



Healthcare Organization Commitment

Contact Details

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Position

Chief Operating Officer

Organization Name

AL JALILA CHILDREN'S SPECIALTY HOSPITAL

Organization Address

P.O. Box 7662 , Oud Metha

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Dubai, 7662

United Arab Emirates

Commitment Details

How many hospitals are represented in this commitment?

Last Report	Current
1	1

Action Plan

As a new organization and the first Pediatric stand-alone hospital in the UAE and the gulf region, Al Jalila Specialty Children's hospital's commitment to safe, quality care and positive outcomes for our children and their families is foremost. Fundamental in achieving that

effort is building a foundation that embodies a 'Culture of Safety'. The promotion of a culture that at all levels of the organization continuously measures progress in patient safety, identifies and mitigates risks, and encourages shared accountability; a culture that demonstrates a commitment to the provision of safe, effective, timely and equitable care for children, and an exceptional child and family experience. In establishing a 'Culture of Safety' implementation of the following initiatives is necessitated: 1. Review, revise and update the existing Quality Plan - focusing on robust, efficient and effective processes in which to achieve the goal of a high reliability organization. 2. Seek approval of the Quality Plan from the AJCH Leadership Executive and the AJCH Board of Directors 3. Confirm approval for the Quality and Patient Safety Department budget and Organization chart 4. Develop and seek approval for job descriptions for approved Quality and Patient Safety Officers 5. Develop a Project Plan (Gantt chart) with clear goals, action plans inclusive of timelines for implementation of the comprehensive Quality Plan. 6. AJCH to support and implement education and 'walk the talk' on the organizational commitment to a 'Just Culture' (No blame). 7. Establish a 'Good Catch' program to recognize and reward the reporting of near miss adverse events or significant system issues. 8. Develop a comprehensive reporting structure for external/internal reporting inclusive of a bi-directional feedback to clinical and non-clinical staff. 9. Establish an Executive Quality Safety Committee with interdisciplinary representation accountable to the AJCH board to oversee individual department established action plans for patient and families, staff and visitors safety activities throughout the organization (monthly) 10. Establish an interdisciplinary Quality working group (weekly) for bi-directional feedback communication, review of events and issues of concern at unit, departmental and organizational level. 11. Weekly organizational safety rounds that include members of the executive leadership 12. Daily Safety Huddles to promote transparency, teamwork and real-time review of safety events 13. Establish a comprehensive Unit Based Safety Program (CUSP) 14. Provide ongoing patient safety education to clinical and non-clinical staff

- o Procure membership with Institute of Health Improvement (IHI)
- o Institute of Health Improvement (IHI) Open School of Learning (self-learning modules)

15. Procure an electronic software Adverse Event Reporting System:

- o A Request for Information (RFI) will commence within the next one month
- o Development of 'Requirements' for the software is required for comprehensive evaluation of vendors
- o Establish an interdisciplinary evaluation team (end users)
- o Through the use of Webinars and a 'weighted' evaluation scoring system evaluation of a minimum three (3) vendors will commence.
- o Once an Adverse Event software program (e.g. Datix, RL Systems etc.) is chosen, the procurement process (RFI) will commence.
- o Once procured, the Quality Department will provide education in the form of in-services to all relevant end users.
- o Superusers will also be sought to champion and support any ongoing issues for end user staff.

16. Provide awareness / education on Change Management: 17. Approval will be sought for implementation of a standardized hospital wide communication tool e.g. 'Team STEPPS' 18. Secure Human Resource policies to promote and protect staff from retaliation e.g. Code of Conduct, Whistle blower, Dignity at Work, Grievance, and Confidentiality 19. Ensure all Framework of Care documents e.g. Policies, Clinical Practice Guidelines, Care Pathways and Procedures are developed in accordance with evidence based or best

practice and aligned to Joint Commission International Standards.

Commitment Update

Year End Progress Report: In establishing a 'Culture of Safety' implementation of the following initiatives is necessitated: 20. Review, revise and update the existing Quality Plan - focusing on robust, efficient and effective processes in which to achieve the goal of a high reliability organization. A year-end report for the Quality Department is underway much of which will mirror the initiatives implemented below and based on accomplishments and working underway, the Quality Plan will be revised for 2019. 21. Seek approval of the Quality Plan from the AJCH Leadership Executive and the AJCH Board of Directors As 2018's report was already approved, this will be done for the 2019 Quality Plan Report. 22. Confirm approval for the Quality and Patient Safety Department budget and Organization chart Completed inclusive of Job descriptions 23. Develop and seek approval for job descriptions for approved Quality and Patient Safety Officers- Completed 24. Develop a Project Plan (Gantt chart) with clear goals, action plans inclusive of timelines for implementation of the comprehensive Quality Plan. Completed 25. AJCH to support and implement education and 'walk the talk' on the organizational commitment to a 'Just Culture' (No blame). 26. Establish a 'Good Catch' program to recognize and reward the reporting of near miss adverse events or significant system issues. To be implemented in 2019 as it will be incorporated with the electronic Event Reporting System. 27. Develop a comprehensive reporting structure for external/internal reporting inclusive of a bi-directional feedback to clinical and non-clinical staff. External reporting is conducted with our regulatory body monthly and quarterly dependent on information requirements. Internal data KPI's is publicly displayed and communicated via monthly reports, and through unit based Quality champions. 28. Establish an Executive Quality Safety Committee with interdisciplinary representation accountable to the AJCH board to oversee individual department established action plans for patient and families, staff and visitors safety activities throughout the organization (monthly) Delayed until 2019. 29. Establish an interdisciplinary Quality working group (monthly) for bi-directional feedback communication, review of events and issues of concern at unit, departmental and organizational level. The focus this year has been to initiate and or solidify the foundational structure. Quality Champions for each clinical area and those for non-clinical areas are being reviewed and commencing 2019 regular meetings will be underway with a communication strategy set into place. Key to this will be the implementation of the electronic event reporting system as having a manual system is cumbersome, difficult to maintain and obtaining reliable data is a challenge particularly when resources are slim.. 30. Weekly organizational safety rounds that include members of the executive leadership. Environmental Safety Rounds have and continue to be been conducted on all clinical areas with one unit being done per month. A report with items identified, action plans is sent to the department head and displayed for all staff to view. 31. Daily Safety Huddles to promote transparency, teamwork and real-time review of safety events. These are being conducted twice daily early am and late afternoon to identify any staffing or other issues of concerns. The huddles are well attended and have proven to be an effective mode of communication. 32. Establish a Comprehensive Unit

