



2024 - 2030

Jordan national quality and patient safety policy and strategy



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The Jordanian Ministry of Health has prepared the National Policy and Strategy for Quality and Patient Safety by forming a Steering Committee representing all sectors concerned with patient safety and with the support of the World Health Organization. The Ministry extends its sincere thanks and appreciation to the members of the Steering Committee represented by:

1. Director of the Institutional Development and Quality Control Directorate / Ministry of Health - Dr. Safaa Munir Al-Oran (Chair of the Committee)
2. Representative of the Royal Medical Services Directorate / Head of the Quality and Inspection Department / Dr. Majdi Al-Saudi
3. Representative of the Jordanian Standards and Metrology Organization / Head of the Strategic Planning Department / Engineer Hussein Al-Badour
4. Representative of the University of Jordan Hospital / Director of the Quality and Quality Control Office / Dhahabia Abdul Jawad
5. Representative of the Founder of King Abdullah University Hospital / Samira Ezzat Yousef
6. Representative of the Hussein Cancer Center / Director of the Quality Management and Patient Safety Office / Dana Nashwani
7. Representative of the United Nations Relief and Works Agency for Palestine Refugees
8. Representative of Prince Hamzah Hospital / Director of Quality and Information Systems
9. Representative of the Syndicate of Private Hospitals / Mr. Tariq Mansour
10. Health Coalition for Patients' Welfare / Dr. Wafaa Al-Nsour
11. Representative of the Health Institutions Accreditation Council / Thaera Al-Madi
12. Representative of the Health Services Quality Improvement Project / Dr. Raja Khater
13. Representative of the Health Services Quality Improvement Project / Dr. Haitham Al-Duwairi
14. Representative of the World Health Organization Office / Dr. Ghada Al-Kayali
15. World Health Organization Consultant / Dr. Ibrahim Aql
16. Representative of the Directorate of Institutional Development and Quality Control / Dr. Ayman Al-Naimat
17. Representative of the Directorate of Institutional Development and Quality Control / Dr. Abdullah Al-Kassasbeh



Prof. Dr. Feras Ebrahim Al-Hawari
Minister of Health

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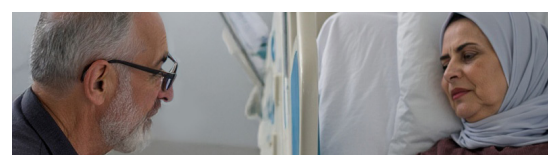
I also would like to acknowledge the generous contribution of the Delegation of the European Union to the Hashemite Kingdom of Jordan for their funding and supporting this project.

Acronym List

AMR	Antimicrobial Resistance
CPD	Continuous Professional Development
CQI	Continuous Quality Improvement
EBP	Evidence-Based Practice
EHR	Electronic Health Record
EMRO	Eastern Mediterranean Regional Office
EmONC	Emergency Obstetric and Newborn Care
ER	Emergency Room
HCAC	Health Care Accreditation Council
HFG	Health Finance and Governance
HHC	High Health Council
HIS	Health Information Systems
ICU	Intensive Care Unit
IFH	Institute for Family Health
IPC	Infection Prevention Control
IR	Incident Reporting
ISO	International Standards Organization
JCDC	Jordanian Center of Disease Control
JCI	Joint Commission International
JMC	Jordan Medical Council
JMMSR	Jordan Maternal Mortality Surveillance and Response
JSANDS	Jordan Stillbirth and Neonatal Mortality Surveillance
JNC	Jordan Nursing Council
JNQPS	Jordan National Quality and Patient Safety
KPIs	Key Performance Indicators
MoH	Ministry of Health
MR	Medical Record
MTaPS	Medicines, Technologies, and Pharmaceutical Services
NAP-AMR	National Action Plan on Antimicrobial Resistance
NWHCC	National Women's Health Care Center
OPD	Out-Patient Department
PPC	Patient Protection Coalition
PHC	Primary Health Care
RMNCH	Reproductive Maternal Neonatal Child Health
RMS	Royal Medical Services
SDG	Sustainable Development Goals
WFHC	Women-Friendly Health Centers
WHO	World Health Organization
WPSD	World Patient Safety Day
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine refugees in the Near East
USAID	United States Agency for International Development

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Executive Summary

The Jordan National Quality and Patient Safety Policy & Strategy (JNQPS) for 2024-2030 is a comprehensive framework designed to elevate healthcare standards across Jordan by ensuring safe, effective, and high-quality care for all citizens. This strategy was developed through a collaborative effort led by the Ministry of Health (MOH) and supported by the World Health Organization (WHO) and the National Steering Committee that was established for the development of The JNQPS Policy & Strategy and included key national stakeholders. The strategy aims to address significant challenges in Jordan's healthcare system, such as the absence of a unified national policy, variability in care standards, and the need for stronger governance and accountability mechanisms.

The JNQPS Policy & Strategy outlines a clear vision of achieving excellence in healthcare through quality, safety, and people-centered practices. It emphasizes the importance of a unified approach to healthcare quality, reducing disparities, and ensuring that all Jordanians receive consistent care, regardless of their location or provider. The JNQPS Policy & Strategy is aligned with international best practices and Jordan's broader economic and health goals, including the Sustainable Development Goals (SDGs) and the Jordan Economic Modernization Vision 2023-2033.

Key focus areas of the JNQPS Policy & Strategy include

governance and accountability, data standardization and integration, workforce training and retention, adverse event reporting, and adherence to evidence-based practices. The JNQPS Policy & Strategy also highlights the importance of patient and community engagement, ensuring that healthcare delivery is transparent, equitable, and responsive to the needs of the population.

To achieve these goals, the JNQPS Policy & Strategy proposes specific interventions, such as establishing a national oversight Committee for quality and patient safety, developing standardized data collection protocols, and enhancing the training and well-being of healthcare workers. The JNQPS Policy & Strategy also includes mechanisms for monitoring and evaluating progress, ensuring that the implementation of quality and safety measures is consistent and effective across the country.

In conclusion, the JNQPS Policy & Strategy is a critical initiative that aims to transform Jordan's healthcare system by fostering a culture of continuous improvement, accountability, and excellence. Through the successful implementation of this strategy, Jordan seeks to improve health outcomes, enhance patient satisfaction, and build a resilient healthcare system capable of meeting the challenges of the future.

Background

1987

Jordan's healthcare system demonstrates a resolute dedication and progressive approach to support the development of an efficient and contemporary framework for quality and patient safety. This commitment is underpinned by devoted leaders and staff collaborating with diverse stakeholders. In pursuit of these objectives, the system has expanded its undertakings in the domain of quality and patient safety. The journey commenced in 1987 with the establishment of a national accreditation committee, followed by the introduction of a national accreditation system in 2003.

1999–2004

The PHCI Project (1999–2004) was a USAID-funded project designed to assist the Jordanian Ministry of Health to improve access to and quality of clinical and reproductive health services throughout Jordan. The comprehensive project strategy, which covered training, health management information systems, infrastructure development, health promotion, and quality assurance, was geared toward building the capacity of the MOH to provide the leadership for systemic improvements. The primary health care centers. Trained in quality improvement concepts and tools, directorate-level quality coordinators trained and supported Quality teams at 200 health centers to use data to analyze and improve the service delivery process. The quality improvement changes created a central Quality Directorate and Quality Units at each Directorate.

2000–2008

Patient Safety Friendly Hospital Initiative (PSFHI), Performance Improvement Review (PIR) 2000–2008 six-volume set of standards of care for health centers provides essential and detailed guidance for effective service delivery 346 PHC used this Model.

2004–2009

Reward and Recognition (R&R) process 2004–2009. The reward and recognition (R&R) process attests to participation in performance improvement. The criteria for receiving this plaque included a set of pre-determined standards, appropriately called "basic input standards", 304 PHC awarded.

2007

In 2007, the Health Care Accreditation Council (HCAC) was established with the goal of instituting a robust system for quality management and patient safety in healthcare facilities, fostering the continuous improvement of quality. Additionally, in 2009, the Jordanian government embarked on the groundbreaking E-health program, known as the Hakeem Program, aiming to develop a comprehensive nationwide Electronic Health Record (EHR) database system—a pivotal initiative within the broader patient safety framework of the healthcare system.

2016

In 2016, a national Act was promulgated under the name "Health Institutions Accreditation bylaws for the year 2016" compelling accreditation for all health facilities within a five-year timeframe; failing compliance would result in facility closure. Subsequently, in 2018, the government ratified a new by law mandating health professionals to renew their licenses once every five years.

2018

In 2018, the Ministry of Health (MOH) Directorate of Institutional Development and Quality Control introduced the Hospital Performance Management System as part of its initiatives. Additionally, another initiative stemming from the USAID project is the establishment of the Maternal Mortality Audit, which took shape in 2018 as the Jordan Maternal Mortality Surveillance and Response (JMMSR) system. The third initiative involves the Jordan Stillbirth and Neonatal Mortality Surveillance (JSANDS) System, supported by the United Nations Population Fund (UNFPA) and the fourth initiative is centered around the Jordan Emergency Obstetric and Newborn Care Assessment (EmONC).

2023

In 2023, A comprehensive situational analysis was conducted by WHO to assess the Jordan National Quality and Safety profile. Simultaneously, the national celebration of World Patient Safety Day (WPSD) took place, signifying the acknowledgment of the critical importance of patient safety and quality in the healthcare system.

2024

In 2024, The MOH and WHO identified the need for a National Policy and Strategy for Quality and Patient Safety in Jordan as one of the main priorities and consequently started the development of the JNQPS policy and strategy.

Now

The Economic Modernization Vision of Jordan includes significant efforts in developing the National Strategy for Quality and Patient Safety, which is a critical component of the broader goal of improving healthcare outcomes in the country. This initiative aligns with the Vision's objectives of enhancing the quality of life and ensuring sustainable growth. By focusing on quality and patient safety, Jordan is making strides towards reducing maternal and neonatal mortality, improving overall healthcare services, and meeting international standards in patient care.



Methodology

The development of a National Quality and Patient Safety Policy and Strategy is crucial for ensuring the provision of high-quality healthcare services through adopting WHO's¹ guidelines that work towards the creation of National Quality and Patient Safety Policy and Strategy. The process to create the policy and strategy is outlined below and further explained in the next section.

Elements of the national quality policy and strategy process

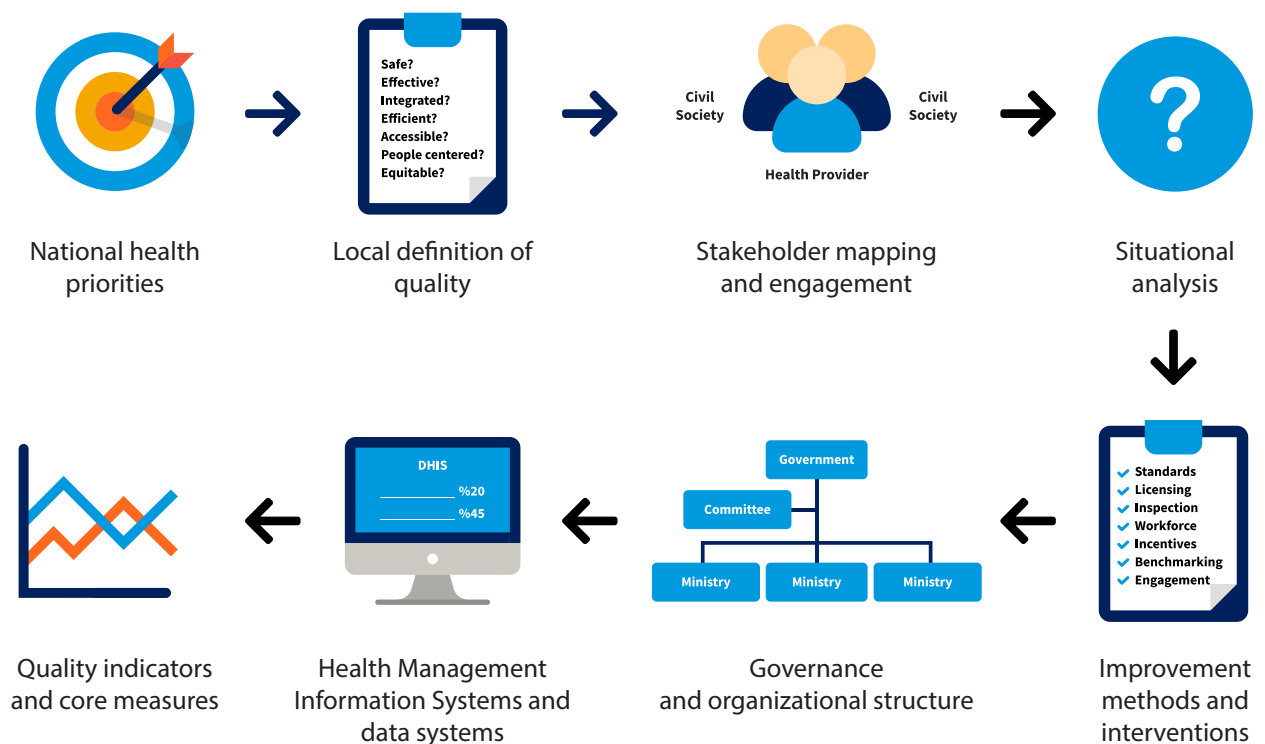


Figure (1): elements of the National Quality and Patient Safety Policy & Strategy development Process²

¹ Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care, WHO, 2018. <https://www.who.int/publications/i/item/9789241565561>

² Modified from the WHO Handbook for national quality policy and strategy. <https://iris.who.int/bitstream/handle/10665/272357/9789241565561-eng.pdf?sequence=1>

1 National Health Priorities

The Jordan National Quality and Patient Safety Policy & Strategy will establish health goals and priorities to allocate resources effectively and address the most urgent demands of the Jordan population. In the presence of these goals or priorities, the National Quality and Patient Safety Policy & Strategy should strive to synchronize the quality agenda accordingly. A transparent and ongoing process is essential for addressing any additional priority areas and goals that may arise, ensuring responsiveness to the evolving needs of the population. Among the main priorities identified through the situational analysis: patient safety, people centered care , rational use of antibiotics, standardize the clinical practice , data Standardization and integration, incidence reporting (Adverse event reporting and Sentinel reporting), evidence-based practice, and implementation, and patient and community engagement.

