



USAID | **WEST BANK/GAZA**
FROM THE AMERICAN PEOPLE

RECOMMENDATIONS FOR THE PALESTINE MEDICAL COMPLEX AND MOH HOSPITALS

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

SHORT-TERM TECHNICAL ASSISTANCE REPORT- **(FINAL)**

Prepared by:
Jerry Daly, Assistant Vice-President
Global Health Institute
Loma Linda University

AND
Dr. Amal Bandak
Program Officer

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ACRONYMS

CME	CONTINUING MEDICAL EDUCATION
HPU	HEALTH PLANNING UNIT
IDP	INSTITUTIONAL DEVELOPMENT PLAN
JCI	JOINT COMMISSION INTERNATIONAL
LLU	LOMA LINDA UNIVERSITY
MOH	MINISTRY OF HEALTH
NGO	NON-GOVERNMENTAL ORGANIZATION
PMC	PALESTINIAN MEDICAL COMPLEX
STTA	SHORT-TERM TECHNICAL ASSISTANCE
TDY	TEMPORARY DUTY
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), designed, and implemented in close collaboration with the Palestine Ministry of Health (MoH). The Project's main objective is to support the MoH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance 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, with support and encouragement from the Flagship Project, is in the process of establishing the Palestinian Medical Complex (PMC) in Ramallah, West Bank. The Complex represents four hospitals that will provide specialized services to the Palestinian people. In December of 2008, the MoH completed a health system assessment with support from the Flagship Project in which 18 priority areas for intervention were highlighted for immediate action. One of the top priorities identified by the MoH was to create a Center for Excellence at the Palestinian Medical Complex. As such, the MoH 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.

This assignment had several objectives:

- to finalize a strategy for the PMC focusing on the steps necessary to open the Bahrain Pediatric Hospital and the Emergency Hospital
- to recommend a strategy to assist the MoH hospitals in the Nablus area
- to assist Flagship Project staff with development of the Year Two Work Plan for the PMC
- to identify other areas where Loma Linda University (LLU) short-term technical assistance (STTA) expertise would be useful to achieve project objectives

This report outlines the activity connected to the objectives listed above. The SOW did not shift or change significantly throughout the course of the assignment. Most of the activity during the temporary duty (TDY) period focused on accomplishing these tasks. In addition to working on these specific objectives, some time was spent focusing on the development of a strategy for LLU's involvement with the Flagship Project in Year Two. Such questions as which clinical specialists will be needed to support Continuing Medical Education (CME) and other efforts to help improve services at the secondary level were answered. It is important to keep in mind that clinical STTAs are difficult to schedule because of their busy practices and teaching loads in the United States. A system for scheduling these consultants well in advance is needed for them to be able to properly prepare for short-term project assignments so when they do come to the West Bank they can be effective in moving reform processes forward.

Briefly, the accomplishments during this TDY include:

- The development and submission to USAID of a strategy and action plan with timeline for the opening of the Bahrain Pediatric Hospital (Children’s Hospital), and the incorporation of the Sheikh Zayed Emergency Hospital (Emergency Hospital) into the PMC.¹
- A brief assessment conducted at several MoH and one non-governmental (NGO) hospital in the Nablus district to see how the Flagship Project could help support these facilities. Visits were conducted at the Rafidiah and Qalqiliah MoH hospitals and at the United Nations Relief and Works Agency (UNRWA) hospital in Qalqiliah. A description of how LLU through the Flagship Project might assist these hospitals is offered for review and comment.
- Numerous discussions that took place over a four to six week period with Flagship Project staff on the Year Two Work Plan and need for STTAs from LLU. The Work Plan has been submitted by the Flagship Project to USAID for approval and we have outlined a strategy on areas where LLU can possibly supply STTAs in the future.

A number of Annexes appear at the end this document. They are not the consultant’s work alone but represent his involvement and collaboration with Flagship Project staff.

This report contributes to Flagship Project Component II of the Flagship Project, Objective 2.1 – Improve the quality of essential clinical services for Palestinians; Task 2.1.2 – Strengthen quality improvement systems within Palestinian health institutions to deliver better secondary health care services.

This consultancy also contributed to the MoH IDP module number 1 – Create a center of excellence at the Palestinian Medical Complex; module number 8 – Strengthen service delivery and clinical guidelines; and module number 12 – Improve the quality of clinical services in the Palestinian MoH hospital system.

• ¹ Final approval for Flagship to fully engage in work at the PMC has not yet been granted by USAID, but time has not been wasted in the interim. A planning process and the refinement of the strategy behind that process has been developed and is attached in Annex D.

SECTION II: ACTIVITIES CONDUCTED

There were a number of activities conducted during my assignment. They are categorized below:

Flagship Project Meetings

- *Daily briefings each morning.* In this forum, brief updates were given by senior Flagship Project management and other relevant staff on important issues, strategies, meetings, events, challenges and solutions. These meetings for the entire staff are useful because they foster good communication amongst project staff and keep people informed. I updated Flagship Project staff on my progress for the objectives I was working on as needed.
- *Individual meetings with component leadership.* Meetings with Dr. Jihad Mashal and Dr. Daoud Abdeen took place regularly as needed. These discussions often focused on the PMC, the hospitals in Nablus or some clinical need. In addition, there was regular interaction with those Flagship Project staff working in Procurement regarding medical equipment and systems, medical waste management and biomedical engineering.
- *Meetings with Flagship Project leadership.* Several briefings occurred during the assignment where strategies involving the PMC and efforts with MoH hospitals in Nablus were talked about.

MoH Meetings & Hospital Visits

- *August 11, 2009,* visited Rafidiah Hospital. Met with the hospital director, medical director, director of nursing and toured the facility.
- *August 13, 2009,* meeting with Ebrahim Alaiam, Director of Biomedical Engineering, and Flagship Project Procurement staff. Toured the MoH's Biomedical Department and learned about their operations, challenges and successes.
- *August 18, 2009,* presented PMC strategy to Minister of Health, his team and Flagship Project staff.
- *August 20, 2009,* visited Qalqiliah MoH and UNRWA Hospitals. Met with the hospital directors, medical directors, department managers and toured the facilities.
- *September 1, 2009,* meeting with MoH department heads in Nablus. Deputy for Quality Performance, Said Homouz, CME, and Ghaleb Abu Bakr, Health Planning Unit (HPU).

Meetings with other STTA consultants

- *Waste Management* meetings with Donna Gurule from LLU regarding the strategy and approach for developing a medical waste management program.
- *Infection Control* meetings with Lisa Highton, RN from LLU regarding the strategy and approach for developing and implementing an effective infection control program at MoH hospitals in Nablus.

- Emergency Medicine meetings with Tae Kim, MD from LLU regarding upgrading and improving emergency services and emergency medical education in the West Bank and at the PMC specifically.

SECTION III: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS

A. Findings

Palestine Medical Complex, Ramallah

The Flagship Project has worked closely with the MoH and other stakeholders to help develop the strategy for the development of a tertiary level Center for Excellence at the PMC. The focus of these collective efforts has been to develop a process that could accomplish three things:

- guide the completion and opening of the Children’s Hospital
- guide the completion and opening of the Surgical Hospital
- integrate Ramallah General and the Emergency Hospital and the Blood Bank clinic into the one system within the PMC²

These tasks are necessary to complete in order to create the PMC. The PMC strategy is to have a modern, integrated healthcare facility that will help meet the needs of Palestinians who are critically ill and often are forced to seek treatment abroad or simply go without.

On earlier visits, LLU consultants identified key factors that are essential to the success of the establishment of the PMC. These success factors include the selection of a governing board and senior hospital leadership; development of mission, vision and values statements; adoption of an appropriate organizational structure; establishment of an adequate employee compensation system; and implementation of a system that will lead to good employee communication and involvement. In addition, LLU recommended initiation of staff training and upgrading particularly in clinical areas; the importance of a plan for the strategic placement of hospital clinical services; an activity plan for facility readiness; suggested that Joint Commission International (JCI) standards or similar standards be followed; the need for sound financial practices to be developed; and finally stakeholder support of the PMC enterprise.

The importance of these success factors has been reaffirmed on this assignment, and they remain central to the development of the PMC. In addition, a projected action plan and timeline which identifies the initial steps needed to open the Children’s Hospital and to integrate the Emergency Hospital into a PMC healthcare system³ has been added. The Emergency Hospital was identified as a priority by the Minister of Health because of the pressing need to improve both the access and the quality of emergency medicine in Ramallah.

It is challenging to have a detailed action plan that outlines an accurate list of needs that once completed will trigger the opening of these facilities as one organization. LLU has proposed an action plan and timeline to open PMC facilities. These activities need to be reviewed by the

² The names of the existing hospitals that will be integrated into the PMC are referred to throughout this report in the following manner. The Children’s Hospital is used for the Bahrain Pediatric Hospital; the Emergency Hospital for the Sheikh Zayed Emergency Hospital; Surgical Hospital for the Kuwaiti Surgical Hospital; and General Hospital for the Ramallah General Hospital.

³ See Annex D.

MoH so there is buy in and support for what has to be done at these institutions. Rallying key participants around a firm and realistic strategy will help prevent unilateral or parallel processes from emerging that can only lead to a weakening of overall efforts.

In the written strategy for operationalizing the PMC, the key success factors have been restated and included because of their importance to the PMC. In addition, the recommendation for developing action groups to carry out the multitude of activity necessary to open PMC facilities has been revised at the suggestion of the MoH. The number of activity teams has been reduced from 16 to 8 and activities outlined for each work group have been combined so there will be fewer groups to coordinate. The scope of work outlined for the work groups which needs to be accomplished to integrate and successfully open these facilities cannot be understated. A clear organized structure needs to be implemented if success is to be realized.

To the “theory” about how the PMC should emerge, specific areas or tasks for each work group and an action plan has been proposed to help guide the overall process. The Flagship Project conducted an assessment of the Children’s Hospital and Emergency Hospital and a specific list of tasks have been incorporated in the action plan which needs to be addressed as part of the activation process.

The action plan details the tasks for the initial development of the PMC as an institution, suggests what needs to be done at the Emergency Hospital to integrate it into the PMC and outlines the specific tasks and physical changes necessary to open the Children’s Hospital. *The most important decision in the development of the PMC as an institution is to finalize a patient flow plan so that physical space planning can take place.*⁴ Once a decision about where clinical services will be placed the work groups can make decisions about the space in the Children’s Hospital and Emergency Hospital.

Closely tied to this need is the overall structure of the PMC itself. A reform model is to be implemented at the PMC that reflects centralized services with decentralized authority. While one administrative structure is planned for the PMC, central core services need to be established in order for the system to function in an efficient manner. These include a single budget built with different costs centers for individual hospitals, a single medical record system and personnel system, unified patient and work flow, policies, procedures and protocols.

Some departments at the PMC, such as laundry, nutritional services, clinical lab, pharmacy, central supply, etc., may need to be developed at the Children’s Hospital and at the Emergency Hospital. They should be centrally managed and study should be given to physically locating them at one institution in order to increase efficiency if space permits.

The final patient flow plan and development of common integrated support services for the PMC are critical to accomplish if the PMC is to be opened successfully. In addition, some physical changes to the hospitals themselves are recommended in the action plan. Some of

⁴ Once the decision has been made about patient flow and clinical services a decision can be made about the addition of a new floor on top of the Children’s Hospital so Obstetrics can be integrated into the services at that facility.

these suggestions involve problems for patient safety, infection control and patient flow and will require some remodeling of the current facilities.

MOH & NGO Hospitals, Nablus District

While much attention was devoted to the development of the Year Two Work Plan and development of the strategy, action plan and timeline for the PMC some effort was also devoted to visiting four hospitals in the Nablus District to try and assess their needs to further project goals and objectives at these institutions. The hospitals visited were:

Hospital	Location	MoH/NGO	Number of Beds	Type
Rafidiah	Nablus	MoH	165	Surgical
Qalqiliah	Qalqiliah	MoH	60	General
UNRWA	Qalqiliah	UNRWA	63	General

The strategy for involvement at these hospitals parallels the reform goals and initiatives of the Flagship Project itself. A multi-sectoral approach, with investment in people, and institutional capacity building are the hallmarks of these collective efforts. A close connection has been maintained by Flagship Project staff to ensure that improvements in the health sector are not lop-sided and grow in just one direction. Close attention has been given to not only working at the primary health care level but also at the secondary level as well. In addition, the Flagship Project staff has worked carefully to connect with other NGOs and MoH staff to bring them along with developments so reform goals and objectives can be realized.

