

4th Annual Middle East Forum on Quality Improvement in Healthcare

Friday, May 13, 2016 | Doha, Qatar

Time	Pre-Conference Session
<p>2:00 – 6:00 PM 30 minute break included</p>	<p><u>[1] Practical Leadership for Improvement</u></p> <p>Traditional training and habits for clinical and non-clinical leaders do not always support accelerated change and productive redesigns of health care delivery. Yet methods do exist that leaders can use to make such changes more likely and viable. This session will explore theory and lessons for leaders who believe that only through care redesign can you improve what we call the IHI Triple Aim, which is the individual experience of care, the health of populations, and reduce per capita cost. The emphasis will be on practical approaches ready for immediate application.</p> <p>At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the basic principles of modern quality improvement. • Describe real, documented examples of effective organizational transformation for improvement. • Identify a set of radical redesign principles to achieve unprecedented better care, better health, and lower cost. <p><i>Don Berwick, MD, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, USA;</i> <i>Derek Feeley, DBA, President and CEO, Institute for Healthcare Improvement, USA</i></p> <p><u>[2] Pathway to Change: A structured methodology for humanizing, personalizing and demystifying the patient experience</u></p> <p>Improving the patient experience of care has become an important focus of overall healthcare quality improvements efforts, and requires the development of a patient and family centered culture. Effective, sustainable approaches to organizational culture change require a structured change process. This session will provide the tools needed to build such a culture, including structures and functions essential to creating partnerships between patients, families and staff members, evidence-based patient-preferred practices, and feedback mechanisms to measure improvement over time.</p> <p>At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe a logic model for sustainable patient-centered culture change at the organizational level • Identify structures and functions essential to creating a foundation for patient and family centered care • Describe evidence-based practices for improving the patient experience of care • Identify effective measures and mechanisms that can provide feedback on patient-centered quality improvement over time <p><i>Susan Frampton, PhD, President, Planetree, Inc., USA;</i> <i>Alan Manning, Chief Operating Officer, Planetree, Inc., USA</i></p> <p><u>[3] How to Effectively Use Improvement Science in a Clinical Setting</u></p> <p>Participants attending this session can expect to gain an understanding of the core elements of Improvement Science. Designed for people who are new to the application of improvement in their setting, or those seeking a refresher short-course.</p> <p>At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define what improvement science is and how it can help in daily clinical work • Introduce 3-5 core tools used by improvement practitioners to solve problems of practice in their clinical environment • Practice the use of improvement thinking on simulated and real problems while in a learning environment <p><i>Brandon Bennet, MPH, Principal Advisor, Improvement Science Consulting, USA</i></p>

[4] FLOW Workshop - A Participative Exercise to Engage Staff in Understanding Flow across a Hospital

How do we improve patient flow through our hospitals? And what can we do as individuals to contribute to this improvement? Through the facilitated use of interactive simulation models participants will be challenged to more effectively understand the dynamics of patient flow. (No prior knowledge of simulation required.)

Participants will play through a “day in the life” of the emergency care pathway in a hospital, with groups assuming the role of departments responsible for delivery of care.

At the end of this session, participants will be able to:

- Understand the common factors that result in delays in patient flow
- Build strategies for tackling such delays
- Describe the impact of variation
- Know how their own role can contribute to improved flow across the system

Carolyn Volker, Assistant Executive Director, Patient Flow, HMC, Qatar;

Ali Nizar Latif, PhD, Assistant Executive Director, Strategic Planning, HMC, Qatar;

Hissa Bukshaisha, Health Analyst, HMC, Qatar;

Tom Stephenson, Consultant, SIMUL8 Corporation, Qatar

[5] Applying the basic principles of quality improvement in healthcare sector (Arabic session)

Our common goal is to provide best care always to all our patients

Join us in this interesting improvement journey to achieve safe and effective health care to each and every patient, through a highly interactive workshop full of team work & fun learning.

This workshop aims at introducing the basics principles of Quality improvement to our audiences, which includes the 'Plan – Do - Study – Act' method.

ورشة عمل: تطبيق مبادئ تحسين الجودة في القطاع الصحي

هدفنا و هدفكم تقديم الرعاية المثلى لمرضانا

شاركونا في رحلة التطوير للوصول الى رعاية آمنة و فعالة لكل مريض من خلال ورشة عمل تفاعلية مليئة بالعمل الجماعي و المتعة.

