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# Jordan Healthcare Accreditation Project

FINAL REPORT

June 17, 2007 – March 17, 2013



# JORDAN HEALTHCARE ACCREDITATION PROJECT

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June 17, 2007 – March 17, 2013

Distributed to:  
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The Jordan Healthcare Accreditation Project, or JHAP, is a technical assistance program to support healthcare accreditation in Jordan. JHAP is managed by University Research Co., LLC (URC) in collaboration with Joint Commission International and Abt Associates, Inc. The project is funded by the United States Agency for International Development (USAID), under Task Order No. GHS-I-01-07-00010-00.

### **DISCLAIMER**

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.

# ACRONYM LIST

CEO	Chief Executive Officer
FP/RH	Family Planning/Reproductive Health
GOJ	Government of Jordan
HCAC	Health Care Accreditation Council
HSS-II	Health System Strengthening II
ISQua	International Society for Quality in Health Care, Inc.
JCI	Joint Commission International
JHAP	Jordan Healthcare Accreditation Project
JHCP	Jordan Health Communication Partnership
MENA	Middle East and North Africa
MOH	Ministry of Health
NQSG	National Quality and Safety Goals
PHC	Primary Health Care
PHR <i>plus</i>	Partners for Health Reform <i>plus</i>
PSP	Private Sector Partnership
QAP	Quality Assurance Project
RMS	Royal Medical Services
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

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AC launched a national quality and safety goal to improve medication safety, a means to prevent adverse events that could harm patients

# EXECUTIVE SUMMARY

University Research Co. LLC (URC) and its partners successfully met the goals and objectives of the Jordan Healthcare Accreditation Project (JHAP), which started in June 2007 and ended in March 2013. URC built upon its successes during the previous two years, when it worked to introduce accreditation in Jordan as a subcontractor to Abt Associates on the Partners for Health Reformplus (PHR*plus*) project. Because of the previous work, the JHAP team understood the situation on the ground in Jordan, i.e. 1) the critical importance of establishing a national healthcare accreditation agency in the country, the Health Care Accreditation Council (HCAC), which would have the support of key health care sectors and the capability to carry on project activities beyond the life of the project; 2) the necessity to build capacity in both hospitals and primary health care (PHC) centers; and 3) the other difficult challenges that confronted this effort, especially related to the sustainability of HCAC. Those challenges have been overcome and HCAC is firmly established and will continue to improve quality and safety of health care for all Jordanians.

Our strategy was to work hand in hand with HCAC from day one to build capacity in key technical areas, provide strategic technical assistance in financial management and business planning, and assure the ongoing involvement of key support groups (and partners in this project), such as the Joint Commission International (JCI), International Society for Quality in Health Care (ISQua) and Abt Associates. JCI brought an international expertise in accreditation and was a valuable partner in helping build capacity of HCAC.

The key results of the project include an organizationally and financially sustainable accrediting agency in Jordan; an HCAC board with the appropriate skills to govern the agency; HCAC staff and surveyors who are able to perform the technical jobs required of an accreditation agency; stakeholders who are aware of the importance of continuous quality improvement and patient safety; support from the Ministry of Health (MOH), the Royal Medical Services (RMS), the university hospitals, and the Royal Court for accreditation and the continued success of the HCAC; certified healthcare professionals trained to support accreditation; the development of several sets of health care standards; and strategic, business, and marketing plans to lead HCAC's future path.

# PROJECT HIGHLIGHTS

- JHAP collaborated with various stakeholders in Jordan to establish the country's national accreditation agency, HCAC. Through the institutional capacity-building provided by JHAP, HCAC is now organizationally and financially sustainable.
- Through JHAP's technical assistance and strategic guidance, HCAC has earned international recognition as a leader in promoting quality and safety in healthcare. ISQua has accredited HCAC's standards, surveyor training program, and the agency itself.
- JHAP worked with HCAC to establish the National Quality and Safety Goals (NQSG) initiative in Jordan. Goals have been developed for each year from 2009 to 2013, and have laid the foundation for patient safety in Jordan.
- Through key inputs from JHAP, HCAC has developed and published several sets of healthcare standards addressing various levels and domains of care. These include standards for hospitals, primary health care and family planning/reproductive health (FP/RH), breast imaging, medical transportation, diabetes mellitus, and cardiac care.
- JHAP provided guidance and technical assistance to HCAC to train various healthcare professionals who are key players in the accreditation and quality improvement processes in their facilities, by developing and teaching certification courses. As a result of this effort, over 100 healthcare professionals, including quality improvement practitioners, risk managers, infection preventionists, hospital managers, consultants, and surveyors have been certified by HCAC.
- JHAP's efforts have made a major impact on the increased quality of healthcare in Jordan and on the improvement of Jordan's medical tourism potential. At the end of the project, 17 hospitals and 42 PHC centers have achieved accreditation, and 2 breast imaging centers have been certified by HCAC.