Through these efforts an integrated model for reform has begun to emerge which is in step with project objectives. At MoH and NGO facilities discussions took place to plan for involvement in improving access and treatment for diabetes, hypertension and breast cancer—all identified health sector problem areas where improvement is needed. In addition to these problem areas, the need to bolster and improve emergency medicine was also discussed at these hospitals.

Rafidiah Hospital, Nablus

- Met with Hospital Director, Medical Director and Director of Nursing
- Toured the Hospital
- Observations
 - Hospital was very clean
 - Hospital seemed to be efficiently run
 - Staff were engaged in direct patient care and appeared very proud of their facility
 - There was strong administrative support for nursing
- Needs
 - Access to resources (computers and laptops)
 - CME for staff
 - Leadership development and training
 - Infection control plan and protocols

Qalqiliah Hospital, Qalqiliah

- Met with Hospital Director, Medical Director and Director of Nursing
- Toured the Hospital
- Observations
 - New facility, only 5 months old and was very clean
 - Hospital seemed to be efficiently run
 - Staff were engaged in direct patient care and appeared very proud of their facility
 - There was strong administrative support for nursing
 - Decentralization of authority
- Medical Staff Needs
 - Shortage of physicians, and additional clinical staff are needed, particularly in key areas such as General Surgery, Emergency Medicine and other sub-specialties
 - System is under-utilized with only just over half of the beds open
- Needs
 - Access to resources (computers and laptops)
 - CME for staff
 - Leadership development and training
 - Infection control plan and protocols

UNRWA Hospital, Qalqiliah

- Met with Hospital Director
- Toured the Hospital
- Hospital is older but space is utilized efficiently, and the hospital was clean
- Serves a refugee population
- Observations
 - There needs to be a better strategy at the MoH and NGO's for deploying resources
 - Hospitals seem to be competing with each other for services
- Needs
 - CME for staff
 - Leadership development and training
 - Infection control plan and protocols
 - Limited resources

B. Recommendations

The facilities described above have common needs. Below are recommendations and comments about specific areas where the Flagship Project could possibly impact these facilities and move reform forward.

- **Administration**
 - Decentralization of authority—these facilities are over managed from the top down. Even the simplest decision requires senior administrative approval.
 - Access to management resources—most staff lack computers and access to the internet. Access to the internet would allow key managers to utilize many of the resources that are available for the management of hospitals and would feel more empowered in their current jobs.

- **Clinical**
 - CME and Fellowship Training—key areas for CME training and sub-specialty fellowships needs to be identified.
 - Equipment—some equipment needs exist at these facilities and Flagship Project staff are doing a good job identifying which items to purchase. New equipment procurement should be tied to the development of clinical competency and training of physicians and nurses.
 - Simple support items—the need for internet access and computer resources has been identified but this is an area that would allow management staff to feel part of reform. Turning on access to the internet to search for new methods and ways of approaching problem solving could help move reform at these facilities forward.

- **System**
 - MoH needs to decide which hospital services are going to emerge in which facility to avoid duplication. Currently, there is competition between the hospitals in Qalqiliah for patients even though they serve different segments of the population.
 - Target specific areas for assistance, like infection control and waste management. These are two areas that were commonly identified as areas where improvements are needed at all of these hospitals.

C. Next Steps

LLU's support for the Flagship Project in Year Two will be primarily through STTA. Our strategy is to deploy consultants in the following areas, if needed:

Administration	Hospital Operations Finance
Clinical Physician	Cardiology Emergency Medicine Nephrology/Internal Medicine Oncology Neurosurgery Pediatrics Pediatric ICU and NICU
Clinical Nursing	Emergency Medicine Infection Control Neurosurgery Nursing Administration Pediatric ICU and NICU
Technical	Clinical Laboratory Facilities and Patient Safety Waste Management
LLU Project Mgt.	Jerry Daly Janice Zumwalt Mo O'Reilly

These assignments will require advance scheduling and coordination. They will normally be short-term assignments of two to three weeks depending on the availability of the consultant. Other consultants from other clinical specialties can be identified depending on the needs of the Flagship Project.

ANNEX A: TERMS OF REFERENCE

1. **Request:** Loma Linda University requests approval for Jerry Daly to travel to the West Bank, Palestine to provide short-term technical assistance (STTA) to the Palestinian Health Sector Reform and Development Project (“the Flagship Project”) for the period of July 19, 2009 to September 18, 2009.
2. **Background:** Loma Linda University (LLU) has been requested to assist with capacity building and training staff in partnership with the Flagship Project at Ministry of Health facilities throughout the West Bank. Priority will be given to management support, infrastructure development and improving the quality of care.
3. **Purpose of Proposed Visit:** To provide project support in the area of management and quality of care. I also plan to work closely with project leadership to initiate and manage LLU’s involvement in the Flagship Project.
4. **Scope of Work:**
 1. To meet with USAID, if requested, and MoH staff, and Flagship Project staff as appropriate.
 2. To work with Flagship Project leadership to develop a LLU/Flagship Project Work Plan.
 3. To work with Flagship Project and MoH personnel to assess and develop a strategy for assisting the Rafidiah General Hospital in Nablus, West Bank.
 4. To structure involvement at the Rafidiah General Hospital in such a manner that any improvements to management and clinical care can be exported and adopted at other MoH facilities—if needed.
 5. To work with Flagship Project leadership and appropriate MoH staff on the processes necessary to further the formation of the Palestinian Medical Complex (PMC) – to be activated only if working at the PMC is approved.
 6. To work closely with Flagship Project leadership and MoH personnel to identify and select key STTA needed to help accomplish Flagship Project goals and objectives.
5. **Logistics:** Depart Ontario or Los Angeles, California on July 18, 2009 on a U.S. flag air carrier compliant with the Fly America Act to Tel Aviv, Israel and will return via the same route on September 19, 2009. Transportation from/to the Tel Aviv airport will be provided by the Flagship Project. Housing will be provided in the West Bank.
6. **Funding:** Travel, per diem, salary, fringe benefits, and approved expenses will be charged to the following subcontract if approved: 294-C-00-08-00225-00-LLU.
7. **Compliance:** LLU STTA’s will receive an orientation to **USAID Mission Order 21** as part of their overall pre-trip Flagship Project orientation. This will help ensure compliance to this very important directive.
8. **Action:** Please reply via e-mail to the attention of Jerry Daly, LLU Palestine Project Director at jdaly@llu.edu. Please send copies to Sandra Assman at sassman@llu.edu, Mo O’Reilly at moreilly@llu.edu, and Allison Hurlow at ahurlow@llu.edu.

ANNEX B: CONSULTANT CV

Jerry Daly, MA, MSLS

734 Robinhood Lane, Redlands, CA 92373

909-335-9618

jdaly@llu.edu

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 progress</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

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Available upon request.

ANNEX C: BIBLIOGRAPHY OF DOCUMENTS COLLECTED/ REVIEWED

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ANNEX D: LIST OF MATERIALS DEVELOPED DURING TDY

**A STRATEGY FOR THE DEVELOPMENT
OF THE
PALESTINE MEDICAL COMPLEX--
DRAFT**

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

August, 2009

A STRATEGY FOR THE DEVELOPMENT OF THE PALESTINE MEDICAL COMPLEX

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

August, 2009

**CONTRACT NO. 294-C-00-08-00225-00
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The author’s views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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ACRONYMS

BPH	Bahrain Pediatric Hospital
CCU	Cardiac Care Unit
CFO	Chief Financial Officer
CH	Children's Hospital
CQI	Continuous Quality Improvement
CT	Computed Tomography
ED	Emergency Department
EH	Emergency Hospital
GYN	Gynecology
HH	Hippocrates Hospital
HIM	Health Information Management
ICU	Intensive Care Unit
IDP	Institutional Development Plan
IS	Information Systems
JCI	Joint Commission International
KSH	Kuwaiti Surgical Hospital
L&D	Labor and Delivery
MOG	Management Oversight Group
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
NICU	Neonatal Intensive Care Unit
OB	Obstetrics
OR	Operating Room
PICU	Pediatric Intensive Care Unit
PMC	Palestine Medical Complex
RGH	Ramallah General Hospital
SZH	Sheikh Zayed Emergency Hospital
TB	Tuberculosis
TBD	To Be Determined
TRG	Training Resources Group, Inc.
USAID	United States Agency for International Development

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 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 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 overseeing the establishment of the Palestine Medical Complex (PMC) in Ramallah, West Bank. The PMC represents four hospitals and an external Blood Bank that will provide specialized medical services to the Palestinian people. In 2009, the MoH completed a health system assessment with support from the Flagship Project in which 18 priority areas for intervention were highlighted for immediate action. One of the top priorities identified by the MoH was to create a "center for excellence" at the PMC. As such, the MoH seeks assistance in activating the PMC in a manner that promotes good governance and transparency in health, equitable and quality services in care, social participation, and cost-effectiveness.

This report furthers the process to help make the PMC a reality and identify the components and objectives necessary to activate the Children's and Emergency Hospitals. Several key success factors have been identified and are identified in the components listed below. They include:

PMC Activation Strategy—Key Success Factors⁵

- Component 1: Establish a PMC Advisory Board
- Component 1.1: Adopt an organizational structure for the PMC
- Component 1.2: Select PMC Administrative Team, Hospital Managers & Staff⁶
- Component 2: Create Mission/Vision Statements for the PMC
- Component 3: Adopt Hospital Standards for the PMC
- Component 4: Adopt a Plan for Hospital Services & Patient Flow⁷
- Component 5: Develop and Adopt a Continuous Quality Improvement Program for the PMC
- Component 6: Develop a Financial Strategy for the PMC
- Component 7: Establish an Affiliation between the PMC and a Local Medical University
- Component 8: Establish a Culture of Compassion at the PMC
- Component 9: Acquire Appropriate Medical Technology for the PMC
- Component 10: Establish Measurable Outcomes for the PMC
- Component 11: Initiate Activation Process⁸

Each component is explained in greater detail in Section III. Not all components listed above are of equal importance and necessary for the opening of the Children’s and Emergency Hospitals nor do they necessarily need to be accomplished sequentially, although a logical sequence is implied in the order in which they are listed.

While all the components are important for the overall success of the PMC, Components 1.2, 4 and 11 are particularly important. The recruitment of the PMC staff under Component 1.2 is vital if a new level of care is to emerge and a new culture is to be nurtured. Finding the right mixture of services for each hospital at the PMC will be accomplished under Component 4 where clinical services and patient flow within each facility will be developed. It is important patient flow issues be resolved in the early stages of the activation process so that the goal of integrating the Emergency Hospital and opening the Children’s Hospital can move along smoothly and efficiently.

The actual activation process is outlined in Component 11. There is a compendium to Component 11 in the attached PMC Action Plan. (*See overview of PMC Action Plan below.*) Component 11 provides the rationale for the objectives and activities described in the PMC Action Plan. The overall strategy explained in these documents is the successful opening of the Children’s Hospital, the integration of the Emergency Hospital into the PMC, and the initiation of the PMC as a system whereby some of the common services needed by all hospitals under

⁵ See Section III p. 14.

⁶ See p. 16.

⁷ See p. 19.

⁸ See p. 25-27.

the PMC can begin to be established. Hopefully, this will help bring to the PMC many of the reforms and change the MoH is hoping to eventually develop throughout the healthcare delivery system.

The PMC activation process is guided by the Action Plan. This plan is a list of activities that need to be completed in order to successfully open the Children’s and Emergency Hospitals. The Action Plan follows the reasoning outlined in greater detail in Component 11. The individual activities listed in the plan are completed by various Action Groups working simultaneously under the leadership and direction of the Management Oversight Group which oversees the entire activation process. The specific objectives and supporting activities are listed in the following table.