تهدف ورشة العمل الى تعريف الحضور بمبادئ تحسين الجودة و التي تشمل:

- التخطيط
- التنفيذ
- دراسة النتائج
- اتخاذ الإجراء المناسب

د. ريهام حسن نجم الدين

مدير برامج تحسين الجودة

معهد حمد لجودة الرعاية الصحية

Dr. Reham Hassan Negm Eldin, MB,BCh CPHQ , SSGB, IHI Fellow, DCMI level 1 coach Program Manager- Healthcare Improvement, CCITP manager, HHQI, HMC,

د. أمال شعيان أبوسعد

مساعد المدير التنفيذي لشؤون الجودة

مستشفى الرميلة

Dr. Amal Shaaban Abousaad, MD, DHA, Certified Lean SSBB, Assistant Executive Director Quality & Patient Safety, HMC, Qatar

خوله أحمد العثامنة،

رئيس التدريب والتعليم،

معهد حمد لجودة الرعاية الصحية، مؤسسة حمد الطبية، قطر

Khawla Ahmad, DBA (QM), MSN (Edu.), BSN., Head of Training and Education, Health Systems Improvement (HSI), HHQI, HMC, Qatar

المنذر زكريا

مساعد المدير التنفيذي لشؤون الجودة وسلامة المرضى

مستشفى الوكرة

Almunzer Zakaria

A/Assistant Executive Director of Quality and Patient Safety , AWH , HMC

4th Annual Middle East Forum on Quality Improvement in Healthcare

Saturday, May 14, 2016 | Doha, Qatar

Time	Session
7:00 AM	Registration and Coffee
8:30 – 9:00 AM	Opening Ceremony
9:00 – 10:00 AM	<p>Plenary 1 - Opportunities and Challenges of Optimizing Health Systems <i>Derek Feely, President and CEO, Institute for Healthcare Improvement, USA</i> <i>Don Berwick, MD, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, USA</i></p>
10:00 – 10:30 AM	Break
10:30 – 11:35 AM	<p>Simultaneous Workshops & Lectures Session A <u>These sessions repeat during Session B</u></p> <p>A1: Improving Quality of Palliative Care This workshop will take up two cases, one of a younger person with metastatic cancer and one of an older person with multiple chronic conditions and disabilities needing extensive supportive care. The leaders and the participants will work through the evolving cases, aiming to highlight issues that require not only thoughtful judgements and awareness of ethical and legal considerations, but also opportunities for the health care delivery system to improve the possibilities for living well with serious illness through to death.</p> <ul style="list-style-type: none"> Objectives: Participants in this workshop will: Gain substantial facility with identifying and resolving difficult health care decisions in the care of persons living with eventually fatal conditions; Recognize the usefulness of expertise in palliative care for difficult clinical situations, education, and performance monitoring; and Explore the possibilities for enhancing the alternatives available to persons living with fatal conditions, such as enhanced support at home, better symptom management, and services for family caregivers. <p><i>Joanne Lynn, MD, MA, MS, Director, Center for Elder Care and Advanced Illness, Altarum Institute, USA;</i> <i>Al-Hareth Al Khater, MB, BCh, LRCSI, LRCPI, BAO (NUI), Sr. Consultant Physician, Acting Chairman, Dept. of Hematology & Oncology, National Center for Cancer Care & Research, HMC, Qatar</i></p> <p>A2: Designing High Value Improvement Projects In this interactive session, participants will form small, interdisciplinary teams, working collaboratively to design adaptable, pragmatic, high-impact value improvement projects. We will review best practices for aligning organizational objectives and clinical insights. The session will focus on strategies for surmounting cultural and operational barriers to high-value care. At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> Describe best practices for aligning organizational and clinical objectives Provide two examples of how to overcome operational barriers <p><i>Neel Shah, MD, MPP, Assistant Professor of Obstetrics, Gynecology and Reproductive Biology at Harvard Medical School, USA</i></p>

A3: A Closer Look at Safety, Harm and Error

The Institute of Medicine (IOM) published a sentinel report into the quality and safety of healthcare, *To Err is Human* (2009). This session will consider the findings of this report and the impact on our understanding of the delivery of safe healthcare.

At the end of this session, participants will be able to:

- Know the IOM's dimensions of quality
- Understand the concepts of harm, error and safety
- Describe the impact of these concepts on the delivery of safe patient care

Carol Haraden, PhD, Vice President, Institute for Healthcare Improvement, USA;

Annette Bartley, RN, Quality Improvement Consultant, UK

A4: Antibiotic Stewardship

When hospitals administer antimicrobials unnecessarily or for too long, the results can be an increase in complications, including *Clostridium difficile* and adverse drug reactions, increased length of stay, rising costs, and antimicrobial resistance. Antibiotic stewardship, a combination of personnel and procedures that promotes the wise use of antimicrobials, can significantly reduce these unintended consequences. Join this session to learn what your organization can do to manage develop a stewardship program.

