



مؤسسة حمد الطبية
Hamad Medical Corporation

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In Collaboration with



PLANETREE
INTERNATIONAL

Person-Centered Care

Virtual Forum 2021

Compassion in Action: **Spread Kindness**

15-16 October 2021



PCCF2021@hamad.qa

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PCCF 2021 POSTER GUIDELINES

General Information

- Shortlisted abstracts for posters under the five (5) forum tracks will be notified by email.
- Once you have submitted your poster, no further amendments will be possible. Please ensure your poster has been completed and checked before submission.
- Selected posters will automatically be exhibited in the virtual poster exhibition booth at the Person-Centered Care Forum 2021.
- For posters featured during the Forum, at least one key author will need to be present online during the poster presentation to offer explanations about their project or program to interested delegates attending the virtual forum.
- Authors with approved posters will have to register as delegates.
- The lead author and up to nine (9) co-authors of approved posters will be eligible for the special poster author discount. Please note that program or project sponsors are not authors. You can list them on the poster but discounts are not applicable to them.
- Approved posters will be featured on the forum website and a reference will be included in the electronic forum brochure.
- Approved posters will be printed and displayed in the designated exhibition area virtually.

Poster Structure/Contents

Each poster design submission must contain the following information:

- Title
- Introduction/Background
- Learning Objectives
- Methodology
- Results
- Conclusion
- References
- Author(s)/Members

Poster Format

Title: Include a title that describes the focus of your story. The title should clearly identify the contents of the abstract. Be sure to capitalize the first letter of each word in the title, with the exception of prepositions and articles. It should be engaging, avoid acronyms and exclamation points and have a character limit of 50, including spaces.

Introduction/Background: Provide a brief description/background of your poster idea that highlights key points from which others can learn. Limited to 500 words or less.

Learning Objectives and Expected Outcome: The proposal must clearly define the learning objectives. A minimum of three should be included.

Authors: List the corresponding author first, followed by supporting authors listed alphabetically; include titles of each author. List each author and his/her institution on a separate line.

Affiliations: Please identify any affiliation for which there is a conflict of interest.

Accuracy: You are responsible for the data accuracy and ensuring you have permission to publicize this in a public conference.

Numbers: Spell out numbers only at the beginning of a sentence. Use zeros before decimal points.

Symbols: Use only industry standard symbols where applicable.

Tables and Graphs: Graphs and tables MUST include the source of the data. Titles of tables and graphs MUST include the measures and you should label all axes.

Lab. or data values: When citing recorded values in your hospital, include units and range for normal.

Abbreviations: Use the complete term/phrase before including the acronym or abbreviation in parentheses - remember there are others who may be interested in your poster who may not be familiar with industry/clinical terms. Remember to define your terms clearly and succinctly to avoid confusion.

Poster Design Tips

MAKE IT VISUAL! Use clear and impressive charts:

Consider ways to present your points with more than words. Examples include drawings, photographs, charts, and graphs. Make sure that photographs are not pixelated.

ARRANGEMENT:

The poster should have a definite sense of direction and should match the logical flow of information. Your poster should generally read from left to right, following the outline. Use lines, frames, contrasting colors, or arrows to call attention to important points.

LETTERING:

Select a clean, simple letter font/style and use it consistently throughout the poster. Less words (Font Arial, body 10-12 titles 14-20) the smallest letters should be at least ¼" tall (18 point) and easy to read. Use both upper and lower case letters (do not use all capital letters) especially in body copy.

COLORS:

Light background, Black fonts. Aim to use no more than four colors. Color can help to highlight sections or point out similarities and differences but too many colors can detract from the main message.

AVOID CLUTTER:

Communicate enough information so that viewers understand your work but avoid unnecessary details that may confuse the message. Overcrowding is a problem with poster design. While accuracy is important, your poster should stimulate interest rather than provide complete details.

POSTER REFERENCES

Patient Experience Forum 2019
Past Poster Winners

Al Wakra Hospital - Pediatric Division's Advocacy on "Help Us Give Your Children the Best Possible Care"

Lead Author: Ms. Nina Rachel Reyes

Co-Authors:

Ms. Ann Margareth Garabato, Ms. Ghadeer Mustafa, Ms. Fatma Elayouti, Ms. Julie Ann Limin, and Dr. Khalil Salameh

Overview:

Family presence during rounds, leads to positive outcomes and increased satisfaction based on the perspectives of patients, parents, families, and health care providers (Cypress, 2012). Parents have valuable knowledge about their child and are important helpers in implementing their children's health care (Harrison, 2010; Watts et al., 2014).

Census reports confirm that an increasing proportion of children spend substantial amounts of time in the care of a person other than their parents in United States. In 2000, 61% of children from birth through third grade received some form of child care on a regular basis from persons other than their parents (Berger, 2003). In many Gulf countries, children are often looked after by hired help but the role of nanny is usually undertaken by women from non-Arabic-speaking countries such as the Philippines and Indonesia, who officially live and work in Qatar as housemaids (Walker, 2015). Qatar substituting maternal care for paid childcare in the familial home is related to the near universal employment of female housemaids by Qatari families (Evans, Powell-Davies, & Chung, 2010).

Al Wakra Hospital Pediatric Emergency Department (AWH-PED) provides medical care to both male and female patients from 0-14 years of age, whom are considered minors as per Qatar law. In 2016, AWH-PED received a total number of 181 patients who came without their parents. Children were brought in the emergency department to seek medical care by adults living in the home who are not biologically or legally related to the child. Most of them do not have formal medical education and training and have less understanding of medical terms, treatments, and medications. These patients need their parents or any legal guardians for their treatment decisions as parents and legal guardians know their children best and often act as a bridge between the child and the health care team in order to ensure their child's needs are fulfilled.

In order to deliver the safest, most effective care possible to their children, AWH Pediatric Division came up with a project regarding patients who comes without parents. A first of its kind initiative under Hamad Medical Corporation.

Learning Objectives:

- To acknowledge that the child or patient is at the core of all that we do and that the family is central in the child's life and therefore central to our care processes.
- To relay an evidence-based approach to the development and promotion of interactive health communication.
- To heighten the awareness of health care providers about their vital role as a health educators in achieving a better health outcomes and improved patient and family experience of care.

Methodology:

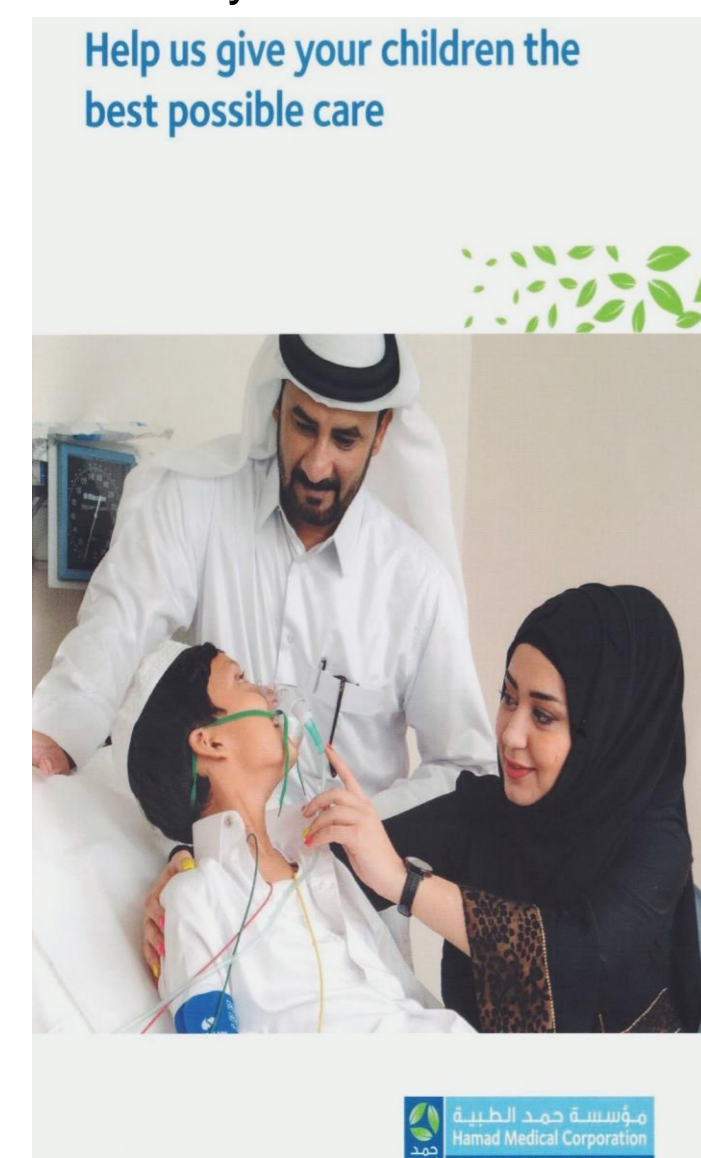
Data Collection

The data of patients who came to AWH-PED without their parents were collected retrospectively starting from 2016. A review of the reported OVA generated by RL solutions software and verified by Cerner System related to patients who comes without their parents was done. Statistics showed that there were 181 reported cases of patients who came without their parents on 2016.

Based on the statistics gathered, AWH-PED multidisciplinary team initiate a project with the primary purpose of decreasing the number of patients who came without parents by 50% by the end of 2018.

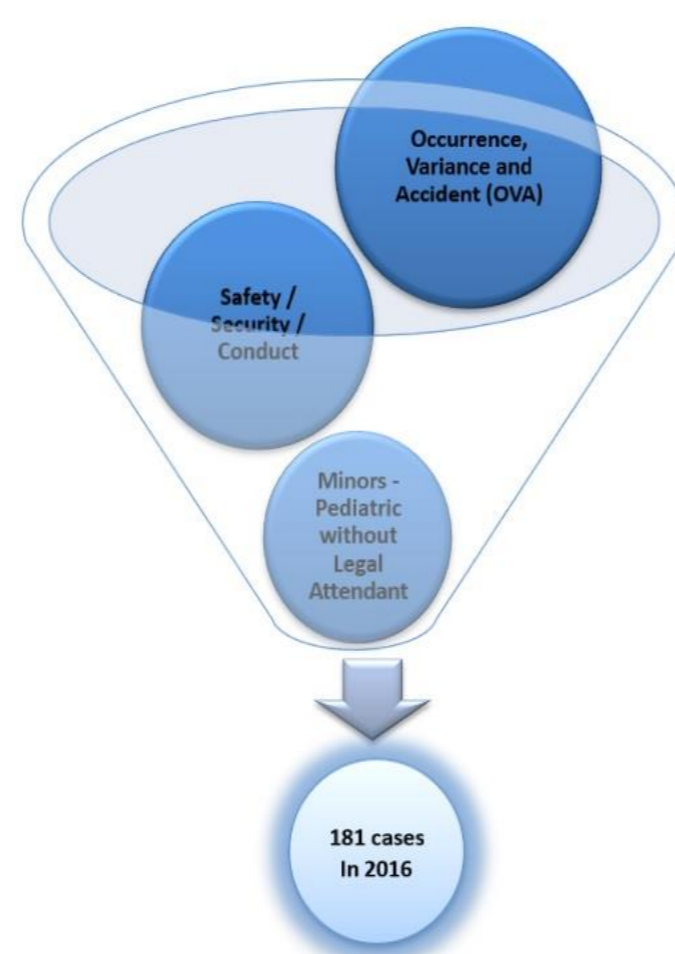
Interventions

A series of health education activities were conducted in order to strengthen the advocacy.



In February 2017, the team prepared educational materials about the importance for children to be accompanied when receiving care and the risks associated with sending children to emergency department with people other than their parents or legal guardians. Pediatric Division developed a leaflet entitled "Help Us Give Your Children the Best Possible Care", printed in both English and Arabic languages approved by Corporate Communications and Designs. Leaflet were distributed to parents or legal guardians and to those who accompany the children on their visit to AWH-PED. This is an initiative to further improve the service we provide in our community.

Teaching the importance of coming to emergency with a parent or legal guardian is incorporated as one of the topic in the school visits as part of the child safety campaign.



Results:

Figure 1. Census of Patients in AWH PED 2016-2018

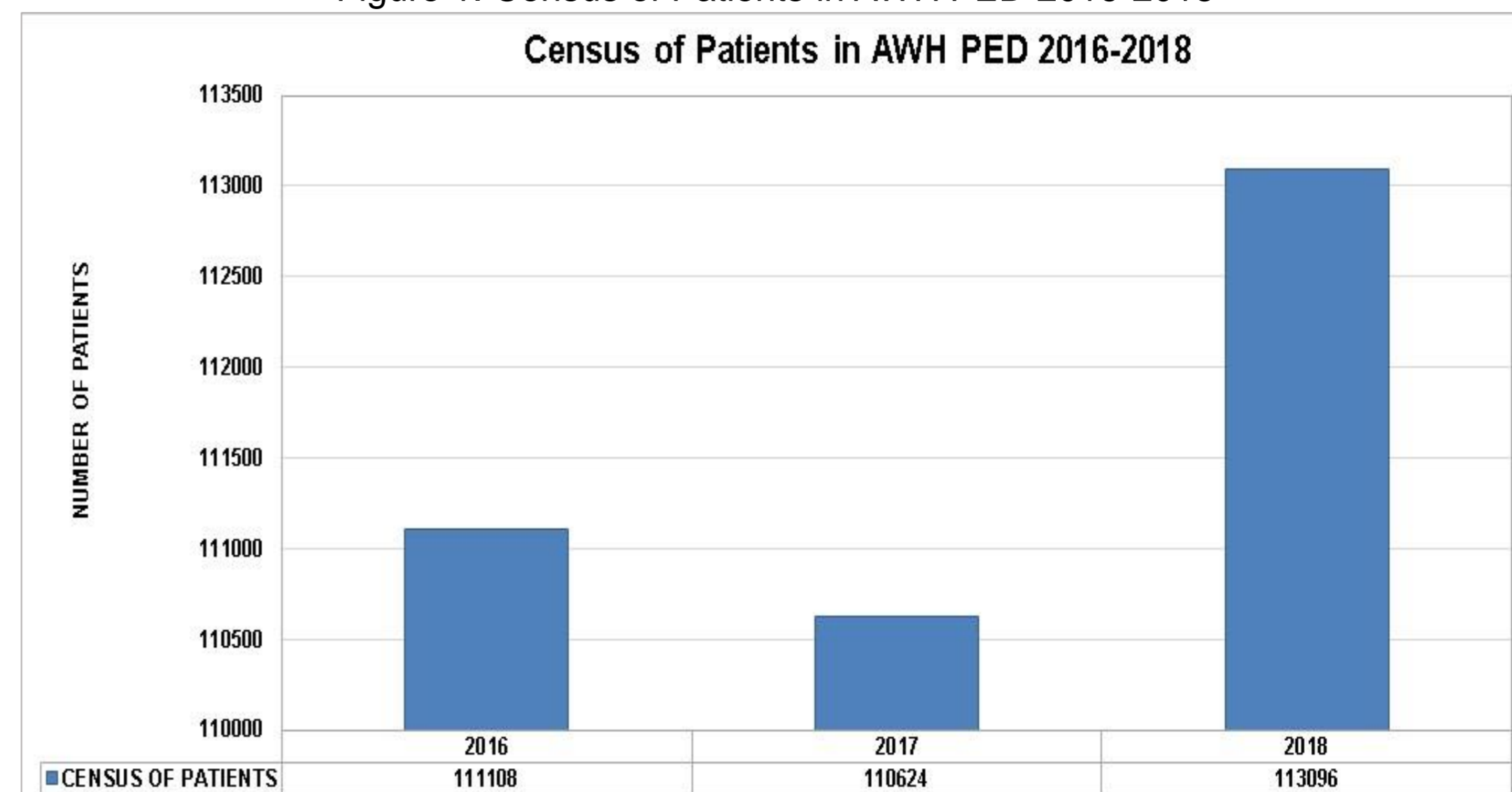


Figure 1 shows the number of patients who visited AWH-PED from 2016 to 2018 with a difference of 1,988 patients or approximately 1.8% increase from the baseline.