PMC Action Plan⁹

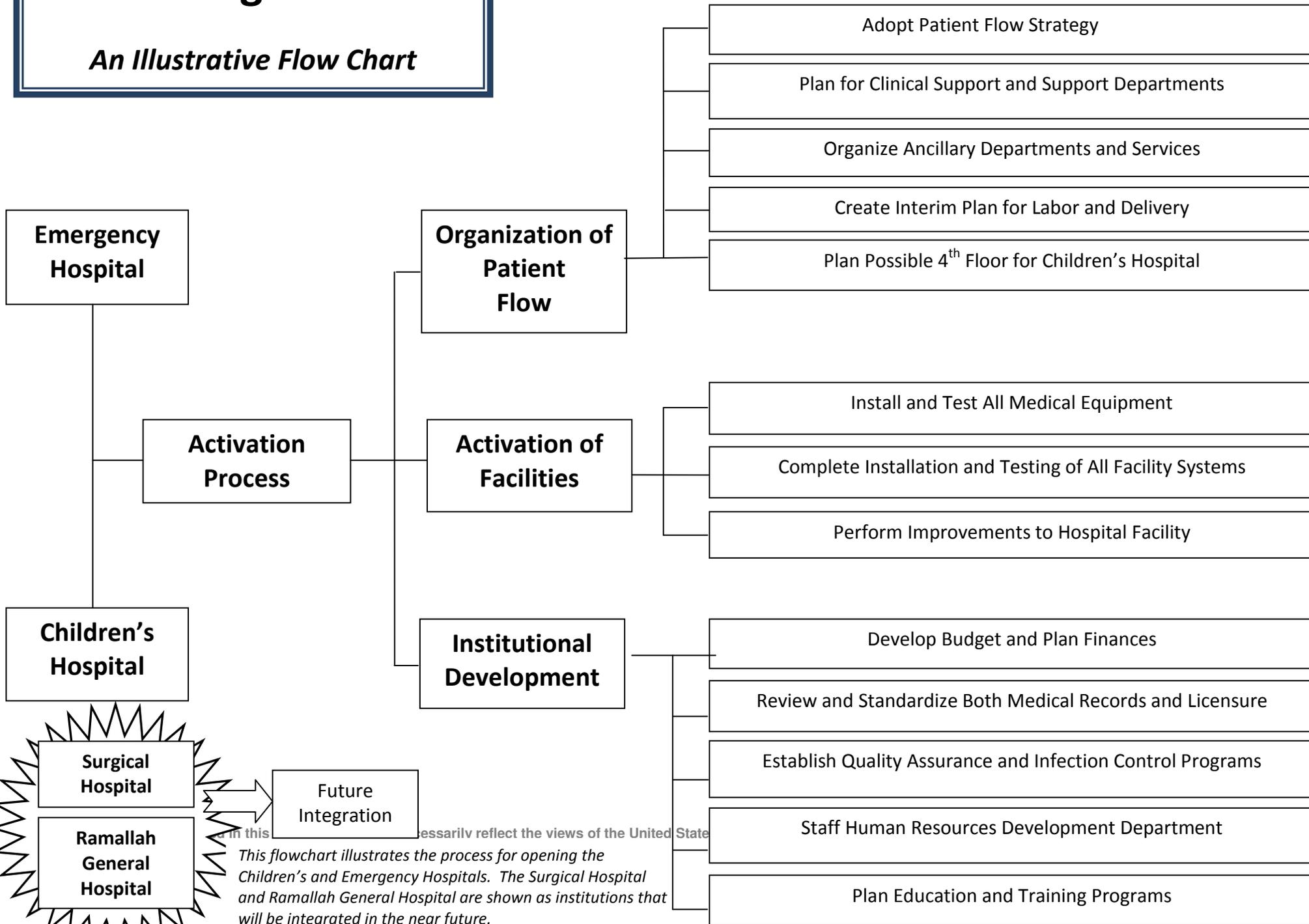
Component 11 Objective	Activity	Activity Detail	Action Group Under MOG
Support the MoH to develop a process to activate the EH and CH	PMC—Develop & Deploy Activation Action Groups	Set up MOG and 8 Action Groups	
Support the MoH to develop a common infrastructure for the EH & CH at the PMC	PMC—Initiate Institutional Development Activities	Patient & Work Flow, Policies, Procedures & Protocols Budget/Finance, Patient Registration Medical Records & Medical Staff Licensure Quality Assurance & Infection Control Human Resource Mgt Staff Orientation & Training	Action Group 1 Action Group 2 Action Group 3 Action Group 4 Action Group 5 Action Group 6
Support the MoH to integrate the EH into the PMC	EH--Support the MoH to initiate the following activities at the EH	EH—Facility Changes EH—Equipment & Facility Systems EH—Logistics & Support Services EH—Grand Opening Target Date: January 31, 2010	Action Group 7 Action Group 7 Action Group 8 MoH & Flagship

⁹ While every attempt has been made to identify all the activities necessary to accomplish stated objectives, there may be some unforeseen challenges and problems that develop which are not listed in the Action Plan that will need to be resolved.

Support the MoH to Develop a process to open the CH at the PMC	CH—Support the MoH in the following activities to open the CH	CH—Facility Changes CH—Equipment & Facility Systems CH—Logistics & Support Services CH-Grand Opening Target Date: March 31, 2010	Action Group 7 Action Group 7 Action Group 8 MoH & Flagship
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Activating the PMC

An Illustrative Flow Chart



in this necessarily reflect the views of the United State
This flowchart illustrates the process for opening the Children's and Emergency Hospitals. The Surgical Hospital and Ramallah General Hospital are shown as institutions that will be integrated in the near future.

SECTION II. INTRODUCTION

There is an expectation that change is underway in Palestinian healthcare. This idea is bolstered by the forward thinking of the Minister of Health, demonstrated in both his comments and actions, which are supported by a diverse group of donor agencies including USAID's Flagship Project.

In the movement towards healthcare reform in Palestine, it is significant that the Minister and his team of professionals listed as the first priority in their adopted Institutional Development Plan (IDP) the creation of a "center of excellence at the Palestine Medical Complex."¹⁰ This will not be an easy task. A hint of the difficulty in this undertaking is given in the IDP in response to this question: why should the Palestine Medical Complex (PMC) exist and what it will do for healthcare delivery in Palestine? The IDP answers that the PMC, rooted in excellence, will "inspire the rest of the Palestinian health system to provide the highest quality service in a complementary fashion."¹¹

These efforts will be directed by the Ministry of Health (MoH) in partnership with hospital staff and leadership supported by the Flagship Project. It is critical to keep this balance of effort at the forefront of the change process if the objectives of establishing the PMC by the MoH are to be realized—for the PMC must evolve "in a manner that promotes good governance and transparency in health, equitable and quality services in care, social participation, and cost-effectiveness."¹²

Reform is always a complex business and institutionalizing it in a healthcare facility is even more difficult. The MoH recognized the difficulty of accomplishing reform in healthcare when they identified the following challenges to implementing the IDP:

- *Resistance to change*
- *Capacity of supporting institutions*
- *Uncertainty of MoH financial resources over the next few years*
- *Timeframe constraints*
- *Restrictions on mobility*
- *Skepticism of the public towards the quality of MoH services*¹³

Anticipating the difficulty of mounting reform efforts and identifying the challenges and roadblocks up front accomplishes two things: first, one can recognize obstacles and therefore work to find solutions to them, and second, it forces the adoption of a plan that includes these solutions and details the process that must be launched if success is to be realized. What

¹⁰ *Ministry of Health Institutional Development Plan*, March 2009, p. 6.

¹¹ *Ibid.* p. 11.

¹² *Ibid.*

¹³ *Ibid.* p. 9.

follows is an attempt to offer a strategy in support of the MoH to realize the vision of establishing a model healthcare complex. This plan is offered with the recognition that it addresses the majority of the issues at hand, but that it cannot anticipate all that are possible. The fruit of this arduous task will include the collaborative manner in which the initiative to bring positive change was launched. No single person can achieve all that needs to be done and it will require the determined efforts of the MoH and their entire team – the health professionals at all levels of the member institutions of the PMC and the Flagship staff coming together in support of this worthy undertaking. Reform can happen if the right combination of people and process can be developed to bring meaningful change, and this document is offered as a first step in that direction.

SECTION III. PALESTINE MEDICAL COMPLEX (PMC)

A. Overview of Institutions to be Incorporated into the PMC

The vision for the PMC is to create a “Center for Excellence” around four existing hospitals and a blood bank, each focused on specialized care, yet integrated into one seamless health delivery system. The hospitals are:

Table 1: PMC Overview. This table provides an overview of the five institutions to be incorporated into the PMC.

Hospital	Number of Beds	Number of Staff	Area of Specialty
Ramallah General Hospital	155	393	Adult Tertiary Care
Sheikh Zayed Hospital	28	87	Emergency & Trauma Medicine
Bahrain Pediatric Hospital	Approximately 45	TBD	Pediatrics
Kuwaiti Special Surgical Hospital	Approximately 60	TBD	Surgical Services
Hippocrates National Center for Blood Diseases	0	23	Diseases of the Blood

Creating one healthcare delivery system out of the institutions listed above is the first priority in the development process of the PMC. There are a number of steps supported by guiding principles that should be considered if the PMC is to become a reality. These recommendations, based on the reform approach to healthcare by the MoH, will serve as a pattern for all the PMC member institutions in the newly formed system.

Table 2: Current Situation and Challenges. This table outlines the current situation and challenges faced by each institution, and intended goals for addressing these challenges in activating and renovating the PMC.

	Current Situation:	Challenges and Goals:
<p>Children's Hospital</p> 	Major hospital construction has been completed	<ul style="list-style-type: none"> • Patient Flow and Space Utilization • Staff Capacity Building • Medical Equipment Upgrading and Installation • Infection Control and Quality Assurance • Patient Safety
<p>Emergency Hospital</p> 	Ready to be integrated into the PMC	
<p>Surgical Hospital</p> 	Major hospital construction has been completed	
<p>Ramallah General Hospital</p> 	<ul style="list-style-type: none"> • Ready for integration into the PMC • Requires facility renovation • Requires integration of clinical and administrative services 	
<p>Blood Bank</p> 	TBD	

B. Guiding Principles to Incorporate into the Development of the PMC

Institutional Governance & Leadership Development—Rationale

A great deal of emphasis has been placed on leadership development by the MoH as integral to the reform process. Leadership competencies¹⁴ have been developed which represent change both in direction and approach for institutional leaders. These competencies will act as a guide for the leadership of the PMC whether it is membership of the advisory board, hospital executives, or department managers and supervisors. The competencies and behaviors demonstrated by members of the PMC leadership should include the following:

1. Strategic Thinking and Planning

- Able to forecast evidence-based trends and respond with innovative actions.
- Involves the work team to develop a shared a vision.
- Communicates the vision in a way consistent with the MoH vision and values.
- Solicits feedback from staff, consumers, and stakeholders as basis for program and service design and adjustment.
- Identifies issues and weaknesses before they become bigger problems.
- Engages in creative thinking with others that elicits new possibilities and new solutions to emerge collaboratively.
- Strategically builds open and supportive relationships with other departments and key stakeholders within the MoH and across the health sector.

2. Decision Making

- Moves forward decisively, gets results and has a bias for action.
- Makes well-timed decisions in a way that appropriately considers alternatives.
- Solicits input from others before making a decision in order to foster ownership and commitment from involved parties.
- After decisions are made, appropriately delegates authority and provides sufficient resources for implementation.

3. Communications

- Able to deliver clear messages to staff and clients.
- Listens attentively and asks questions to understand other perspectives.
- Clarifies and is able to paraphrase back positions and feelings of others.
- Creates an environment that supports diverse opinions on issues.
- Actively gives and receives feedback.

¹⁴ The leadership competencies listed here were developed by the Flagship Project and presented to the MoH in several training workshops in 2009.

- Organized in presentations, and able to make persuasive proposals.
- Is appropriately assertive on important issues.
- Uses appropriate body language and tone to reinforce messages.

4. *Team Development*

- Works effectively with others to identify shared interests and generate solutions to achieve common goals.
- Creates a sense of harmony and helps resolve differences within the team or work unit.
- Actively promotes cooperation.
- Demonstrates the values important for good teamwork, e.g. fairness, inclusion, respect and equality.
- Brings disagreement into the open for discussion.
- Negotiates win/win situations with others.
- Runs effective and efficient meetings.

5. *Performance Management*

- Communicates clear performance expectations of others.
- Demonstrates trust in staff to get the job done.
- Directly confronts and resolves issues associated with inadequate or poor performance.
- Gives credit to others when it is due.
- Provides coaching by giving constructive feedback to staff, asking probing questions, and encouraging self-reflection.
- Supports staff learning, professional development and career growth.
- Uses information for planning, decision making, and tracking employee performance and productivity.
- Uses supportive supervision.
- Holds self and others accountable for results.

