

optimising internal procedures to reduce time wasted during incident reporting. It also helped ensure ambulances' availability to respond to pre-hospital emergency calls.<sup>2</sup>

## REFERENCES

1. Deming WE. Out of the crisis. *MIT Press* 2018;450.
2. Akmal A, Greatbanks R, Foote J. Lean thinking in healthcare – findings from a systematic literature network and bibliometric analysis. *Health Policy* [Internet] 2020 Jun 1;124(6):615–27. Available from: <https://www.sciencedirect.com/science/article/pii/S0168851020300932>

**Ethical Approval/IRB Statement** This project was approved by the Hamad Medical Corporation Ambulance Service, Doha, Qatar, as a Quality Improvement project on 15/03/2022.

**Disclosures and Acknowledgments** We want to thank all of the Hamad Medical Corporation Corporate Quality and Patient Safety Department for their support of this project.

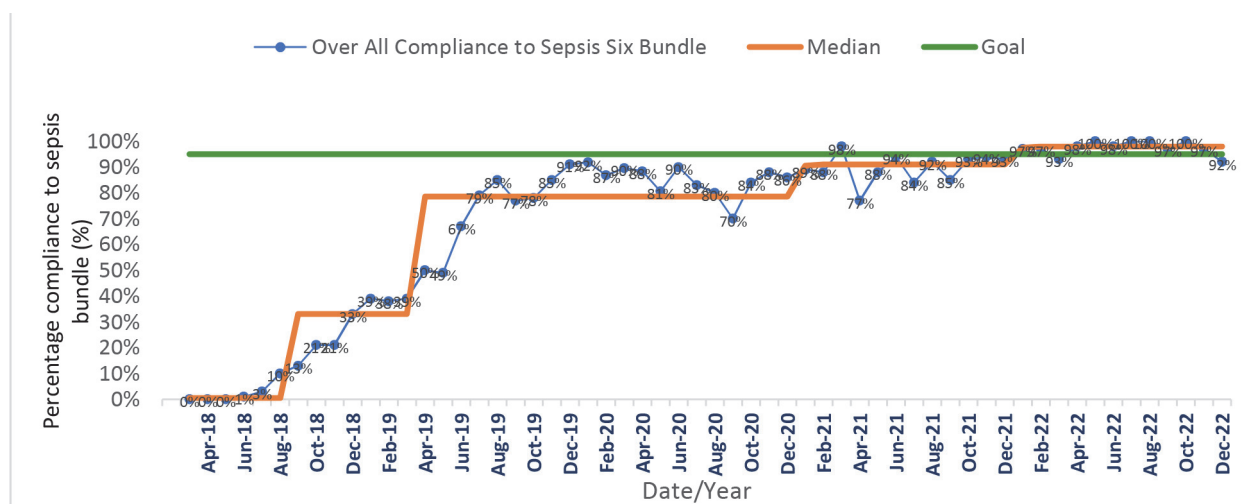
73

## THINK SEPSIS, SAVE LIVES: SUSTAINING THE GAIN AMIDST THE COVID-19 PANDEMIC

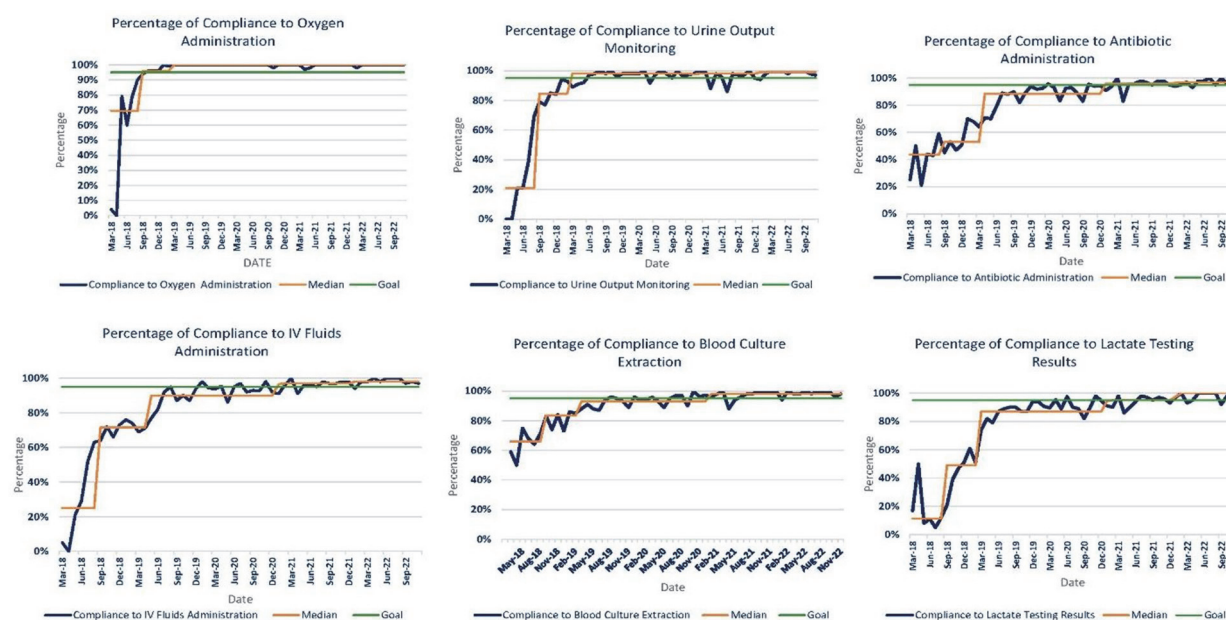
Cicy Jacob\*, Emelita Ison, Farah Jibril, Mohammad Abdullah, Mohammad Fayiz Othman Atie, Hanan Zadeh, Hatim El Derhobi, Hiba A Aziz Badawi El Tahir, Deena Mudawi, Samar Mahmoud A Hashim, Nayel Al Tarawneh, Jordana Delicana, Sindhumole Nair, Priyadarshini Asmita Vatsyayan, Amir Nonou, Mutie Ullah Ahmed, Awni A A Alshurafa, Mohammad Bakr. *National Centre for Cancer Care and Research, Hamad Medical Corporation, Doha, Qatar*

10.1136/bmjopen-2025-IHL73

**Background** Sepsis, a life-threatening condition caused by the body's abnormal response to infection presents a clinical challenge requiring prompt recognition and treatment.<sup>1</sup> Many oncology patients with weakened immune systems and other health issues may not show obvious signs of sepsis, leading



Abstract 73 Figure 1 Compliance of our facility to the sepsis six bundle between 2018 and 2022



Abstract 73 Figure 2 Hospital compliance to the sepsis six bundle elements from 2018 to 2022

to delays in care. Despite the COVID-19 pandemic and the excitement of hosting the FIFA World Cup 2022™, our sepsis team remained resilient and committed to improving patient safety.<sup>2</sup> We aimed to improve patient safety through early sepsis recognition and management from 0% in December 2017 to 95% by the end of December 2022.