2 Local definition of quality

In the formulation of the Jordan National Quality and Patient Safety Policy & Strategy, it is crucial to explicitly state the definition of quality that will serve as the foundation for the national approach. This ensures a shared understanding and language that is suitable for the local country context. Moreover, the process of crafting a local definition of quality is inherently valuable to the policy-making process. It initiates a dialogue about the scope and significance of quality, gathers perspectives from stakeholders on what is deemed important, and provides insights on how interventions can be tailored to address local priorities. This process also prompts policy-makers to delve deeper into the meaning of quality and its ramifications. There are several widely recognized definitions of quality; however, these definitions may allow for varying interpretations of what quality entails at the national, subnational, and facility levels.

3 Stakeholder mapping and engagement

The quality of care is intricately linked to the broader health system. In the development of policies, incorporating key stakeholders becomes essential for addressing the multifaceted factors influencing the quality of health services comprehensively. A diverse array of stakeholders should actively participate in policy development to ensure a well-rounded approach.

Considering that healthcare is widely perceived as a public good and a fundamental right, governments bear the responsibility of guaranteeing sufficient funding, resourcing, and the provision of essential services. While the government typically takes the lead in policy architecture, its role should be guided and informed by those engaged in managing and delivering health services.

During the situational analysis phase, thorough stakeholder mapping and analysis was conducted and will play a crucial role in ensuring that the right individuals contribute to the policy development process. This facilitates effective engagement and takes into account the impact of stakeholder power dynamics and relationships.

Engagement with both public and private sectors is imperative to encompass all populations and instigate the necessary transformation in the “quality culture” within the health sector. Equally significant is the involvement of communities and individuals receiving services, especially those from vulnerable and marginalized populations and patient groups. Collaboration with other government ministries, national bodies, local authorities, and development partners is essential for a holistic approach.

A national steering committee was established to identify and addresses crucial issues and actions focused on enhancing the quality of care delivered by the health system.

4 Situational analysis: state of quality

The comprehensive analysis of the situation gathered insights from diverse data sources, including interviews, focus groups, a review of pertinent documents, and analyses of secondary data. This compilation depicted the existing landscape and distinctly pinpointed the performance gaps, illustrating the disparities between current realities and attainable goals. This crucial step served as a foundation for the policy, aligning it with the actual challenges faced at the frontline and enabling the identification of impactful actions. Understanding knowledge, behaviors, beliefs, and attitudes related to quality is imperative during the development of the policy and strategy. The situational analysis further facilitated a thoughtful consideration of key focus areas within quality improvement endeavors.

5 Improvement methods and interventions

Quality and patient safety improvement methods and interventions encompass a spectrum of systematic approaches designed to enhance the quality of healthcare and ensure patient safety. These strategies include continuous quality improvement (CQI) methodologies, evidence-based clinical guidelines, and standardized protocols that guide healthcare delivery. Performance measurement and metrics, alongside root cause analysis, help organizations monitor progress and identify areas for enhancement. Interdisciplinary collaboration, health information technology, and patient safety initiatives contribute to a holistic and people-centered care environment. Lean and Six Sigma principles are applied to streamline processes, while human factors engineering considers system design to minimize errors. Patient and family engagement, along with ongoing education and training programs for healthcare professionals, further contribute to fostering a culture of continuous improvement and commitment to delivering safe, high-quality care.

6 Governance and organizational structure for quality

Governance, leadership, and technical capacity throughout the healthcare system are crucial elements for enhancing quality and should be explicitly addressed. It is essential to thoroughly understand the processes of policy development, enactment, implementation, and monitoring within existing or proposed structures, considering the broader political context's influence. In the initial stages, identifying key authorities, organizations, and individuals involved in establishing and implementing quality policies at national, subnational, and local levels is beneficial. Governance structures will vary from one country to another. Early in the policy development process, it is important to delineate the path from conceptualization to full endorsement and implementation. Determining the policy's format, as discussed earlier, is an initial consideration. Subsequently, the policy development team must pinpoint the individuals or groups to be involved, clarify approval processes involving relevant entities, define the official adoption process, and establish how the policy will align with existing healthcare system policies and legislation.

7 Health management information systems and data systems

Improving quality relies on the presence of clear and accurate performance data. With the development of a National Quality and Patient Safety Policy & Strategy, there will inevitably be a necessary emphasis on the systems required for measurement and reporting, including the feedback loop in place to stimulate and measure improvement. There are at least five integrated data and analysis capabilities needed to support a comprehensive national quality programme:

- Establish uniform standards for data collection, storage, and reporting across different healthcare sectors .
- Ministry of health information system and quality database;
- Clinical decision support and patient recording systems at the front line;
- Ongoing quality monitoring and feedback systems to assess individual performance against standards or targets and comparative benchmarking data;
- Public and comparative reporting for transparency and accountability

8 Quality indicators and core measures

The policy/Strategy will outline objectives for routine quality monitoring and feedback for both health service providers and managers. It should also encompass the aggregation of data and an overall evaluation to track progress against national goals in priority areas. This entails identifying a core set of quality indicators and establishing necessary policies and processes to serve multiple purposes, including providing feedback to healthcare providers, ensuring transparency to the public, benchmarking for comparative performance analysis, identifying unjustified variations in quality, assessing cost-effectiveness, and evaluating the effectiveness of specific quality interventions and the overall national quality approach. Quality measures play a pivotal role in determining the effectiveness of quality improvement activities. Measurement is indispensable for assessing whether improvement actions genuinely enhance the quality of care and lead to significant changes in health outcomes. Through standardized indicators, quality measurement enables healthcare providers and policymakers to evaluate progress at various healthcare levels: national, regional, local, facility, and individual. This wealth of information also facilitates improved reporting to the public, promoting transparency and trust, even in cases where results may fall short of targets.



JNQPS Situational Analysis

A comprehensive situational analysis was conducted by WHO to assess the existence of a National Quality and Patient Safety in Jordan. The methodology adopted for conducting a comprehensive situational analysis of healthcare quality in response to Jordan's specific needs comprises several crucial steps. First and foremost, a detailed outline and approach was developed to outline the specific information and insights sought in the analysis. The approach is grounded in the guidelines provided by the World Health Organization (WHO)³. This initial step sets the foundation for a systematic and targeted investigation. Next, the identification of stakeholders is undertaken to ensure a holistic perspective, involving key players and contributors to the healthcare landscape.

The process involved an extensive document review, delving into existing literature, reports, and relevant materials to gather background information and insights. Subsequently, interviews and focus groups were conducted, providing a platform for engaging with key individuals, professionals, and experts in the healthcare domain. This qualitative approach ensured the incorporation of diverse perspectives and first-hand experiences.

Site visits to MOH hospitals and health centers, university hospitals, and private sector hospitals, constituted another integral step, allowing for a firsthand assessment of healthcare facilities and practices on the ground. This on-site exploration provided valuable context and deeper insights into the operational aspects of healthcare delivery.

The synthesis of results follows, where collected data is analyzed, and patterns and themes are identified. Stakeholder validation was sought through meetings and workshops to ensure the accuracy and relevance of the findings, incorporating feedback from those directly involved in or impacted by healthcare services. Finally, the results were synthesized and reported,

offering a comprehensive overview of the situational analysis. This thorough methodology was designed to provide a nuanced understanding of healthcare quality in Jordan, facilitating informed decision-making and strategic planning for improvements in the healthcare system.

Comparative perspectives were gained through benchmarking against similar healthcare systems, identifying successful strategies adaptable to the local context. A crucial aspect of the methodology that involved desk review and qualitative data collection through focus groups discussions and key informant interviews, grasping local needs and major challenges related to quality of care. Local needs assessments, executed through interviews, and focus group discussions, facilitated a nuanced understanding of healthcare challenges at various levels (national, sub-sectoral, and institutional), aligning the analysis with the unique requirements of Jordan. The culmination of this process provides evidence-based recommendations.

The JNQPS Situational Analysis reflected the current state of quality and patient safety within the Jordanian healthcare system. It involved a comprehensive situational analysis, including the examination of essential national documents, a review of various data sources to understand the actual performance of the health system, on-site observations at the frontline and facility levels, and the collection of information from focus group discussions.

The situational analysis revealed the presence of the pillars of an institutionalized patient safety system across various healthcare institutions in Jordan, albeit with some variations. These pillars encompass key elements such as leadership commitment, processes and systems, education and training, patient involvement, continuous monitoring and improvement, regulatory compliance, technological integration, and crisis preparedness. Furthermore.

The following findings were identified:

- Jordan's healthcare sector lacks a comprehensive National Quality and Patient Safety Policy & Strategy that explicitly takes on the responsibility of fostering the development of quality and patient safety.
- Since 2020, a national health sector strategic plan has been absent. This strategy usually is issued by High health council, but due to the successive decisions to dissolve and suspend the HHC, it was not issued.
- Leaders at both the national and institutional/facility levels show support for quality and patient safety. Nevertheless, some leaders lack complete awareness, including knowledge and skills related to this crucial concept. Furthermore, leaders grapple with the challenge of resource shortages. This obstacle diminishes the priority of decision-making concerning quality and patient safety, leading to delayed implementation and resulting in a less motivated staff.

³ Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care, WHO, 2018. <https://www.who.int/publications/i/item/9789241565561>

- The MOH strategy for 2023-2025 reaffirmed its commitment to ongoing quality improvement through its strategic objectives and initiatives.
- Despite the Minister's strong advocacy for accrediting all healthcare facilities, still there is a gap between being accredited and actually practicing quality in everyday work decisions. Institutes and facilities are accredited but their internal functions are not compliant to what they were accredited for. This is reflective of poor advocacy campaigns that would actually convince basically everyone of the importance of having quality assurance and patient safety practices. This perception results in underestimating the overall impact of accreditation on the quality of care provided.
- The most commonly cited challenge, as expressed by both leaders and staff, is the insufficient availability of resources (human resources, equipment's and materials, as well as financial resources allocated to quality improvement initiatives) hindering the successful and enduring implementation of initiatives focused on quality and patient safety.
- Laws governing operational processes and matters pertaining to quality and patient safety exist at both the national and facility levels, exemplified by documents like the code of ethics for physicians and nurses.
- There are established national guidelines and protocols for specific procedures and the treatment of certain conditions, including RMNCH guideline and clinical pathways, diabetes mellitus, hypertension, malaria, and infection prevention and control. However, there is a need to create and distribute guidelines and protocols for other conditions to ensure standardized patient management for those illnesses. Additionally, monitoring the implementation of these guidelines and protocols should be undertaken.
- Capacity-building initiatives addressing topics related to quality and patient safety exist at both the national and facility levels. Nevertheless, there is a need for enhancement, encompassing a broader range of topics and refining the focus on specific target groups.
- There are limited public awareness initiatives related to patient safety at either the national or sub sectorial levels.
- The absence of a robust learning and reporting system, coupled with limited patient engagement, poses a significant challenge in the healthcare landscape. A comprehensive learning and reporting system is essential for healthcare professionals to continuously update their knowledge and skills, fostering a culture of ongoing improvement and innovation. Simultaneously, patient engagement plays a pivotal role in promoting proactive healthcare management and enhancing the overall quality of care.
- Medical and Health Liability Insurance Fund established at the High Health council, It is a mandatory mutual fund that requires all medical and health service providers to contribute for their healthcare and medical professionals starting from 2/AUG/2019. This fund offers protection by compensating individuals affected by medical and health errors and ensures coverage for subscribers. The Medical and Health Liability Law was enacted in May 2018.

In the pursuit of advancing quality and safeguarding patient well-being in Jordan, several key focus areas have been identified. Firstly, there is an emphasis on the standardization and integration of healthcare data to enhance consistency and accessibility. Workforce training emerges as a priority, with the aim of implementing comprehensive programs to elevate the skills of healthcare professionals, ensuring a proficient workforce. The establishment of a robust Adverse event reporting framework is another critical focus, intended to foster a culture of transparency and continual improvement in healthcare practices.

Furthermore, promoting the implementation of evidence-based practices is deemed essential to align healthcare interventions with the best available evidence. Regular clinical audits, peer review, and feedback improvement mechanisms are highlighted to

facilitate ongoing learning and enhancement among healthcare providers. Additionally, the introduction of public reporting and benchmarking mechanisms is encouraged to foster accountability, transparency, and healthy competition among healthcare facilities.

At the facility level, there is a call to strengthen safety standards and inspection procedures to ensure adherence to quality and safety regulations. Quality outcome measurement is underscored as a crucial component, necessitating the implementation of effective measures for the assessment and monitoring of quality outcomes to drive improvement initiatives. Finally, active engagement of patients and the community in healthcare decision-making and improvement processes is advocated to ensure a patient-centric and inclusive approach to healthcare delivery.