6. *Leading Change*

- Communicates a direction that inspires others to follow.
- Directly and openly addresses the concerns and issues generated by change.
- Shows sensitivity to the impact of change on staff, and helps them deal with the results.
- Involves staff and other key stakeholders in planning for organizational changes.
- Maintains a positive and calm attitude during periods of stress and change.
- Helps staff to reflect on and identify lessons learned from both successes and failures in order to move forward.

SECTION IV. ACTIVATION & RENOVATION OF PMC INSTITUTIONS: 11-COMPONENTS

The strategy or master plan for the development of the PMC begins at the top of the organization with selection of a governing body, followed by the appointment of key members of the administrative team, and then progresses to the hiring of hospital staff, keeping in mind the objectives of effective leadership development, transparency and principles of reform.

Component 1: Establish a PMC Advisory Board - *COMPLETED*

All boards that govern healthcare institutions have similar roles and responsibilities. An advisory board can help an institution plan its strategy and make critical decisions; provide effective financial oversight to ensure the stability of the organization; serve the interests of the community and government; and influence public policy in ways that promote the mission and goals of the organization.

The PMC advisory board is responsible for the hospital complex, its facilities, staff—professional and non-professional—providing oversight and support throughout the institution. The advisory board is in authority and is responsible for the PMC and helps to establish an organization that is a synthesis of public and private interests—serving the public need through a private approach.

The present makeup of the governing board is critical to this organization's success. Future members should continue to be carefully selected to ensure the board will be effective and collaborative so the community feels represented and engaged in the institution.

Component 1.1: Adopt an Organizational Structure for the PMC

A final and comprehensive organizational chart has been confirmed for the PMC. This tool helps identify key administrative, supervisory and staff support positions to manage the complex. The organizational chart which follows supports the goals of institutional decentralization and reform.

This design shows a senior PMC administrator (CEO or President) with direct line authority to a 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.

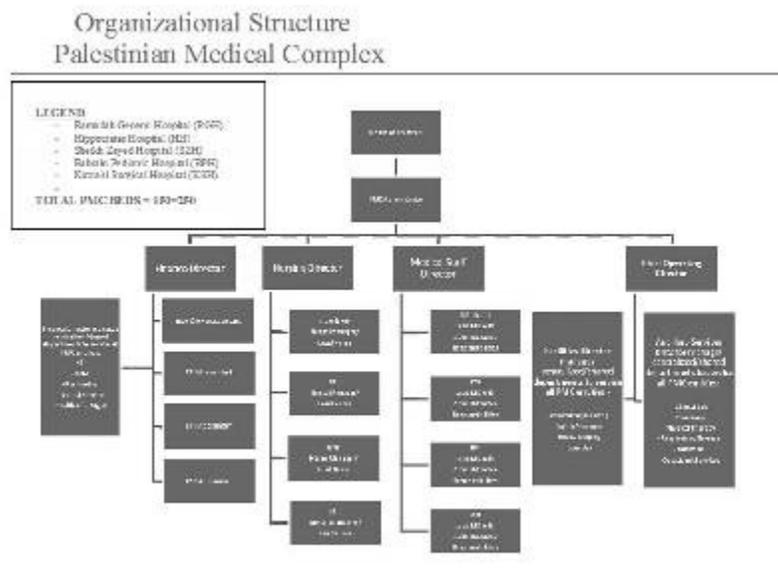
This organizational model brings many services common to each hospital under central direction and leadership. Three main areas of operations are impacted by this concept: finance, facilities, and ancillary services.

Table 3: Management Components. This table outlines three main management components proposed for the PMC: Finance, Facilities, and Ancillary Services.

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 function across the enterprise and serve all institutional entities. These departments will function centrally, although some will temporarily be physically split between hospitals until they can be aggregated. 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.

Figure 1: Organizational Structure. This diagram outlines the organizational structure for the PMC.



Component 1.2: Select PMC Administrative Team, Hospital Managers, and Hospital Staff

- a. **Administrative Team Selection: Recruit and employ the PMC administrative team.** Hiring the right administrative personnel is crucial to the development and success of the PMC. Key administrative positions should be identified so that an appropriate management structure grows as the institution expands and develops. Key positions include but are not limited to: the Hospital Director/Administrator; Director of Medical Affairs; Nursing Director; CFO/Financial Manger and Human Resources Manager. In addition, it is strongly recommended that physician medical directors

be designated for key services areas such as the Laboratory, ICU, Emergency Department, Perioperative Services, etc. Appointing these leadership positions will help provide direction for the clinical staff in each hospital and ensure that established procedures and policies are followed by medical staff personnel. This cadre of medical directors will also assist with problem solving horizontally across the organization; provide in-service education and training to staff; and support nursing, all of which will help lead to improved patient care.

Those serving in administration of the PMC should develop a collaborative approach to management; be open to new ways of thinking; possess integrity; and put the patient's interests at the forefront of their efforts. These traits are often difficult to find in people but they can be learned when they are modeled by a mentor. The development model of having mentors work alongside key administrators and medical staff is of proven benefit. Mentors can have a positive impact on the development of freshman administrators' abilities to manage as they work through problems and issues on a daily basis.

- b. Support Services Managers: *Recruit and employ support service managers.*** The same attributes identified in senior leadership should be instilled throughout the organization, trickling down to support department managers. Mid-level managers who administer the Laboratory, Pharmacy, Medical Records, Information Systems (IS), Radiology, Nutrition, Physical Plant and Biomedical Engineering areas must be carefully selected to help ensure they are going to be "change agents" that will enable the current system to improve.¹⁵
- c. Hospital Staff: *Recruit and employ sufficient medical, nursing, and support staff.*** Emphasizing excellence underscores both the difficulty and importance of implementing a new system for human resource development. A transparent employment process which uses accurate job descriptions, applicant resumes, and is based upon job interviews should be developed. Employees who work for the PMC should know that they were selected based on their skills and interest in improving patient care, and that their job performance will be evaluated and measured. The PMC human resource system needs to operate fairly and independently of outside influence.¹⁶

In addition to a transparent employment process, hospital staff should be placed in an employment system that pays a wage which allows the employee to support his family and rewards progress and improvement through an incentive program. Those who identify with the new vision being created for the PMC and support it through excellence should feel rewarded for their effort. An incentive system helps

¹⁵ These managers should be skilled in the English language; demonstrate a willingness to learn and work with expatriate and other mentors; show initiative and interest in improving patient care.

¹⁶ Sample Job Descriptions will be available for the HRM Work Group.

bring and reinforce change and results in staff buy-in to a different way of approaching patient care. Equally important, for those who do not improve the PMC should be allowed to shift them out of the system or terminate their employment. Clearly written employment policies and procedures that treat employees with respect and fairness should be developed and will hopefully result in a much happier and more engaged productive work force. Ultimately, PMC staff should know that if their job performance fails to meet standards and there is no improvement they can be dismissed.¹⁷

Finally, critical to the success of the PMC as a national center for healthcare excellence is the professional and career development of its staff. Ensuring that physicians, nurses, and other staff members keep current in all recent advances in their disciplines will help them maintain leadership positions in their respective fields, improve the satisfaction and fulfillment they find in their careers, and secure the PMC's role as Palestine's premiere health provider. Advanced training in specialties will ensure that the healthcare delivered at the PMC is of international standards of quality. Fellowship training at prominent medical centers both in the region and abroad will not only keep staff current in their fields but also allow them to establish positions of prominence in the international scholarly advancement of their specialties. Visiting professorships will welcome talented scholars from other Centers for Excellence who can share their knowledge and abilities with the PMC staff and also let them experience the warm hospitality of Palestine. Employing cutting-edge technologies such as telemedicine can overcome barriers both geographical and political in engaging global scholarly advancement; not only will it enable consultations with the world leaders in certain specialties, telemedicine can also be used between institutions to hold grand rounds and other collaborative didactic events that will elevate the PMC's status as a leader, both regional and international, in the science and art of medicine.

Component 2: Create Mission/Vision Statements for the PMC

Mission/Vision Statements: Clearly written mission/vision statements for the PMC should be developed and adopted. This process will help articulate the dream of the MoH and others seeking to change the current healthcare delivery system. It will also help educate employees to understand better their futures and how their work activity supports reform objectives at the PMC.¹⁸

¹⁷ Having the right to "hire and fire" senior leadership should reside with the PMC board if change is to come to the healthcare delivery system of the MoH. Staff can be mentored and taught and they could improve, but unless they are adequately compensated and know there are consequences to poor job performance the "Center for Excellence" at the PMC may not be realized.

¹⁸ Sample mission and vision statements are available if needed.

Component 3: Adopt Hospital Standards for the PMC

Standards for Hospital Excellence: Adopt a standard of healthcare for the PMC similar to the Joint Commission International Standards for Hospitals. Existing MoH standards of care for secondary and tertiary hospitals should be identified, if they exist, and a plan for achieving these standards should be developed and implemented. The goal of the PMC should be to adopt a set standard of care that is supported by the MoH.¹⁹

This is admittedly an ambitious goal but one which is congruous with stakeholder intentions to establish the PMC as a Center for Excellence. Hospital institutions that pursue standards similar to JCI accreditation place themselves on a track to change their hospital culture to one emphasizing continuous quality improvement and patient safety. Adopting hospital standards will not only bring prestige to the PMC but will help:

- a. Create a culture of safety and quality within the PMC that strives to improve patient care processes and results.
- b. Improve public trust in the healthcare system and facilities.
- c. Provide a safe and efficient work environment.
- d. Build respect for patient rights.
- e. Develop a culture open to learning.
- f. Establish collaborative leadership.

Component 4: Adopt a Plan for Hospital Services & Patient Flow

Determine Hospital Services: Key to the success of the PMC is the need to decide which clinical services will be offered by each of the five facilities in the PMC system. For example, pediatric and child services are to be provided at the Children’s Hospital and the current pediatric department at the Ramallah General Hospital is slated to move to the new facility.

The plan for hospital services outlined below recommends transferring all pediatric services to the Children’s Hospital including L&D. Accommodating L&D in the BPH will require the construction of an additional floor which could be designed for L&D or some other pediatrics department.

An interim solution for L&D and the NICU should be developed until the new floor is added to the Children’s Hospital. One suggestion is to leave L&D in its present location at Ramallah General Hospital and have the NICU remain there as well for now. This is not ideal as it divides

¹⁹ “JCI accreditation is a variety of initiatives designed to respond to a growing demand around the world for standards-based evaluation in healthcare. The purpose is to offer the international community standards-based, objective processes for evaluating health care organizations. The goal of the program is to stimulate demonstration of continuous, sustained improvement in health care organizations by applying international consensus standards, International Patient Safety Goals, and indicator measurement support.” See Joint Commission International, Joint Commission International Accreditation Standards for Hospitals, 3rd Edition, January 2008, p. 2.

the professional staff forcing them to cover two facilities and further splits already meager resources in these areas.

Furthermore, as the MoH has identified the four critical areas of diabetes mellitus, hypertension, oncology (particularly breast cancer), and emergency services as aspects in Palestine's health that require special attention for improvement, the PMC should and is currently adopting plans to become the leader in these fields. The surgeons at the Surgical Hospital and the oncologists of the Ramallah General Hospital will have in the PMC an integrated center to provide comprehensive care to cancer patients. Preventive health specialists, nutritionists, cardiologists and other practitioners will have in the Palestine Medical Complex an institution to treat collaboratively the entire spectrum of hypertension, from maintaining one's health to treating the sequelae of this disease.