**Methods** We followed the Institute for Healthcare Improvement Model for Improvement, testing changes via Plan-Do-Study-Act (PDSA) cycles. The sepsis team established measurement frameworks, gathered local data on bundle compliance, and devised a Quality Improvement dashboard for monitoring. Implemented changes, such as the Sepsis Screening Tool, Laboratory Kit, Custom Order Set, E-Learning, Point of care blood gases machine, Unit Champions, Rewards, Weekly Reports, Coaching, and Technology, enhanced compliance. Figure 1 illustrates our bundle compliance from 2018 to 2022.

**Results** Our Sepsis team achieved 100%, sustaining this despite challenges like COVID-19 and the FIFA World Cup 2022™. Team commitment and communication were vital. Standardized sepsis recognition and management improved patient outcomes. Our developed screening tool was replicated in other Hamad Medical Corporation hospitals. Figures 1 and 2 show improvements in each of 6 elements of sepsis bundle over the project implementation.

**Conclusion** Our collaborative effort to achieve and sustain our 100% goal was challenging but rewarding. Key lessons from our change tests include timely information sharing, continuous follow-up with frontline staff, and teamwork. Effective communication and staff empowerment were crucial in overcoming obstacles.

## REFERENCES

1. Singer M, Deutschland CS, Seymour CW, *et al.* The third international consensus definitions for sepsis and septic shock (sepsis-3). *JAMA*. 2016;**315**(8):801–810. doi:10.1001/jama.2016.028

2. Shehatta AL, Naimi NA, Hassan R, Zafar N. A strategic guide for the development of a corporate sepsis program. *Journal of Emergency Medicine, Trauma & Acute Care* 2021;**36**. <http://dx.doi.org/jemtac.2021.qhc.36>

**Ethical Approval/IRB Statement** This is a quality improvement project approved by the hospital leadership to improve the care of our patients

**Disclosures and Acknowledgments** No conflict of interest.

We acknowledge the Sepsis Team and the Leadership team, at the National Centre for Cancer Care and Research, Doha, Qatar.

