



USAID | **WEST BANK/GAZA**
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DEVELOPMENT OF A START-UP PLAN FOR THE PALESTINIAN MEDICAL COMPLEX

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

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

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ACRONYMS

MoH	Ministry of Health
PMC	Palestine Medical Complex
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 Palestinian 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 Palestine Medical Complex (PMC) in Ramallah, West Bank. The Complex is proposed as an integrated consortium of five service provider entities that will offer specialized care to the Palestinian people. These entities currently include the Ramallah General Hospital, the Emergency and Trauma Hospital, the Pediatric Hospital, the Surgical Hospital, and the Blood Bank. The Palestine Medical Complex will be established as a "Center for Excellence" capable of serving as a tertiary care referral center; an advanced training and continuing education facility for health professionals; and a source of quality improvement standards and protocols for broad dissemination and adoption by the Palestinian health care system. This new entity is also envisioned as a modern, autonomous organization which will implement a new business model to achieve its goals.

The MoH's 2009 National Health Work Plan established the operationalization of the Palestine Medical Complex as an activity to improve secondary and tertiary care infrastructure. During this year and with support by the Flagship Project, several technical assessments and proposals were developed. This report builds upon those documents and presents a proposal for quick start-up of the first phase of PMC implementation, with special focus on the Emergency Hospital, the Pediatric Hospital, and the umbrella structure to support administrative and technical functions of the whole organization.

This consultancy and report contributes to Flagship Project's implementation plan as follows:

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

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

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

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

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

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

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

SECTION II: ACTIVITIES CONDUCTED

The main objective of this short-term technical assistance visit was to facilitate internal discussions within the Flagship project team and externally with the Ministry of Health regarding implementation of the Palestine Medical Complex. This intervention was necessary in order to respond to MoH requests for support to begin PMC operations within an accelerated timeframe, with a particular focus on operations of the Sheik Zayed Emergency and Trauma Center (henceforth denominated as PMC's "Emergency Wing"), the Bahraini Pediatric Hospital (PMC's Pediatric Wing) and the umbrella administrative and technical support structure for the Palestine Medical Complex. Both the Emergency Wing and the Pediatric Wing have been assigned by the MoH as Phase 1 and Phase 2, respectively, of PMC implementation.

During this visit the consultant, working in close collaboration and coordination with Flagship Project staff conducted the following activities:

- A. Participate in daily staff meetings;
- B. Review project documents related to PMC implementation activities and other relevant technical issues;
- C. Carry out site visits to PMC facilities (Ramallah General Hospital, Emergency Wing, Pediatric Wing);
- D. Attend and participate in meetings with MoH representatives and the Emergency Wing "activation team";
- E. Review with project team members PMC start up issues and options;
- F. Participate in interview of Emergency Medicine local short-term consultant;
- G. Participate in project work planning exercise, especially PMC implementation;
- H. Review and provide inputs on draft scopes of work for PMC expat advisors;
- I. Draft PMC start up implementation matrices for the Emergency Wing, the PMC umbrella structure, and the Pediatric Wing;
- J. Review Emergency Wing physical renovation plan;
- K. Share experiences on Component 1 and project monitoring and evaluation activities.

SECTION IV: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS

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 (PMC). As such, the MoH has sought 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.

The main reasons to justify the establishment of PMC include:

- a) The need to meet the health care needs of the Palestinian people for specialized and affordable medical and emergency care;
- b) The need to organize and provide tertiary care services that will inspire the Palestinian health system to provide high quality services in a complementary fashion;
- c) The need to rationalize health care spending by controlling costs related to international referrals;
- d) The need to develop a model for decentralized governance and transparency in health care organization and management, in the context of health sector reform.

In this context, this report, based on existing PMC implementation plans and recommendations, presents a proposal for a *critical path* for a quick and concerted start-up process in order to meet MoH short-term expectations. The first step in this process is to establish a few basic definitions, as discussed below.

Basic concepts to build a common vision of the Palestine Medical Complex

A first step in the start-up process of PMC is to review a few elements related to the meaning and implications of the notion of a Palestine Medical Complex as well as the challenges that should be considered going forward. This section explores each of the dimensions that have been advanced to define the PMC, as a consortium of referral facilities; as a center of excellence; and as a demonstrative model of decentralized health care organization and management.

PMC as a consortium of “referral hospitals”

Referral can be defined as any process in which health care providers at lower levels of the health system, which lack the skills, the facilities, or both to manage a given clinical condition, seek the assistance of providers who are better equipped or specially trained to guide them in managing or to take over responsibility for a particular episode of a clinical condition in a patient.¹ In low- and middle-income regions of the world, higher-level hospitals do not treat only referred patients; referral or tertiary hospitals are frequently the first point of contact with health services for many patients. Differentiating referral hospitals from district hospitals, therefore, requires consideration of the different resources used by different levels of hospital care. Such a differentiation is often based on the availability of increasingly specialized personnel, of more sophisticated diagnostic technologies, and of more advanced therapeutic technologies—that permit the diagnosis and treatment of increasingly complex conditions.

¹ Al-Mazrou, Al-Shehri, and Rao (1990) Principles and Practice of Primary Health Care. In Hensher et al (2006) Referral Hospitals. Disease Control Priorities in Developing Countries, pp. 1229-1243.

A classification by Mulligan et al (2003) describes the following categories of hospitals: a *first level of care hospital* offers few specialties—mainly internal medicine, obstetrics and gynecology, pediatrics, and general surgery, or just general practice, together with limited laboratory services available for general, but not specialized pathological analysis. A *secondary-level hospital* would be highly differentiated by function with 5 to 10 clinical specialties and an increased number of beds (i.e. 200 to 800 beds); these facilities are often referred to as *provincial hospitals*. Finally, a *tertiary-level hospital* would include highly specialized staff and technical equipment—for example, cardiology, intensive care unit, and specialized imaging units; clinical services highly differentiated by function; teaching activities; and a size that ranges from 300 to 1,500 beds.²

In this context, PMC is envisioned as a group of referral hospitals that will serve the Palestinian population in the West Bank with specialized, high-quality medical care so as to meet the justifications and expectations listed above. At this time, all PMC facilities encompass approximately 230 beds and 500 staff. The portfolio of services currently or soon-to-be available includes adult tertiary care, emergency and trauma care, pediatrics, surgical services, and hematology.

PMC as a “center for excellence”

As a “center for excellence” the future Palestinian Medical Complex should consider several complementary functions, such as:

- a) Provide complex clinical care to patients referred from lower levels;
- b) Perform functions to provide population-level health benefits through direct involvement in public health interventions, based on the local epidemiological profile. In Palestine, PMC would continue to be involved, for example, in the diagnosis and management of blood diseases such as thalassemia; in the management of chronic kidney failure, heart disease, or diabetes; in the timely care of injuries and the prevention of chronic disability. In these cases, PMC would strengthen its role as a focal point for disease-specific health promotion and education activities;
- c) PMC would serve other functions within the health system, some of which within the facility, such as teaching and research, while others at lower levels of the delivery system, such as technical support and quality assurance. The latter should include training, setting of standards for treatment, giving advice, offering on-site training, providing clinical services alongside local practitioners, and monitoring the quality of the referrals. In terms of supporting lower levels of the health care delivery system PMC’s role may imply:
 - The availability by telephone or e-mail to advise referring practitioners on whether referral is required;
 - The availability of specialist advice to the patient’s local practitioner on post-discharge care;
 - The availability of specialist advice on the long-term management of chronic conditions;
 - The availability of specialist attendance at lower-level facilities to provide regular outreach clinics;

² Mulligan, J et al (2003) Unit Costs of Health Care Inputs in Low and Middle Income Regions. In Hensher et al (2006) Referral Hospitals. Disease Control Priorities in Developing Countries, pp. 1229-1243.

- The provision of expert diagnosis or consultation through telemedicine;
 - Coordination of discharge planning between levels of care;
 - Coordination of the development of and training in the use of shared care protocols and referral protocols; and,
 - Provision of technology support by skilled technicians and scientists.
- d) In terms of supporting education and training, PMC would continue and strengthen associations with medical schools and other institutions of professional and technical human resource development. Training of specialist doctors is particularly important and requires qualified trainer staff; a ratio of 2 residents per qualified specialist is desirable for this purpose. Other cadres of health professionals, such as ICU nurses, physiotherapists specializing in chronic conditions or burns; or pharmacists specialized in medical specialties should be trained at PMC facilities. In this context, PMC would play a pivotal role in the coordination and provision of continuing education for the health professions in Palestine.
- e) Finally, as a “center for excellence,” PMC would be tasked with supporting medical research, including piloting and introduction of new technologies for local adaptation and use; technology dissemination through training and continuing professional education; or analysis of local burden of disease and the appropriateness of technological solutions.