Jordan Health System Profile

The health landscape in Jordan encompasses various entities, including service providers from the public, private, international, and charitable sectors, alongside councils and institutions dedicated to health policy development. Within the public sector, notable entities include the Ministry of Health, the Royal Medical Services, University Hospitals like the University of Jordan Hospital and King Abdullah University Hospital, and the National Center for Diabetes, Endocrinology, and Genetics.

The private sector is represented by private hospitals, diagnostic and therapeutic centers, as well as numerous private clinics.

International and charitable sectors contribute to healthcare through UNRWA clinics for Palestinian refugees, UNHCR, the King Hussein Cancer Center, and clinics operated by charitable associations.

The formulation of overarching health sector policies in Jordan was primarily overseen by the High Health Council which was established under by Law No. 9 of 1999 and currently under revision. Other institutions involved in shaping health policy include the Jordanian Medical Council, the Higher Population Council, the Jordanian Nursing Council, the National Council for Family Affairs, and the Jordan Food and Drug Administration.



Jordan Health Sector

Public Sector

- Ministry of Health (MOH)
- Royal Medical Services (RMS)
- University Hospitals
- Center for Diabetes, Genetics and Endocrinology

Private Sector

- Private Hospitals
- Private Clinics
- Diagnostic and Therapeutic Centers

Charitable Hospitals and Governmental Sector

- UNRWA
- Charitable Hospitals and King Hussein Cancer Center
- NGOs & Charities

Councils and Institutions

- Guilds and Associations
- High Health Council (HHC)
- Jordan Medical Council (JMC)
- Jordan Nursing Council (JNC)
- Jordan Food and Drug Administration (JFDA)
- National Center for Epidemics (JCDC)

Figure 1: The Health Sector in Jordan



Jordan, with a population of 10.3 million⁴, demonstrates a Gross Domestic Product (GDP) of \$45.2 billion in current US dollars. The GDP per capita stands at \$4,403.8, reflecting economic metrics on an individual basis. The national poverty⁵ rate is reported at 15.7%, indicating a socio-economic aspect of the population. In terms of education, primary school enrollment is

noteworthy, accounting for 80.4% of the gross enrollment rate⁶. Furthermore, the life expectancy at birth is recorded at 74.5 years, portraying a key indicator of the overall health and well-being of the population. The following table reflects the main health indicators of Jordan:

Indicator ⁷	
The total fertility rate	2.6
infant mortality rate	14
Child mortality rate under 5 years	15
Maternal Mortality rate ⁸ per 100,000 live birth	33
Age expected at birth	73.3 years
Doctors' ratio / 10,000 individuals ⁹	31.7
Nurse ratio/ 10,000 individuals	37.5
Total hospitals	120
Bed ratio / 10,000 individuals	14
The total hospital beds in the Kingdom	15999
Admission rate / 1,000 individuals	86
Occupancy rate (%)	58.6
The current health spending ratio to GDP (%)	7.07 (year 2019)
Out of pocket expenditure as a percentage of the current health expenditure (CHE) (%)	36.0 (year 2019)
The per capita health expenditure in Dinar	212 (year 2019)

⁴ World Bank. (2021). "Jordan Overview." World Bank. Retrieved from <https://www.worldbank.org/en/country/jordan/overview>

⁵ Most recent value (2017/8).

⁶ WDI for School enrollment (2020)

⁷ Jordan Population and Family Health Survey, DHS, 2023. <https://dhsprogram.com/pubs/pdf/PR151/PR151.pdf>

⁸ Jordan's National Maternal Mortality Report 2022. [https://www.moh.gov.jo/ebv4.0/root_storage/ar/eb_list_page/mmr_2022_july_17_-2024_\(1\).pdf](https://www.moh.gov.jo/ebv4.0/root_storage/ar/eb_list_page/mmr_2022_july_17_-2024_(1).pdf)

⁹ Ministry of Health Annual Report 2022. https://www.moh.gov.jo/ebv4.0/root_storage/ar/eb_list_page/%D8%AA%D9%82%D8%B1%D9%8A%D8%B1_2022-0.pdf

Jordan is dedicated to realizing Universal Health Coverage (UHC) within the framework of the Sustainable Development Goals (SDGs). The country's overarching Economic Modernization Vision 2023-2033 prioritizes the enhancement of public services, particularly emphasizing the quality of health services and the equitable distribution thereof. The Jordan Economic Modernization Vision 2030 places a high priority on enhancing the quality and cost-effectiveness of healthcare services. Focus on quality and patient safety, national patient safety policy.

Consequently, the Ministry of Health's Strategic Plan for 2023-2025 has identified strategic goals, emphasizing the promotion of primary healthcare services and the enhancement of service quality and equity across all levels.



Key challenges and driving forces associated with this objective, as outlined in the Ministry of Health Strategic Plan, included elevated expectations of service recipients, disparities in service quality across different regions, and the need for support for human resources and health centers.

According to the MOH Strategic Plan, the Ministry has implemented various initiatives to provide and enhance primary health care services. These include the provision of family doctors in health centers, capacity-building for staff through diverse training programs (such as continuous professional development, training initiatives, and residency programs), and the restructuring and reinforcement of health centers, especially larger and centrally located ones, through measures such as center mergers. Other initiatives involve promoting community engagement through health committees and maintaining the enforcement of accreditation and quality enhancement standards.



The Patient Safety Friendly Hospital Framework, as endorsed by the World Health Organization (WHO), has been successfully implemented in two public hospitals. There is a strategic plan in place to extend this framework to additional Ministry of Health (MoH) facilities, aiming to enhance patient safety standards across a broader spectrum of healthcare institutions.



Furthermore, under the Health Finance and Governance (HFG) project supported by USAID, the Ministry of Health (MOH) Directorate of Institutional Development and Quality Control established a Hospital Performance Management System in 2018. This system is designed to monitor 30 Key Performance Indicators, encompassing operational, administrative, and clinical metrics. The Ministry of Health is actively engaged in extending the implementation of this approach to primary care centers (PHC). For a detailed list of Hospital Performance Management Indicators. Annex 3.

The MoH in Jordan oversees the regulation of health facilities through the Directorate of Licensing of Health Professionals and Health Institutions. These facilities are obligated to meet specified standards in terms of location, infrastructure, equipment, and human resources. Non-compliance and violations can result in penalties. The inspection criteria are tailored to the type of health facility and the corresponding regulations in place.

In 2007, the Health Care Accreditation Council (HCAC) in Jordan emerged as a nationally responsible entity with a social mission within the healthcare landscape. Boasting over 15 years of operational experience, HCAC has played a pivotal role in the ongoing enhancement of healthcare services, bringing about transformative changes across both primary and tertiary care levels. Through the years, HCAC has evolved, developing 12 sets of accreditation standards and programs. Its impact extends to accrediting more than 250 healthcare institutions, certifying over 160 surveyors, and providing training to over 600 healthcare professionals. Notably, the scope of HCAC's accreditation efforts has broadened to encompass diverse healthcare settings, including Breast Imaging Units, Medical Transportation, Cardiac Care, Diabetes Mellitus, Centers of Excellence in Family Planning and Reproductive Health, Medical Laboratories, Ambulatory Centers, Dental Care, Community Pharmacies, and Blood Banks.

The strategy also entails an expansion of accredited public health facilities, with annual budgets allocated for preparation and accreditation activities.

In 2019 the HIS assessment conducted by WHO¹⁰ emphasized the necessity for Jordan to design, gather, organize, and disseminate quality metrics and national health indicators. Such an initiative would provide a robust platform for healthcare providers and

¹⁰ Comprehensive assessment of Jordan's health information system 2016. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019. Licence: CC BY-NC-SA 3.0 IGO

decision-makers to benchmark their Key Performance Indicators (KPIs) against national, regional, and international benchmarks. Concurrently, within the same year, WHO conducted a situational analysis to scrutinize the existence of a National Quality and Patient Safety Policy & Strategy in Jordan.

Following an extensive desk review of the available policies and procedures within the Ministry of Health (MOH), it has been identified that the absence of a systematic mechanism for collecting standardized information on Adverse events during patient medical encounters within medical care settings in Jordan is notable within the existing policies. Additionally, the lack of a national entity specifically designated to undertake the responsibility of gathering, analyzing, and reporting on Adverse events resulting from specific health services is recognized as a gap in the current policy framework.

According to a study by Alzaatreh et al. (2021)¹¹, the current utilization of Evidence-Based Practice (EBP) and adherence to new practice guidelines in Jordan is constrained. The prevailing issue revolves around the limited application of evidence in a few clinical initiatives and sporadic attempts to disseminate it through educational activities such as lectures, seminars, and journal clubs. Regrettably, a comprehensive policy to systematically integrate recently approved clinical evidence is lacking, thereby impeding the progression of quality care.

Despite individual excellence and commendable performance, the healthcare sector in Jordan faces considerable challenges. It operates without essential elements such as clinical pathways, clinical audits, accountability measures, and the monitoring of critical aspects like health outcomes, quality of life, near misses, medical errors, misdiagnosis, medication errors, hospital infections, and patient experiences. This absence of concrete data conceals the true outcomes, financial costs, humanitarian impacts, and specific areas in need of improvement¹². Efforts to develop clinical practice guidelines, protocols, and pathways in Jordan are underway through various initiatives. However, the process of creating, disseminating, and evaluating the implementation of EBP lacks a well-structured and unified approach.



The utilization of Clinical Decision Support tools, encompassing features like alerts for potential drug contraindications, reminders for preventive care, and guided clinical workflows, is constrained in Jordan. In 2009, the Jordanian government launched the inaugural E-health program, known



as the Hakeem Program, to establish a comprehensive nationwide Electronic Health Record (EHR) database system. While the system does offer alerts for drug duplication, clinical reminders, barcode medication administration, drug-drug interactions, and allergies that enhance patient safety¹³, the full advantages of Health Information Systems (HIS) are realized only when embraced by healthcare providers. However, various factors impede this adoption, including lack of sufficient training, lack of accountability measures, as well as resistance from users and alert fatigue.

Clinical audits and feedback, which encompass reviews of morbidity and mortality, are specifically conducted through the activities of the Jordan Cancer Registry. This registry is hosted at the Cancer Prevention Department within the Non-Communicable Disease Directorate, with the primary objective of providing timely and accurate national cancer incidence data to the public. Additionally, it serves as a valuable resource for clinical and epidemiological research.

A second noteworthy initiative is the Maternal Mortality Audit, established in 2018 as the Jordan Maternal Mortality Surveillance and Response (JMMSR) system. The design of this system aims to eradicate preventable maternal mortalities by collecting and utilizing information on each maternal death to guide public health actions and monitor their impact.

The third initiative, the Jordan Stillbirth and Neonatal Mortality Surveillance (JSANDS) System, functions as a secure online data entry system for collecting, organizing, analyzing, and disseminating data on stillbirths, neonatal deaths, and their causes. Beyond its primary objectives, the system also registers births, providing a denominator for mortality measures. This project was specifically carried out in six hospitals. Presently, USAID is collaborating with the MOH to set up a nationwide perinatal and neonatal surveillance system.

Finally, the fourth initiative pertains to the Jordan Emergency Obstetric and Newborn Care Assessment (EmONC), which was inaugurated for the first time in August 2022 Supported by UNFPA. The primary goal of this assessment was to generate evidence on the current availability, utilization, and quality of EmONC services in the country. Covering a comprehensive array of factors, including infrastructure, equipment, essential drugs, human resources, quality of care, and the referral system, the assessment provides valuable insights into maternal and newborn health services.

¹¹ Integrating evidence-based interventions in clinical settings in Jordan: a policy brief. <https://pubmed.ncbi.nlm.nih.gov/34987770/>

¹² Jordan Strategy Forum. 2021. Healthcare Sector Jordan's Economic Vision Roadmap <https://jsf.org/sites/default/files/Healthcare.pdf>

¹³ Technology and the prevention of medication errors. Electronic Health Solutions. (n.d.). Retrieved March 25, 2023, from <https://ehs.com.jo/publication/technology-and-prevention-medication-errors>

Findings from situational analysis

Derived from a comprehensive approach involving interviews, focus group discussions, workshops with key stakeholders, on-site visits, and a review of available documents, the subsequent list presents findings regarding healthcare quality and patient safety in the

context of Jordan. The findings are categorized at the National, Sub-Sectoral, and Institutional levels to provide a structured overview of the identified insights and observations.



