Brief Summary
of Main Contributions

❑ A model driving the change. Structured framework for transformation

❑ Macro ad Micro systems approach: Benefits and drawbacks

❑ Detailed explanation of each of the 10 elements of the model for system transformation and their effect on system and facility/unit outcomes

Opportunities for Improvement

❑ Linking the model elements to successful collaborative practice

❑ Identifying challenges to the implementation of collaborative care

❑ Addressing and evaluating the contribution of the already existing collaborative processes required by JCI standards

JCI's Requirement,
Example: Integrated Patient Record

❑ **Outcome**: Real time communication between healthcare providers, leading to clear awareness of patient condition and progress

❑ **Challenges**:
  ➢ Comfort zone: Old practice, Drs., nurses, and other health professionals used to have their progress notes separated
  ➢ Didn't see the benefit of integrated notes

❑ **Success Factors**: (10 elements of the model)
  ➢ _Leadership_: Persistent commitment
  ➢ _Education/training:_ & explanation of benefits
  ➢ _Supervision_: Open and closed chart audits
  ➢ _Organizational support_: Monthly Nurse Manager/ Physicians meeting to tackle their concerns
  ➢ _Information access_: Every HCW can access the notes of others
  ➢ _Patient safety systems_: Real time communication tool that reduces medical/medication errors

JCI's Requirement,
Example: Integrated Care Plan

❑ **Outcomes**: Holistic approach to patient care; patient-centered care; facilitates communication; fosters team synergy; sets goals, and desired outcomes; ensures assignment of responsibilities and accountabilities; and consistent approach for a comprehensive care plan

❑ **Challenges**: Difficulty to find suitable time for team members to meet for every patient; no standardized protocols; time consuming

❑ **Success Factors**:

  ➢ _Leadership_: Commitment / incorporated ICP adoption in the individual and departmental performance evaluation

  ➢ _Standard protocols and procedures_: Use of templates

  ➢ _Training and education_ on the use and benefits for each discipline

  ➢ _Supervision_: Continuous auditing

  ➢ _Coordination_ in _care planning and delivery_, setting goals for all HCW

  ➢ _Workforce management_: Physician role as clinical leader

  ➢ _Team structure and dynamic_: All HCW involved in patient care are team members, perceiving their role as important/vital

  ➢ _Information access_: Improvement in communication

  ➢ _Patient experience_: Patient and family involvement in treatment and care

JCI Requirements
Example: Interdisciplinary Patient Rounds

❑ **Outcome**: Improve quality, safety, and patient experience
  ➢ **Quality**: By enabling members to offer their expertise
  ➢ **Safety**: By ensuring reliable adherence to process measures and best practice
  ➢ **Patient experience**: By engaging them in their treatment
❑ **Challenges**:
  ➢ No payment scheme to compensate every member
  ➢ Time constraints
❑ **Success Factors**:
  ➢ _Leadership_ commitment / incorporated in the departmental and individual performance evaluation as a goal
  ➢ _Education_ on the benefits for each discipline
  ➢ _Organizational support_: Structured process / hospital policy
  ➢ _Supervision_: Continuous auditing
  ➢ _Patient experience_: Involvement of patient and family and sense of better care

Questions To Be Raised

❑ Where would Hamad Medical Corporation place itself on a success scale as a result of your initiative?

❑ What were the major gains of this approach?

❑ What were the major challenges faced? And how they were addressed?

❑ How did a predominantly expatriate workforce fit into all of that? A challenge or facilitator?