Figure 2. Patients Who came Without Parents / Legal Guardian in AWH PED 2016-2018

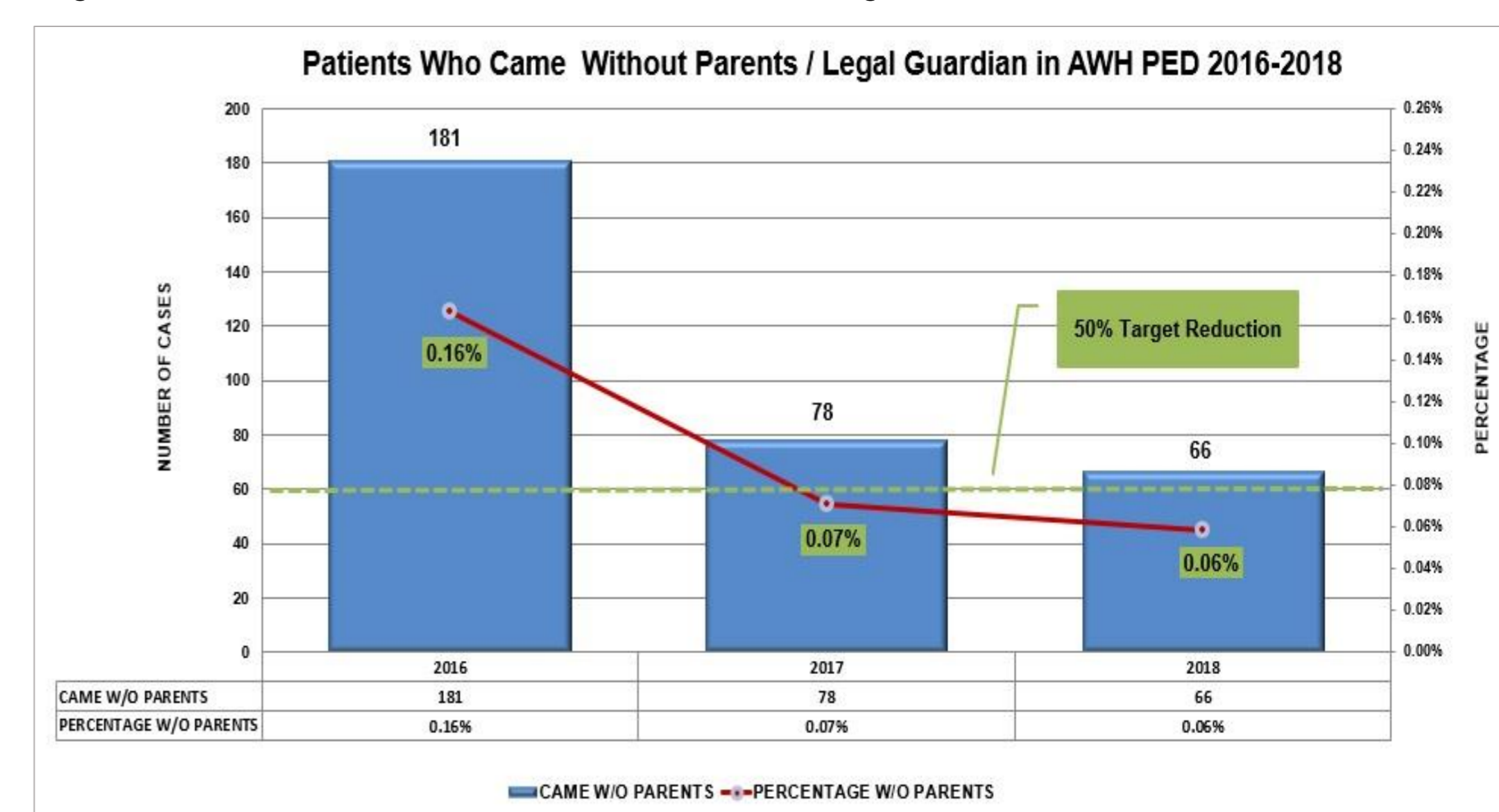


Figure 2 shows the number and percentage of reported cases of patients who came to AWH PED without their parents or legal guardian from 2016 to 2018. There were 181 (0.16%) reported cases in 2016. Significantly, the number of reported cases decreased in 2017 with 78 (0.07%) cases and again dropped to 66 (0.06%) cases. Based from the data gathered, the reduced occurrence of patients who came without parents from 2017 and 2018 was 57% and 64% respectively. It shows that our advocacy was effective in reducing patients who came without parents. The target of 50% reduction were met for the 2 consecutive year.

Conclusion:

We therefore conclude that we improved the quality and patient safety in the context of promoting a better culture and healthy communities through reshaping the mindset of the community we served and enhancing family involvement in the delivery of the safest, most effective and most compassionate care possible.

Next Steps:

- To continue to pursue the advocacy by grabbing all open opportunities that can be an avenue to spread the awareness about the importance of parent's accompaniment for minors who are coming to emergency.
- To coordinate with the government about the advocacy of the hospital for possible media involvement.

References:

Cypress, 2012 / Harrison, 2010 / Watts et al., 2014 / Berger, 2003 / Walker, 2015 / Evans, Powell-Davies, & Chung, 2010

Acknowledgments:

- Ms. Abir Elsayed
- Ms. Muna Atrash
- Dr. Shihab Ameen

In Collaboration with

Safe Travel Initiative

Corresponding Author(s): Dr. Mohammed Abu Khattab, Senior Consultant, Infectious Disease Division, Department of Medicine, Hamad General Hospital

Supporting Author(s): Mr. Kiran James, Quality Improvement Reviewer, CDC.

Sponsor: Dr. Muna A. Rahman S. Al. Maslamani, Medical Director, CDC

Co-Sponsor: Dr. Muna Ahmed M A Al-Rashid, AED, Quality & Patient Safety, CDC

Introduction:

Travel Clinic is one of the medical services that specialize in providing preventive medical care such as vaccinations or altitude sickness medicine to international travellers. CDC Travel Clinic, the first of its kind in HMC, includes pre-travel consultation and evaluation, contingency planning during travel and post-travel follow up and care to international travellers.

Background

Mortality studies indicate that infectious disease accounts for about 2.8–4% of deaths during/from travel. Traveller's diarrhea is the most common problem encountered. Malaria is one of the most prevalent parasitic diseases in the world and represents a threat to travellers visiting endemic areas. Since the opening of the new airport in Qatar Hamad International Airport (HIA) the only international airport in the state of Qatar 30 April 2014 the number of travelers from and to Qatar increased dramatically HIA accomplished a new record of passenger traffic and aircraft movements in 2016, handling 37.3 million passengers and 245,800 landings and take-offs in 2016, this number was increased to 120. million passengers till the end of 2017.

In Qatar, HMC is the main governmental healthcare provider and till the opening of travel clinic in February 2017 there was no dedicated travel medicine service in HMC. There is no published data about pre travel health risk assessment and travelers characteristics from Qatar; this is the first study to highlight travel services in Qatar.

Objectives

- To vaccinate an average of 60 travellers who required vaccines for their travel to different destinations by the end of Dec 2019.
- To administer 100% of travellers with the Anti -malarial and Anti diarrhea Prophylaxis those who are travelling to certain countries by Dec 2019.

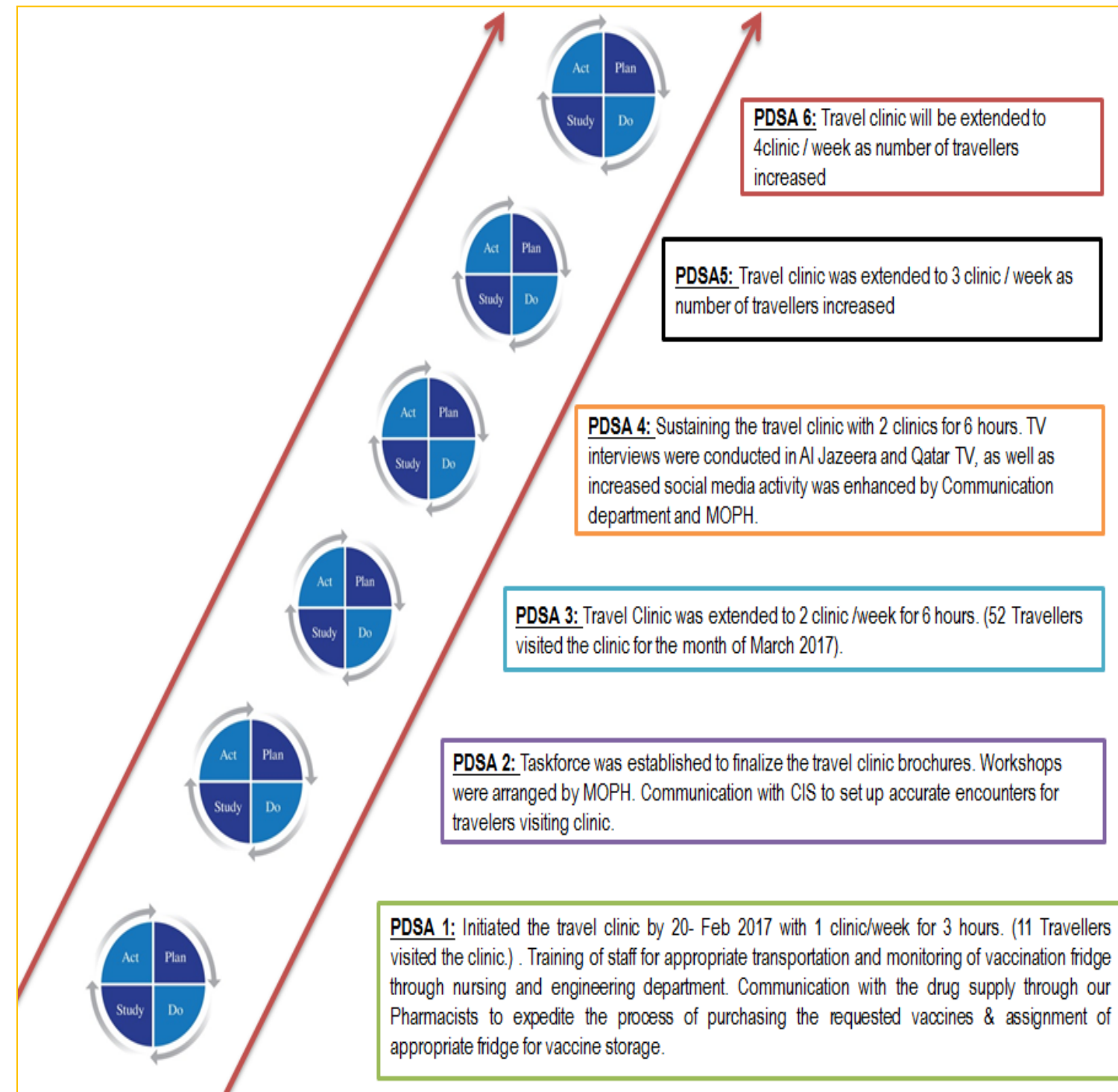
Methodology

IHI Model of Improvement

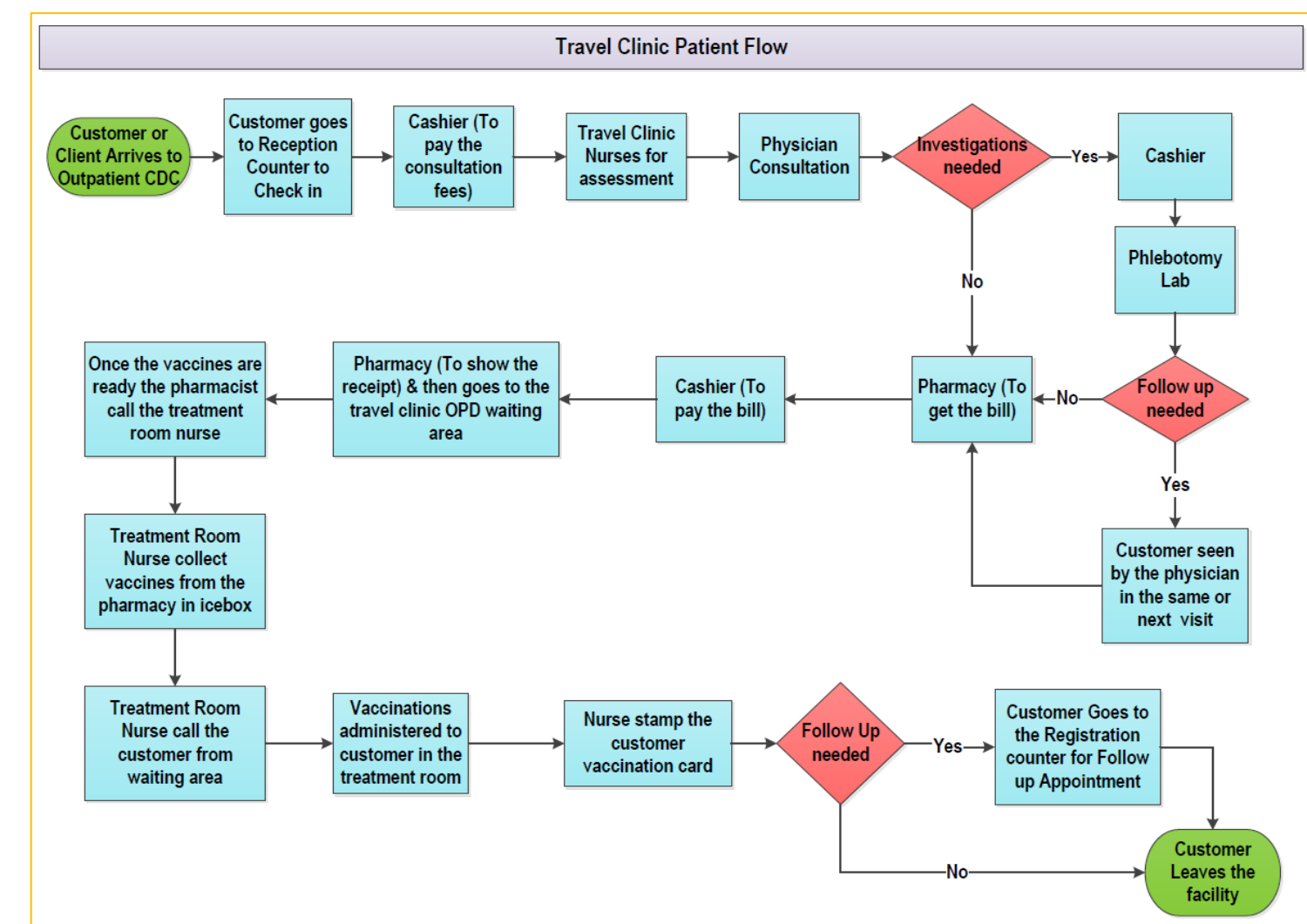
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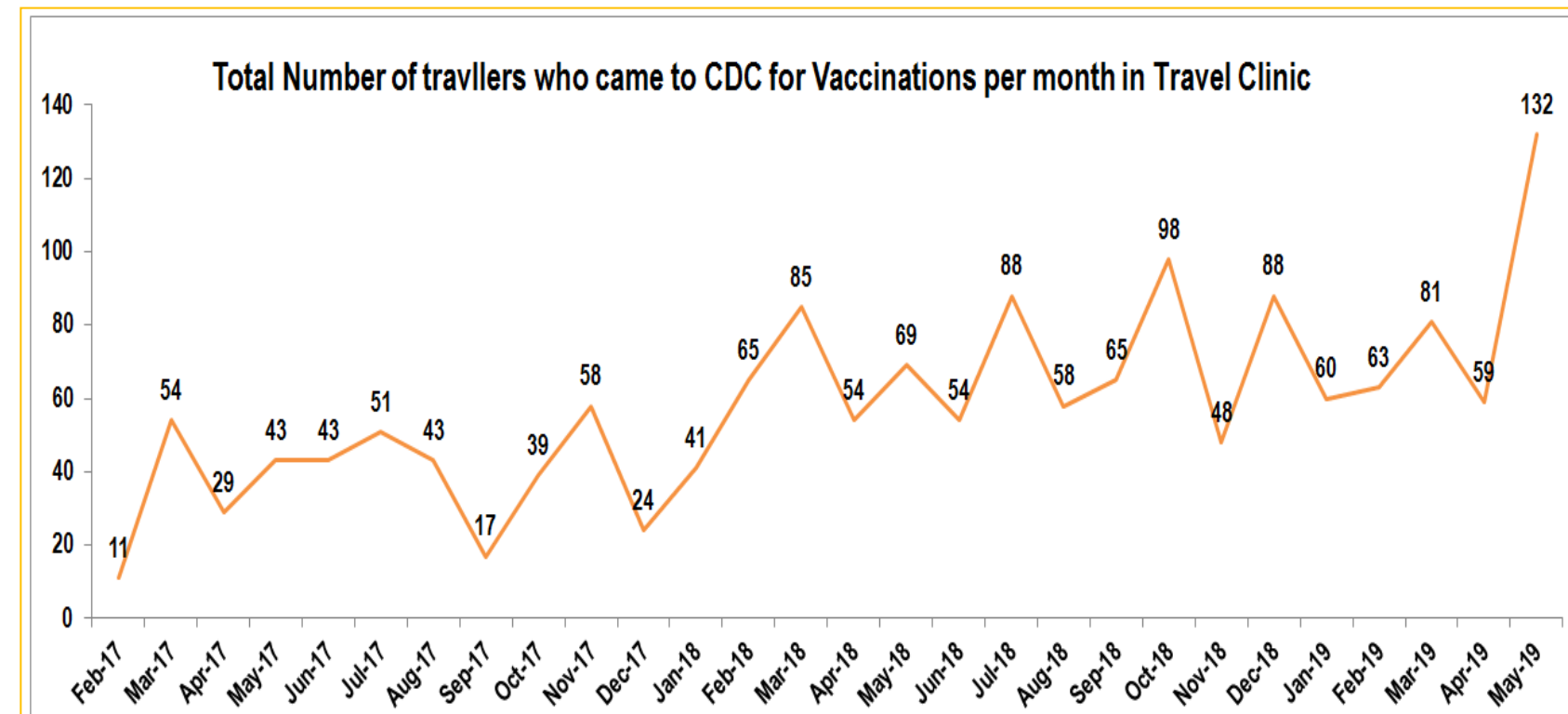
PDSA



