MINISTRY OF NATIONAL GUARD HEALTH AFFAIRS

Quality & Patient Safety Newsletter

A QUARTERLY PUBLICATION OF THE QUALITY & PATIENT SAFETY COUNCIL VOLUME 6 / ISSUE 3 / June 2014

NGHA Journey
To High Reliability Organization (HRO)


Riyadh


Jeddah


Al Ahsa


Al Madinah


Al Dammam

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SPECIAL EDITION

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Quality & Patient Safety Newsletter

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High Reliability Organizations (HRO)

ABOUT THE NEWSLETTER

"By providing important and relevant information to healthcare providers, this Newsletter aims to enhance communication of quality and patient safety information, raise awareness of reported adverse events and maintain ongoing link to all the medical departments of the Ministry of National Guard Health Affairs (NGHA) facilities. "

BUILDING SAFER CARE: Leadership & Organizational Priority

This is your Newsletter and we value your comments. Please recommend Quality Improvement Projects in your area. We strongly encourage you to share patient safety information.
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Leading the Way to High Reliability Healthcare

Mark R. Chassin, MD, FACP, MPP, MPH
President and CEO, The Joint Commission

Current State of Quality

- Routine safety processes fail routinely
  - Hand hygiene
  - Medication administration
  - Patient identification
  - Communication in transitions of care
- Uncommon, preventable adverse events
  - Surgery on wrong patient or body part
  - Fires in ORs, retained foreign objects
  - Infant abductions, inpatient suicides

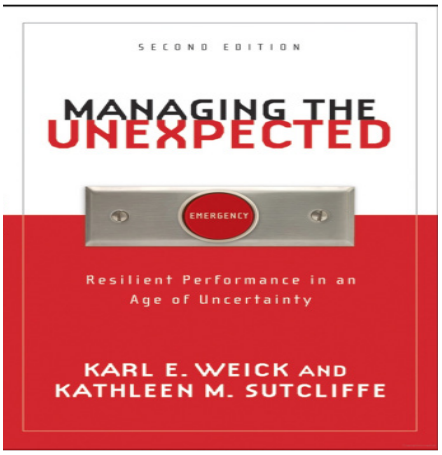
How Have Others Done It?

- "High reliability organizations" manage very serious hazards extremely well
- What do they all have in common?
  - Highly effective process improvement
  - Fully functional safety culture
- Discover and fix unsafe conditions early
- In healthcare, we most commonly react after patients are harmed

High Reliability: Future State

5 Principles

1. Preoccupation with failure
2. Reluctance to simplify
3. Sensitivity to operations
4. Commitment to resilience
5. Deference to expertise



High Reliability Science

- Research has defined how HROs produce sustained excellence over time
- No health care organizations function at this high level of sustained safety
- No guidance on how to transform organizations from low to high reliability
- We have created a roadmap for health care to get to high reliability

High Reliability Healthcare

- Our team has learned a lot by working with experts from HROs in many fields (aviation, military, nuclear power)
- Joint Commission model for healthcare
  - Leadership, safety culture, Robust Process Improvement (RPI)
  - New resources, tools, and strategies
- Some hospitals and systems are beginning to commit to the goal

Joint Commision High Reliability Initiatives

- High Reliability Resource Center
- High Reliability Self Assessment Tool (HRST)
- South Carolina Safe Care Commitment
  - Hospitals working toward high reliability
  - HRST: strengths and weaknesses
- Using high reliability framework on survey
- Tools for helping get to zero: Center for Transforming Healthcare and TST

High Reliability Healthcare

- **Model includes 14 components:**
  - Leadership (6)
  - Safety Culture (5)
  - Robust Process Improvement (3)

- **4 Stages of maturity for each component**
- **High Reliability Self-Assessment Tool (HRST)**
  - Series of questions for leadership
  - Identifies the stage of maturity for each component of high reliability

Leadership

- All components of leadership must commit to the ultimate goal of high reliability (zero harm):
  - Governing body (Board), management
  - Physician and nurse leaders
- Quality program must go beyond what is required by regulators or other outside entities
- Improvement efforts directed at most important causes of harm in your patient population

Quality Strategy

- **To illustrate the progression to high reliability:**
  - Leadership must set priorities
  - One of the HRST variables
- **What priority is quality in your hospital?**
  - Important, but not a top strategic priority
  - One of many competing priorities
  - One of our top 3 or 4 priorities
  - Our highest strategic priority

Safety Culture

- Aim is not a "blame-free" culture
- A true safety culture balances learning with accountability
- Must separate blameless errors (for learning) from blameworthy ones (for discipline, equitably applied)
- Assess errors and patterns uniformly
- Eliminate intimidating behaviors

Accountability

- Healthcare also fails to apply disciplinary procedures equitably and uniformly
- Lack of uniform accountability also erodes trust, stifles reporting of unsafe conditions
- Belief in a completely "blame-free" culture further impairs progress toward accountability
- Striking the balance is critical:
  - Learning from blameless errors
  - Accountability for adhering to safe practices

Evolution of Safety Culture

- Today, we mostly react to adverse events
- Close calls are "free lessons" that can lead to risk reduction
- Unsafe conditions are further upstream from harm than close calls
- Ultimately, proactive, routine assessment of safety systems to identify and repair weaknesses gets closer to high reliability

Robust Process Improvement

- Systematic approach to problem solving: (RPI = lean, six sigma, change management)
- The Joint Commission has adopted RPI
  - Improve processes and transform culture
  - Focus on our customers, increase value
- The Joint Commission is adopting all components of safety culture
- We measure RPI and safety culture and report on strategic metrics to Board

What Can RPI help You Do?

- **In general, lean tools help identify wasted steps in processes that can be eliminated**
  - Reducing time, saving money
  - 25% of nurses' time to give medications
- **Six sigma tools focus on reducing the rate of unsatisfactory outcomes (or "defects")**
  - Reduce frequency of surgical infections
  - Improving pain management
- **Change management is always essential**

Center for Transforming Healthcare

- Using RPI together with leading US hospitals and health systems to solve most difficult quality and safety problems

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- Project topics:
  - 2009-10: hand hygiene, wrong site surgery, hand-off communications, SSIs
  - 2011: safety culture, preventable HF hospitalizations, and falls with injury
  - 2012: sepsis mortality, insulin safety
  - 2013: C. difficile prevention

Participating Hospitals

- Atlantic Health
- Barnes-Jewish
- Baylor
- Cedars-Sinai
- Cleveland Clinic
- Exempla
- Fairview
- Floyd Medical Center
- Froedtert
- Intermountain
- Johns Hopkins
- Kaiser-Permanente
- Mayo Clinic
- Memorial Hermann
- New York-Presbyterian
- North Shore-LIJ
- Northwestern
- OSF
- Partners HealthCare
- Sharp Healthcare
- Stanford Hospital
- Texas Health Resources
- Trinity Health
- VA Healthcare System-CT
- Virtua
- Wake Forest Baptist
- Wentworth-Douglass

Current State Of Quality

- **Routine safety processes fail routinely**
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The Way We Do Improvement

- **Usual approach: best practices, toolkits, protocols, checklists, "bundles"**
  - Typical best practice is "one-size-fits-all"
  - Can produce modest improvement
  - Difficult to get to zero
  - Difficult to sustain
- **The "one-size-fits-all" approach works well only for simple problems that do not vary**
- **Toughest problems are not simple**

A new Way is Delivering Results

- **Complex processes require more sophisticated problem-solving methods**
- **Three crucial and consistent findings:**
  - Many causes of the same problem
  - Each cause requires a different strategy
  - Key causes differ from place to place
- **RPI = lean, six sigma, change management**
  - Producing next generation best practices
  - Solutions customized to your causes

Some Important Causes of Hand Hygiene Failures

1. Faulty data on performance
2. Inconvenient location of sinks or hand gel dispensers
3. Hands full
4. Ineffective education of caregivers
5. Lack of accountability

Each requires a very different strategy to eliminate

Results are Consistent

- **More sophisticated improvement methods (RPI) required for complex problems**
  - Identify specific causes and how they vary among different organizations
  - Target interventions to specific causes
  - Avoid "one-size-fits-all" solutions
- **Same findings for every problem tackled: wrong site surgery risk, SSIs, patient falls**
- **This is the Center's unique capability**

Targeted solutions Tool

- Secure web-based tools: no added cost
- Educational, no jargon, no special training
- Guides users to customized, proven solutions
- Targeting only your causes means you don't use resources where they aren't needed
- 2010: hand hygiene: 2012: wrong site surgery and hand-off communication
- Hand hygiene TST is now available to all JCI-accredited hospitals worldwide

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Hand Hygiene TST: 3 Years

- **849 projects are using interventions**
  - Baseline = 58% (n = 110,255)*
  - Improve = 84% (n = 584,025)*

Unit	Baseline	Improve
Adult critical care	62%	80%
Emergency dept.	51%	80%
Adult med-surg	51%	84%
Long term care	61%	86%

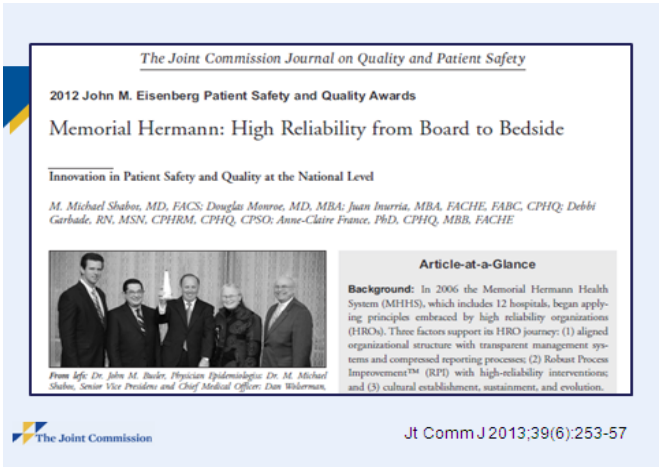
- **20% have improved to greater than 90%**

tst

TARGETED SOLUTIONS TOOL™

Memorial Hermann's Story Getting to Zero

- 12 hospital system in Houston
- Leadership committed to high reliability
- Embarked on culture change initiative
- Participated in CTH hand hygiene project
- 2010: MH committed to use TST to improve hand hygiene throughout their system
- Baseline (150 inpatient units) = 44%
  - Range (12 hospitals): from 23% to 65%
  - Aim: to exceed 90%



The Joint Commission Journal on Quality and Patient Safety

2012 John M. Eisenberg Patient Safety and Quality Awards

Memorial Hermann: High Reliability from Board to Bedside

Innovation in Patient Safety and Quality at the National Level

M. Michael Shabot, MD, FACS; Douglas Monroe, MD, MBA; Juan Inurria, MBA, FACHE, FABC, CPHQ; Debbi Garbade, RN, MSN, CPHRM, CPHQ, CPSO; Anne-Claire France, PhD, CPHQ, MBB, FACHE