PMC as a “good government” initiative

As conceived in Presidential Decree 916 of April 26, 2009, which establishes the PMC, this consortium is expected to function as a “*legally independent entity with full capacity to conduct all business and actions necessary to achieve its purposes*” (article 2).³ This implies that PMC is an autonomous entity within the Palestinian government, under the responsibility of an independent board of trustees but under close oversight by the Council of Ministers. This set up constitutes a unique opportunity to demonstrate that a public agency is capable of adopting modern public management principles so as to achieve high levels of institutional performance, sustainability, and accountability. This constitutes a strong policy statement towards improved effectiveness, efficiency and responsiveness of the Palestinian government, particularly its public health sector. This model will serve to introduce and disseminate a “new way of doing business” for the people’s benefit. In this context, PMC could provide managerial and administrative support to other entities in the health care system, including, for example, managing reference laboratory services, serving as drug and medical supply depot and managing procurement and distribution systems; hosting and managing HIS (including epidemiological surveillance systems); managing centralized patient transport fleets; or providing financial management, payroll and HR services to other health units.

Legal framework for the establishment of PMC

One of the key questions in the process to establish the PMC has been its legal framework. Presidential Decree 026 of April 2009 provides the legal basis for establishing the PMC. The decree sets out the overall purpose of PMC, as well as its governance structure and functions (see Annex C).

In addition, the Public Health Law of April 23, 2005, also provides legal basis for the establishment of PMC.⁴ Chapter Eight of the Public Health Law, regarding “health institutions,” prescribes the role of the Ministry of Health in the establishment of health institutions (see articles 46 and 47) and

³ Palestinian National Authority (2009) Presidential Decree 916 to establish the Palestine Medical Complex. April 26.

⁴ Palestinian Legislative Council (2005) Public Health Law.

their functions and services, including pharmacy (art. 49), marketing (art. 51), pricing (art. 52), and reporting (art. 53), inspections and compliance (art. 56), or patients' rights (art. 60).

Other policy statements support the creation of the PMC, such as declarations made by Prime Minister Salem Fayyad regarding the establishments of modern and democratic institutions that will support the Palestinian state and serve the population's needs. In fact, the 2009 Annual National Health Workplan defines the "operationalization of PMC" as one the key activities under sub-objective 3.2 "improve secondary and tertiary infrastructure."⁵ Accordingly, the Ministry of Health 2009 Institutional Development Plan determined that Module 1 will focus on the development of a Center of Excellence at the Palestine Medical Complex.⁶

A. Findings

The Ministry of Health is clearly committed to the notion that the Palestine Medical Complex is an institutional priority whose implementation should occur following the phases listed below:

Phase 1	Integrate the Emergency Department
Phase 2	Open the Children's Hospital and centralized service departments
Phase 3	Open the Specialized Surgical Hospital
Phase 4	Renovate Ramallah Hospital ⁷

Phase 1 and 2 should occur simultaneously. In addition, each phase comprises the incorporation of PMC business processes.

Given this plan and a very ambitious timeline, the MoH is fully embarked in implementation of needed activities, such as completing minor physical renovations, reallocating technical and support staff, and assessing availability and status of equipment. The USAID Flagship project provides technical and financial support, as requested by the MoH.

Below are the key findings of this visit, which focused on phases 1 and 2 of the MoH plan for PMC implementation.

1) Emergency Wing start-up

This became an absolute priority during this visit. The Minister of Health was determined to have the Emergency Wing up and running by the end of the month of November at the site of the former Sheik Zayed Emergency Hospital, upon closure of the Emergency Department at the Ramallah General Hospital.

The USAID Flagship Project provided technical assistance to this effort through a technical assistance visit conducted by an emergency medicine consultant in September 2009.⁸ This visit examined a number of issues related to the provision of emergency services and the facilities and units available. In addition, the consultant offered multiple recommendations regarding physical changes required, staffing needs, equipment needs, and training needs.

⁵ Palestinian National Authority (2009) Annual National Health Work Plan for the effective and efficient implementation of the National Strategic Health Plan 2008-2010. Health Policy and Planning Directorate, Ministry of Health.

⁶ Ministry of Health (2009) Institutional Development Plan. With support from the USAID/Palestinian Health Sector Reform and Development Project, Ramallah.

⁷ Ministry of Health (2009) Palestine Medical Complex Implementation Plan (draft)

⁸ USAID/West Bank and Gaza (2009) Improving Emergency Services. Short Term Technical Assistance Report by Tae Kim, MD.

The MoH implementation plan for the Emergency Wing lacked details needed to adequately prepare for an effective start up of this facility. The Flagship team offered the MoH assistance to complete their plan in order to have a clear idea of all activities required and resources needed. Annex D, Attachment 1 shows a matrix drafted by the Flagship team following the outline shared by the MoH. This matrix spells out all key expected results and tasks proposed for start up of the Emergency Wing. The matrix was shared with the MoH team and used to convene meetings of the “activation team.”

2) Pediatric Wing start-up

Start up of the Pediatric Wing of PMC is also a priority of the MoH. This facility was built with resources donated by the Emirate of Bahrain. The facility encompasses a state of the art physical plant and equipment. The facility is yet to begin operations as it requires some renovations to make it more functional as well as qualified staff. As with the case of the Emergency Wing, the MoH plan to operationalize the Pediatric Wing lacks specific details. Annex D, Attachment 2 provides a matrix prepared by the Flagship project as a proposal for discussion with the activation team.

3) Start-up of PMC umbrella business operations

The PMC is a new entity in the Palestinian health sector. As indicated above, the overall purpose is to develop an institution that will serve as a referral facility for tertiary care, as a center of excellence in medical practice and education, and as a modern, autonomous organization that pursues a public service mission in a sustainable fashion. In addition to congregating five health care institutions, PMC must establish a common platform of administrative and support functions that will enable successful service delivery of specialized care. This section seeks to outline steps needed to organize the umbrella business structure for PMC such that the new organization can perform effectively and efficiently as an autonomous entity.

Presidential Decree 926 creates the Palestine Medical Complex, as mentioned above. The decree establishes its main objectives as well as the composition and responsibilities of its Board of Trustees. Organizing the Board of Trustees is therefore a key first step for successful start up of the umbrella PMC structure. This critical step, as well as other steps proposed to operationalize the PMC, have previously outlined in a technical report prepared by Flagship project consultants.⁹

During this visit, and building upon previous recommendations, the Flagship team prepared a matrix (Annex D, Attachment 3) to facilitate start up implementation of the PMC umbrella structure. The matrix emphasizes on the need to organize the Board of Trustees who should be charged with defining and setting up the administrative and technical foundation for the PMC, including:

- a) Developing a vision and mission for PMC;
- b) Defining PMC’s bylaws as well as its organizational design and key functions;
- c) Defining roles and responsibilities of the Board and the Executive levels;
- d) Select the Chief Executive Officer;
- e) Prepare strategic plans, financial strategy and budget, and institutional policies.

⁹ USAID/West Bank & Gaza (2009) Recommendations for the Palestine Medical Complex and MoH Hospitals. Short-term Technical Assistance Report prepared by Jerry Daly and Amal Bandak. Palestinian Health Sector Reform and Development Project, October.

In addition to the organization and operationalization of the Board, the PMC ought to establish basic functions such human resource management, budgeting and financial management, safety and waste management; facilities and asset management; and ancillary services. From a technical perspective, the PMC also must focus on service delivery issues such as patient flow, standards of care and portfolio of services.

B. Recommendations

This visit served to ascertain the level of progress in implementation of the Palestine Medical Complex, a priority goal for the Palestinian Ministry of Health as well as the USAID Flagship project. The visit confirmed the strong commitment of MoH top leadership to make this a reality despite many challenges. The visit also confirmed the favorable disposition of the USAID Flagship project team to collaborate and support the MoH's work.

It was also important to verify that this is a Ministry of Health endeavor, led by the Ministry and supported by the USAID Flagship project. The Ministry of Health therefore has the main responsibility to implement this ambitious project. In doing so, the Ministry should consider the following assumptions and challenges:

- PMC is a highly visible endeavor given its high public profile;
- PMC may create equity issues (i.e. who really benefits?) within the Palestinian health sector given the increasing demand for resources to fulfill its mission;
- PMC requires increasing institutional (i.e. availability of specialized personnel, operational processes, technology);
- PMC may set off broad health system effects in terms of diversion of financial and technical resources from other levels in the system; risks to introduce inappropriate or unaffordable technologies; shifts in health provider preferences; capabilities of the lower health care delivery system;
- PMC will require financial sustainability taking into account demographic changes (i.e. aging of the population); the means and capability to sustain referral medical services; changes in the burden and distribution of disease (i.e. epidemiological transition towards higher incidence of chronic, degenerative conditions).