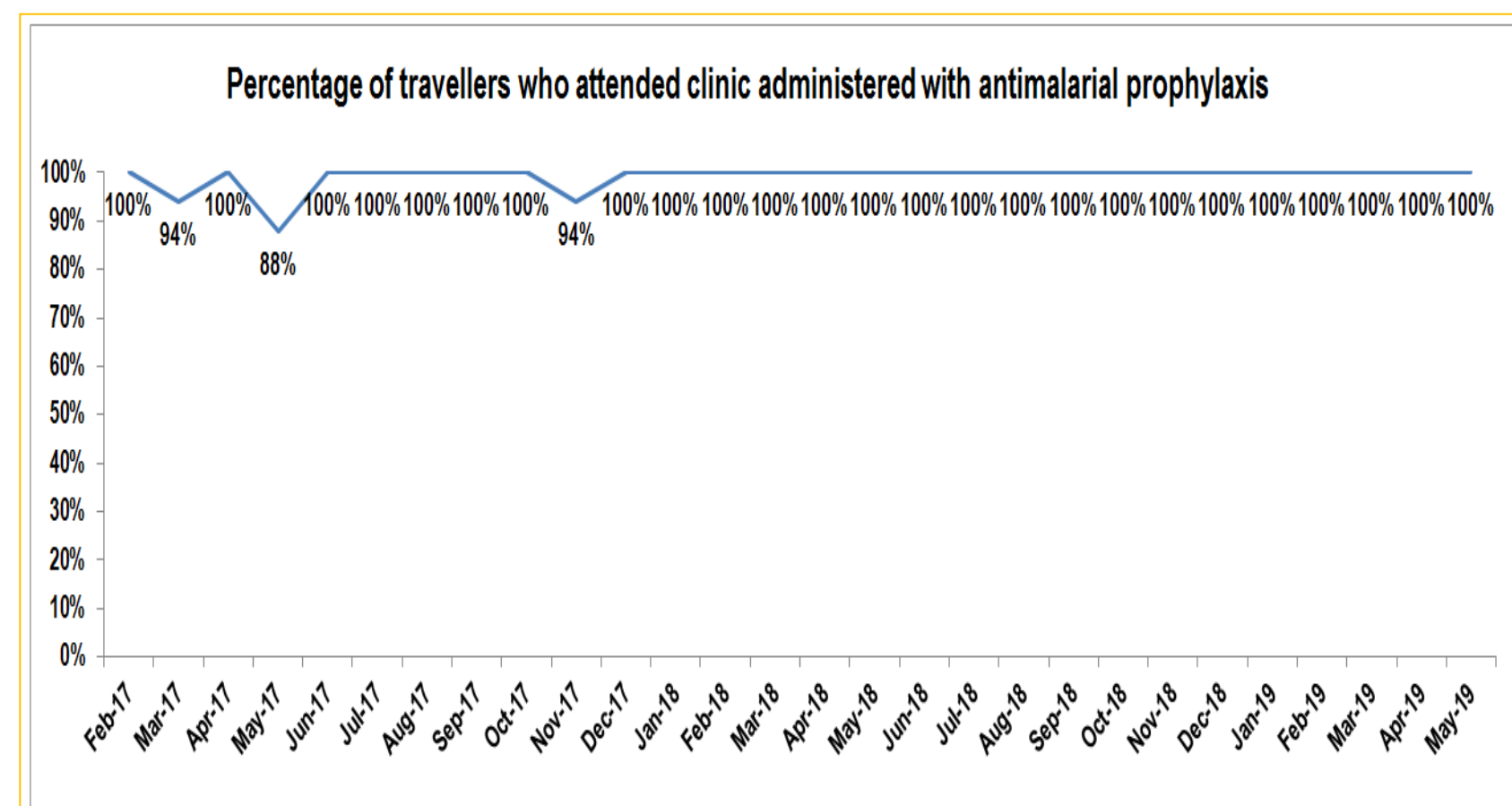
Process Map



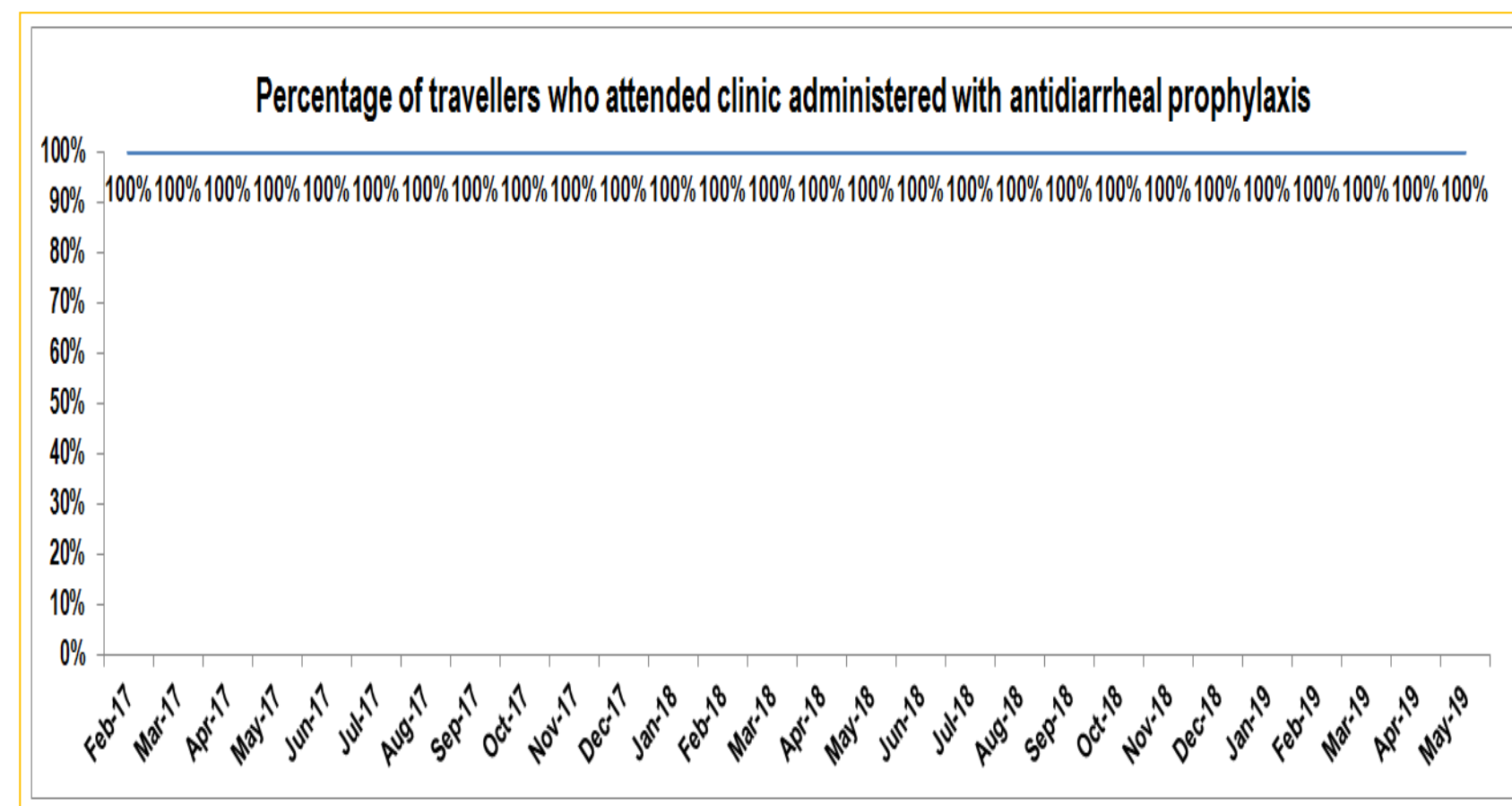
Results



A total of 1808 travel consultations were done from Feb 2017 to May 2019. Average number of vaccinations per month is 58. The range varies from 11 in Feb 2017 to 132 in May 2019



672 out of 1808 travel consultations required antimalarial prophylaxis & 669 received the prophylaxis and 3 of them refused to take prophylaxis.



653 out of 1808 travel consultations required anti-diarrheal prophylaxis & all of them received the prophylaxis

Conclusion

There is an increase in knowledge and awareness for HMC staff and public about travel medicine services including both pre and post travel counseling and services as a greater number of travellers started coming to the CDC travel Clinic. There were no travellers who developed complications after receiving vaccinations.

Rates of international travel continue to grow substantially. This increases the risk of travel-related illnesses and other health exposures; therefore, health care professionals need to accurately advise travelers about these potential risks. Traveller's health and safety depends on a practitioner's level of expertise in providing pre-travel counseling and vaccinations, if required. During our observation we noticed that there is increasing awareness and demand on travel health services among Qatar population.

Consultant advises vaccines 4-6 weeks ahead of travel

HMC provides tips for residents travelling abroad

Patient Testimonial: I visited the travel clinic because I will be flying to Kenya. The doctor was able to provide me with all the information that was required about disease and illness in that area and advise me accordingly.

Name: Mark Reedy
Signature: Mark Reedy

References

- http://cf.cdn.unwto.org/sites/all/files/pdf/unwto_barom18_01_january_excerpt_hr.pdf
- World Economic Forum travel and tourism competitiveness report 2017
- Gulf Labour Markets and Migration in Qatar GLMM - EN - No. 8/2014.
- Van Herck K, Van Damme P, Castelli F, Zuckerman J, Nothdurft H, Dahlgren AL, et al. Knowledge, attitudes and practices in travel-related infectious diseases: the European Airport Survey. J Travel Med 2004;11:38.

Physicians and nurses perceptions and attitude towards effective communication and collaboration in ACGME-I pediatrics inpatients program in QATAR

Manasik Hassan, Ahmed Duhair, Ahmed ould Vetten, Hatim Abderhaman, Ahmed Alhammadi
(Hamad medical corporation/SIDRA)

Background

Effective communication between physicians and nurses is associated with better quality of care to patients, increase teamwork and job satisfaction for both. In Qatar; Pediatrics Department at Hamad Medical Corporation is 50 beds tertiary care facility, no data on effective communication and collaboration among health care providers are available in Qatar. Our aim was To explore and compare the perception and attitude of physicians and nurses toward proper communication and collaboration with each other and to highlight areas that needed the greatest opportunity for improvement.

Methods

A cross sectional survey were administered from September until November 2015 to the pediatricians and nurses on pediatrics inpatients wards at Hamad Medical Corporation the main tertiary hospital in the state of Qatar, questioner included details of demographics, perceptions and attitude towards proper communication and collaboration in daily clinical practice. Questions offered objective answers utilizing the 4 -point Likert scale that can be used to perform statistical analysis

Results

Out of 124 responses, 83 (67%) were Pediatricians and 41(33 %) Nurses. Almost (69%) of pediatricians stated that they enjoyed communication with nurses compared to (41.5%) of nurses ($P < 0.012$). Nearly (67.5%) of physicians had a good communication with nurses compared to (44%) of nurses ($P < 0.039$).small percentage (10 %) of pediatricians stated that they share decision with the nurses similarly (5 %) from nurses side ($p < 0.172$). in term of putting plan together before making decisions pediatricians had (6%) agreement comparatively to nurses who specified (13%) ($p < 0.11$). Cooperation in decisions had nearly similar response from pediatricians side (14.5%) and nurses side (14.6%) ($p < 0.1$).



Conclusions

Generally this study showed that physicians and nurses share same idea about enjoying communication and collaboration among each. as compared to nurses, physicians were more satisfied with their collaboration with nurses. Sharing decisions is a great area of concern as it represent ignoble percentage of positive result in both sides, which will be an intense area to work on. Creating a conducive environment with regard to improve the collaborative activities for all staff in the same time conduct an environmental tools to work on nurse-physician relationship Will be a huge work load. Implementing job workshops, seminars on interpersonal and professional communication skills which will be excellent tools to be used for improving the collaboration and increase effective communication among staffs. Finally study is proposed to identify physician-nurse relationship at large scale by qualitative study.

In Collaboration with

Collaborating to Improve Oncology Patient Experience: An Interdisciplinary Chemotherapy Education Class for Patients in Qatar

¹ Dr. Salha Bujassoum; ² Ms. Nima Ahmed Ali; ³ Mr. Eyad Tubishat; ⁴ Mr. Hossam Zaki; ⁵ Ms. Wafa ALsaadi; ⁶ Ms. Wafaa N A Shehada;

⁷ Ms. Shaikhah Al Hoori; ⁸ Ms. Shanti Pappachan

¹ Senior Consultant oncologist, ² Clinical Nurse Specialist, ³ Nursing Informatics Coordinator, ⁴ Informatics Nurse, ⁵ Clinical Nurse Specialist, ⁶ Clinical Nurse Specialist, ⁷ Clinical Dietitian, ⁸ Head Nurse

Chemotherapy Class For Patients



Improving the Oncology Patient Journey: A Multidisciplinary Chemotherapy Class:

An interdisciplinary team from the National Center for Cancer Care and Research (NCCCR) has improved the journey of patients undergoing chemotherapy treatment (chemo) by developing a chemotherapy education class to prepare patients prior to their treatment day.

The chemotherapy education class was developed through an evidence-based research and market analysis conducted at NCCCR. The study shows that since patients have been able to meet their healthcare team prior to the start of their chemotherapy, they have become more confident, showing an increased level of trust in their healthcare team

Introduction:

NCCCR is the only healthcare facility to provide chemotherapy treatment for adult cancer patients in the State of Qatar. Prior to Fall 2016, patients were attending their first chemotherapy treatment without any standard education. Although, all the patients' queries were answered in their first consultation day about their treatment, it has been noticed that patients were anxious and having many concerns about management plan and basic information about chemotherapy. In 2011, Qatar cancer strategy highlight the cancer patient education before their treatment. A chemotherapy education class can help patients and caregivers be more prepared for the treatment and the side-effects associated. Research reports providing patients with the information they want in a timely manner can reduce anxiety and stress (Schofield et al., 2003; Voigtmann et al., 2010). It was evident that patients attending NCCCR would benefit from a pre-chemotherapy education class facilitated by a clinical interprofessional team that provides patients and caregivers with information regarding chemotherapy, the side-effects, when and who to ask for help, nutritional information, physical activity during treatment, and psychosocial support services available.