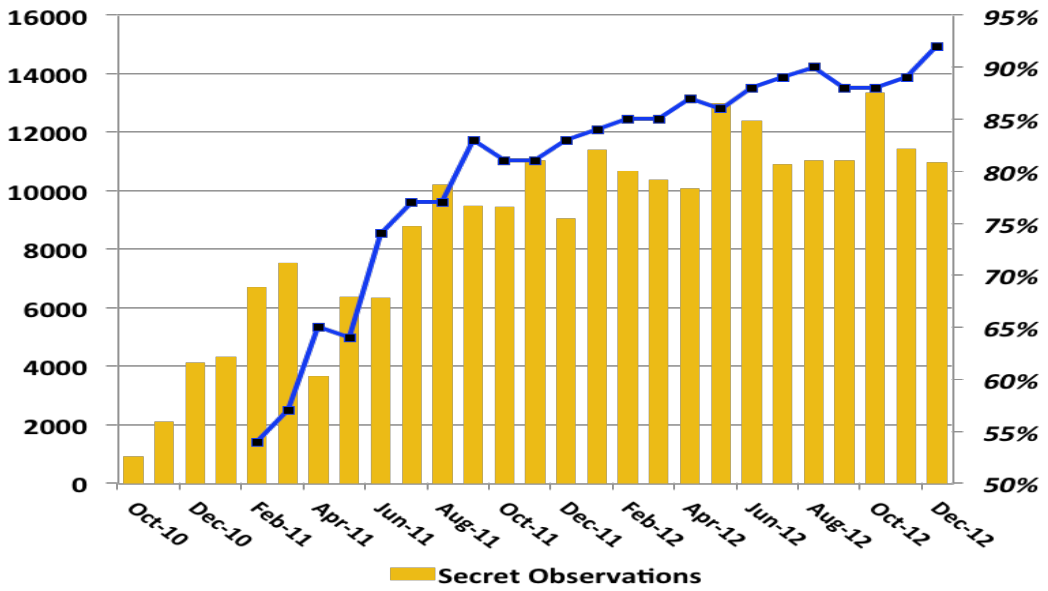
Article-at-a-Glance

Background: In 2006 the Memorial Hermann Health System (MHHS), which includes 12 hospitals, began applying principles embraced by high reliability organizations (HROs). Three factors support its HRO journey: (1) aligned organizational structure with transparent management systems and compressed reporting processes; (2) Robust Process Improvement™ (RPI) with high-reliability interventions; and (3) cultural establishment, sustainment, and evolution.

The Joint Commission

Jt Comm J 2013;39(6):253-57

TJC hand Hygiene compliance Center for Transforming Healthcare



Joint Commission and High Reliability

- We must have much more ambitious goals for healthcare improvement: zero harm
- Current methods are inadequate
- Lean, six sigma, and change management (RPI) have far greater promise
- Culture change is difficult, takes time
- Some hospitals getting results
- Joint Commission is committed to help

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Medication Safety – Where We Stand: An Overview

Dr. Gregory A. Poff
Chairman, Saudi Medication Safety Center (SMSC)

The Saudi Arabian Ministry of National Guard Health Affairs (MNGHA), in its continuous progress as an organization putting patient safety as its top priority, has taken dynamic steps toward the advancement of safety and reduction of adverse drug events. A number of initiatives are being made in line with the fulfillment of the mission and vision of safer care to patients. Having embraced the international standards for healthcare delivery, MNGHA is committed to maintain reliability in healthcare. This means patients get the intended tests, medications, information and procedures at the appropriate time and in accordance with their values and preferences.

Medication safety is a major quality and patient safety initiative implemented under the umbrella of the Quality and Patient Safety Council, which commenced in 2006. As part of this initiative, the Medication Safety Programs (MSPs) were established in the three (3) Regions of MNGHA in Saudi Arabia. The Programs are interdisciplinary with membership including: Logistics & Contracts Management, Medical Services, Pharmaceutical Care Services, Nursing Services, Clinical Information Management System and Quality Management. The objectives of the Medication Safety Program are to protect patients from medication errors and to achieve the five rights toward the prevention of adverse drug events (ADEs): right patient, right drug, right dose, right time and right route of administration. The Committee Formation Orders (CFOs) for the Regional MSPs have been revised through the years and to date (in accordance with unification) are identical, and report to the Chairman, SMSC, with the following charges:

1. Establish a comprehensive, unified and multi-disciplinary approach to medication safety and error prevention.
2. Review and enhance the process of medication safety from the aspects of procurement, prescribing, dispensing, and administration.
3. Develop a mechanism for increased awareness of medication safety through open communication and promotion of medication error prevention strategies involving both healthcare providers and patients.
4. Formulate strategies for increased error detection, data collection and reporting free from blame and shame.
5. Promote advancement of knowledge through training, orientation, campaign, research and other activities on medication management practices for all stakeholders.
6. Establish a system for continuous feedback and follow up to measure progress toward improved medication safety.
7. Develop a systematic approach on the effective utilization of technology and systems-based solutions to enhance the safety of medication use and to minimize the potential for human error.
8. Oversee the Medication Management and Use (MMU) JCI Chapter, and ensure all measurable elements are met (excluding MMU Standards that do not apply to medication safety).

The Basic Medication Safety (BMS) course with its certification for healthcare providers (similar to Basic Life Support (BLS) and Advanced Cardiac life Support (ACLS) is an initiative proposed by the MNGHA's Medication Safety Program to enhance the spread of medication safety culture.
The purpose of BMS Certification is to provide healthcare providers with information to enhance their knowledge in medication safety. Utilizing this knowledge will assist

healthcare providers in becoming more aware of safe practices related to pharmaceutical therapies, and promoting a Just Culture for reporting and managing medication errors.

This Course manual and certification is a milestone in safe medication practices and hopes are that it will be adopted by all Centers promoting safe medication practices worldwide. The BMS Course received its first accreditation by the International Medication Safety Network (IMSN) in September 2010 and was most recently re-accredited in October 2013 at the IMSN Meeting in Paris, FRANCE *(http://www.intmedsafe.net/IMSN/FCKuserfiles/file/IMSN%20Basic%20Medication%20Safety%20Course%20Curriculum%20vs%201.pdf).*
The BMS Course was one of the first efforts by the MSP, prior to the development and formal establishment of the Saudi Medication Safety Center (SMSC) in June 2008. It was at this time that a partnership agreement was signed with the Institute for Safe Medication Practices (ISMP) and ISMP – Canada. The Mission, Vision, Goals and Objectives of the SMSC are:

Mission: To identify risks in medication use systems, recommend optimum safeguards, and advance safe medication use practices to prevent adverse drug events.

Vision: To collaborate nationally and internationally to advance safe medication use to prevent medication errors and adverse drug events.

Objectives:

- To advocate the adoption of safe medication standards by accrediting bodies, manufacturers, policy makers, regulatory agencies, and standard-setting organizations.
- To promote safe medication use and system strategies for reduction of adverse drug events.
- To collaborate with other patient safety organizations, educational institutions, governmental agencies and other healthcare stakeholders, both nationally and internationally.

Goals:

- To collect and analyze reports of medication-related hazardous conditions, near-misses, and other adverse drug events.
- To disseminate medication safety information, and error-prevention strategies.
- To educate the healthcare community and consumers about safe medication practices.
- To work with regulatory agencies, policy makers and manufacturers to promote enhancements to pharmaceutical product packaging and labeling.
- To conduct research to provide evidence-based safe medication practices.

In August 2011 the SMSC Board was established, reporting to the CEO, MNGHA. The SMSC Board consists of membership from all Regions, and all disciplines involved in the medication use process (e.g., Logistics & Contracts Management, Medical Services, Pharmaceutical Care Services, Nursing Services, and Clinical Information Management System). The charges of the SMSC Board consist of:

1. To review, evaluate and unify the MNGHA policies and procedures to ensure optimum medication safety.
2. Oversee self-assessment reviews conducted by each Regional MSP, to identify areas for improvement.
3. Develop and periodically review medication use process guidelines for use in all MNGHA facilities.
4. Periodically review the Basic Medication Safety (BMS) Course for updates regarding international recommendations to improve safe use of medications.
5. Review the system of reporting medication errors and near misses submitted to the Regional Medication Safety Programs and the corrective action.
6. Take action and reassess those actions for effectiveness.

At present the Center is working within the MNGHA, developing programs to promote the safe use of medications. In July 2012 the Saudi Medication Safety Center (SMSC) embarked on a One Stop Resource Campaign in order to highlight on the SMSC Home Page where up-to-date medication information would be easily accessible.
Relevant information may be accessed under the following headings: APPs; Links; Medication Safety information / alert / warnings; NGHA Specific Information; Patient Education Material; Reference Material and Standardized Medication

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Labels. The on-going goal of the Campaign is to provide end-users with one central location on the MNGHA Intranet Home Page to go to for any information related to medications, such as;

- Approved Abbreviations under APP 1430-10
- APPs regarding medications (e.g., Look-Alike, Sound-Alike; High Alert) - Standardization of Policy & Procedures relating to the medication use process, utilizing forced functions, fail-safes, etc. **Note:** APPs are developed upon review of the following: Departmental Policy & Procedure (DPP); Literature; ISMP Self-Assessment & Guidelines; Joint Commission Standards and Measurable Elements; United States Pharmacopeia (USP) Standards; and American Society of Health-System Pharmacists (ASHP) Standards & Guidelines; while also taking into account the 'Hierarchy of Effectiveness' in selecting the best error prevention tool (1. Forcing functions & constraints; 2. Automation / computerization; 3. Simplification / standardization; 4. Reminders, redundancies, checklists; 5. Rules and policies; 6. Education & access information; 7. Be careful … Be vigilant)
- Do Not Crush List of medications
- Drug – Food Interactions
- Error-Prone Abbreviations
- Micromedex
- MNGHA Formulary
- MNGHA Parenteral Therapy Manual
- Standardized Medication Labels - for use in storing medications, (incorporating TALL man lettering, 'High Alert Medications', 'Concentrated Electrolytes', 'Paralyzing Agent', etc.)
- Websites for ISMP Canada, Saudi FDA
- Adverse Drug Reaction Reporting Form (SFDA)
- Etc., etc., etc.

