

המרכז הרפואי ע"ש ח. שיבא

תל- השומר

משרד:	הבריאות
יחידה מומחנת:	
תאריך:	

X מדינת ישראל קרן מחקרים

(יש לסמן X במקום המתאים)

אל: ועדת המכרזים

הנדון: חוות דעת מקצועית במסגרת כוונה להתקשר עם ספק יחיד / ספק חוץ

הבקשה מסתכמת על תקנה (29)3 לתקנות חובת המכרזים ועל הוראות תכ"ס מס' 7.8.1 ו- 7.8.2.

תיאור מהות ההתקשרות (הקצו פירוט התכונות של הסובין / השירות / העבודה)
מדובר בחברה המעניקה שירותי מידע בתחום ניהול בתי חולים. החברה מבצעת מחקר מעמיק בתחומים רבים ומגוונים ומנגישה את המידע לבתי החולים הנמצאים מולם בהתקשרות. סה"כ מדובר בכ 4,000 בתי"ח בפריסה עולמית.
במרכז הרפואי שיבא אנו מעוניינים בשלב ראשון להתקשר עם החברה ספציפית בתחומים: מניעת זיהומים נרכשים בבתי חולים, שיפור חווית המטופל והתייעלות בזרימת מטופלים.

האם קיים הנושא זה מכרז מרכזי של החשב הכללי או גורם ממשלתי מוסמך אחר? כן לא X

סוג ההתקשרות (סמן X במקום המתאים)

טובין שירותים X ביצוע עבודה

The Advisory Board International	שם הספק:
	מספר הספק (ח.פ. / ח.צ. / ע.מ. / מספר עמותה)
ספק יחיד <u> </u> ✓ <u> </u> ספק חוץ <u> </u>	ספק זה הינו:
108,000 ₪	אומדן / שווי ההתקשרות:
שנה, עם אופציה לשנתיים נוספות	תקופת ההתקשרות:

נימוקים כי הספק הוא ספק יחיד או כי הטובין הם טובי חוץ
(במקרה הצורך ניתן לצרף עמודים נוספים וכל מסמך רלוונטי נוסף)

נא להתייחס לסעיפים הבאים:

1. האמצעים שבהם נערכו בדיקות לאיתור ספקים נוספים והכנת חוות דעת כולל פירוט מקורות מידע ופעולות שננקטו (לדוגמה חיפוש באינטרנט, התכתבות עם ספקים, פגישה או שיתוף עם ספקים וכדומה).
2. ממצאי בדיקה (אם ישנם ספקים נוספים בתחום ההתקשרות, יש לפרט א הסיבות לאי התאמתם לביצוע ההתקשרות עימם ואת הסיבות להיות הספק שלגביו נכתבה חוות הדעת ספק יחיד / ספק חוץ).
3. פירוט הבדיקות שבוצעו לאיתור ספקים נוספים ונימוקים והערות נוספים:

<p>המוצר של החברה Advisory Board International הינו איסוף וסיכום נתונים מבתי חולים בעולם והוספת מסקנות לבצוע. כ 4,000 בתי חולים מכלל העולם מינויים לחברה זו כאשר המחקר מתבצע על פעולות בכלל רשת זו. היכולת והיקף בסיס הנתונים של החברה אינו דומה לאף ספק אחר. זו החברה היחידה שמייצרת מוצר כזה שיכול לספק את הצרכים של הנהלת בית החולים. לפיכך אנו מבקשים להכיר בחברה כספק יחיד.</p>

לאור הנימוקים שמניתי לעיל, הנני מצהיר כי לפי מיטב בדיקתי וידיעתי הספק המבוקש הינו ספק יחיד ואנו מבקשים לערוך ההתקשרות בהליך פטור ממכרז.

חוות דעתי ניתנת מתוקף היותי הסמכות המקצועית לנושא זה.

