

INSIGHTS

HAMAD HEALTHCARE QUALITY INSTITUTE NEWSLETTER

April 2022 | Issue 12

HHQI LEARNING EVENTS

- Clinical Care Improvement Training Program (CCITP)

OUR PROGRAMS

Improvement Leadership Program...

HHQI continues to build capacity and capability across HMC, targeting all levels of professionals. The ILP Cohort 5 is proposed to be launched in August 2022 with 30 participants. Invitations will be offered to one participant from each facility and all corporate departments.

QI SPOTLIGHT LAUNCH

The Launch Of Quality Improvement (QI) Spotlight...Quality team across HMC shares their Quality Improvement Journey ...read more on page 4



QUALITY INSIGHTS

Quality Improvement Tools Mini-series...read more on page 6

INSPIRING TRUE STORIES

My Leadership Journey...My greatest learning is not about the title or the designation you are holding, it is about humility, respect, influence and inspiration...read more on page 5

Inspiring True Stories...is a special space for you to share your inspirational story! For more details email us at hhqi@hamad.qa



IMPROVEMENT LEADERSHIP PROGRAM COHORT 4 GRADUATION

The Improvement Leadership (IL) Program Cohort 04 concluded last 16 March 2022 with 30 IL graduates. The participants were very engaged, enthusiastic and provided high levels of group participation throughout the eight-month program. There was widespread representation from Medical Consultants, Nursing Leaders, Quality Leads, Radiology, Hospitality and more.



JOY AT WORK CORNER:

Spot the Difference

Hurry! The first three (3) to submit the correct answer will receive gifts!... read more on page 7

HHQI Joy at Work mini-series!

معهد حمد لجودة الرعاية الصحية
Hamad Healthcare Quality Institute





Mr. Nasser Al Naimi

*Deputy Chief of Quality
Center for Patient Experience &
Staff Engagement and
Director, Hamad Healthcare
Quality Institute*



Mr. Aidan Kehoe

*Chief Executive Officer
Hamad General Hospital,
Ambulatory Care Center,
Communicable Disease Center*

Dear Insights readers,

Welcome to this issue of the HHQI Insights! We approach the month of Ramadan, the holy month of fasting and gathering, but also a month of good deeds and doing our best for others. I can claim that it is a month for quality and improvement, a month to renew our commitment to safe and efficient patient service. A period to instill and enjoin what is right, forbid what is wrong, and guide each other.

I invite you to see Ramadan as a time to extend support and assistance to each other and seek the good for one another. In the QI world we welcome and encourage mentoring and coaching, and this is a month that invites all to help one another in carrying out works of righteousness.

Happy Ramadan to all, those who are watching it, those who fast and those who live by its spirit from one day to another, as they honestly and reliably serve their fellow humans.

In this issue, I would like to welcome Mr. Aidan Kehoe, chief executive officer, Hamad General Hospital HGH to share his leadership message.



Dear HHQI Insights readers,

It is an honor to be with you to share some opening remarks to this issue of HHQI Insights.

I have been a reader and close follower of all the announcements and program updates over the past year, but also I have been an active sponsor and stakeholder of most of those initiatives as the CEO of one of the largest hospitals of the corporation. We have been close partners with HHQI, which has been created to provide pioneering innovations and evidence-based healthcare solutions, spanning the responsibilities of design, development, training, and implementation.

HHQI is a first-of-its-kind resource in the Qatari healthcare system, supporting and enabling all parts of the system to achieve long-term healthcare improvement. The successful implementations range from the national patient safety collaborative through to the value improvement programme, which is a world-leading initiative, involving front-line staff using improvement science to provide better services for patients and better value for money. As we look forward, HHQI is now starting the hospital wide patient flow collaborative, which will strive to ensure that patients move quickly through our system, getting the right treatment in the right place at the right time.

I am also proud that Hamad General Hospital has the largest number of improvement coaches, advisors, and champions trained and developed by HHQI, who have been working hand in hand with the institute to keep the pace in our improvement work and to promote the highest standards of safety for our patients.

HAMAD GENERAL HOSPITAL QUALITY IMPROVEMENT JOURNEY

HGH-Hypoglycemia Management Guidelines

Increasing the Compliance Percentage for Hypoglycemia Management Guidelines For All Hypoglycemic Diabetic Patients Admitted in 5 South 3 Medical Unit, HGH.

