

**Abstract 36 Figure 2** The average waiting working days to admit to adult day-care rehabilitation unit from day of referral

**Conclusion/Recommendations** The early discharge from inpatient wards in QRI to ADR was successful and reduced costs.

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**Ethical Approval/IRB Statement** This project has been approved the Director of Adult Day-care Rehabilitation unit, hospital leadership and Quality and Patient Safety Department in the Qatar Rehabilitation Institute, Doha, Qatar.

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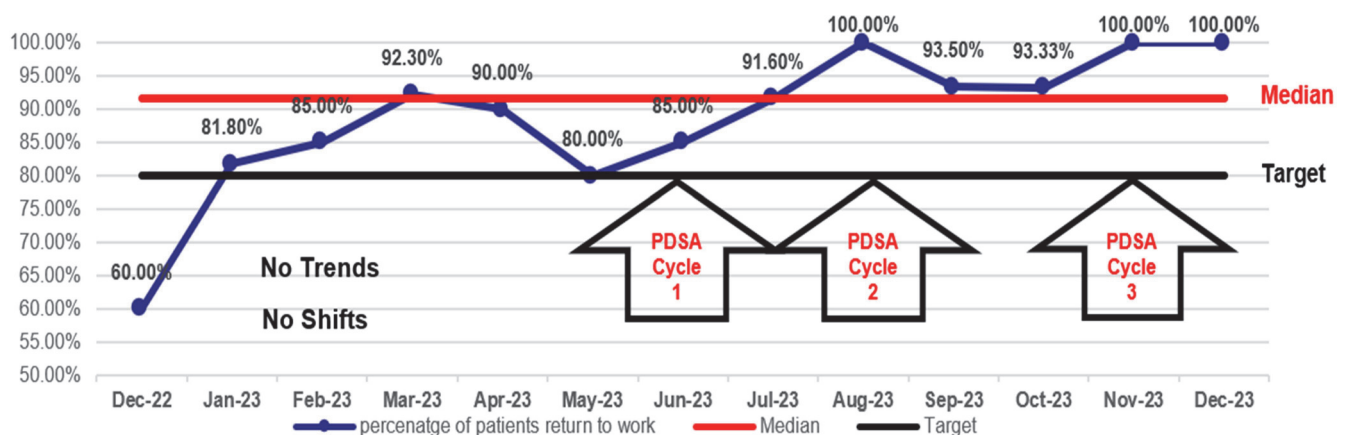
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#### STRATEGIC INTERVENTIONS TO ENHANCE RETURN-TO-WORK SUCCESS RATE AT ADULT DAY-CARE REHABILITATION UNIT: A COMPREHENSIVE APPROACH FOR IMPROVEMENT