1. The Jordan Economic Modernization Vision 2023-2033 includes among its key priorities the improvements to the quality, accessibility, and affordability of the healthcare system.
2. A national Act was issued in 2016, mandating accreditation for all health facilities within 3 years otherwise the facilities will be closed. Enforcement of the national Act was not activated due to implementation challenges.
3. The Ministry of Health has developed a strategic plan spanning the years 2023 to 2025, which encompasses a focus on the quality of healthcare.
4. Expansion in the accrediting of public health facilities is part of the MoH strategy. Therefore, annual budgets are allocated for preparation and accreditation activities.
5. The Health Care Accreditation Council (HCAC) biennial introduces National Quality and Safety Goals for broad implementation across hospitals and primary healthcare centers, emphasizing widespread and easily adoptable procedures and systems. These goals are designed to prioritize patient safety across all healthcare establishments, regardless of accreditation status or intent, drawing national attention to more effective methods of safeguarding patients. Specifically targeting problematic areas, with a primary focus on hospitals, initiatives include enhancing medication safety and preventing healthcare-associated infections. The overarching aim is to guide hospitals in adopting systems and techniques that foster ongoing improvements in safety throughout patient care experiences. For a more in-depth exploration, please refer to Annex 4.
6. The Ministry has implemented various initiatives to provide and enhance primary health care services. These include:
 - a. Provision of family doctors in health centers
 - b. Capacity-building for staff
 - c. Restructuring and reinforcement of health centers
 - d. Promoting community engagement through health committees
 - e. Maintaining the enforcement of accreditation.
7. New bylaw was endorsed in 2018 by the government that requires all health professionals to renew their licenses once in five years. This law was born in the HC and hosted by it for 46 professions. The "Health Professions Licensing Renewal System No. (46) of 2018" has been published, along with the "Continuing Professional Development Instructions for the Renewal of Health Professions Licensing No. (1) of 2021."
8. Jordan lacks a systematic interoperable mechanism for collecting data and reporting on healthcare quality including Adverse events, necessitating the establishment of an independent program for monitoring, evaluation, and improvement. This program should also serve as a central data hub for national health-related statistics.
9. King Abdullah II Award of Excellence that was initiated in 2002 helped in disseminating quality culture among facilities and staff. It helped MoH and other health sectors to establish a culture of quality development by covering a wide range of quality management dimensions such as leadership and staff development, strategic planning, partnership and resources, and process and services review and development.
10. The WHO and USAID MTaPS (Medicines, Technologies, and Pharmaceutical Services)

encompasses various initiatives that significantly impact patient safety. These initiatives include the enhancement of governance in the pharmaceutical sector, the improvement of governance and organizational capacity for pharmaceutical procurement, and the advancement of pharmaceutical services. The goal is to enhance product availability and ensure patient-centered care, ultimately leading to desired health outcomes. The programs also support the Ministry of Health (MOH) and Royal Medical Services (RMS) in implementing clinical interventions for Antimicrobial Resistance (AMR) in accordance with the National Action Plan on Antimicrobial Resistance (NAP-AMR) within hospitals. Additionally, it focuses on strengthening Infection Prevention and Control (IPC) practices in MOH hospitals and Primary Healthcare (PHC) centers. Another facet of the program involves supporting the MOH in elevating awareness and understanding of AMR as outlined in the NAP-AMR. MTaPS implements two accredited programs that certify IPC focal points nationwide as healthcare infection preventionists. Furthermore, MTaPS, in collaboration with the Epidemic Administration, conducted a national IPC assessment for public and private dental clinics to enhance and standardize IPC practices

11. HSQA\USAID recently worked to implement some elements of quality governance in 150 selected facilities under the supervision of the Directorate of Institutional Development and Quality Control. Below are some brief results:

- Foster frontline innovation on RMNCH service quality: In its first two years, HSQA introduced the innovative Point-of-Care Quality Improvement (POCQI) model in 150 facilities in Jordan to support improved care provision and experience of care at health facilities. The POCQI model engages doctors, nurses, midwives, and ancillary staff in quality improvement, resulting in incremental quality improvements using available resources.
- Strengthen systems and structures of Quality Improvement: To support and institutionalize this facility-based QI approach, Quality Councils (QCs) at the HD level are set to support POCQI initiatives in health centers. They will monitor and coach QAPS teams to ensure effective improvements in RMNCH services. The HD QCs will also promote cross-learning among HCs through QAPS collaboratives.
- Team coaching to support improvement: Teams were trained in using the POCQI model to improve RMNCH service quality. 100 QI coaches support the teams to identify gaps, analyze root causes, and implement solutions using local data. The coaches are trained in QI

methodologies, tools, the POCQI approach, and effective coaching techniques to help teams overcome challenges and sustain successful initiatives.

- Celebrating achievements and sharing success stories with over 300 POCQI initiatives effectively implemented by QAPS teams by the end of 2023. The success of public sector teams inspired private sector hospitals to demand POCQI training, highlighting the model's scalability and impact. Also, the first QAPS-Talks event organized by the Activity facilitated knowledge sharing and MOH ownership to continuous QI and promoted a culture of ongoing Quality Improvement.

12. The National Women's Health Care Center (NWHCC), in collaboration with HCAC and supported by UNFPA, has been instrumental in launching the Women-Friendly Health Centers (WFHC) program in Jordan, which prioritizes patient safety in accordance with WHO guidelines. This program ensures patient safety through several key strategies: infection prevention and control qualifications are emphasized to reduce the risk of healthcare-associated infections; quality of care is maintained through the development and adherence to Standard Operating Procedures (SOPs) and clinical audit pathways; and a patient-centered approach is adopted to ensure that healthcare services are respectful of and responsive to individual patient needs and preferences. Furthermore, the program strongly upholds patients' rights, ensuring that all women receive care that is safe, effective, and aligned with international patient safety standards. This commitment to patient safety has been successfully implemented across 70 health centers throughout the kingdom, with plans to expand to all primary health clinics, ensuring that women throughout Jordan have access to the highest standards of maternal and SRH care.

13. Amended Bylaw for Private Hospitals No. (63) of 2022 in Jordan includes a provision that grants accredited hospitals a 25% discount on certain fees. This discount is an incentive for hospitals to obtain and maintain accreditation from recognized healthcare accreditation bodies.

14. The Patient Protection Coalition in Jordan is an alliance focused on advocating for patients' rights and ensuring high-quality healthcare services across the country. Established in 2011, the coalition is comprised of various organizations, including charities for diabetic patients and other health advocacy groups. It aims to protect patient rights by improving healthcare services, enhancing accountability, and ensuring access to necessary treatments, particularly in public healthcare facilities.



Institutional Level

1. Quality and patient safety policies and plans were identified during visits to the facilities. The majority align with the standards mandated by accreditation, and these documents incorporate follow-up and monitoring measures. Nevertheless, certain facilities lack such documentation.
2. The adoption of national and international accreditation HCAC, JCI, ISO standards, HACCP, and CAPS within certain organization.
3. Electronic Medical Records "Hakeem" system is utilized in the public hospitals and medical centers. However, Hakeem data is centralized and data extractability and processing is limited. Therefore, the facility has no access to statistics related to the quality of services provided.
4. The private healthcare facilities are not covered by Hakeem as some of them adopted different health information systems in their facilities. therefore, there are no unified medical records for patients across their care transition within the different sectors.
5. Some organizations demonstrate leadership support, as reported by those interviewed and observed during site visits to healthcare facilities.
6. Insufficient resources hinder quality and patient safety initiatives, making training infeasible. The shortage of human resources challenges managers in releasing staff for these activities and training, further compounded by excessive workloads in certain units.
7. There is no reward system for institutions/facilities engaged in quality and patient safety activities, including accreditation. This applies to those enrolled in the accreditation program offered by HCAC and others. Many leaders interviewed have raised this issue, which is considered one of the major obstacles to maintaining quality and patient safety activities, including accreditation.
8. The structure of quality and patient safety varies across institutions and facilities, lacking a standardized framework. In certain establishments, the quality and patient safety structure are incorporated as a department or unit directly supervised by the top leader. Conversely, in other institutions, this structure may exist but falls under the third level of supervision. Additionally, some facilities feature a committee or team overseeing quality and patient safety activities, maintaining a direct link with the top leader.



Quality and Patient Safety Challenges in Jordan



1. Overall, national and institutional leaders support quality and patient safety, but some lack full awareness and skills. Leaders also face challenges due to lack of resources, which makes decision-making regarding quality and patient safety a low priority, leading to delays in implementation and weak motivation among staff.
2. The absence of a National Level body for overseeing, regulating, and monitoring quality and patient safety practices poses a significant challenge to the health sector in Jordan. A centralized and comprehensive regulatory mechanism is essential for establishing standardized guidelines, ensuring compliance with best practices, and consistently monitoring the quality of healthcare services across the nation. Without such a mechanism, there is a risk of inconsistencies and variations in the implementation of quality and patient safety standards, potentially compromising the overall effectiveness and uniformity of healthcare delivery. A dedicated national-level entity/mechanism would play a pivotal role in fostering a culture of continuous improvement, addressing systemic issues, and providing a unified framework to elevate the quality of care throughout the healthcare system in Jordan.
3. Public reporting and comparative benchmarking in Jordan encounter significant challenges.
4. The absence of standardized data sets and indicators impedes uniformity for meaningful comparisons, compounded by poor data quality and inadequate documentation.
5. The fragmented nature of Health Information Management Systems (HIMS) complicates integration and accessibility across healthcare. Limited data utilization in planning and decision-making hampers evidence-based strategies. Moreover, the lack of an official independent mechanism overseeing national health indicators exacerbates challenges, creating a notable gap in the foundation essential for comprehensive reporting and benchmarking.
6. The inspection of institutions for minimum safety standards in Jordan faces challenges stemming from the sheer volume of facilities and the health directorate's limited capacity. Many facilities violate licensing requirements without facing penalties due to constraints in consistently inspecting and overseeing them, given the limited number of inspectors and resources. Compounding the issue, laws regarding facility licensing and inspection requirements exclusively apply to private facilities, rendering many public health facilities unaccountable as they often do not implement the stipulated requirements.
7. Challenges in Adverse event reporting in Jordan stem from the absence of a systematic mechanism to collect standardized information on events in medical care settings. Additionally, there is no designated national body responsible for collecting, analyzing, and reporting on Adverse events.
8. In Jordan, challenges related to clinical standards, pathways, and evidence-based protocols (EBP) encompass minimal utilization and the absence of a cohesive national development strategy. The implementation of EBP lacks monitoring, and there is a lack of measurement for healthcare outcomes.
9. Challenges associated with clinical audits, feedback, and morbidity and mortality reviews include a lack of integration between various surveillance systems. The auditing and feedback processes are centralized at the Ministry of Health (MoH) level, excluding health facilities from direct involvement. Poor documentation practices and the absence of a unified data set present challenges in collecting accurate data. Despite the collection of mortality and morbidity data, limited actions are taken for improvement.
10. The presence of limited budgets poses constraints on quality improvement initiatives.
11. The difficulty lies in defining and enforcing accountability across the healthcare system.
12. Overcoming resistance to change and navigating complex regulatory processes are impediments to the development of the Jordan National Quality and Patient Safety Policy & Strategy.



Institutional Level

Facilities face challenges in establishing a comprehensive and standardized approach to Adverse events reporting.

1. Hospitals and Healthcare facilities especially in the private sector faces challenges in meeting the accreditation mandates set by the national Act of 2016.
2. There is minimal utilization of clinical guidelines and pathways, reflecting the absence of a cohesive national development strategy at the institutional level.
3. The lack of monitoring and measurement for healthcare outcomes within these facilities further hinders the effective implementation of evidence-based strategies, contributing to a gap in achieving optimal healthcare quality
4. Challenges in clinical audits, feedback, and morbidity and mortality reviews at individual healthcare institutions. The lack of integration between various surveillance systems limits the effectiveness of these processes.
5. There is a need for resources re-allocation and setting budget plans to avoid financial waste.
6. lack of awareness of quality involves and what it is on multiple levels, not just managerial but also lower-level staff and publicly.





JNQPS Priority Areas

The imperative endeavor to enhance quality and ensure patient safety in Jordan requires a comprehensive exploration of the key focus areas that warrant strategic attention. In the context of the nation's healthcare landscape, identifying and addressing these priority domains is essential for fostering a robust and secure environment for patient care. This discourse aims to shed light on the critical aspects that will shape the trajectory of healthcare quality improvement initiatives in Jordan, emphasizing the significance of a targeted approach in these key focus areas. By delving into these strategic points, we aim to establish a foundation for informed dialogue and collaborative efforts aimed at advancing the overall quality and safety of healthcare services in the country.

Key Focus Areas for Enhancing Quality and Ensuring Patient Safety in Jordan.

1. Governance and Accountability
2. Data Standardization and Integration
3. Workforce Training and Retention
4. Adverse Event Reporting Framework
5. Quality and Safety practices and Standards Including Accreditation standards, Clinical Audits and Evidence-Based Practice
6. Quality Outcome Measurement and Benchmarking
7. Patient and Community Engagement



Governance and Accountability

Create a national quality and patient safety mechanism to oversee and coordinate quality and patient safety initiatives, ensuring a unified and strategic approach to policy implementation, and developing national quality and patient safety accountability measures.



Data Standardization and Integration

Establish standardized data sets and enhance the integration of Health Information Management Systems (HIMS) at both national and institutional levels, fostering a unified approach for improved data quality and accessibility.



Workforce Training and Retention

Focus on training programs and initiatives to enhance the skills and knowledge of healthcare professionals, coupled with strategies to retain a skilled healthcare workforce, thereby contributing to improved patient care and safety, this might include establishing a mandatory national quality and patient safety qualification and certification for health practitioners, incorporate the WHO Patients' Safety Curriculum Guide. Additionally, introductory topics on the Health Care Accreditation Council (HCAC) should be included to equip future professionals with a comprehensive understanding of this national accreditation system.



Adverse Event Reporting Framework

Develop a systematic mechanism for Adverse event reporting, including the establishment of a designated national mechanism for collecting, analyzing, and reporting on incidence events, fostering a culture of transparency and accountability.



Quality and Safety practices and Standards Including Accreditation standards, Clinical Audits and Evidence-Based Practice

The use accreditation as a driving force for better quality and patient safety by activating mandatory regulations using a stepwise approach. The setting of high standards for clinical performance and patient safety, which are regularly measured and enforced through systematic clinical audits. These audits assess compliance with established protocols and guidelines, identify areas for improvement, and ensure that interventions and treatments are both effective and safe. The incorporation of evidence-based practice means that all healthcare decisions and procedures are grounded in the latest and most solid research, ensuring that patients receive the most effective treatments known to science. This approach not only enhances patient care but also fosters a culture of continuous learning and improvement among healthcare professionals.