nurse at the Specialty Hospital in Amman marks a procedure site, complying with HCAC's National Quality and Safety Goals

# INTRODUCTION

Work to improve the quality and safety of health care for all Jordanians started long before the Jordan Healthcare Accreditation Project was awarded to URC in June 2007. From 1992 to 1997, the URC-managed Quality Assurance Project (QAP) worked toward initiating quality improvement committees in hospitals and establishing a Quality Directorate at the Ministry of Health. In 2004, the United States Agency for International Development (USAID) increased its funding to the PHR*plus* project with the purpose of beginning to develop a national accreditation system in Jordan. URC, as a subcontractor to Abt Associates on PHR*plus*, provided the technical expertise that was required for that effort.

In 2004, USAID tasked PHR*plus* with the achievement of three objectives; 1) development of hospital standards; 2) preparation of 17 pilot hospitals from the public, private, military, and university sectors to meet the standards; and 3) development of an agency that would sustain accreditation. In June 2007, JHAP was awarded to URC with the purpose of continuing and expanding upon those objectives. When JHAP started, the first two objectives had been accomplished and HCAC was soon to be established. The goals then shifted towards building the capacity of HCAC so that it would be organizationally and financially sustainable in the future.

## *Goals and Objectives*

JHAP was designed to improve the health status of all Jordanians. The overall goal of JHAP was to improve the quality and safety of healthcare services in Jordan through accreditation. To address the challenges faced by Jordan's weakly regulated health sector, JHAP would assist the Government of Jordan (GOJ) to adopt a regulatory framework for the health sector, through the establishment of national and internationally-recognized healthcare standards and accreditation. The specific objectives of JHAP were to:

- Strengthen the quality and safety of services in the Jordanian healthcare system through accreditation of facilities and services along the continuum from primary to tertiary care;
- Establish a national accreditation agency which has the support of key health care sectors and the capability to carry on project activities beyond the life of the project; and
- Build capacity in both hospitals and PHC centers to carry out accreditation activities, meet standards, and improve the quality and safety of health services and be accredited.

The objectives were for the period 2007-2011 and focused on the establishment of a fully-functioning HCAC which would have the capacity to set standards, to prepare facilities to meet those standards, and to accredit healthcare facilities and programs in Jordan. HCAC would also be internationally recognized by having the Jordan hospital standards, the agency, and the surveyor certification program accredited by ISQua. The overall result of accomplishing these objectives was improved quality and safety of healthcare services in Jordan, an increase in medical tourism, and increased satisfaction among consumers of healthcare services.

USAID granted a two-year extension to JHAP in August 2010, which extended the project until January 2013, and later granted a two-month extension through March 17, 2013. The purpose of the extensions was to allow HCAC to strengthen its capacity to develop standards, to prepare organizations to meet standards, and to accredit hospitals, PHC centers, and other healthcare facilities and programs in the country. The objectives focused on all of the various policy, organizational, and funding issues of achieving sustainability of the independent, not-for-profit Health Care Accreditation Council. During the extensions, the following objectives were added:

- Ensure that the Health Care Accreditation Council is organizationally and financially sustainable and is recognized regionally as a provider of quality services
- Survey and accredit healthcare facilities and programs
- Develop accreditation standards
- Develop certification programs and certify healthcare professionals in each program

s a result of JHAP's interventions,  
facilities are implementing measures  
to prevent and control infections



# JHAP VISION

JHAP's vision was that Jordan would have an agency in place that would continue to improve the quality and safety of health care services for all Jordanians after the project ended. Although accreditation is only one quality tool, the JHAP team believed that standards drive change, and that by setting standards for quality and safety, health care professionals and organizations would have clear targets to achieve. Accreditation, or recognition that standards were met, was a way to measure the improvement.

