diseases) and optimize medication use through CP-GIM collaboration. The goals included updating 14 existing pathways, creating five new ones, and conducting 10 MUEs by December 2022.

Methods This involved educating internal medicine pharmacists on conducting MUEs, applying the Institute for Healthcare Improvement model for improvement to perform MUEs, reviewing and updating existing pathways, prioritizing medications for evaluation, and using improvement models for MUEs and pathway development (figure 1).

Results Seventeen conducted MUEs exceeded the target. The findings were shared with Internal Medicine leaders and presented during morning reports. Actions taken included raising tickets to add specific order comments, fire alerts on significant drug interactions, and modifying digoxin-level units reported on Cerner® to match the international references. Twenty-three new pathways were developed and submitted for approval (figure 2).

Conclusion Enhanced collaboration between CPs and GIM improves patient safety through interventions based on MUE findings and standardized practices. Continued MUEs and pathway compliance monitoring will sustain standardized practices.

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Ethical Approval/IRB Statement This internal audit of the service was approved by the head of Hamad General Hospital's (HGH) internal medicine and pharmacy departments for conducting and publication.

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84 POSTNATAL MANAGEMENT OF ANTENATALLY DIAGNOSED HYDRONEPHROSIS; A CONSENSUS GUIDELINE IMPLEMENTATION

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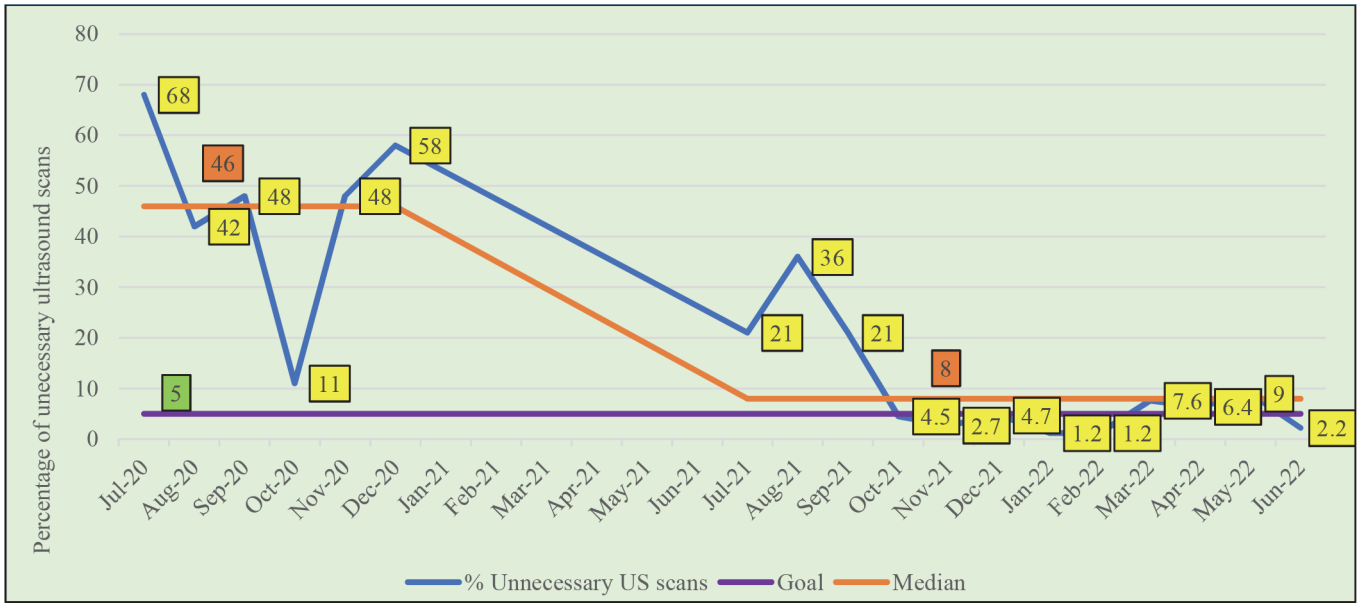
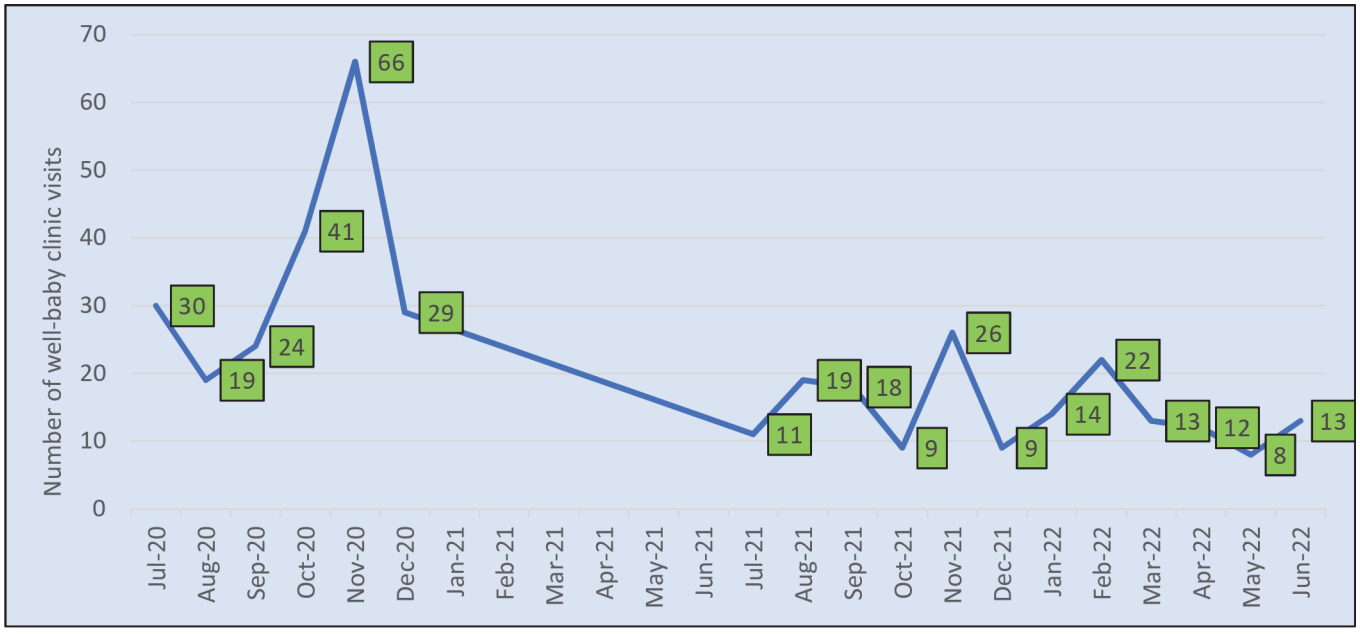
Background Fetal hydronephrosis is a common finding during antenatal ultrasound scans (USS) with an incidence of 1–2% of all pregnancies, yet 85% resolve spontaneously. The existing practice with a lower threshold for routine postnatal evaluation resulted in unnecessary scans, overload on the radiology divisions, and unnecessary hospital visits by families. The primary objective of this project was to reduce unnecessary postnatal ultrasound evaluation for antenatally diagnosed hydronephrosis (ANH).