Hypoglycemia is one of the leading complications of diabetes management requiring prompt recognition and treatment to prevent organ failure, brain damage, and even death. The rate of hypoglycemia in HGH-Inpatient Medical Unit 5 South 3 from January to March 2019 is 17%.

Although the Hypoglycemia protocol has been developed for use throughout the hospital to achieve blood glucose control, there are challenges in its implementation with baseline compliance of 60%.

Our journey started with engaging a multidisciplinary team involving physicians, nurses, pharmacists and dietitians. Then a survey was conducted to all the nursing staff about their awareness and knowledge of hypoglycemia management protocol. PDSA was used to test the implementation of our interventions: Education sessions and simulations for all the clinical staff, hypoglycemia kit, reminder ID card for all the unit staff, providing hypoglycemic snack and hypoglycemia link nurses.

Learning and utilizing the

Model for Improvement and with several PDSAs, Hypoglycemia kit and visual reminder card for the hypoglycemia protocol is efficient to enhance compliance to the hypoglycemia protocol. Augmenting it with education sessions and simulations for all the nurses and physicians improved our outcome measure and immediate response and treatment of hypoglycemia incidence leading to reduced costs related to preventing hypoglycemic diabetic complications, thus shortening the length of stay.

As a result, there are significant increase in the percentage of compliance to hypoglycemia protocol thus reducing the

incidence of hypoglycemia events and recurrence. With a total of nine (9) PDSAs developed and done, from the baseline of 60% in March 2019, the percentage of compliance since January 2020 has been consistently 100% with a median of 100% reaching the target of 100%.

Currently, escalating the hypoglycemia model of care is being applied and tested in other medical units. Sustainability is achieved through weekly huddles, monthly meetings with senior leaders and maintaining

patient and staff satisfaction.

1st Place

Increasing The Compliance Percentage For Hypoglycemia Management Guidelines For All Hypoglycemic Diabetic Patients Admitted In 5 North 3 Medical Unit, Hamad General Hospital

BACKGROUND

A formal evidence-based hypoglycemia protocol and treatment algorithm were developed to provide safe and effective management of hypoglycemia throughout the hospital and to support organization goals to achieve blood glucose control.

According to International Diabetes Federation, there were 259, 200 cases of Diabetes in Qatar among the total adult population of 1,844,000 in 2017. Therefore the prevalence of diabetes in adults is 14.1%. Diabetic patients are at high risk of developing hypoglycemia complications if not treated immediately, can lead to risk for injury or death. On an observation, the Inpatient Medical Unit 5 North 3 in (HGH) Doha, Qatar, collected baseline data shows 60 percent in March 2019 and the goal is to increase it up to 95% by December 2019 to improve overall patient's satisfaction and wellness.

AIM

To increase the percentage of compliance for hypoglycemia management guidelines for all hypoglycemic diabetic patients admitted in 5 North 3 Medical Unit (HGH) from 60% in March 2019 up to 95% by December 2019.

RESULT

Under the model of Improvement and with the several PDSA, there is significant increase in the percentage of compliance to hypoglycemia guidelines. From the baseline of 60% in March 2019, the latest percentage of compliance for January 2020 is 100% with a median of 97% which is above the target of 95%.

METHODS

- ❖ Collection of data from Hypoglycemic Diabetic patient in 5N3 for 3 months before starting the project
- ❖ Survey conducted to all the nurse staff about their awareness and knowledge for hypoglycemia management protocol
- ❖ Education sessions and simulations for all the nurses and physicians
- ❖ Hypoglycemia tool kit was developed for easy access to treat hypoglycemia with the approval of Pharmacy to keep D50%W inside the kit
- ❖ Making visual guidelines reminder ID card for all the unit staff
- ❖ With the coordination of dietitian and catering, snacks are provided for hypoglycemic diabetic patients daily
- ❖ Hypoglycemia link nurses to reinforce implementation of the protocol

CONCLUSION

Hypoglycemia is prevalent in the hospital setting. Although protocols have been developed to prevent and manage inpatient hypoglycemia, there are challenges in implementing and enforcing such protocols. To address these challenges, a pilot was conducted to test an innovative intervention to improve adherence to existing hypoglycemia protocols. This project demonstrated that the use of an effective and efficient protocol staff to recheck a patient's blood glucose with the use of Hypoglycemia Kit and reminder ID card after hypoglycemia treatment was effective.