In order to achieve sustainable, efficient, and consistent change to a system of continuous quality improvement, JHAP focused on strategic, technical, structural, and cultural dimensions in Jordan. Strategically, JHAP developed clear goals, objectives, and timelines to achieve its vision. Technically, JHAP worked with hospital staff, quality improvement coordinators, and the board and staff of the HCAC to build capacity in quality improvement, standards development, education and consultation, and management, leadership and governance. JHAP developed the structure of HCAC by drafting the by-laws, defining the roles and responsibilities of the board, developing the organizational structure, building human resources, administrative, and financial systems, and recruiting and training the Chief Executive Officer (CEO) and staff. JHAP also worked to ensure that HCAC was accredited by ISQua so that it would be internationally recognized. JHAP developed the accreditation system in close collaboration with Jordanian partners and stakeholders to ensure that the system was acceptable to the culture and values of Jordan. JHAP also built HCAC to be based on values, norms, and behaviors so that it would be a model to other organizations in the Middle East and North Africa (MENA) region and trusted by its clients.

# PARTNERSHIPS & COLLABORATION

The primary counterparts of the project were the board, CEO, and staff of HCAC. There were numerous other partners in this project, including public, private, military, and university sectors that provide primary through tertiary healthcare services and want to improve the quality and safety of their services. The professional medical societies and councils – physicians, surgeons, dentists, pharmacists, nurses, and other healthcare professionals – were major partners, and worked together to secure improved standards of care for patients over time. Lastly, the business community, medical equipment and supply vendors, and especially the medical insurance companies, all had a large stake in the success of the project.

The Jordan Healthcare Accreditation Project worked closely with other USAID-funded Projects and collaborating agencies including:

- **Health Systems Strengthening II (HSS-II)**
  - Primary Health Care Accreditation Standards development
  - Improving quality of primary health care service delivery, systems and processes
  - Improvement of maternal and child health care services
  - Clinical Guidelines development to meet the standards
- **World Health Organization (WHO)**
  - International safety goals – focus on infection prevention
  - Hand washing initiative
  - Preoperative checklist
- **Private Sector Partnership (PSP)**
  - Development of Breast Cancer Screening Standards
- **Johns Hopkins Jordan Health Communication Partnership (JHCP)**
  - Public awareness of accreditation as a measure of quality improvement



ID band, complying with one of HCAC's national quality and safety goals which requires the correct identification of patients



HCAC National Quality & Safety Goals  
معايير الجودة والسلامة الوطنية  
**Certificate of Achievement**  
تم الترخيص بموجب  
**Jordan University Hospital**  
عمان - الأردن  
في ظل التزامها مع أهداف "الهيئة الوطنية للجودة والسلامة" في 15 أيار 2009  
تمثلت في تحقيقها مع الأهداف  
HCAC

Princess Muna Al-Hussein presents certificate of achievement to Jordan University Hospital for compliance with HCAC's National Quality and Safety Goals.

# MAJOR RESULTS & ACCOMPLISHMENTS

## *Establishment and Institutionalization of the Health Care Accreditation Council*

JHAP prepared the first draft of the by-laws that would become the foundation for the governance of HCAC. In addition, JHAP facilitated the process of approval of the by-laws, the selection of the shareholders, the registration of the HCAC with the Ministry of Trade and Industry, and the orientation of the board and CEO.

The project developed the organizational structure, prepared policies, procedures, and assisted in the development of the strategic, business, marketing and operational plans. JHAP also helped the HCAC build capacity to develop standards, prepare hospitals and primary health care centers to meet standards, train surveyors, and establish NQSGs. JHAP was instrumental in obtaining ISQua accreditation of the HCAC standards, surveyor training program, and the agency, granting HCAC international recognition.

JHAP leaves HCAC with sufficient funds to operate during the transition from project dependence to HCAC independence. HCAC has independently negotiated 12 contracts for accreditation preparedness, assessment of hospitals to determine readiness for accreditation, and mock and accreditation surveys. Due to its recognition by the GOJ and the Royal Court as a major player in strengthening the healthcare system in Jordan, HCAC will be asked to prepare additional public hospitals and primary health care centers for accreditation. **In December 2011, His Majesty, King Abdullah II, publicly stated that at least one MOH hospital in each of Jordan's 12 governorates must be accredited by HCAC.** Through strategic guidance from JHAP, HCAC's recognition in the MENA region has steadily increased. The CEO and staff