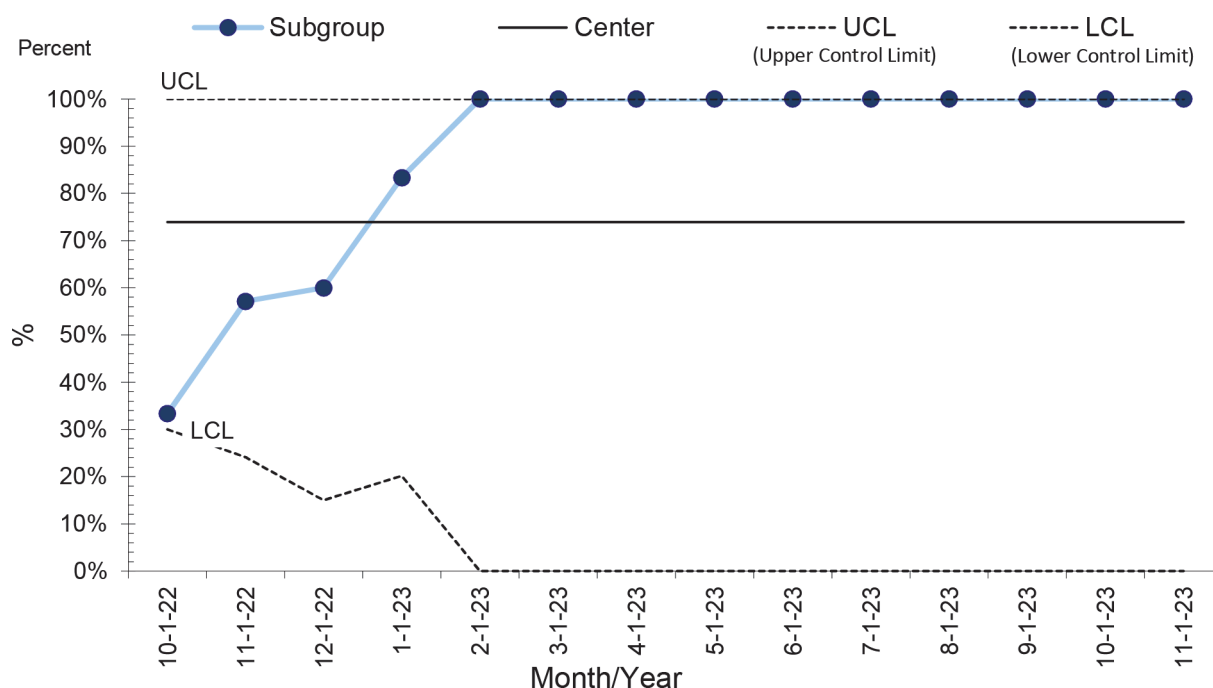
74

## IMPROVING THALASSEMIA PATIENT CARE AND HEALTH CARE UTILIZATION WITH SIGNIFICANT COST REDUCTION

Mohd Salim, Noora Al-Hammadi, Mohammad Yassin, Honar Cherif, Fareeda Alam, Omar Ismail, Randa Al Okka, Nima Ahmed, Nayel Altarweh, Lamiaa Mohd Refaat\*. National Center for Cancer Care and Research (NCCCR), Hamad Medical Corporation, Doha, Qatar

10.1136/bmj-2025-IHL74

**Background** Regular blood transfusion, a vital aspect of thalassemia patient care, inevitably leads to iron overload, posing a significant threat to the lives of these transfusion dependant patients by causing heart, liver, and organ damage.<sup>1</sup> Effective iron chelation stands as a lifesaving procedure in the management of such patients.<sup>2</sup> The evolution of iron chelation methods, particularly through intravenous (IV) or subcutaneous (SC) administration greatly enhanced patients' survival.<sup>3</sup> This quality improvement project aims to initiate selfcare chelation therapy via SC infusion pump from zero (baseline) to 20% (equal to 20 eligible patients) of our patients who had iron overload by March 2023 then to 40% by end of December 2023. The project also aimed to empower patients through



**Abstract 74 Figure 1** Percentage of eligible thalassemia patients on subcutaneous self-chelation therapy (P Chart) in 2022–2023