Quality Outcome Measurement and Benchmarking

Introduce robust systems for measuring healthcare outcomes, including the establishment of indicators for quality of care, patient safety, and clinical outcomes. Implement mechanisms for routine monitoring and evaluation at both institutional and national levels. Strengthen public reporting and comparative benchmarking efforts by addressing challenges related to standardized data sets, data quality, and documentation. Establish a mechanism to oversee national health indicators and bridge the gap in reporting and benchmarking foundations.



Patient and Community Engagement

Prioritize patient and community engagement initiatives, fostering collaboration and communication between healthcare providers and the community. Develop mechanisms for obtaining patient feedback and involving communities in decision-making processes related to healthcare quality and safety.

Rationale for the JNQPS Policy & Strategy

The Jordan National Quality and Patient Safety Policy & Strategy envisions a credible healthcare system where patient safety is paramount, quality of care is continuously enhanced, and health outcomes are consistently improved across all communities. JNQPS strives to cultivate a culture of excellence, transparency, and accountability, where best practices in healthcare are not only developed but are universally accessible and implemented, leading to a healthier, safer, and more equitable society.

The rationale for the JNQPS Policy & Strategy is to establish a unified framework that ensures the delivery of safe, effective, and high-quality healthcare across the country. This strategy seeks to harmonize these standards, reducing disparities and ensuring that the population of Jordan receives consistent and equitable care, regardless of where they live or which healthcare provider they visit. By implementing this strategy, Jordan aims to minimize medical errors, preventable harm, and healthcare-associated infections, ultimately improving patient outcomes and enhancing public trust in the healthcare system.

The JNQPS Policy & Strategy is also vital for aligning Jordan's healthcare system with international

best practices, which is essential for maintaining and improving the quality of care in a rapidly changing global healthcare environment. Additionally, the JNQPS Policy & Strategy addresses the economic burden associated with poor-quality care by reducing unnecessary costs related to adverse events, hospital readmissions, and extended stays.

Furthermore, the JNQPS Policy & Strategy plays a crucial role in unifying the concept and practice of quality, fostering a culture of continuous improvement and accountability within the healthcare system. It encourages transparency and the use of data-driven decision-making to identify areas for improvement and track progress over time. This strategy is particularly important as Jordan continues to face challenges related to population growth, hosting of refugees from Neighbouring countries, and the need for efficient resource allocation. By prioritizing quality and safety across the health sector, Jordan can strengthen its healthcare system, ensuring it remains resilient, responsive, and capable of meeting the needs of its population now and in the future.



Guiding Principles

Creating a comprehensive National Quality and Patient Safety Policy & Strategy for Jordan involves synthesizing various principles to ensure effectiveness and relevance to the country's healthcare landscape and following a holistic approach that aligns with broader healthcare and development agendas. The following are the guiding principles for the Jordan National Quality and Patient Safety Policy and Strategy:

1. UHC as a Foundation

Embed UHC principles into quality and patient safety initiatives to ensure that all individuals and communities have access to essential healthcare services without financial hardship. Prioritize equity, affordability, and inclusivity in service delivery.

2. SDGs Alignment

Align quality and patient safety strategies with relevant SDGs, particularly Goal 3 (Good Health and Well-being) and Goal 10 (Reduced Inequalities). Focus on improving health outcomes, reducing disparities, and promoting well-being for all, in line with Jordan's commitment to the 2030 Agenda.

3. The Global Patient Safety Action Plan 2021-2030

launched by the World Health Organization (WHO), aims to achieve the vision of "a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere." This comprehensive plan outlines strategic goals and actions to enhance patient safety globally by addressing systemic issues, improving healthcare practices, and fostering a culture of safety within healthcare systems. Key objectives include establishing strong leadership and governance, improving safety practices through evidence-based guidelines, and engaging patients and families as active partners in their care. The plan also emphasizes the importance of workforce education and training, leveraging technology to enhance safety, and ensuring continuous learning and improvement. By 2030, the initiative aims to significantly reduce avoidable harm in healthcare settings, thereby improving overall health outcomes and ensuring safer healthcare environments worldwide.

4. Economic Modernization Vision 2023-2033

Incorporate the objectives and priorities of Jordan's National Economic Modernization Vision into quality and patient safety strategies, emphasizing the role of healthcare in driving economic growth, innovation, and productivity.

5. MOH Strategy 2023-2025

The Jordan Ministry of Health (MOH) strategy serves as a foundational guiding principle for developing the Jordan National Quality and Patient Safety Strategy, emphasizing the importance of people-centered care, continuous quality improvement, and patient safety. Additionally, the strategy prioritizes workforce development, strong leadership and governance, adequate resource allocation, community engagement, and rigorous measurement and evaluation. These elements collectively aim to enhance healthcare services, ensuring they are safe, effective, and responsive to the needs of the population, ultimately improving overall health outcomes in Jordan.

6. Natural Disaster Risk Reduction Strategy 2023-2033

This strategy is considered a roadmap for obtaining a shared understanding of prevailing disaster risks and assessing the current Disaster Risk Reduction DRR system and its capacity for achieving DRR objectives. These objectives are determined by the National Centre for Security, Management and Crises (NCSMC), as the holder of authority to coordinate national efforts in this area, with the support of national consultations of all relevant national institutions and entities.

7. Legal Compliance and Regulatory Adherence

Ensure adherence to national laws, regulations, and quality standards governing healthcare delivery, patient rights, public health, and medical liability. Align quality improvement initiatives with legal frameworks to promote patient safety, accountability, and quality of care.

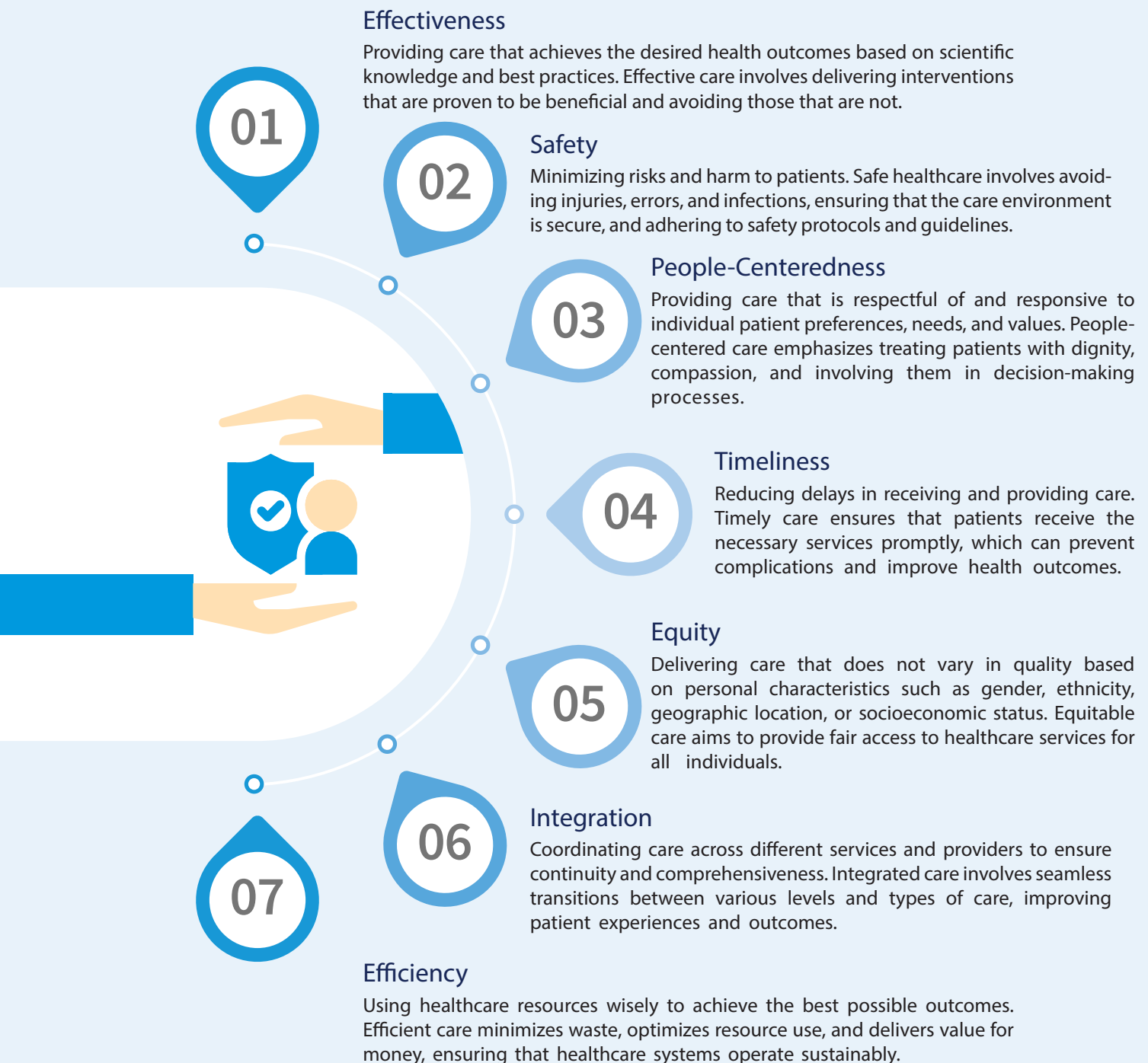
8. Evidence-Based Practice

Base quality and patient safety policies on robust evidence, data, and research findings. Utilize health information systems, epidemiological data, and clinical research to inform decision-making, monitor performance, and evaluate the impact of interventions.

These principles will serve as a foundation for developing a comprehensive and sustainable national strategy for improving quality and patient safety in Jordan's healthcare system.

Dimensions of Quality and Patient Safety

The World Health Organization (WHO) defines quality healthcare based on several key dimensions. These dimensions provide a framework for assessing and improving healthcare services to ensure they meet the highest standards of care. The WHO's dimensions of quality include:



These dimensions form the basis of WHO's approach to evaluating and improving healthcare quality globally. They emphasize the importance of delivering high-quality, safe, equitable, and People-centered care to enhance health outcomes and patient satisfaction.

Part I

Jordan National Quality and Patient Safety Policy

JNQPS policy

The Jordan National Quality and Patient Safety Policy aims to enhance the quality and safety of healthcare services across the country. This policy outlines the principles, standards, and practices that healthcare providers and organizations must adhere to in order to ensure the highest standards of care. It emphasizes a people-centered approach, continuous improvement, and equitable access to healthcare services.

National definition of Quality and Patient Safety

Quality in Healthcare

Providing evidence-based health care according to the national standards of practice to meet individuals and populations needs, improve health outcomes, and contribute to achieving universal health coverage.



Patient Safety

Patient safety is defined as “the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.” Within the broader health system context, it is “a framework of organized activities that creates cultures, processes, procedures, behaviors, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce impact of harm when it does occur.” (WHO)¹⁴



¹⁴ <https://www.who.int/news-room/fact-sheets/detail/patient-safety>

JNQPS Practice standards

The national practice standards for the Jordan National Quality and Patient Safety Policy involves creating clear, evidence-based guidelines and protocols that ensure high-quality and safe healthcare delivery. These standards should be comprehensive, actionable, and adaptable to different healthcare settings across the country. Here are key components to consider for national practice standards:



1

Clinical Practice Standards

Evidence-Based Practice:

- Implement care protocols and guidelines based on the latest scientific evidence.
- Regular updates to clinical guidelines based on new research and clinical outcomes.
- Ensure all healthcare providers are trained and knowledgeable about current evidence-based practices.

Standardized Protocols:

- Implement standardized protocols for common procedures and treatments.
- Ensure protocols are accessible to all healthcare providers.

Patient Assessment and Diagnosis:

- Conduct comprehensive and timely patient assessments.
- Utilize standardized diagnostic tools and procedures.
- Ensure accurate and timely documentation of patient information.

Treatment and Care Planning:

- Develop individualized care plans that address the specific needs and preferences of each patient.
- Involve patients and their families in care planning and decision-making processes.
- Regularly review and update care plans based on patient progress and changing needs.

Continuity of Care:

- Establish processes to ensure smooth transitions between different levels of care (e.g., primary to secondary care).
- Utilize electronic health records to maintain comprehensive patient histories.



2

Patient Safety Practice Standards

Safety Culture:

- Promote a culture of safety where healthcare providers are encouraged to report errors and near misses without fear of retribution.
- Conduct regular training on patient safety principles.
- Implement continuous learning and improvement processes based on safety data.

Risk Management:

- Implement systems for identifying, analyzing, and mitigating risks.
- Regularly review and update safety protocols based on incident reports and safety audits.

Infection Control:

- Enforce strict infection control practices, including hand hygiene, sterilization, and isolation procedures.
- Conduct regular infection control audits and provide feedback to healthcare teams.

Medication Safety:

- Implement robust medication management systems to prevent errors.
- Ensure accurate medication reconciliation at all points of care.
- Educate patients about their medications, including potential side effects and interactions.



3

Environmental Safety Practice Standards

Hazard Identification and

Mitigation:

- Regularly inspect and assess the healthcare environment to identify potential hazards.
- Implement corrective measures promptly to mitigate identified risks.

