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QUALITY NEWSLETTER

Hello everyone! Welcome to the 9th issue of our quarterly newsletter. Our aim is to continuously keep you updated on quality assurance, patient safety, risk management policies and standards. We encourage the staff contributions on the related topics.

Message from the Hospital Director

Innovative Concepts in Healthcare Management



Dear Team Members,
'Time & Tide waits for None', is an English saying that goes back in time.

As we enter 2019, this is a reality that is worth remembering. Everything that we do at home (personal), school (professional) or play (leisure) is going to help us moving

towards achieving the organizational & personal objectives that we have set. Time is of essence and what we do with that, is crucial to the outcome.

As an organization we are moving towards tertiary health care and more complex services. Addition of Nephrology department, Dialysis services, Intensivist, Pediatric Cardiology, Special Care Units, Bariatric Surgeries etc. are all a testimony to the organizations commitment for providing the best for the citizens & expatriates in Kuwait. It is at this time, that we need to put in all the TIME in ensuring that we continue to provide world class care to our patients.

Let us recommit ourselves with all the energy and enthusiasm in moving New Mowasat Hospital (NMH) & New Mowasat Clinic (NMC) from Good towards Great in the year 2019.

Wishing each one of you a successful year at NMH & NMC.

Dr. Alexander Varghese

New Mowasat Hospital is committed to providing the highest quality of healthcare and patient safety in the state of Kuwait. The hospital gives utmost priority to learning and professional development of its employees through continued training and education.

On 18th October, 2018 for the first ever in Kuwait, New Mowasat Hospital hosted an educational session by the American College of Healthcare Executives – MENA region. The sole aim of this session was to share experiences and best practices with healthcare professionals in the hospital.

With that in mind, and through the initiative and vision of the Management Team at New Mowasat Hospital, members of the American College of Healthcare Executives -Middle East and North Africa region were invited to participate in a day long educational program which comprised of 4 sessions and centered around the theme – 'Innovative Concepts in Healthcare Management'.

During these forums, Hospital Director, Dr. Alexander Varghese stressed upon the significance of gathering, learning, sharing experiences and best practices which make the healthcare system in any hospital or region move towards Best Practices and World Class Performances.

The sessions were attended by healthcare providers, doctors, nurses, administrators and managers from various departments of the hospital.



FALL PREVENTION



The Morse fall scale is one such tool. Using the components listed above, it creates a risk score that can be used to identify patients that need fall prevention interventions put in place.

Risk Factors and Fall Prevention

- Remove environmental factors that pose a risk.
- Cleaners in the room when patients are less likely to mobilize.
- Improving overall health and fitness through effective medication.
- Adequate nutrition and physiotherapy can be used to restore strength and motivation.
- Assessment and continue review of patients.

Patient Safety & Medical Errors



What is a fall and what causes people to fall?

Patient falls continue to be a top adverse event in hospital settings, often resulting in injury and even death. Although fall risk is more common among elderly and frail patients, any patient can be at risk for a fall due to physiological changes related to medications, surgery, procedures, diagnostic tests, or a medical condition. There are multiple reasons why an individual may fall leading to injury. These may include health-related reasons, such as:

- Balance issues and dizziness
- Muscle weakness and stiff joints
- Side effects from medication
- Confusion and co-morbidities
- Low blood pressure
- Reduced feeling in the feet and legs
- Poor eyesight
- Dementia

Falls Risk Assessment

To put an effective falls prevention strategy in place, we need to use an assessment tool to establish which of our elderly patients are at risk.

- Admission
- on transfer
- following a change in status
- a fall
- long-term inpatient intervals dependent on the patient's risk factors

Common components of a falls risk assessment tool used at NMH include:

- Medical diagnosis
- Pre-existing medical conditions
- Medication
- History of falls
- Gait and transfer ability
- Ambulatory aids needed
- Mental capacity

The simplest definition of patient safety is the **prevention of errors and adverse effects to patients associated with health care** (World Health Organization).