At the end of this session, participants will be able to:

- Describe the impact of antibiotic overuse and its implications on patient safety and costs
- Discuss the components of an effective antibiotic stewardship program
- Develop a plan to implement an antibiotic stewardship program in your hospital

Frank Federico, RPh, Senior Vice President, Institute for Healthcare Improvement, USA;

Jameela Al Ajmi, MD, Executive Director Corporate Infection Prevention and Control, Administrative Service, HMC, Qatar

A5: Introduction to Improvement Science

Improvement Science- what is it and why should I use it? In healthcare we are part of a complex system, which requires us to accept a constantly changing landscape of emerging science, clinical care, patients and families, and multi-disciplinary staff. This complex system achieves what it is designed to achieve and for many indicators, our outcomes are not what we want for our patients. Developing an understanding of improvement theory and its tools has been shown to effectively support change. During this session we will focus on the Model for Improvement and Deming's Theory of Profound Knowledge, while also discussing a model we know well- the Scientific Method.

At the end of this session, participants will be able to:

- Describe improvement science and its application in healthcare.
- Illustrate the three key questions of the Model for Improvement by describing an effort in your organization.
- Describe the sequence of improvement and the key tools and methods that can be applied during the QI journey.
- Discuss the scientific method and its comparison to the PDSA (Plan-Do-Study-Act) cycle.

Sue Gullo, RN, BSN, MS, Director, Institute for Healthcare Improvement, USA

A6: Leadership for Safety

Leading work to improve safety requires the combination of a proven set of leadership behaviors with a framework for thinking about patient safety in a systematic way. This session offers a practical approach to leading improvements in patient safety informed by experience from the two speakers.

At the end of this session, participants will be able to:

- Describe five key leadership behaviors.

- Identify cultural and learning system components of patient safety.
- Explain how leadership and whole system approaches were applied in a national safety program.

Derek Feeley, DBA, President and CEO, Institute for Healthcare Improvement, USA;

Aidan Fowler, MD, Director, NHS Quality Improvement and Patient Safety and Director, 1000 Lives Improvement Service, NHS Wales, UK

A7: Humanizing Healthcare

Our materialistic science, reductive thinking, focus on disease and use of technology have steered us towards treating the pathology rather than the patient. Furthermore, the emphasis on efficiency and productivity has made care so hurried that we miss the human connection. But every one of our patients has an extraordinary capacity for healing, which is greatly enhanced by our compassion and caring. This workshop presents the surprising evidence that compassionate, whole-person care improves outcomes as much as our drug therapies and then explores the personal qualities, skills and practices that can supplement and enhance our technical skills. In a Q&A session we'll explore the barriers to compassionate care and how we, as individuals, can overcome the limitations of the system.

At the end of this session, participants will be able to:

- Learn how powerfully the patients' experience of care shapes outcomes
- Review the research evidence for the efficacy of compassionate caring
- Identify the skills, qualities and practices that enhance compassion
- Learn ways to overcome the workplace barriers to whole-patient care

Robin Youngson, MD, Anesthetists and Co-Founder, Hearts in Healthcare, New Zealand

A8: Advanced Session on QI Tools

This session will introduce to the concepts of driver diagrams and how these can be used to develop your theory of improvement. Change concepts and measurement aligned to your theory will be explained and described. An example will be worked through so that participants are able to see how a theory becomes a number of small projects designed to deliver improvement.

At the end of this session, participants will be able to:

- Understand the concepts of drivers for improvement as a way of describing a theory of change
- Know the way change concepts and change ideas build your theory
- Understand how your measurement system relates to the drivers

Brandon Bennett, MPH, Principal Advisor, Improvement Science Consulting, USA

A9: Improving Patient Outcomes with an Enhanced Recovery Program

The enhanced recovery program is a clinicians' initiative designed to improve patient outcomes and speeding up a patient's recovery after surgery. It results in benefits to both patients and staff. The focus is on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time. Enhanced recovery includes a structured approach to pre-operative assessment, planning and preparation before admission; immediate post-operative and peri-operative management, including pain relief; the reduction of the physical stress of the surgery and early mobilization.

At the end of this session, participants will be able to:

- Understand how the approach leads to better outcomes and reduced length of stay
- Recognize the benefits to the staffing environment.
- Be able to describe the four elements to the enhanced recovery program

Nick Scott, MD, Vice Chair of Anesthesia and Perioperative Medicine, HMC, Qatar;

Noreen Sheikh Latif, Program Manager, Health Systems Improvement – HHQI, HMC, Qatar

A10: Peer Support – Mitigating the Emotional Toll of Medical Errors

Dr. Shapiro's talk will address the unique role that frontline physicians can play in supporting one another, particularly following an adverse event. She will discuss the impact that adverse events have on clinicians and how that may affect patients and families. She will describe the peer support program at the Brigham and Women's Hospital as one model to proactively address these issues.