Methods Data collected in our NICU unit of Al Wakrah hospital for 6 months from July 2020 to December 2020 showed that 46% of unnecessary USS were done for antenatal hydronephrosis with renal pelvis dilation (RPD) of > 4mm. A quality improvement project was initiated to reduce the rate of postnatal scans from 46% in 2020 to 5% by 2022. A consensus meeting was held in January 2021 between pediatric urologists, nephrologists, radiologists, and neonatologists, and agreed upon revising the guidelines based on the literature evidence to do postnatal scans only for RPD > 10mm as postnatal management of ANH.[1–3] Serial educational sessions were arranged for staffs, key performance indicators (KPI) identified, and data was collected prospectively after the implementation of the consensus guideline between July 2021 to June 2022.

Results There was a significant reduction in unnecessary ultrasound scans from 46% to 8%, hence meeting the objective



Abstract 84 Figure 1 Run chart showing reduction in the number of unnecessary ultrasound scans after implementation of the new guidelines



Abstract 84 Figure 2 Run chart showing reduction in total number of well-baby visits by family for follow up of hydronephrosis

(figure 1). There were two positive balance measures; 50% reduction in total number of family visits to the well-baby clinics (figure 2) after the implementation of the consensus guidelines, and reduction in costs which offered a positive financial impact on the hospital.

Conclusion Implementation of consensus guidelines for the postnatal management of hydronephrosis has resulted in reduction of unnecessary USS and well-baby clinic visits leading to reduced workload, improved health care costs and better patient and family benefits though the patient benefits are not easily quantified.

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85 LET'S OVERCOME ACTIVITY BARRIERS TOGETHER

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Background Hemodialysis (HD) is a critical therapy for individuals with end-stage kidney failure, however, patients often have sedentary lifestyles, which can result in adverse health outcomes. Intradialytic exercise (IDE) programmes have shown promise in enhancing physical activity levels and quality of life for HD patients. Implementing such programmes presents various challenges.[1 2] This study aimed to establish a sustainable IDE programme at Qatar's largest dialysis centre and to identify and address barriers hindering its implementation.[3]

Methods The IDE programme, initiated in May 2019, involved a tailored exercise regimen delivered by a multidisciplinary team, with exercises adapted to individual medical conditions. Equipment included bicycles and hand ergometers, Thera bands, and bed exercises provided during dialysis sessions. Patient and family education were integral, and programme effectiveness was assessed through surveys.

Results By December 2022, the IDE programme had been implemented for 60 HD patients. Barriers to implementation, such as patient beliefs and awareness about the capabilities and importance of exercise, medical status, staff workload, the COVID-19 pandemic, and a lack of facilities, were identified and addressed (figure 1). It demonstrated its safety and