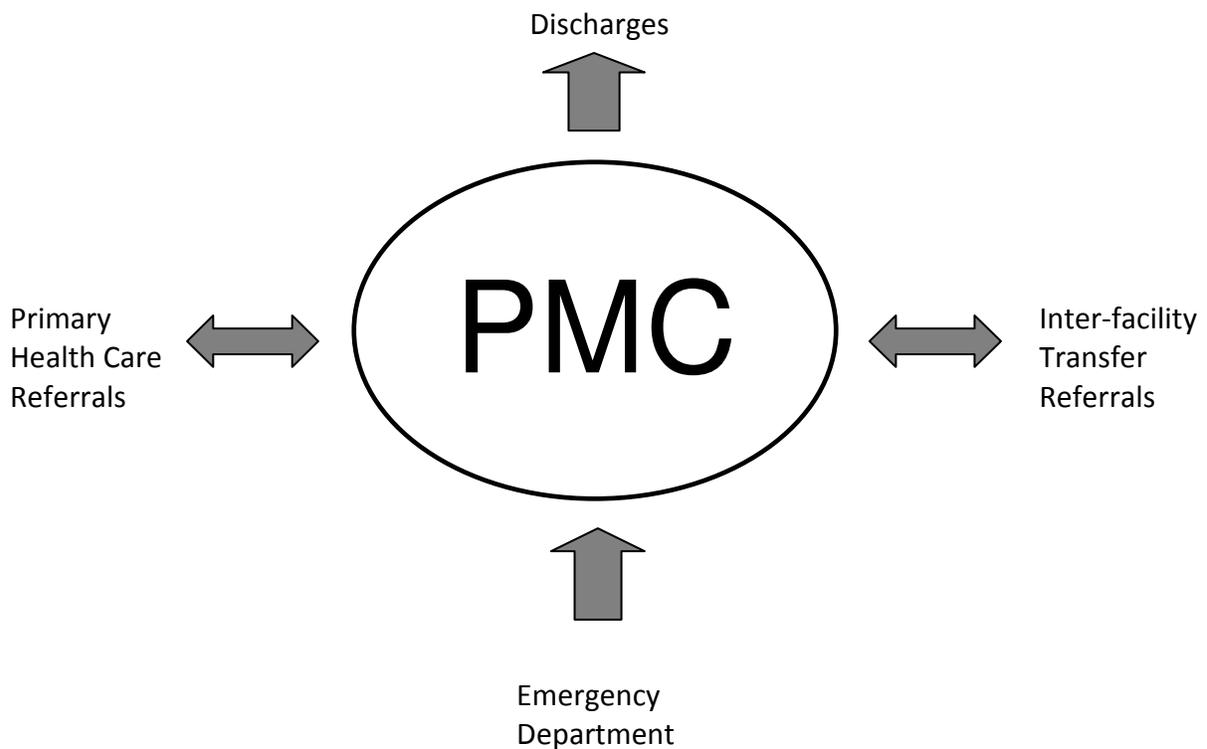
Current plans include the construction of a comprehensive diabetes center and a burn unit on the second floor of the Emergency Hospital. Given the acuity of need to address these conditions, particularly as the PMC establishes itself as a Center for Excellence, it is understandable that for the sake of expediency that these units will be housed in the Emergency Hospital. We recommend, however, that the future plans for the PMC include relocating these disciplines in their respective specialty hospitals as space becomes available and the staffing at each branch develops. The comprehensive diabetes center may best be administered in the Ramallah General Hospital where internists can direct care, nutritionists can advise patients about their diets, experienced nursing staff can establish long-term relationships with their patients, etc., rather than at the Emergency Hospital, where care will be episodic and acute in nature.

Also, the inclusion of a burn unit at the PMC is both forward-thinking and evidence of the aspirations of the MoH to meet this critical need of the people of Palestine. Certainly, burn treatment has traditionally been a part of the discipline of trauma care and the specialties have a great deal to share and offer each other. However, burn treatment has a special set of infection control issues, and housing the burn center in the Emergency Hospital, which will treat all emergencies, may expose patients to a more varied spectrum of pathogens despite the pains being taken to place the unit on the second floor. Furthermore, given the long-term and convalescent needs of burn patients, including multiple repeated surgeries such as debridements and skin grafts, we recommend that future plans for the burn center include relocation to the Surgical Specialty Hospital where these patients can have greater access to repeated treatments in the ORs and skilled specialty nursing treatment in the Surgical ICU.

Determine Patient Flow: Efficient patient flow through the PMC as a whole will improve patient safety, positively impact patient and staff satisfaction, and ultimately increase revenue. Effective management of patient flow through the PMC is also crucial for the smooth function of each of the five institutions. For example, in order for the Emergency Hospital to function in its critical role as the PMCs receiving hospital for all acute care and emergent patients, each patient must be admitted through the emergency department quickly and efficiently

transferred to the inpatient units. If care space in the emergency department is occupied by boarded patients awaiting inpatient rooms, say, in the Children’s Hospital due to bed block/delay, the ability of the Emergency Hospital to see new patients awaiting evaluation and treatment will quickly be compromised and will result in the potential delay of care for the critically ill and wounded. In the event of a natural disaster or civil unrest any inefficiency in the flow of patients through the PMC will quickly result in grave consequences for the well-being of the community as a whole.

Figure 2: Patient flow into the PMC. This diagram demonstrates how patients will feed into the PMC from primary health care facilities, the Emergency Department (including walk-in and ambulance patients), and inter-facility transfer referrals.



Component 5: Develop and Adopt a Continuous Quality Improvement Program for the PMC

Continuous Quality Improvement (CQI): The PMC must be established with a hierarchical and yet distributed model of management. PMC staff, especially physicians, must have a sense of ownership and buy-in. This can be accomplished through a distributed model of management where decisions are made throughout the organization and do not emanate by decree only from the top. A distributed model is best supported through a committee structure that yields participative management, which necessitates a Quality Improvement committee for the entire

PMC. In addition, there should be separate multi-disciplinary committees for each center (i.e. the Surgical Specialty, the Children's, Ramallah General Hospital, the Emergency Hospital and the Blood Bank) that have as their membership representatives from physicians, nursing, pharmacy, medical records, information technologies, and ancillary services. These committees should be empowered by the PMC Quality Improvement Committee and governing board to be responsible, and accountable, for patient safety and the quality of healthcare in the PMC.

Component 6: Develop a Financial Strategy for the PMC

Financial Strategy: A healthcare system that promises change and strives for excellence must be backed by a realistic financial strategy. The plan to develop a Center for Excellence within the PMC is no different. The system must break from the outdated ways of delivering healthcare through a bloated bureaucracy and emerge sustainable and efficient, providing a sharply defined and crisp new approach to service and care that is based on compassion and concern for patients. Stakeholders have to develop a financial plan that supports the mission and vision of the PMC and promotes accountability and excellence. Shortages of medications and medical supplies cannot be tolerated. Broken and outdated equipment must be replaced so that patients and their families see a fresh approach at the PMC that is committed to excellent healthcare. Nurses and physicians must have the "tools" to perform their duties. The facilities themselves must be kept neat and clean if the public is to believe in the changes planned for their healthcare system.

Sustaining the PMC through cost-recovery will be difficult at first, but stakeholders, the advisory board, the administration and staff must remain focused on improving care and building staff capacity. The goal is to increase the quality of services and persuade those who can afford healthcare outside of Palestinian or at private hospitals to opt instead to receive their care at a reinvigorated PMC. A sliding patient fee scale could provide one financial model; such a system would allow patients to contribute to the financial viability of this system of healthcare in the West Bank.

Component 7: Establish an Affiliation between the PMC and a Local Medical University

University Affiliation: Each of the member hospitals needs to be placed on a track to improve to become a Center for Excellence. To help raise the overall standard of care and prestige, and to achieve the goal of building a culture of learning, the PMC should affiliate with a medical academic institution. A University affiliation could evolve with an existing Palestinian institution and could also include a foreign University. This partnership will provide several benefits for the PMC:

- It would foster the unified, campus-like atmosphere the stakeholders seek in bringing the five health facilities into one system.

- It would help build the capacity of the medical staff by having a system of academic/clinical mentors help manage residency, nursing and allied health training programs.
- It would also provide badly needed staffing to cover the expansion of clinical services at PMC facilities.
- It would provide a younger, more vibrant work force, less resistant to change, through training programs.
- It would provide the opportunity for credible research to emerge from the PMC.
- It would foster the development of the PMC into a true academic health sciences center that will be distinct from the type of institutions that currently exist in Palestine.

The axiom for the PMC is that ***if you are going to raise the standard of care you need to train for the higher level of care***. This ambition is more readily realized in a university setting where staff development through education and training is available. In addition to local training and education, some leadership staff members should be exposed to other healthcare systems abroad for short-term fellowships. Such a program provides incentives for staff to improve and will not only benefit them personally, but also be of benefit to the PMC as well. Academic affiliations are crucial in the development of a medical center as an institution of scientific excellence, a step that would establish the PMC as an international leader in medicine. Academic appointments for the staff would encourage them to develop their careers, not only in terms of clinical skills but also as scientific authorities in their respective fields, further promoting the PMC's status as a Center for Excellence.

Component 8: Establish a Culture of Compassion at the PMC

Compassionate Care: Every person who comes to the PMC not only seeks relief from disease and pain but also seeks compassion. The PMC must emerge as a system of compassionate healthcare facilities that treat the whole person. Staff must exhibit this kind of care in an appropriate manner and stakeholders and PMC leadership should develop workshops and other means to teach PMC staff medical ethics and compassionate care. If the PMC develops a reputation for its caring and compassionate staff, the disenfranchisement that currently exists in the neighborhoods of Ramallah will begin to disappear and the community will build support for the Center for Excellence that is developing in their midst. Additionally, a new form of concierge medical service needs to emerge at this healthcare facility that has staff that is attentive and committed to meet the needs of those who seek relief from suffering.

We propose a Patient Affairs Office purposed to:

- **Introduce new patients and their families to the services available at the PMC and its policies.**
- **Help patients to enroll in the Complex by arranging their clinical visit to see the physician based on the type of health problem they have.**
- **Provide information and review and obtain general consent forms.**

- **Explain and assist patients/families in exercising their health care rights and responsibilities.**
- **Escort patients to the services required in their first visit.**
- **Serve as a formal grievance mechanism for patients and families.**
- **Address questions or concerns patient/family may have about the care they receive.**
- **Bridge the gap where patients'/families' expectations have not been met.**

Component 9: Acquire Appropriate Medical Technology for the PMC

Technological Innovation: It is essential to acquire innovative medical systems that appropriately support the Center for Excellence concept. It is important for the PMC to gradually implement new medical technologies as the competency and capacity of the medical and nursing staff rises. These advances will facilitate staff engagement and improve the quality and level of patient care. PMC leadership will have the difficult task of overseeing the acquisition of new types of technology and must constantly measure them against its strategic goals and objectives. The digitization of healthcare comes at an opportune time for the PMC to embrace this development which could help make hospital operations more efficient and ultimately more responsive to the needs of their patients.

In order for the PMC to provide a level of care consistent with the MoH vision of establishing a national Center for Excellence necessitates the availability of the best available technology. The current MoH plan to install an MRI machine and 64-slice CT scanner at the PMC with all expediency is congruous with this agenda to serve the nation's highest needs. However, the PMC's planners must carefully consider the placement of these machines to gain the most efficient use and benefit from these technologies; although availability of space is always at the forefront of the minds of administrators we encourage the PMC's board to consider placing the MRI and CT machines where they will be most efficiently employed. There are very few emergencies that require MRI technology, however, a great many of them benefit from high resolution CT scans, while surgical subspecialties often use MRI to diagnose and plan for interventions. We recommend, therefore, that the PMC board prioritize space for the CT machine at the Emergency Hospital and the MRI scanner at the Surgical Hospital.

The implementation of a telemedicine system can be part of the backbone to the innovation of the PMC. Such a system could help bridge gaps in some clinical areas and also circumvent geographical barriers to mobility, making experts from other institutions available to help mentor and consult on administrative and patient care issues.

The time and resources necessary for emergency consultations will also be reduced while this care will be delivered in a much more timely fashion. Telemedicine can make available to the patients and care providers the knowledge and skills of specialists who are not yet available at the PMC. For example, instead of making the sometimes arduous trip for a referral to the Al Makassed Hospital a patient can save time and resources by having a telemedicine consultation instead; furthermore, by participating in this interaction the care provider at the PMC can also

learn and benefit from the skills and knowledge of the specialist at the outside institution as well, thereby expanding his ability to care for other patients with similar conditions. The potential cost of travel and referrals outside of the MoH that a telemedicine consultation system would save are considerable. Ultimately, however, as the staff grows both in numbers and professionally, the PMC should set a goal to become a telemedicine consultation provider or “hub”, which would add to its prestige as a Center for Excellence in Palestine.

Component 10: Establish Measurable Outcomes for the PMC

Outcome Measurement: How will we know if the PMC is successful? A package of measurable outcomes needs to be developed that will provide a guide for the strategic development of the PMC.²⁰ This assessment is essential to plan from the beginning if there is any hope that this model will be duplicated at other geographical locations in the West Bank. The collection of accurate, reliable data will also help the MoH to measure the success of the PMC. Data to be collected could include days of hospitalization, incidence of infection, incidence of recurrence to hospital, chart review results, and patient satisfaction, and waiting times for outpatient and surgery services.