At the end of this session, participants will be able to:

- Identify the emotional impact of adverse events on clinicians
- Recognize the effect this impact has on patient safety, quality and provider well-being
- Identify the rationale for having a peer support program

Jo Shapiro, MD, Chief, Division of Otolaryngology, Department of Surgery, Brigham and Women's Hospital, USA

A11: The basic principles of quality improvement in healthcare sector (Arabic session)

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مبادئ تحسين الجودة في القطاع الصحي
هدفنا و هدفكم تقديم الرعاية المثلى لمرضانا
شاركنا في رحلة التطوير للوصول الى رعاية آمنة و فعالة لكل مريض
تهدف المحاضرة الى تعريف الحضور بمبادئ تحسين الجودة والتي تشمل:

- التخطيط
- التنفيذ
- دراسة النتائج
- و اتخاذ الإجراء المناسب

د. ريهام حسن نجم الدين
مدير برامج تحسين الجودة
معهد حمد لجودة الرعاية الصحية

*Dr. Reham Hassan Negm Eldin, MB,BCh CPHQ , SSGB, IHI Fellow, DCMI level 1 coach Program
Manager- Healthcare Improvement, CCITP manager, HHQI, HMC,*

د.امال شعبان أبوسعد
مساعد المدير التنفيذي لشؤون الجودة
مستشفى الرميلة

*Dr. Amal Shaaban Abousaad, MD, DHA, Certified Lean SSBB, Assistant Executive Director Quality & Patient
Safety, HMC, Qatar*

خوله أحمد العثمانه،
رئيس التدريب والتعليم،
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المنذر زكريا
مساعد المدير التنفيذي لشؤون الجودة وسلامة المرضى
مستشفى الوكرة

*Almunzer Zakaria
A/Assistant Executive Director of Quality and Patient Safety , AWH , HMC*

11:35 – 1:00 PM	Lunch
1:00 – 2:05 PM	Simultaneous Workshops & Lectures Session B <u>Repeat of A Sessions</u>
2:05 – 2:25 PM	Transition to Session C
2:25 – 3:30 PM	<p>Simultaneous Workshops & Lectures Session C <u>These sessions repeat during Session E</u></p> <p>C1: Deteriorating Patient (The QEWS Model) Early Warning Systems (EWS) have been used internationally in order to facilitate early detection of patients as their condition deteriorates. This session will describe the threshold based triggers underpinning the Qatar EWS. A case study will enhance the participants learning about the complexities of such a safety net. At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Know how to achieve large scale implementation through the adoption of a framework • Understand the role of Early Warning Scores in the early detection of clinical deterioration in a patient's condition • Be able to describe the QEWS safety net system • Have knowledge of current system performance since introduction across HMC <p><i>David Vaughan, MD, Executive Director, Quality and Patient Safety, HMC, Qatar;</i> <i>Ibrahim Fawzy, MD, Director, Corporate Critical Care Center, HMC, Qatar</i> <i>Colin Hackwood, Program Manager, Deteriorating Patients Program, HHQI, HMC, Qatar</i></p> <p>C2: How to Deliver Safer Care for Ventilated Patients Patients who are in need of mechanical ventilation are amongst the most vulnerable in the entire healthcare system. They, most of all, can suffer harm from interventions and events that would not affect other patients. How can we provide the life sustaining care they need without subjecting them to avoidable harm? At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Discuss which ways the ventilated patient is uniquely vulnerable • Employ strategies to prevent common causes of harm • Formulate a comprehensive safety plan for the ventilated patient <p><i>William Ross Andrews, MD, Senior Consultant – SICU, HMC, Qatar;</i> <i>Corazu Salta, Acting Quality Coordinator for SICU, HMC, Qatar</i></p> <p>C3: 7 Steps to Surgical Safety Through lecture and much interactive group discussion, this session will discuss the seven steps to surgical safety, as outlined below:</p> <ol style="list-style-type: none"> 1. Safety culture/systems 2. Human factors and teams 3. Involving patients in decisions 4. Checks and checklists 5. Assessment and recovery 6. Learning from harm 7. The importance of leadership <p>At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the 7 steps of surgical safety • Provide examples of how they can improve the safety in their home organizations <p><i>Aidan Fowler, MD, Director, NHS Quality Improvement and Patient Safety and Director, 1000 Lives Improvement Service, NHS Wales, UK</i></p>

C4: Leadership Acceleration to Create High Performing Organizations

Business performances are deeply attributed to leadership culture and strategies; as well as continuous leadership development; especially when it comes to steering organizational performance to an accelerated, high performing mode. High performing organizations are accustomed to execution and accomplishment of their strategic goals irrespective of the complexity and volatility of the external environment, and at the same time are capable of producing exemplary sustainable results.

A high impact leadership is directly linked to six differentiating characteristics that make them better than those in their peer group. During this session we will discuss all six of these characteristics while reviewing various case study examples.

