

INSIGHTS

HAMAD HEALTHCARE QUALITY INSTITUTE NEWSLETTER

July 2025 | Issue 51

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- Intermediate Quality Improvement Course
- Clinical Care Improvement Training Program Cycle 21

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COLLABORATIVE HIGHLIGHTS

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HMC FLOW TRANSFORMATION COLLABORATIVE

QI INSIGHTS

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JOY AT WORK SERIES

Share your Inspiring True Stories!
For more details email us at
hhqi@hamad.qa

JOY AT WORK CORNER:

Match the Phobias

Hurry! The first three (3) to submit the best answer will be published ... read more on page 6





Mr. Nasser Al Naimi

*Chief of Patient
Experience Officer and
Director Hamad
Healthcare Quality
Institute*



Dear INSIGHTS Readers,

Today marks another important step in our shared journey to deliver safer, more efficient, and more compassionate care. Through the Flow Transformation Collaborative, we come together as a unified team—across departments, disciplines, and shifts—with one shared goal: to improve how patients move through our health system.

Flow is more than logistics; it's about person-centered care. When we reduce wait times, streamline discharges, and ease transitions, we're not just solving operational issues—we're honoring every patient's time, comfort, and well-being.

I am inspired by the energy, innovation, and commitment each of you brings to this work. Every huddle, idea, and small test of change matters.

As leaders, we are not here to direct every move, but to empower, support, and remove barriers—so your frontline wisdom leads the way.

Let's keep learning together. Let's celebrate the wins, reflect on the setbacks, and stay focused on what matters most: safe, timely, and seamless care for every patient, every time.

Thank you for being part of this important work.



NEXT LEVEL CARE: EMPOWERING CLINICAL EXCELLENCE AT HMGH THROUGH QI TRAINING

On June 18, 2025, HMGH proudly hosted the Fundamentals in Quality Improvement (QI) course in collaboration with the Hamad Healthcare Quality Institute (HHQI) and its FQIC faculty. Organized by our Executive Leadership, FQIC Faculty, and Quality Improvement and Patient Safety (QIPS) Department, this pivotal training was delivered on-site to 43 multidisciplinary team members, including physicians, nurses and clinical support staff aiming to strengthen their foundation in QI skills.

The training focused on key pillars of high-quality care: patient safety, process efficiency, and collaborative teamwork. Participants gained hands on experience using quality tools such as Plan-Do-Study-Act (PDSA) cycles, Run Chart, and structured data collection techniques. These skills empower staff to address clinical challenges, reduce errors and deliver measurable improvements in patient care and satisfaction.

Through the HHQI-FQIC initiative, HMGH is fostering a strong culture of continuous improvements. By investing in QI education, HMGH demonstrates its commitment to clinical excellence, professional growth, and achieving better outcomes for both patients and healthcare providers.

Glenn Ramon Ocampo
Head of Quality,
HMGH



BEYOND BOUNDARIES - BUILDING A BETTER CARE WITH QI TRAINING AT HMGH



FROM BOTTLENECK TO BREAKTHROUGHS: HGH MEDICAL INPATIENT 3-YEAR LONG JOURNEY WITH THE SYSTEM-WIDE PATIENT FLOW COLLABORATIVE

As part of the HMC System-wide Patient Flow Collaborative, our multidisciplinary team has been driving a transformative initiative to address two critical challenges: discharge delays and inpatient bed utilization. These factors are major contributors to Emergency Department (ED) boarding and potential patient safety risks.

Project Goals and Approach

Our specific objectives were ambitious:

- Reduce Unnecessary Bed Days (UBDs) by 25% (from 1,500 to 1,100 days)
- Increase 7 AM bed availability for medical inpatients by 15% over one year

Guided by the Institute for Healthcare Improvement (IHI), the Model for Improvement and iterative *Plan-Do-Study-Act* (PDSA) cycles, the team employed robust quality improvement tools—including fishbone diagrams, Pareto charts, high-level flow maps, and Shewhart control charts—to identify root causes, track changes, and ensure process stability.

Key Insights and Interventions

Analysis revealed several underlying causes of discharge delays, including:

- Limited system capacity
- Delayed payment authorizations
- Patient refusals
- Late initiation of discharge planning

To address these issues, the team implemented a series of impactful changes:

- Early and integrated discharge planning
- Use of a complex patient screening tool
- Early engagement of social workers in coordination efforts



The Team &
Patient Flow Huddle



Publication Manuscript of
Patient Flow Meeting

Kenneth Jun Logrono

Acting Head
Nurse for Quality
Improvement,
SSC Inpatients



Remarkable Results

These interventions delivered measurable improvements:

- UBDs reduced by 71%
- 7 AM staffed bed availability improved by 20–30%
- Pending ED admissions decreased by 23%

These outcomes have translated into safer, more efficient patient transitions, reduced overcrowding, and improved access for incoming patients.

Strengthening Collaboration and Sustaining Impact

As part of our commitment to continuous improvement, the team has also adopted Value Improvement methodologies to further enhance system performance.

New initiatives include:

- Flow Visual Management Boards for real-time visibility and accountability
- Regular interdisciplinary huddles to address barriers proactively and maintain momentum.

What's Next

We are proud to share that this impactful work is being prepared for scientific publication in collaboration with Dr. Pierre Barker, Chief Scientific Officer of the Institute for Healthcare Improvement (IHI). This collaboration underscores the scientific rigor and broader relevance of our efforts to improve patient flow across the healthcare system.