Infection Control:

- Adhere to strict hand hygiene protocols.
- Use personal protective equipment (PPE) appropriately.
- Ensure proper cleaning and disinfection of surfaces and equipment.
- Follow guidelines for the safe handling and disposal of biohazardous waste.

Chemical Safety:

- Maintain an updated inventory of all chemicals.
- Ensure proper labeling and storage of hazardous materials.
- Train staff on the safe handling and disposal of chemicals.
- Have material safety data sheets (MSDS) readily available.

Radiation Safety:

- Implement safety protocols for the use of radiologic equipment.
- Ensure appropriate shielding and protective measures are in place.
- Regularly calibrate and maintain radiologic equipment.
- Train staff on radiation safety practices.

Fire Safety:

- Conduct regular fire drills and staff training on fire response procedures.
- Ensure fire alarms, extinguishers, and suppression systems are operational.
- Maintain clear and accessible evacuation routes.

Facility Maintenance:

- Schedule regular inspections and maintenance of building systems (HVAC, electrical, plumbing).
- Ensure timely repairs of any identified issues.
- Maintain a clean and clutter-free environment.



4

Surgical Safety Practice Standards

Preoperative Assessment:

- Conduct comprehensive preoperative evaluations, including medical history and current health status.
- Assess patient risks and plan for any necessary precautions.

Sterilization and Asepsis:

- Ensure all surgical instruments and environments are sterilized before procedures.
- Adhere to aseptic techniques to prevent contamination.

Surgical Checklists:

- Implement the use of standardized surgical checklists to verify patient identity, procedure, and surgical site.
- Confirm the availability of necessary equipment and supplies before surgery.

Team Communication:

- Promote open and effective communication among the surgical team.
- Conduct preoperative briefings and postoperative debriefings to ensure clarity and address any concerns.

Anesthesia Safety:

- Follow protocols for the safe administration of anesthesia.
- Monitor patients continuously during surgery to manage anesthesia effectively.
- Have emergency protocols in place for anesthesia-related complications.

Postoperative Care:

- Provide vigilant postoperative monitoring to detect and address complications early.
- Educate patients and caregivers on postoperative care and signs of potential issues.

Error Prevention:

- Implement strategies to prevent surgical errors, such as wrong-site surgery or retained surgical instruments.
- Use technologies like barcoding and surgical sponges with embedded tracking systems to enhance safety.



5

Equity and Access Practice Standards

Cultural Competence:

- Train healthcare providers in cultural competence to provide respectful and effective care to diverse populations.
- Develop care practices that are sensitive to cultural, linguistic, and social needs of patients.
- Use interpreters and culturally appropriate educational materials as needed.

Equitable Care:

- Ensure all individuals have access to the same high-quality care, regardless of their background or circumstances.
- Identify and address barriers to care for marginalized and underserved populations.
- Monitor and work to reduce health disparities across different population groups.



6

People-Centered Care Practice Standards

Patient and Family Engagement:

- Encourage patient and family involvement in care planning and decision-making.
- Provide clear, understandable information about diagnoses, treatments, and care plans.
- Encourage feedback from patients and families to improve care quality.

Respect and Dignity:

- Ensure that all interactions with patients are respectful and considerate of their values and preferences.
- Train healthcare providers in communication skills and cultural competence.

Access and Equity:

- Ensure equitable access to healthcare services for all population groups.
- Implement policies to address barriers to care, such as financial, geographic, and cultural barriers.



7

Timeliness Practice Standards

Wait Times:

- Set benchmarks for acceptable wait times for various types of care.
- Monitor and report on wait times, and implement strategies to reduce delays.

Rapid Response:

- Develop rapid response protocols for urgent and emergency situations.
- Ensure all healthcare facilities are equipped and staffed to handle emergencies promptly.



8

Efficiency Practice Standards

Resource Utilization:

- Promote the efficient use of healthcare resources, avoiding unnecessary tests and treatments.
- Implement cost-effective practices without compromising the quality of care.

Performance Measurement:

- Establish key performance indicators (KPIs) to measure the efficiency and effectiveness of healthcare services.
- Regularly collect and analyze data on healthcare outcomes, patient satisfaction, and safety incidents.
- Use data to identify areas for improvement and track progress over time.



9

Continuous Improvement Practice Standards

Quality Improvement Programs:

- Develop and implement continuous quality improvement (CQI) programs at all healthcare facilities.
- Use data from patient outcomes, satisfaction surveys, and safety reports to drive improvements.

Training and Education:

- Provide ongoing education and training for healthcare providers on quality improvement and patient safety.

- Encourage participation in professional development opportunities and conferences.

Innovation:

- Foster a culture of innovation where new ideas and technologies are tested and implemented.
- Support research and development initiatives focused on improving healthcare quality and safety.



10

Accountability Practice Standards

Transparent Reporting:

- Establish systems for transparent reporting of healthcare outcomes, patient satisfaction, and safety incidents.
- Publicly share performance data to build trust and accountability.

Regulatory Compliance:

- Ensure all healthcare providers and facilities comply with national and international healthcare regulations and standards.
- Conduct regular inspections and audits to enforce compliance.



11

Stakeholder Engagement Practice Standards

Collaboration:

- Promote collaboration between healthcare providers, patients, policy-makers, and other stakeholders.
- Engage in regular dialogues to identify and address healthcare challenges.

Community Involvement:

- Involve communities in health-care planning and decision-making processes.
- Provide platforms for community feedback and participation in health initiatives.

By implementing these practice standards, Jordan can establish a robust framework for delivering high-quality, safe, and people-centered healthcare across the country. These standards will help to ensure consistency, accountability, and continuous improvement in the national healthcare system.

Part II

Jordan National Quality and Patient Safety Strategy

JNQPS Vision

“

Excellence in healthcare through quality, safety and people centered practices.



Values

People Centered:

a healthcare approach that respects and responds to the preferences, needs, and values of patients. It emphasizes the importance of building a partnership between patients, their families, and healthcare providers, ensuring that patients and their families are active participants in their own care. This approach focuses on the whole person, considering their cultural, physical, emotional, social, and spiritual needs.

Transparency:

involves the open and honest communication of information related to healthcare practices, decisions, and outcomes. This value ensures that patients, families, healthcare providers, and stakeholders have access to clear, accurate, and timely information, fostering trust and promoting accountability within the healthcare system.

Collaboration and Engagement:

emphasizes the importance of teamwork, partnership, and shared responsibility among healthcare providers, organizations, patients, and other stakeholders. This value fosters a cooperative environment where diverse perspectives and expertise are leveraged to improve the quality and safety of healthcare delivery.

Learning and Innovation:

emphasizes the continuous pursuit of knowledge, the application of new ideas, and the adoption of best practices to improve healthcare quality and patient safety. This value fosters a culture of ongoing improvement, adaptability, and proactive problem-solving within the healthcare system.

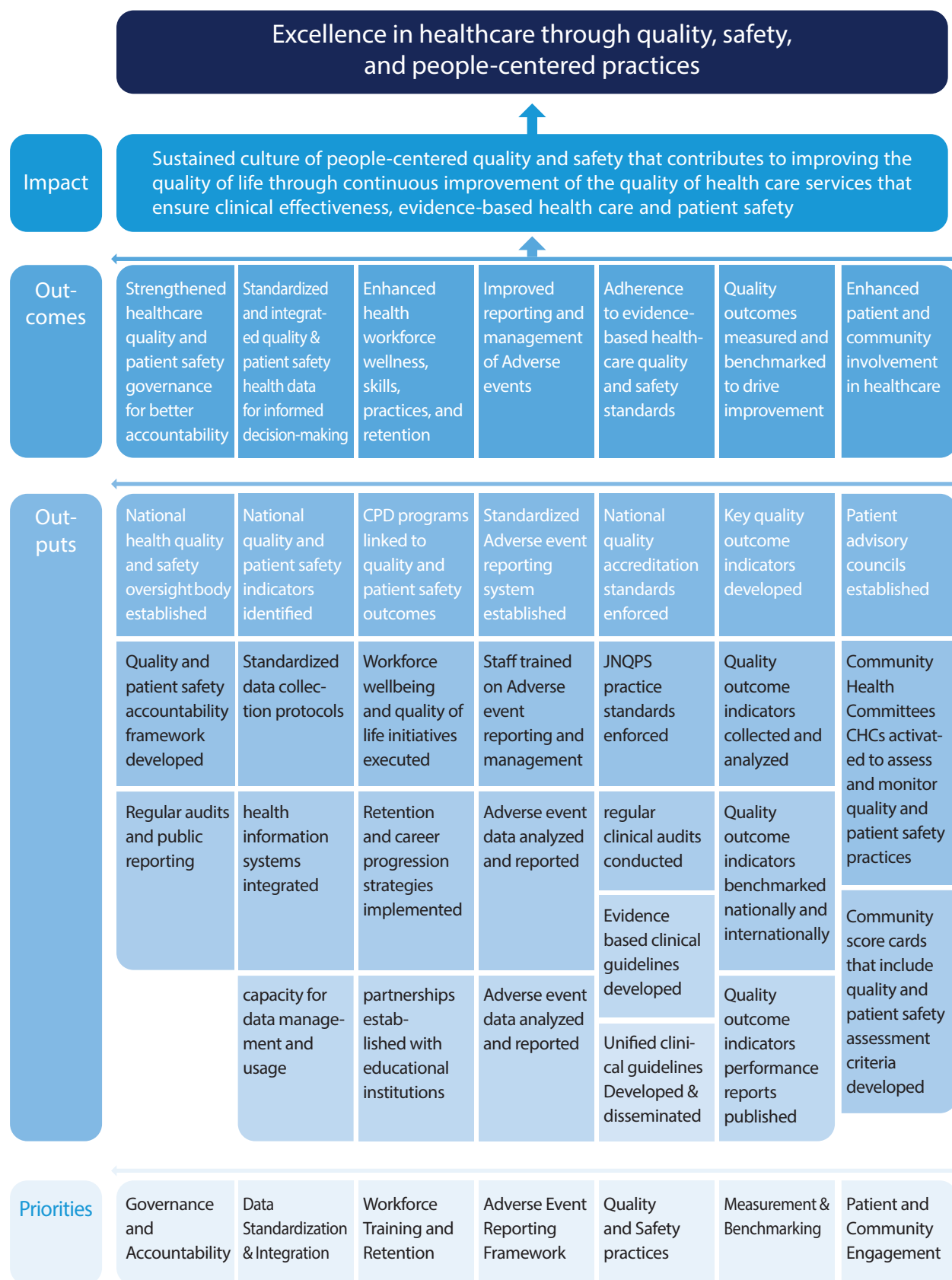
Equity:

emphasizes the fair and just provision of quality and safe healthcare services to all individuals, regardless of their background, socioeconomic status, geographic location, or other personal characteristics. This value ensures that everyone has access to the same high standards of care and opportunities for optimal health.

Sustainability:

the commitment to ensuring that healthcare practices, policies, and services are maintained and continuously improved over the long term. This involves addressing environmental sustainability issues and balancing the present healthcare needs with the future capabilities to meet those needs, ensuring that resources are used efficiently, responsibly, and equitably.

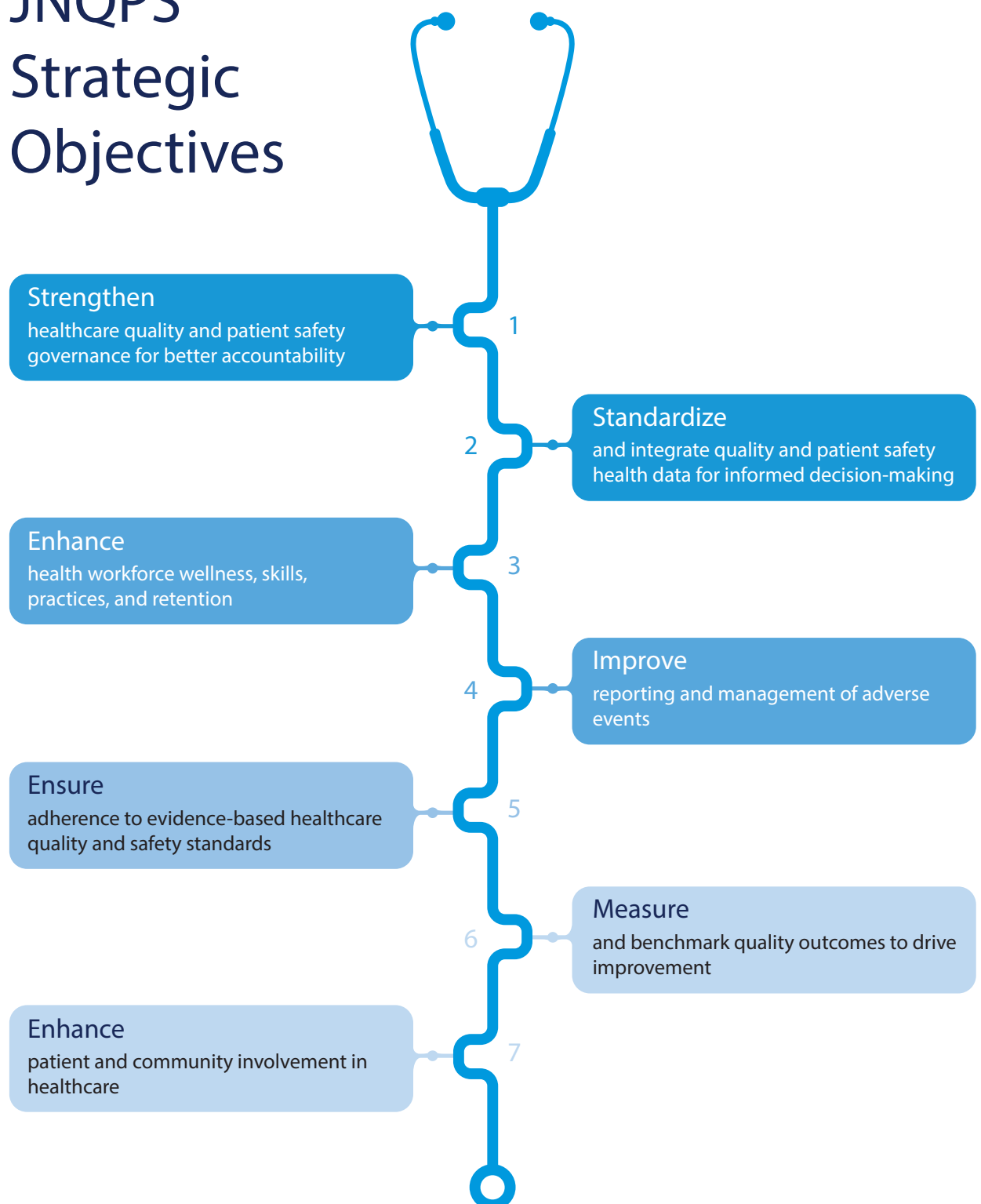
JNQPS Strategic Map



JNQPS Overall goal

Promote a culture of people-centered quality and safety that contributes to improving the quality of life through continuous improvement of the quality of health care services that ensure clinical effectiveness, evidence-based health care and patient safety.