At the end of this session, participants will be able to:

- Introduce the six characteristics through case studies.
- Describe ways to employ the six characteristics in their organizations.

Anupam Sibal, MD, Group Medical Director, Apollo Hospitals Group, Senior Consultant Pediatric, Gastroenterologist and Hepatologist, Indraprastha Apollo Hospitals, India;

C5: Improvements in Diabetes Care

DESMOND is an education program for those with type 2 diabetes. DESMOND is group education and participants can choose to bring a family member or friend. The participants are not taught in a formal way but are supported to discover and work out knowledge for themselves, with the support of the educators. There are activities with food models; interactive sessions and the participants develop their own plans and goals.

At the end of this session, participants will be able to:

- Describe the evidence based development of DESMOND
- Explain the introduction of DESMOND to Qatar and an overview of the clinical trials in HMC

Stephen Beer, MD, Snr. Consultant in Medicine HMC, Qatar;

Joanna Butler, RN, Diabetic Specialist Nurse, HMC, Qatar

C6: Structure, Patients, Outcomes: Critical Reflections on Building an Architecture for Nursing and Midwifery

To successfully achieve whole system change of a nursing and midwifery service demands meticulous planning. Ensuring change has a positive effect on patients, families and nursing and midwifery staff, involves creating structures built on solid foundations. This presentation will provide delegates with the opportunity to critically examine the architecture designed and built to modernize nursing and midwifery in the largest public sector healthcare provider organization in Qatar. Drawing on case examples, members of the executive nursing and midwifery team will offer a critical analysis of structural change, lessons learnt, and illuminate key messages for those embarking on change in their team, unit, facility or healthcare system.

At the end of this session, participants will be able to:

- Understand the principles of system re-design required to bring about structural change to nursing and midwifery services.
- Appreciate the role of education, quality and research in sustainable system change on nursing services
- Recognize the potential benefits of deliberate system change on patients and outcomes

Ann-Marie Cannaby, Chief Nursing Officer, HMC; Qatar;

Anne Topping, Assistant Executive Director - Nurse Education, HMC, Qatar

Brent Foreman, Assistant Executive Director of Nursing Services, HMC, Qatar;

Richard Gray, Assistant Executive Director of Nursing, HMC, Qatar

C7: The Importance of QI in Public Health

While Public Health has had remarkable successes over the past century, the next set of major health challenges facing the world will again require deep engagement by the public health community. Yet, many of the key tools used in public health are not currently adequately suited for the work ahead. We are putting increasing resources into our healthcare systems yet failing to effectively address the health needs of an aging population with complex and substantial social needs. The public health community will play a critical role in addressing these issues but needs the tools of Quality Improvement to be more effective. At the end of this session, participants will be able to:

- Define the role of public health in tackling some of the most pressing health challenges in low, middle, and high income countries
- Identify the skills and tools that are needed to address these challenges
- Define the role of quality improvement and its centrality to effective public health
- Understand how public health can help create spread and scale for effective quality improvement interventions that improve population health

Ashish Jha, MD, MPH, Director, Harvard Global Health Institute, USA

C8: Mobile Doctors - A Unique Approach

Hamad Medical Corporation's (HMC) ambulance service has launched a new Mobile Doctor Service to respond to urgent calls and support their clinical teams in delivering care to patients at their homes.

Mobile doctors also support early discharge by working with medical teams in the hospital to identify patients who are able to go home, but might need some level of support from a doctor when there.

The purpose of this new service is to bring senior decision making closer to the patient, and to contribute to the development of a comprehensive and fully-integrated mobile health service that will assist HMC with management of demand for emergency and urgent care.

At the end of this session, participants will be able to:

- Describe how the mobile doctor service is part of a whole system of care for patients
- Explain the types of patients that could benefit from accessing the service
- Discuss how the service helps ensure that the patient is receiving care in the best place for them and their families

Mark O'Connor, MD, Associate Medical Director Mobile Healthcare Service, HMC, Qatar;

Mike Frayne, Executive Director Mobile Healthcare Service, HMC, Qatar

C9: Co-Designing Care with the Patient

Most major industries understand the importance of including the customer or client in the design and development of products and services. Healthcare has begun to embrace a similar approach to improvement, through the inclusion of patients and their families in co-designing care processes, process improvements and outcomes research. This session will describe innovative opportunities and formats for including patients and families in ways that improve not only the experience of care, but the outcomes of care as well. At the end of this session, participants will be able to:

- Describe essential elements of recruitment, orientation and operation of Patient-Family Advisory councils
- Identify 2-3 co-design activities that go beyond Patient-Family Advisory councils in a variety of clinical settings
- Describe examples of PCOR (Patient-Centered Outcomes Research) and how it differs from traditional approaches to improvement of healthcare outcomes

Susan Frampton, PhD, President, Planetree, Inc., USA;

Alan Manning, Chief Operating Officer, Planetree, Inc., USA

C10: Medicine Reconciliation

Medications are the most common intervention in health care. When a patient is followed by more than one physician, it is very likely that the patient will be on a variety of medications. On admission to a hospital, or during a visit to a clinic or physician office, it is necessary to know what medications a patient is taking in order to develop a treatment plan. During this session, faculty will describe the process of medication reconciliation and offer suggestions on how to implement a program.