C. Next Steps

During the next 10 months the Ministry of Health should focus on the following:

- Activate the PMC Board of Trustees and select a CEO;
- Organize and operationalize PMC umbrella structure and functions;
- Continue operationalization of the Emergency Wing;
- Complete assessment of the Pediatric Wing and initiate physical renovation, installation and testing of equipment, staffing, and determination of appropriate patient flows;
- As time and resource allow, continue implementation of Phases 3 and 4 of the PMC plan;
- Maintain close coordination and collaboration with the USAID Flagship project team utilizing, as appropriate, start up planning matrices developed by the project.

For the USAID Flagship Project:

- Support the MoH stewardship role;
- Provide timely and quality technical assistance;
- Assist with donor coordination and facilitation activities in support of PMC implementation.

ANNEX A: TERMS OF REFERENCE

Subject: Patricio Murgueytio's revised SOW (as of 22 Oct 2009)

Objective:

To assist the Flagship project team in revising the PMC implementation plan and formulate a workable and realistic version, with particular emphasis on implementation of the Sheikh Zayed Emergency Hospital and the Pediatric Hospital.

Tasks:

- A. Review PMC-related documents and action plans and meet with Flagship project staff as needed;
- B. Conduct site visits as appropriate;
- C. Meet with MoH officials, particularly the PMC Activation Team (if/when established);
- D. Develop a revised draft of the Flagship Project PMC implementation plan, taking into account MoH buy-in and participation through the PMC Activation Team;
- E. Assess progress and propose an update for the PMC module in IDP.

Deliverables:

- 1. Draft trip report (21/11/09); including the following annexes:
 - a) Draft suggested changes to PMC Module 1 in IDP (related to deliverable 2.1.2.2 in FY10 workplan);
 - b) Draft PMC implementation plan with observations; recommendations and timeline (related to deliverable 2.1.2.2 in FY10 workplan), in consensus with MoH counterparts;
 - c) Draft SOW for the MoH Activation Team, including roles and responsibilities of members (related to deliverable 2.1.2.8 in FY10 workplan);
 - d) Provide recommendations on Sheikh Zayed Emergency Hospital and Pediatric Hospital implementation plans (related to deliverable 2.1.2.8 in FY10 workplan).

ANNEX B: CONSULTANT CV

Patricio U. Murgueytio
Chemonics International Inc.
1717 17th Street NW
Washington DC, 20006
pmurgueytio@chemonics.com
301-916-7893 (h)
202-955-3300 (w)

SUMMARY OF QUALIFICATIONS

- Specialist in health systems strengthening (policy; health economics and finance; health management; project and grants management). Advanced training in medicine (MD), health systems (PhD), public health (MPH), health economics (Master in Health Economics).
- 17 years of developing country experience in project implementation: policy analysis, health system strengthening interventions, social health insurance, decentralization; technical focus on priority health problems such as maternal and child health, HIV/AIDS, tuberculosis, malaria.
- Demonstrated ability to think strategically and develop operational frameworks for capacity building, including performance assessment, management strengthening, and health financing.
- Extensive field experience in Latin America, the Middle East, post-Soviet countries, Asia, and Africa.
- Extensive project implementation/management experience in difficult environments.
- Team player with excellent communications skills.

EDUCATION

2007 Master in Health Economics. Curtin University of Technology, Perth, Australia.
1992 Ph.D., St. Louis University School of Public Health, St. Louis, MO
Major: Health Services Research; Minor: Epidemiology
1987 M.P.H., St. Louis University School of Public Health, St. Louis, MO, Public Health
1983 M.D., Central University School of Medicine, Quito, Ecuador, Medicine

RELEVANT PROFESSIONAL EXPERIENCE

Director, Africa Region, Chemonics International, September 2009 to present

Responsible for providing management and technical support to Chemonics operations in the Africa region and other regions as necessary. Short term technical assistance to the USAID-funded health reform and development project in the West Bank (the Flagship project), Middle East region.

Chief of Party, Malaria Prevention and Control Project, Mozambique, Chemonics International.

May 2008-Sept. 2009

Responsible for overall project implementation, including technical components related to

prevention, case management, BCC/IEC, monitoring and evaluation of malaria activities. Technical lead for a MoH decentralization component to strengthen provincial health systems, including management, performance assessment, and social accountability. Technical assistance in the areas of health service integration, provincial/district capacity building, partner coordination, and policy dialogue in health system strengthening. National and provincial scope; supervision of 28 professional and support staff. Led project start-up and management of technical assistance team; formative research on IPTp barriers; provided technical support to formulation of national malaria program strategy and M&E plan, malaria sentinel sites established, donor and partner coordination, training of health personnel in new malaria 1st line treatment, development of training plan in management strengthening for provincial and district-level MoH staff.

Chief of Party (start-up phase)/Principal Associate, Pakistan Health Systems Strengthening Project, Abt Associates Inc., Dec. 2007-May 2008.

Responsible for overall project implementation, including capacity building in human resources for maternal and child health service delivery; health information dissemination; logistics; and grants management. National and provincial scope. Supervision of approximately 20 professional and support staff. Led project start-up and organization of technical assistance team; designed implementation strategies; established working relationships with government stakeholders and implementing partners.

Principal Associate/Portfolio Manager, International Health Division, Abt Associates Inc. 2006-2007

Provided technical and financial management oversight to approximately 8 health reform/health systems projects in 7 countries in Central Asia and in the Caucasus region; monitored performance of multidisciplinary teams working in health reforms. Supported preparation of proposals for selected clients. Provided short term technical assistance in areas of health system performance, health financing, data-based resource allocation in Georgia, Azerbaijan, Peru, and Indonesia. Served as project director for USAID global Indefinite Quantity Contract TASC3. Provided technical and management support to portfolio activities; short term technical support to health decentralization activities in Peru, Indonesia.

Team Leader/Deputy Chief of Party and Principal Associate Health Systems Strengthening Project (HSS), Jordan 2005 — 2006

Provided technical leadership and managed implementation of the health systems component of the HSS project in Amman, Jordan. Designed and oversaw technical activities related to management strengthening, quality improvement, human resources, health information systems, definition of an essential services package, and health systems performance assessment in the public health sector. Designed implementation strategy; established linkages with MoH and district health organizations; contributed to technical discussions on redesign of health information systems.

Country Director/Chief of Party and Principal Associate 2000 — 2005

Health Reform and Decentralization Project (Dominican Republic)

As Abt's Country Director, oversaw all Abt operations in the Dominican Republic, including the REDSALUD and CONECTA projects. As COP for the Health Reform and Decentralization Project in the Dominican Republic (REDSALUD), provided technical leadership and held overall management responsibility for the design, field implementation, monitoring and evaluation, grant management, and dissemination of the project. This USAID-funded project was a five-year activity in support of a new health and social security system, including an HIV/AIDS prevention component. Led a multidisciplinary team providing technical assistance in multiple technical areas

related to implementation of a social health insurance scheme, particularly its subsidized program for the poor. Contributed to the development and implementation of economic analysis tools, management strengthening tools, and monitoring and evaluation tools; made multiple professional presentations on conceptual aspects, technical approaches, and project achievements. Participated in the design and oversaw implementation of 17 demonstration projects in health systems strengthening (primary care services, hospital costing, information systems, client management, governance); contributed to establishment of national health insurance organizations (health insurance fund, insurance oversight agency, insurance ombudsman); supported development of a graduate program in health management.

Long Term Advisor for Health Care Reform and Senior Associate

1999 — 2000

Partnerships for Health Reform (PHR) Project (Dominican Republic)

Based in the Dominican Republic, provided guidance and technical assistance to the Dominican government, USAID, and local counterparts in health reform. Assisted in policy formulation, decentralization, management, and monitoring and evaluation. Responsible for implementing workplan in the areas of institutional development, health service organization, and management strengthening of decentralized MoH units. In addition, supported policy and technical activities to develop a national monitoring and evaluation framework for health reform. Close coordination with PAHO, the Inter American Development Bank, and the World Bank. Developed and implemented a decentralization capacity building program, including management training, performance assessment, and technical assistance for provincial health directorates.