Other medication safety related activities of the MNGHA include the following:

- Computerized Prescriber Order Entry (CPOE) (Inpatient)
- Smart Infusion Pumps (MNGHA Drug Library)
- electronic Medication Administration Record (eMAR) (Pilot: Al Ahsa December 2013)
- Automated Dispensing Cabinets (ADCs) & Bar Code Medication Administration (BCMA) (Task Force: AAA/NG 631)
- e-Medication Reconciliation (eMR)
- Clinical Pharmacist coverage
- Quality & Patient Safety Newsletter
- Patient Safety Forums 2012, 2013, 2014
- Medication Safety Session
- Medication Safety Awareness Programs
- Janadriyah Heritage Festival
- Drug Allergy Awareness 2014
- National collaboration
- SMSC Webpage

The SMSC also represents the Kingdom of Saudi Arabia in the International Medication Safety Network (IMSN), an international group of countries committed to prevent medication errors and to contribute to safer care. The member countries have pledged to work together to promote achievement of these essential objectives, to encourage and further the development of safe medication practice centers in all countries and to facilitate cooperation amongst the members.

In the future, the SMSC hopes to continue efforts in the areas of CPOE (Ambulatory care); eMAR roll-out in all areas; ADCs & BCMA roll-out; and implementation of MNGHA Trigger Tool for Measuring Adverse Drug Events (ADEs), as well as to build upon collaborations with other national and international organizations [e.g., Saudi Food and Drug Authority (SFDA); King Saud University, Medication Safety Research Chair; International Medication Safety Network (IMSN); Institute for Safe Medication Practices (ISMP); Institute for Safe Medication Practices – Canada (ISMPC)] to develop / implement national programs to improve the safe use of medications in the Kingdom of Saudi Arabia.

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KAMC-Riyadh Quality & Patient Safety Journey at a Glance

Ahmed Alamry, MD, MHA, FRCPC
Director of Quality Management
Consultant of Emergency Medicine, King Abdulaziz Medical City-Riyadh

Today's healthcare is faced with many challenges and increased demands, such as, securing access and ensuring that patients receive effective and safe care. Studies have shown in order to be effective, the solutions to those problems and challenges must start from the healthcare workers. A fact that, we at King Abdulaziz Medical City in Riyadh, have realized early enough and acknowledged that our staff and leadership must be unified, clear, responsive and accountable when it comes to patient safety. Over the past 10 years, KAMC-leadership has worked extremely hard to integrate Quality and Patient Safety principles into the healthcare providers` day-to-day business plans. The journey was not easy and we had to go through many obstacles and overcome a lot of challenges, which we considered as natural stages of the organizational transformation. James Joyce (1882-1914), Irish novelist and poet said "Mistake are the portals of discovery." At KAMC, if there is one lesson that we had to learn along this journey' it would be the value of the many failures, errors and mistakes that we have encountered to take us through to the next higher level of care, and we have incorporated the lessons learned into our present approach.

The JCI Accreditation Journey:

There is no doubt that achieving JCI accreditation and re-accreditation since 2006 (**Figure 1**) was one of the main drivers to ensuring that safe, efficient and reliable care is being delivered. However, this was only our first step in the 1000 mile steps journey of Quality and Patient Safety.

Figure 1. JCI Consultation, accreditation and re-accreditation Journey at KAMC-Riyadh

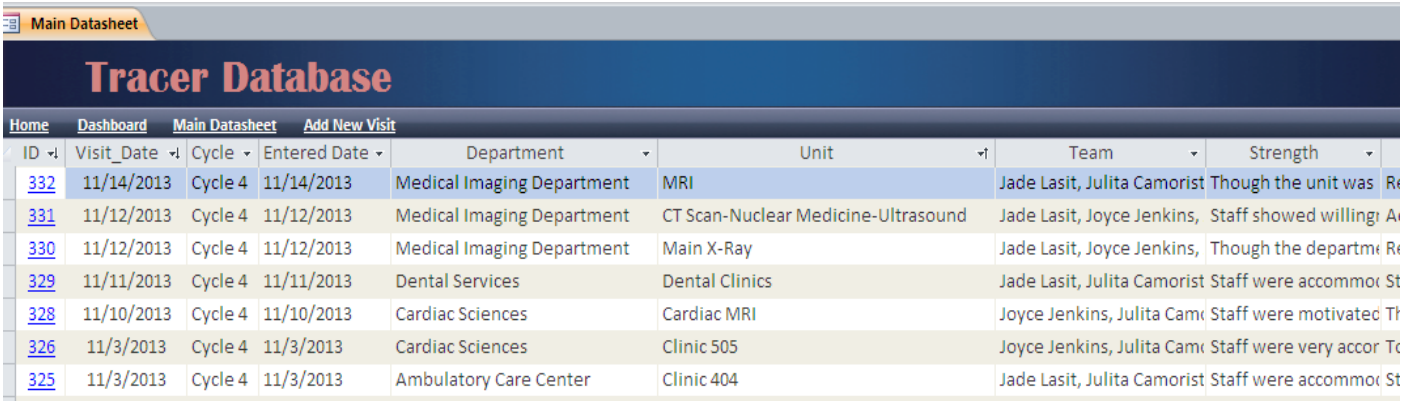
Tracers Activity at KAMC:

Complex organizations are made up of a series of clinical microsystems. If we can identify the imperfections or flaws within a system, we can understand how to correct errors that may cause patient harm. Tracers are one of the ways to examine care in our complex system. In view of this, we initiated Tracer Activities in 2008 across KAMC clinical units. In 2010, a new database for Tracer Activity was developed and was fully utilized in 2011 (**Figure 2**). The database allows the Team to record all the required standards and the measurable elements, comments for staff feedback, strengths, areas of improvement and the total score of compliance.

Improvement Science Program (Improvement Projects) Journey:

KAMC Performance Improvement (PI) Plan assists with creating a culture where staff are committed to continually improve the clinical and non-

Figure 2. Tracer Database-KAMC-Riyadh



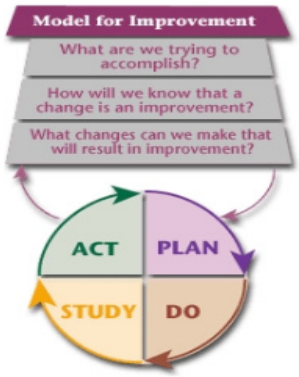
ID	Visit_Date	Cycle	Entered Date	Department	Unit	Team	Strength
332	11/14/2013	Cycle 4	11/14/2013	Medical Imaging Department	MRI	Jade Lasit, Julita Camorist	Though the unit was
331	11/12/2013	Cycle 4	11/12/2013	Medical Imaging Department	CT Scan-Nuclear Medicine-Ultrasound	Jade Lasit, Joyce Jenkins,	Staff showed willingr
330	11/12/2013	Cycle 4	11/12/2013	Medical Imaging Department	Main X-Ray	Jade Lasit, Joyce Jenkins,	Though the departme
329	11/11/2013	Cycle 4	11/11/2013	Dental Services	Dental Clinics	Jade Lasit, Julita Camorist	Staff were accommoc
328	11/10/2013	Cycle 4	11/10/2013	Cardiac Sciences	Cardiac MRI	Joyce Jenkins, Julita Camc	Staff were motivatec
326	11/3/2013	Cycle 4	11/3/2013	Cardiac Sciences	Clinic 505	Joyce Jenkins, Julita Camc	Staff were very accor
325	11/3/2013	Cycle 4	11/3/2013	Ambulatory Care Center	Clinic 404	Jade Lasit, Julita Camorist	Staff were accommoc

clinical services by using improvement tools and methodology. This philosophy centers around recognizing the value of empowering all levels of staff to participate in improvement activities using a standardized improvement methodology (**Figure 3**).

Figure 3. Evolution of NGHA Improvement Methodology

YEAR	METHODOLOGY
2004 – 2010	FOCUS-PDSA
2011	Model of Improvement (**Figure 4**)
2014 and forward	Standardized the methodology of Improvement across NGHA will be announced

Figure 4. Model of Improvement



2nd Wave of Improvement Projects at KAMC:

NGHA Improvement Science Program 2013 consisted of 80 KAMC- staff participating in 10 projects:

- Febrile Neutropenia Management
- Fall Prevention Program in Outpatient Rehab Services
- Reporting Critical Lab Values
- Patient Transitions and Hand-off
- VAP Prevention in Critical Care
- Stroke Phase II: Door to Needle Time
- Surgical Care Improvement Projects
- Perinatal Labor Augmentation Safety
- Family Oriented Care Model
- Early Mobilization of Critical III Patient in Adult ICU
- CLABSI Prevention in the PICU

Some Achievements of 2nd Wave Improvement Projects:

- Sepsis Team implemented an e-alert tool to identify suspected severe sepsis patients, and SCT. The early detection along with the early resuscitation by the Sepsis Code Team boosted the bundle compliance from 5.5 % to 52 % and decreased mortality from 47.7 to 17 %.
- Early Mobilization team worked on decreasing the average days to mobilize the patients in medical ICU from 5 days to 3 days.
- Management of suspected febrile neutropenia team worked on decreasing the time to antibiotics in ER to less than 60 min. Baseline average time between arrival to ER and antibiotic administration was around 255 minutes for febrile patient on chemotherapy treatment; currently the average time for 2014 is 47 minutes.

Building Capacity and Knowledge Transfer to Other Regions:

The following projects will be rolled out to other NGHA regions:

Project Title	Region
Management of suspected febrile neutropenia	King Abdulaziz Medical City – Jeddah
Early Sepsis Recognition and Management	King Abdulaziz Medical City – Jeddah
Managing Stroke Patients (Door to tPA)	King Abdulaziz Hospital - Al Ahsa

Safety Reporting System (SRS)

Incidents reporting was perceived as having a positive effect on safety, not only by leading to changes in care processes but also by changing staff attitudes and knowledge and working environment. The concept behind Incident Reporting System is simple; they provide a mechanism to identify risks so that organizations can implement interventions to reduce these risks. They provide valuable information to identify hazards and surface learning opportunities. Also, they provide frontline caregivers a mechanism to raise concerns, providing voice to these clinicians that management can work to mitigate.

We have chosen "rl-Solution" to establish our first electronic incident reporting system in May 2009 at KAMC-Riyadh. Then, the system was rolled out to all MNGHA regions in May 2013. Since its launching, SRS was the backbone and the primary resource of many improvement initiatives across our patient care journey. For example, Medication Safety, Safe Skin Program and Fall Prevention Project. In February 2014, KAMC hosted the first SRS-Campaign (five days) under the auspices of HE. Dr. Bandar Al Knawy, CEO, MNGHA with the theme "Errors: Report it; Manage it". We have celebrated and acknowledged the many accomplishments and successes that have been achieved at all levels over the past years in relation to Improving Patient Safety.