Aim:

The aim of this quality improvement project was to better prepare patients for their upcoming chemotherapy treatment. The initial goal was to develop, deliver, and evaluate a chemotherapy education class for patients and their caregivers. The class would prepare patients about treatment day and provide a consistent message about the general effects of chemotherapy and the processes associated (ie what is required pre-treatment, what can our patients expect on the day of their treatment).

The Process of Developing Chemotherapy Education Class

Identified the gaps:

- Assess the current practice.
- Patients coming Anxious & unprepared for treatment.
- Patient unable to set the expectations
- Marketing survey was conducted to find out the patients' perceptions of having a group class prior to their first chemotherapy treatment
- 127 patients were surveyed and reported the need for education Class.
- Evidenced based researches were reviewed.

Marketing survey Graphs:

Since information needs of patients prior to chemotherapy treatment in Qatar were not studied before, the project team conducted a market survey. The market survey distributed between August 28 and October 24, 2016 at the DCU for patients that were receiving chemotherapy. The aim the market survey was to find out the patients' perceptions of having a group class prior to their first chemotherapy treatment, whether receiving information prior to treatment would have been helpful to them, and if so what information they would have liked to receive. (Fig.1)

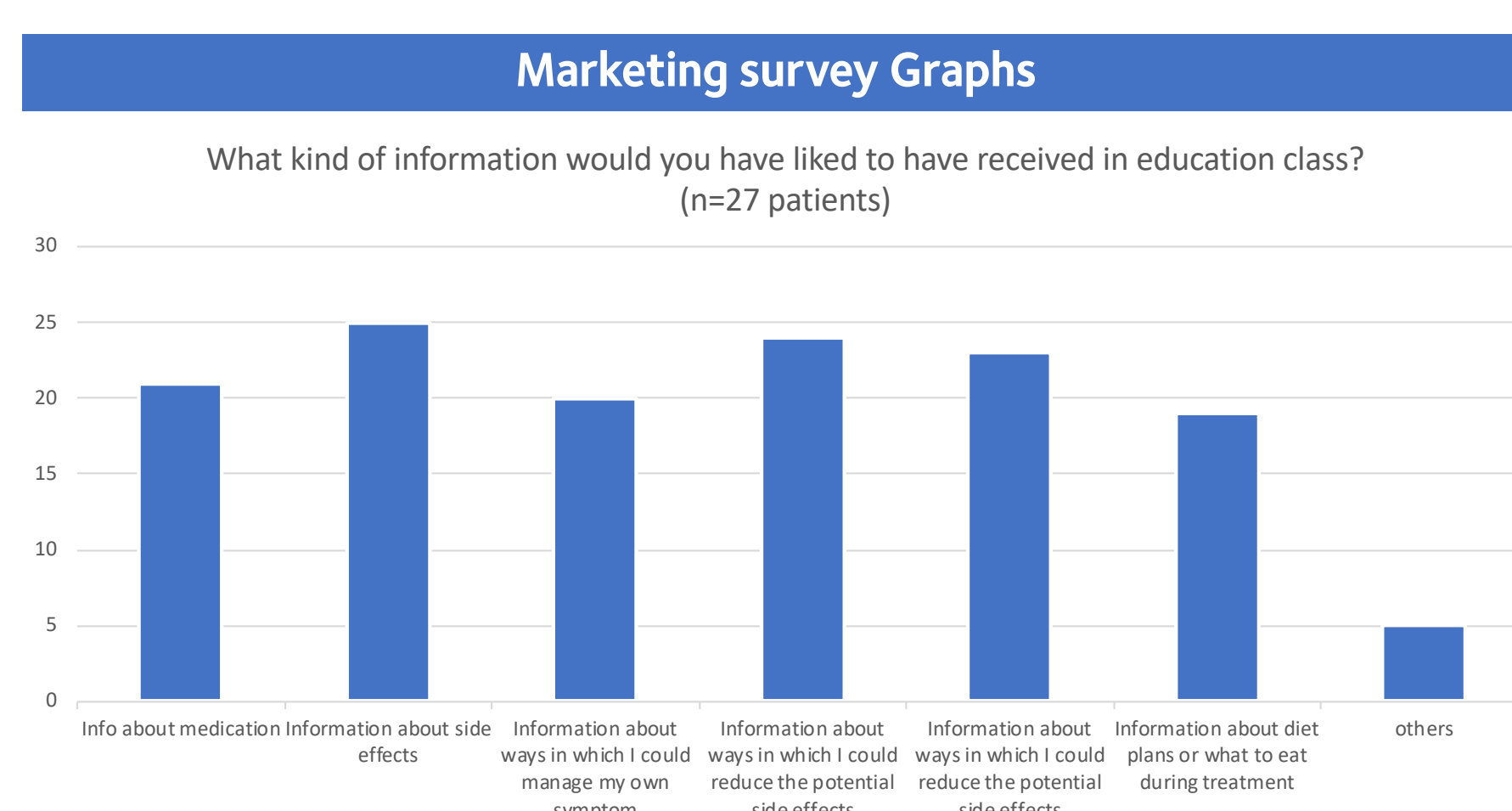


Fig. 1 Marketing Survey Graphs

Preparation for the education class:

- Analysis the data.
- A logic model was developed for this project (Fig.2)
- Comprehensive chemo education program was developed based on patients' needs.
- The content of the class was reviewed by multidisciplinary team.
- Venue was selected.
- The post education evaluation was developed.
- Class marketing (rollup, handouts, etc.)
- Chemo education video in Arabic/English was developing in collaboration with AlRayyan Qatar TV (Fig.3)

NCCCR Chemotherapy Education Class Logic Model

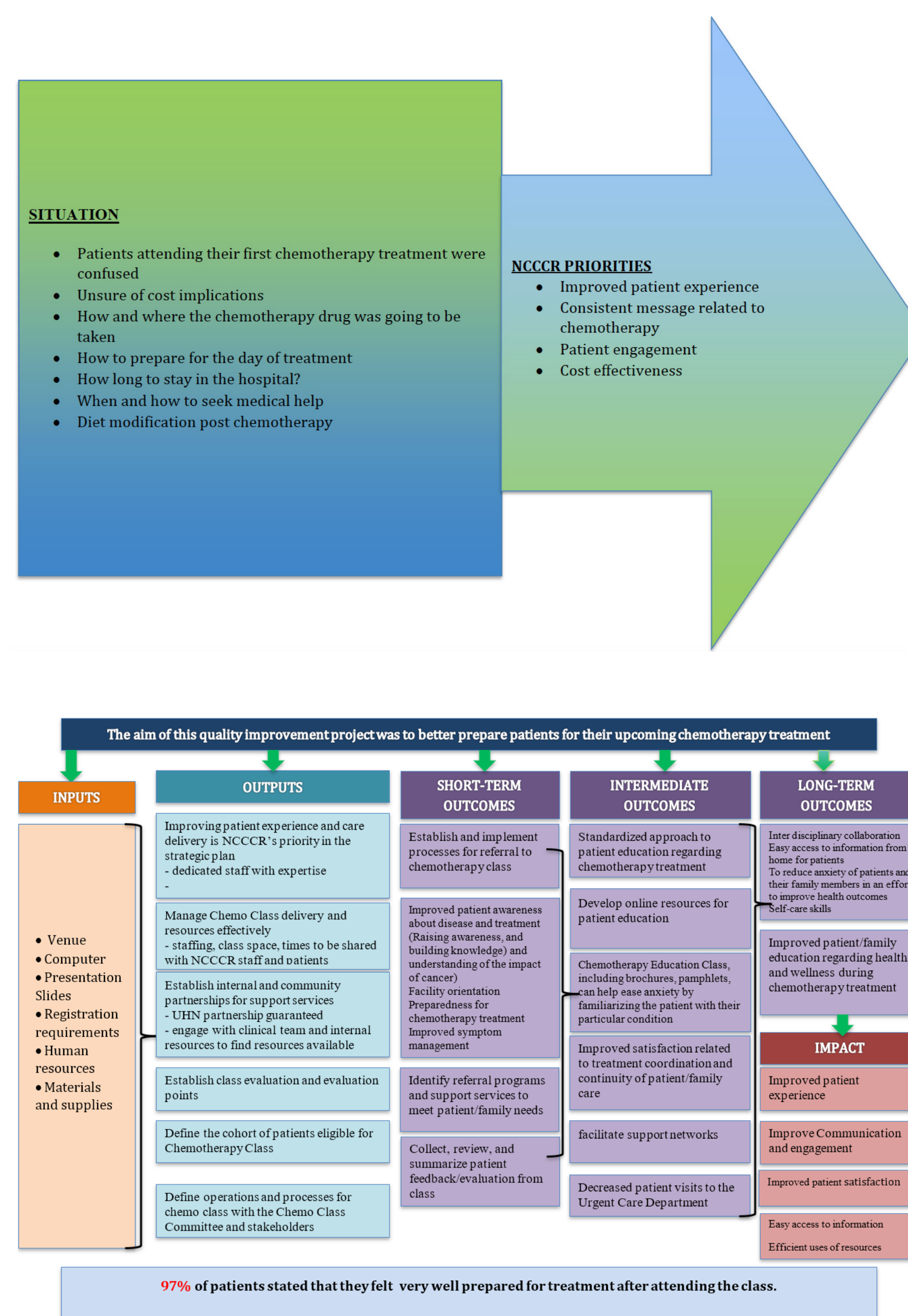


Fig. 2 NCCCR Chemotherapy Education Class Logic Model

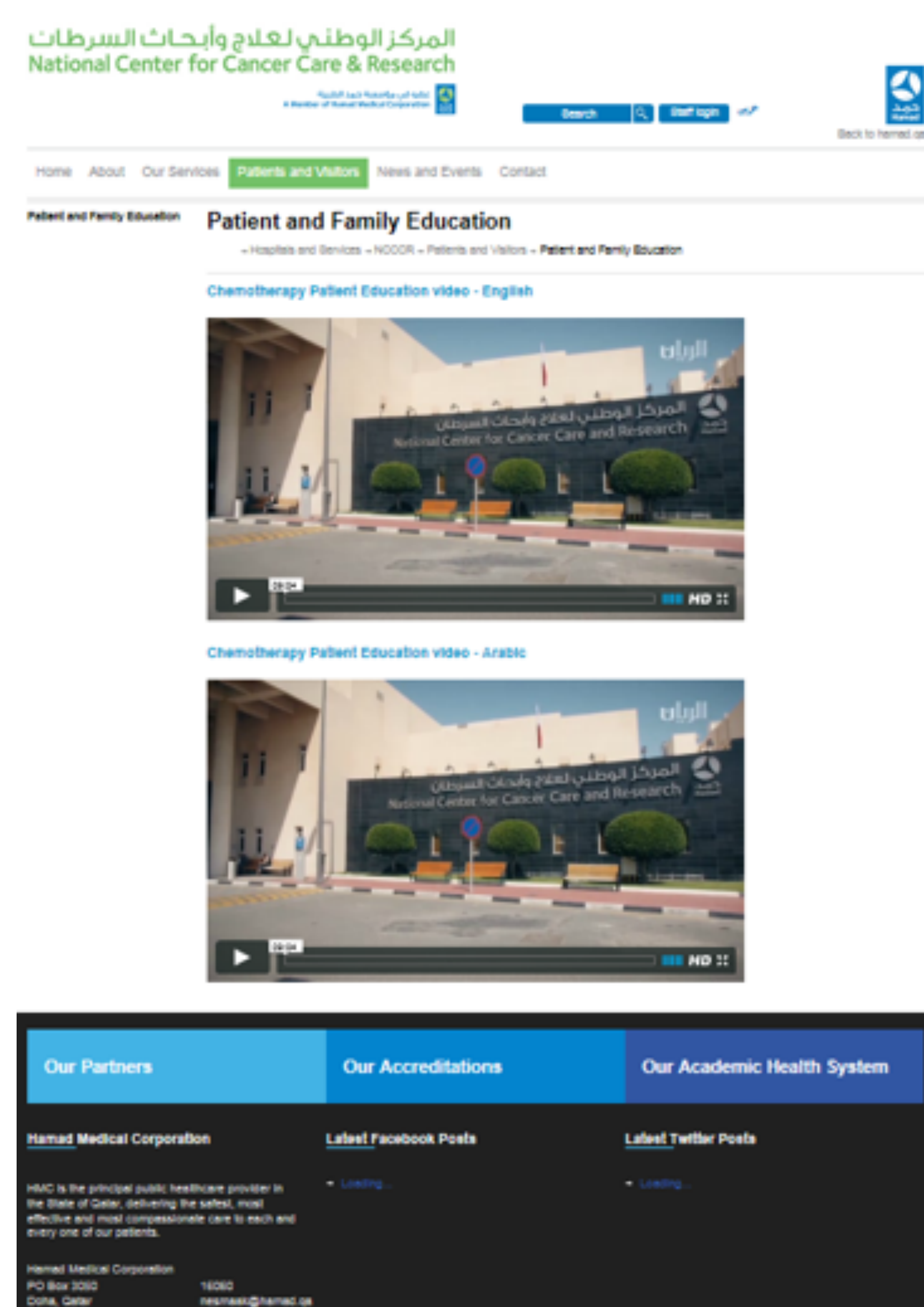


Fig. 3 Chemo Education Video in Arabic/English / NCCCR website

Implementation of the education class:

- First class was delivered on Feb 3, 2017.
- Class are given twice weekly in Arabic/English.
- Patients are given appointment for the class after their first consultation with medical oncology.
- Hardcopy/electronic post education evaluation by attendees is conducted after each class.
- A team meeting is conducted regularly to improve the quality of class.
- Hardcopy handouts of the chemo class were developed and given to patient post class.

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Appointments were available within a reasonable amount of time.	70%	28%	1%	1%	0%
Checking in was fast and efficient.	75%	23%	2%	0%	0%
The overall quality of Chemotherapy education class I received was high	82%	16%	2%	0%	0%
How happy are you with the length of time of the class	71%	26%	2%	1%	0%
How happy are you with the information you received during the chemo class?	72%	25%	3%	0%	0%
When you actually started your treatment, did you feel prepared for chemotherapy because of the class?	69%	27%	2%	2%	0%
Did the staff listen carefully to you about your questions and concerns?	89%	10%	1%	0%	0%
It was easy to get a help when I needed one.	69%	25%	3%	3%	0%
Did the staff treat you with courtesy and respect?	Yes	No			
Did the staff at the class provide you with any educational materials (e.g. pamphlets)?	97%	3%			
Did the staff at the class provide you with any educational materials (e.g. pamphlets)?	94%	6%			
How would you rate the Chemotherapy Class program we have provided to you?	4.78 Out of 5				

Fig. 4 Patient Satisfaction Survey post Treatment

Summary and Recommendation:

The goal of this initiative was to prepare patients for chemotherapy treatment affectively. The class has been delivered twice weekly in English and Arabic language since February 2017. Generating the numbers of patients who received pre-treatment education can easily be tracked throughout system (Fig.5). Post-class evaluation showed increase in patient readiness from their treatment from 27% before the class to 96% after the class. The project was first initiated to improve the care services for patients undergoing chemotherapy treatment by using their feedback and recommendation. It allows the patients to be more engaged with their treatment plans and care provided. In addition to the project aligning with HMC's strategic plan, this project has contributed to Qatar's National Cancer Strategy Framework 2017-2022 goals of success measures 5.2(Publish chemotherapy outcomes including % of patients receiving pre-treatment education; outcomes of chemotherapy; emergency presentation due to side effects of treatment).

It's recommended that chemotherapy education class should be standard practice of care for patients undergoing chemotherapy at Qatar's cancer center.

Ongoing process and future plans:

Ongoing improvements of the program take place to improve patient experience based on their evaluation and needs. This improvement process is assessed and guided regularly by PDSA model of improvement cycle. Our future plans are:

- Expand the education to non-Arabic/English speaking population.
- Regular content review based on latest evidence practice
- Involvement of other disciplines e.g clinical pharmacist, psychotherapist & social worker.