### Establishment & Institutionalization of HCAC

- Establishment of HCAC as a private, not-for-profit, shareholding company
- ISQua accreditation of HCAC's Hospital Standards, Surveyor Training Program, and the agency itself
- HCAC is currently generating private business, and has independently negotiated 12 contracts
- Strong political support for HCAC from the GOJ and the Royal Court
- Increased recognition of HCAC in the MENA region as a leader in improving the quality of care

3

Editions of  
Hospital Standards

2

Editions of Primary  
Health Care and  
Reproductive Health  
Standards

1<sup>st</sup>

Edition of Breast  
Imaging, Medical  
Transportation, Diabetes  
Mellitus, and Cardiac  
Care Standards



Developed and Published both in  
English and in Arabic

of HCAC have been invited to speak at several regional conferences, including Med Health in Cairo, Patient Safety Congress in Abu Dhabi, and Hospital Build in Dubai. The Government of the United Arab Emirates has formally recognized HCAC's training packages for continuing education units, which will also give HCAC deeming status for education training in Saudi Arabia.

JHAP guided HCAC to conceptualize and organize two major regional conferences under the patronage of His Majesty King Abdullah II. With JHAP's assistance, HCAC planned and implemented its first Quality Conference and Exhibition in 2010, with the theme "Good, Better, Best: Moving Toward Quality in Health Care in the Middle East." The conference attracted over 300 participants from the region, Europe, and North America. In 2012, JHAP assisted HCAC again to hold its second HCAC Quality Conference and Exhibition with the theme "Building and Sustaining a Culture of Quality and Patient Safety". The second conference attracted 400 participants from the region, Europe and North America and HCAC generated revenue, which has helped ensure its financial sustainability.

### *Development of Accreditation Standards*

JHAP facilitated the development of accreditation standards by establishing a system for developing and scoring standards, by training task forces and HCAC staff to systematically develop evidence-based standards, and by implementing the process of reviewing and approving standards.

JHAP helped Jordan to develop a unique set of standards. After conducting basic research on standards in other countries and organizations, a task force was selected to review the first draft of the hospital standards. Although the standards are patient-centered, and not departmental, the task force agreed to organize the standards in "clusters." Examples of clusters include patient and family rights, access and continuity of care, patient care, diagnostic series, medication use, infection prevention and control, environmental health and safety, support

services, quality improvement and patient safety, medication records, human resources management, management and leadership, medical staff, nursing series, and patient and employee education. Standards which the task force found appropriate for Jordan were classified as critical, core and stretch. Critical standards are standards which, if not met, could cause injury or death to patients, staff or visitors and are required by law. The facility must meet 100% of the critical standards. Core standards relate to the systems and processes of the facility. During the first survey, 60% of the core standards must be met, and 70% of the core standards must be met at the second survey. Stretch standards are more difficult to meet, sometimes due to a lack of resources or to the significant change required in culture or thinking within the organization. The organization must meet 30% of the stretch standards during the first survey and 40% during the second survey.

JHAP's role included building HCAC's capacity to develop standards for facilities such as hospitals, primary health care centers, and breast imaging services and expanding HCAC's skills to develop disease-specific standards. Two sets of disease-specific standards, diabetes mellitus and cardiac care, were selected based on the high rate of diabetes in Jordan and on the lack of organization of cardiac care. The standards were developed based on the need to address the continuum of care and the gaps in quality related to the two conditions.

Standards are reviewed and revised every two years. The HCAC accreditation awards are also valid for two years.

### *Development of Certification Programs and Certification of Healthcare Professionals*

JHAP prepared the curriculum, instructor guides, PowerPoint slides, and handout material for six certification courses. The first course developed by JHAP and HCAC targeted hospital surveyors. Additional surveyor training courses were developed for each set of new standards. The other certification courses targeted Quality Improvement Practitioners, Risk Managers, Infection Preventionists, Public Hospital Directors, and HCAC Consultants. During the life of JHAP, 51 surveyors and 66 other healthcare professionals in the five other courses were certified.