A medical error is preventable adverse effect of care, whether or not it is evident or harmful to the patient. This might include an inaccurate or incomplete diagnosis or treatment of a disease, injury syndrome, behavior, infection or other ailment.

As per report by Institute of Medicine (IOM) there are minimum of **98,000** deaths occurring each year by medical errors in US.

It has been noted and found out across hospitals that major errors take place only due to the following factors and nothing else. **The factors are linked to:**

- **Leadership and Communication Processes:** This includes communication barriers to potential risk factors.
- **Information Management Process:** This includes computer programs, Medical Records Data, policies and procedures, documentation.
- **Environmental Management Process:** This includes physical environment, policies and procedure regarding the environment, equipment and emergency planning and responses.

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- **Human Resource Management:** This includes staff qualification and competence orientation training and education and staffing levels.

These are considered major factors in any healthcare establishment within which if any of the processes has any issue of gaps errors may be happen and may lead to minor, intermediate or major catastrophic outcomes.

New Mowasat Hospital initiative towards High Reliability and ZERO HARM in Healthcare Quality and Patient Safety

New Mowasat hosted a guest lecture by Paula Wilson President and CEO of Joint Commission International (JCI).

New Mowasat Hospital is committed to ensuring a safe and high quality health care system with the goal of Zero Harm in Patient Safety.

JCI is an Accreditation body that works to improve patient safety and quality of health care in the international community by offering education, advisory services, and international accreditation.

The Joint Commission is a United States-based nonprofit organization that accredits more than 21,000 US health care organizations and programs. JCI accreditation is considered the gold standard in global health care and NMH is the first JCI Accredited hospital in Kuwait.

On 27 November 2018 Paula Wilson, President and CEO Joint Commission International, and Dr. Ashraf Ismail Managing Director JCI Middle East Office visited New Mowasat Hospital Kuwait. Ms. Wilson delivered a session on "High Reliability in Healthcare- Getting to Zero Harm." The session was attended by the representative from various Public and Private Hospitals in Kuwait.

Going beyond the expected line and recognizing the need of sharing the knowledge of High Reliability and Zero Harm, NMH takes the lead by organizing this event and Zero Harm initiative.

The seminar began at 9:30 AM with the arrival of dignitaries. After the registration process, a presentation on a brief introduction and the best practices followed at New Mowasat Hospital was given to the audience by the Hospital Director of NMH, Dr. Alexander Varghese. He also highlighted the purpose of this visit by Ms. Wilson and NMH initiative towards High Reliability and Zero Harm.

The session was well received, assimilated and appreciated by the participants from the other hospitals in Kuwait. Questions were invited, an active participation and instructive exchange of ideas was shared by the participants.

The event was concluded with a closing remark by Quality Manager Shaheena Sheikh, she thanked the speaker and all the Quality Leaders from other public and private hospitals for their attendance that shows their commitment towards Quality and Patient Safety. At the end of the event a hospital tour was organized attended by Ms. Wilson, Dr. Ashraf Ismail and the members from New Mowasat Hospital Management team.

Leading Change In Healthcare Systems

NMH held a special workshop for the selected staff on 28th and 29th November 2018 on "Leading Change In Healthcare Systems" in cooperation with Accreditation Canada International (ACI). The workshop was conducted by Dr. Guy Nasmyth who's a consultant, trainer and educator working in the areas of leadership and human systems. He is also associate faculty working at Royal Roads University and the University of Victoria in British Columbia.



The key learning outcomes of the course were:

- Practical techniques and strategies for leading change within your own organization.
- Key components of organizational change and leadership.
- How to use the Qmentum International Accreditation process to facilitate change.

Some pictures from the workshop



“Challenges keep the job interesting”

Interview with Mr. Ibrahim Qaddoura, CFO, NMH



Interviewed by: Sakina Shikari, Quality Officer, NMH

SS: Sir it is a privilege to interview you today. How long have you been associated with NMH? What has been your memorable achievement?