בכבוד רב,

כ"ה אלול	אחראי ספרייה	כ"ה אלול
שם בעל הסמכות המקצועית	תפקיד בעל הסמכות המקצועית	חתימה



Advisory Board International

Clinical Operations Board

Membership Agreement

The Sheba Medical Center at
Tel Hashomer

24 April 2017

CLINICAL OPERATIONS BOARD: SUMMARY OF SERVICES

The Clinical Operations Board is a membership of clinical and operational senior executives and leadership drawn from hospitals, health systems, and health organisations across the world. In addition to the chief executives, chief operating officers and directors of medicine who typically serve as the main points of contact, the Clinical Operations Board works specifically with the heads of cardiovascular, oncology, and radiological services as well as enfranchising and serving managers and staff tasked with patient flow, efficiency, quality and clinical relations. The Clinical Operations Board provides its members with expert advice and innovative practices – tested and proved to work by peers at other progressive institutions around the world – for tackling their most pressing issues. Rather than reinventing the wheel, our members benefit from the learning of thousands of other healthcare organisations facing similar challenges.

KEY RESEARCH HIGHLIGHTS FROM THE PAST FIVE YEARS:

- ❖ **Reducing the High Cost of Unwarranted Care Variation** Under continuous pressure to deliver improved clinical outcomes while simultaneously improving hospital efficiency, health care organisations are increasingly trying to target the remaining waste in the system: unwarranted care variation. But, reducing unwarranted variation is incredibly hard to do: it requires specific data, strong support from doctors to implement and adhere to new standards of care, and continuous executive involvement. This study focuses on the strategies proven most successful in reducing unwarranted variation:
 - Elevating unwarranted care variation to the executive agenda
 - Empowering clinicians to lead standard creation and roll-out
 - Embedding and sustaining performance over time
- ❖ **The New Normal: Redesigning Acute Care Around Complex Multimorbid Patients** As the modern patient becomes more complex, hospitals must transform their inpatient care to be fit for the patient of the future. This research presents hospitals with the three major opportunities available to improve the speed and quality of patient care decisions for complex patients. Areas of focus include:
 - Encouraging clinicians to share information effectively
 - Employing a new type of team leader
 - Constructing reliable group decision processes
- ❖ **The Emergency Care Strategy Guide: Improving Performance, Engaging Community Partners** Improving internal efficiency is one of the most important things organisations can do to meet the challenges of emergency care today. But unfortunately, internal improvements alone won't suffice. They simply can't meet the increasing and changing demand of providing emergency care, and organisations the world over will need to find other strategies to respond to these challenges. Increasing appropriate emergency department use remains the best way to alleviate some of this pressure. Ultimately, organisations should strive to combine internal and external efforts to create a coordinated system for providing emergency care to their communities.
- ❖ **The Discharge Strategy Handbook: Creating Capacity by Eliminating End-of-Stay Delays** Hospitals are under immense capacity pressure and must avoid unnecessary bed days to ensure top-tier financial and quality performance. This study offers executives a strategic guide to the greatest opportunity to reduce length of stay and make the most of available capacity: eliminating discharge delays. Areas of focus include:
 - Ensuring discharge date prediction
 - Forecasting post-acute needs and destination
 - Installing proactive preparation for discharge
 - Coordinating end of stay process
 - Leveraging post-acute capacity to avoid delays
- ❖ **Transformational Quality: Leading the Organisation to Clinical Excellence** Hospitals are pressed to demonstrate quality of care as never before. Increased transparency, public and payer pressure to meet the highest quality standards, and a focus on achieving and maintaining accreditation have raised quality improvement to the

top of executives' priority list around the world. This study offers hospital leaders a road map for transforming quality at their organisation. Areas of focus include:

- The New Quality Mandate
 - Committing to Quality Transformation
 - Supporting Frontline Leadership
 - Embedding a Culture of Measurement
- ❖ **Seamless Care Transitions: The Hospital Role in Avoiding Unnecessary Readmissions** Poorly-coordinated transitions often result in patient “bouncebacks” after discharge from hospital. With payers and governments looking to hold hospitals accountable for quality and costs, progressive institutions have proactively adopted strategies during the inpatient stay and after discharge to smooth transitions out of the acute setting. This study provides strategies and best practices across the four critical areas of intervention to improve care transitions:
- Surfacing hospital-specific causes of poor transitions and targeting high-risk patients
 - Preparing patients and family members for discharge
 - Enhancing post-acute care quality and improving information transfer
 - Supporting the patient in the community
- ❖ **Engaging the Medical Staff: Partnering with Doctors to Achieve Mutual Goals** Strong doctor engagement is crucial for success—and something many hospitals feel they possess. Yet, our research suggests this is not the case—doctors are happy to practice medicine, but are more reticent to support hospital policies and initiatives. Learn how focusing on communication, leadership development, and staff enfranchisement can change the relationship you have with your doctors, and cement truly great medical staff engagement across your organisation. Areas of focus include:
- Repairing the Executive-Doctor Relationship
 - Cultivating Medical Staff Allies
 - Developing Shared Ownership
- ❖ **The Surgery Compendium: Proven Practices for Optimizing Operating Theatre Performance** Innovations in clinical technology and procedural techniques have dramatically changed the surgical landscape. This research offers Clinical Operations Board members direct access to a selection of leading operating theatre improvement practices and insights. Developed among some of the most progressive surgical centres in the US, the tactics compiled here have been curated specifically for hospitals operating in markets around the world. Areas of focus include:
- Scheduling and time allocation
 - Preoperative processes
 - The operating theatre
 - Post-operative and discharge processes

Clinical Operations Board Membership Services

Leadership Strategy and Best Practice Publications: Partial List of Research Available

The Clinical Operations Board employs dedicated research staff comprised of former clinical executives, doctors, PhDs, management consultants and analysts to study the frontier strategies and practices of the most progressive hospitals and health care institutions as well as out-of-industry exemplars. The focus of our effort—thousands of interviews, tens of thousands of pages of reading—is to master the lessons, both good and bad, of acute care organisations at the leading edge. The result is the publication of our strategy studies—each from 100 to 250 pages in length—comprising an unparalleled and ever-expanding archive of strategies and best practices for clinical and operational leaders. Copies of each study are available in unlimited quantity; no additional charge.