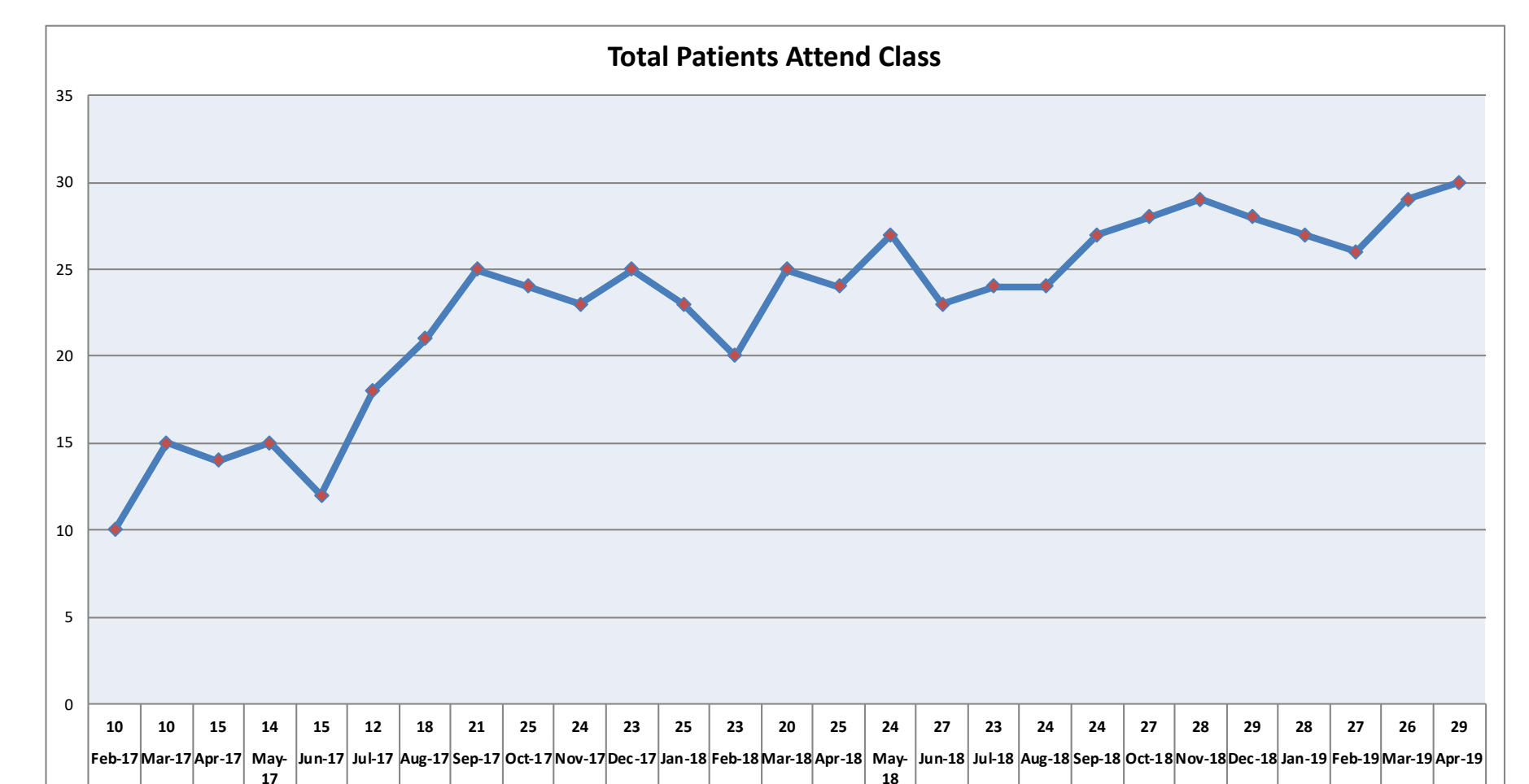


Fig. 5 Total patients attend chemotherapy class (T=626)

References:

Qatar National Cancer Strategy. (2011). The path to excellence.pdf. [online document]. Retrieved from <https://www.google.com/search?q=qatar+cancer+strategy&aq=chrome.2.0j69i57j69i59j0l3.6939j0j7&sourceid=chrome&ie=UTF-8>

Schofield, P. E. (2003). Psychological responses of patients receiving a diagnosis of cancer. *Annals of Oncology*, 14(1), 48-56. doi:10.1093/annonc/mdg010

Voigtmann, K., Köllner, V., Einsle, F., Alheit, H., Joraschky, P., & Herrmann, T. (2010). Emotional State of Patients in Radiotherapy and How They Deal with Their Disorder. *Strahlentherapie Und Onkologie*, 186(4), 229-235. doi:10.1007/s00066-010-2109-2

In Collaboration with



DIAMONDS IN THE ROUGH

ENGAGING FAMILY THROUGH MOTHERS' SUPPORT GROUP IN AL MAHA 1 UNIT

Authors: Ms. Lily Kutty Joseph ,HN ; Ms. Sindhu Subramanian, OT ; Ms. Honeylet Francisco, PT

Co-Author: Ms. Gay Ann Malaluan, Senior Quality Improvement Reviewer-RH

INTRODUCTION

Al Maha Children's Unit 1 provides comprehensive medical and rehabilitation services for the long term ventilated care children. The unit comprises of children with age ranging from infants to young adults receiving care from various medical multi-disciplinary team members. These chronic ventilated patients require highly specialized 24-hour care that covers and addresses medical, rehabilitative/habilitative and developmental needs as a form of holistic treatment approach. Long term care ventilated children have medically complex needs requiring staffs to be always in high alert in the whole treatment and in the any procedure to be done for them. Coping up with day to day activities are difficult for and each day children and parents are facing the challenge thus increasing the stress level in mothers.

With this in mind, the unit staffs thought of inaugurating a mother's support group which will be diverting some needed attention to the mothers of these children who most of the time suffer physically and emotionally in the process of providing all their children's complex needs and trying to uplift the quality of their lives to an extent.

OBJECTIVES

- 1.The primary intention of the project is to be able to help support each of the patient's mothers by providing them not just psychological support but the feeling of having a family inside the hospital which will not only help them physically in dealing with their medically complex children.
2. To conduct monthly Mother support group meeting which will help provide the best plan of care for the children with the active participation of family members especially mothers.

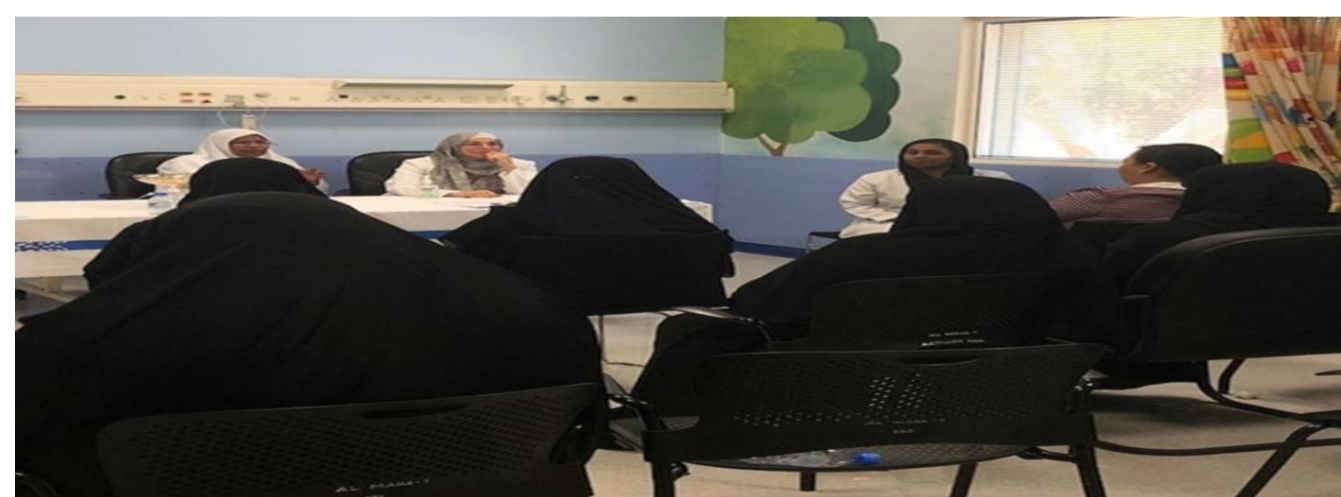


Figure 1. Mothers listening carefully to the Education session. Concerns and questions were discussed and dealt accordingly.



Figure 2. The brilliant MDT team behind this initiative.

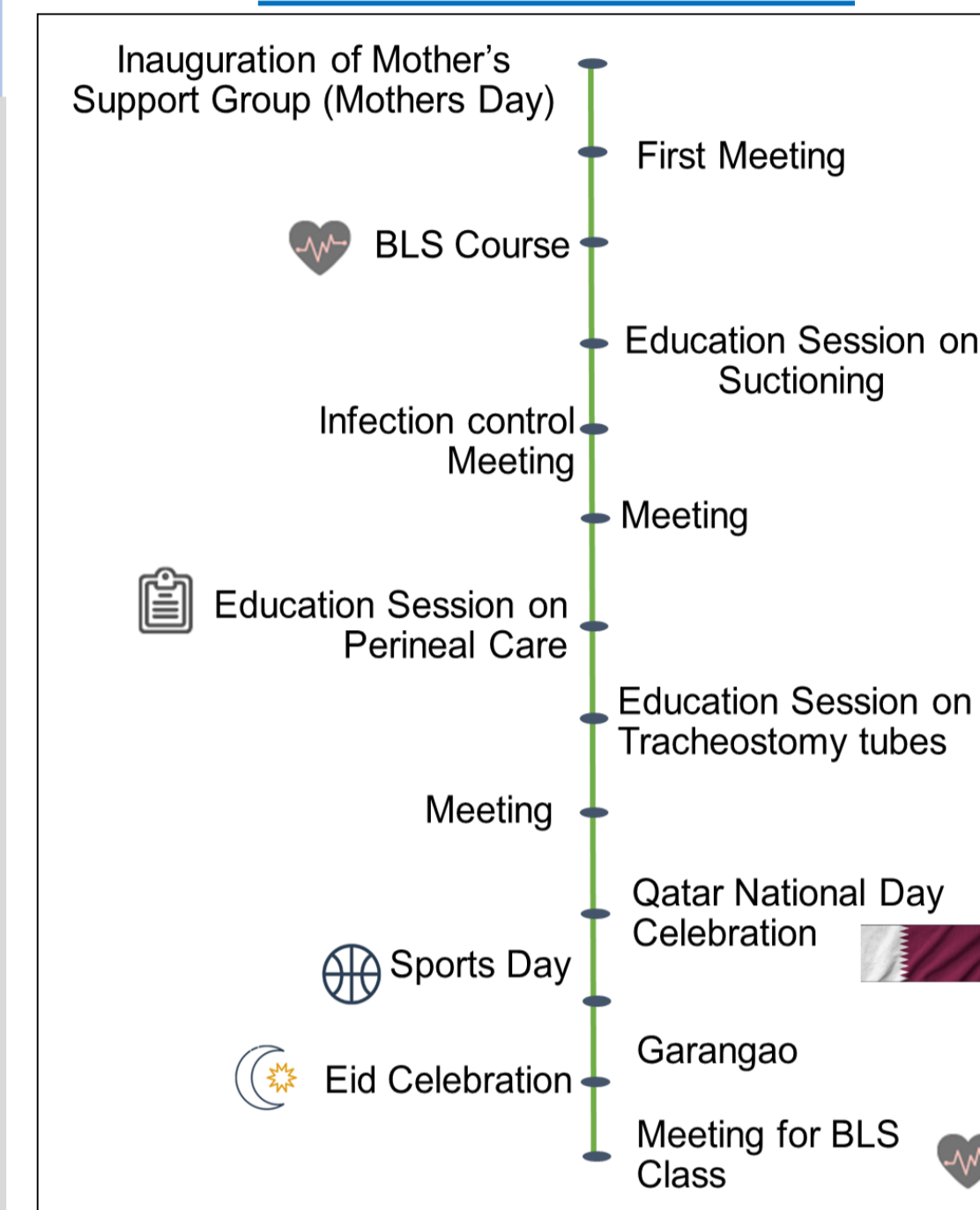
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METHODS:

Gatherings	Communication	Empowerment
<ul style="list-style-type: none"> Scheduled monthly meetings Plan of care discussion Address concerns Discussion of topics unanimously decided by the mothers according to their needs. Minutes were recorder and maintained to have continuity of the flow of information for the support group and let Mother's know what is going on even if they missed education sessions. 	<ul style="list-style-type: none"> Assigned staff to translate and deliver the exact messages. Collated all mothers contact numbers and talking to them individually; convincing them and explaining the importance of having the support group by discussing the benefits of having support group 	<ul style="list-style-type: none"> Regular education by the assigned Multidisciplinary team Group discussion brain storming etc.

ACTIVITY TIMELINE



CONCLUSION

Engagement of the mothers became one of the highlights in the unit. Through education and active involvement in care, they became confident in bringing their child at home as evidenced by increasing number of out on pass.

Families became aware that something like this mothers' support group is existing in the unit which is trying to provide full support in all the aspect of care that will benefit their children and provide better quality of life for them. There is a drastic increase in the frequency of visits from the parents as well as the extended family members.

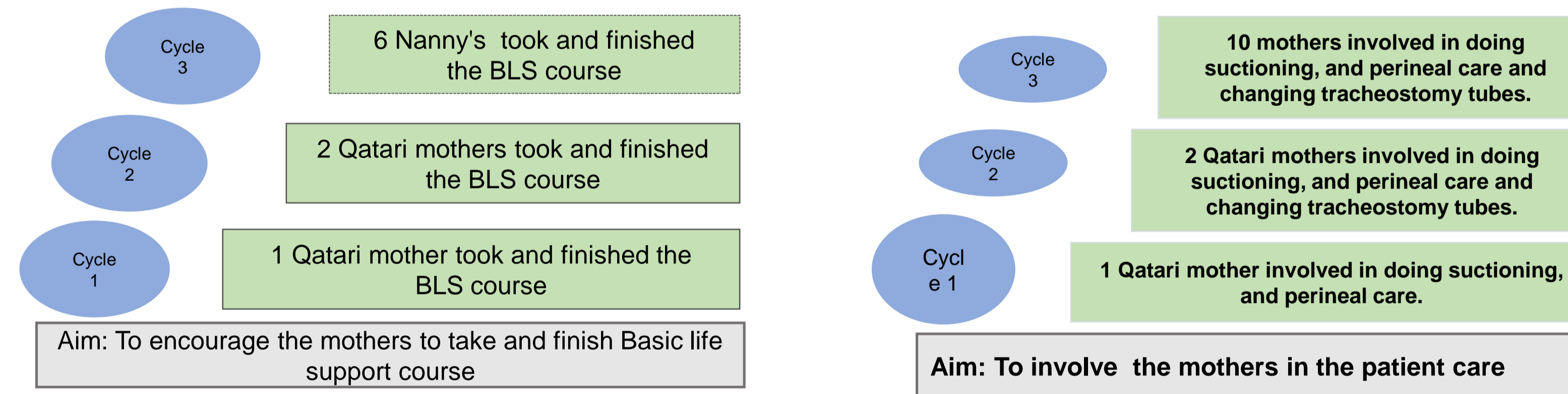


Figure 3. Article published in Gulf times. This photo is taken with consent from the family

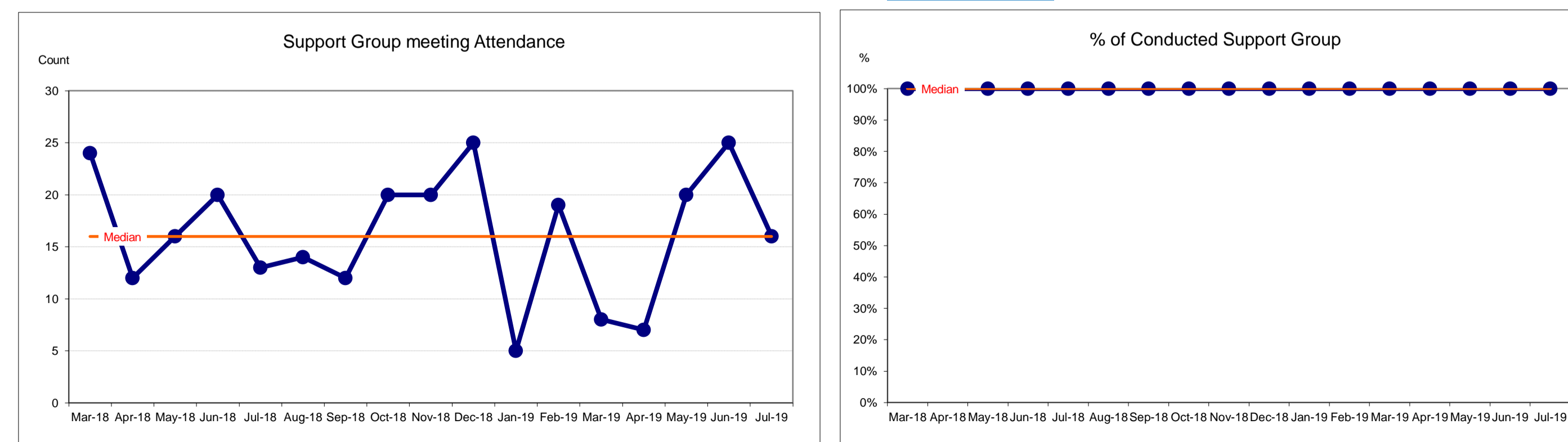


Figure 4. Official Inauguration of Mothers Support group in Al Maha 1.