The Surveyor Certification Course is comprised of 10 modules of classroom training; observing a survey conducted by certified surveyors; conducting two surveys under supervision; and taking a certification examination. If the trainee successfully passes all stages in the training, he/she is certified for two years as an HCAC surveyor. During those two years, the surveyor must conduct a minimum of two surveys, attend four continuing education sessions, and, if new editions of standards are developed, become oriented to how they will be surveyed. The Hospital Surveyor Certification Course is the basic course. After completing

## Healthcare Professionals Certified

**51**  
Surveyors

**18**  
Quality Improvement Practitioners

**17**  
Infection Preventionists

**17 out of 20**  
Hospital Directors

**9**  
Risk Managers

**5**  
HCAC Consultants

that course and achieving certification, the surveyor can then be certified in each of the other sets of standards: primary health care and family planning and reproductive health, medical transportation, breast imaging, diabetes mellitus, and cardiac care standards.

The Quality Improvement Practitioner Certification Course also consists of several classroom modules, after which the trainee must complete a project over a two-month period, present the project, and complete the requirements by taking a certification exam. The certification is valid for two years with continuing education requirements and improvement projects that must be completed before recertification. Eighteen Quality Improvement Practitioners were certified during the life of JHAP.

The Infection Preventionists Certification Course encompasses seven days of classroom training, including basic epidemiology, surveillance, and knowledge and skills in training hospital staff to prevent infections. The trainee must complete a project that includes tracking infection rates in their hospital and reporting back to the facilitator and other trainees for feedback. The trainee is then required to take a certification exam and is certified for two years upon passing the exam. Continuing education requirements must be met before recertification. Seventeen Infection Preventionists were certified during the life of the project.

The Management and Leadership Certification Course was a joint effort with the American University of Beirut. The course was designed for public hospital directors to train them in the basic concepts of leadership and management. Twenty hospital directors participated in the course and seventeen achieved certification.

The Risk Manager Certification Course consists of eight classroom modules followed by application of the acquired knowledge in the healthcare setting over the course of several months. The course is intended for hospital risk managers, quality coordinators, and others who are directly involved with establishing patient safety programs in healthcare facilities. Nine risk managers were certified during the life of the project.



Princess Muna Al-Hussein of Jordan, awards a healthcare quality practitioner certification to course participant, Bayan Fraihat, during the launch of HCAC's 2012 National Quality and Safety Goals

The HCAC Consultant Certification Course consists of six classroom modules followed by on-site practicum mentoring visits. The course is designed to prepare certified HCAC surveyors to function in the role of consultants to provide technical assistance to health care organizations to meet the HCAC standards and to prepare the organizations for accreditation surveys. Five HCAC consultants were certified during the life of the project.

### *Accreditation of Healthcare Facilities & Programs*

JHAP worked with HCAC to prepare 25 hospitals and 30 primary health care centers for accreditation. JHAP also coordinated with the USAID-funded HSS-II project for the preparation of 30 additional primary healthcare centers for HCAC accreditation. Through JHAP's assistance, 22 educational packages were developed for the HCAC Department of Education and Consultation to use while preparing hospitals for accreditation. The packages were later adapted to be used to prepare primary health care centers.

One of the major challenges that JHAP faced during the initial phase of its work with hospitals, and again with primary health care centers, was instilling confidence in facility staff in their ability to achieve accreditation. There was a tendency to believe that the situation was far from optimal and that accreditation could not be achieved. JHAP addressed this problem by conducting mini evaluations early on and ranking the hospitals to give them a sense of how they compared to others. The assessments were intended to determine if facilities had the appropriate structures in place, such as the Quality Improvement Committee, the Safety Committee, and if they had appointed a Quality Improvement Coordinator. Several assessments were conducted over the first two years, and the hospital and primary health care center teams began to believe they could achieve accreditation. This resulted in competition among facilities to be the first to become accredited. JHAP's efforts culminated in the achievement of positive results with facilities across all sectors. By the end of the project, 17 hospitals from the public, private, and university sectors; and 42 public primary health care centers were accredited. Two breast imaging centers were also certified.

#### **Facilities Accredited/Certified**

**17**

**Hospitals from the Public,  
Private, and University Sectors**

**42**

**Public Primary Health  
Care Centers**

**2**

**Breast Imaging Centers**

Prince Zaid Military Hospital



# LESSONS LEARNED

To identify lessons learned, it must be remembered that strategies are implemented at a specific time, with specific people and institutions, and within a context. It is possible that at a different time, with different people, or different institutions operating within a different context, the strategy would have worked differently. JHAP has made several observations based on the experience in Jordan.