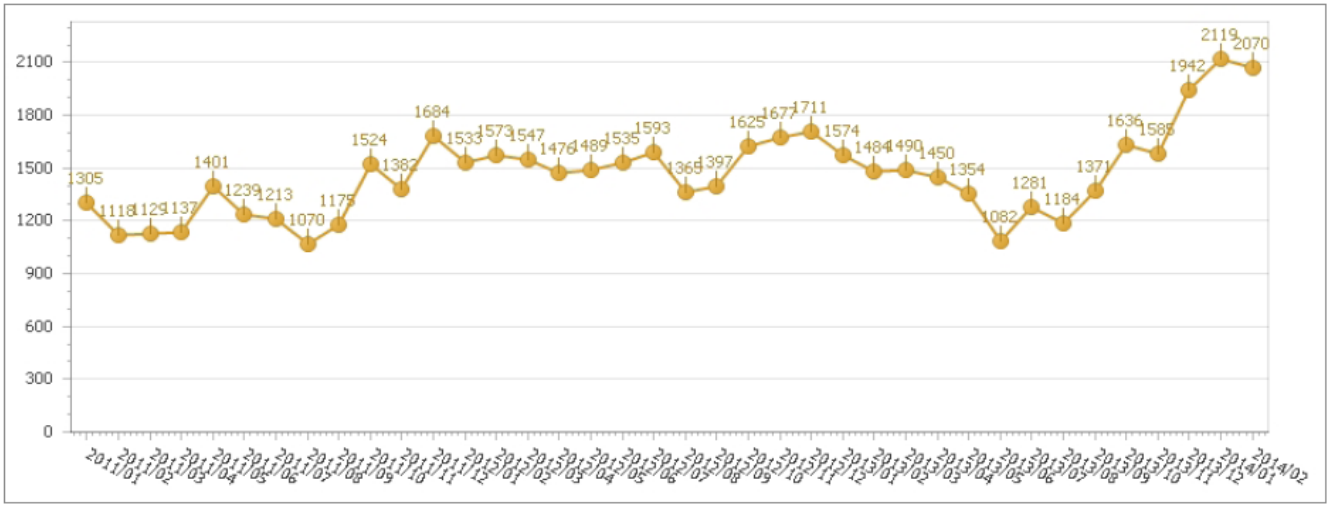
The Campaign succeeded to increasing staff awareness about the value of reporting, which is reflected on the tremendous increase in the rate of reporting during and after the Campaign as illustrated in the graph in (Figure. 5).

We consider that all of the aforementioned activities and the many more that have been carried out over the past years are just the beginning of a series of organization wide activities in our endeavor to transform into a High Reliability Organization (HRO).

Figure.5 Trend of number of reported events over time at KAMC-Riyadh

Jan 2011 - February 2014

(Event Date (DD/MM/YYYY) is within 01-01-2011 and 28-02-2014) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed"))



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Nursing Services Approach To Quality & Safety

Joan Murray RN, MBA, PGD (Med Law)
Member, Quality & Patient Safety Council
Associate Executive Director, Nursing Services, CR

1. Introduction: overview of involvement

Nursing Services is involved in patient safety and quality activities covering all aspects of healthcare delivery as follows:

- Partners with medical and para-nursing colleagues in providing patient care as part of a multidisciplinary team.
- Participates in interdisciplinary teams to develop, implement and evaluate programs /service specific outcomes, goals, policies, protocols and standards.
- Collaborates as a member of interdisciplinary Quality Improvement teams.
- Provides Leadership and Operational Management of clinical and support departments and programs
- Provides Professional Oversight for Nurses including those not reporting operationally to Nursing Services.

The focus of this article is limited to the elements of safe, quality care that are a direct contribution by nurses.

2. Nursing Services framework of engagement

NGHA Nursing leadership agreed a unified framework to guide Patient Safety, Quality Assurance and Quality Improvement at the inter-regional (mesa system level), regional (mega system level) and point of care delivery level (micro-system level). In developing the framework, the nursing leadership considered the following:

- Institute of Medicine (IOM) and Institute for Healthcare Improvement (IHI) endorsed primary drivers (safe, effective, patient centred, timely, efficient and equitable care)
- American Nurses Association (ANA) and National Quality Forum (NQF) endorsed Nursing Sensitive Outcome indicators
- IHI Transforming Care at the Bedside (TCAB) drivers (safe and reliable care, vitality and teamwork, value added processes, patient centred care)
- Joint Commission International (JCI) Patient Safety Goals
- Diversity and complexity of regional differences
- All regions agreed to share performance data related to the following elements of care using standardised methodology to collect and report the data. This entailed:
  - Inpatient Fall Prevalence.
  - Inpatient Fall with Injury Prevalence.
  - Hospital Acquired Pressure Ulcer Prevalence.
  - Hand Hygiene Compliance Rates.
  - All regions committed to 'building capacity' through their Nursing Education Departments by providing workshops for direct care staff related to patient safety and quality, and nursing leadership programs incorporating quality and patient safety.
  - All regions supported applying the Just Culture approach to addressing adverse and near miss events.
- All regions agreed to involve and empower front line nursing staff through the establishment of unit/ward based for TCAB teams focused on patient safety and quality improvement within their units.
- In addition to the above each region is accountable to develop a Nursing specific regional quality and patient safety program and to participate actively in their regions quality and safety plan.

3. Central Region Nursing Services' Approach

The nursing care delivery environment and context has the following key features:

- 5,000 positions. Comprised of multi-national, cultural, lingual, generational staff of nurses and non-nurses. average nurse turnover rate = 7.2 %; average nurse vacancy rate = 20%
- 95% of patients are Saudi and 6% of Nurses are Saudi, which translates to homogenous patient population and heterogeneous staff that are multinational
- Majority of patients speak only Arabic and the majority of Nurses do not speak Arabic.
- Majority of the healthcare and support staff work in English as a second language

- Dynamic environment- geographical expansions; redistribution of service; introduction of new subspecialties.
- Complex high risk patient population; advanced medical programs requiring experienced nursing sub-specialized skills and knowledge.
- Nursing Clinical Teaching Units (NCTUs) for nursing students, nurse interns and nurse residents.
- A Nursing Services' Center of Nursing Education (NS-CNE) that provides undergraduate clinical programs, new graduate clinical programs, staff induction, skill and knowledge enhancement programs, upskilling, cross training and professional development programs.
- Nurses and medical team members have differing experiences of job descriptions and care delivery models.

The context of the care delivery environment therefore is complex, dynamic and high risk where an error can have devastating outcomes for patients / family as primary victims and staff as secondary victims. As a consequence therefore, Nursing Services, CR requires a patient safety and quality approach that is multifaceted, focused, informed and adaptive.

Nursing Services in the Central Region established dashboards to portray nursing sensitive elements of care to track process and outcome data to aid decisions and focus leaders and managers on attaining the agreed targets. Core essentials included:

- Maintain adequate numbers of appropriately skilled staff to meet patient care needs by maximizing use of available resources, recruitment and retention.
- Where applicable use reality based and simulation training approaches to technical and non-technical skill and knowledge enhancement programmes
- Ensure off service patients do not receive substandard nursing care because they are in the wrong location.
- Maximise patient and staff safety during periods of patient overcrowding.
- Provide continuity of focus in the 'after hours hospital' environment.
- Incorporate elements of human factors and non-technical skills where feasible into all programs, projects and education.
- Enable frontline staff participation in interdisciplinary quality and safety initiatives.
- Clarify job roles and functions through jointly agreed job specific functions for matrix staff.

An **essential consideration is sensitivity to ongoing operations** in relation to the commissioning of projects, expansion of services, facilitating clinical rotations of KSAU-HS College of Nursing students and interns, overwhelming patient volumes in the emergency care center, reduced working hours during the Holy month of Ramadan, and organizational responses to emerging health threats such as H1N1 and MERS Corona virus.

4. Summary of actions and application in practice

Applying the approach to patients, families and staff remains our core and fundamental business as we translate principles of quality and safety to practice so that it is nursing with a purpose. From our patient and family perspective it encompasses 'don't harm me, heal me, be nice to me', and from the nursing teams it embraces a range of actions pertaining to caring, managing and leading.

A. Don't Harm Me:

- Infection Control Project- Hand hygiene, isolation precautions, clean direct care equipment, CLAPSI, Ventilator Associated Pneumonia (VAP) bundles
- Hospital Acquired Pressure Ulcer (HAPU) prevention project
- Fall Prevention Project
- Medication Administration Safety Project
- Staffing Crisis Management Project.
- Nursing Patient Flow Coordinator (NPFC) Project.
- Promoting reporting of Adverse/Near Miss events Project
- Nurses speaking out for patient safety and patient advocacy
- Providing patients information on how to stay safe while hospitalized (patient empowerment project)

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B. **Heal Me:**
- Privileging / technical skills of Nurses.
- Nursing Out-Reach/Midwifery Out-Reach for off-service patients.
- Chemotherapy Administration Safety
- Chemotherapy outreach for off-service patients
- Early detection and escalation of deterioration / Critical Care Response Team (CCRT)
- Rescue (first responder/ code blue nurses) aimed to be proactive on 'failure to rescue'
- Emergency Medical Equipment Readiness for Use Project
- Pain Management
- End of Life care for dignified death and dying and Palliative Care

C. **Nursing Leadership:**
- Establishment of Nursing Executive Council (NEC), Directorate & Nursing Unit dashboards for process and outcome data focused on quality and safety aspects of nursing sensitive elements of care
- Investigating and removing where possible redundancies in processes in order to maintaining a 'flat management structure' and enable 'Nursing Visibility With Purpose' for Nurse Managers, Directors Clinical Nursing and the Associate Executive Director, Nursing Services
- Patient-friendly / customer service development project
- Encouraging reporting and feedback from staff to leaders related to systems and processes affecting patient care delivery at the sharp end.
- Open Door procedure for staff where the Director Clinical Nursing (DCN) is personally involved in the debriefing of staff involved in adverse events
- Just Culture and application of culpability algorithm;
- Nurse Leadership Series: application of technical & non-technical skills to leading and managing patient safety and quality issues within a diverse team.
- Staff recruitment internal and external
- Staff retention initiatives
- Introduction of new patient-centered care roles for nurses
- Weekly Protected time by NEC for Quality and Safety Nursing Leadership Board
- Nursing leadership collaborative taskforces across like nursing units and across nursing directorates
- Adopting Briefing and debriefing – a key tool
- 'After Hours Hospital' focus by DCNs on staffing, nursing shift supervisor program and NPFC program with a common nursing focus on safety and quality.