Setting the Standard for Patient Care

Overview of the clinical standardization opportunity for hospital executives

Building the Evidence-Based Organisation

Supporting System-Wide Clinical Practice Change

Auditing the Quality Function

Maximizing the Effectiveness of Clinical Improvement Resources

Building a Best-in-Class Quality Infrastructure

Streamlining the Quality Function to Maximize QI Effectiveness

The Journey to Zero

Innovative Strategies for Minimizing Hospital-Acquired Infections

Quality-Based Competition

Best Practices for Optimizing Quality Reporting

Benchmarking Clinical Quality in Cancer

Best Practices for Elevating the Standard of Cancer Care

Creating an Innovation Infrastructure

Ensuring Appropriate Introduction of New Technologies and Therapies

Unlocking the Value of Clinical IT

Best Practices for Designing, Deploying, and Managing Clinical Systems

Elevating Performance on Reported Metrics

Best Practices for Responding to Increasing Transparency in Quality

Cardiac Service Quality

Best Practices for Elevating the Patient Care Experience

Toward a New Compact

Emerging Models for Partnering with Doctors to Improve Cost and Quality

The New Radiology Quality Mandate

Elevating Imaging's Value Proposition

The New Economics of Quality

Lessons for Enhancing the Value of Cardiovascular Services

The Outcomes-Driven Enterprise

Best Practices for Optimizing Data Collection and Utilization

Strategic Road Map for Cancer Quality

Five Goals for Five Years

Future of the Medical Staff Organisation

Reengineering Governance and Operations to Advance Clinical Quality

Cardiac Surgery Performance

Best Practices for Enhancing Margins and Clinical Outcomes

Engaging Doctors in Patient Experience

Beyond Quality Metrics

Capturing the Full Value of the Hospitalist Program

Imperatives for improving hospitalist program ROI

Cancer System Strategy Playbook

Achieving the Benefits of Scale

The Highly Productive Cardiovascular Enterprise

Imperatives for Operating at Optimal Efficiency to Safeguard Margins

Next-Generation Capacity Management

Collaborating for Clinically Appropriate, Efficient Inpatient Throughput

Clockwork Surgery

Hardwiring Efficiency into the Perioperative Process

Blueprint for Cardiovascular Care Management

A step-by-step guide to develop and implement your strategy

Elevating Interdepartmental Workflow

Best Practices for Optimizing Emergency and Inpatient Throughput

Partnering in Throughput Reform

Enlisting Physician Support to Manage a Full House

The Clockwork ED

Expediting Time to Physician, Diagnosis, Inpatient Admission

The High Performance Theatre

Elevating Efficiency Through Strategic Theatre Management

Maximizing Oncology Efficiency

Best Practices for Boosting Patient Throughput

Optimizing CCU Throughput

Best Practices for Enhancing Financial Performance and Quality Care

The High Performance ED

Optimizing Capacity and Throughput to Meet Ever-Growing Demand

Gainsharing Decision Guide

Understanding the Efficacy of Shared Savings in Reducing Supply Costs

Imaging Scheduling Audit

Perfecting Scheduling Processes to Compete on Access and Service

Delivering Value Through Evidence-Based Practice

Improve Your Efficiency and Care Quality

Reducing Preventable Readmissions

The Hospital Role in Avoiding Unnecessary Readmissions

The Cardiovascular Watch

Active Bed Management

Future of Tumour Site Strategy

Targeting Business Development Opportunities for Principled Growth

Advisory.com access to Clinical Operations Board Research

As of January 2014, Board members receive access to the newly redesigned global edition of advisory.com, which features streamlined searches for regional content, language preference options, and optimization for mobile use. The Board's member library now includes hundreds of detailed best practices for enhancing operational, clinical, and business performance, and continues to grow each year. The Advisory.com website enables member executives, managers, and staff to readily pinpoint and download the most relevant practices and accompanying implementation tools for addressing discrete challenges within their individual institution, department, or unit. All Clinical Operations Board research and best practices are accessible through the Centre's homepage at www.advisory.com/cob

Main features of the website include:

- Intuitive search categories reflecting clinical and operational leaders' greatest areas of concern
- Capability to "drill down" into more targeted search subcategories
- Downloadable, printer-friendly best practice PDFs and PowerPoints
- Member tools and worksheets to speed implementation appended to relevant best practices
- Quarterly updating with best practices drawn from new research

News and Analysis

Clinical Operations Insights

A weekly report on the latest research and news for clinical and operational executives. Included are latest research perspectives from Advisory Board researchers, notices of latest Advisory Board meetings and web conferences, and one-click access to Advisory Board publications.

The Weekly Roundup

Comprising health care news read by over 65,000 executives—is supplemented by weekly news and insight alerts for each program as well as regular regional e-briefings.

Member Education and Working Sessions

Members are invited to attend Advisory Board International regional meetings in the various regions around the world.

Clinical Executive Roundtables

These meetings, tailored for the senior-most clinical and operational executives at member institutions, take place over a full day in multiple locations across the world. The summits allow for a lively discussion and networking with other leaders from around the region and internationally. The 2016 meeting series was as follows (subsequent meetings may be at different times of the year):

July 2016: Australia

September 2016: Canada

October 2016: UK/Europe/Middle East

November 2016: Latin America

Members also have access to select Roundtable sessions in the United States.

Conference Calls

Year-round agenda of interactive conference calls including educational “intensives” on completed best practice research and discussion of new developments in technology. Calls are recorded and archived online for convenient listening in any time zone

Personalized Service and Member Access

Clinical Operations Board member institutions, leaders and staff can access the resources of the Advisory Board through multiple channels, both independently and with ready guidance. Additionally, proactive communication of resources of interest and currency keep staff up to date with latest developments.

Dedicated Advisor

The Advisory Board assigns a Dedicated Advisor to each member to facilitate access to all services. The Dedicated Advisor proactively distributes reports, arranges expert consultations with research staff, and manages all requests. Our aspiration is that the senior executives in the organisation view the Dedicated Advisor as a member of his or her personal staff.