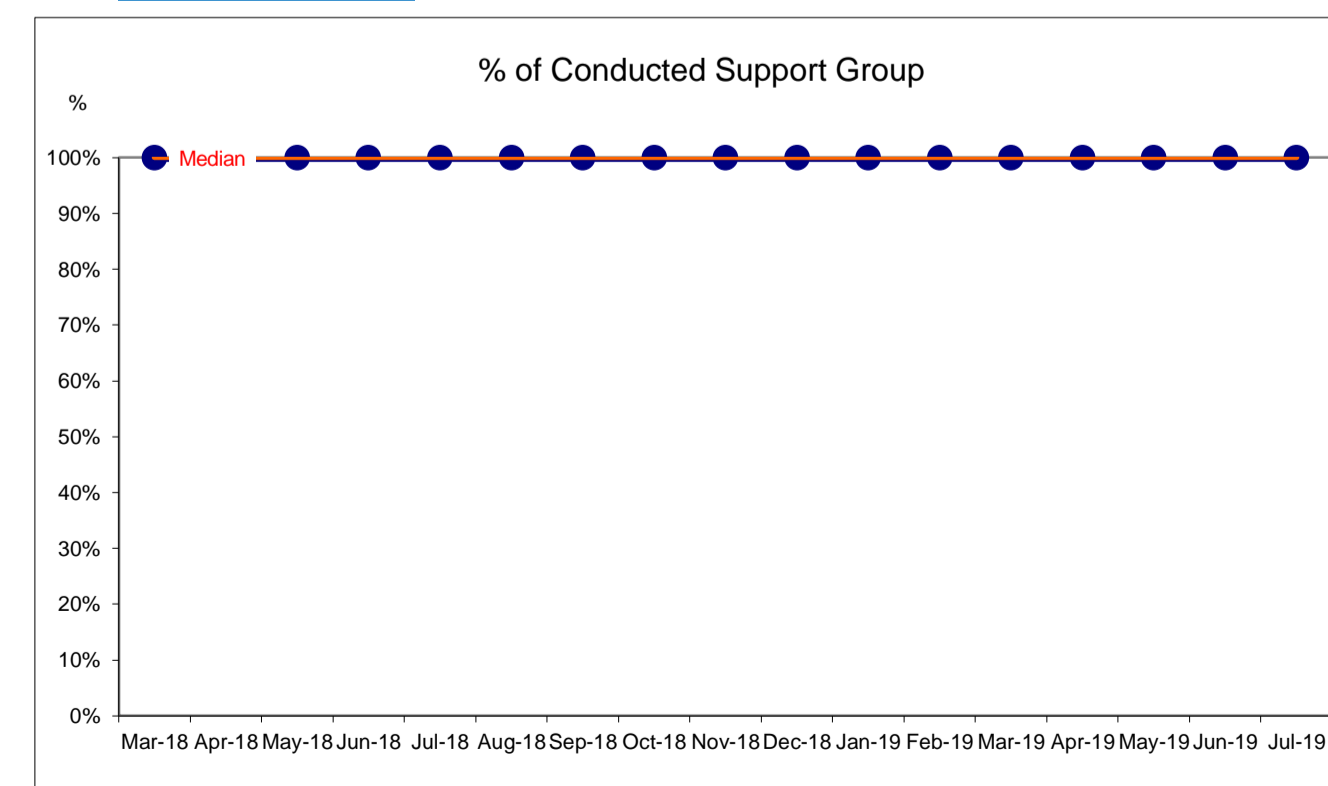
PDSA



RESULTS



Graph 1. This graph shows the attendance of the mothers on the support group meeting. Last March and April, there are less mother's attended the meeting due as some of them are on vacation. Average of 75% of mothers attended the support group.



Graph 2. This graph shows the compliance on Conducting the monthly support group activities and meeting.

62 Out on pass in the unit have drastically increased. At least 3-4 children are regularly going as out on pass weekly.

17 Total Number of Support group Activities.

13 Qatari Mothers involved in patient Care

TEAM MEMBERS

- EXECUTIVE SPONSORS:
- Dr. Abdul Aziz Darwish- ACEO RH m
 - Dr. Hanadi Al Khamis -Medical Director
 - Ms. Mariam Al-Mutawa- ED Nursing
 - Dr. Amal Abousaad-AED QPS

- TEAM MEMBERS:
- Dr. Reem Babiker Mohamed ,Pediatric Consultant,
 - Dr. Eshan Muneer, , Pediatric Fellow, Al Maha Unit
 - Dr. Nadra Mohamed Samir Z A/Meguid, Associate Pediatric Consultant
 - Ms.NAGWA AHMED BABIKIR MOHD, DON Nursing
 - Ms. Sindhu Subramanian, OT
 - Ms. Honeylet Espina Francisco, PT
 - Mr. Vince Soloman, OT
 - Ms. Ragia El Shaarawy
 - Al Maha 1 Mothers
 - Al Maha 1 Nursing and Multi-Disciplinary Team

Patient Engagement: Human Experience is A GROWING MOVEMENT



Priya Poonkodi, Head of Operations¹ (Author)
 Regina Pinto, Chief of Nursing Services² (Co-author)
 Anusha Pereira, Executive Quality Assurance³ (Co-author)
 Kiran Harikumar, Lead Quality Assurance⁴ (Co-author)
 Dr. Maheshkumar Patel, Head of Quality Assurance⁵ (Co-author)
 Nitin Premkumar, Head of Service Excellence⁶ (Co-author)

Introduction

Patient satisfaction is undoubtedly the outcome of engagement and moments experienced by the patient in the hospital. If we really introspect and think from the patients/patient family perspective all that they expect is genuine care and a personal human touch whilst they are in our care. Literature agrees upon the fact that patient's view of care certainly leads to improvement in quality. Patient experience(PX) attributes to factors such as quality care, positive clinical outcome, safety, cost effectiveness and service efficiency. Patient satisfaction helps monitor healthcare performances and provides us an opportunity to compare services and set benchmarks across different hospitals. Aster has adopted Net Promoter Score(NPS) as the index to measure and ascertain patient satisfaction. Essentially, NPS helps to gauge the loyalty of patients which is an outcome of the experience that we provide.

Objectives

- To enhance customer experience by providing patient safety atmosphere, customer interface and engagement activities .
- To determine factors which help improving the Patient Experience across the continuum of care.
- To implement factors influencing patient engagement and enhancing patient satisfaction.
- To monitor patient satisfaction with a special focus on the correlation of these measures to patient ratings of interpersonal and performance of the hospital.
- To identify and sustain the constituents that retains the customers.

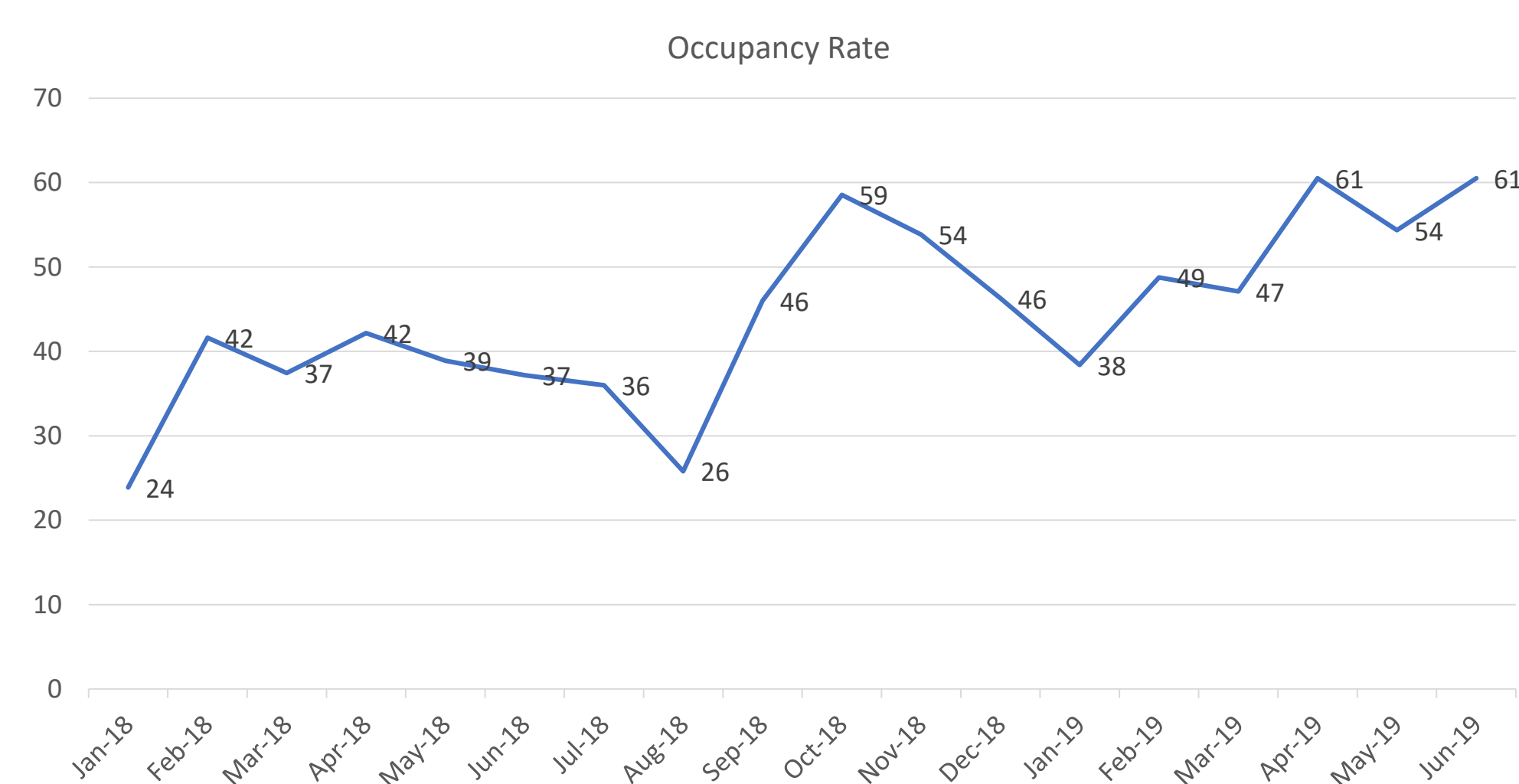
Method & Strategy Executed

Patient Centered Care

- Know patient views on care (interaction feedback): morning inpatient rounds by multidisciplinary team (8:00-9:00am).
- Daily huddle meeting to address concern and provides time for service recovery (10:00-10:30am).
- Timely counselling to address grievance before it get stored in patient memory and reflect on feedback.
- SOS family meeting for patients with high morbidity, any care concern etc.
- Patient education & engagement 180+ procedure specific consent forms in Arabic & English to ensure patient are well informed about outcome. Around 25+ procedure/condition specific patient education leaflet/ brochures.

Our Promise - We Will Treat You Well

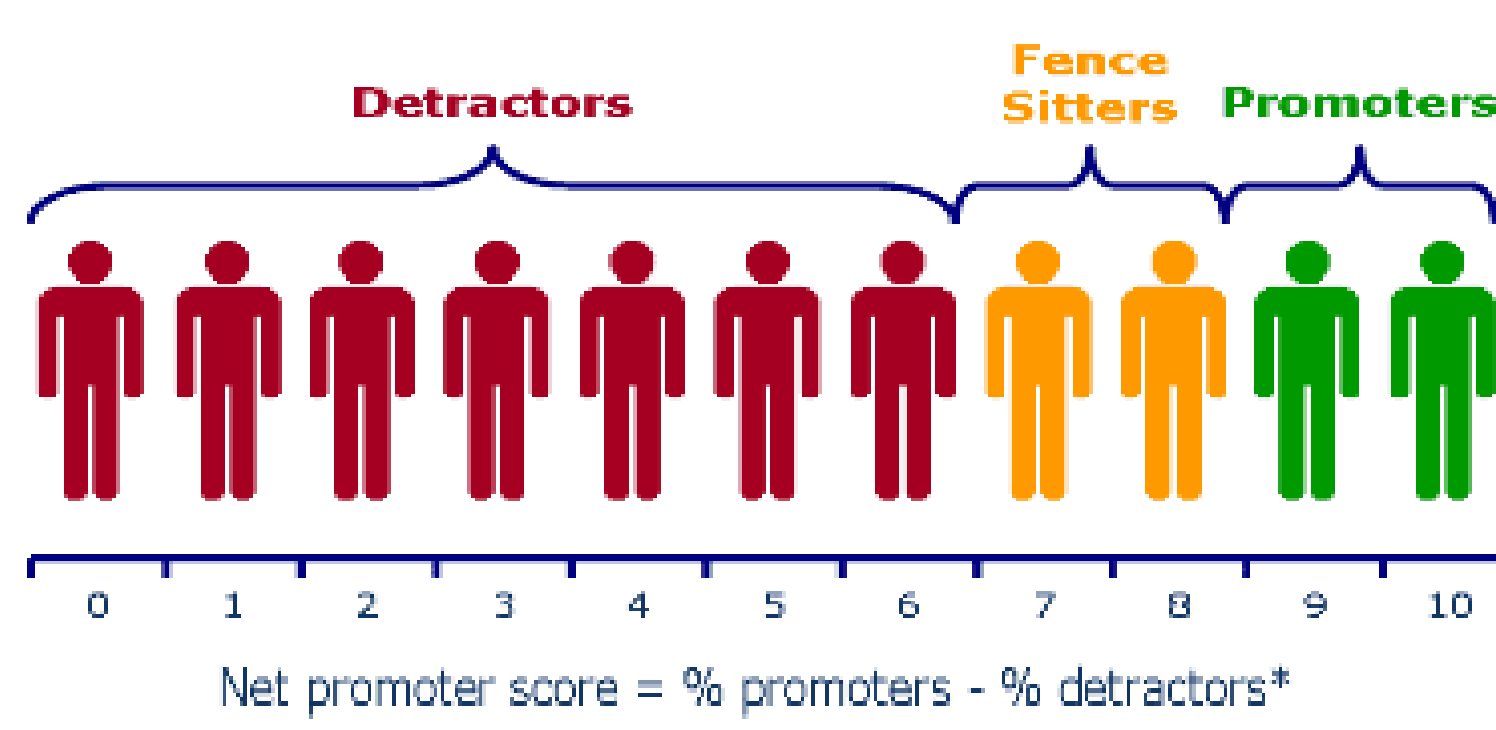
- Core training module for all concern team members.
- Employee are motivated to think, structure, and act in innovative ways to enhance PX.
- Inspires the conversion of daily interactions into memorable experience, resulting in enhanced courtesy index for nursing and customer service executive.
- Moment celebration e.g. birthday etc.



- Governance & Leadership commitment to improvement PX - personalize human touch.
- Improved inter dept. communication flow
- Improving efficiency through effective coordination and improved interdepartmental process management
- Enhance clinical care with strong focus on outcome
- Skills enhancement with special focus on soft skills right from security to all staff (pt. touch points)
- Timely - complaint & concern redressal
- Improvement in environment and facility factors
- Focusing on staff engagement, recognition & motivation. Engaged team is more productive and helps in giving better patient experience.