At the end of this session, participants will be able to:

- Describe the steps involved in medication reconciliation
- List the measures needed to determine the effectiveness of a medication reconciliation process
- Discuss the role of patients in medication reconciliation

Shady Botros, Surgical Lead Clinical Pharmacist; NHS Tayside, UK;
Anas Hamad, Director of Pharmacy Department, HMC, Qatar

3:30 – 4:00
PM

Break

4:00 – 5:00
PM

Plenary 2 - Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care

Quality healthcare does not exist when patients are unnecessarily injured, and completely avoidable medical mistakes are an international threat of massive proportions to patients in every country. Despite the best efforts and intentions of physicians and healthcare leaders globally, however, the very culture of medical practice continues to viciously resist the needed, non-traditional changes. The airline industry is perhaps the best, most accessible example, of what needs to be done, and although there is resistance in borrowing lessons from a mechanistic and far more objective business, the reality is this: Until global healthcare systems can show a semblance of the same levels of predictable and successful performance as the airline industry, there are no grounds for ignoring these lessons.

John Nance, Pilot, Aviation Analyst, and Author, USA

5:00 – 7:00
PM

Poster presentations and professional networking in the Knowledge Zone

4th Annual Middle East Forum on Quality Improvement in Healthcare

Sunday, May 15, 2016 | Doha, Qatar

Time	Session
7:00 AM	Registration and Coffee
8:00 – 8:30 AM	Welcome
8:30 – 9:00 AM	Storyboard Review and Awards
9:00 – 10:00 AM	<p>Plenary 3 - Living Well with a Serious Illness</p> <p>Dying was once a fairly abrupt endeavor, with the time from onset of injury or infection to death being counted in minutes or days. Longer lifespans and better medical care has converted this experience to a very long one, often covering many years of living with conditions that will prove to be fatal. Medical care needs to adapt in order to help people live well despite worsening chronic conditions over long periods of time. The plenary talk will set up the issues and the ensuing discussion will highlight important opportunities for health systems to consider in order to serve this large and growing population.</p> <p>At the end of this session, participants in this plenary session will:</p> <ul style="list-style-type: none"> • Be aware of substantial changes in the population coming to the end of life • Consider how these changes should affect the way that health care functions, especially with regard to reliability, comfort, and supportive services <p><i>Joanne Lynn, MD, MA, MS, Director, Center for Elder Care and Advanced Illness, Altarum Institute, USA</i></p> <p>Followed by a panel discussion with:</p> <p><i>Al-Hareth Al Khater, MB, BCh, LRCSI, LRCPI, BAO (NUI), Sr. Consultant Physician, Acting Chairman, Dept. of Hematology & Oncology, National Center for Cancer Care & Research, HMC, Qatar;</i></p> <p><i>Yousuf Al Maslamani, Medical Director, Hamad General Hospital; HMC, Qatar;</i></p>
10:00 – 10:30 AM	Break
10:30 – 12:20 PM	<p>Simultaneous Extended Workshops Session D <u>These sessions do not repeat.</u></p> <p>D1: Why Safety Culture?</p> <p>Dr. Shapiro will explore the key elements of an organizational culture that fosters an environment of respect and psychological safety including leadership vision and teamwork communication. She will discuss the critical role of leadership in promoting a respectful culture and explain how a multifaceted professionalism program can be built and sustained using organizational change principles.</p> <p>At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Recognize the connection between professionalism, team communication and patient safety • Identify the contributors and barriers to resolving conflict among health care team members • Apply the skill of using frame-based feedback to relationship building on all levels <p><i>Jo Shapiro, MD, Chief, Division of Otolaryngology, Department of Surgery, Brigham and Women's Hospital, USA</i></p>

D2: How Can We Bring Compassion to the Forefront of Healthcare?

Scientific research shows that compassionate, whole-person care dramatically enhances outcomes, prolongs survival, improves satisfaction, enhances safety, reduces cost, and gives greater meaning and joy to the work of health professionals - so why isn't compassion spreading like a wildfire across healthcare? The answers will surprise you. Drawing on the mistakes and failures of ten years of pioneering efforts to humanize healthcare across many countries, Dr Youngson shares his insights and successes. Workshop participants are invited to reconnect to the values, hopes and ideals that brought them into healthcare, to rediscover their personal strengths, and to become leaders in promoting compassionate care.