Services provided by the Dedicated Advisor

- Regular check-ins to identify current priorities
- Proactive mailing of topics of interest
- Executive orientation briefing sessions
- Responding to research requests
- Facilitating member networking
- Updating on current research initiatives
- Point of contact for every staff member

Executive Orientation and Briefing Sessions

Dedicated Advisors conduct orientation briefings (via conference call or in-person) for all new members to fully orient them to the service offerings. Thereafter, Advisors conduct annual teleconferences (or more frequent sessions if desired) to update members on current initiatives.

Expert Response and Networking

Our staff is one of our most important resources, and over two decades they have gained formidable expertise in most terrains of interest to hospital and health system executives. The Advisory Board in combination with an unparalleled network of health care providers comprises an invaluable resource for progressive institutions seeking to improve performance.

Unlimited Expert Consultations

Following the completion of each major research initiative, the Advisory Board assigns a senior consultant-author to provide unlimited telephone and e-mail consultation to the membership on the intellectual terrain covered. Our experts gain substantial expertise and familiarity with the best (and worst) practices of hospitals and can assist members with the work of implementing the best ideas from the research at their own organisations. If you are travelling to Washington, the Advisory Board would like to host you and your team in our offices for a VIP day. This is an opportunity to meet our research team face to face.

Executive Networking and Visit Service

Advisory Board member hospitals provide the richest reservoir of progressive clinical knowledge as well as accumulated operational and management best practices. Your Dedicated Advisor, in consultation with Advisory Board researchers,

will help to identify innovative or best-practice hospitals or organisations according to your criteria (area of interest, location) and will seek permission from the member and propose contacts at the institution for you to liaise with. Permitting interest and a warm welcome from the target institution(s), the Clinical Operations Board will turn over scheduling and travel logistics responsibilities to the member's office to arrange further details at their convenience.

The Expert Centre

The Expert Centre is an additional Advisory Board resource that responds to specific member hospital questions. Working with your Dedicated Advisor, the Expert Centre and Advisory Board senior researchers will draw on their expertise to draft custom answers to your questions, including guidance on applicable Advisory Board resources and any additional external resources. Senior researchers can then be available to speak to you and your team over the phone about the answer provided.

Advisory Board experts assist members with:

- Updates on existing research
- Identification of appropriate best practices
- Current benchmarks
- Contacts and resources for further study
- Providing a "sounding board" for ideas

Diagnosis, Analysis and Implementation Support

Diagnostic Tools

To help members prioritize opportunities, the Board creates a series of diagnostic tools to identify areas of focus. Examples include:

- Emergency Department Performance Audit
- Discharge Strategy Self-Assessment
- Evidence-Based Practice Leadership Audit
- JCI Accreditation – International Crosswalk
- The Hospital Benchmark Generator (pulls from US data)
- Emergency Department Treatment Space Demand Calculator
- 360-Degree Readmissions Diagnostic Tool

Tools are available on our advisory.com website and are both updated and discontinued based on member demand and at the discretion of Advisory Board staff.

Implementation Toolkits

Implementation Toolkits complement larger Clinical Operations Board research studies to assist managers and directors to implement best practices. These step-by-step guides facilitate on-the-ground opportunities to translate research into action by providing nurse leaders customizable templates, skill development exercises, team-building activities, and project management tips and tricks.

Surveys

The Advisory Board makes extensive use of large-scale member surveys annually to inform the research and to create benchmarks. A number of these surveys are developed into tools that can be used internally at member institutions to diagnose issues within their own institution—the results of the survey allow a mapping of organisation-specific challenges with appropriate Advisory Board practices.