Component 11: Initiate Activation Process

The planning for the migration into, and formal opening of, the Children’s Hospital, the Emergency Hospital, and other PMC facilities will be done through what is called a **facility activation process**. The end result should lead to the completion of the necessary steps to make the hospital “patient-ready.” This is next logical step in the development of PMC institutions once the decisions regarding hospital services have been made.

There are three activation teams in this process:

- *Operations and Planning*
- *Education and Training*
- *Occupancy Planning*

Under each of these areas, action groups are organized around specific assignments or tasks. These action groups are made up of MoH and PMC staff because they possess specific skills or knowledge. All the action groups receive direction from a central activation/coordinating authority called the Management Oversight Group (MOG). The activation teams report up to MOG which exists to make decisions quickly. The entire activation process will stumble if MOG is not empowered by the advisory board and PMC administration to make decisions quickly.

²⁰ For example, developing a medical records system which includes accurate diagnosis coding facilitates the collection of data that can then be studied more accurately and easily.

The use of action 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 participate in the process to define it. With the Emergency Hospital and the Children’s Hospital 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 and reform 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. Activation teams are essential to distributing and completing all the work ensuring that the myriad of details are completed prior to the opening of the hospital. The activation process may be a new concept and process for PMC stakeholders, but it is well worth the time and investment if the vision of a new healthcare delivery system is to be realized.

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

Table 4: Activation Team Action Groups. This table outlines the proposed action groups to be created in support of the three activation teams to help engage staff in development of the PMC.

Operations Planning Activation Team	Education & Training Activation Team	Occupancy Planning Activation Team
Action Group 1 <ul style="list-style-type: none"> • Patient, Work Flow, and Queuing • Policies/Forms/ Procedures 	Action Group 6 <ul style="list-style-type: none"> • Staff Orientation • Staff Training • Patient Education • Public Education & Tours 	Action Group 7 <ul style="list-style-type: none"> • Facilities & Ancillary Services²¹
Action Group 2 <ul style="list-style-type: none"> • Budget & Finance • Business/Billing/ Patient Registration 		Action Group 8 <ul style="list-style-type: none"> • Logistics for: Fire Safety; Security; Emergency Preparedness; & all support departments, Pharmacy, Clinical Lab, Food & Nutrition, Housekeeping, Engineering, etc.
Action Group 3 <ul style="list-style-type: none"> • Medical Records • Medical Staff Licensure 		
Action Group 4 <ul style="list-style-type: none"> • Quality Assurance & Control • Patient & Family Rights 		
Action Group 5 <ul style="list-style-type: none"> • Human Resource Management (All Staff) 		

²¹ The action groups 1 & 7 need to be set up first so they can work with the MOG & advisory board to determine which PMC hospitals will provide clinical and administrative services. An activation activities checklist has been developed and appears in Annex 2.

The final act in the activation process is to confirm whether or not a PMC hospital is ready to open. This is done through a mock test. On a specific day “mock” or actors playing the roles of patients and families go through the hospital testing every system and function to make sure the facility is ready to receive real patients and their families. Observers can be deployed to take notes and write down comments on what works and what does not work. A post-event debriefing may create a final list of problems that will need to be resolved prior to opening.

COMPONENT 11: ACTION PLAN FOR ACTIVATING THE PMC

Component/Objective/Activity/Sub-Activity	Month												Responsibility	Products/Events	
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept			
Component 11: Initiate Activation Process for the PMC															Note: For the opening of the CH a 2-month buffer has been set up (April-May) in case there are unforeseen delays or problems. Some work activity could go beyond the targeted opening date.
Objective: Support the MoH to develop a process to activate the EH and the CH															
Activity: PMC--Develop & Deploy Activation Action Groups													MoH & Flagship		
11.1 Establish the Management Oversight Group (MOG) to oversee the activation process	x														MOG Membership: MoH, Hospital and Flagship
11.2 Establish under MOG the activation teams who will activate the EH and CH in a collaborative manner	x														
Objective: Support the MoH to develop a common infrastructure for the EH and CH at the PMC															
Activity: PMC--Initiate Institutional Development Activities													MoH		
11.3 Patient & Work Flow, Policies, Procedures & Protocols														Action Group 1	
11.3.1 Develop a Patient Flow Report for the CH & EH showing pt flows and clinical departments	x	x	x	x											
11.3.2 Review and assess current forms used by the EH and make necessary changes	x	x	x	x											
11.3.3 Review and assess current clinical procedures & protocols used by the EH	x	x	x	x	x	x									
11.3.4 Review and assess current forms used by Dept. of Pediatrics and make necessary changes	x	x	x	x											

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

11.3.5 Review and assess current clinical procedures & protocols used by the Dept. of Pediatrics	x	x	x	x	x	x								
11.3.6 Develop common revised forms for the EH and CH where possible	x	x	x	x										
11.3.7 Develop clinical protocols and procedures for the EH	x	x	x	x	x	x								
11.3.8 Develop clinical protocols and procedures for the CH	x	x	x	x	x	x								
11.4 Budget/Finance, Patient Registration													Action Group 2	
11.4.1 Develop a budget for the EH and CH identifying cost centers in each facility	x	x	x	x										
11.4.2 Review and assess current processes for billing and collecting pt charges at current facilities	x	x	x	x										
11.4.3 Develop processes for billing and collecting pt charges in the CH and EH	x	x	x	x										
11.4.4 Determine service point(s) where patients are registered/admitted in the EH and CH	x	x	x	x										
11.5 Medical Records & Medical Staff Licensure													Action Group 3	
11.5.1 Develop common medical record forms, with consideration for the future electronic HIM system	x	x	x	x	x	x								
11.5.2 Develop a plan for storing and archiving of medical records	x	x	x	x	x	x								
11.5.3 Develop a plan to integrate current medical records	x	x	x	x	x	x								
11.6 Quality Assurance & Infection Control, Patient & Family Rights													Action Group 4	

11.6.1 Review and modify the Quality Assurance (Performance Improvement) program for the EH and CH	x	x	x	x	x									
11.6.2 Review and modify the infection control program for the EH and CH	x	x	x	x	x									
11.6.3 Develop consent forms for treatment for the EH and CH	x	x												
11.6.4 Develop a plan for meeting the religious needs of the patients at the EH and CH	x	x												
11.7 Human Resource Management/Personnel (All Staff)													Action Group 5	
11.7.1 Hire an HRM staff in accordance with the process outlined below	x	x												
11.7.2 Hire appropriate administrative staff for the EH and CH		x	x											
11.7.3 Develop job descriptions for each position at the EH and CH	x	x												
11.7.4 Develop performance evaluation mechanisms for each job description	x	x	x	x	x									
11.7.5 Identify compensation and benefits for each job description	x	x	x	x	x									
11.7.6 Develop an employment application	x	x												
11.7.7 Develop an employee handbook			x	x	x	x								
11.7.8 Develop team building/recognition program				x	x									
11.7.9 Develop on-call requirements and schedule for EH and CH staff				x	x									

11.7.10 Develop an employment hiring committee involving HR staff, managers, and supervisors	x	x												
11.7.11 Initiate a transparent employment process with outside advertising for positions	x	x	x	x	x	x								
11.7.12 Review MoH guidelines for medical staff licensure and incorporate into the hiring process	x	x	x	x	x	x								
11.7.13 Establish a credentialing and privileges committee as part of the hiring process	x	x	x	x	x	x								
11.7.14 Conduct audits of diplomas and licenses/credentials of all applicants		x	x	x	x									
11.7.15 Develop medical staff policies or bylaws if necessary				x	x									
11.7.16 Develop a disciplinary process for medical staff				x	x									
11.7.17 Recommend an employee incentive program based on merit and achievement tied to job performance			x	x	x									
11.7.18 Develop an employee health program				x	x									
11.8 Staff Orientation & Training, Patient Education, Public Education & Tours													Action Group 6	
11.8.1 Identify and train personnel responsible for orientation		x												
11.8.2 Develop an employee orientation program		x	x											
11.8.3 Orient all staff to the EH and CH and the culture of the reformed PMC		x	x	x	x									
11.8.4 Educate staff regarding patient safety goals			x	x	x									

11.8.5 Prepare community relations communications plans and schedule for grand opening				x	x	x												
Objective: Support the MoH to integrate the Emergency Hospital into the PMC (Target Date: January 31, 2010)																	<i>Event: Grand Opening January 31, 2010</i>	
Activity: Emergency Hospital--Support the MoH to initiate the following activities at the Emergency Hospital														MoH				
11.9 Emergency Hospital--Facility Changes																	Action Group 7	
11.9.1 Convert rooms 13 & 14 into patient rooms; convert room 14 into an isolation room		x																
11.9.2 Relocate endoscopy room to one of the rooms adjacent to the current ED [exact location TBD]		x															<i>Check for proper ventilation for cleaning & sterilization</i>	
11.9.3 Install new patient curtains throughout the EH		x	x															
11.9.4 Paint and install corner guards and chair rails throughout the EH		x	x	x														
11.9.5 Update the directional signage throughout the EH				x														
11.9.6 Convert rooms [exact location TBD] to 'fast track' urgent care patient rooms		x	x															
11.9.7 Convert hospital main entrance for 'ambulance only' patients		x																
11.9.8 Designate at EH main entrance a driveway 'One-Way' for all ambulance traffic exclusively		x																
11.9.9 Establish a side entrance for ambulatory 'walk-in' patients with a designated area for triage & pt registration		x																
11.9.10 Covert one EH OR into a 2-bed Pediatrics room with Pediatric-specific life-support equipment		x	x															

11.9.11 Confirm existence of areas adequately separating clean vs. dirty utility rooms		x													
11.9.12 Confirm existence of a room(s) for airborne isolation		x													
11.10 Emergency Hospital--Equipment & Facility Systems														Action Group 7	
11.10.1 Confirm and test operation of all existing medical equipment		x	x												
11.10.2 Develop an inventory of all current medical equipment and grade each item		x	x												
11.10.3 Develop a preventive maintenance plan and schedule for the medical equipment in EH		x	x												
11.10.4 Test all facility systems to ensure they operate to manufacturers specifications & note any deficiencies		x	x												
11.10.5 Develop a preventive maintenance plan and schedule for all facility systems in the EH		x	x												
11.10.6 Test emergency backup generator power system in the EH and confirm emergency power distribution		x	x												
11.10.7 Develop a status report of all equipment & facility systems		x	x												
11.10.8 Acquire wireless internet access for the EH		x	x	x											
11.11 Emergency Hospital--Logistics & Support Services														Action Group 8	
11.11.1 Assess and activate a plan for Hazardous Medical Waste & General Waste Management		x													
11.11.2 Assess and activate a plan for Fire Safety			x												

11.11.3 Assess and activate a plan for Safety and Security			x															
11.11.4 Assess and activate a plan for Key Control and Access to the facility			x															
11.11.5 Assess and activate a plan for Emergency Preparedness				x														
11.11.6 Assess and activate a plan for Central Supplies		x	x															
11.11.7 Confirm adequate storage for Personal Protective Equipment (PPE) and adequate supply system		x																
11.11.8 Assess and activate a plan for Pharmacy		x	x															
11.11.9 Assess and activate a plan for Laundry		x	x															
11.11.10 Assess and activate a plan for Housekeeping		x	x															
11.11.11 Assess and activate a plan for Nutrition & Food Service		x	x															
11.11.12 Assess and activate a plan for plants, artwork, etc. throughout the facility				x														
11.11.13 Assess and activate a plan for Parking for hospital staff, patients and visitors			x															
11.12 Emergency Hospital--Grand Opening, January 31, 2010																		MoH & Flagship
11.12.1 Complete a 'mock' opening of the EH, testing all systems, equipment, procedures with full staff involvement				x														
11.12.2 Plan opening ceremony for EH		x	x															

