

INSIGHTS

HAMAD HEALTHCARE QUALITY INSTITUTE NEWSLETTER

March 2026 | Issue 59

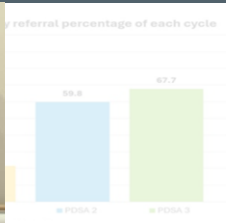
Check out
more on
page 7

HHQI LEARNING EVENTS

- Improvement Coach Program C2
- Improvement Leadership Program C8

LEADERSHIP MESSAGE

"Collaboration is the key to transforming care: together, we achieve more."
... This collaboration has fostered a culture of continuous learning and quality improvement. ... read more on page 2



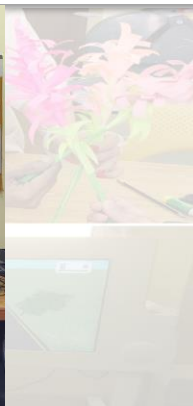
QUALITY SPOTLIGHT

Walk More, Breath More: Recover Faster. A Multidisciplinary Quality Improvement Success Story at HMC... From Local Audit to International Publication... read more on page 3

ACS TEAM: WALK MORE, BREATH MORE: RECOVER FASTER

QUALITY SPOTLIGHT

From Insight to Impact: In-patient Leisure Engagement Activity Program (i Leap)... Leisure was not treated as "extra," but as a meaningful occupation essential to dignity, identity, and healing... read more on page 4



QI JOURNEY: REFLECTION

From Managing Performance to Enabling Transformation... I noticed how powerful it was when someone felt safe enough to speak honestly... read more on page 5

QUALITY INSIGHTS

Engineering Better Care: Why Healthcare System Engineering Matters... This shift from blame to system design is foundational to modern quality improvement... read more on page 6

HH TEAM: FROM INSIGHT TO IMPACT: *i Leap*



JOY AT WORK CORNER:

Trivia Time!

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

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



Mr. Nasser Al Naimi

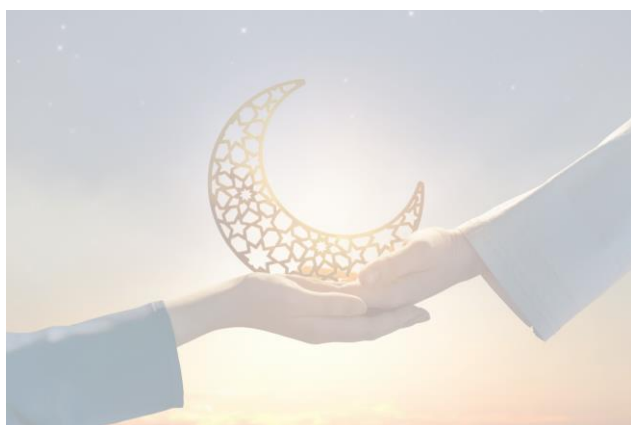
Chief of Patient Experience and Director, Hamad Healthcare Quality Institute

Dear INSIGHTS Readers,

Welcome to this edition of HHQI Insights. I am delighted to connect with you again as we continue our journey of sharing knowledge, celebrating achievements, and fostering excellence across our healthcare community.

In this issue, I am pleased to invite Dr. Muna Al-Rashid, Assistant Executive Director Quality Improvement, Hamad General Hospital, to share her perspective through the Leadership Message. Their insights and experience will inspire us all to lead with purpose, drive meaningful change, and strengthen our collective impact.

We hope you find this edition insightful and engaging, as we look forward to continuing our collaboration towards improvement.



Dr. Muna Al-Rashid

Assistant Executive Director Quality Improvement, Hamad General Hospital

Dear INSIGHTS Readers,

“Collaboration is the key to transforming care: together, we achieve more.”

In complex healthcare systems, delivering high-quality, sustainable outcomes requires deliberate collaboration with improvement experts to accelerate strategic priorities and uphold excellence in care delivery.

Our partnership with the Hamad Healthcare Quality Institute (HHQI) has been a critical enabler in advancing organizational capability. Through structured improvement programs, HHQI equips our workforce with the competencies needed to identify opportunities, implement evidence-based interventions, and sustain measurable impact on scale.