SUSTAINABILITY

The overall goal in achieving consistency by meeting to ensure quality measure and ensure patient safety. Although education is the foundation to achieving the skills necessary to provide quality care, interventions are required to sustain that education.

- ❖ Weekly huddle
- ❖ Monthly meeting for senior leaders
- ❖ Education and training for the nurses
- ❖ Maintaining patient's and staff satisfaction

CRITICAL SUCCESS FACTORS

Only through collaboration and efforts of each hypoglycemia team members and engaging staff in evidence-based practice can increase the compliance for hypoglycemia management protocol.

REFERENCES

- ❖ Clinical Protocol 10555 Initial Management of Hypoglycemia Protocol (HGH)
- ❖ International Diabetes Federation (2017). <https://idf.org/network/regions-members/middle-east-and-northafrica/>

Middle East Forum
2021- Poster for
Safety Category
1st Place

The Team:
Afaf H S Ramadan
ARAMADAN@hamad.qa
Esmat Swallmeh
ESwallmeh@hamad.qa
Raja M Al Khawaja
Ralkhawaja@hamad.qa
Dr. Aisha H O Aldab
Aaladab@hamad.qa

Sandhya B
Thimmappa
SThimmappa@hamad.qa
Noymie F J Tavera
NTavera@hamad.qa



NATIONAL CENTER FOR CANCER CARE AND RESEARCH QUALITY IMPROVEMENT JOURNEY

Rescue me! Sepsis Management The Cancer Hospital Journey

NCCCR treats Cancer patients, and these patients are immunocompromised. Hence, they are very much susceptible to sepsis resulting in high morbidity and mortality. Having cancer and undergoing certain treatments for cancer, such as chemotherapy, can make the body unable to fight off infections the way it normally would. An infection or sepsis can happen at any time. However, when cancer patients have very low levels of a certain type of white blood cell (neutrophils), the risk of getting an infection that can lead to sepsis increases. This condition is a common side effect of chemo called Neutropenia. Therefore, early detection is lifesaving.

The baseline data in Dec 2017 showed Zero compliance with sepsis care pathway (sepsis 6 care bundle) within 60 minutes. The median time to antibiotic administration was 107 minutes,

our aim is to achieve 95% compliance to delivery of all Sepsis 6 care bundle elements within 1hour from time zero.

We came up with several interventions like customizing a cancer sepsis screening tool and order set in Cerner, ensuring availability of the antibiotic, diagnostic kit and POCT machine in the unit and conducting awareness sessions in unit, morning report, huddles, e-learning, bedside teachings.

It was indeed a collaborative work that we can be proud of. The NCCCR team and front liners' hard work and commitment to leverage safety

was evident with upward data trend and sustained improvement.

The NCCCR team and front liners were able to achieve 96% overall sepsis compliance in February 2022 implementing this initiative in all applicable patient care units. We have achieved this with our strong commitment and leadership support, and all the team's effort to overcome the identified roadblocks.

We still have a lot of work to be done, but with commitment from all, and with our strong leadership support, we're very optimistic that we can overcome any roadblocks.

"RESCUE ME" IMPROVING PATIENT SAFETY THROUGH EARLY SEPSIS RECOGNITION AND MANAGEMENT: THE CANCER HOSPITAL JOURNEY

BACKGROUND

Sepsis is life-threatening organ dysfunction caused by a dysregulated host response to infection. Management of sepsis is a complicated clinical challenge requiring early recognition and management of infection, hemodynamic issues, and other organ dysfunctions. The purpose of this project is to standardize the practice through timely assessment, early recognition and the management of sepsis/septic shock patient and to deliver the appropriate Sepsis 6 bundle within the first hour of confirmation of sepsis case to all hematology and oncology patients admitted to NCCCR. A standardized approach to the sepsis recognition and management enable us to improve patient outcomes and save lives.