Many lessons were learned in the process of implementing the national quality and accreditation system in Jordan. One question that was often asked by the Ministry of Health, USAID, and other stakeholders was: “How long will it take?” It is difficult to say exactly how long it will take for a country to embrace accreditation and build a culture of continuous quality improvement. Based on our experience in Jordan, it will take a minimum of five years and up to ten years to embed continuous quality improvement into healthcare institutions. The process is not simply establishing standards or developing an accreditation agency to award accreditation. It requires culture change. **All stakeholders must accept that quality is a journey and that continuous quality improvement is a never ending pursuit.**

To implement a national accreditation system there must be a long-term strategy with annual targets/goals. Based on consultations with the GOJ, JHAP had a clear vision of where it wanted to go and how to get there. JHAP had a choice to develop the agency, prepare hospitals to meet standards, and then develop the standards. **A decision was made to reverse that process.** First, standards were developed, so that healthcare professionals and facilities knew what they needed to change. Then, JHAP worked with 17 pilot hospitals from all sectors to help the hospital teams interpret the meaning of the standards. Finally, when a critical mass of facilities was prepared to meet the standards, the agency was established to award accreditation. JHAP used a top-down and bottom-up strategy. JHAP worked with the hospitals to generate knowledge, interest, and commitment. The demand for an organization to accredit hospitals came from hospital directors and staff, who put pressure on the MOH to take action to create the national accreditation agency.

Each healthcare organization is different and it is important to consider the unique features of an organization when introducing standards. **One size does not fit all.** Some organizations chose to form committees based on the fifteen standard clusters. Others chose to have the quality improvement committee serve as the steering committee

to ensure implementation of the standards. Some organizations handed over clusters to departments to implement. The required consultation time also differs with each organization. Some can work independently, while others need more technical assistance.

Another lesson learned is the importance of champions for accreditation and champions for clusters. When a respected member of staff, especially a physician, believes in the importance of accreditation, they have a significant influence on others and the process of preparing to meet standards moves more quickly. **Spending time nurturing champions is important for rapid spread and acceptance of quality improvement and accreditation.**

**It cannot be emphasized too strongly that leadership at all levels is key to the success of accreditation, particularly within a weak regulatory environment.** Hospital directors are responsible for building and sustaining a culture of quality and safety in the organization. A leader's vision communicated to all staff is essential for hospitals to reach accreditation status. JHAP worked closely with the leaders of participating institutions to inform them about the benefits of accreditation and to obtain their full support and involvement in the accreditation of their facilities.

A final lesson learned is that **in order for a national accreditation agency to be financially sustainable, it must be governed and managed by people with exceptional management and leadership skills.** It is a business and, like all businesses, it must have the systems and processes in place to operate efficiently and effectively, and to consistently seek to meet customer needs and generate revenues. JHAP assisted HCAC to develop strategic, business, marketing, and operational plans and budgets since its inception, in order to monitor its financial success. JHAP also ensured that HCAC has the necessary financial and administrative policies and procedures in place to run as an effective business entity which follows the laws and regulations of the GOJ and internationally-accepted accounting and business practices.



AP Chief of Party, Mr. Edward Chappy, summarizes JHAP's achievements and thanks staff and stakeholders at the project's closing ceremony

# CHALLENGES & OPPORTUNITIES

## Challenge

### Financial sustainability

HCAC will need to continue to provide the services developed under the project including preparing healthcare facilities for accreditation; conducting assessments, mock and accreditation surveys; conducting paid workshops; and offering certification courses. In addition, HCAC will need to generate new business by developing new products, and by fostering accreditation as a means to improve quality of health care (see Opportunities section). JHAP has also encouraged HCAC to work closely with health insurance companies to link accreditation to their reimbursement criteria. Since the creation of HCAC, JHAP ensured the presence of the Insurance Commission on the board of HCAC. HCAC must continue to work with insurance companies to identify financial incentives for accreditation.

### Credibility of HCAC

JHAP has built the capacity of the HCAC board and staff to govern, manage, and perform the technical aspects of the work. There are a limited number of people in Jordan with the knowledge and skills to do the work of HCAC. Training is a continual/ongoing process. There is a perception that newly trained HCAC staff members with limited experience are training others without the participation of more qualified JHAP staff and consultants, resulting in more limited knowledge and skills being obtained by these new trainees. HCAC needs to ensure the continuing education of its staff by ensuring their continuous attendance at international conferences, training in new skills, and refresher courses by more experienced consultants.