This collaboration has fostered a culture of continuous learning and quality improvement. HHQI’s programs including the Improvement Leadership Program (ILP), Improvement Coach Program (ICP), High Performing Organization (HPO) Program, and Improvement Specialist Program (ISP), are shaping the next generation of healthcare employees through building a strong practitioners who drive performance, optimize patient flow, and enhance operational and financial outcomes.

Together, HGH and HHQI exemplify the true power of collaboration, translating insight into action, building capability, and advancing excellence in patient care.

Walk More, Breath More: Recover Faster

A Multidisciplinary Quality Improvement Success Story at HMC

From Local Audit to International Publication.

What began as a simple audit at Hazm Mebaireek General Hospital (HMGH) has evolved into an internationally recognized example of multidisciplinary quality improvement within Hamad Medical Corporation and has now been published in **BMJ Open Quality**.

Our Acute Care Surgery (ACS) team identified a critical opportunity: although early postoperative physiotherapy is known to accelerate recovery, only 10.4% of eligible patients were referred to PT in the immediate postoperative period. Rather than viewing this as a gap, the team saw it as an opportunity to improve recovery, safety, and patient experience. Through close collaboration between surgeons, physiotherapists, inpatient nurses, and hospital leadership, a structured improvement initiative was launched under the ACS Quality & Patient Safety Committee.

Using the Model for Improvement framework and three structured Plan-Do-Study-Act (PDSA) ramps, we implemented targeted educational workshops, daily reminder systems, and personalized prompts to on-call surgeons.

The results were transformative:

- Physiotherapy referral rates increased from **10.4% to 67.7%**
- Average **Six-Minute Walk Test (6MWT)** improved from **247m to 390m**
- **Incentive Spirometry Inspiratory Volume (ISIV)** improved from **927ml to 1198ml**
- **No increase in falls or pain** post-physiotherapy



Beyond improving functional outcomes, the initiative contributed to **reduced postoperative length of stay** and **strengthened interdisciplinary collaboration**. Importantly, these gains were achieved through **low-cost, behavior-focused interventions** rather than resource expansion.



Dr. Shameel Musthafa
Associate Consultant in Acute Care Surgery
Clinical Lead for Quality, Audits, NSQIP & Registry in Acute Care Surgery

The project was presented at the **IHI International Forum for Quality & Safety in Healthcare in Hong Kong, 2024**. Building on that momentum, the work has now been internationally peer-reviewed and published in *BMJ Open Quality*, showcasing how leadership and locally driven initiatives within HMC can contribute to global evidence and best practice.

This journey reflects what is possible when departments move beyond silos and work toward a unified aim: **faster recovery, safer care, and better outcomes for our patients**.

It also reinforces a powerful message: **“Quality improvement is not about complex systems and processes alone but about people, partnership, and purpose; and when all of these align around a shared aim, meaningful change becomes possible”**.

Scan the QR code to access the full open-access publication.



Click on the link to access the full open-access publication.

<https://bmjopenquality.bmj.com/content/14/4/e003344>

From Insight to Impact: In patient Leisure Engagement Activity Program (i LEAP)

Hospitalization for heart failure patients disrupt routines, reduce meaningful activity, and affect emotional well being. In early 2024, downward trend of Occupational Therapy inpatient satisfaction data at Ward C Heart Hospital prompted them to look beyond traditional clinical care and explore a more holistic, person-centered response. *In-patient Leisure Engagement Activity Program (i LEAP)*, a quality improvement journey grounded in partnership, culture, and compassion was developed.

What set *i LEAP* apart was its co-design approach. Occupational therapists, Patient and Family Advisory Council (PFAC), nurses, and quality teams worked closely together and listened to what truly mattered to patients. Leisure was not treated as “extra,” but as a meaningful occupation essential to dignity, identity, and healing. Together, the team developed a culturally inclusive interest checklist and a menu of simple, yet powerful activities, music, art, journaling, light movement, and self care tailored to each patient’s preferences and abilities.

Using Plan Do Study Act cycles, the team continuously refined the program based on patient feedback and functional outcomes through Canadian Occupational Performance Measure (COPM). By December 2024, patient satisfaction consistently reached and sustained the target of over 98%. Encouraged by its success, the program expanded to additional wards in 2025.



Dr. Menandro Mahinay
Occupational Therapy
Supervisor, Heart Hospital



Ms. Jennifer Anne Bondoc
Occupational Therapy
Specialist, Heart Hospital



Patients participating in i-LEAP.
(All photos were given consent to use by the patient).