AIM

To improve patient safety through early sepsis recognition and management by 95% NCCCR healthcare provider's compliance with the Sepsis 6 bundle within 1 hour from time 0 by the end of December 2020

ACTIONS TAKEN

- Identified the percentage of possible septic patient by reviewing the antibiotic and blood culture patient in December 2017 as baseline data.
- Assessed and Mapped the current process of Sepsis early recognition and management and address the challenging areas
- Identifying key stakeholders and creation of a Multidisciplinary Sepsis Operational Workgroup
- Create structured Sepsis Screening tool and order set customized for cancer patient
- Sepsis Staff Awareness Survey, Education - Adult Sepsis management and Pathway.
- POCT VBO machine in unit
- Sepsis Antibiotic and Diagnostic kit

PDSA UNDERTAKEN

Pract test preceding implementation of the following Change goals:

- Staff Awareness Survey Tool
- Customized Sepsis Screening tool
- Customized Diagnostic Lab kit
- POCT Lactate test
- Golden Hour in Cerner
- Sepsis Dashboard and
- Structured data submission and analysis process.

PDSA: Staff Awareness Summary Tool

PDSA: Sepsis Laboratory Kit

PDSA: Sepsis Screening Tool

RESULTS

Table 1 shows Pareto analysis of the Sepsis 6 bundles elements missing documentation.

Table 2 shows the over all compliance to Sepsis 6 bundle elements

ACHIEVEMENTS: Remarkable improvement on Sepsis Bundle compliance within 1H from 0% 96% covering all clinical units in NCCCR with an average of 60 sepsis forms per month.

CONCLUSION:

- Implementation of the Incident Reporting for any delay in implementing Sepsis 6 bundles. Data is used for timely coaching and sharing lessons learned.
- Information Sharing Weekly sepsis compliance report send to all clinicians - unit managers, and champions.
- Identifying and understanding factors outside the sepsis management process such as system errors. Report reliability physician workloads, Corporate Policy affecting - These factors continuously change and put inconsideration in revising process.
- Antibiotic Kit availability in Pynis
- Golden Hour Sepsis Order full implementation
- Dynamap machines interface to Cerner (Time 0 accuracy)
- Post educational awareness Staff Survey

MOVING FORWARD:

- Celebrate success by Recognizing Staff Compliance and sustaining gain



In the future, identified roadblocks such as electronic automation of Sepsis report from Cerner will be exceeded.

If you have questions, please contact:
MOHAMMAD BAKR
MBakr1@hamad.qa
EMELITA JOSE ISON
EISON@hamad.qa

MY LEADERSHIP JOURNEY

Many years ago, my dream started to grow when I envisioned myself becoming a good nurse. A caring, kind, loves helping people and passionate in everything I do. I was so excited and anxious at the same time being alone when I accepted an amazing offer to work as a Pediatric Staff Nurse at Hamad Medical Corporation (HMC). My journey was quite challenging; however, I knew that moment when I was designated to become Charge Nurse and then was promoted to a Head Nurse position was a big feat but embracing the difficulties will help me learn and acquire

exceptional skills being the key to my success in the future.

Then, the best years of my career was in 2016. I lead a group of staff nurses at 5 North 3 Female Medical Unit (FMU). Being proactive and learning from quality improvement and patient safety experts gave me the confidence to lead the FMU and initiate the Value Improvement Program (VIP). A multi-project team aiming to improve the quality of healthcare as well as staff satisfaction.