Senior Associate, The Futures Group International

1998 — 1999

Responsible for providing technical assistance to the Policy Dialogue and Public Awareness Component of USAID's Central American HIV/AIDS Project (PASCA) and FOCUS on Young Adults Project. Technical areas of performance included policy research activities, policy dialogue, policy formulation and training; policy and program implementation; strategic planning; information dissemination, monitoring and evaluation. Provided continued technical support to Central American HIV/AIDS project; technical assistance in reproductive health activities in Malawi and El Salvador.

**Deputy Director/Research and Policy Advisor
Central American HIV/AIDS Project (PASCA)**

1995 — 1998

The Futures Group International (Guatemala, El Salvador, Honduras, Nicaragua)

As the leading representative of The Futures Group International, one of PASCA's implementing agencies, responsible for carrying out Component I of the Project in five Central American countries: Guatemala, Honduras, El Salvador, Nicaragua, and Panama. Technical experience included collection, analysis, and dissemination of key policy research information (including epidemiological, socio-behavioral, and economic data); design and implementation of policy dialogue activities with key organizations and individuals in the private and public sectors; development of public awareness programs, in collaboration with other donor agencies and local counterparts; promoting integration of service delivery programs; design and implementation of training activities, including cost-benefit analysis; and supporting technical coordination with government and other donor agencies in the region. Supported the design and implementation of an HIV/AIDS policy dialogue program in five Central American countries; supported policy research; capacity building of NGOs.

Assistant Professor, Department of Community and Family Medicine 1994 — 1995
St. Louis University School of Medicine

Primary responsibilities were the design and implementation of courses in Clinical Decision Making and Preventive and Social Medicine for medical students; and a course in Health Care Organization at the School of Public Health. The purpose of these courses was to provide students with analytical skills for clinical decision-making, including cost-effectiveness, as well as an understanding of the changing structure and function of the US health care system, including managed care. Carried out short-term consulting in organizational development (local health clinics), cost-benefit analysis, and international health for USAID and PAHO.

Senior Project Management and Health Policy Specialist 1992 — 1994
Health and Family Planning Division/General Development Office

U.S. Agency for International Development (Ecuador)

Relevant duties and experience were the development of a framework for policy dialogue in health reform; providing technical and policy advice to the USAID Mission, including the preparation and dissemination of key information on selected themes. Planned and carried out study tours to the U.S. and third countries to expose key government officials to health reform experiences. Engaged private and public sectors in health reform policy formulation and implementation; promoted technical coordination with Government of Ecuador and other donor agencies. Managed child survival and water and sanitation projects. Developed policy position papers for USAID internal and external discussion. Managed U.S. contractor, national contractor and Government of Ecuador implementation of health projects, including workplans, disbursement of funds, reporting and evaluation.

Research Associate, Department of Community Medicine 1990 — 1991

St. Louis University School of Medicine, St. Louis, MO

Prepared feasibility studies to develop a surveillance system for occupational health for the Department.

Epidemiologist, Bureau of Communicable Disease Control 1989 — 1990
Division of Health, Department of Health and Hospitals,
St. Louis, MO

Responsible for the organization and supervision of communicable disease surveillance and control programs for the City of St. Louis (pop. 380,000), including STDs and AIDS. In addition, planning, consulting and training activities in other health promotion and disease prevention programs such as infant mortality, hypertension, sickle cell anemia, and lead poisoning.

Research Associate, Division of Environmental and Occupational Health 1985 — 1989

St. Louis University Medical Center, St. Louis, MO

Worked in the design, implementation and analysis of studies in the areas of occupational and environmental health and epidemiology. Provided technical assistance in research methodology and statistics to other investigators in the medical center.

Project Management Specialist, National Council for Science 1984 — 1985
and Technology – CONACYT (Ecuador)

Responsible for evaluation and administration of research projects in health and nutrition sponsored

by CONACYT. Participant in preparation of policy guidelines in science and technology for health; organization and coordination of training activities.

Rural Health Physician, Ministry of Public Health of Ecuador 1983 — 1984 (Ecuador)

Responsible for the delivery of general medical care and the organization of public health activities in the health center of Conocoto, Ecuador. Population: 30,000. Duties included providing outpatient care; design and implementation of community health interventions.

PROFESSIONAL CONSULTING SERVICES

USAID/El Salvador and Ministry of Health in El Salvador. Country Assessment for the Partners in Health Reform Plus (PHRplus) Project. San Salvador, El Salvador, August 2001.

USAID/Malawi. Young and Adolescent Reproductive Health Country Assessment. FOCUS Project/The Futures Group International. Lilongwe, Malawi, June 1998.

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SELECTED PRESENTATIONS/PAPERS

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Murgueytio, P. and L Morales (2007) Expanding financial coverage for the poor in the Dominican Republic. Abstract selected for poster presentation at the annual meeting of the 2007 American Public Health Association, Washington DC.

Murgueytio, P. (2004) Developing a client centered approach to enhance quality among health care providers in the Dominican Republic. Abstract selected for a panel presentation at the Global Health Council Conference, Washington DC, June.

Murgueytio, P. and L. Morales (2004) Institutional Autonomy and the Establishment of Provider Networks to Deliver Integrated Care in the Dominican Republic. Poster presentation at the Global Health Council's 31st Annual Conference, *Youth and Health: Generation on the Edge*, June.

Murgueytio, P. and L. Morales (2002) Health Reform in the Dominican Republic: A Long and Winding Road. Abstract presented at the APHA 130th Annual Meeting in Philadelphia, PA. November.

Miller, S., A. Tejada, J. Díaz, R. Dabash, and **P. Murgueytio** (2002) Strategic Assessment of Reproductive Health in the Dominican Republic: Stakeholder Perspective on Quality of Care. Abstract presented at the APHA 130th Annual Meeting in Philadelphia, PA. November.

USAID/SESPAS (2002) Miller, S., A. Tejada, and **P. Murgueytio**. Strategic Assessment of Reproductive Health in the Dominican Republic. The Population Council/Abt Associates Inc. February.

SESPAS (2000) Peguero, R., R. Centeno, A. Infante y **P. Murgueytio** (Tech. Coord.). Evaluación del Proceso de Reforma y Modernización del Sector Salud en la República Dominicana. Impresos Anibal C.por A., Santo Domingo, R.D. July.

Murgueytio, P. (2000) PHR Initiatives in Support of Sexual and Reproductive Health in the Context of Health Reform. Presentation at the AVSC Regional Workshop. Bayahibe, D.R., April.

LANGUAGES

Spanish (native), English (fluent), French (beginner/intermediate), Portuguese (intermediate)

ANNEX C: BIBLIOGRAPHY OF DOCUMENTS COLLECTED/REVISED

Al-Mazrou, Al-Shehri, and Rao (1990) Principles and Practice of Primary Health Care. In Hensher et al (2006) Referral Hospitals. Disease Control Priorities in Developing Countries, pp. 1229-1243

Ministry of Health (2009) Institutional Development Plan. With support from the USAID/Palestinian Health Sector Reform and Development Project, Ramallah.

Ministry of Health (2009) Palestine Medical Complex Implementation Plan (draft)

Mulligan, J et al (2003) Unit Costs of Health Care Inputs in Low and Middle Income Regions. In In Hensher et al (2006) Referral Hospitals. Disease Control Priorities in Developing Countries, pp. 1229-1243.

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Palestinian National Authority (2009) Annual National Health Work Plan for the effective and efficient implementation of the National Strategic Health Plan 2008-2010. Health Policy and Planning Directorate, Ministry of Health.

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USAID/West Bank and Gaza (2009) Improving Emergency Services. Short Term Technical Assistance Report by Tae Kim, MD.

PRESIDENTIAL DECREE TO ESTABLISH THE PALESTINE MEDICAL COMPLEX (TRANSLATION OF DECREE 926 OF APRIL 4, 2009)

Chapter one:

Definitions:

(I)

1. This law describes the Palestine Medical Complex
2. The abbreviations used for certain terminologies throughout the document are defined below:

- The Ministry: Ministry of Health
- The President : the president of the board of trustees
- The Board: Palestine Medical Complex board of trustees
- The Director : The executive director of the complex
- The Executive committee: The technical committee

(II)

The Palestine Medical Complex will be established in the city of Ramallah, West Bank. It will be financially independent, with a General Director and a Governance board.