"As a PFAC member, I felt truly valued being part of the team.

I even helped collecting patient feedback and it was inspiring to hear how much these simple activities lifted people’s spirits.

It reminded me that healing is not just about medicine it’s also about humanity."

**Mr. Jeric Dalumpines, PFAC Member,
Heart Hospital**

Significantly, the impact extended beyond numbers. Patients reported feeling more relaxed and empowered by having choice of leisure during their hospital stay. Patients shared that these moments of leisure brought comfort, connection, and a sense of normalcy during a challenging time.

i LEAP’s journey reminds us that **quality improvement is most powerful when it honors humanity**. By focusing on meaningful activities, even in hospitals we can transform quality outcomes and better patientcare experience.

From Managing Performance to Enabling Transformation

Not long ago, I believed my role was to ensure everything worked. If there was a delay, I followed up. If there was a gap, I closed it. If there was a problem, I solved it. I measured my success by stability and keeping processes moving and meeting expectations. I rarely stopped to question the system itself, because I was too focused on making it function.

Joining the High-Performing Organizations Program changed that in ways I did not expect.

I still remember one moment during the program when I realized that improvement is not about working harder within the system, but about improving the system itself. It was a simple idea, yet it shifted something deeply within me. For the first time, I began to step back and see the bigger picture. I saw how culture shaped behavior, how leadership shaped culture, and how psychological safety allowed people to bring their best ideas forward.

I began to listen differently.

I noticed how powerful it was when someone felt safe enough to speak honestly. I noticed how teams became more engaged when they felt heard, not directed. I realized that leadership was not about having control, it was about creating conditions where others could succeed.

Working on my transformation plan was both exciting and uncomfortable. It required me to reflect on my own habits and assumptions. There were moments when I questioned myself, moments when change felt slow. But there were also moments that inspired me and when conversations became more open, when collaboration felt natural, and when small improvements began to create real impact.



High Performing Organization Program's 4 Learning Domains



Mr. Emran Kanan
Improvement Advisor (IA)
HHQI

Those moments reminded me that transformation does not happen all at once. It happens step by step. Conversation by conversation. Decision by decision.

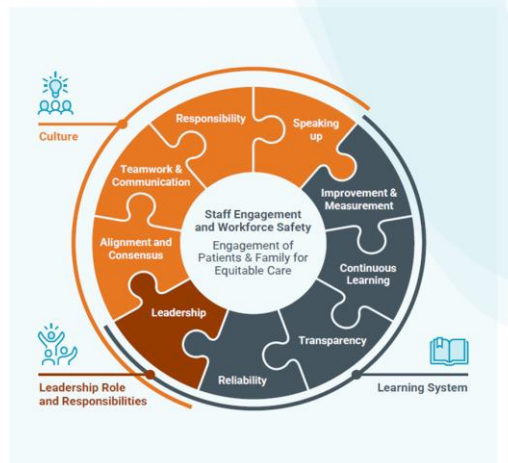
This program helped me see my role differently. I am not just here to maintain performance. I am here to help build an environment where improvement is possible every day.

Today, I feel a renewed sense of purpose. I feel more confident in my ability to influence change; not by doing everything myself, but by enabling others.

Because **“High-Performing Organizations are not built by individuals alone. They are built by people who believe in learning, in speaking up, and in moving forward together.”**

And I am proud to be part of that journey.

The Framework for Safe, Reliable, Effective, and Equitable Care



References:

Frankel A, Haraden C, Federico F, Lenoci-Edwards J. A Framework for Safe, Reliable and Effective Care. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe and Reliable Healthcare; 2017. (Available at ihi.org)



by Dr. Jawed Iqbal

Modern healthcare is defined not only by clinical excellence, but by how reliably that excellence is delivered. As systems grow more complex, healthcare system engineering has become essential to ensuring safe, efficient, and sustainable care. In integrated systems such as Hamad Medical Corporation, consistent outcomes across facilities depend on intentional system design—not individual heroics.

Healthcare system engineering applies structured methods from systems science, industrial engineering, and human factors to improve how care is delivered. Instead of asking, “Who made the mistake?” it asks:

- How is the process designed?
- Where does variation occur?
- What conditions increase risk?
- How can we redesign to prevent failure?

This shift from blame to system design is foundational to modern quality improvement.

