

Abstract 20 Figure 2 Hospital acquired pressure injuries (HAPIs) incidents in the medical in-patient unit of Hamad general hospital, Doha, Qatar, between July 2022 and August 2023.

Methods Implementation of the project was in two phases, obtained and analysed with the use of the Quality Improvement Department database with concurrent Plan-Do-Study-Act (figure 1). Firstly, identifying extremely high-risk patients using RSR; Secondly, once criteria were met, a paper reminder entitled 'SKIN AT RISK' was hung at the head of the bed, and sets of multidisciplinary recommendations were implemented.

Results There was an 82% reduction in HAPIs following the initiation of RSR, from a rate of 4.14 to 0.75 per 1,000 patient-days (figure 2).

Conclusion The Rapid Skin Response is a cost-effective system approach that can reduce HAPIs by alerting nursing staff, physicians, and dieticians on high-risk patients, thus implementing standardized preventive measures and improving patient care.

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Ethical Approval/IRB Statement The project was approved by the Hamad General Hospital Quality Department, Doha, Qatar and exempted from an IRB review.

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'EVERY QATAR RIYAL COUNTS': A QUALITY IMPROVEMENT PROJECT TO REDUCE THE COST OF FAILED BLOOD GAS TEST

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Background Advance BioScience Laboratories (ABL) 90 Radiometers are more costly than other machines because of their consumables.¹ They provide timely results for blood gases helping physicians with decision making. Pre-analytical errors are mostly the reason for failed blood tests and contribute to 0.23% to 1.2% of total hospital operating expenses. This avoidable expenditure can be deducted to cost a U.S. hospital with around 650 beds around \$1.2 million per year.² This also can lead to patients' dissatisfaction due to re-pricking and prolonged hospital stay which generates greater cost.³ This project aimed to reduce the cost of failed blood gas tests in Hamad General Hospital (Doha, Qatar), Acute Medical Assessment Unit 1 by 30% from the baseline of 378 QAR from 31 August 2023 to 265 QAR by 31 December 2023.

Methods A cost analysis of Arterial Blood Gas machines was conducted. All quantifiable items and consumables were

computed based on the type of syringe used (PICO or Micro-sampler) and type of tests (arterial or venous). Failed blood gas tests are defined as aborted samples and incomplete samples that require re-processing. Proficiency testing was the only exclusion.

Results After thirteen weeks of interventions, the cost of failed blood gas tests was consistently below the 265 QAR target per week (figure 1). The utilization of PICO syringes (figure 2) has been effective in reducing the pre-analytical errors such as clot, haemolysis, and air bubbles. However, despite the utilization of such syringe, there are still notable fluctuations in the expenditure due to poor technique.

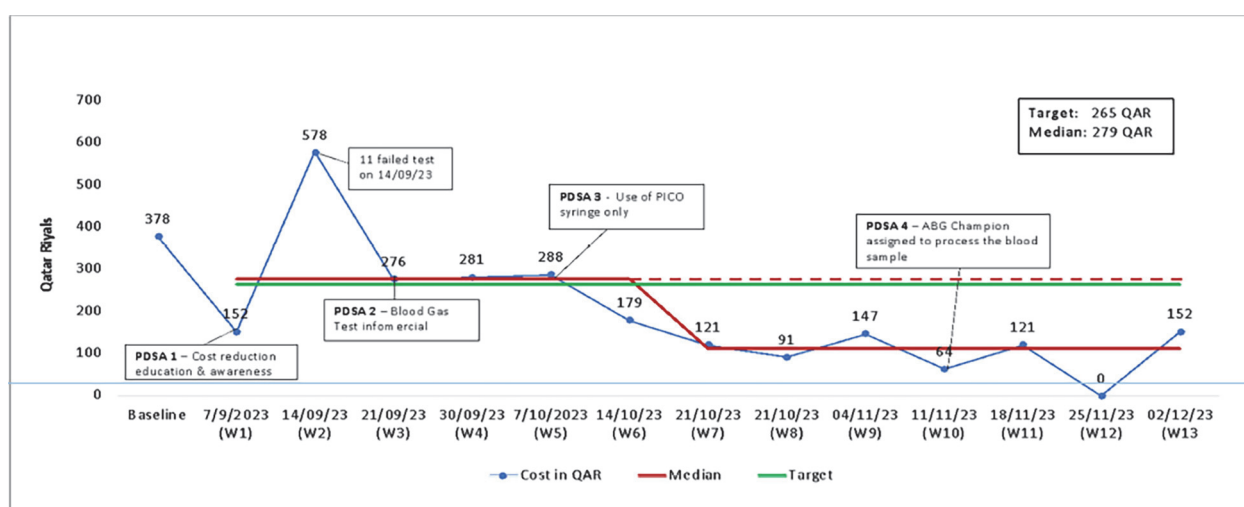
Conclusion Failed blood gas tests have significant consequences including wastage of supplies, nurse's service time, and patient's dissatisfaction. Usage of PICO syringe showed positive effect in minimizing failed tests combined with properly performing the steps in running the sample that significantly reduce the cost of failed blood gas test.