IQ: Thank you, the privilege is mine! I joined NMH almost five years ago. It is an immense pleasure to work with a supportive team in Finance Department. Our most remarkable achievements have been finalizing the auditing of financial statements before the 20th of January; we have been able to successfully do it each year. We are proud that NMH's profitability has been significantly improved and the relations with Insurance Companies have been well maintained. Furthermore, a profitability analysis has been implemented in each clinic in order to assess the performance and profitability of Doctors in specific and clinics in general.

SS: As the CFO of NMH, what does your work entail? What are the challenges at work?

IQ: In a nutshell, I plan, manage and direct the financial affairs of the organization and I also manage the Insurance Department. Furthermore, as member of the NMH management committee and strategy team, I oversee the revenue growth and ensure a reasonable market share in the healthcare private sector. I believe that challenges keep the job interesting. Some of the challenges include meeting the expectations of the shareholders and the Board of Directors, allocating remunerations based on employees' skills and performance for new joiners as well as current staff, pricing and cost management, optimal utilization of resources as well as budget forecasting with alignment to healthcare private sector challenges.

SS: Please tell us something about your educational journey and professional background prior to joining NMH.

IQ: I hope my experience can inspire others to pursue their aspirations.

After dropping out of the Biology College of Damascus University in 1975, I started to work for the Commercial Bank of Kuwait as a Junior Clerk, with the intent of saving money to pursue Business Administration in the US. Given my lack of background in banking or finance, along with the limited English education I had, I found it challenging as well as motivating to overcome my weaknesses. I started developing my skills through different learning methods and was rewarded with a promotion to Retail Bank Officer in 1978. In April 1979, I attended an intensive operations and management training program in Hong Kong with Chase Manhattan Bank for six months. This course gave me a great chance to enhance my knowledge in the field. I was promoted to Assistant Branch Manager, upon my return in November 1979, and in two years, the Branch Manager. In 1986, wanting a different exposure, I moved to Al Ahli Bank of Kuwait for the same position. Towards the end of that year, I moved to the Corporate Banking Division as Senior Credit Officer, followed by Assistant Unit Head, then Unit Head for Services Unit, and finally, Executive Manager - Corporate Banking in charge of managing a credit portfolio for the services sector, as well as the Financial Analysis Unit, and acting on behalf of Corporate Banking Division as liaison coordinator with the Internal, External, and Central Bank of Kuwait Auditors.

For the next 27 years, my job concentrated on financing private companies, mainly in contracting, trading, real estates and services sectors. Although I was excelling in my career, I always felt the urge of higher education. I joined the Arab Open University and transferred to AUK in 2005. I was already 49 years old, holding a position of an Executive Manager and a father of five. It seemed impossible but with the support of Allah and my family, I was able to graduate in 2008 from the American University of Kuwait, with a double honors bachelor's degree in Finance & Accounting. What kept me going was the pride in my children's eyes. I wanted to be a role model for them by proving that dreams do come true; with good intentions and hard work. I hope my experience can inspire others to pursue their aspirations.

SS: Development and expansion mostly run contrary to economic budgeting. As CFO, how do you balance the financial prudence viz-a-viz expansion and growth which is again a must for any good hospital?

IQ: This is achieved by running proper budgeting and feasibility studies in advance of all necessary development, expansion and allocation of funds; to ensure that the allocation of new funds enable the hospital to generate higher returns on investment.

SS: What are your KRA's (Key Result Areas) for NMH. Do these extend to New Mowasat Clinics (NMC) as well? What message would you like to convey to your colleagues towards realizing your KRA's?

IQ:

1. Provide the best healthcare services to all the patients.
2. Meet the satisfaction of all the patients, who come to NMH & NMC expecting good healthcare services.
3. Protect the interests of all the stakeholders.
4. Secure reasonable annual growth in NMH & NMC total revenues and profits.
5. Protect the interest of the Insurance Companies dealing with NMH & NMC, and to charge the claims in accordance to the table of benefits, and agreed terms and conditions, which would enable us to avoid the losses resulting from rejected insurance claims.
6. To always work hard towards improving the market share of NMH & NMC in the healthcare private sector.
7. Give my full support to all my colleagues at NMH& NMC to achieve their targets.