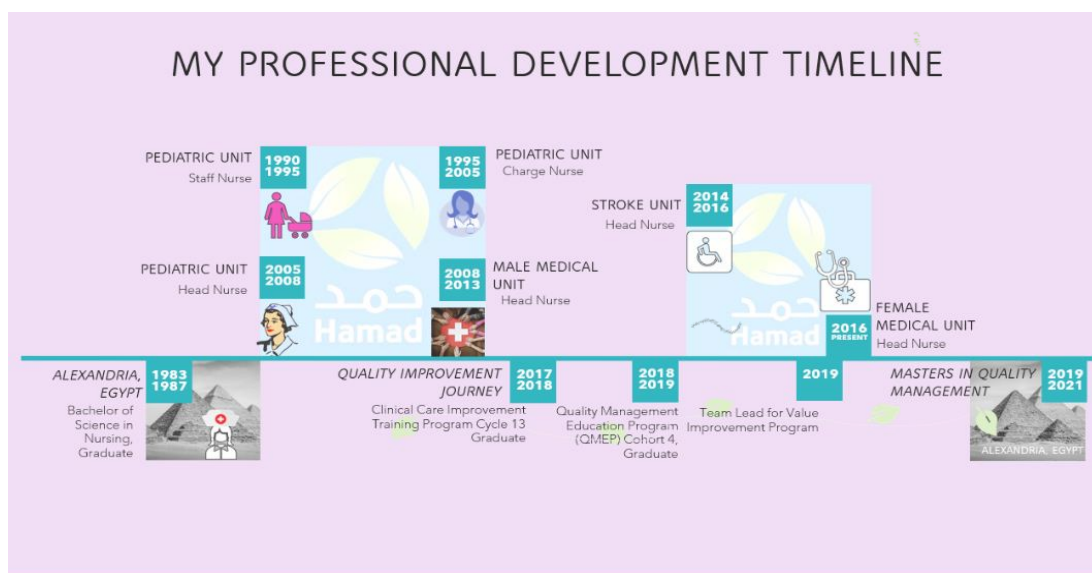
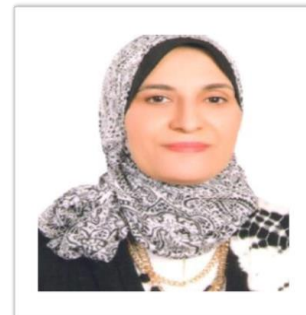
Through the years, I realized that when you have an amazing and outstanding roster of staffs, they become family and any uncertainties can be faced gracefully guiding us to achieve our mission to great heights of quality healthcare services. With the Teams shared hardships, determination, and outstanding collaboration and support from our leaders, IHI and HHQI, we are proud to say that the impact has driven us to transform into a better healthcare environment. FMU is being recognized by the Global Excellence, Poster Award during the Middle East Forum 2021 and was nominated for VTE Clinical Care Champion Program in March 2022.

My greatest learning is not about the title or the designation you are holding, it is about humility, respect, influence and inspiration. I am grateful to those who were along with me in my journey.

“True humility is not about denying your strengths but being honest about your weakness” Rick Warren

“It takes a lot of patience, dedication, and hard work to reach the top of one’s profession and as hard to keep that position.”

Afaf Hassan Sayed Ramadan, Head Nurse- Female Medical Unit, Hamad General Hospital



HHQI LEARNING EVENTS



APRIL 2022

12

Clinical Care Improvement Training Program – Book Club

26

Clinical Care Improvement Training Program – Coach Meet

“Everyone wants to contribute. Trust Them. Leaders are everywhere. Find Them. Some people are on a mission. Celebrate Them. Others wish things were different. Listen to Them. Everybody matters. Show Them.”
– Bob Chapman



MINI-SERIES: QUALITY IMPROVEMENT TOOLS HISTOGRAM

Why use it? To summarize data from a process that has been collected over a period and graphically present its frequency distribution in bar form

Example:

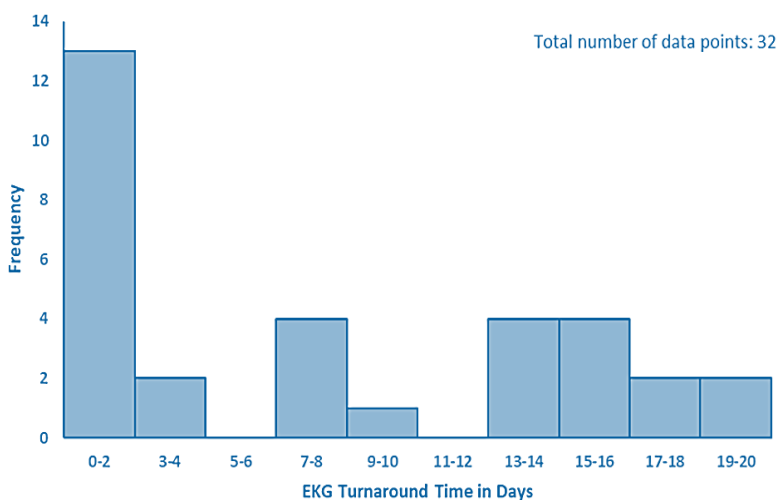
One team used histogram analysis to understand the patterns of variation in electrocardiogram (EKG) turnaround time. The team gathered data on EKG turnaround time in days, collecting 32 data points (see data table). The average turnaround time was 8.1 days, which revealed relatively little about the performance of the process. To get a better understanding of the data, the team then sorted the data, tallying the number of data points in each of 10 categories: 1-2 days, 3-4 days, and so on. The team then displayed the data in a histogram. The histogram provided the team valuable new information about the distribution of EKG turnaround times: the vast majority of turnaround times fall in the 1- to 2-day range, with a smaller clump in the 7- to 10-day range, and a third clump in the 13- to 20-day range.