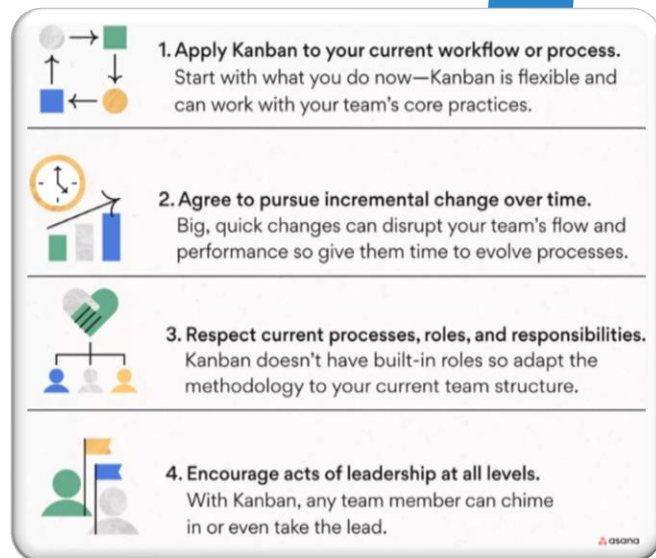


by Ana Jimena

The Kanban System, a visual workflow management tool developed in Japan, is gaining momentum in healthcare settings for its ability to streamline operations and reduce wastes. Meaning “signboard” or “visual card” in Japanese, Kanban helps healthcare teams visualize tasks, manage supplies, and coordinate patient care more efficiently.

One major application of Kanban in healthcare is inventory control. By using color-coded cards or digital signals attached to medical supplies, staff are alerted when stocks reach a reorder point. This “just-in-time” approach helps prevent both overstocking and stockouts, ensuring that essential items like gloves, syringes, or medications are available when needed without excess storage.

The Core Principles of Kanban



In clinical workflows, Kanban boards – physical or digital – can track patient progress, laboratory tests, or treatment stages. For example, a Kanban board in a surgical unit might have columns like “Scheduled”, “Pre-Op”, “In Surgery”, and “Recovery”. Staff can move patient cards across stages, providing real-time status updates and reducing communication breakdowns between departments.

Kanban Practices



Kanban also supports team collaboration and workload balancing. By limiting the number of tasks in progress (a Core Kanban principle), teams can focus better, reduce errors, and improve overall quality of care. This is especially useful in high-stress environments like emergency departments or intensive care units.

In summary, implementing the Kanban system in healthcare helps improve efficiency, visibility, and patient safety, making it a valuable tool for modern, lean-focused healthcare organizations.

References:

- Anderson, D. J. (2010). *Kanban: Successful evolutionary change for your technology business*. Blue Hole Press.
- Lean Enterprise Institute. (n.d.). Kanban. <https://www.lean.org/lexicon/kanban>
- What Is Kanban? A Beginner's Guide for Agile Teams [2025] •Asana



by Ana Jimena

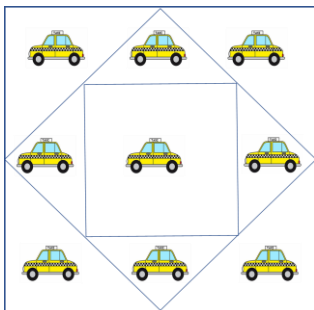
Let's get to know Phobias! Match the Fear versus Specific or Subtype of Phobias! Email your answer at hhqi@hamad.qa

A *Specific Phobia* is a marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). It is diagnosed if it meets the full criteria in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition).

To specify the focus of the fear, the DSM-5 lists common subtypes of specific phobia. Below are not listed individually in the DSM-5 but groups them under the category of Specific Phobia.

- | | |
|---|----------------------------|
| 1. Equinophobia | a. Fear of color yellow |
| 2. Ablutophobia | b. Fear of horses |
| 3. Pogonophobia | c. Fear of teenagers/youth |
| 4. Genuphobia | d. Fear of 13 |
| 5. Anthophobia | e. Fear of long words |
| 6. Chorophobia | f. Fear of dancing |
| 7. Decidophobia | g. Fear of phobias |
| 8. Ephebiphobia | h. Fear of beards |
| 9. Triskaidekaphobia | i. Fear of knees |
| 10. Phobophobia | j. Fear of bathing |
| 11. Koumpounophobia | k. Fear of ants |
| 12. Xanthophobia | l. Fear of buttons |
| 13. Hippopotomonstrosesquipedaliophobia | m. Fear of flowers |

Issue 50 Answer : *Taxicab Parking*



CONGRATULATIONS!

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Sumy Kankussery Basheer
PLTCU2/AMC
Al Wakra Hospital



Share your insights with us at hhqi@hamad.qa

HHQI
LEARNING
EVENTSAUGUST
2025

- | | |
|-------|--|
| 5 | Improvement Specialist Program - Action Period Call 7 |
| 6 | Clinical Care Improvement Training Program- Improvers Club |
| 7 | Fundamentals of Quality Improvement Course (English) |
| 14 | CCITP Cycle 21 – Introduction Module Prep Day |
| 18 | LearnQI with HHQI |
| 18 | Fundamentals of Quality Improvement Course (Arabic) |
| 25 | CCITP Cycle 21 – Introduction Module Introduction Module |
| 26-28 | Intermediate Quality Improvement Course |

“Too many of us are not living our dreams because we are living our fears.”

Les Brown



Dr. Riham NegrEdin



Dr. Khawla Ahmed



Maryanne Gillies

**HHQI
INSIGHTS
EDITORIAL
TEAM**



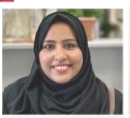
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