(III)

The complex will include the following 5 facilities and the type of ownership

- Ramallah Hospital (MoH hospital)
- Ramallah Emergency and Trauma center Sheikh Zayed (NGO hospital)
- Bahrain Pediatric Hospital (NGO hospital)
- Kuwait Surgical Hospital (NGO hospital)
- Hippocrates National Center for Blood diseases (NGO Center)
- Any other Medical Centers approved by the board

(IV)

Objectives:

- a. Improve governmental hospital administration in the Ramallah district
- b. Establish and assure compliance with high quality medical performance
- c. Rationalize expenses
- d. Empower community participation

Chapter two:

Board of trustees

(I)

1. The Governance Board will be the higher authority and will be assigned to set the policies, supervise the implementation as well as having the total authority. It is formed of 17 members as follows:

- Minister of Health: the President

- Ministry of health 6 representatives
 - Ministry of social affairs one representative
 - Ministry of Labor one representative
 - Palestinian Investment council for Development one representative
 - Welfare association one representative
 - Medical school one representative
 - Palestinian Medical Council one representative
 - NGOs and Private sector 4 representatives
2. Board members representatives of other ministries should have the experience and loyalty to be appointed by the Prime Minister Cabinet.
 3. Any Vacancies to be filled should go through the same procedures upon the law.
 4. The General Director will be the Board secretary and will be allowed to attend meetings without the right to vote
 5. Membership validation: three years and can be extended no longer than six years

(II)

Membership termination occurs with one of the following:

- a. Death
- b. Sentenced by a court
- c. Loosing the capability or
- d. Replacement
- e. Resignation
- f. End of Validation

(III)

Governance Board responsibilities and duties:

- a. Setting general policies
- b. Raising proposed policies and by-laws that rule the work and that are needed to implement this law to the Prime Minister Cabinet for approval
- c. Approving the structure of the complex
- d. Proposing the budget for approval
- e. Appointing conditioned short term consultants
- f. Approving annual budget
- g. Approving the financial and the administrative reports
- h. Establishes the executive committee's job description
- i. Fund raising through the collaboration with the national and the international donors
- j. Approving or rejecting financial agreements
- k. Supervising, improving and directing Palestine Medical Complex in a way that respond to the community needs and maintain sustainability
- l. Electing a deputy director and a treasurer among its members
- m. Establishing sub committees and defining their duties and members
- n. Setting the internal by-laws

(IV)

Board meetings:

- The board will hold meetings regularly once every 4 months
- Exceptional meetings when needed and by the president's request or by written request from at least 2/3 of the members
- The meetings are considered legal in the presence of (50% + 1) of the members with the presence of the president , if (50% + 1) is not possible the meeting will be postponed for one week and is legal in the presence of 2/3 of the members
- Meeting's minutes should be documented and signed by all the attendees

(V)**Board decisions:**

All decisions are approved if (50% + 1) of members voted in the favor of these decisions; in case the votes were equal the president's vote is considered..... the "tie breaker"

(VI)**Consultancy:**

- The board has the right to appoint consultants but consultants do not have the right to vote

(VII)**The president's role and responsibilities:**

- a. Chairing the meetings
- b. Calling the board for meetings
- c. Signing decisions and regulations approved by the board
- d. Representing the Complex in the Legislative council, Ministries cabinets and Juridical in terms of the complex activities , rules and regulations
- e. Reporting regularly and every 3 months to the Ministries cabinet
- f. Proposing regulations , structures and by- laws to the cabinet for approval
- g. Writing a delegation of part of his duties to the executive director

Chapter three:**(I)****The Executive Director:**

The Executive director will be appointed by the Minister of Health, who will set his salary. The Executive director will be responsible for the Complex's operational activities and is accountable in the eyes of the board for implementing the decisions taken by the board.

(II)**Executive director Roles and responsibilities:**

- Implement board's policies and decisions
- Supervise day to day work according to the decisions and regulations issued by the board
- Issue regulations and circulars needed to organize the work

- Prepare Annual budget and present it to the board who in turn will present it to the cabinet
- Right to call for exceptional meetings
- Financial audits and direct activities based on approved budget
- Prepare the financial and the administrative Annual reports for approval
- Form a special committee to prepare the organizational structure of the complex for the board's approval
- Prepare the proposed rules and regulations that will regulate the work in the complex and
- Prepare a finance system for the complex
- Propose to the board the strategic plans for the implementation and development of the complex and provide the support for that
- Supervise and ensure quality in all aspects of work and follow up the operational work
- Oversee external and international relations
- Control the administrative and financial issues through the committee.
- Any other responsibilities appointed by the board

(III)

Reporting:

- The executive director is requested to report every three months or when is needed (including all the circumstances affected the work) and present it to the board

Chapter Four:

(I)

The executive committee

The executive committee is responsible for day to day follow up on the technical, administrative and financial issues

(II)

The executive committee is formed of:

- Financial director
- Director of Human resources
- Director of Nursing
- Medical director of different Pavilions
- The executive director will appoint the rest of the director according to the organizational chart

Chapter Five:

Financial resources:

(I)

- a. Funds allocated from the general budget
- b. Income for the Complex is raised through various activities

c. Donations, financial aid accepted by the board

(II)

Bank account:

- One Bank account or more will be opened in one bank or more and withdrawal will be controlled according to the complex.

Chapter six:

(I)

Final regulations

Reporting

- The Board must present reports to the Ministries' cabinet on regular basis every three months

(II)

Organizational structure of the Complex

Executive regulation

- The Ministries cabinet and based on the boards proposal has the right to issue regulations needed to implement this law including financial, and administrative rules and regulations for the employees

(III)

Cancellation

Any contradiction with law will be canceled

(IV)

Implementation, validation and publishing

All concerned bodies each in his duty should implement this law and work according to it from the date of publishing in the official newspapers

Issued in Ramallah

Date:

Mahmoud Abbass

Palestinian Authority Chairman

ANNEX D: MATERIALS DEVELOPED DURING STTA

Attachment 1: PMC Emergency Wing Start Up Plan

Attachment 2: PMC Pediatric Wing Start Up Plan

Attachment 3: Start-up Plan for PMC Governance and Executive Functions Organization

ATTACHMENT 1: PMC EMERGENCY WING START UP PLAN

**PALESTINIAN MINISTRY OF HEALTH
PALESTINE MEDICAL COMPLEX IMPLEMENTATION PLAN**

**PHASE I: EMERGENCY HOSPITAL START UP
Revised November 6, 2009**

Objectives:

- Organize and deliver state-of-the-art emergency care for the Palestinian population.
- Serve as a referral emergency service in the national health system.
- Serve as a “center of excellence” to develop/update national standards, guidelines and protocols for best practices in emergency care.
- Provide affordable emergency services in the region.

Guiding Principles:

- Adopt standards and practices appropriate to the Palestinian context;
- Develop comprehensive emergency services (prehospital, transportation, in-hospital care, and referrals);
- Strive to meet patient needs following quality of care and humanitarian principles;
- Adopt modern organizational and business practices to achieve long-term institutional sustainability and equitable emergency care.

KEY PENDING (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
A) Reorganize Prehospital Care				Need focal point This section should be linked with the referral section below
Strengthen the availability of competent first responders at the community level	a1. Assess first responder needs and feasibility (e.g. people, training) a2. Develop first responder training program a3. Assemble caches of medical supplies for disasters in secured, regional, off-site locations as part of a national emergency preparedness plan	Randa Juzoor MoH		Community-level training active (Champion Community program)

KEY PENDINGs (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
Strengthen patient transportation	<ul style="list-style-type: none"> a4. Assess, prioritize and allocate ambulance resources for EMS/prehospital emergency care and patient transportation. a5. Develop appropriate policies and procedures for ambulance use a6. Support development of a coordinated patient transportation system (emergency and non-emergency use) with clear roles and responsibilities for each agency 	Noor Bashir MoH		Seek to reduce/eliminate administrative, non-emergency use of ambulances
Strengthen EMS communications	<ul style="list-style-type: none"> a7. Assess EMS communications needs and determine appropriate technology and equipment; improve coordination among all relevant players. a8. Develop and implement training program on EMS communications in coordination with PRCS 	Noor MoH		
B) Utilities & Signage		Eng Amal and Yazeed Noor		
water				See attachment MoH BOQ
electricity				
telephone/internet				
signs	<ul style="list-style-type: none"> o Update EH signage according to facility/structural changes as per below 			
medical gases				
Wiring (electric & data)				This should be done in anticipation of HIS needs
C) Facilities				
Expand/upgrade ER	<ul style="list-style-type: none"> c1. Paint interior, hang new curtains, add corner guards, add chair rails c2. Increase clinical space at EH (convert rooms 13, 14 to care spaces) 	Noor MoH		Refer to updated renovations blueprint