D. **Direct Care Providers:**
- Nursing clinical privileging process
- Clinical competency skills and procedure on-line project
- Staff induction practice facilitation project
- Use of clinical nursing simulation and reality-based learning methodology
- Staff empowerment through unit based TCAB teams.
- Training related to human factors/non-technical skills.
- Patient education partnership model project
- Involvement in IHI project teams.
- Training and coordination on precepting nurse learners.
- Establishment of nurse led teams /programs

5. Conclusion: embracing challenges on the way forward

Much has been done as shown by the **graphic illustrations that follow** with the commitment and passion of dedicated staff but there is much still to do to maintain our current achievements, build on them and maintain our safety and quality commitment during upcoming challenges. It involves collective striving as a nursing team of dedicated frontline staff who each are champions of achievement towards our overall goal of **zero harm** to patients and staff. In this manner **the power of zero** is unleashed, sustained and becomes visible as **nursing with a purpose!**

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Kelly D.L. (eds). 2011. **Applying quality management in healthcare – A system approach**. 3rd Ed. Chicago, Illinois. AUPHA.
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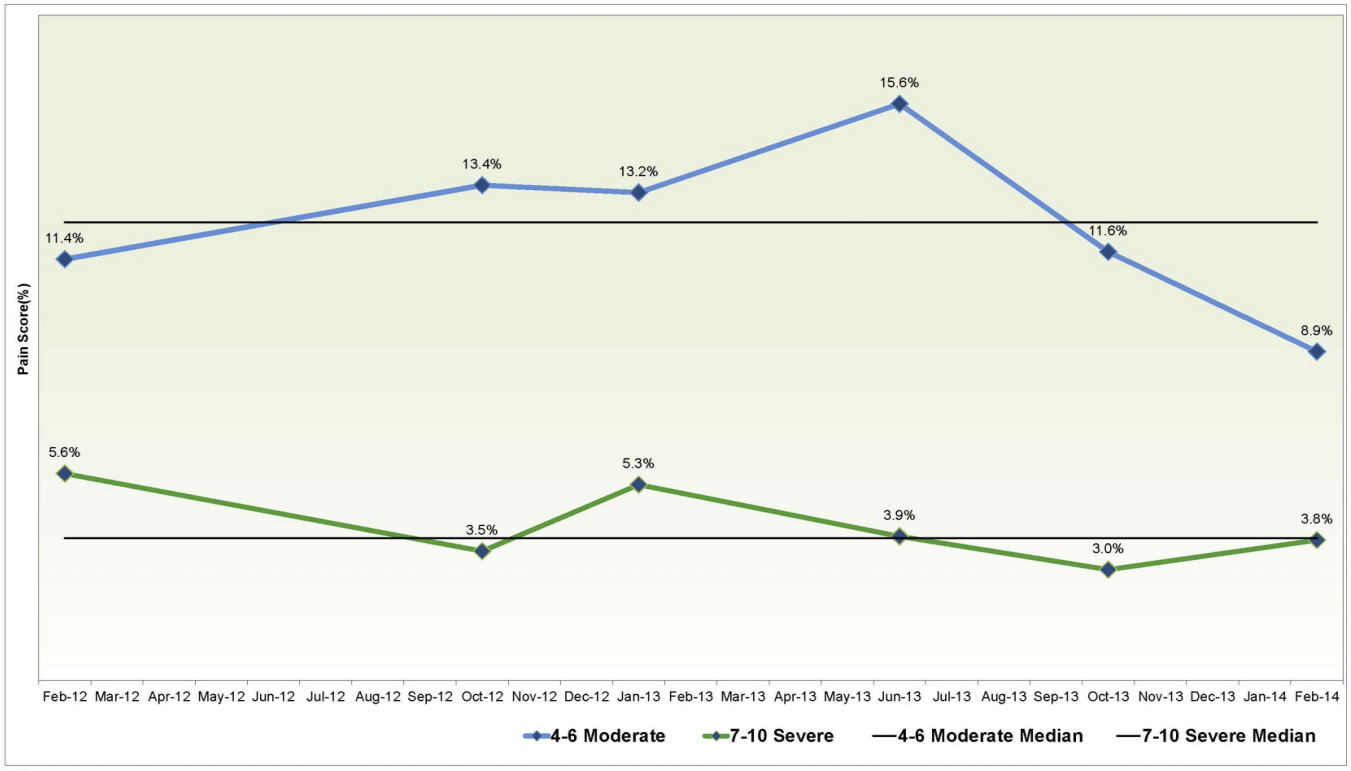
NURSING SERVICES PREVALENCE STUDY FOR MODERATE AND SEVERE PAIN

Hospital Wide Report

Period Covered: Feb 2012 - Feb 2014



Inclusion Criteria:

** Inpatients above 14 years*

Exclusion Criteria:

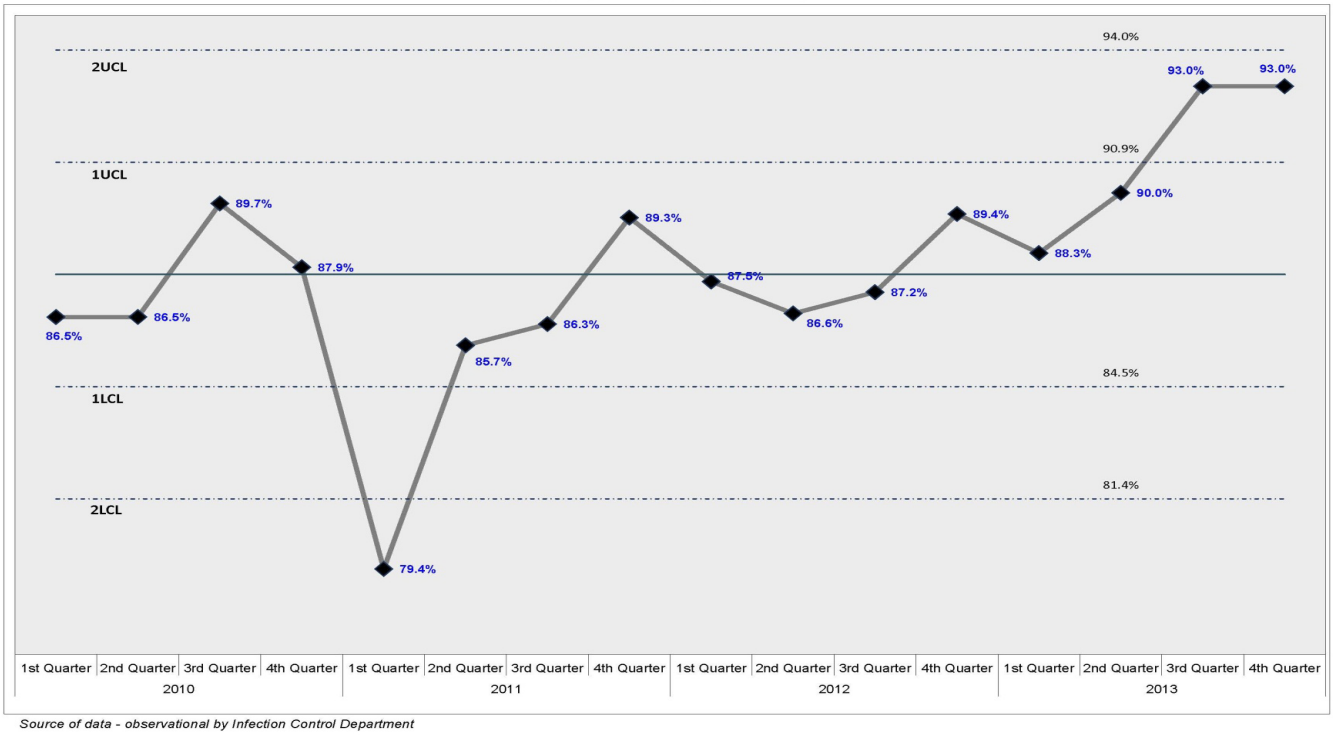
** Patients in OR, PACU, Day Care, ACC, Hemo, all pediatric under 14 yrs old, ER patients, patients who refuse , ER EP Status*

Source of data - independent direct patient interview / assessment using the age / diagnosis appropriate audit tool

NURSING SERVICES HAND HYGIENE COMPLIANCE REPORT 2011-2013

Hospital Wide Report

Hand Hygiene (IPSG Goal 5) Target = 95% Compliance



Source of data - observational by Infection Control Department

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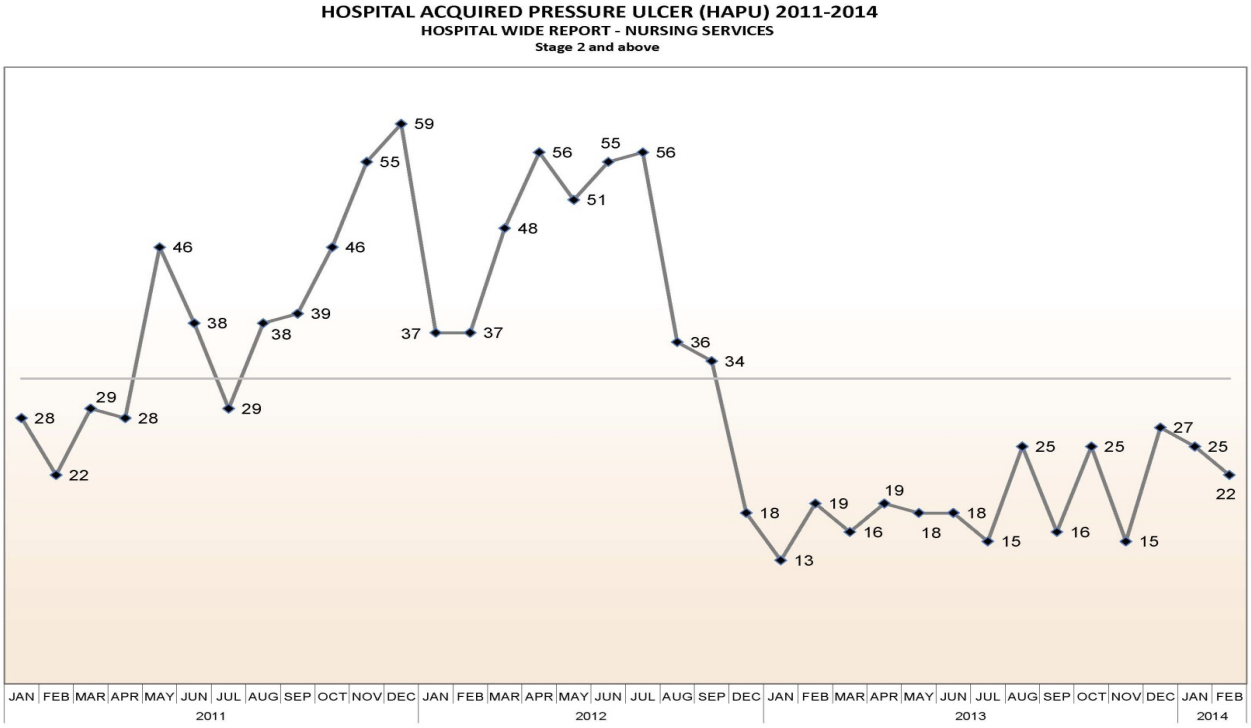