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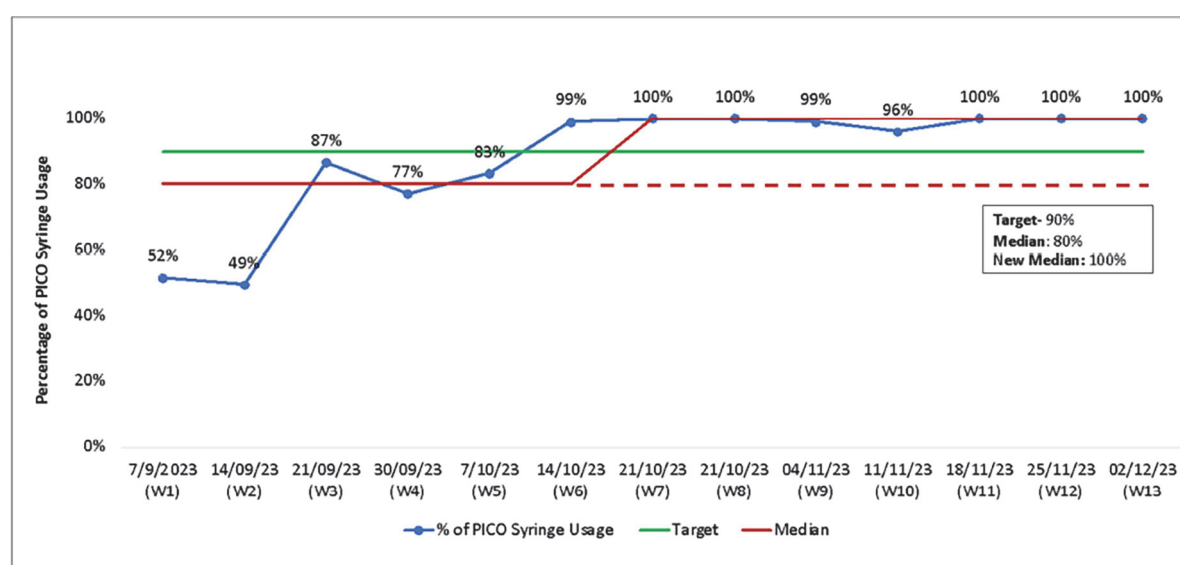
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Abstract 21 Figure 1 Expenses generated per week by failed point-of-care testing blood gas tests in the acute medical assessment unit 1 of hamad general hospital, Doha, Qatar



Abstract 21 Figure 2 Percentage of PICO syringe usage in the acute medical assessment unit 1 of Hamad general hospital, Doha, Qatar

beacon of improvement. Also, we extend our gratitude to all the leaders as well as staff members for continuously supporting the project. Lastly, the author would like to thank our coach for the guidance and empowerment.