## Solution

## Challenge

**Buy-in from all stakeholders to continuously improve healthcare**

**New business development and innovation**

**Keeping the momentum**

## Solution

HCAC needs to work to change the culture of quality within healthcare facilities throughout Jordan. Many organizations seeking accreditation still seek a “plaque on the wall”, rather than embracing continuous quality improvement. The certificate of accreditation is a milestone, but not the end of the journey. The ramification is that if a culture is not instilled, organizations will not seek re-accreditation and HCAC will lose revenues. The strategy must be to partner with healthcare facilities and to implement a continuous readiness package, whereby HCAC works with accredited facilities to ensure their continuous readiness for the next accreditation. Additionally, HCAC can use the Center of Excellence model developed in collaboration JHAP to recognize those accredited facilities that go beyond meeting the accreditation standards and provide exceptional quality of care.

HCAC needs to develop new business opportunities. It must expand its services and products beyond accreditation and into quality, because the market in Jordan is too small to financially sustain the current model. Ideas for HCAC to consider are: redesign its systems of offering consultation to hospitals by one-to-one efforts; move to e-learning and computer-assisted learning strategies; become the repository of benchmarking data and sell a subscription service to hospitals; develop quality tools and offer them to clients so they can take independent action to improve quality. HCAC must also continuously improve its own systems and processes to become more efficient in its service delivery.

JHAP has assisted HCAC with several initiatives to maintain the interest of all major stakeholders to move toward quality and accreditation. This includes the NQSGs, the two HCAC Quality Conferences and Exhibitions, speaking at regional conferences, and paid workshops. It is time for HCAC to move from the accreditation business to the quality improvement business, with an emphasis on quality being a journey, not a destination; and creating new projects and initiatives to keep the momentum. The public needs to be made aware of the importance of accreditation and quality, and needs to demand that the facilities they access for healthcare meet international standards. Public awareness campaigns, funded by sponsors such as pharmaceutical companies, will enhance the marketing efforts of HCAC and keep the momentum toward quality improvement.

## *Opportunities*

### **Expanding in the MENA Region**

HCAC has an opportunity to expand its services to the MENA region. Only Saudi Arabia has a national accreditation agency. Other countries would welcome HCAC because its standards meet local needs and are available in Arabic; its surveyors are regional and speak Arabic; the survey report is in Arabic; and the cost of HCAC is significantly lower than Joint Commission International and other international accrediting organizations operating in the region.

### **Partnering with Well-Known Quality Organizations**

HCAC can partner with organizations like Accreditation Canada, Joint Commission International, local and international universities, and well-known and respected consulting agencies to achieve mutual objectives. Partnering with others would be advantageous to HCAC because it would create links with others who are already established in the regional healthcare quality market. Through partnering, HCAC and other organizations can complement each other's skills, which would enhance contracts with clients whereby both partners add value. Once better known, HCAC can operate independently.

### **E-Learning**

Offering courses on-site is labor-intensive and can only reach a limited audience. Also, with different facilitators teaching, consistency is lost. HCAC needs to invest in eLearning and be able to offer its educational programs on a subscription service, whereby the healthcare organizations can utilize the programs for training multiple staff, working on different shifts or as needed. Certification courses, paid workshops, and general training could be offered with eLearning.

### **Benchmarking Subscriptions**

HCAC gathers data through the survey process. Also, accredited hospitals are required to gather and analyze data on a regular basis, including data on infection rates, medication and other errors, patient falls, etc. HCAC could gather data on a regular basis from hospitals under the continuous readiness program and send coded data back to each hospital upon subscription to show how they compare to other hospitals. This benchmarking subscription would be another revenue source for HCAC.

## **Patient Safety and Research Institute**

Establishing a Patient Safety and Research Institute would add recognition and prestige to HCAC, especially if the Institute becomes a WHO regional center. Research grants could be obtained to help fund the Institute and to conduct needed research on patient safety in the MENA region. The Institute would bring about a focus on errors and how to reduce or illuminate them. The Institute could also be a repository of data for the region related to patient safety.

## **Public Awareness of Accreditation**

HCAC's marketing strategy has targeted hospitals and primary health care centers during the first five years of operation. All hospitals are aware that there is a national healthcare accrediting agency. What is needed now is an improved public awareness of what accreditation is and how it improves the quality and safety of health care services. In addition, patients must be more aware of their rights and responsibilities when they enter a hospital or primary health care center. HCAC needs to begin a phase of public awareness campaigns using a variety of media to get their message across.

## **Moving from Accreditation to Continuous Quality Improvement**

HCAC must diversify the services it offers to its clients by expanding its focus from accreditation to a greater emphasis on continuous quality improvement. HCAC needs to concentrate its focus on services that enable healthcare institutions and healthcare workers to constantly challenge themselves. JHAP has already guided HCAC in this direction: through its already established continuous readiness program, HCAC supports healthcare institutions to address any quality improvement challenge that they choose. HCAC must continue in this path by developing services that focus on the journey of quality improvement, rather than the destination of accreditation. This approach would not only ensure that a culture of quality is instilled and sustained within healthcare institutions, but it would also ensure sustainable demand for HCAC's services.

As the project closes, its objective to sustain continuous health care quality improvement in Jordan will be carried forward by HCAC



# ANNEX A: MONITORING & EVALUATION

Result & Indicator	Data Source	Assumptions	Status
<p><b>Result 1.</b> HCAC is generating income and is financially sustainable</p> <p><b>Indicator 1.</b> Number of service contracts that HCAC has in hand</p>	<ul style="list-style-type: none"> <li>■ HCAC Quarterly Reports</li> <li>■ HCAC contract files</li> </ul>	<ul style="list-style-type: none"> <li>■ Commitment within HCAC to generate business and become financially independent</li> </ul>	<p>Twelve contracts were signed during the life of the project</p>
<p><b>Result 2.</b> Quality of services of public hospitals is improved</p> <p><b>Indicator 2.</b> Number of public hospitals accredited</p>	<ul style="list-style-type: none"> <li>■ HCAC Quarterly Reports</li> <li>■ HCAC Hospital Survey Reports</li> <li>■ HCAC Accreditation Awards</li> </ul>	<ul style="list-style-type: none"> <li>■ Commitment of MOH and public sector in general, and of hospital leadership to become accredited</li> </ul>	<p>Nine public hospitals were accredited (5 MOH and 4 Royal Medical Services)</p>
<p><b>Result 3.</b> Quality of services of PHC Centers is improved</p> <p><b>Indicator 3.</b> Number of PHC Centers accredited</p>	<ul style="list-style-type: none"> <li>■ HCAC Quarterly Reports</li> <li>■ HCAC PHC Center Survey Reports</li> <li>■ HCAC Accreditation Awards</li> </ul>	<ul style="list-style-type: none"> <li>■ Commitment of PHC Centers to become accredited</li> </ul>	<p>Forty-two PHC centers were accredited</p>
<p><b>Result 4.</b> Quality of services of FP/RH Centers is improved</p> <p><b>Indicator 4.</b> Number of FP/RH Centers awarded Center of Excellence status</p>	<ul style="list-style-type: none"> <li>■ HCAC Quarterly Reports</li> <li>■ FP/RH Center Assessment Reports</li> <li>■ FP/RH Center of Excellence Awards</li> </ul>	<ul style="list-style-type: none"> <li>■ Commitment of FP/RH Centers to become Centers of Excellence</li> </ul>	<p>No FP/RH Centers were awarded Center of Excellence status</p>

## Result & Indicator

**Result 5.** Improved capacity of HCAC to develop standards

**Indicator 5.** Number of sets of additional disease-specific and/or service standards developed

## Data Source

- HCAC Quarterly Reports
- HCAC Standards Books

## Assumptions

- Commitment of HCAC to expand its services by developing new sets of standards

## Status

Two sets of disease-specific and/or service standards, Diabetes Mellitus Standards, and Cardiac Care Standards, have been developed

**Result 6.** Improved capacity of healthcare professionals to carry out quality improvement activities and support the accreditation process

**Indicator 6.** Number of healthcare professionals certified

- HCAC Quarterly Reports
- Certification Awards

- Commitment of HCAC to develop and conduct certification courses
- Commitment of healthcare professionals to become certified

17 Infection Preventionists, 18 Quality Improvement Coordinators, 9 Risk Managers, 17 Public Hospital Directors in Management and Leadership, 5 Consultants, and 51 Surveyors have been certified

**Result 7.** Improved capacity and services of HCAC as a result of areas of improvement identified by research studies

**Indicator 7.** Number of research studies conducted

- Research Reports

- Commitment of HCAC to cooperate in research studies

None. USAID and JHAP agreed to not pursue this task







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