NURSING SENSITIVE PATIENT CARE AUDIT 2013-2014

Service Specific Report

HOSPITAL WIDE		Critical	Cardiac	Protocol	Medical	Obstetrics	Pediatrics	Surgical	TOTAL
BEDSIDE ASSESSMENT	Sep-Oct 2013	96.94%	98.52%	99.09%	93.42%	95.29%	99.78%	94.33%	**96.7%**
	Nov-Dec 2013	97.24%	98.58%	98.86%	96.35%	93.62%	97.38%	97.24%	**97.04%**
	Jan-Feb 2014	96.46%	99.36%	98.86%	95.36%	92.63%	97.86%	97.94%	**96.92%**
	Mar-Apr 2014								
	May-Jun 2014								
	Jul-Aug 2014								
DOCUMENTATION	Sep-Oct 2013	87.17%	96.58%	93.04%	88.04%	93.97%	94.77%	93.01%	**92.37%**
	Nov-Dec 2013	93.93%	94.86%	91.21%	88.76%	90.15%	92.11%	91.61%	**91.80%**
	Jan-Feb 2014	88.61%	92.57%	88.41%	83.85%	89.49%	90.46%	93.76%	**89.59%**
	Mar-Apr 2014								
	May-Jun 2014								
	Jul-Aug 2014								
ENVIRONMENTAL CHECK	Sep-Oct 2013	82.54%	92.22%	88.89%	90.12%	95.56%	92.06%	94.44%	**90.83%**
	Nov-Dec 2013	91.27%	96.67%	94.44%	93.83%	84.44%	96.83%	96.30%	**93.40%**
	Jan-Feb 2014	81.48%	97.78%	94.44%	92.59%	82.22%	93.65%	93.65%	**90.83%**
	Mar-Apr 2014								
	May-Jun 2014								
	Jul-Aug 2014								
STAFF KNOWLEDGE	Sep-Oct 2013	78.26%	95.67%	85.71%	84.92%	89.85%	96.15%	90.67%	**88.75%**
	Nov-Dec 2013	89.97%	91.11%	98.21%	90.48%	74.99%	90.92%	95.25%	**90.13%**
	Jan-Feb 2014	87.04%	94.89%	100%	85.32%	80.13%	94.13%	96.94%	**91.21%**
	Mar-Apr 2014								
	May-Jun 2014								
	Jul-Aug 2014								

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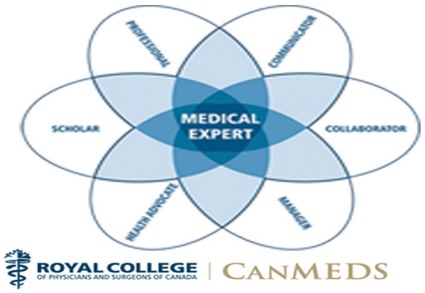
NGHA Journey to HRO - CCC

Dr. Yaser Faden
Director, Medical Education
Deanship of Postgraduate Education, KSAU-HS
Consultant, OB/Gyne. KAMC-WR



Introduction

Since the CanMEDS Collaborating Center's (CCC) establishment on the 7th of May 2011, our main goal is to promote excellence in residency education and graduate tomorrow's residents capable of practicing high quality medicine in the 21st century in the face of evolving challenges and rapidly changing knowledge.
The CanMEDS Collaborating Center's main office is located at KSAU-HS Deanship of Postgraduate Education, MNGHA-Riyadh.

Department staff:

- Dr. Esam Albanyan – Director
- Moudhi Al Qublan – Coordinator
- Afrah Al Zahrani – Administrative Assistant
- Stephanie Lee – Administrative Assistant

The CCC and Patient Safety

- Patient safety refers to freedom from harm from the provision of healthcare.
- Providing safe care goes beyond patient- and disease-specific diagnosis and management
- Systems perspective - Non-Medical Expert Competencies required
- A 'culture of patient safety' refers to "the commitment of healthcare practitioners (Residents) and their institutions and organizations to minimize patient harm, promote the well-being of patients and healthcare providers (Professional), reduce the likelihood of adverse events, and communicate (Communicator, Collaborator, Manager) safety concerns –while at the same time learning from close calls and other events (Scholar)."
- The culture is consistent with learning organizations (Residency Training Programs),
  - one in which information is actively sought
  - messengers are trained
  - value transparency
  - failures result in inquiry
  - new ideas are welcomed

Frank JR, Brien S, (Editors) on behalf of The Safety Competencies Steering Committee.
Enhancing Patient Safety Across the Health Professions. CPSI; 2008.

Objectives of the CCC:

1. Participate, organize and conduct workshops/ lectures that target both faculty and residents:
   - Local
   - National
   - Regional

These would be through the:

- Annual Saudi Arabian Conference on Residency Education (SACRE)
- 3 to 4 Royal College workshops per year
- 10 to 12 local, national, regional workshops per year
- Participation in various events locally and regionally

2. Responsible for conducting program reviews and accreditation as a tool for program evaluation and quality monitoring nationally and regionally.

This would be through:

- Training a pool of local surveyors on RCPSC accreditation procedures
- Internal Peer Reviews conducted by our local surveyors
- External Peer Reviews conducted by the RCPSC

3. Develop a cadre of Clinician Educators who are the core of the center responsible for:
   - Conducting training sessions
   - Disseminating knowledge
   - Consulting with residency training programs
   - Managing all aspects of the Center's educational activities
   - Dedicated time for these activities
   - Each of them would eventually have their own area of interest and become an expert in that area
4. Train the Trainers to become teachers and champions of CanMEDS.

This will include:

- RCPSC training sessions conducted at the KSAU-HS, MNGHA
- Training sessions by our own Clinician Educators (CE)

The goal would be to have a pool of faculty who are champions of CanMEDS in each department.

Clinician Educators of the CCC

Name	Title and Training
1. Dr. Jubran Al Qanatish	Pediatric Rheumatologist
2. Dr. Mohammed Al Dubayee	Pediatric Endocrinologist Masters in Health Sciences
3. Dr. Khalid Al Harbi	Consultant Psychiatrist Masters of Medical Education, KSAU-HS, Riyadh
4. Dr. Nourah Al Saleem	Consultant Neonatology Certified Clinical Research Associate, McMaster
5. Dr. Yaser Faden	Maternal-Fetal Medicine Consultant - Jeddah Director of Medical Education, KSAU-HS Masters of Medical Education
6. Dr. Mohammed Al Harbi	Anesthesia Consultant
7. Dr. Sultan Al Khateeb	Consultant Onco-Urology Clinical Teacher Certificate, Toronto
8. Dr. Abdulelah Al Qurashi	Consultant Family Medicine. Joint Master of Health Professions Education (JMHPE), Maastricht/Suez Canal
9. Dr. Wesam Abuznadah	Consultant Vascular Surgery Masters of Medical Education, Halifax
10. Dr. Abdulaziz bin Ahmed	Consultant Maxillofacial Surgery

11. Dr. Mohammed Al Qahtani	Consultant, Medicine
12. Dr. Fahad Al Saab	Consultant, Department of ENT, NGHA - Eastern Region
13. Dr. Alaa E Ghabashi	Consultant Adult Critical Care Respirology and Sleep Medicine, NGHA –Jeddah

CCC Participation, Organization, Conduction of Local, Regional and International Workshops/Lectures

CanMEDS Collaborating Center-RCPSC Workshops

1. Train-the-Trainer: Introduction to CanMEDS. "08-09 December 2009, Postgraduate Training Center, NGHA – Riyadh
2. Train-the-Trainer: Teaching and Assessing the Collaborator Role: "Clinician Educator's Day" 22 October 2011, Postgraduate Training Center, NGHA – Riyadh
3. Train-the-Trainer: Teaching and Assessing the Collaborator Role: "Faculty Development Day" 23 October 2011, Postgraduate Training Center, NGHA – Riyadh
4. Train-the-Trainer: Teaching and Assessing the Collaborator Role: "Faculty Development Day" 24 October 2011, Intercontinental Hotel, Jeddah
5. Several Surveyors Workshops in Riyadh and Jeddah

CCC Scholarly Output

1. "The PICO Round": The perceived challenges and effectiveness of an innovational educational activity to teach residents evidence-based practice in the clinical setting.

2. Integrating CanMEDS competencies into established International Residency Program

3. Implementation of CanMEDS in Saudi Arabia: a needs assessment study

CCC International Conferences

- The 1st Saudi Arabian Conference on Residency Education SACRE 1. 28-30 November 2010

- The 2nd Saudi Arabian Conference on Residency Education SACRE 2. 7-8 February 2012

External Peer Reviews of KSAU-HS, MNGHA Residency Programs Conducted by the RCPSC

- Pediatrics: 05-06 December 2009
- Pediatrics (2nd visit) 13-14 March 2011
- Emergency Medicine: 13-14 March 2011
- Adult Neurology: 13-14 March 2011
- Radiology: 13-14 March 2011
  - The reviews resulted in the generation of detailed reports outlining the strengths and areas of non-compliance.
  - The visits included surveyor workshops for our staff.

Impact of CanMEDS on Our Postgraduate Training Programs

- Demand for workshops (formal requests)
- Shift from CanMEDS awareness to CanMEDS implementation and assessment
- Many programs have formally implemented CanMEDS into their residency training
- CCC Involvement in Local and International Education Boards, Commissions and Task Forces
  - The CCC are invited members to the Program Advisory Board for the 2014 International Conference on Residency Education with monthly scientific and organizing meetings.
  - The CCC are invited participants in the Task Force to Revise the 2015 CanMEDS Competency Framework
  - Members of the CCC are involved in several of the SCHS committees that are revising the residency education curriculum and assessment

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Kingdom of Saudi Arabia
Ministry of National Guard Health Affairs

American Society of Health-System Pharmacists (ASHP)

PHARMACEUTICAL CARE SERVICES
CENTRAL REGION

Residency Program Accreditation

April 06, 2014 - Col. Saleh Al Dekhail, Pharm. D.

Future of Pharmacy

"Great Leaders are never satisfied with current levels of performance. They are relentlessly driven by possibilities and potential achievements."

D. Harrison

Where we stand to HRO?

- Certification Program for each service provided
- Compliance with JCI Standards
- Compliance with ISMP Assessment Tools implemented by Medication Safety Program
- Working with ACCP- promoting the Evidence-based practice constantly ⇨ Center of Excellence of Clinical Pharmacy
- Weekly enhancement workshop with College of Pharmacy
- Pharmacotherapy Weekly Educational Activities
- Automation Implementation (In-process)
- ASHP Residency Program Accreditation in Process

Why ASHP Residency Program Accreditation?