Sample Data Table: EKG Turnaround Time in Days

2	8	14	20
9	16	1	4
15	8	13	1
13	16	14	17
7	2	20	2
2	2	18	3
1	1	2	7
1	2	15	2

Average = 8.1 days

Sample Histogram" EKG Turnaround Time



References: *The Memory Jogger 2*,
<http://www.ihq.org/resources/Pages/Tools/Histogram.aspx>

As part of Hamad Healthcare Quality Institute's staff wellbeing program, we are continuously learning from the best and experts across Hamad

It was amazing session. I felt the information and guidance are very helpful specially after 2 years of COVID pandemic.

Relatable session. I have gained more ideas that I hope I can bring to life.

Good session to remind on the norms which needs to be kept following, with a positive hope that the pandemic will be over soon, and our lives will be colorful again.

Great session. It was very valuable and looking forward for more sessions.

Loved the session, It has enlightened my thought.


Whether it is pandemic or endemic situation that we are in, we have the responsibility to protect each other from it and the community around us.

Very informative session. Learnt so many new details which has a lot of impact of our wellbeing. Would love to hear the same session again.


Such a clarity to be followed at workplace and detailed answers for all the questions. It was very helpful.

It gives me clear information on what are the correct precautions on dealing with the current COVID19 status.

It gives me more confidence that this pandemic will end soon, providing that we must adhere to the safety protocols.



Dr. Ameerah Al-Kharaz
Associate Consultant Psychiatrist at Mental Health Services, Hamad Medical Corporation



Dr. Jameela Al-Ajmi
Senior Consultant in Adult Infectious Diseases at the Hamad Medical Corporation

Medical Corporation about what we do not know, simply awareness, break the daily routine, finding ways to connect with others and find sense of community. Our team would like to share our expressed comments for the remarkable and wonderful online sessions with the two leaders last month.

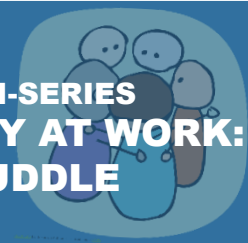


Mr. Romeo Costillas
Technical Lead of Simulation Team from Center for Patient Experience & Staff Engagement

HHQI Advanced Excel Training with Romeo was conducted in Barwa Tower 3 last March.

Our Office
Barwa Tower 3, 15A
Al Sadd.
Feel free to email us at hhqi@hamad.qa

HHQI INSIGHTS EDITORIAL TEAM
Ana Mar Jimena
Catherine Jamias
Dr. Raana Siddiqui
Mark Adrienne Agramon
Smita Prasad
CHIEF EDITORS
Dr. Khawla Ahmed
Dr. Reham Negm El-din
Maryanne Gillies



Hamad Healthcare Quality Institute (HHQI) is inspired to optimize joy in work to reduce the stress and pressure that risk the levels of staff engagement, productivity, environment safety and person-centered care. The leaders take initiatives to build the culture and engage the team to take individual role to restore joy in work.

HHQI huddle commenced in July 2018 and is held every Sunday for an hour with an intention to grow and work together as a team. The HHQI huddle is the team's opportunity to share what went well, celebrate our accomplishments, seek opportunities for further improvements and intentionally make plans for the week and months ahead. We share "what matters to me" in both professional and personal sense as we learn to share experiences and grow together as a healthcare family.

It was a good start to engage staff and perceive other's thoughts and perspectives. The White Paper: IHI Framework for improving Joy in Work serves as our guide and reference.

By taking small steps in building trust and confidence, we gently turn our weekly huddle into an inspiring engaging, interesting, interactive, and joyful activity since March 2019. We focus on teambuilding activities; group dynamics, educational and fun games or trivia, reflections, star of the week recognition and monthly celebration called HHQI day.

Issue 11 Answers



CONGRATULATIONS!
AMaze and Collect Winners

Mohamed Aloui
Ambulance Service Group

Sumi Varkey
Heart Hospital

Jon-Jon Agripa Mirabel
Hospitality & Facilities Management

Spot the Difference: Board Variation

There are twelve differences in these two boards. Do you see all of them? The first three (3) to submit the best answer will be notified. Email us at hhqi@hamad.qa