Foundation – Net Promoter Score

Result & Outcome Data from January 2018 to June 2019

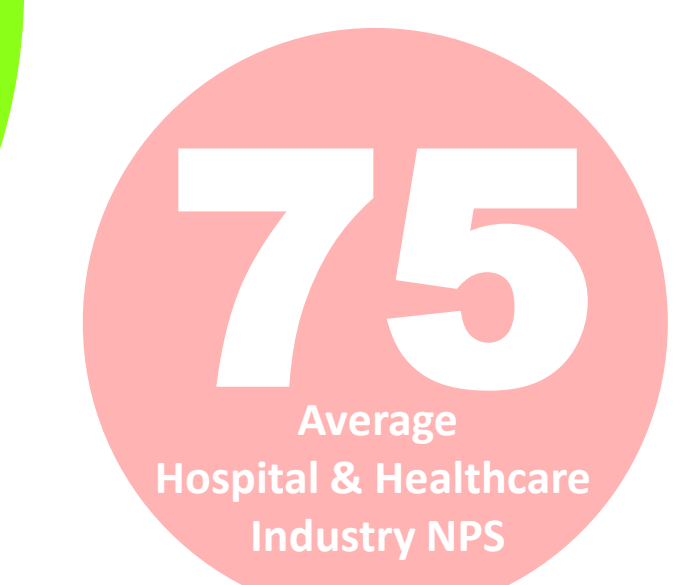


Patient Relationship

- Adopted Aster engagement pathway for patient feedback.
- Aim to collect >90% feedbacks in inpatient services "each patient have a story to tell and hospital have opportunity to learn".
- In-house digital framework captures patient feedback and converts them into qualitative and quantitative feedback for quick follow-up and action.
- Tracking patient feedback 360° via Email, WhatsApp, Google Review, Written Feedback, Aster Webpage, Social Media, Verbal etc.

Admission to Discharge

- Hospital rounds for elective patient who wish to have more insight about facility & services.
- In room admission & discharge process for patient comfort.
- Dedicated rooming experience that orients patients and attendees to various hospital services.
- Dedicated help desk to address guest services.
- Focus on hassle free planned discharges.
- Bravery Certificate to boost moral of kids during hospitalization.



Conclusion, Sustainability & Way Forward

NPS score of 82 is a result of high quality of patient care which was possible in Aster Hospital because of an engaged workforce that takes pride in its day-to-day responsibilities. They are able to alleviate feelings of stress and fear in patients while instilling in them a positive approach towards treatment. One of key strategy which worked out was daily managerial rounds which helped us to resolve most of the patient & family clinical and non-clinical concerns before it reflect in patient feedback. Through small acts of kindness, they create a superior "Human Touch" patient experience. Aster Hospital inpatient service was commissioned in August 2017 and hospital occupancy has increased in last 23 months. With high/increasing occupancy, the team has effectively achieved an average 82 Net Promoter Score(NPS). Current average hospital & healthcare industry net promoter score(NPS) is 75 as per NPS Benchmark Report. It is mountainous task to address patient needs however Asterians are putting best of efforts to live up to our promise "We Will Treat You Well". Way forward is by end of December 2019 we are in process of implementing fully digital patient experience tracking platforms. It will help us in further strengthening our patient experience program.

Reference

*NPS Benchmarks Report - Hospital & Health Care, November 2018
 "The One Number You Need to Grow" 2003 Harvard Business Review Article by Frederick F. Reichheld

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Surgery to Discharge - Cut the Time..!!

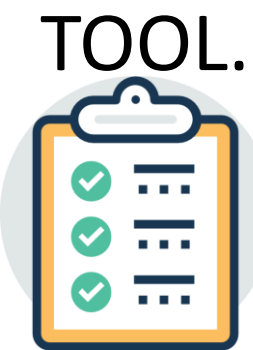
Nurse-Led Discharge of Acute Care Surgery Patients Project

Nurse led discharge (NLD) is a process that involves nurses assessing the patient, liaising with the multi-disciplinary team & planning timely discharge based on an agreed clinical management plan (L.Lees, 2004).

- ✓ Baseline study of post-operative Length of Stay (LOS) of patients undergoing Laparoscopic Appendectomy (LApp), cholecystectomy (LChole) and hernia repair (LHer) patients showed an average LOS of 3.0, 3.1 and 2.4 days respectively.
- ✓ An in-patient day in Department of Surgery cost an average of QAR 5795/day.

METHODOLOGY

Development of a
**CHECKLIST/ASSESSMENT
TOOL.**



Surgeon tags a patient for NLD after surgery & prepares discharge summary, prescriptions, orders.



Nurses & case managers assess patient using the checklist & proceeds with discharge if criteria are met.



MEASURES

- ✓ To reduce the LOS by 20%
- ✓ To discharge 50% of patients before noon

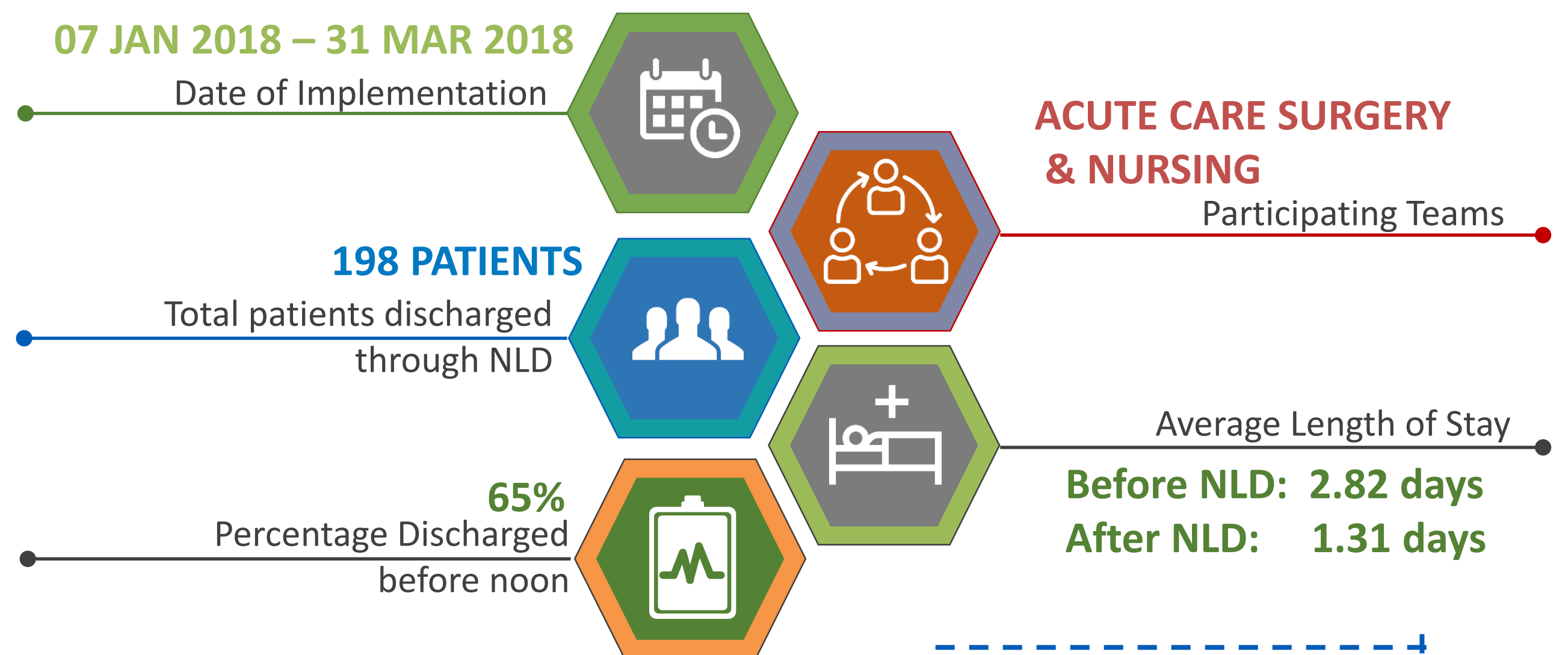


AIM

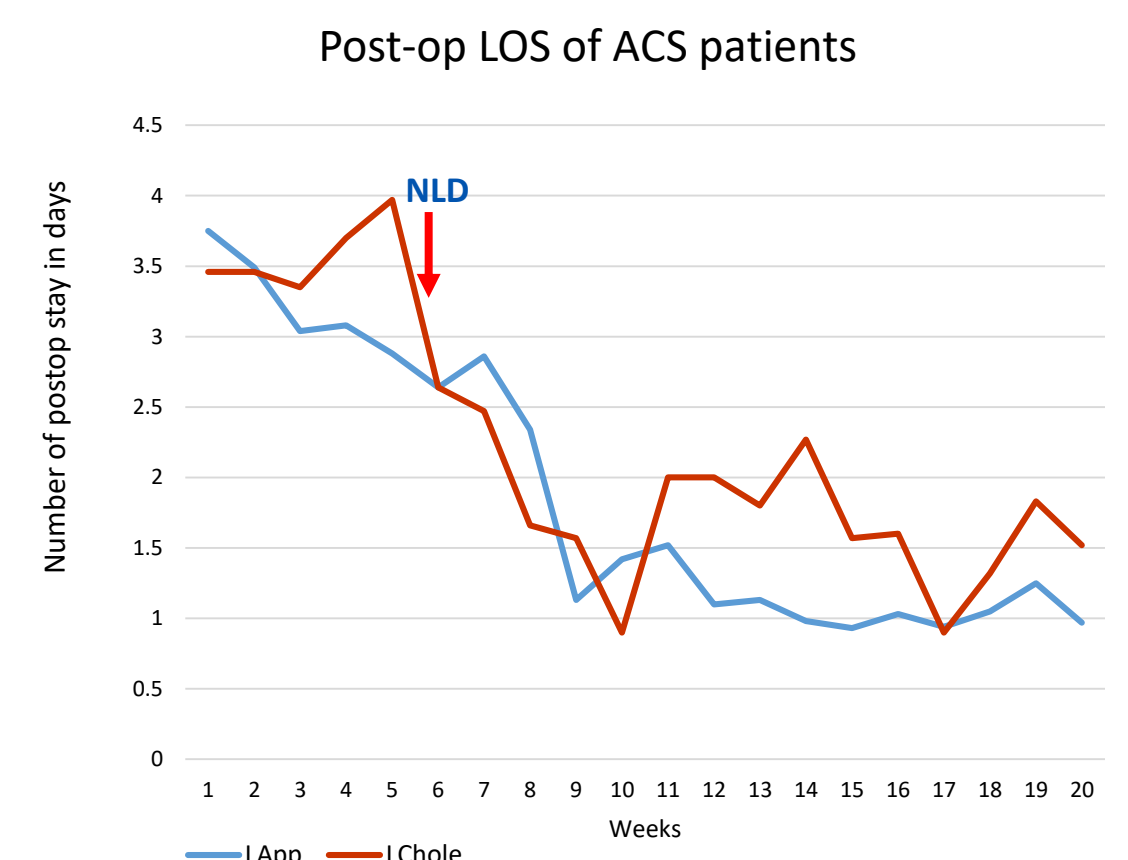
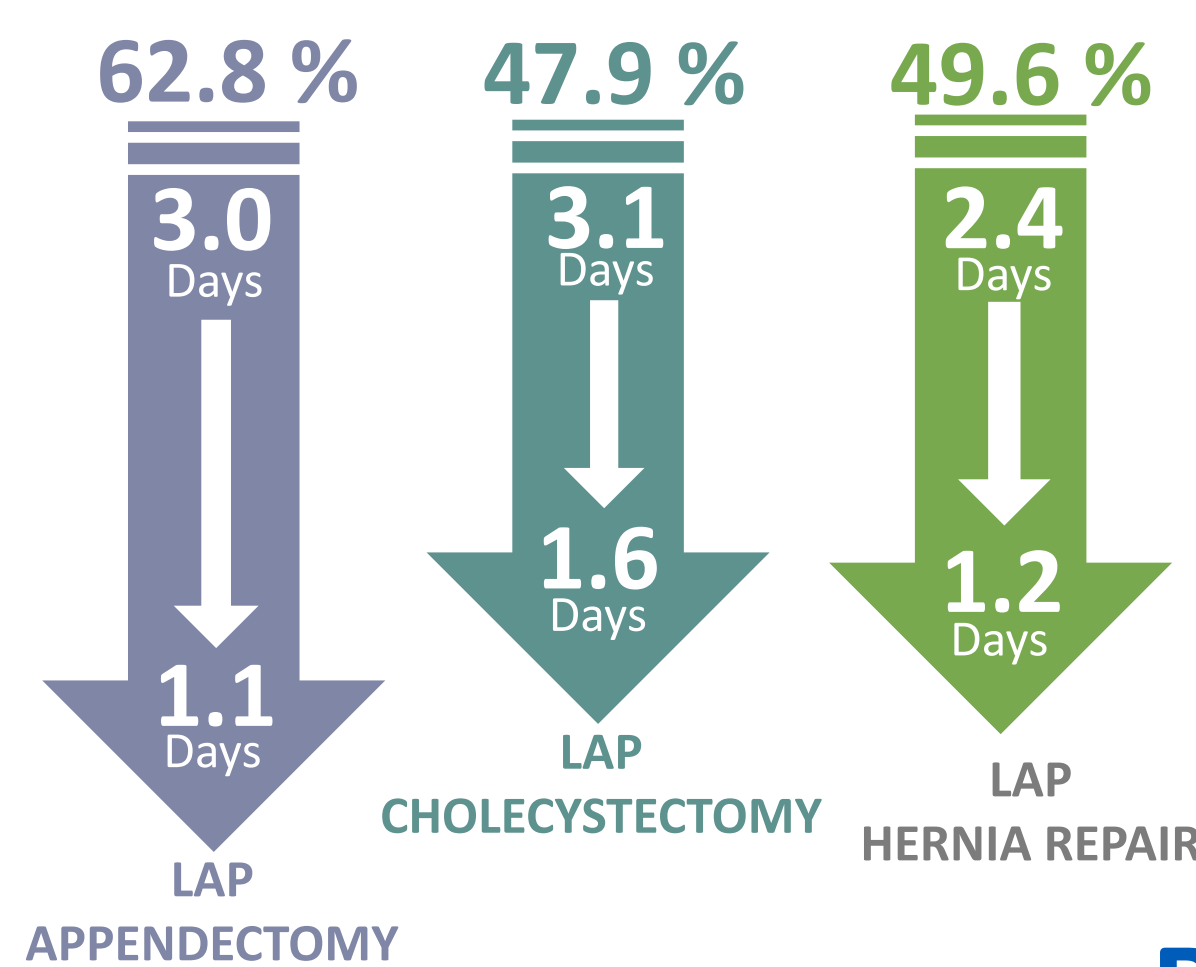
Assess the feasibility and effectiveness of NLD of post-operative patients who underwent

- ✓ Uncomplicated LApp, LChole & LHer in Acute Care Surgery (ACS).
- ✓ Between Jan 2018 and Apr 2018
- ✓ Using Discharge-Readiness checklist.

PROJECT AT A GLANCE



LENGTH OF STAY



OUTCOME

- ✓ Nurse-Led Discharge can be conducted easily and efficiently.
- ✓ The project aided in streamlining the flow of emergency surgical patients & reducing postop LOS along with obvious financial benefits.
- ✓ Enhanced shared responsibility of patient assessment & discharge between surgeons & nurses.



QAR 1.73 MILLION

RECOMMENDATIONS

- AS OF SEPT 2018, THE PROJECT HAS INVOLVED 544 ACS POSTOP PATIENTS RESULTING IN SAVING:

2.82
↓
1.24
POST OP
AVG LOS (DAYS)



860 DAYS
OF HOSPITAL
STAY



QAR 4.98
MILLION

- TO INCLUDE OTHER EMERGENCY AND ELECTIVE PROCEDURES.
- TO DEVELOP A CORPORATE WIDE POLICY STANDARDIZING NLD.

