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

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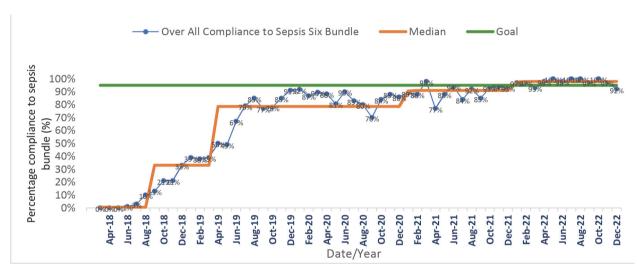
Ethical Approval/IRB Statement This project was approved by the Hamad Medical Corporation Ambulance Service, Doha, Qatar, as a Quality Improvement project on 15/03/2022. Disclosures and Acknowledgments We want to thank all of the Hamad Medical Corporation Corporate Quality and Patient Safety Department for their support of this project.

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

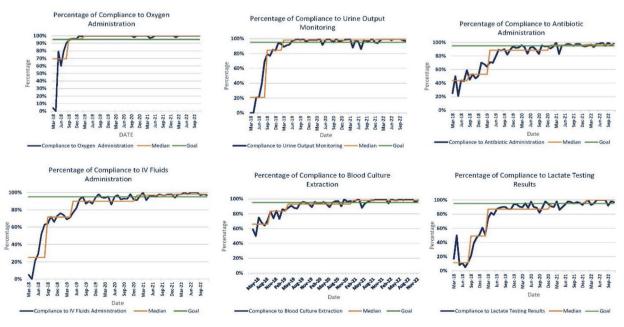
Cicy Jacob*, Emelita Ison, Farah Jibril, Mohammad Abdullah, Mohammad Fayiz Othman Atie, Hanan Zadeh, Hatim El Derhobi, Hiba A Aziz Badawi El Tahir, Deena Mudawi, Samar Mahmoud A Hashim, Nayel Al Tarawneh, Jordana Delicana, Sindhumole Nair, Priyadarshini Asmita Vatsyayan, Amir Nonou, Mutie Ullah Ahmed,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

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Background Sepsis, a life-threatening condition caused by the body's abnormal response to infection presents a clinical challenge requiring prompt recognition and treatment.¹ 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 2022TM, our sepsis team remained resilient and committed to improving patient safety.² 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 2022TM. 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.

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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.

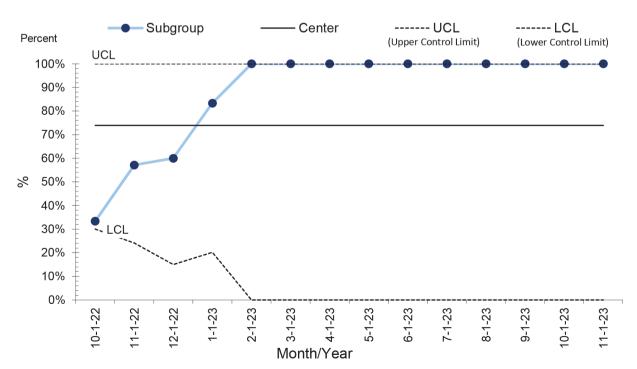
We acknowledge the Sepsis Team and the Leadership team, at the National Centre for Cancer Care and Research, Doha, Qatar.

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

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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. Effective iron chelation stands as a lifesaving procedure in the management of such patients. The evolution of iron chelation methods, particularly through intravenous (IV) or subcutaneous (SC) administration greatly enhanced patients' survival. 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