FACT SHEET 

Al Bashir Hospital Preparation for Accreditation Activity

2018 – 2024, 5.476 million, Partners: Health Care Accreditation Council (HCAC), Ministry of Health, Al Bashir Hospitals

# **BACKGROUND**

Ensuring and improving the delivery of quality healthcare services in Jordan are priorities for the Jordanian Government as well as the public and private healthcare facilities in the country. For the past ten years, the Jordanian Health Care Accreditation Council has worked closely with the Ministry to address clinical and operational gaps and promote improvements in the quality of services and patient safety at health facilities, including Al Bashir Hospital. The Ministry has committed to improving and strengthening the quality of services and promoting patient safety within Al Bashir Hospitals because it is such a large facility serving on average 80,000 inpatient admissions, more than 600,000 patients in emergency department, and more than 500,000 visits to outpatient clinics a year. Obtaining accreditation through the Council for the Al Bashir hospital is part of the Ministry's plan to improve and sustain the delivery of quality healthcare.

# **ACTIVITY OVERVIEW**

Al Bashir Hospital Campus have Five hospitals that includes the Medical Hospital, the Surgical Hospital, the Maternity and Pediatrics Hospital, the Emergency and Outpatient Hospital, and the Oncology Hospital.

The four-year Al Bashir Hospitals Preparation for Accreditation Activity operates in close collaboration with the Ministry of Health and the hospitals’ leadership and staff. The activity is designed to drive improvements in the quality of services and patient safety at Al Bashir Hospital with the goal of preparing all four hospitals at the Al Bashir for accreditation.

# **EXPECTED OUTCOMES**

Preparing Al Bashir Hospital for national accreditation will be accomplished by ensuring each hospital meets the Health Care Accreditation Council accreditation standards. To achieve this outcome, the activity is:

* Ensuring the hospitals' leadership and management are committed to and engaged in improving quality and patient safety within Al Bashir Hospitals. The accreditation standards are defined as the optimum levels of performance, and using the accreditation standards as framework by leadership of health care organization will contribute in providing better health care services to the patients, save and improve lives.
* Hospital equipment and buildings are renovated and expanded to be in line with the Accreditation Standards.

# **Phases of the Activity**

Accreditation preparation for Al Bashir Hospital focuses on building the hospital staff’s capacity and ownership of new processes that are being developed so that the results are sustained and institutionalized. The Activity has supported Al Bashir through all seven phases of accreditation with the expectation that full accreditation will be awarded by December 2023.

* **Phase 1: Preparation and stakeholder buy-in completed**

An evaluation of the quality management and patient safety program in ABH based on best practices and the standards of the accreditation was completed. Accordingly, ABH formulated a new vision, mission, values, and strategic objectives.

* **Phase 2: Gap Analysis completed**

The most challenging gaps are focused on infection control and safety. These range from, but are not limited to, issues regarding chemical exposure and radiation safety, to basic hygiene and cleanliness of patient care areas.

Basic issues came to surface such as fire safety procedures and systems and untrained staff on basic resuscitation skills for emergencies. Additionally, the availability of qualified medical and nursing staff that ensure quality and safety of healthcare provided to the patients was impacted.

Moreover, hospitals had no documented policies, procedures, plans, or guidelines to standardize managerial and clinical functions of the hospitals.

ABH developed detailed action plans and roadmaps to address the identified gaps, and during the last four years, the activity team in collaboration with working teams were able to develop all required policies and procedures and other related documents, for example all policies for infection prevention were developed, and conducted trainings on infection prevention for the staff in the four hospitals and central services. Also, all the policies and plans for environmental safety were developed, and the training for related staff was completed.

* **Phase 3: Capacity building and education is ongoing**

As part of preparing ABHs for accreditation, the activity team developed a training plan based on the identified gaps during the initial assessment and gap analysis, the plan includes conducting 14 training workshops to orient the staff on the accreditation standards requirements attended by 490 participants; and conducting 11 certification courses to qualify professionals in different areas such quality management, risk management, occupational health and safety, infection prevention and control, leadership and management, and case management, 299 participants attended the different courses

Due to the COVID 19 pandemic, the activity team conducted training to address new needs such as emergency management with participation of 21 trainees from Emergency hospital, emergency preparedness attended by 35 participants from ABHs , in addition to the specialized training for critical care and oncology care which was attended by 170 participants from adult, pediatric and neonatal intensive care units.

* **Phase 4: Developing and implementing standards is ongoing**

ABH completed development of all required documents and policies, this includes developing more than 800 documents that covers all accreditation standards requirements and supported establishment of quality management programs in all hospitals. The accreditation standards cover the administrative and clinical functions within each hospital, this includes but not limited to standards Governance and leadership, safe environment of care, protecting patient rights, infection prevention, patient care processes, and quality improvement and patient safety. The implementation of accreditation standards will ensure that the care is provided according to the best practices that ensure safe effective care.

The hospitals conducted wide training and information dissemination sessions and completed accreditation awareness roadshows and campaigns to increase awareness about policies and procedure and requirements for standards implementation. Collectively the activity team conducted so far 8 campaigns with total number of 1660 participants, 22 information dissemination sessions attended by 460 participants, and several hospital wide training sessions with participation of 33,306 attendees from all hospitals and central services.

* **Phase 5: Interim assessment completed**

During FY21, the activity team carried out the Interim Assessment for the four (4) hospitals, and the central services department. The interim assessment results show an over 50% improvement in all hospitals in comparison to initial assessment results.

* **Phase 6: Mock survey completed**
* **Phase 7: Final phase full accreditation awarded for a two-year period is planned for December 2024**

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