Author: Dr Shameel Musthafa
Sponsors: Dr Abdulla Al Ansari
Dr Mohammed El Akkad
Dr Ahmed Zarour
Ms Seham Khamis

Co-Authors:
Dr Sherif Mustafa
Dr Mohammed Al Dosouky
Dr Amjad Ali Shah
Dr Syed Muhammad Ali

Dr Khalid Mahmoud
Ms Maria Rosario Jose
Mr Mohamed Abu Qamar
Mr Mohammad Ibrahim
Ms Eman Refaat

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Enhancing Care through Establishment of Therapeutic Groups in Mental Health Service

INTRODUCTION

Therapeutic Groups, group work, or group therapy, according to Ezhumalai, S., et al. is a form of treatment in which emotionally disturbed persons are placed in a group, guided by one or more therapists for the purpose of helping individuals to bring a change in them.

According to Halter, M. J. et al. group work is a method whereby individuals with a common purpose come together and benefit by mutually giving and receiving feedback within the dynamic and unique group context.

Therapeutic groups or group therapy is considered one of the promising psychosocial treatment modalities which are practiced in clinical settings for persons with emotional problems or mental health issues by qualified mental health professionals.

Mental Health Service (MHS) in Qatar, composed of different inpatient units, outpatient clinics, community, day care, and residential services, caters to patients having mental and related illness. In MHS, Therapeutic Groups are structured, based on the identified needs of the patient, to support them during their admission and in their discharge. Therapeutic Groups in MHS was established since 2017.

AIM

This project aims to assess the compliance and effectiveness of structured therapeutic groups established across MHS, identify challenges faced by the facilitators, and formulate solutions to improve its implementation.

PROCESS

- The Plan – Do – Study – Act (PDSA) Cycle was followed in the implementation and evaluation of the project.
- Cross audits conducted by the members of the Therapeutic Group – Working Group on different units of Mental Health Service.
- Summarized Feedback Report were submitted by the facilitators in each unit to the Working Group for evaluation.

PLAN

To start structured therapeutic groups in each unit across MHS, which includes, grounds rules, inclusion criteria, process, and session outline.

ACT

- Measuring the compliance in running the group in each unit, and to look on the reasons for cancellation
- Recommendations based on the collated challenges faced by the facilitators will be formulated to address the issues.
- Ensuring the effectiveness of the groups, suggestions and improvements for the groups and facilitators will be formulated based on the analysis of the patients feedback.

DO

- A Therapeutic Group-Working Group was established composed of facilitators from each unit. The Working Group develops, review, and implement a structure therapeutic group program for patients in MHS.
- Courses on Facilitating Therapeutic Groups were offered to nominated facilitators by the Education Team.
- Forms are created to monitor compliance; asses the groups conducted, and take the feedback of the patients.
- Different Therapeutic Groups are running across the units in MHS since 2017.

STUDY

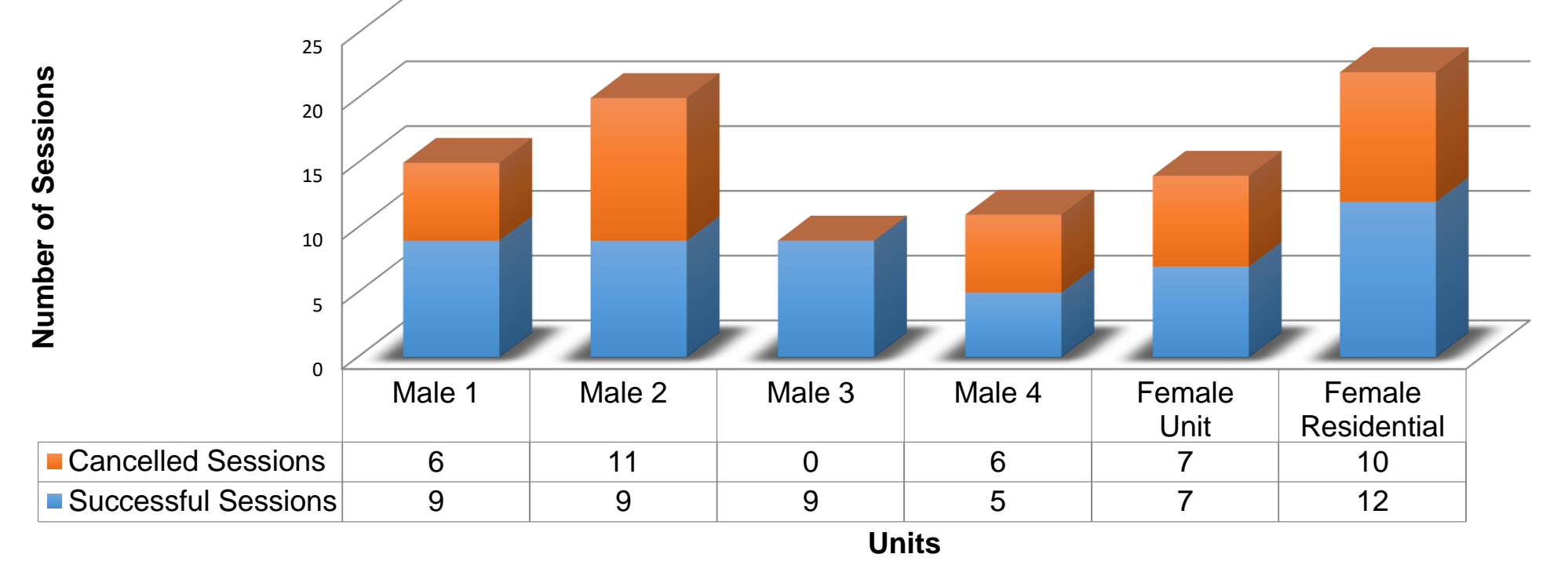
- Cross audit among units are implemented to look in to the compliance of groups running based on the timetable created.
- Challenges faced by the facilitators will be collated.
- Feedback of the patients will also be gathered by the facilitators in each unit, and submit a summarized report.

FINDINGS

Table 1: Therapeutic Groups Running Across each unit of MHS

	Male 1	Male 2	Male 3	Male 4	Female Unit	Female Residential
Primary Group	Relapse Prevention	Stress Management	Medication Adherence	Motivational Group	Anger Management	Coping Skills
Associate Groups	Smoking Cessation	Smoking Cessation	Smoking Cessation	Smoking Cessation	Healthy Lifestyle	Personal Hygiene
	Healthy Lifestyle	Healthy Lifestyle	Healthy Lifestyle	Healthy Lifestyle		Healthy Lifestyle

Therapeutic Groups Sessions in MHS November 2018 – March 2019



- Total of 9 Structured Therapeutic Groups are running in different units of MHS.
- From November 2018 to March 2019, a total of 91 sessions were projected, of which 56% or 51 sessions were conducted successfully while 44% or 40 sessions were cancelled due to varying reasons.
- Average number of participants for each unit ranges from 2-5 patients which have qualified under the inclusion criteria.
- Generally, patients' feedbacks were positive based on the summarized report from each unit.

CHALLENGES

- Some patients refused to join the sessions
- Participants went for out on pass
- Target participants already attended the group / previous sessions
- Patients are unstable
- Lack of participants who meet the inclusion criteria
- Low census
- Lacking of facilitators
- Staffing issues

ADDRESSING THE CHALLENGES

- Formulation and publication of timetable to increase awareness of the groups, and to help facilitators in scheduling sessions and anticipating issues beforehand.
- Coordinating with Head Nurses and Lead facilitators to involve more facilitators to join and conduct the groups.
- Offering Facilitating Therapeutic Group Course, in coordination with the MHS Nursing Education Team, to develop and encourage more facilitators.
- Continuing cross auditing in the units periodically.
- Creation of a SharePoint Folder in the HMC Intranet, for easy access of data and information needed by the facilitators

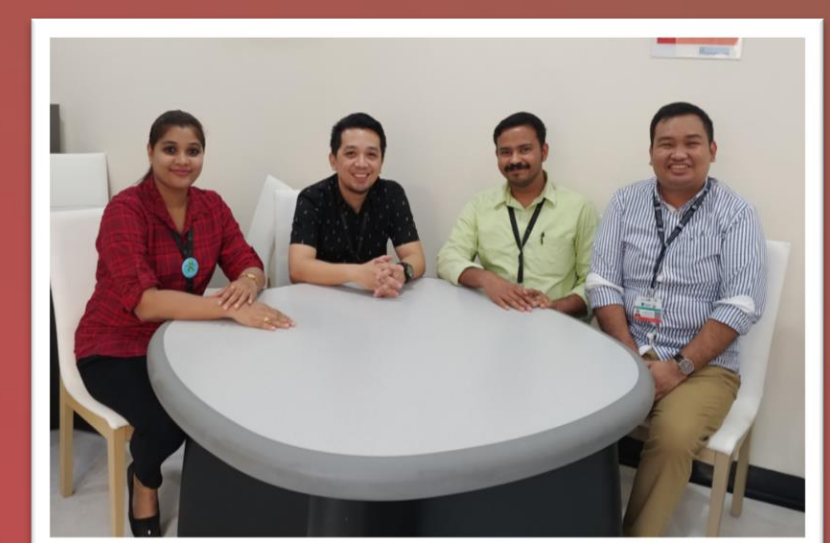
FUTURE PLANS

- Involving other units and services of MHS in the Therapeutic Groups by encouraging formation of new groups.
- Increasing the number of groups running in each unit thru Cross Facilitation of existing groups.
- Review and enhancement of existing Therapeutic Group programs in MHS.
- Development of Guidelines on Establishing and Facilitating Therapeutic Groups in MHS.

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Ezhumalai, S., Muralidhar, D., Dhanasekarapandian, R., & Nikketha, B. S. (2018). Group interventions. *Indian journal of psychiatry*, 60(Suppl 4), S514–S521. doi:10.4103/psychiatry.IndianJPsychiatry_42_18

Halter, M. J., Varcolis, E. M. (2003). Therapeutic groups. In D.R. Kenny & K. I. Morgan (Ed.), *Varcarolis' foundations of psychiatric mental health nursing* (7th ed., pp. 607-618). St. Louis , MO: Elsevier.



Involving Residents and Families in Promoting Safe Discharge from Enaya Specialized Care Center

Authors: Nina Karisse Mae Arriessgado and Benshamir Bright

Supporting Authors: Eileen Livingstone, Jose Vero Marfil, Ketki Awhad, Lincy Mariam Thomas, Shirley Vinodhini
Occupational Therapists

Overview

Occupational therapists at Enaya Specialized Care Center play a vital role in resident's care as well as in their discharge process. The purpose of safe discharge process is to assist the occupational therapist and the resident/ family members to work together and plan a safe return home by identifying any specific needs post discharge. Most common discharge recommendations from occupational therapists involve accessibility and safety in home, equipment recommendation, provision and education. However the process and its benefits have not been investigated.

Learning Objectives

The aim of this project is to improve Occupational Therapy services during safe discharge process by involving resident and families in shared decision making about their needs post discharge regarding proper equipments and education.

Methodology

- As part of the MDT , Occupational Therapist are involved in the safe discharge process from the time of initial evaluation of the resident.
- Resident's or family's goals were obtained and therapist's managements or plan of care are explained.
- Resident's need for positioning devices, splints, wheelchair or other equipments are assessed and confirmed with the resident or their f families Home situation or space is taken into consideration for any wheelchair or commode prescription by asking the family members.
- Necessary equipments or devices are prescribed and some are provided within the facility. Demonstration and education on proper application, care and other basic information's are provided to the family or caregiver.
- Residents using wheelchair are trained for functional mobility and families or caregivers for handling/ propelling the wheelchair. They are educated about its specifications/ functions and maneuverability.
- Ongoing Education was given to the family/ caregiver or resident about home programs that they can carry over at home to in preparation for discharge
- Home visits are done for residents to be discharged locally, initiated by case manager and social worker, to assess accessibility and safety of home environment. Necessary home modification are suggested to the resident's family as when needed.
- Upon discharge, therapists ensures that equipments and home programs are understood by the resident, family or caregiver. Return demonstration is done if needed.

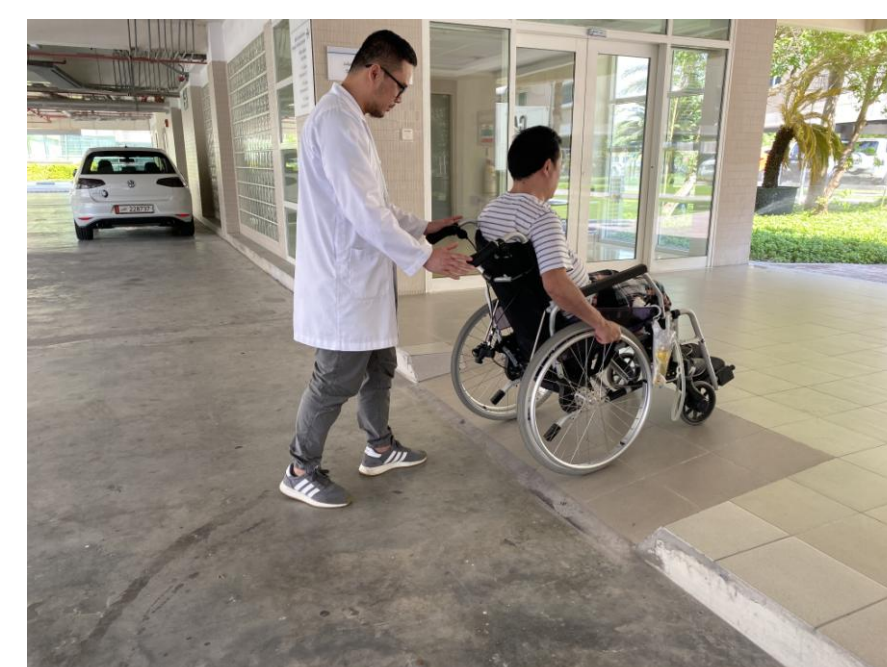
Resident and Family Involvement in Discharge Planning and Education



Household ambulation and Functional abilities



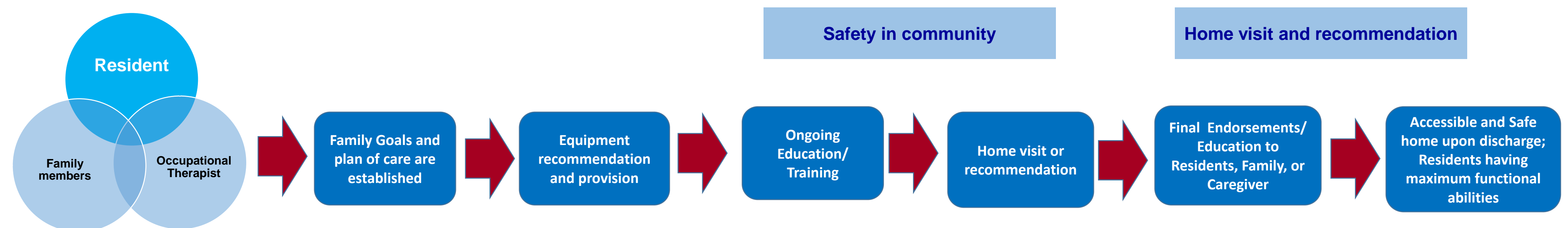
Wheelchair/ Equipment Education



Safety in community



Home visit and recommendation



Results

The process shows that the Occupational therapy discharge planning is initiated from the time of initial evaluation along with the resident and family. It also identifies that there is a continuity in discharge planning throughout the residents stay in the facility till discharge. Residents, family or caregivers are involved in the whole process from identifying their goals, to recognizing their needs and addressing all their concerns up to their home safety needs.

Conclusion

This study shows that Occupational therapy safe discharge process enables therapists to achieve a safe discharge, considering resident's level of ability, need for safe discharge and need for equipment's from the initial evaluation. Thus, Occupational Therapy discharge process creates confidence to the residents, families or caregiver upon returning home since all their needs were met and all circumstances regarding mobility and function were considered.

Recommendation

1. To further investigate the effectiveness of the current Occupational Therapy safe discharge process.
2. To evaluate the system benefit and the resident/family satisfaction on the safe discharge process.

Reference

- Waring J, Marshall F, Bishop S, et al. An ethnographic study of knowledge sharing across the boundaries between care processes, services and organizations: the contributions to 'safe' hospital discharge. Southampton (UK): NIHR Journals Library; 2014 Sep. (Health Services and Delivery Research, No. 2.29.) Chapter 4, Discharge planning and care transition.

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