Based Safety Program (CUSP). Postponed until 2019 but the Pediatric Surgical floor will be a trail of CUSP with the Nursing Manager having experience in conducting a CUSP. 33. Provide ongoing patient safety education to clinical and non-clinical staff

- o Procure membership with Institute of Health Improvement (IHI)
- o Institute of Health Improvement (IHI) Open School of Learning (self-learning modules) Procured but due to the high priority of other projects the Open School or Learning initiative will take effect in the first or 2nd Quarter of 2019.

34. Procure an electronic software Adverse Event Reporting System:

- o A Request for Information (RFI) will commence within the next one month
- o Development of 'Requirements' for the software is required for comprehensive evaluation of vendors
- o Establish an interdisciplinary evaluation team (end users)
- o Through the use of Webinars and a 'weighted' evaluation scoring system evaluation of a minimum three (3) vendors will commence.
- o Once an Adverse Event software program (e.g. Datix, RL Systems etc.) is chosen, the procurement process (RFI) will commence.
- o Once procured, the Quality Department will provide education in the form of in-services to all relevant end users.
- o Superusers will also be sought to champion and support any ongoing issues for end user staff.
- o Electronic Event Reporting software has been procured for Risk Event and Patient, Family and Visitor Feedback. Currently we are working with the company localizing the product nomenclature etc to our healthcare environment. Full implementation is anticipated to take approximately 6-8 months.

35. Provide awareness / education on Change Management: Postponed 2019

36. Approval will be sought for implementation of a standardized hospital wide communication tool e.g. 'Team STEPPS' Currently we have two TeamSTEPPS Master trainers and are actively seeking to onboard more. If not possible the plan will be to educate current staff to Master Trainers thus enabling provision of the program in the 2nd QTR 2019.

37. Secure Human Resource policies to promote and protect staff from retaliation e.g. Code of Conduct, Whistle blower, Dignity at Work, Grievance, and Confidentiality. A total of 20 HR policies have been completed and are in process of being socialized to all staff.

38. Ensure all Framework of Care documents e.g. Policies, Clinical Practice Guidelines, Care Pathways and Procedures are developed in accordance with evidence based or best practice and aligned to Joint Commission International Standards.

- o A new and separate Policy and Procedure template has been introduced for as by definition policies and procedures serve different purposes thus enabling succinct information to the end user. The template includes Compliance references e.g. JCIA, CAP etc., Reference List, Measures of Compliance (where indicated).
- o Standards of Care for each Nursing Service for example: Critical Care, Outpatient Department, and the Emergency Department have also been developed. SOC streamline common standards across all services based on clinical condition rather than location and delineating standards unique to each service e.g. Perioperative.

*Additional Accomplishments:

1. College of American Pathologist (CAP) accreditation attained April 2018
2. Scheduled for March 3-7th JCIA Pre-Assessment Survey
3. With the continued work on implementation of our electronic medical record, documentation and issues for the ordering and sending of Lab specimens has been a challenge necessitating for the former education sessions and for the latter, a Performance Improvement Project.
4. A standardized Medication Calculation software program to assess staff's ability to calculate drugs has been procured and will be introduced in early 2019.
5. A

Staff Competency Framework program is being developed across the Nursing and Allied Health Service. 6. General and Nursing Orientation has been revamped moving it from one of passive learning to active learning/participation. 7. Identification of members (parents) for a Patient Advisory Council. Planning and incorporation of Patient Advisory Council membership to be discussed Jan/Feb 2019. 8. Implementation of Executive Leadership Workarounds held monthly. Minutes of the meeting and action items are reviewed and feedback provided to the attendees and unit. 9. Clinical (Key Performance) Indicators have been reviewed and where necessary revised with representatives from each clinical and Non-clinical area. Re-formatting of the KPI's have been done and rather than using static Quality boards as we have in the past we are endeavoring to upload the information and display digitally for unit chosen and key hospital wide KPI's. 10. To enhance communication, a hospital wide Intranet is underdevelopment via SharePoint. This will also enable the internal review and publishing of Policies and Procedures as well as maintain version history 11. Key Committees initiated: o Pharmacy and Therapeutics Committee o Medical Executive Committee o Bereavement and Palliative Care Committee o Child Protection Committee

Other

Challenge 1 - Culture of safety

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome

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Impact Details

Initial Commitment	Commitment Update	Project Next Year
Lives Lost 8	Lives Lost 13	Lives Lost 13
Lives Spared Harm Target 0	Actual Lives Spared Harm in last 12 months 0	Lives Spared Harm Target for following calendar year
Lives Saved Target 0	Actual Lives Saved in last 12 months (might differ from initial target) 0	Projected Target of Lives Saved for following calendar to try to finish commitment

	New Lives Lost (lives lost – actual lives saved)	
	13	

Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.