11.12.3 Conduct opening ceremony for EH				x											
Objective: Support the MoH to activate the Children's Hospital at the PMC (Target Date: March 31, 2010)														<i>Event: Grand Opening March 31, 2010</i>	
Activity: Children's Hospital--Support the MoH in the following activities to open the Children's Hospital													MoH		
11.13 Children's Hospital--Facility Changes														Action Group 7	
11.13.1 Develop a list of physical changes necessary to occupy the CH	x														
11.13.2 Install safety latches on windows of all floors			x	x											
11.13.3 Purchase shower curtains and construct shower floors to prevent water leakage			x	x											
11.13.4 Install bathrooms in the NICU and PICU			x	x	x										
11.13.5 Install sinks for hand washing [Locations TBD]			x	x	x										
11.13.6 Designate a changing room for females in the OR area			x												
11.13.7 Separate the OR recovery room from the OR			x	x											
11.13.8 Establish a small kitchen inside the CH			x												
11.13.9 Establish a small playroom on each floor of the CH			x	x											
11.13.10 Install patient lockers in each ward for children's personal effects			x	x	x										

11.13.11 Confirm existence of areas adequately separating clean vs. dirty utility rooms			x											
11.13.12 Confirm existence of a room(s) for airborne isolation			x											
11.13.13 Design and obtain funding for a new 4th floor at CH	x	x	x	x	x	x	x	x	x	x	x	x		
11.13.14 Construct a new 4th floor of the CH										x	x	x		<i>Event: To Commence After Planning Is Complete & Funding is in Place</i>
11.14 Children's Hospital--Equipment & Facility Systems													Action Group 7	
11.14.1 Complete and open the kitchen at the Surgical Hospital to provide food for the CH				x										
11.14.2 Complete installation and inventory all medical equipment in the CH			x	x	x									
11.14.3 Develop a preventive maintenance plan schedule for the medical equipment in the CH				x	x									
11.14.4 Develop a preventive maintenance plan and schedule for the medical equipment in EH				x	x									
11.14.5 Test all medical equipment to ensure it operates to manufacturer specifications & note any deficiencies				x	x									
11.14.6 Complete the installation of all facility systems in the CH				x	x									
11.14.7 Test all facility systems to ensure they operate to manufacturers specifications & note any deficiencies				x										
11.14.8 Develop a preventive maintenance plan and schedule for all facility systems in the CH				x	x									
11.14.9 Acquire wireless internet access for the CH				x	x	x								

11.15 Children's Hospital--Logistics & Support Services														Action Group 8	
11.15.1 Assess and activate a plan for Hazardous Medical Waste & General Waste Management				x	x										
11.15.2 Assess and activate a plan for Fire Safety					x										
11.15.3 Assess and activate a plan for Safety and Security					x										
11.15.4 Assess and activate a plan for Key Control and Access to the facility						x									
11.15.5 Assess and activate a plan for Emergency Preparedness					x										
11.15.6 Assess and activate a plan for Central Supplies				x	x										
11.15.7 Confirm adequate storage for Personal Protective Equipment (PPE) and adequate supply system				x											
11.15.8 Assess and activate a plan for Pharmacy				x	x										
11.15.9 Assess and activate a plan for Laundry				x	x										
11.15.10 Assess and activate a plan for Housekeeping				x	x										
11.15.11 Assess and activate a plan for Nutrition & Food Service				x	x										
11.15.12 Assess and activate a plan for plants, artwork, etc. throughout the facility					x										

11.15.13 Assess and activate a plan for Parking for hospital staff, patients and visitors					x									
11.16 Children's Hospital--Grand Opening, March 31, 2010													MoH & Flagship	
11.16.1 Complete a 'mock' opening of the CH, testing all systems, equipment, procedures with full staff involvement						x								
11.16.2 Plan opening ceremony for CH		x	x											
11.16.3 Conduct opening ceremony for CH						x								



Annex 1: Proposed Strategy for the PMC based on an adopted patient flow plan.

Hospital Services Matrix: L&D → New 4th Floor at the Children’s Hospital, Cardiac Care Services at the Surgical Hospital (KSH)

PROS			CONS		
<ul style="list-style-type: none"> L&D on new 4th floor of the Children’s Hospital Inpatient adult surgical services all kept together at the Surgical Hospital NICU and PICU services can share physician coverage at the Children’s Hospital 			<ul style="list-style-type: none"> No room for growth in surgical service patients at the Surgical Hospital 		
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>
	Internal Medicine	11	Internal Medicine	11	Administration
	Pulmonary (TB)	3	Pulmonary (TB)	3	Human Resources
	Heart	7	Nephrology	3	Finance
	Nephrology	3	ICU	6	Nutrition
	CCU	8	Overflow Beds	7	Physical Therapy
	<u>Surgical</u>				Respiratory Therapy
	ICU	6			Clinical Lab?
	GYN	7			Pharmacy?
	General Surgery	11			Purchasing?
	Urology	3			Central Service?
	Ortho	8			Housekeeping?
	Cardiac Surgery	8			Laundry?
	Neurosurgery	7			Safety/Security?
	<u>OB</u>				Utilities?
OB	18			Clinical Engineering?	
<u>Pediatric</u>				IS?	
Incubators	7			HIM	
Pediatrics	27			<u>Outpatient Clinics</u>	
Pediatric Surgery	4			Adult	
<u>Outpatient</u>				Pediatric	
Daycare	12				
	<i>Subtotal</i>	150	<i>Subtotal</i>	30	
Emergency Hospital (SZH) Beds: 28 Staff: 87			<u>Emergency</u>		<u>Centralized Departments</u>
			Pediatrics & Adult		Morgue?
			<u>Daycare</u>		Forensic lab?
			Pediatrics & Adult		
			<i>Subtotal</i>	TBD	

Children's Hospital Beds: 45 Staff:			<u>Pediatrics</u> Pediatrics Pediatric Surgery NICU PICU <u>L&D – add 3rd floor</u> Obstetrics Nursery	27 4 7 7 20 ?	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.
			<i>Subtotal</i>	65	
Surgical Hospital Beds: 60 Staff:			<u>Surgical</u> GYN General Surgery Urology Orthopedic Neurosurgery <u>Cardiac Care</u> Cardiac Surgery CCU/ICU Heart Overflow Bed	7 11 3 8 7 8 7 8 1	
			<i>Subtotal</i>	60	
Blood Bank Outpatient Beds: Staff:					Adult Dialysis?
	<i>Subtotal</i>		<i>Subtotal</i>		
	TOTAL	150	TOTAL	155	

Annex 1.1: Proposed Master Plan for Ramallah General Hospital



Ramallah General Hospital (RGH)				
Beds: 150				
Staff: 393				
Current Services	# of Beds	Proposed Services	# of Beds	Notes
<u>Medicine</u>		<u>Medicine</u>		<u>Centralized Departments</u>
Internal Medicine	11	Internal Medicine	11	Administration
Pulmonary (TB)	3	Pulmonary (TB)	3	Human Resources
Heart	7	Nephrology	3	Finance
Nephrology	3	ICU	6	Nutrition
CCU	8	Overflow Beds	7	Physical Therapy
<u>Surgical</u>				Respiratory Therapy
ICU	6			Clinical Lab?
GYN	7			Pharmacy?
General Surgery	11			Purchasing?
Urology	3			Central Service?
Ortho	8			Housekeeping?
Cardiac Surgery	8			Laundry?
Neurosurgery	7			Safety/Security?
<u>OB</u>				Utilities?
OB	18			Clinical Engineering?
<u>Pediatric</u>				IS (Information Systems)?
Incubators	7			HIM (Health Information Management)?
Pediatrics	27			<u>Outpatient Clinics</u>
Pediatric Surgery	4			Adult
<u>Outpatient</u>				Pediatric
Daycare	12			

Total	150	Total	30	
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Annex 1.2: Proposed Master Plan for Emergency Hospital



Emergency Hospital				
Beds: 28				
Staff: 87				
Current Services	# of Beds	Proposed Services	# of Beds	Notes
<u>Emergency</u>		<u>Emergency</u>		<u>Centralized</u>
<u>Elective Surgery</u>		Adult & Pediatrics		<u>Departments</u>
		<u>Daycare</u>		Morgue?
		Adult & Pediatrics		Forensic Lab?
Total	28	Total	TBD	

Annex 1.3: Proposed Master Plan for Children’s Hospital



Children’s Hospital				
Beds: 45				
Staff: TBD				
		Proposed Services	# of Beds	Notes
		<u>Pediatrics</u>		May use Surgical 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>L&D – add 3rd floor</u>	20	
		Obstetrics	?	
		Nursery		
		Total	65	

Annex 1.4: Proposed Master Plan for Surgical Hospital



Surgical Hospital				
Beds: 60				
Staff: TBD				
		Proposed Services	# of Beds	Notes
		<u>Surgical</u>		
		GYN	7	
		General Surgery	11	
		Urology	3	
		Orthopedic	8	
		Neurosurgery	7	
		<u>Cardiac Care</u>		
		Cardiac Surgery	8	
		CCU/ICU	7	
		Heart	8	
		Overflow Bed	1	
		Total	60	

Annex 1.5: Proposed Master Plan for Blood Bank



Blood Bank				
Beds: TBD				
Staff: TBD				
		Proposed Services	# of Outpatient Beds	Notes
		Adult Dialysis?	TBD	
		Total	TBD	

Annex 2: Activation Activities Checklist

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 action 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 Action 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.)

Action Group #1 Patient, Work Flow, and Queuing & Policies/Forms/Procedures
<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"/> Develop and recommend a plan for hospital services and patient flow for PMC hospitals
<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
<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 HIS system?
<input type="checkbox"/> Develop letterhead and business cards
Action Group #2 Budget/Finance & Business/Billing/Patient Registration
<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
<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
Action Group #3 Medical Records & Medical Staff Licensure
<input type="checkbox"/> Develop a common paper medical record system, with consideration for a future electronic HIS 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
<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.
Action Group #4 Quality Assurance/Control & Patient & Family Rights
<input type="checkbox"/> Develop an infection control program
<input type="checkbox"/> Provide training to develop a QI program with measurable outcomes
<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
Action Group #5 Human Resource Management/Personnel (All Staff)
<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
B. EDUCATION AND TRAINING ACTIVATION TEAM
ALL Action 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.)
Action Group #6 Staff Orientation, Training, Patient Education, Public Education & Tours
<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
<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 Action 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.)
Action Group #7 Facilities & Ancillary Services
<input type="checkbox"/> Work with Patient Flow Action Group to resolve space utilization needs for each hospital
<input type="checkbox"/> Develop a space needs assessment plan for the Children’s Hospital and verify the need for a new 3 rd Floor
<input type="checkbox"/> Develop a space needs assessment plan/strategy to renovate RGH, build out Surgical Hospital
<input type="checkbox"/> Develop a “to-do punch list” for every room of the new hospitals
<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
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
Action Group #8 Logistics: 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
Logistics: 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
Logistics: 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
Logistics: 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
Logistics: Emergency Preparedness
<input type="checkbox"/> 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
Logistics – supplies, inventory management, pharmacy, medication management/use, food service, housekeeping, laundry, wayfinding, 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, Clinical 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 Children’s Hospital – children’s and animal themes?
Logistics: 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
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<input type="checkbox"/> Determine if another “mock” opening (smaller scale) is needed
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Annex E

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT

“THE FLAGSHIP PROJECT”

**SECONDARY LEVEL HOSPITAL ASSESSMENT TOOL
DELIVERABLE 2.1.2.1**

SEPTEMBER 2009

SECONDARY LEVEL HOSPITAL ASSESSMENT TOOL

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

DELIVERABLE 2.1.2.1

SEPTEMBER 2009

Contract No. 294-C-00-08-00225-00

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ACRONYMS

MoH	Ministry of Health
SWOT	Strengths, Weaknesses, Opportunities, Threats
USAID	United States Agency for International Development

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 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 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.

This document is to be used to guide the process of obtaining qualitative and quantitative data about individual MoH secondary hospitals in the West Bank. It is a tool that will support the process of reform by providing accurate operational data about these facilities and will also be useful to the strategic planning process needed at each hospital.

Secondary Healthcare Facility Assessment Tool

Project Component 2	
II.1 Objective 2.1 –	Improve the quality of essential clinical services for Palestinians
Task 2.1.2 –	Strengthen quality improvement systems within Palestinian health institutions to deliver better secondary health care services
Deliverables:	
2.1.2.1	Situation analysis and needs assessment regarding clinical services in the MoH hospital system

I. Introduction

What follows is a secondary level hospital assessment tool that supports deliverable 2.1.2.1. Its intended use is to help gather crucial information and data about current MoH hospitals identifying both strengths and areas for improvement and operational data to support emerging reform strategies.

