTROL / ACCESS CONTROL DEVICES
<input type="checkbox"/> Who needs access to the building?
<input type="checkbox"/> Will access requirements change after opening
<input type="checkbox"/> How will access be obtained – keys/badge/other
<input type="checkbox"/> What is the process for requesting access/who has to approve
<input type="checkbox"/> Tracking system to monitor who is in possession of keys
<input type="checkbox"/> Visiting hours/family visitor limits
<input type="checkbox"/> Security needs – hire security or employ an outside security company
Work Group #11 Emergency Preparedness
<input type="checkbox"/> Begin to outline a disaster plan
<input type="checkbox"/> Develop a plan to contact staff in the event of an emergency
<input type="checkbox"/> Develop a plan to handle mass casualties
Work Group #12 Logistics – supplies, inventory management, pharmacy, medication management/use, food service, housekeeping, laundry, signage, key control/access devices
SUPPLIES
<input type="checkbox"/> Determine what supplies and supply levels are needed
<input type="checkbox"/> Where will supplies be stored (immediate use/back-up)
<input type="checkbox"/> What is process for ordering/replenishing supplies
<input type="checkbox"/> Does everyone know where to get supplies they need and how to order if they do not have what is needed
<input type="checkbox"/> Develop a plan to order supplies for the following services: Pharmacy, Lab, Radiology, Medical Gases, Nutritional Services, Central Service, Outpatient Services, Administration, Laundry, Housekeeping, etc.
LAUNDRY

<input type="checkbox"/> Develop a process for washing, storing, and distributing clean laundry <input type="checkbox"/> Orient staff to the laundry equipment and procedures
HOUSEKEEPING <input type="checkbox"/> Develop a plan for keeping the hospital clean <input type="checkbox"/> Orient the cleaning staff in the proper procedures for cleaning <input type="checkbox"/> Orient the staff to handle cleaning supplies and chemicals properly
PHARMACY <input type="checkbox"/> Confirm hospital formulary <input type="checkbox"/> Develop sufficient storage of pharmaceuticals <input type="checkbox"/> Develop an inventory system for the pharmacy <input type="checkbox"/> Develop processes for inpatient and outpatient pharmacy needs
SIGNAGE <input type="checkbox"/> Room numbers <input type="checkbox"/> Interior directional signage (way finding signage) <input type="checkbox"/> External signage (outside building) <input type="checkbox"/> Are there any regulatory signage requirements?
FOOD (PATIENT/EMPLOYEE/VISITOR) <input type="checkbox"/> Identify food safety measures <input type="checkbox"/> How to safely transport food around the PMC – maintain heat/cold temperatures? <input type="checkbox"/> Central cafeteria or several cafeterias for employees and visitors? <input type="checkbox"/> Snack shops for visitors <input type="checkbox"/> Food storage
PLANTS/ARTWORK <input type="checkbox"/> No dirt inside hospitals? <input type="checkbox"/> Bright, cheery murals/paintings inside the BPH – children’s and animal themes?
Work Group #12 Parking and Site Transportation
PARKING <input type="checkbox"/> Develop parking and site transportation plan <input type="checkbox"/> Review use of "barricades" around campus <input type="checkbox"/> Determine needs for traffic control devices & develop plan for placement, procurement, installation <input type="checkbox"/> Coordinate external transportation issues (bus stop locations / changes / huts, taxi access etc)
<input type="checkbox"/> Improve public road access to/from PMC
<input type="checkbox"/> Determine traffic flow surrounding the PMC
<input type="checkbox"/> Access for Emergency vehicles
<input type="checkbox"/> Parking and access for employees
<input type="checkbox"/> Parking and access for patient families – long-term vs. short-term parking
<input type="checkbox"/> Explore off-site parking area(s) – transportation to the PMC?
<input type="checkbox"/> Flow for dropping-off/picking-up patients
<input type="checkbox"/> Interfacility transport – for patients, food, supplies, morgue
<input type="checkbox"/> Are there shelters for waiting for taxis, bus stop, etc?

II. Mock Opening – Directed by MOG
<input type="checkbox"/> Determine a date for the “mock” opening. This date should be treated as the opening day, meaning, the entire hospital should be ready to provide care – equipment in place, supplies stocked, staffing hired and trained, etc.
<input type="checkbox"/> Draft scenarios – make the scenarios as real as possible. Scenarios should include registration/admitting, food service, housekeeping, lab, x-ray, etc so that all processes can be tested prior to seeing “real” patients.
<input type="checkbox"/> Coordinate volunteers (to act as patients/patient family members, etc)
<input type="checkbox"/> Have scribes to follow each scenario to write what worked well and what needs improvement
<input type="checkbox"/> Correct identified issues
<input type="checkbox"/> Determine if another “mock” opening (smaller scale) is needed