JNQPS Strategic Objectives



JNQPS Intervention Matrix

JNQPS Priority area	Strategic Objective	Key Interventions (National Level)	Responsibility Key stakeholders	Timeframe
1. Governance and Accountability	Strengthen healthcare governance for better accountability	establish a national health quality and safety committee.	MOH	2025
		Develop a transparent quality and patient safety accountability framework	national health quality and safety committee	2025-2026
		Conduct regular audits and public reporting	national health quality and safety committee	2025-2030
2. Data Standardization and Integration	Standardize and integrate health data for informed decision-making	Identify national health-care quality and patient safety indicators	national health quality and safety committee	2025-2026
		Develop standardized data collection protocols	national health quality and safety committee	2026-2027
		Integrate health information systems across facilities to collect quality and patient safety indicators	national health quality and safety committee	2025-2030
		Build the capacity for data management and usage	MOH, national health quality and safety committee	2025-2030
3. Workforce Training and Retention	Enhance health workforce wellness, skills, practices, and retention	Link continuous professional development programs to quality and patient safety outcomes	national health quality and safety committee,	2025-2030
		Design and implement initiatives to enhance workforce wellbeing and quality of life	All stakeholders	2025-2030
		Implement retention strategies and career progression	All stakeholders	2025-2030
		Foster partnerships with educational institutions	All stakeholders	2025-2030
4. Adverse Event Reporting Framework	Improve reporting and management of Adverse events	Develop a standardized Adverse event reporting system	national health quality and safety committee,	2026-2030
		Train staff on Adverse event reporting and management	All stakeholders	2026
		Analyze and publicly report Adverse event data		

JNQPS Priority area	Strategic Objective	Key Interventions (National Level)	Responsibility Key stakeholders	Timeframe
5. Quality and Safety Standards Including Clinical Audits and Evidence-Based Practice	Ensure adherence to evidence-based quality and safety standards	Enforce national quality accreditation standards using a stepwise approach	All stakeholders	2025-2030
		Enforce institutional adherence to the JNQPS practice standards.	national health quality and safety committee,	2025-2030
		Conduct regular clinical audits to ensure adherence	HCAC, MOH	2025-2030
		Implement feedback mechanisms for corrective actions	national health quality and safety committee, MOH	2025-2030
		Develop and disseminate clinical guidelines based on evidence	MOH, national health quality and safety committee,	2025-2030
		Train healthcare providers on evidence-based practices	All stakeholders	2025-2030
		Monitor and evaluate adherence to evidence-based practices	national health quality and safety committee	2025-2030
6. Quality Outcome Measurement and Benchmarking	Measure and benchmark quality outcomes to drive improvement	Develop key quality outcome indicators	national health quality and safety committee	2025-2026
		Collect and analyze quality outcome indicators	national health quality and safety committee & MOH	2025-2030
		Benchmark performance nationally and internationally	national health quality and safety committee & MOH	2025-2030
		Regularly publish performance reports	national health quality and safety committee & MOH	2025-2030
7. Patient and Community Engagement	Enhance patient and community involvement in healthcare	Establish patient advisory councils	national health quality and safety committee & MOH, PPC	2025-2030
		Activate the Community engagement committees (CHCs and Healthy Village committees) to assess and monitor quality and patient safety practices	MOH	2025-2030
		Develop community score cards that include quality and patient safety assessment criteria	national health quality and safety committee & MOH, HCAC	2025-2030

JNQPS Monitoring and Evaluation Framework

JNQPS Priority area	Strategic Objective	Key Interventions	Process Indicators	Output Indicators	Outcome indicators	Impact indicators
1. Governance and Accountability	Strengthen healthcare governance for better accountability	establish a national health quality and safety oversight committee	oversight committee TOR developed	national health quality and safety committee	Patient Satisfaction	Mortality Rate
					Readmission Rates	MMR
		Develop a transparent quality and patient safety accountability framework	Framework development and approval	Number of institutions adopting the framework	Average Length of Stay (ALOS)	NCD mortality
		Conduct regular audits and public reporting	Audit schedules and execution	Number of audits conducted	Hospital-Acquired Infections (HAIs)	life expectancy
2. Data Standardization and Integration	Standardize and integrate health data for informed decision-making				Medication Errors	infant mortality rate
					Surgical Site Infections (SSI)	prevalence of chronic diseases.
					Fall rate	UHC
					Adverse Event Rate	
					Staff Retention Rate	
		Identify national healthcare quality and patient safety indicators	Technical committee established to Identify national quality and patient safety indicators	National healthcare quality and patient safety indicators identified	Adverse Drug Events (ADEs)	
		Develop standardized data collection protocols	Technical committee established to Develop standardized data collection protocols	data collection protocols developed	catheter-associated urinary tract infections (CAUTI)	
				Percentage of facilities using standardized data protocols	central line-associated bloodstream infections (CLABSI)	
					VAP	
		Integrate health information systems across facilities	Integration planning and execution	% health information system integration		
		Conduct training on data management and usage	Training sessions planned and delivered	Number of staff trained in data management		

JNQPS Priority area	Strategic Objective	Key Interventions	Process Indicators	Output Indicators	Outcome indicators	Impact indicators
3. Workforce Training and Retention	Enhance health workforce wellness, skills, practices, and retention	Link continuous professional development programs to quality and patient safety outcomes	Program development and approval	Number of professional development programs conducted Participation rate in professional development programs	Patient Satisfaction Readmission Rates Average Length of Stay (ALOS) Hospital-Acquired Infections (HAIs) Medication Errors Surgical Site Infections (SSI)	Mortality Rate MMR NCD mortality life expectancy infant mortality rate prevalence of chronic diseases. UHC
		Implement retention strategies like competitive salaries and career progression	Incentive structure development	% entities implementing Incentive structures Staff satisfaction and engagement scores		
		Design and implement initiatives to enhance workforce wellbeing and quality of life	institutions and facilities plan initiatives to enhance workforce wellbeing and quality of life	% of facilities planned and implemented initiatives to enhance workforce wellbeing and quality of life	Fall rate Adverse Event Rate Staff Retention Rate Adverse Drug Events (ADEs)	
		Foster partnerships with educational institutions	Partnership agreements signed	Number of partnerships with educational institutions established Number of joint training programs conducted	catheter-associated urinary tract infections (CAUTI) central line-associated bloodstream infections (CLABSI) VAP	
4. Adverse Event Reporting Framework	Improve reporting and management of Adverse events	Develop a standardized Adverse event reporting system	System design and implementation	Adverse event reporting system established Number of Adverse events reported		
		Train staff on Adverse event reporting and management	Training sessions planned and delivered	Number of training sessions conducted		
		Analyze and publicly report Adverse event data	Data analysis and reporting schedules	Number of Adverse event reports published		

JNQPS Priority area	Strategic Objective	Key Interventions	Process Indicators	Output Indicators	Outcome indicators	Impact indicators
5. Quality and Safety Standards Including Clinical Audits and Evidence-Based Practice	Ensure adherence to evidence-based quality and safety standards	Enforce national quality accreditation standards using a stepwise approach	Stepwise implementation plan developed to Enforce national quality accreditation standards	% accredited MOH hospitals	Patient Satisfaction	Mortality Rate
				% accredited private sector hospitals	Readmission Rates	MMR
				% accredited RMS hospitals	Average Length of Stay (ALOS)	NCD mortality
				% university hospitals accredited	Hospital-Acquired Infections (HAIs)	life expectancy
				% PHCs accredited	Medication Errors	infant mortality rate
				% Ambulatory centers accredited	Surgical Site Infections (SSI)	prevalence of chronic diseases.
				% Laboratories accredited	Fall rate	UHC
		Enforce institutional adherence to the JNQPS practice standards	JNQPS practice standards disseminated	Number of health facilities implementing JNQPS practice standards	Adverse Event Rate	
		Conduct regular clinical audits to ensure adherence	Audit schedules and execution	Number of clinical audits conducted	Staff Retention Rate	
				Number of corrective actions implemented based on audit findings	Adverse Drug Events (ADEs)	
		Implement feedback mechanisms for corrective actions	Feedback mechanism development	Number of feedback sessions conducted	catheter-associated urinary tract infections (CAUTI)	
					central line-associated bloodstream infections (CLABSI)	
		Develop and disseminate clinical guidelines based on evidence	Guideline development process	Number of clinical guidelines developed and updated	VAP	
				Adoption rate of evidence-based guidelines		
		Train health-care providers on evidence-based practices	Training session planning and execution	Number of training sessions conducted		
				Training participation rates		
		Monitor and evaluate adherence to evidence-based practices	Monitoring and evaluation plans	- Number of adherence assessments conducted		
				- Compliance rate with evidence-based guidelines		

JNQPS Priority area	Strategic Objective	Key Interventions	Process Indicators	Output Indicators	Outcome indicators	Impact indicators
6. Quality Outcome Measurement and Benchmarking	Measure and benchmark quality outcomes to drive improve- ment	Develop key quality outcome indicators	Indicator development and approval process	Number of quality outcome indicators developed	Patient Satisfaction	Mortality Rate
		Benchmark performance against international standards	Benchmarking study plans	Number of benchmark- ing reports published	Readmission Rates	MMR
				Improvements in health outcomes based on bench- mark data	Average Length of Stay (ALOS)	NCD mortality
		Regularly publish perfor- mance reports	Reporting schedules	Number of performance reports published	Hospital- Acquired Infections (HAIs)	life expectancy
7. Patient and Community Engagement	Enhance patient and community involve- ment in healthcare	Establish patient adviso- ry councils	Council forma- tion process	Number of patient adviso- ry councils established	Medication Errors	infant mortality rate
					Surgical Site Infections (SSI)	prevalence of chronic diseases.
				Frequency of perfor- mance report publication	Fall rate	UHC
		Activate the Community engagement committees (CHCs and Healthy Village committees) to assess and monitor quality and patient safety practices	CHCs and Healthy Village committees reports	Number of assessments conducted by CHCs	Adverse Event Rate	
					Staff Retention Rate	
					Adverse Drug Events (ADEs)	
		Develop community score cards that include quality and patient safety assessment criteria	community score cards include quality and patient safety assess- ment criteria	Number of community score cards completed	catheter-asso- ciated urinary tract infec- tions (CAUTI)	
					central line-as- sociated bloodstream infections (CLABSI)	
					VAP	

JNQPS Roles and Responsibilities

This part outlines the roles and responsibilities of various stakeholders at different levels to ensure the effective implementation of the Jordan National Quality and Patient Safety Policy & Strategy, promoting a coordinated and comprehensive approach to improving healthcare quality and safety across the country.

Based on the Jordan National Quality and Patient Safety Policy & Strategy, the following is a framework outlining the roles and responsibilities of key stakeholders across different levels:

Level	Stakeholder	Role	Responsibilities
National Level	Ministry of Health	Oversight and policymaking	<ul style="list-style-type: none"> Lead the development and implementation of the Jordan National Quality and Patient Safety Policy & Strategy. Coordinate with other governmental bodies and international organizations. Allocate resources and monitor the effectiveness of quality initiatives. Establish and support the National Quality and Patient Safety Committee. Monitor and evaluate the implementation of quality and patient safety initiatives across the health sector.
	National Quality and Patient Safety Committee	Leadership and strategic guidance	<ul style="list-style-type: none"> Guide the implementation of the national strategy. Monitor and evaluate program effectiveness. Facilitate multi-stakeholder engagement and collaboration. Recommend updates to policies based on emerging needs and challenges.
	Healthcare Accreditation Council HCAC	Accreditation and quality assurance	<ul style="list-style-type: none"> Set standards for healthcare facilities. Conduct audits and accreditation assessments. Provide feedback and support for continuous improvement. Capacity building Consultation and technical support on quality and patient safety, including designing, developing, implementation, and monitoring of quality and safety models Monitoring and evaluation Report on accreditation status and quality metrics to the National Quality and Patient Safety Committee.