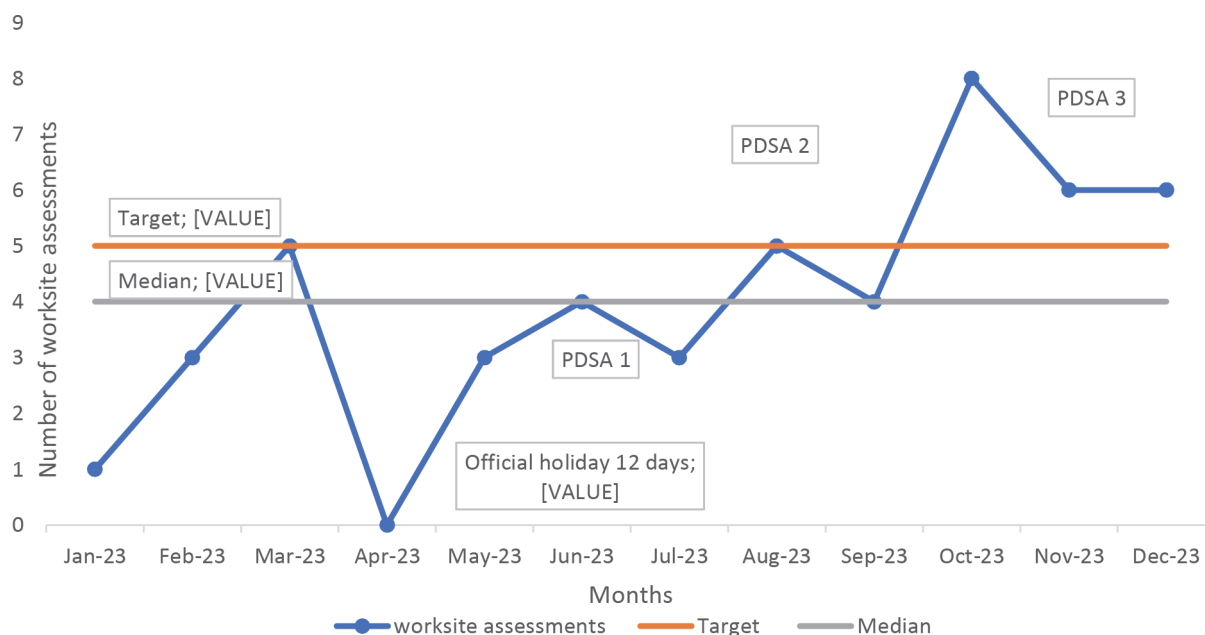
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**Background** The employment status after neurological injuries was a concern for the patient and family, it affects multiple aspects of quality of life including physical, social and financial aspects.<sup>1</sup> Many patients complained about their ability to return to their jobs, the Adult Daycare Rehabilitation (ADR)



**Abstract 37 Figure 1** Percentage of patients who returned to work after completion of the programme



**Abstract 37 Figure 2** Number of worksite assessments conducted by the multidisciplinary team per month

team checked the percentage of patients who were able to return to work. The Return-To-Work (RTW) program was initiated in 2021 but the percentage was low (60% in the second half of 2022). This Quality Improvement (QI) project was developed to improve the results of the return-to-work program using Quality Improvement tools. The aim was to improve the percentage of patients who returned to work successfully after completing the RTW rehabilitation program from 60% to 80% by the end of 2023.

**Methods** Incorporation of the return-to-work multidisciplinary rehabilitation<sup>2</sup> and the Institute for Healthcare Improvement Model of Improvement using Plan-Do-Study-Act (PDSA) cycles and QI tools such as cause-and-effect diagram, driver diagram, prioritisation matrix, and Pareto chart<sup>3</sup>. The RTW program has two phases, the first phase is vocational rehabilitation which includes training inside the unit, while the second phase includes worksite assessment and developing return to work recommendations and accommodations (figure 2). The outcome measure was the percentage returned to their work (figure 1).

**Results** Percentage of patients returned to work following completion of the RTW program showed signs of improvement after PDSA cycle 1, remaining above the target of 80%.

**Conclusion** The use of QI tools focused effort and improved the results of the return-to-work rehabilitation program. These tools helped to address the points of defects at the beginning and helped the team achieve a percentage above 80%.

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## 38 EXCELLENCE IN MEDICATION RECONCILIATION DURING COVID-19 PANDEMIC

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**Background** Effective medication reconciliation (MedRec) promotes patients' safety, while poor compliance with MedRec may result in adverse events and medication errors.<sup>1</sup> MedRec was identified as a patient safety measure and Joint Commission standard for hospital accreditation.<sup>2</sup> In Communicable Disease Center (CDC), majority of COVID-19 admissions were high-risk patients, taking multiple chronic medications, at risk of drug interactions and medication errors from concomitant COVID-19 medications. Therefore, it was crucial to conduct proper MedRec to prevent these harmful events in this vulnerable population. Low compliance with MedRec was observed in CDC during COVID-19 pandemic (mean 86%). This project aimed to increase the proportion of inpatients who had their medications reconciled within 24-hours of admission from 86% in December 2020 to 95% by the end of December 2022.