“My message to my colleagues towards realizing the KRA's is that we should all work as one team to achieve our KRA's, and each one of us should make the utmost and sincere efforts to provide the best services to the patients who come to NMH and to NMC.”

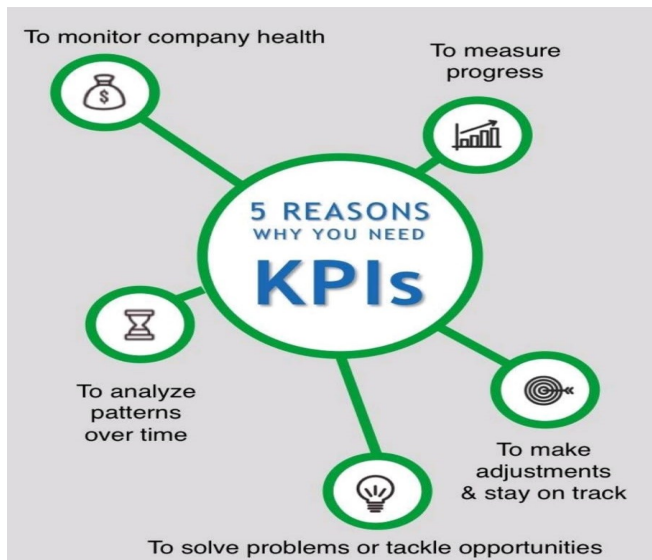
NMH Augments the ICU Services



NMH recently hired a senior Intensivist for ICU, thus enhancing its service in this critical area. Intensivist are familiar with the complications that can occur in the ICU and, thus, are better equipped to minimize errors.

Led by Dr. Ahmed Mohammed Mohareb who has a broad experience in general ICU, SICU and CCU. Also experienced in Anesthesia for general surgery, plastic, thoracic and neurosurgery, obstetrics and gynecology, neonatal and pediatric, urological, orthopedics, ENT and vascular surgery.

Located on the 4th floor of IPD building, the Intensive Care Unit is a 4 bedded multidisciplinary care unit. Each bed is located in a separate room equipped with monitor (5 leads ECG, invasive and non-invasive blood pressure monitoring, CVP monitoring, oxygen saturation monitoring), each monitor is connected to a central monitor on nursing station. Additionally; ICU is equipped with 2 crash carts, 2 invasive mechanical ventilators, 1 non-invasive CPAP\BiPAP machine and 1 portable mechanical ventilator, Portable ECHO/Sonar machine, blood gas analysis machine, LUCAS autochest compression machine and non-invasive cardiac output monitor have been ordered.



International Infection Prevention Week (IIPW)

New Mowasat celebrated International Infection Control Week with great verve. It is critical that healthcare professionals work together to prevent infections. By joining our patients and their family and healthcare colleagues in celebrating IIPW, we raised awareness of the role infection prevention plays to improve patient safety.

The Link Nurses, together with the Infection Control supervisor, Erum Sadruddin, put up a kiosk at the IPD and OPD reception where the posters were displayed which created by different units and departments in the hospital.

Patients and families were given health education on the importance of hygiene. Leaflets were distributed on how to prevent the spread of Flu and Influenza and created awareness on the importance of Flu vaccination.

The week ended with celebrations in the auditorium. Hospital staff participated in quiz competition. Staff also participated in the games. Prizes were distributed to all the participants.



What is SBAR?

SBAR is an easy to remember mechanism you can use to frame communications or conversations. It is a structured way of communicating information that requires a response from the receiver. As such, SBAR can be used very effectively to escalate a clinical problem that requires immediate attention, or to facilitate efficient handover of patients between clinicians or clinical teams.

SBAR stands for:

S	Situation
B	Background
A	Assessment
R	Recommendation

These are the key building blocks for communicating critical information that requires attention and action thus contributing to effective escalation and increased patient safety.



How can SBAR help you?