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	<p>c3. Designate an isolation room (rooms 13 or 14)</p> <p>c4. Move endoscopy suite to a different room</p> <p>c5. Convert hallway rooms to a “fast track”/urgent care space for sub-acute/non-acute patients</p> <p>c6. Convert the current side waiting area to an ambulatory care entrance for triage and patient registration</p> <p>c7. Determine family waiting area</p>			
Decide long term plans for the first floor of EH	<p>c8. Assess feasibility of a diabetes center and a burn unit</p> <p>c9. Consider an expanded ICU for critically unstable patients</p> <p>c10. Consider a Rapid Admission Unit for inpatient transfers</p> <p>c11. Consider an Observation Unit</p> <p>c12. Consider an Outpatient Surgical suite with observation unit</p>	MoH		<ul style="list-style-type: none"> Diabetes Center should be placed within general medicine wards Burn Unit has special infection control issues, long term stays, and repeat surgery needs; better located at Surgical Hospital
Close Ramallah Hospital ER	<p>c13. Revisit this recommendation given expected patient load</p> <p>c14. Maybe use Ramallah ED as triage area and treatment center for walk-in users?</p>			c1. Consider average of about 250 patients/day
Reorganize changes in hospital traffic, vehicle parking and pedestrian use	<p>c15. Convert main hospital entrance as “ambulance only”</p> <p>c16. Change driveway to one-way only ambulance traffic</p> <p>c17. Eliminate all non-ambulance traffic and pedestrian use</p> <p>c18. Find new parking space for visitors and staff</p> <p>c19. Improve coordination with relevant parties (ambulance providers, police, general public, health care staff)</p>	M Abu Ajamiah Noor		Done; needs to be revised/implemented when launching EH
Close inpatient beds at EH	c20. Discuss use of inpatient beds for observation unit	Noor MoH		Inpatient beds converted to observation beds

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
Medical Equipment in Place/Fx'l	c21. Decide location of 64-slice CT scanner c22. Upgrade CT scanner c23. Decide location of MRI scanner c24. Allocate suitable space and upgrade the endoscopy suite; procure pediatric endoscopy equipment c25. Determine need for monitors, defibrillators c26. Update list of available equipment and supplies based on new EH structure and services c27. Determine type, quantity, availability and operational status of existing equipment at Ramallah and EH; c28. Define procurement needs in view of conditions of existing equipment and increased demand	Abdel Rahman and Bilal Biomedical engineer MoH & Flagship		<ul style="list-style-type: none"> • See available equipment and supplies in Attachment X • Complete situation analysis of equipment at Ramallah • Consider the MRI scanner better placed at the Surgical Hospital
Laboratory services	c29. Assess lab services capability (staffing, equipment, supplies, operations & maintenance) c30. Develop procurement plan for needed equipment and supplies (including rapid diagnostic tests) c31. Develop training plan; O&M plan c32. Develop/update standard operating procedures (SOPs), including coordination with Ramallah lab and Blood Bank (Hippocrates) c33. Develop cost structure for lab services	Lab supervisor/managers for all facilities EH director Flagship STTA		Coordinate with other efforts to develop protocols and guidelines; lab sample flowcharts
Furniture in place	c34. Secure availability of beds with railings; disposable bedding and medical supplies; patient covers c35. Complete a needs assessment of EH furniture and decide on use of existing furniture at Ramallah; consider staffing and patient flow patterns c36. Provide general furniture for waiting	Yousef Hazim/procurement/Noor		Include consideration of pediatric beds; furniture for other emerging needs (L&D, fractures) Consider administrative and patient care related furniture needs

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	area; children furniture			
Patient safety and medical waste management	<p>c37. Assess need for additional sinks, staff rest rooms and public rest rooms, including facilities accessible for disabled patients</p> <p>c38. Provide liquid antimicrobial soap, paper towels, waterless hand sanitizer, gloves, masks, gowns, goggles/face-shields, resuscitative devices, disinfectant, sharp and other waste receptacles, availability of locked storage for medical waste</p> <p>c39. Adopt and implement a medical waste treatment and disposal system</p> <p>c40. Develop, train, implement and supervise cleaning/disinfection/sterilization instructions</p>	Suzanne Amal Maha STTA (Lisa, Donna) MoH Procurement		<ul style="list-style-type: none"> • See BOQ list • Follow infection control protocols • Availability of personal protective equipment (PPE)
D) Patient Care				<i>Identify medical and nursing counterparts</i>
Patient Flow	<p>d1. Define roles and relationships within the existing service delivery network in the Ramallah catchment area</p> <p>d2. Confirm service portfolio based on burden of disease/health problems (types and content of services to be offered by EH): communicable diseases, chronic diseases, injuries.</p> <p>d3. Develop patient flow management plan (adult and pediatric triage, intake, process, output) according to service portfolio</p> <p>d4. Develop discharge/referral plans.</p>	MoH Daoud Randa Salem Noor Amal		Current clinics; schedules; private sector providers; NGO providers; community education/awareness;
Standards/Guidelines/Procedures /Policies	d5. Conduct needs assessment/upgrade of clinical guidelines and protocols needed for current service portfolio (flowcharts,	Maha Salem STTA		Community-level, PHC, SHC guidelines being updated through local STTA from

KEY PENDINGs (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	<p>job aides; patient procedure books; discharge procedures)</p> <p>d6. Develop/upgrade patient safety/infection control/risk management protocols and practices (management of hazardous waste; worker immunizations; injury prevention & ergonomics; hygiene)</p> <p>d7. Set up QA/QI system consistent with PMC QA/QI committee: coordinator; QA committee (technical and managerial staff); information systems; procedures and training; management of patient complaints; establish patient rights.</p>	Amal MoH		Flagship
Patient Admission/Registration	<p>d8. Link with triage; operations of the provider network</p> <p>d9. Develop and implement a patient registration form (personal information, insurance, chief complaint, etc.)</p> <p>d10. Consider the organization of a "patient affairs office" for patient registration and information; clinical records management; scheduling and referral/discharge management.</p> <p>d11. Define policies and procedures</p> <p>d12. Develop a unified patient care report (general information; registration; diagnosis, disposition)</p>	Link with HIS MoH Amal Salem		
Medical Records	<p>d13. Update patient records forms consistent with PMC forms and health information system</p> <p>d14. Develop a training program on use, policies and procedures for medical records</p> <p>d15. Define appropriate storage of medical records</p>	HIS MoH Amal Salem		Combining both archives from Ramallah and EH
Strengthen Referral System	d16. Coordinate with PHC services to streamline referrals to ED	Daoud Amal		Consider provider network (public/private; primary,

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	d17. Develop post-ED procedures to manage referrals to inpatient or ambulatory care (explore “patient affairs office” concept) d18. Role of a “discharge planner”			secondary)
E) Training				Assign focal point
Strengthen EMS skills through training and certification for all staff	e1. Develop and implement minimum universal BLS, and first aid training for EH physicians, nurses, therapists, paramedicals, etc. e2. Develop PLS training as appropriate e3. Develop ALS as appropriate	Juzoor/Nadira		Keep in mind job aids and references being developed to be included in training/orientation for hospital staff Link with CME module/recertification
Training of EMS drivers/crews	e4. Develop and maintain standardized training of EMS drivers and crews with periodic recertification	PRCS MoH Noor		Ongoing; coordinate with EMS Institute of PRCS; MoH
Enhance on-site training capability	e5. Allocate space, furniture and equipment for operation of a training room/resource center			This may be used for regular staff meetings; in-service training; library and/or online access to EMS resources
F) Incorporate business processes of the PMC				These functions should follow PMC guidelines
Marketing and communications (BCC)	f1. Develop a brand and a public information campaign to announce changes in emergency services at PMC f2. Develop a marketing campaign f3. Set up patient information/education (TV & video) and relevant materials in the waiting room	Fadia		
Staffing/human resource management	f4. Set international standard criteria for EH staffing/management plan f5. Hire key administrators (medical director, nursing director, operations director, support staff) f6. Establish EH staffing plan (24/7 senior			<ul style="list-style-type: none"> Hires should be done following fair and transparent procedures Physician hires considering “center of excellence” needs (i.e.