Document Warehouse

Supplementing our portfolio of major studies and national conferences, the Advisory Board has compiled an expansive set of analytical tools and resources from member institutions to assist in best practice implementation. Representative documents include:

- Budgeting guidelines
- Resource assessments
- Job descriptions
- Risk and opportunity calculators
- Performance evaluations
- Patient flow templates
- Project management tools



28 April 2017

Eyal Zimlichman, M.D., MSc
Deputy Director and Chief Medical Officer
The Sheba Medical Center at Tel Hashomer
Tel Hashomer, Israel

Re: Letter of Agreement (“LOA”) – Clinical Operations Board

Dear Dr. Zimlichman,

Thank you again for the time you have afforded us to evaluate the Clinical Operations Board membership (the “**Membership**”). The Advisory Board Company (the “**Advisory Board**” or “**we**”) are excited about the opportunity to work with The Sheba Medical Center at Tel Hashomer (“**Member**” or “**you**”) and are submitting this document for your signature to enrol your organisation as a member of the Membership.

I. TERMS OF COVERAGE

Under the terms of this LOA, Advisory Board research, services and materials made available to you, as described in the membership overview attached to this LOA, are for the sole use of The Sheba Medical Center at Tel Hashomer.

The following institutions are included in this LOA:

- The Sheba Medical Center at Tel Hashomer
- Sheba Academic Medical Center Hospital
- The Rehabilitation Hospital
- The Edmond and Lily Safra Children's Hospital
- The Josef Buchmann Gynecology and Maternity Center
- The Olga & Lev Leviev Heart Center
- The Cancer Center at Sheba Medical Center

II. TERMS OF MEMBERSHIP

The term of your membership in the Clinical Operations Board will begin on 30 April 2017 and end on 29 April 2020 (the “**Term**” and each year therein a “**Year**”). The Advisory Board is pleased to provide the preferred Membership details outlined below, including your contribution amounts and membership dates. In addition, the Standard Terms of Membership available at <http://www.advisory.com/tcnpt> and incorporated herein by reference are applicable to the Membership. The Advisory Board requests payment of the annual Membership contribution within 30 days of each program year. For those organisations that prefer to spread the contribution across the year, the Advisory Board requests an additional contribution of 3,500 ILS to offset carrying costs of delayed invoicing. The Advisory Board is happy to waive that fee and will request payment in Year 1 as follows:

- May 2017: 72,000 ILS
- January 2018: 36,000 ILS

The contribution for each Membership Year beyond Year 1 shall increase by five percent and the entirety of fees will be due within 30 days of each program year.



Membership	Standard Annual Contribution	Preferred Annual Contribution Year 1 30 April 2017 - 29 April 2018	Preferred Annual Contribution Year 2 30 April 2018 - 29 April 2019	Preferred Annual Contribution Year 3 30 April 2019 - 29 April 2020
Clinical Operations Board	144,000 ILS	108,000 ILS	113,400 ILS	119,100 ILS
Yearly Savings:		25%	25%	25%

**The Advisory Board is pleased to extend the above preferred and significantly reduced annual contribution in recognition of Member's commitment on or before 30 April 2017.*

In the event that Member does not receive approval for the RFP waiver necessary for Member's enrolment in the Membership, and Member notifies the Advisory Board in writing by 15 May 2017 of its desire to cancel enrolment, then Member and the Advisory Board will be released from their respective obligations under this LOA as of such termination date. If you do not notify us by 15 May 2017, your enrolment in the Membership will continue in accordance with the terms of this LOA.

Service Quality Guarantee

Member shall have the right to terminate its Membership to be effective on 30 April 2018 ("Early Termination Date") by providing written notice at least sixty (60) days' prior to the Early Termination Date. In such event, the Membership will cease on the Early Termination Date and Member will not owe the Preferred Annual Contribution for the period after the Early Termination Date, provided that all fees for the period prior to the Early Termination Date are still due and owing if not previously paid. In such event that Member terminates, on and after the Early Termination Date, the Advisory Board shall be released from its obligations under the LOA. If you do not provide such notification, your enrolment in the Membership will continue in accordance with the terms of the LOA.

III. ENROLMENT

To initiate your commitment to the Membership under these terms of this LOA, please return a signed copy of this LOA via scan and email to oblaks@advisory.com no later than 30 April 2017 (after which the fees set forth above are subject to change).

THE ADVISORY BOARD
 COMPANY:

THE SHEBA MEDICAL CENTER AT TEL
 HASHOMER :

Susie Oblak

Name:

Principal

Title: