



Jordan's Journey Toward



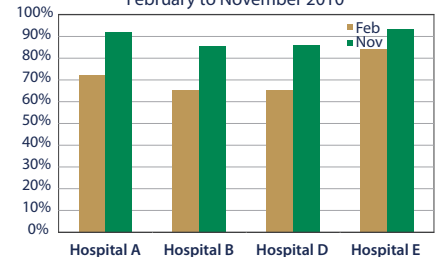
Accreditation of Public Hospitals

Edward Chappy, Suzan Tashman, Joanne Ashton, Eman Zmily

Initiation of Fire Plans and Drills

Emergency preparation and CPR training

Comparison of Percentage of Standards Met
Four Public Hospitals in Jordan
February to November 2010



Introduction

The Government of Jordan's Ministry of Health, in its most recent strategy document, stated that accreditation of facilities was one of its top priorities. In 2007, seven Ministry of Health hospitals in Jordan began implementation of hospital standards and prepare for accreditation by the newly organized Health Care Accreditation Council.

Problem

Public hospitals had few standards, quality improvement structures and processes. Quality measures were not in place; thus, there were concerns that the lack of quality standards was affecting patient outcomes.

Assessment of Problem

The concept of accreditation was newly adopted by the Jordan government as an approach to improve quality of care and services. Policies and processes had not been initiated to implement standards and quality methods in the hospitals.

Strategy for Change

An introductory workshop was presented regarding accreditation. A change management workshop was held to assist the hospital leaders to manage the process. Meetings were held with staff members to share results of the self assessment and plans toward making improvements. The planned timeframe for implementing the standards was three years. A quality structure was established at each hospital, including appointing a quality coordinator and organizing a quality improvement team. A series of workshops were held over the course of two years covering topics related to each set of standards. On-site technical assistance was provided to follow up on the action plans.

Results

Surveys were conducted to measure achievement of the standards in seven hospitals, carried out by certified surveyors, in February 2010; four hospitals underwent surveys in November 2010 (3 hospitals opted out). On average, the scores of four of the hospitals increased by 36%.

The first public hospital in Jordan was accredited in January 2011. The Patient Care Cluster ranked the lowest overall (81.9%), as documentation standards were not met for assessment, plans, and evaluation of patient care. Access and continuity of care had the overall highest score (95.7%); reflecting admission, transfer and referral processes, and service availability.

Lessons Learned

- Leadership has a direct affect on the implementation of standards
- MOH involvement demonstrated support to the initiative
- Engagement of the medical staff contributed to the success
- Quality coordinators who were viewed as "doers" and respected by their peers were more successful in gaining participation of staff
- Data management was the most difficult quality process to put into practice
- On-going on-site technical assistance was an important element to apply information at the hospital
- Reporting incidents and sending the message of a "blame-free" environment was difficult to accept

Messages for Others

- Hospital standards can be implemented in public hospitals in developing countries with few resources.
- Consistent, committed leadership is a key element to success
- Initiating quality improvement takes time and on-going on-site facilitation
- Medical staff champions are needed to create buy-in for all staff
- Quality Coordinators need to be effective change managers
- On-site, hands-on involvement of the MOH created a sense of commitment and purpose
- Data management requires additional capacity-building and technical assistance
- Staff need to see the value in reporting incidents and near misses in promoting safety