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	physician; define future physician hires) f7. Develop staff orientation/information packet and activities f8. Consider availability of uniforms for EH staff			academic training)
Financial management	f9. Complete costing of EH services as a basis for pricing and billing policies and procedures; f10. Develop financial management policies and procedures to support implementation of performance-based financing; f11. Assess and develop financial management tools to track revenue, expenses, budget variance, and volume measures, seeking to maximize efficiency; f12. Link financial management to HIS resources and tools; f13. Formulate sound financing strategies to secure the long-term sustainability of the EH; f14. Assess and strengthen financial management functions (accounting, billing, procurement, internal audit; petty cash; etc.)			Financial sustainability should follow guidelines established by the PMC Board of Trustees
Security	f15. Assess security risks f16. Develop risk management plan f17. Organize staffing and hours of operation f18. Establish and disseminate visitor/patient awareness about visiting hours f19. Manage staff access through coded doors			
Support services (housekeeping, laundry, kitchen)	f20. Assess operation of support services and implement changes following PMC guidelines			

ATTACHMENT 2: PMC PEDIATRIC WING START UP PLAN

**PALESTINIAN MINISTRY OF HEALTH
PALESTINE MEDICAL COMPLEX IMPLEMENTATION PLAN**

**PHASE II: Pediatric HOSPITAL START UP
Revised November 16th, 2009**

Objectives:

- Organize and deliver state-of-the-art health care for the Palestinian children.
- Serve as a “center of excellence” to develop/update national standards, guidelines and protocols for best practices in pediatric care.
- Provide affordable pediatric health care services in the region.

Guiding Principles:

- Adopt standards and practices appropriate to the Palestinian context;
- Develop comprehensive Pediatric health care services;
- Strive to meet patient needs following quality of care and humanitarian principles;
- Adopt modern organizational and business practices to achieve long-term institutional sustainability and equitable pediatric health care services.

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
Infrastructure modification	Develop a list of physical changes necessary to occupy the CH		Done	See attached list for the issues that related to children’s safety and Infection control
A. Upgrade the infrastructure of the CH to be safe for children and families	<ol style="list-style-type: none"> 1. Install safety latches on windows of all floors 2. Purchase shower curtains and construct shower floors to prevent water leakage 3. Install bathrooms in the NICU and PICU 4. Install sinks for hand washing [Locations 			

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	TBD] 5. Designate a changing room for females in the OR area 6. Separate the OR recovery room from the OR 7. Establish a small kitchen inside the CH 8. Establish a small playroom on each floor 9. Install patient lockers in each ward for children's personal effects 10. Confirm existence of areas adequately separating clean vs. dirty utility rooms 11. Confirm existence of a room(s) for airborne isolation 12. Design and obtain funding for a new 4th floor at CH			
B. Utilities & Signage				
Water				
Electricity				
telephone/internet				
Signs				
medical gases				
Wiring (electric & data)	Acquire wireless internet access for the CH			This should be done in anticipation of HIS needs
C. Equipment & Facility System				
Establish facility System	1. Complete and open the kitchen at the Surgical Hospital to provide food for children (no space at the CH) 2. Complete installation and inventory all medical equipment 3. Develop a preventive maintenance plan schedule for the medical equipment 4. Ensure that all medical equipments are available and tested to ensure it operates to			Refer to updated renovations blueprint

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	manufacturer specifications & note any deficiencies 5. Complete the installation of all facility systems			
Logistics Services	1. Assess and activate a plan for Hazardous Medical Waste & General Waste Management 2. Assess and activate a plan for Fire Safety 3. Assess and activate a plan for Safety and Security 4. Assess and activate a plan for Key Control and Access to the facility 5. Assess and activate a plan for Central Supplies 6. Confirm adequate storage for Personal Protective Equipment (PPE) and adequate supply system 7. Assess and activate a plan for Pharmacy 8. Assess and activate a plan for Laundry 9. Assess and activate a plan for Housekeeping 10. Assess and activate a plan for Nutrition & Food Service 11. Assess and activate a plan for plant, artwork, etc. throughout the facility 12. Assess and activate a plan for Parking for hospital staff, patients and visitors			
Laboratory services: a minor lab for urgent lab tests.	1. Assess minor lab services capability (staffing, equipment, supplies, operations & maintenance) 2. Develop procurement plan for needed equipment and supplies (including rapid diagnostic tests) 3. Develop training plan; O&M plan 4. Develop/update standard operating procedures (SOPs), including coordination with Ramallah lab and Blood Bank			Coordinate with other efforts to develop protocols and guidelines; lab sample flowcharts

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	(Hippocrates) 5. Develop cost structure for lab services			
Furniture in place	1. Complete a needs assessment of CH furniture and decide on use of existing furniture at Ramallah (pediatric floor, NICU); consider staffing and patient flow patterns 2. Secure availability of beds suitable for children with railings; bed sheets and patient covers 3. Provide general furniture for waiting area; children furniture			
Patient safety and medical waste management	1. Assess need for additional sinks, staff rest rooms and public rest rooms, including facilities accessible for disabled patients 2. Adopt and implement a medical waste treatment and disposal system 3. Develop, train, implement and supervise cleaning/disinfection/sterilization instructions			
D. Patient Care				<i>Identify medical and nursing counterparts</i>
Patient Flow	1. Define roles and relationships within the existing service delivery network in the Ramallah catchment area 2. Confirm service portfolio based on patient classification system. 3. Develop patient flow management plan (adult and pediatric triage, intake, process, output) according to service portfolio 4. Develop discharge/referral plans.			Current clinics; schedules; private sector providers; NGO providers; community education/awareness;
Standards/Guidelines/Procedures /Policies	1. Conduct needs assessment/upgrade of clinical guidelines and protocols needed for current service portfolio (flowcharts, job aides; patient procedure books; discharge procedures)			Community-level, PHC, SHC guidelines being updated through local STTA from Flagship

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	<ol style="list-style-type: none"> Develop/upgrade patient safety/infection control/risk management protocols and practices (management of hazardous waste; worker immunizations; injury prevention & ergonomics; hygiene) Set up QA/QI system consistent with PMC QA/QI committee: coordinator; QA committee (technical and managerial staff); information systems; procedures and training; management of patient complaints; establish patient rights. 			
Patient Admission/Registration	<ol style="list-style-type: none"> With the HIS staff develop and implement a patient admission form (personal information, insurance, chief complaint, etc.) Consider the organization of a "patient affairs office" for patient registration and information; clinical records management; scheduling and referral/discharge management. Define policies and procedures Develop a unified patient care report (general information; registration; diagnosis, disposition) 			
Medical Records	<ol style="list-style-type: none"> With the HIS staff, update patient records forms consistent with PMC forms Develop a training program on use, policies and procedures for medical records Define appropriate storage of medical records 			Combining both archives from Ramallah and CH
Strengthen Referral System	Coordinate with PHC services (Emergency, Clinics) to streamline referrals to CH Develop discharge plan (examine the role of the discharger planner).			Consider provider network (public/private; primary, secondary)
E. Training				Assign focal point
Strengthen child care knowledge	1. Develop PLS training as appropriate			Keep in mind job aids and

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
& skills through continuing education and on job training	<ol style="list-style-type: none"> 2. Develop APLS as appropriate 3. P&P, guidelines, protocols ed program 			references being developed to be included in training/orientation for hospital staff Link with CME module/recertification
Enhance on-site training capability	<ol style="list-style-type: none"> 1. Allocate space, furniture and equipment for operation of a training room/resource center 			This may be used for regular staff meetings; in-service training; library and/or online access to EMS resources
Incorporate business processes of the PMC				These functions should follow PMC guidelines
Marketing and communications (BCC)	<ol style="list-style-type: none"> 1. Develop a marketing campaign 2. Set up child/family information/education (TV & video) and relevant materials in the waiting room such as parental guidance. 			
Financial management	<ul style="list-style-type: none"> o Complete costing of CH services as a basis for pricing and billing policies and procedures; o Develop financial management policies and procedures to support implementation of performance-based financing; o Assess and develop financial management tools to track revenue, expenses, budget variance, and volume measures, seeking to maximize efficiency; o Link financial management to HIS resources and tools; o Formulate sound financing strategies to secure the long-term sustainability of the CH o Assess and strengthen financial management functions (accounting, billing, procurement, internal audit; petty cash; etc.) 			Financial sustainability should follow guidelines established by the PMC Board of Trustees
Security	<ol style="list-style-type: none"> 1. Assess security risks 2. Develop risk management plan 			

KEY PENDINGS (expected results)	ACTIONS NEEDED	FOCAL POINT	DEADLINE	OBSERVATIONS
	3. Develop a plan regarding child companion and visitors. 4. Organize staffing and hours of operation 5. Manage staff access through coded doors			

ATTACHMENT 3: START UP PLAN FOR PMC GOVERNANCE AND EXECUTIVE FUNCTIONS ORGANIZATION

**PALESTINIAN MINISTRY OF HEALTH
PALESTINE MEDICAL COMPLEX**

**Start Up Plan for PMC Governance and Executive Functions
Draft: November 14, 2009**

Objective: To support start up implementation of the PMC umbrella governance and executive level functions. These are cross-cutting functions for all PMC wings.

