Collection of abstracts from Middle East 2024 and 2023 conferences

Guillaume Alinier,[1,2,3,4] James Laughton,[1] Kim Leighton[5]

[1]Hamad Medical Corporation Ambulance Service, Doha, Qatar
[2]Weill Cornell Medicine-Qatar, Doha, Qatar
[3]School of Health and Social Work, University of Hertfordshire, Hatfield, UK
[4]Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, UK
[5]Hamad Medical Corporation, Itqan Clinical Simulation & Innovation Center, Doha, Qatar

Correspondence to
Guillaume Alinier;
galinier@hamad.qa

Healthcare is widely recognized as a high-risk industry as patient safety concerns are omnipresent [1]. It concerns everyone irrespective of age, gender, ethnicity, religion, beliefs, values, education, occupation, social background, nationality, and country of residence. Despite this, globally, there is no equal access to healthcare services and healthcare practices still vary widely, but there is a clear movement to improve the situation at various levels through the work of non-government organisations, government initiatives, humanitarian aid programs, international collaborative projects, and global health initiatives [2, 3]. At a micro level, that is at an organizational or departmental level, many individuals and teams around the world work on improving patient care directly or indirectly through a variety of small- and large-scale projects.

What better event than the Middle East Forum (MEF) on Quality and Safety in Healthcare, hosted annually in Doha, Qatar, by Hamad Medical Corporation, the Hamad Healthcare Quality Institute, in partnership with the Institute for Healthcare Improvement (IHI) to highlight these efforts. This key patient safety conference provides an annual forum for healthcare professionals to share their passion and hard work in making positive changes that benefit patient care, leading to improved outcomes. The MEF is the Arab world's largest patient safety conference.

This BMJ Open Quality special issue includes a selection of abstracts presented as posters during the 2023 and 2024 MEF, which was the 10th conference. The events had respectively for theme "Healthcare Resilience in Extraordinary Times" and "10 years of Inspiring Improvement". The included abstracts cover a very broad range of topics, and although they mostly report on projects which have been conducted in Qatar, a few are from other countries such Oman, Tunisia, and the UK. Regardless of origin, they all hold strong potential to be implemented elsewhere in the world. The key aspects they cover include quality and safety, applied improvement, improvement science, leadership, sustainability, innovation in healthcare, person-centred care, flow, value improvement, and population health.

Improvement stems from learning, framed as the Model for Improvement and based on Plan-Do-Study-Act (PDSA) cycles [4]. PDSA cycles have also been termed the Shewhart Cycle for Learning and Improvement [5], and allow rapid small tests of change that lead to learning; whether the change results in improvement or not (which is equally helpful feedback in the process of learning and improvement). Many examples of this are presented here, and over the ten years of MEF, abstract and poster content has evolved, just as the PDSA cycle evolved from the roots of scientific thinking in the 17th century to the 20th century via Dr Walter Shewhart, Dr W. Edwards Deming, and Dr K. Ishikawa [6].

The lessons learnt are that it is always possible to make improvements in all aspects of our work and that includes not only when delivering direct patient care, but also in many other aspects of our duties, such as scheduling and the use of physical resources. Teamwork is key for improvement work, and this collection of abstracts exemplifies the many multi-disciplinary efforts in improving healthcare.

For example, Logrono et al. describe applied improvement science to prevent "never-events" in contributing to a High-Reliability Organisation [7]. Mendoza et al. bring the taste of improvement to the use of the Swiss Cheese Model in reducing medication errors [8]. Even considering the reduction in supply costs contributes to the value of healthcare. Every little improvement counts, as demonstrated by the work from Banat et al. who focused on stationery supplies [9] and Gellego et al. who reduced costs of blood gas testing in their institution [10]. 'Time is money' so increasing the number of patient discharges within two hours of discharge order brings another improvement in value by Gellego et al. [11]. Similarly, Alfuqaha

et al. reduced patient length of stay in their Emergency Department, hence improving capacity [12].

Elajez et al. addressed the 'over-labelling' of patients as allergic to penicillin, contributing not only to patient safety but also clinical effectiveness [13]. Bakry et al. improved the rates of patients returning to work through day-care rehabilitation [14]. "Lean" tools and approaches can play a key role in quality improvement as demonstrated by several authors, including Mustafa et al. who used such strategy to reduce supplies waste and cost in the context of paediatric inpatient encounters [15]. Al Ajmi et al. applied 'Lean' to reduce the cost of MIBG (nuclear imaging) scans [16] and Farhat et al. implemented a simplified process to reduce the time to report safety incidents [17]. Laughton et al. analysed all posters presented during the 2023 MEF and confirmed consistent findings regarding the inclusion of 'Quality Tools' ultimately confirming that it is also an area which would also benefit from continual improvement [18]. These few examples demonstrate that there is always an opportunity for further improvement.

References

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