Level	Stakeholder	Role	Responsibilities
	Donors and Partners (WHO, USAID, UNFPA....)	Funding and Technical Support	<ul style="list-style-type: none"> • Provide technical guidance and support for policy and strategy development. • Develop and promote best practices and innovative approaches to quality improvement. • Offer financial support for quality and patient safety initiatives. • Collaborate with the MOH to align national policies with international standards.
	High Health Council	Oversight and policymaking	<ul style="list-style-type: none"> • Allocate resources and monitor the effectiveness of quality initiatives. • Establish and support the National Quality and Patient Safety Committee. • Monitor and evaluate the implementation of quality and patient safety initiatives across the health sector.
Sub-Sectoral Level	Health Professional Councils (e.g., Jordan Medical Council, Nursing Council, Jordan Medical Association, Jordan Dental Association, and Jordan Pharmacists Association, Nursing and Midwives Association...)	Regulation and professional standards	<ul style="list-style-type: none"> • Develop and enforce standards for professional practice. • Conduct accreditation and certification of professionals. • Promote continuous professional development and ethical practices. • Collaborate with the Ministry of Health on policy implementation.
	Healthcare Accreditation Council HCAC	Accreditation and quality assurance	<ul style="list-style-type: none"> • Set standards for healthcare facilities. • Conduct audits and accreditation assessments. • Provide feedback and support for continuous improvement. • Report on accreditation status and quality metrics to the Ministry of Health.
	Health Directorates	Implement quality and patient safety initiatives at the regional and local levels	<ul style="list-style-type: none"> • Adapt national guidelines to local contexts and needs. • Monitor the performance of healthcare facilities within their jurisdiction. • Provide support and guidance to healthcare facilities for quality improvement. • Ensure the collection and reporting of health data for monitoring and evaluation purposes.

Level	Stakeholder	Role	Responsibilities
Institutional Level	Hospitals and Healthcare Facilities	Direct care and service delivery	<ul style="list-style-type: none"> Implement national and sector-specific quality standards. Engage in continuous quality improvement activities. Ensure compliance with accreditation requirements. Report performance metrics to higher authorities.
Facility Level	Facility Administrators and Healthcare Teams	Operational management and patient care	<ul style="list-style-type: none"> Manage daily operations in alignment with quality standards. Facilitate training and development for staff. Monitor patient safety and quality outcomes. Engage patients and families in care processes and decision-making.
	Quality Assurance Departments/ Committees/ Teams	Monitoring and improvement	<ul style="list-style-type: none"> Regularly audit and review patient care processes and outcomes. Identify areas for improvement and develop action plans. Implement and monitor effectiveness of corrective actions. Educate staff on best practices and latest guidelines.
Service Provider Level	Healthcare Providers (Doctors, Nurses, Allied Health Professionals)	Direct patient care and compliance with standards.	<ul style="list-style-type: none"> Adhere to clinical guidelines and best practices. Participate in continuous professional development and training. Report Adverse events and participate in root cause analyses. Engage in patient safety and quality improvement activities.
Community and Patient Level	Patient Protection Coalition	Advocacy and patient engagement	<ul style="list-style-type: none"> Advocate for patient rights and safety. Collect and provide feedback on healthcare services. Collaborate with MOH and healthcare providers to improve patient safety measures.
	Community Based Organizations	Support community engagement in health initiatives	<ul style="list-style-type: none"> Advocate for patient rights and quality care. Collaborate with healthcare facilities to provide health education and resources. Facilitate community-based health programs and initiatives. Collect and share community health data with health authorities.
	Community Health Committees and Patients and Community Members	Participate actively in their own health-care and in community health initiatives	<ul style="list-style-type: none"> Provide feedback on healthcare services received. Participate in community health education and awareness programs. Engage in patient safety and quality improvement initiatives. Advocate for better healthcare services and policies.



APPENDICES

Annex 1

List of National Guidelines

#	Guideline/Protocol	Institution	Year
1	National Guideline for Newborn Medical Screening	UNICEF-MoH	2021
2	Guidelines for the response to gender-based violence	National Council for Family Affairs-MoH	2021
3	Early Detection and Screening Clinical Guidelines and Pathways for Cerebral Palsy and Developmental Dysplasia of Hip	Handicap International-MoH-HCAC	2020
4	Protocols for Diagnosis of Intellectual Disabilities and Autism	Higher Council for the Rights of People with Disabilities-MoH-HCAC	2020
5	Breast Cancer Screening and Diagnosis Guidelines	Jordan Breast Cancer Program	2023
6	National treatment protocol for hepatitis B&C	MoH-Directorate of Pharmacy & Clinical Pharmacy	2022
7	Antifungal protocols guidelines for the management of invasive Aspergillosis in adults and children		2020
8	Surgical Antimicrobial Prophylaxis Protocol		2019
9	Antimicrobial Management of Surgical site infection		2019
10	Guidelines for Acute Bacterial Rhinosinusitis in Children and Adults (ABRS)		2018
11	Diagnosis and Management of Group A streptococcal (GAS) Pharyngitis in Adults and Children		2018
12	Guideline For Thalassemia Treatment Protocol		2018
13	Diagnosis and management of Uncomplicated Acute Otitis Media (AOM) in Children		2018
14	Immune Thrombocytopenia protocol		2018
15	Guideline For Thalassemia Treatment Protocol		2018
16	Pulmonary natural Surfactant protocol		2018
17	Principles Of Care of Hemophilia protocol		2018
18	Sexual & Reproductive Health Guidelines	MoH- Directorate of Women & Child Health	2011
19	National Guidelines to support vaginal births and reduce primary CS deliveries	MOH- USAID	2023
20	integrated management of neonatal and childhood illness guideline	MOH & USAID	2023
21	National Guidelines to support vaginal births and reduce primary CS deliveries-2020		2020
22	Women Friendly Health Services	NWHCC, HCAC & UNFPA	2024

Annex 2

Stakeholders Mapping

#	Stakeholder Name	Impact	Influence	How could the stakeholder contribute to Improving the patient quality and safety?
1	MOH	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory • Implementation
2	JFDA	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
3	Civil Health Insurance	High	High	<ul style="list-style-type: none"> • Policy change
4	Jordan Medical Association	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
5	Jordan Dental Association	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
6	Jordan Pharmacists Association	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
7	Nurses and midwives Association	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
8	Patient Protection Coalition	High	High	<ul style="list-style-type: none"> • Policy change
9	JCDC	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
10	Jordan Standards and Metrology Organization (JSMO)	High	High	<ul style="list-style-type: none"> • Policy change • Regulatory
11	Parliament Health Committee	Medium	High	<ul style="list-style-type: none"> • Policy change • Regulatory
12	Senates Health Committee	Medium	High	<ul style="list-style-type: none"> • Policy change • Regulatory
13	Nursing council	Medium	High	<ul style="list-style-type: none"> • Policy change • Regulatory
14	Medical council	Medium	High	<ul style="list-style-type: none"> • Policy change • Regulatory
15	WHO	Medium	High	<ul style="list-style-type: none"> • Policy change • Technical assistance and support • Financial support
16	World Bank	Medium	High	<ul style="list-style-type: none"> • Policy change • Technical assistance and support • Financial support

#	Stakeholder Name	Impact	Influence	How could the stakeholder contribute to Improving the patient quality and safety?
17	UNFPA	Medium	Medium	<ul style="list-style-type: none"> • Policy change • Technical assistance and support • Financial support
18	UNICEF	Medium	Medium	<ul style="list-style-type: none"> • Policy change • Technical assistance and support • Financial support
19	USAID	Medium	High	<ul style="list-style-type: none"> • Policy change • Technical assistance and support • Financial support
20	EMPHNET	Medium	Medium	<ul style="list-style-type: none"> • Technical assistance and support • Financial support
21	HCAC	High	High	<ul style="list-style-type: none"> • Technical assistance and Capacity building • Quality & accreditation
22	RMS	High	High	<ul style="list-style-type: none"> • Policy change • Implementation
23	HPC	Medium	Low	<ul style="list-style-type: none"> • Policy change • Technical assistance and support
24	Private Hospitals Association (PHA)	High	High	<ul style="list-style-type: none"> • Private sector engagement • Coordination and support
25	HAKEEM	High	High	<ul style="list-style-type: none"> • Technical assistance and support • Information technology
26	NCFA	Low	Medium	<ul style="list-style-type: none"> • Policy change • Coordination and support
27	UNRWA	High	Medium	<ul style="list-style-type: none"> • Coordination and support • Implementation
28	IFH	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
29	Jordan Paramedic Society	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
30	KHCC	High	High	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
31	Jordan Insurance Federation	Medium	Medium	<ul style="list-style-type: none"> • Policy change • Coordination
32		Medium	Medium	<ul style="list-style-type: none"> • Policy change • Coordination
33	Jordan University Hospital	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building

#	Stakeholder Name	Impact	Influence	How could the stakeholder contribute to Improving the patient quality and safety?
34	King Abdullah University Hospital	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
35	Jordan Breast Cancer program	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
36	Laboratory Association	High	Medium	<ul style="list-style-type: none"> • Coordination and support
37	The National Centre for Diabetes Endocrinology and Genetics (NCDEG)	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
38	Jordan Red Crescent	Medium	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
39	International Committee of the Red Cross (ICRC)	Medium	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
40	Jordanian Association of Pharmaceutical Manufacturers	High	Medium	<ul style="list-style-type: none"> • Implementation • Technical assistance and Capacity building
41	High Health Council	High	Medium	<ul style="list-style-type: none"> • Policy change • Technical assistance and support

Annex 3

Hospital Performance Management Indicators

#	Technical Hospital KPIs
1	Catheter-associated urinary tract infection (CAUTI)
2	Ventilator associated pneumonia (VAP)
3	Central-line associated bloodstream infection (CLABSI)
4	Surgical site infection (SSI)
5	Unplanned readmission rate within 28 days of discharge
6	Cesarean section ratio
7	Patient fall rate- Patient Safety Incident (PSI) Falls
8	Hand hygiene compliance rate
#	Operational Hospital KPIs
1	Paracetamol consumption rate
2	Ciprofloxacin consumption rate
3	Vancomycin consumption rate
4	Ceftriaxone consumption rate
5	Diesel consumption rate
6	Alcohol-based hand rub solutions consumption rate
7	Foley's Catheter consumption rate
8	Intravenous Cannula consumption rate
9	Linen consumption rate
10	Average waiting time for MRI
11	Percentage of patients counselled about their medication
#	Administrative and Managerial hospital KPIs
1	Cancellation of planned elective surgical operations rate
2	Sick leave rate
3	Average length of stay
4	Death rate
5	Occupancy rate
6	Bed turnover rate
7	Percentage of Patients Leaving Against Medical Advice (LAMA)
8	percentage of Patient satisfaction
9	Percentage of referred patients to other hospitals
10	Medical waste per bed
11	Staff satisfaction(engagement) percentage

Annex 4

HCAC National Quality and Safety Goals

HCAC National Quality and Safety Goals

Year	National Quality and Safety Goals	
2009	<ul style="list-style-type: none"> Identify Patients Correctly. Improve the Safety of High Alert Medication. Ensure Correct-Site, Correct-Procedure and Correct-Patient. 	
2010	<ul style="list-style-type: none"> Ensure Compliance with Hand Hygiene Best Practice. All Medical Record Entries must be Timed, Dated and Signed. 	
2011	<ul style="list-style-type: none"> Clear and Interactive Communication During “Hand -Over”. Improve the Safety of Multiple Dose Vials Use. Safe Management of Central Lines to Minimize Infections and Complications. 	
2012	<ul style="list-style-type: none"> Reduce the risk of patient falls. Appropriate use of antibiotic prophylaxis in surgery. Reduce the risk of catheter associated urinary tract infections. 	
2013	<ul style="list-style-type: none"> Improve Pain Management. Implementation of Medication Reconciliation. Zero Tolerance for Workplace Violence. 	
2014	Hospital Goals <ul style="list-style-type: none"> Improve Pressure Ulcers Management. Effective Management of Blood and Blood Component. Reduce the Risk of Surgical Site Infection. 	PHC Centers Goals <ul style="list-style-type: none"> Improve the Medical Records Documentation. Ensure Compliance with Hand Hygiene Best Practice. Appropriate Use of Antibiotics.
2016	Hospital Goals <ul style="list-style-type: none"> Improve hand-over communication among health care providers. Improve the triage process within the Emergency Department. Enforcement of smoke-free environments in healthcare organizations. 	PHC Centers Goals <ul style="list-style-type: none"> Enhance Center’s participation in health development within its community. Ensure safe management of hazardous materials and waste. Enforcement of smoke-free environments in healthcare organizations.
2018	Hospital Goals <ul style="list-style-type: none"> Enforcement of Smoke-free Environments in Hospitals. Improving the Flow of Emergency Patients. Appropriate Use of Antibiotics. 	PHC Centers Goals <ul style="list-style-type: none"> Enforcement of Smoke-free Environments in Primary Healthcare Centers. Encouraging Primary Healthcare Professionals to Report Medications Errors. Promoting the Health of Patients with Non-Communicable Diseases.
2021	Hospital Goals <ul style="list-style-type: none"> Emergency preparedness and effective management of outbreaks/pandemics. Appropriate Use of Antibiotics. Safe working environment to health care providers. 	PHC Centers Goals <ul style="list-style-type: none"> Emergency preparedness and effective management of outbreaks/pandemics. Accessibility and continuity of the center’s services to all clients are ensured. Safe working environment to all staff members.



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