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
A) Develop and institutionalize PMC governance structure (formalize establishment and operation of PMC Board of Trustees - BoT)	a1. Establish formal venue for BoT meetings a2. Draft, approve and implement BoT bylaws a3. Organize BoT executive and governing committees a4. Hire BoT support staff a5. Begin implementation of BoT roles and responsibilities; delivery of key outputs (strategic plan; organize PMC executive management structure and functions; board communications; performance framework; financing strategy) a6. Appoint PMC CEO following bylaws and legally approved procedures			<ul style="list-style-type: none"> • Consider STTA to draft BOT bylaws • Allocate resources to establish venue and support operations of BOT • Need to plan and carry out BOT training • See proposed checklist for BOT start up

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
B) Establish PMC umbrella management structure (executive level)	b1. Define PMC organizational chart b2. Define key management functions (technical & administrative support) and processes b3. Hire/assign key executive and support staff b4. Determine infrastructure, furniture and equipment needs to support management operations			<ul style="list-style-type: none"> Key management functions: human resources, financial management, operations, information management, technical (medical, nursing), etc.
Budget/Finance & Business/Billing/Patient Registration	b5. Develop a budget and identify key cost centers b6. Set up/define the approval process: Purchasing Equipment, Purchasing Supplies, etc. Define process for start up as well as ongoing operations b7. Develop process for billing and collecting patient charges b8. Determine service point(s) where patients are registered/admitted b9. Recommend system for charging/billing patients and insurance companies for services			<ul style="list-style-type: none"> Financial management system consistent for all PMC wings
Human resource management	b10. Define a transparent hiring process b11. Hire managers first and have			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	<p>them involved with hiring additional employees</p> <p>b12. Develop job descriptions</p> <p>b13. Develop performance evaluation criteria and implementation</p> <p>b14. Identify compensation and benefits</p> <p>b15. Develop team building/recognition programs</p> <p>b16. Develop an employee handbook</p> <p>b17. Develop on-call requirements and schedule</p> <p>b18. Develop a disciplinary process</p> <p>b19. Recommend an employee incentive program</p> <p>b20. Develop an employee orientation program</p> <p>b21. Identify and train personnel responsible for orientation</p> <p>b22. Educate staff regarding patient safety goals</p> <p>b23. Review and adopt MoH rules and regulations for medical staff licensure</p> <p>b24. Conduct audits of diplomas and</p>			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	licensure/credentials of all potential personnel – physicians, nurses, techs, etc.			
Patient flow	<p>b25. Develop flowchart of patient services and processes</p> <p>b26. Develop and recommend a plan for hospital services and patient flow for PMC hospitals</p> <p>b27. Coordinate with Emergency Wing, housekeeping, radiology, clinical lab, physicians, nursing staff to develop processes to facilitate patient flow</p> <p>b28. Determine optimal location and size of outpatient clinics and services</p> <p>b29. Determine and develop important policies and procedures needed</p>			
Communications	<p>b30. Develop a plan for communicating and dealing with family members</p> <p>b31. Communicate policies and procedures to staff</p> <p>b32. Prepare community relations / communications plan</p> <p>b33. Prepare internal relations / communications plan</p>			

KEY PENDING	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
C) Centralized Service Departments				
Quality Assurance/Quality Improvement	c1. Develop an infection control program c2. Provide training to develop a QI program with measurable outcomes c3. Develop a plan for meeting the religious needs of the patients c4. Develop consents for treatment c5. Develop plan for communicating with families and involving them in patient care decisions			
Medical Waste Management/Sterilization	c6. Assess sterilization & medical waste management needs (equipment, containers, supplies, procedures) c7. Train/upgrade and monitor sterilization practices c8. Train employees in the proper handling of medical waste	Wisam		
Signage	c9. Place room numbers c10. Interior directional signage (way finding signage) c11. External signage (outside			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	building)			
Medical records	<p>c12. Develop a common paper medical record system, with consideration for a future electronic HIS system</p> <p>c13. Develop a plan for storing and archiving of medical records</p> <p>c14. Develop a plan to integrate current medical records</p> <p>c15. 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.</p> <p>c16. Verify forms are compatible with an electronic HIS system</p>			
Biomedical equipment and instruments	c17. Develop a medical equipment & instrument inventory and maintenance plan; procurement plan as needed	Abdel-Rahman, Bilal		
Furniture	<p>c18. Assess needs and develop procurement plans</p> <p>c19. Verify all needed furniture is present and functional</p>	Yusef Qasem		
Laundry	<p>c20. Develop a process for washing, storing, and distributing clean laundry</p> <p>c21. Orient staff to the laundry</p>	Amal and Yazeed		

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	equipment and procedures			
Kitchen	c22. Identify food safety measures, including transportation/ conservation c23. Consider availability of food services for employees and visitors c24. Assess kitchen equipment and staffing needs c25. Train kitchen staff and food handlers in safe food handling practices	Amal and Yazeed		
Pharmacy	c26. Confirm hospital formulary c27. Develop sufficient storage of pharmaceuticals c28. Develop an inventory system for the pharmacy c29. Develop processes for inpatient and outpatient pharmacy needs c30. Decide venue of pharmacy storage			
Laboratory	c31. Assess equipment and staffing needs c32. Develop procurement plan as needed			
Management and storage of drugs, consumables/supplies	c33. Decide location for storage c34. Develop inventory control system			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	<p>c35. Determine supply needs</p> <p>c36. Define process for ordering/replenishing supplies</p> <p>c37. Train staff in supply management</p> <p>c38. 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.</p>			
Facilities	<p>c39. Determine space utilization needs for each PMC wing</p> <p>c40. Develop a space needs assessment plan for the Children's Wing and verify the need for a new 3rd Floor</p> <p>c41. Develop a space needs assessment plan/strategy to renovate the Surgical Wing</p> <p>c42. Test, verify, and document that all hospital systems are functional – especially O2 system, emergency generator, and water distribution system</p> <p>c43. Verify all needed equipment is</p>			

KEY PENDINGs	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	present and operational			
Equipment/connectivity	c44. Determine network connectivity needs c45. Determine any special system needs and support services (help desk, data management center, backups, software licenses, etc) c46. Determine number of computer monitors, hard drives needed c47. Determine number of copiers needed c48. Determine number of fax machines c49. Determine number of printers needed c50. Determine number of phones needed c51. Map locations for equipment above –ensure power sources and other infrastructure in locations needed c52. Consider emergency telecommunications requirements			
Morgue	c53. Develop a plan to improve current morgue facilities c54. Consider cultural and spiritual			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	<p>customs are met</p> <p>c55. Develop a plan for covered transport from PMC hospitals to the morgue</p>			
Fire Safety	<p>c56. Develop evacuation plans</p> <p>c57. Develop plan to mobilize staff to help evacuate patients</p> <p>c58. Train staff on fire suppression techniques</p> <p>c59. Eliminate fire dangers</p> <p>c60. Test fire alarms</p> <p>c61. Conduct mock fire drills</p>			
Security	<p>c62. Define security requirements for PMC facilities</p> <p>c63. Determine provider of security services (contract-out?)</p> <p>c64. Establish access control and tracking system</p> <p>c65. Establish visitor rules</p>			
Parking/Site Transportation	<p>c66. Develop parking and site transportation plan</p> <p>c67. Review use of "barricades" around campus</p> <p>c68. Determine needs for traffic</p>			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	<p>control devices & develop plan for placement, procurement, installation</p> <p>c69. Coordinate external transportation issues (bus stop locations / changes / huts, taxi access etc)</p> <p>c70. Improve public road access to/from PMC</p> <p>c71. Determine traffic flow surrounding the PMC</p> <p>c72. Access for Emergency vehicles</p> <p>c73. Parking and access for employees</p> <p>c74. Parking and access for patient families – long-term vs. short-term parking</p> <p>c75. Explore off-site parking area(s) – transportation to the PMC</p> <p>c76. Flow for dropping-off/picking-up patients</p> <p>c77. Inter-facility transport – for patients, food, supplies, morgue</p>			
Housekeeping	<p>c78. Develop a plan for keeping the hospital clean</p> <p>c79. Orient the cleaning staff in the</p>			

KEY PENDINGS	ACTIVITIES	FOCAL POINTS	DUE DATE	COMMENTS
	<p>proper procedures for cleaning</p> <p>c80. Orient the staff to handle cleaning supplies and chemicals properly</p>			
Emergency Preparedness	<p>c81. Outline a disaster plan</p> <p>c82. Develop a plan to contact staff in the event of an emergency</p> <p>c83. Develop a plan to handle mass casualties</p>			