At the end of this session, participants will be able to:

- Review the research evidence for the efficacy of compassionate caring
- Gain insight into the unconscious values and beliefs that shape our healthcare system and impede caring
- Share stories of deep human connection and compassionate healing
- Learn how to 'be the change you want to see' and to influence the world around you

Robin Youngson, MD, Anesthetist, Co-Founder, Hearts in Healthcare, New Zealand

D3: How to Improve the Flow of Patients through Medicine

This workshop will consider initiatives implemented in Hamad General Hospital to improve patient flow within an acute medical pathway. The session will include insights into implementing flow initiatives within acute medicine. The second part of the session will be based on an interactive activity where participants will have an opportunity to experience a day in the life of the flow team within Hamad General Hospital and work in groups to develop solutions to improve flow within the organization.

At the end of this session, participants will be able to:

- Explain the key principles of flow within an acute medical pathway
- Discuss the role of clinical bed management coordination acute healthcare
- Understand the function of an acute medical assessment unit and how it interacts with the emergency department and general medical wards
- Understand enhancing and facilitating discharge through initiatives

Anand Kartha, MD, Head Hospital Medicine Program, HMC, Qatar;

Carolyn Volker, Assistant Executive Director, Patient Flow, HMC, Qatar;

Dawoud Jamous, Director of Nursing, HMC, Qatar;

Seham Khamis Aly Henidy, Director of Nursing, HMC, Qatar

D4: Safe Medication Processes

Medicines have proven to be very beneficial for treating illness and preventing disease. This success has resulted in a dramatic increase in medication use where medicines have become the most common form of therapeutic intervention in healthcare. There are a number of discrete steps in using medication: prescribing, administration and monitoring are the main three and there are a variety of ways that error can occur at each step. Doctors, patients and other health professionals all have a role in these steps and they all therefore have a responsibility to work together to minimize patient harm caused by medication use. During this session, the faculty will describe the nature of medication errors, how they can occur and what can be done to make medication use safer.

At the end of this session, participants will be able to:

- Provide an overview of medication safety and of error-prone steps in the medication delivery process
- Describe how medication errors are mainly system failures and should therefore be tackled through system solutions
- Introduce some of the safety strategies and design principles known to improve medication safety processes

Shady Botros, Surgical Lead Clinical Pharmacist, NHS Tayside, UK;
Frank Federico, RPh, Senior Vice President, Institute for Healthcare Improvement, USA;
Wessam El Kassem, Pharmacy Supervisor, HMC, Qatar

D5: HMC Quality Improvement Fellowship

The HMC Quality and Patient Safety Fellowship is a system wide program to improve leadership in the delivery of Best Care Always. Predominantly doctors and nurses, the fellows come from a range of backgrounds across HMC's facilities. Faculty and mentors from IHI are joined by local experts who support the fellows through a year of study and work-based improvement projects.

At the end of this session, participants will be able to:

- Understand the key concepts of Quality and Safety Improvement that underpin the Fellowship Program
- Learn how alumni used the Deming System of Profound Knowledge to implement successful change
- Learn from practical examples of Fellows' projects to improve patient safety
- Learn from practical examples of Fellows' projects to improve patient flow through the care system

Moza Al Ishaq, PhD, MSc, MNS, IA, PHIF, DipHM, DipIC, RN, BSN, Executive Director Clinical Transformation Corporate Quality Patient Safety Program, HMC, Qatar;

Mohamad Adnan Mahmah, Consultant Pediatric/ Neonatology, HMC, Qatar;

D6: Harm and Safety Improvement in Women's Health

Pregnancy and childbirth are a critical time in not only the woman's health, but that of her family and newborn. It is, however, only a snapshot in the lifespan of a woman. This session will explore the impact the social determinants of health have on health, and will provide an overview of key safety interventions to address key clinical obstetric and neonatal events that impact health and outcomes. At

the end of this session, participants will be able to:

- Describe the social determinants of health and the impact on the health of women and newborns.
- Discuss key safety interventions to address adverse pregnancy and neonatal outcomes in the United States and other countries.
- Discuss how these interventions can be introduced in your setting.

Sue Gullo, RN, BSN, MS, Director, Institute for Healthcare Improvement, USA;

Annette Bartley, RN, Quality Improvement Consultant, UK.