22 DISCHARGE IN TWO TO IMPROVE PATIENT FLOW: A DISCHARGE TIMELINESS QUALITY IMPROVEMENT PROJECT

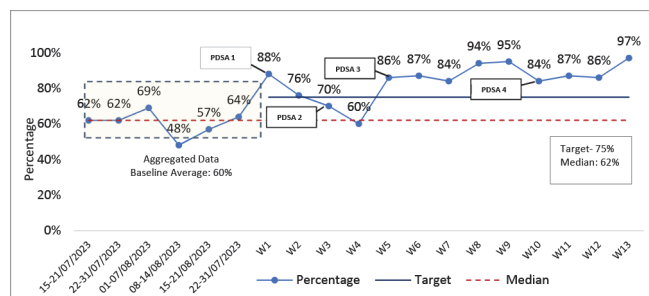
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Background In Hamad General Hospital, Acute Medical Assessment Unit 1, the discharges within 2 hours of the discharge order are at 60%. This indicates significant room for improvement in terms of streamlining the discharge process. The inefficiencies can result in delays, increased length of stay, patient dissatisfaction, and increased healthcare costs.^{1 2} A study found that between 8 and 10% of beds in an acute care hospital were occupied by patients whose discharge had been delayed.³ The aim of this quality improvement project was to increase the percentage of patients discharged within 2 hours of discharge order in Hamad General Hospital Acute Medical Assessment Unit 1 from about 60% in July 15, 2023, to 75% by December 31, 2023.

Methods Over 13 weeks, the improvement team worked towards the aim of increasing the percentage of patients discharged within 2 hours of discharge order. Change ideas utilizing the Plan-Do-Study-Act (PDSA) methodology were tested: (1) Awareness and Education Sessions (September 1–14, 2023); (2) Efficient flow lounge utilization (September 15–30, 2023); (3) A weekend discharge team that oversees and directs discharges on weekends (October 1 to November 4, 2023); and (4) the last PDSA running was flow lounge utilization after 2 p.m., from November 5, 2023 onwards.

Results The discharges within 2 hours of discharge order significantly increased from 60% to 97% by December 31, 2023



Abstract 22 Figure 1 Percentage of patient discharge within 2 hours of discharge order

(figure 1). Concurrently, flow lounge utilization increased from 39% to 93%. As a result, the availability of beds for admission by 2 p.m. increased from 8% to 15%.

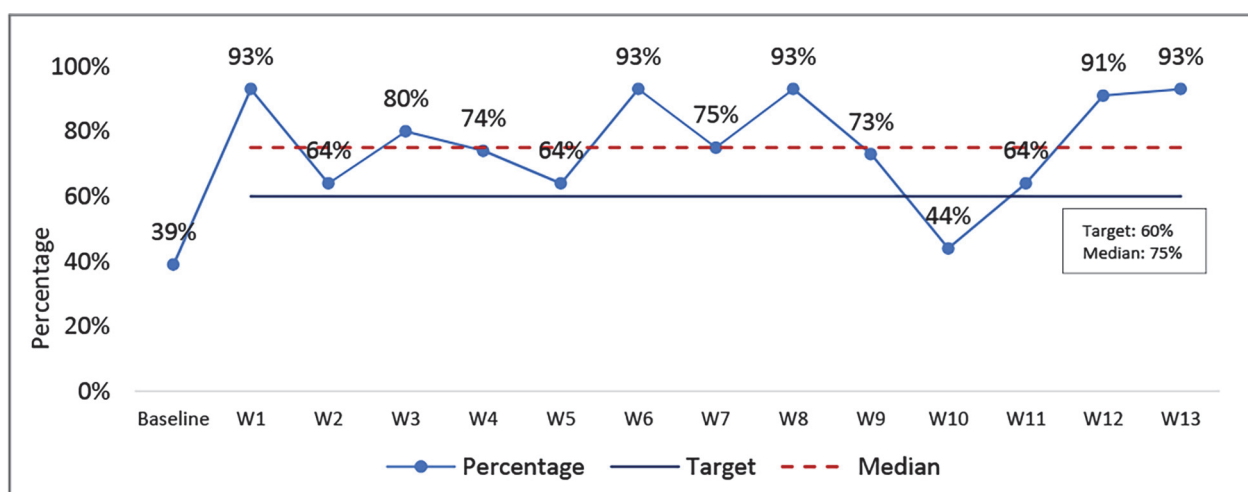
Conclusion The discharge timeliness significantly improved through awareness and active staff engagement, efficient utilization of Flow Lounge, and a dedicated Weekend Discharge Team. The discharge timeliness provides an opportunity to improve patient flow by having the capability to accommodate pending admissions in the Emergency Department.

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Abstract 22 Figure 2 Percentage of flow lounge utilization