Designing for Reliability

High-performing organizations use engineering principles to reduce variation and improve predictability. Approaches advanced by the Institute for Healthcare Improvement emphasize standardizing high-risk processes, clarifying escalation pathways, and testing changes systematically. Reliability is engineered through simplified workflows, defined roles, and standardized handoffs—reducing error and cognitive overload.

Managing Complexity

Healthcare today involves advanced technologies, multidisciplinary teams, and rising demand. Engineering tools such as patient journey mapping, capacity-demand analysis, and flow optimization help reduce delays, improve bed utilization, and enhance patient experience—while strengthening financial sustainability.

Dr. W. Edwards Deming said

“Every system is perfectly designed to get the results it gets.”

Human Factors & Safety

Even the most skilled professionals work within systems. Integrating human factors principles—similar to practices used by Johns Hopkins Medicine—ensures environments support performance under pressure. Reducing interruptions, standardizing communication, and designing safer processes embed safety into daily operations.

Data-Driven Decisions

Engineering transforms data into actionable insight. Real-time dashboards and performance monitoring allow teams to detect variation early, measure impact, and allocate resources effectively. In modern healthcare, analytics must complement clinical judgment.

A Strategic Capability

Healthcare system engineering is not a technical function—it is a strategic enabler. By reducing waste, improving flow, and enhancing reliability, it strengthens quality, safety, and sustainability simultaneously.

In today’s era, better care is not achieved by chance. It is intentionally designed, continuously measured, and systematically improved.

“We will need a healthcare system information environment that provides critical knowledge that can be used to effectively manage individuals over time, evaluate and improve the quality and value of clinical practice.”

— Eugene C. Nelson, Dartmouth–Hitchcock Medical Center

Reference:

- Swensen, Carayon P, Schoofs Hundt A, Karsh BT, Gurses AP, Alvarado CJ, Smith M, et al. Work system design for patient safety: the SEIPS model. *Qual Saf Health Care*. 2006;15(Suppl 1):i50–i58.
- Institute for Healthcare Improvement. *Science of improvement: How to improve*. Boston (MA): Institute for Healthcare Improvement; 2023. Available from: <http://www.ihl.org>

by Ms. Ana Jimena



Trivia time! Every answer starts with letter “D”. What would it be? Email your answer at hhqi@hamad.qa

Here Goes ...

1. What term describes trees that shed their leaves annually? _____
2. What do Australians call the wild dog that roam the outback? _____
3. What German-origin word refers to a non-biologically related person who looks exactly like you? _____
4. Which loyal house-elf in the Harry Potter series was freed with a sock? _____
5. What is the specific name for a camel that has only one hump? _____
6. What unit is used to measure the intensity or loudness of a sound? _____
7. What gold coin is famously associated with pirates and treasure chests? _____
8. What do you call a male duck? _____
9. In physics, what is the term for the measure of mass per unit of volume? _____
10. Which flightless bird, native to Mauritius, went extinct in the 17th century? _____

Issue 58 Answer : *Picture Time!*



CONGRATULATIONS!

Shiji Mathai Thomas
Pediatric Emergency, HGH

Sameena Shahal
Web Developer, CCD

Elmer Diokno Kalalo
Outpatient Nurse, OPD Annex



Share your insights with us at hhqi@hamad.qa

HHQI
LEARNING
EVENTS

A P R I L
2 0 2 6

- 1-2 Improvement Coach Program – Cycle 2 – Workshop 03
- 1 Improvement Leadership Program – C8 – Webinar 08
- 6 LearnQI with HHQI
- 8-9 Clinical Care Improvement Training Program – C21 – Module 03
- 13-14 High Performance Organizations Program -C3 – Workshop 03
- 15 Improvement Leadership Program – C8 – Web 09
- 15 HHQI Joy at Work
- 16 Clinical Care Improvement Training Program - Coaching call
- 20 Fundamentals of Quality Improvement Course (English)
- 21-23 Intermediate Quality Improvement Course
- 26 Fundamentals of Quality Improvement Course (Arabic)
- 27-29 Improvement Specialist Program – C3 – Workshop 02
- 30 Clinical Care Improvement Training Program – Final Presentation

“The strongest organizations don’t just chase results—they build cultures where improvement never stops.”

anonymous



HHQI
INSIGHTS
EDITORIAL
TEAM