D7: Implementing a Patient-Centered Care Model for Chronic Disease Management in Qatar

Management of multiple chronic conditions requires a strong trusting relationship between the care team and the patients. This presentation will shed light on what it takes to implement a comprehensive patient-centered, team based care led by a physician in ambulatory health care settings for management of chronic diseases at HMC. The findings and recommendations of this presentation are based solely on our effort to design and implement strategies for achieving excellence in patient-centered care in Qatar. Since Qatar shares significant similarities with rest of the Middle East region; the opportunities, challenges and lessons learned may be of benefit to the audience in their efforts to implement such initiatives elsewhere.

At the end of this session, participants will be able to:

- Learn about key elements of the Leadership Team
- Understand patient engagement and experience-building a trusting relationship
- Describe evidence based medicine and how HMC monitors their performance

Elizabeth Thiebe, Acting CEO, Rumailah Hospital, HMC, Qatar;

Nasseer A Masoodi, MD, Vice Chair, Internal Medicine, HGH, HMC, Qatar;

Aisha Al-Kubaisi, Consultant, Medicine, HMC, Qatar

D8: Redesign for Reliable Care

Designing reliability in systems from the beginning is not a usual part of health care planning. We will discuss the understanding and skill needed to start with a less than perfect design and develop higher process reliability based on understanding predictable failures.

At the end of this session, participants will be able to:

- Describe clearly the concept of reliability and why it is so important in improving patient care
- Know how to measure reliability and understand what standardization, redundancy, and failure mean
- Take away clear ideas about how you will integrate reliability thinking into your own improvement work

Carol Haraden, PhD, Vice President, Institute for Healthcare Improvement, USA

D9: Clinical Care Improvement Training Program - A Transformation Journey in Healthcare Improvement and Patient Safety

HMC's Clinical Care Improvement Training Program (CCITP) has delivered an alumni of staff with an understanding of improvement from different disciplines over the last four years. Faculty and coaches are local experts who support the participants through study and work-based improvement projects.

Participants will learn about the improvement capability building strategy of HMC and the concepts taught. This interactive session will not only focus on how healthcare systems and individual hospitals can shift improvement efforts by empowering front line practitioners, as the implementation of the CCITP initiative resulted in over 350 trained physicians, including more than 120 residents/trainees, and the completion of 130 quality improvement projects with measurable outcomes. CCITP trained participants led over 1000 other team members in 95% of departments across an entire 8 hospital system in the completion of these clinical initiatives.

At the end of this session, participants will be able to:

- Understand the key concepts of Quality and Safety Improvement that underpin CCITP
- Describe practical projects from selection to implementation

Sajith G. Pillai, MBBS, Quality Analyst, Department of Medicine, Core Faculty, Lead Coach & Academic Co-lead, CCITP, HMC, Qatar;

Reham Hassan Eldin, CCITP Program Manager; HMC, Qatar;

Khalid Awad Sidahmed Mohamed, Senior Consultant, Pediatrics, HMC, Qatar;

Noof Mohd Al-Siddiqi, MD, Consultant, Dermatology and Venereology, Core Faculty, Communication Lead, CCITP, HMC, Qatar

D10: Charting the Course: Leadership in Healthcare

In many respects, healthcare systems worldwide have been blocked from effectively dealing with the rising recognition of widespread, unnecessary patient harm and less-than-optimal quality of care by uncertainty over how profoundly the traditional models should change, if at all. But the evidence is now far too persuasive and universal to resist: Global healthcare must intelligently work towards becoming a high reliability enterprise, whether we're discussing one small clinic in a far flung part of the world, or a major new healthcare system here in Doha, or the panoply of hospitals and hospital systems in the U.S., China, or elsewhere. The healthcare system that will ultimately be successful will not be based on particular tactics, but on an overriding philosophy that embraces two basics: How to include, empower, motivate, and inspire the people who are the organization, and how to discern, adopt, and universally apply the best practices known for the best outcomes.

At the end of this session, participants will be able to:

- Identify the main focus for leaders in creating and sustaining true cultural change.
- Describe the steps necessary to maximize synergy and establish a collective shared organizational vision.
- Explain the difference between philosophy, strategy and tactics in establishing a patient-centric culture.
- List three new leadership skills that are mandatory in order for an organization to thrive under the new paradigm of "No Outcome, No Income."

John Nance, Pilot, Aviation Analyst, and Author, USA

12:20 – 1:30 PM	Lunch
1:30 – 2:35 PM	Simultaneous Workshops & Lectures Session E Repeat of C Sessions
2:35 – 3:00 PM	Break
3:00 – 4:00 PM	<p>Plenary 4:</p> <p>Part 1: Mending Broken Healthcare Systems: Why Improvement is Important to Healthcare <i>Ashish Jha, MD, MPH, Director, Harvard Global Health Institute,</i></p> <p>Part 2: Humanizing Healthcare <i>Robin Youngson, MD, Anesthesiologist and Co-Founder, Hearts in Healthcare, New Zealand</i></p>
4:00 – 4:15 PM	Closing Remarks