- To comply with established high level practice of international standards;
- To enhance the quality of the program / institution;
- To provide a state – of – the art practice environment to our residents;
- Produce high qualified clinical pharmacist;
- Provide public accountability.

ASHP Accredits the Following:

- Institution
- Preceptors
- Residents

Pharmacy Residency Program

- **Post Graduate Year One (PGY1)**
  Residency Training in general pharmacy practice to become Associate Clinical Pharmacist / Clinical Pharmacist (10CR + 6WR)
- **Post Graduate Year Two (PGY2)**
  Residency Training to become specialized Clinical Pharmacist (4CR + 1WR)

Types of PGY2 Programs

- Ambulatory Care
- Cardiology
- Critical Care
- Drug Information
- Geriatric Pharmacy
- Health-System Pharmacy Administration
- Infectious Diseases
- Internal Medicine
- Nuclear Medicine
- Nutrition Support
- Oncology
- Pain Management & Palliative Care
- Pediatric Pharmacy
- Pharmacotherapy
- Informatics
- Psychiatric Pharmacy
- Pharmacy Residency Training in Advanced Area of Practice
- Solid Organ Transplant Pharmacy
- Medication-Use Safety

Background

- The progress of health system pharmacy depends on residency training.
- ACCP and ASHP have affirmed that residency training is the vehicle towards the progress in the pharmacy profession.
- ACCP Task Force for residency accreditation requires residency training by 2020 for all pharmacists.

ACCP Position Statement

American College of Clinical Pharmacy's Vision of the Future: Postgraduate Pharmacy Residency Training as a Prerequisite for Direct Patient Care Practice

American College of Clinical Pharmacy

John E. Murphy, Pharm.D., FCCP, Jean M. Nappi, Pharm.D., FCCP, John A. Bosso, Pharm.D., FCCP, Joseph J. Saseen, Pharm.D., FCCP, Brian A. Hemstreet, Pharm.D., Mary Ann Halloran, Pharm.D., Sarah A. Spinler, Pharm.D., FCCP, Timothy E. Welty, Pharm.D., FCCP, Paul P. Dobesh, Pharm.D., FCCP, Lingtak-Neander Chan, Pharm.D., Cory G. Garvin, Pharm.D., Patricia E. Grunwald, Pharm.D., Claudia A. Kamper, Pharm.D., Cynthia A. Sanoski, Pharm.D., and Paul L. Witkowski, Pharm.D.

- ASHP is the only organization which accredits pharmacy residency programs
- ASHP's Commission on Credentialing (COC) recommends the accreditation standards, evaluates programs against the standards, and develops recommendations for accreditation status.
- On-site visit is typically conducted every 6 years.
- Regular reports to ASHP are done every 3 years.

The Process

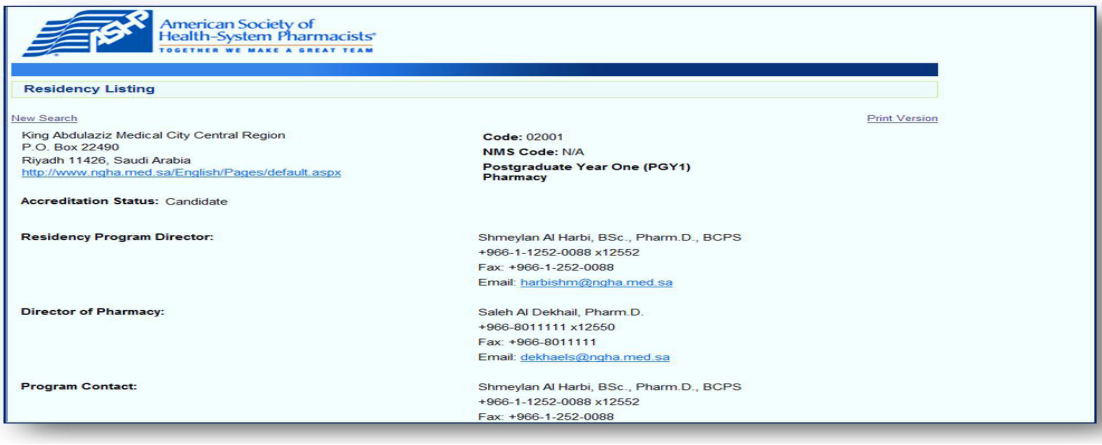
- Involved consulting with the ASHP Accreditation Office for institution's eligibility;
- A teleconference was conducted between Pharmaceutical Care Services and the Head of Accreditation Services;
- Further discussion was done at the ASHP Midyear Clinical Meeting.
- Acquire higher administrative approval and support to assure the perusal and commitment;
- Write a comprehensive proposal which justifies the need and benefits to the institution and the pharmacy profession in the country.
- Operational Component:
  Prepare for the accreditation process.
- Establish a departmental ASHP Accreditation Task Force
- Another discussion was done on February 2013
- Obtained CEO's approval on February 2013

King Abdulaziz Medical City-Riyadh Residency ASHP Site Visit

May 4-6, 2014 (CR)
May 7-8, 2014 (WR)

Who are the Surveyors?

- **Janet Teeters**
  O ASHP, Director of Accreditation Services
- **Charles Daniels**
  O Director of Pharmacy, University of California, San Diego Medical Center, and Residency Program Director
- **Stephen Stoner**
  O Director of Pharmacy Providence Health and Service at Providence Portland, and Residency Program Director
- **Alison Apple**
  O Director of Pharmacy Methodist Healthcare University Hospital, Memphis, TN and Residency Program Director



American Society of Health-System Pharmacists
TOGETHER WE MAKE A GREAT TEAM

Residency Listing

New Search | Print Version

King Abdulaziz Medical City Central Region
P.O. Box 22490
Riyadh 11426, Saudi Arabia
http://www.ngha.med.sa/English/Pages/default.aspx

Code: 02001
NMS Code: N/A
Postgraduate Year One (PGY1) Pharmacy

Accreditation Status: Candidate

Residency Program Director:
Shmeylan Al Harbi, BSc., Pharm.D., BCPS
+966-1-1252-0088 x12552
Fax: +966-1-252-0088
Email: harbishm@ngha.med.sa

Director of Pharmacy:
Saleh Al Dekhail, Pharm.D.
+966-8011111 x12550
Fax: +966-8011111
Email: dekhaels@ngha.med.sa

Program Contact:
Shmeylan Al Harbi, BSc., Pharm.D., BCPS
+966-1-1252-0088 x12552
Fax: +966-1-252-0088

Current Process of Accreditation

- The residency survey timeline begins several months before the survey and extends long afterward.
- A pre-survey questionnaire and supporting attachments are due to ASHP 45 days before a scheduled survey.
- A Consultative Visit was conducted by Dr. David Warner, Associate Chief Pharmacy Officer, Clinical and Patient Care Services, Department of Pharmacy, North Carolina, USA , on January 26-28, 2014 (CR & WR).

Key Attachments

- Sampling of residency evaluations
- Residency Program structural planning documents
- Current residents' customized plans
- Academic records are completed
  - Each resident
  - Preceptor involved in the program
  - Residency Program Director
- Copies of acceptance letters
- Certificates, manuscripts, policies and procedures
- A complete list of current attachments required for submission before the survey or onsite should be reviewed, as this information may change over time

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"In general, the onsite residency survey is conducted as a series of discussions between surveyors and individuals involved in the training program."

What to expect?

- Departmental Review
  - Will review all aspects of Pharmaceutical Care Services
    - Tour of Pharmacy on Monday, 05 May 2014
  - Will focus on certain areas
    - Storage of medications - Medications in locked drawers
    - Unit-dose System
    - IV Room 797 Compliance
    - Oncology Pharmacy Satellite Preparation
- Tour of Hospital
  - Emergency Room Department
  - Critical Care Unit
  - General Floor
    - Oncology- Ward 14
  - Pediatrics
  - NICU
  - Cadiology Center
  - Surgical/Trauma Center
- Other Health Care Professionals involved
  - Physicians
    - Pharmacy and Therapeutics Committee
    - Intensive Care Unit
    - Oncology
    - Neonate
    - Cardiology
    - Emergency Care Center
    - Ambulatory Care
  - Nursing Services

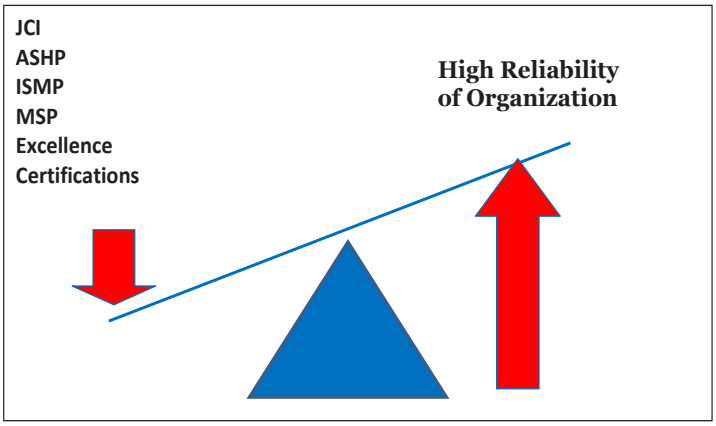
At the Conclusion of the Visit

- Surveyors will verbally provide preliminary findings of how the program meets the standard
- After the visit
  - A formal written report will be prepared, outlining areas of partial compliance and non-compliance and consultative recommendations.
- After reviewing the report
- The RPD prepares and submits a formal written report to the ASHP Accreditation Services Division outlining
  - Response, action plan, responsible parties, and timeline for all areas of concern.