The tools described below will provide both qualitative and quantitative information about MoH hospitals that is accurate and timely. This information will not only serve to provide a resource for accurately describing current activity at these hospitals, but will also identify areas of need that will assist the MoH develop a strategic planning process.

Two approaches are suggested for assessing secondary level MoH hospitals. The first is a focus-group approach where a small group conducts a SWOT²² analysis of each hospital. This approach launches a process that is collaborative and respectful wherein MoH staff supported by the Flagship Project conduct SWOT assessments of these institutions. Taking this approach supports reform in two ways. First, it garners the approval or “buy-in” from hospital staff to allow and support analysis of their institution. Second, it provides an opportunity for an interactive process to emerge that they participate in and can feel that their opinions and strategies count.

²² A SWOT (Strengths, Weaknesses, Opportunities and Threats) is a tool often used to evaluate institutions. Working through this mechanism with hospital leadership and staff can be a very useful process to help obtain their “buy-in” to reform and gain their support for the development of institutional strategic plans.

The second approach in the assessment process is for data gathering and is more structured and familiar. This activity involves filling out a survey template to obtain specific data about each facility, its structure, services and operations. Accurate and reliable information is often difficult to obtain and having this information is an essential ingredient to integrating reform and new strategies at these institutions.

The survey is assembled in sections that when complete will provide an accurate representation of what actually exists operationally at MoH secondary healthcare hospitals. It is by nature a dynamic tool and is by no means comprehensive. It will undoubtedly require revision and updating as the process of reform at these institutions continues to advance.

II. Secondary Level Hospital SWOT Analysis

The list below provides an outline of the areas the SWOT analysis focus groups would concentrate on in their analysis of a MoH hospital. This information is documented in a formal assessment report which summarizes the results of the survey.

- **Administration**
- *Governance & Administrative Leadership*
- *Strategic Planning*
- *Organizational Structure*
- *Finance & Budgeting*
- *Personnel*
- *Training & Education*
- *Policies & Procedures*
- *CQI & Infection Control*
- *Information Systems*
- *Affiliations*
- **Clinical Services**
- **Ancillary Services**
- **Outpatient Services**
- *Outpatient Clinic(s) Onsite*
- *Outpatient Clinic(s) Offsite*
- **Facilities**
- **Equipment**

III. Existing MoH Data and SWOT Analysis

An assessment of the overall healthcare system was completed in December 2008 by the MoH. This analysis revealed a number of strengths and weaknesses, identified opportunities and

threats facing the Palestinian health sector, and helped the Ministry of Health identify key priorities in support of their institutional development strategies.²³

In addition to these resources there is existing quantitative data that will serve as a baseline dataset which can be updated and expanded by the collection of current information. The following information was taken from the Health System Assessment Report and existing MoH datasets.

Palestinian Health Sector Situational Analysis

The West Bank and Gaza Strip are two territories with a total population of 3.9 million with a population growth rate of 3.3% (USAID, 2007, MoH 2008) and 46.6% of the population are below 15 years of age. Assessment of the clinical services and prioritizing them are fundamental in driving the attention and funds in the correct direction positively affecting the health status of the Palestinian people. The MoH conducted a SWOT Analysis that showed a number of weaknesses and threats that affect the quality of Clinical Services in West Bank and Gaza.

Strength	Weakness
<ul style="list-style-type: none">  Qualified health personnel  Strategic health plan  Training institutions  Policy & Planning functions & Council  Access to PHC in rural areas  Political Commitment to health  Relevant laws and regulations  Availability of guidelines & protocols 	<ul style="list-style-type: none">  Insufficient financial & other resources  M & E  Communication  Coordination  Lack of By-laws  No job description  Institutionalization of functions  Low morale  Accountability and sustainability  High turnover of staff  Evidence based policy and planning  Equal professional opportunities  Current health insurance system  Systematic continuing education  Vertical projects  Centralized management  Quality of services  HMIS
Opportunities	<ul style="list-style-type: none">  Occupation

²³ See, Ministry of Health, Health Policy and Planning Directorate, *2009 Annual National Health Work Plan*, February 2009, p.9.

<ul style="list-style-type: none"> ✚ International financial and technical support ✚ Educational system & support 	<ul style="list-style-type: none"> ✚ Political instability ✚ Donor agendas ✚ Geographical splits ✚ Corruption ✚ Poverty & unemployment ✚ High fertility ✚ Communicable & chronic disease ✚ Environmental issues
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Clinical and Hospital Services

Hospital	No. of beds*	No. of patients		Average Duration of Stay	Bed Occupancy %
		Discharged	Admitted		
West Bank					
Jenin	123	19,123	19,121	1.9	80.3
Tulkarm	105	12,919	12,920	1.9	65.5
Al-Watani / Nablus	101	13,057	13,065	1.9	67.8
Rafidiah / Nablus	163	15,604	15,557	2.3	60.4
Ramallah	150	19,661	20,599	2.5	90.0
Beit Jala	117	10,746	10,650	3.3	84.0
Jericho	54	5,964	5,979	2.0	60.4
Al Khaleil	216	29,287	29,282	2.5	93.4
Grand Total	1,029	126,361	127,173	2.3	77.9

Hospital	Births	Operations
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		Major	Minor
West Bank			
Jenin	3,996	1,905	2,410
Tulkarm	2,445	1,673	4,235
Al-Watani / Nablus			
Rafidiah / Nablus	4,564	3,372	5,685
Ramallah	4,374	3,982	1,377
Beit Jala	1,274	1,642	867
Jericho	990	944	493
Al Khaleil	7,425	4,645	2,313
Grand Total	25.068	18,163	17,380

Hospital Departments & Services

Department /Region	West Bank	%
ALLERGY		0.0
CARDIOLOGY & HYPERTENSION	6,416	2.3
CARDIOTHORACIC SURGERY		0.0
COSMETIC AND PLASTIC SURGERY		0.0
DERMATOLOGY		0.0
ENT & AUDIOLOGY	24,418	8.6
ENDOCRINOLOGY	2,179	0.8
GASTROENTEROLOGY	935	0.3
GENERAL SURGERY	22,685	8.0
GYNECOLOGY & OBSTETRICS	20,275	7.1
HAEMATOLOGY	13,549	4.8
INTERNAL MEDICINE	25,232	8.9
MAXILLOFACIAL SURGERY & DENTISTRY	1,622	0.6
NEPHROLOGY	7,545	2.7
NEUROSURGERY	4,445	1.6
NEUROLOGY	9,916	3.5
ONCOLOGY	14,758	5.2
OPHTHALMOLOGY	4,869	1.7
ORTHOPAEDICS	51,415	18.1
PAEDIATRIC SURGERY	3,708	1.3

PAEDIATRIC CARDIOLOGY	971	0.3
PAEDIATRIC MEDICINE	14,341	5.1
PHYSIOTHERAPY	17,395	6.1
PSYCHIATRY	3,352	1.2
VASCULAR SURGERY	2,777	1.0
RHEUMATOLOGY		0.0
RESPIRATORY DISEASE (CHEST)	1,131	0.4
UROLOGICAL SURGERY	21,954	7.7
OCCUPATIONAL HEALTH		0.0
PEDIATRIC NEUROLOGY		0.0
CHEST SURGERY		0.0
LAPAROSCOPIC SURGERY		0.0
DIAGNOSTIC ULTRASOUND & ECHOCARDIOGRAPHY		0.0
IVF		0.0
CATHETERIZATION		0.0
تخطيط مخ		0.0
وحدة السمعيات		0.0
تخطيط الاعصاب		0.0
OTHERS	5,599	2.0
Total	281,487	39.0
EMERGENCY DEPARTMENTS	498,860	42.3

Annex: Secondary Level Hospital Survey Tool

I. General Information:

Hospital Name	
District/City/Town	
Director	
Mobile Number	
Telephone Number	
Fax Number	

Number of Hospital Beds	
Number of Admissions per month	
Patient population < 2 years 2-18 years >18 years OB Patients	
Census Inpatient/ month Outpatient/ month	
Average length of stay	

Type of Hospital	<input type="checkbox"/> General	<input type="checkbox"/> Specialized	<input type="checkbox"/> Referral
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II. Hospital Departments:

Department	Y/N	Number of Beds	Occupancy per Month
General Surgery			
Internal Medicine			
Pediatrics			
Ob & Gyn			
Orthopaedics			
Urology			
Cardiovascular			
Neurology			
Maxillofacial			
ENT			
Ophthalmology			
Cosmetic & Burn Unit			

Intensive Care Unit			
CCU			
Anesthesia			
Dialysis Unit			
Oncology			
Catheterization lab			
Endoscopy lab			
Other Departments? (Specify			
Total			

Operating Rooms and Theatres

Operating Theatre	Y/N	Number & Number of Beds	Average of Operations/Day
Minor Operating Rooms			
Major Operating Rooms			
Day Care Surgery			
Recovery Room			

III. Hospital/Out Patient Clinics

Service	Availability Y/N	Schedule Clinic/Week	Number of Rooms
Outpatient clinics			
1. General Surgery			
2. Specialized Surgeries			
3. Pediatrics			

IV. Diagnostic and Support Services

Service	Y/N	Notes
Laboratory		
1. Are there quality control processes for lab test?		
2. Are there written policies for laboratory?		
3. Is coverage provided 24 hours a day?		
4. Is infection prevention and control procedures implemented?		
5. Do you have histopathology lab		
Radiology		
1. Licensed Personnel?		

2. Radiation safety procedures applied?		
3. Is coverage provided 24 hours a day?		
4. What type of equipment you have? Echo CT scan Ultrasounds MRI Mammogram		
Medication Use and Pharmacy Services		
1. Licensed pharmacist is available?		
2. Stock of drugs and supplies are recorded and filed?		
3. 24 hours coverage is provided?		
Other Services		
1. Number of house keeping personnel?		
2. Number of security personnel?		
3. Others (specify)		

Hospital Emergency Department

	Y/N	Notes
1. Is there an emergency department?		
2. Is there triage room?		
3. Average number of patients per 24 hours?		
4. Is there a protocol or process for referring & registration for an emergency patient?		
5. Are there emergency guidelines and protocols?		
6. Is there an individual patient record keeping system?		
7. Number of emergency crash carts?		
8. Resuscitation trolley? • Adult • Pediatric		

V. Human Resources

Staff in the Emergency Department	Number	Notes
1. Number of Doctors?		
2. Number of Nurses?		
3. Specialists on call?		
4. Shift Supervisor?		
5. Clerk?		
6. Others?		

Department	Staff Position	Number	Notes	
General Surgery	Residents			
	Surgeons			
	Staff Nurses			
	Practical Nurses			
Internal Medicine	Residents			
	Specialists /Consultants			
	Staff Nurses			
	Practical Nurses			
	Others			
	Pediatrics	Residents		
		Specialists /Consultants		
		Staff Nurses		
Practical Nurses				
	Others			
	Ob & Gyn	Residents		
		Specialists /Consultants		
		Staff Nurses		
Practical Nurses				
	Others			
	Anesthesia	Residents		
		Specialists		
		Practical Nurses		
Staff Nurses				
	Technicians			
	Radiology	Specialists		
		Technicians		
	Laboratory	Lab Technicians		
Pharmacy	Pharmacists			
	Assistant Pharmacists			
Other Departments				
Engineering	Biomedical Engineer			
	Technicians (Specify)			
Accounting	Accountants			
	Clerks			
	Secretaries			
Reception	Receptionist/Secretary			
	Guards			
House Keeping	Cleaners			
	Laundry			
Kitchen	Chef			
	Assistants			

	Nutritionists		
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Assessing Management of Human Resources and teamwork at the Hospital	Y	N
1. Does staff receive an orientation program when they join the facility?		
2. Is there a personal file for each employee		
3. Does hospital staff have written job descriptions?		
4. Does hospital staff receive annual written evaluations?		

VI. External Linkages

Hospital-Community Linkages	Y	N
1. Are there regular meetings with other health care providers, CBOs, or local authorities in the community, including the private sector? (Circle relevant entities)		
2. Are there regular (weekly, monthly, annual) community events on specific health issues/problems? (Circle relevant period)		

VI. Other Hospital Services

Other Hospital Services	Yes/No	Notes
Is there a library?		
Is there continuing education department?		
Is there infection control department?		
Is there health information system?		
Is there a morgue?		