Communication is more effective in teams where there are standard communication structures in place. This is where SBAR can add real value:

- SBAR helps prevent breakdowns in verbal and written communication by creating a shared mental model around all patient handovers and situations requiring escalation, or critical exchange of information.
- SBAR is easy to remember and encourages staff to think and prepare before communicating.

Stages of Decubitus/Pressure Ulcer

Stage I	Stage II	Stage III	Stage IV	Suspected Deep Tissue Injury (STDI)	Unstageable
<ul style="list-style-type: none"> • Intact skin with localized, non-blanchable erythema over a bony prominence. • The area may be painful, firm or soft and warmer or cooler when compared to tissue. • Darkly pigmented skin may not show visible blanching, however the colour of the Stage I ulcer will appear different than the colour of the surrounding skin. • Indicates the patient is at risk for further tissue damage if pressure is not relieved. 	<ul style="list-style-type: none"> • A partial thickness wound presenting as a shallow, open ulcer with a red/pink wound bed. • May also present as an intact or open/ruptured serum-filled or serosanguinous-filled blister. • Slough may be present but does not obscure the depth of tissue loss. 	<ul style="list-style-type: none"> • A full thickness wound. • Subcutaneous tissue may be visible but bone, tendon and muscle are not exposed. • May include undermining or sinus track. • Slough or eschar may be present but does not obscure the depth of tissue loss. 	<ul style="list-style-type: none"> • A full thickness wound with exposed bone, tendon or muscle. • Often includes undermining and/or sinus tracks. • Slough or eschar may be present on some parts of the wound bed but does not obscure the depth of tissue loss. 	<ul style="list-style-type: none"> • A localized purple or maroon area of intact skin or a blood-filled blister that occurs when underlying of soft tissue is damaged from friction or shear. • May start as an area that is painful, firm or mushy/boggy, and warmer or cooler than the surrounding tissue but can deteriorate into a thin blister over a dark wound bed or a wound covered in thin eschar. • Deterioration may be rapid, exposing additional layers of tissue even with optimal treatment, may be difficult to detect in individuals with dark skin tones. 	<ul style="list-style-type: none"> • A wound in which the wound bed is covered by sufficient slough and/or eschar to preclude staging.

Workplace Safety Attitudes



What does **Workplace Safety Attitudes** mean?

Workplace safety attitudes refers to the employee tendency to respond positively or negatively towards a safety goal, idea, plan, procedure, prevention or situation. Safety attitudes influence employee choice of actions and response to challenges, incentives and rewards in the workplace. Positive workplace safety attitudes are essential for an accident free work environment that ensures higher efficiency, best quality, saves budget on cost of accident, raises employee morale, business profit and goodwill.

On the contrary, a negative workplace safety attitude increases cost of production, turnover rate, and reduces employee safety, morale, quality, profitability and business goodwill.

Workplace safety attitudes have following components:

Emotions or feelings - driven by mental states

Belief or opinions - derived from own faith

Inclination for action - driven by opinions

Positive or negative response to stimuli - lead by actions

Positive workplace safety attitudes aim to:

Protect properties and employees

Prevent all types of accidents and near misses

Prepare for the emergencies

Improve work environment and morale

Good workplace safety attitudes are represented by attentiveness, eagerness, alertness, carefulness, task focused, team-oriented and seriousness. Bad workplace safety attitudes are represented by emotional acts, tiredness, risk-taking, recklessness, selfishness and carelessness.



Tips for Sitting Position

1. Push your hips as far back as they can go in the **chair**.
2. Adjust the **seat** height so your feet are flat on the floor and your knees equal to or slightly lower than, your hips.
3. Adjust the back of the **chair** to a 100°-110° reclined angle.
4. Adjust the armrests (if fitted) so that your shoulders are relaxed.
5. Take frequent short breaks if they're using a keyboard for a long time
6. Use an adjustable chair that's set up properly
7. Position the screen properly – so that there's no glare or reflection, it's at eye height and it's neither too far away nor too near
8. Wear glasses or lenses if need to see the screen clearly