Departmental Challenges

- High Rate of Turn-Over & Staff Satisfaction
- Difficulties in Hiring
- HIS-QCPR Concerns
- Automation Implementation
- Space Problems
- Equipment & Devices Selection Involvement
- Acceptance of Recommendations
- Collaboration

In Conclusion



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Laboratory Accreditations: Where We Stand

Dr. Abdulaziz Al Ajlan
Chairman, Department of Pathology & Laboratory Medicine, KAMC-R

The Department of Pathology and Laboratory Medicine (DPLM) under the chairmanship of Dr Abdulaziz Al Ajlan is a large and modern Laboratory supporting the King Abdulaziz Medical City (KAMC)-Riyadh and also providing selected laboratory services to other regional hospitals, including KAMC-Jeddah, KAMC-Al Hassa, KAMC-Medina, Al Imam Abdulrahman Bin Faisal Hospital, Dammam, as well as a large network of primary healthcare clinics and polyclinics located in the Kingdom. The mission is to provide excellent quality, cost effective services to support the Clinical Programs of the institutions of the King Abdul Aziz Medical City, Riyadh, and to work in a national context with the other Health institutions of the National Guard. All efforts are being made to be a world class Laboratory Service by excelling in patient care, education and research. We are a fully academic department playing a leadership role Nationally and also actively participate in the International arena. We aim to be a Center of Excellence, offering the best referral services, consultations and training programs.
The DPLM has a long established record of accredited quality services. It has been accredited by the College of American Pathologists (CAP) and the American Association of Blood Banks (AABB) since 1986. It also meets the standards of the Joint Commission (JCI), OSHA (Occupational Safety and Health Administration), NEBOSH and IATA. Our next goal is to work towards achieving ISO 15189 accreditation. To ensure reliability of patient testing, the DPLM participates in the following International Proficiency Testing Surveys: CAP proficiency surveys, UK NEQAS. DEQAS, CDC, and Inter-laboratory Proficiency Testing Surveys & Education Case Studies. There is also participation in Q-tracks and Q-Probes, which is a continuous monitoring program of laboratory key performance indicators (LKPI) of quality by hundreds of laboratories in a standardized measurement program. This allows us to compare our performance and ensure we meet or exceed international standards.
Educational And Training Programs: The Department also offers customized and streamlined courses to train the laboratorians of the future. The programs offered include:

1. Post-Baccalaureate training programs in Cytology, Electron Microscopy, Toxicology, Immunohematology, Microbiology, and Chemistry.
2. Residency Training Programs in different specialties of Laboratory Medicine
3. The Regional Examination site for the International Academy of Cytology
4. The Regional Examination site for the American Society of Clinical Pathology (ASCPi)
5. Training Center for IATA in handling dangerous materials and infectious agents.
6. Phlebotomy and Donor Tech Program

The DPLM has contributed to improving laboratory in the Kingdom by offering consultations, training and audits to other institutions in Saudi Arabia to preparing for accreditation. Several staff are also involved in developing the standards, acting as Surveyors for the national laboratory accreditation Program (CBAHI).

Central Laboratory

A new 20,000 square metre building has been recently completed , which is one of the largest clinical laboratory facilities in the world. In additional to technical areas, the building has a dedicated wing for classrooms in addition to meeting rooms for Quality Management Services, Business Development, educational, training and administrative purposes. There will be unique features such as the first full total automation core laboratory. State of the art diagnostic services and new testing technologies will be provided through partner networks in the areas of Genetic Testing, Nanotechnology, Stem Cell Therapy, Molecular Oncology, Molecular Biochemistry, Enzymology and Newborn Screening.

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PMBAH: on the Road to Becoming a High Reliability Organization (HRO)

By Dr. Mansour Al Othman,
Executive Director, Operations, PMBAH Al Madinah

To achieve ongoing high reliability and safety objectives of MNGHA, PMBAH has incorporated principles of the philosophies of HROs into our organization practice.

Roberts and Bea (2001) identified three characteristics that organizations can implement to enhance reliability:

1. HROs aggressively seek to know what they do not know: investment of resources to train and re-train staff to enhance technical competence and enable them to anticipate and respond appropriately to unexpected events.
2. HROs balance efficiency with reliability: HROs use incentive schemes to balance safety and enable employees to make decisions that are safe
3. HROs communicate the big picture to everyone: HROs have effective communication channels so that they can access expertise quickly in an emergency and communicate the "big picture" to everyone. They also have well-defined procedures for both normal and emergency situations with well-known decision rules as to when they should be used.

It can be seen that PMBAH has developed characteristics of HROs, for example,

- leadership actively seeks the views of frontline staff in order to gain a realistic picture of operations within the organization
- provide the necessary resources to ensure operational safety
- encourage bottom-up communications- in emergencies, decision –making migrates to individuals with expertise irrespective of their hierarchical position within the organization
- use accidents that happened as an opportunity to check for similar problems in our organization, thus learning from experience
- climate of continuous training to enhance and maintain knowledge and improve technical competence and enable staff to recognise hazards and respond appropriately
- provision of back-up systems in case of a failure, internal cross-checks of safety-critical decisions and continuous monitoring of critical safety activities
- just culture that balances between supporting of incidents and near misses while not tolerating unacceptable behaviours

The importance of these processes in the development of high reliability performance has been corroborated by research (Spender, 1995; Weick and Sutcliffe, 2007). According to Provera, Montefusco and Canato (2008), "a just culture" is essential in promoting both organizational learning and highly reliable organization. PMBAH, like HROs has a proactive approach to safety and a strong learning orientation.

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Is Your Patient Safe from Unintentional Hazards? Latex Products and Their Use in a Hospital Environment

Laura Vallenius, Occupational Health Specialist, Environmental Health – Occupational Health & Safety/ Infection Prevention & Control Department, KAMC-Riyadh

Once upon a time there was a hospital, and in the hospital there was a ward, and on the ward came a new patient. Nursing staff starts to provide medical care according to instructions. They take blood pressure and start intravenous infusion. They follow good work practices and wear gloves. A couple of hours later the patient calls the nurse; he has unexpectedly developed a sore throat, coughing and shortness of breath. He is wheezing. The physician in charge is called onsite. The nurse starts to take the blood pressure again, when she notices redness, swelling and a couple of small blisters on the patient's arm; exactly in the area, where she placed the blood pressure cuff. Anamnesis of the patient doesn't show any recorded lung or skin diseases, neither any known allergies. The Physician enquires from patient one more time, if there is anything that they should know? *"No, nothing comes to mind, I've been perfectly healthy"*, says the patient. Then he adds: "But this is a weird thing, you know. Every time when I'm in the same room with air balloons, I get this kind of similar sensation and symptoms and I have to rush out!".

This story is pure fiction, but it is a description of a real-life, severe disorder and a list of the real symptoms relating to it. Without knowledge and preventive measures it can be a serious risk for the both patient and employee safety. It is called **latex allergy**. How was the patient exposed to latex in this example?

Latex, is a natural rubber manufactured from a milky fluid derived from the rubber tree. Common latex products used in healthcare are gloves, blood pressure cuffs, adhesive bandages, dental dams, orthodontic elastics, stethoscope tubing, red rubber catheters and stoppers in medical vials/ containers. Employees usually find latex gloves comfortable to wear, as the elasticity, tensile strength, abrasion resistance and temperature resistance are good. Other common latex products are air balloons, dishwashing gloves, erasers, condoms, elastic bands, spandex and latex mattresses. As latex is a natural product, it releases proteins that may cause allergic reactions, in contrast to synthetic rubber.

A Latex allergy should be suspected in anyone, who develops certain symptoms after latex exposure. These symptoms can range from mild

to severe: nasal, eye, or sinus irritation, sore throat, hives, swelling of affected area, blisters on affected area, shortness of breath, coughing, sneezing, wheezing, abdominal cramps or unexplained anaphylaxis. Any exposed patient or employee who experiences these symptoms should be evaluated by a physician, as further exposure could cause a life-threathening allergic reaction. A diagnosis is made by using the results of a medical history, physical examination, and tests.

Healthcare workers (HCWs) with ongoing latex exposure from wearing latex gloves or using latex-containing medical products are at risk for sensitizing and developing latex allergy. Such workers include physicians, nurses and aides, as well as pharmacists, operating room employees and laboratory technicians. Other professional groups working in healthcare facilities, such as gardeners, food service workers and housekeeping personnel may also be at risk for latex sensitizing and allergy. Latex is recognized globally as the principal agent causing occupational contact urticaria among HCWs (Vandenplas, O et al. 2011). In the United States, for example, 8-17 % of HCWs are sensitized and developed an allergy to latex (American Latex Allergy Association, 2014).

There are many preventive measures for both patient and employee safety, whether latex sensitivity was known or not. In patient care it is recommended to use gloves other than latex gloves: nitrile, vinyl or hypoallergenic gloves. The latter doesn't always mean the product is purely latex-free, so verify from the product package or from manufacturer. It is also recommended to ensure there are always latex-free choices available for health care products mentioned above.

Latex gloves can protect HCWs' hands from certain types of chemicals such as most diluted solutions of acids, alkalis, salts and ketones. But it's good to keep in mind that latex gloves are not suitable for all chemical handling. For example, latex resistance for common laboratory analysis chemicals such as chloroform, xylene and toluene is very poor and these chemicals will penetrate through latex easily. Hence, gloves for certain chemical handling should always be chosen based on instructions on Material Safety Data Sheet (MSDS).

For latex-sensitized, employees who are handling those certain type chemicals, hypoallergenic gloves, glove liners and powder-free gloves are possible alternatives. Powdered gloves are not recommended as powder absorbs latex particles; inhalable latex particles will spread to environment, when removing gloves from hands. If a work task requires latex gloves, it's not recommended to use oil-based hand creams or lotions when wearing latex, unless they have been shown to reduce latex-related problems and maintain glove barrier protection. Many oil-based hand creams or lotions may cause glove deterioration. After removing latex gloves, hands should be washed with a mild hand-washing liquid and dried thoroughly.

Keep Your Patient Safe – Keep Yourself Safe!

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Administrative Affairs: Journey to HRO

Mr. Ahmed Rukban
Executive Director, Administrative Affairs
Ministry of National Guard-Health Affairs

Administrative Affairs is continuously seeking the best, most effective and efficient ways to provide all employees with quality services, especially with our organization's growing population. The division strives to be easily accessible to all employees and departments for all their needed assistance and manpower requirements, establishment of salary, resolving internal issues and individual needs.

Recruitment Quality

Quality and Patient Safety is valued by our Corporate Recruitment Departments. In fact, this is one of the most important considerations in selecting new candidates, particularly nurses and healthcare providers. Part of the recruitment process involves confirmation of the validity of education through Primary Source Verification. In addition, work experience is verified and candidate's performance is assessed through Reference Check Letters from employees direct supervisors.

After the candidates are officially hired, they are required to attend a General Employee Orientation conducted by Staff Support Department. This program introduces new employees to the organization. It also provides them general information and in-depth knowledge about the MNGHA Mission and Vision and Core Values.

A Satisfied Staff Leads to Satisfied Customer

We believe that it is important to find what makes a fulfilled and motivated workforce because employees who enjoy their work will surely make a more effective contribution to the organization. Having this objective in mind, Administrative Affairs follows an internationally known methodology to measure staff satisfaction through the use of staff satisfaction survey, to obtain information needed to improve the level of productivity, job satisfaction and employee retention. The results from the survey are analyzed to create a set of action plans which aim to further enhance staff satisfaction which directly affects the quality of healthcare within Ministry of National Guard Health Affairs.

Keep Employees Satisfied and Without Neglecting the Organization Rights

Administrative Affairs created sub-surveys for service providing departments to ensure that employees receive quality services which lead to high level satisfaction and convenience.