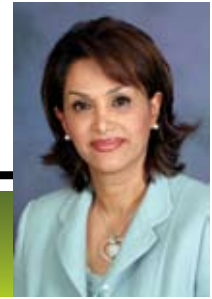




News Bulletin

Vol. (1) April 2006



Minister's reflections

Dr. Nada Abbas Haffadh
Minister of Health

The MoH had a challenging agenda in 2005, focused on assessing how healthcare is delivered today and defining priority improvement areas across the healthcare system. We then developed an action plan for 2006, with the twin objectives of ensuring that our patients have fair access to quality health care and that MoH offers a satisfying experience to our health professionals. Over the past months, specifically-assigned MoH teams and units have been implementing improvement programs in several areas, including primary health care, SMC outpatient clinics, A&E, and ICU. For our staff, we have implemented various training programs and introduced the new cadre as a gesture of appreciation for the doctors' effort in availing the best health care.

MoH has issued 300 permanent contracts for residents and trainees and implemented a new cadre for the academic staff of Medical Science College to upgrade the conditions of the efficient Bahraini employees. Phase 1 of the new nurses cadre is being implemented as part of a continuous development process to cope with future health care demand.

Forming the Health Enhancement Council is another strategic step towards planning and co-operating with social entities for better health care.

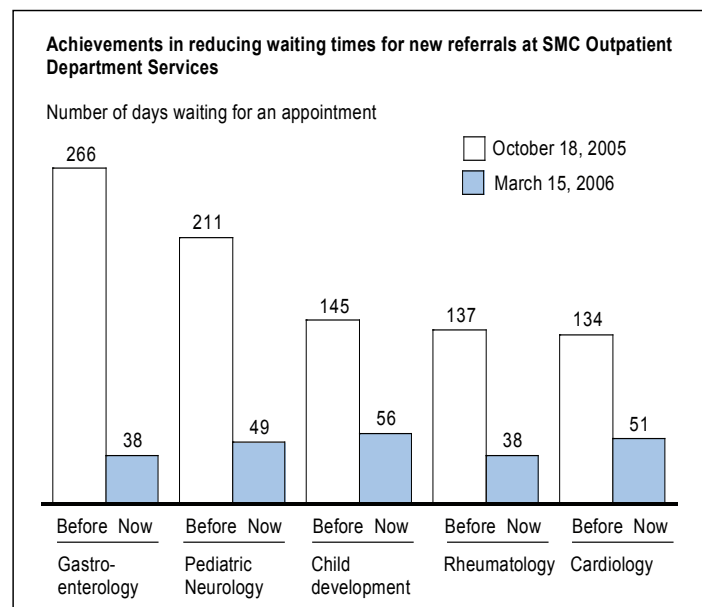
I hope you will find in this newsletter satisfactory news about the efforts and success of some of the teams at the MoH who are working together as one team to serve our patients and to improve the working environment. In addition, we need the cooperation of our patients and the community as a whole, as well as the support of our esteemed colleagues from the Shura and Representatives Council, Governorates and Municipal Councils, to help us establish a "Community of Care".

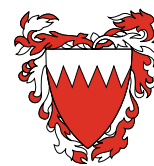
Outpatient Department SMC

More than 85% reduction of waiting times

Long waiting times for new referrals to SMC outpatient department (OPD) called public attention in 2005, creating high levels of patient and clinician dissatisfaction.

For example, waiting time for new referrals to SMC gastroenterology OPD was 266 days, pediatric neurology was 211 days, and cardiology was 134 days. MoH therefore created an outpatient initiative, including SMC consultants, nursing, administration and medical records. The team started its work by conducting interviews with the staff working in the OPD department, investigating the specific problems of the different subspecialties, and testing potential solutions. Supportive data analysis were conducted by the OPD staff. (cont. page 2)





Outpatient Department SMC (cont.)

Following the diagnostic phase, the team focused its efforts in the OPD on those specialties which had the longest waiting lists last year and thus needed support most urgently.

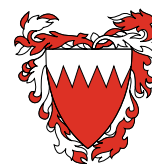
Thanks to great efforts of the team and the involved consultants and nurses, we have achieved dramatic improvement over the last two months! We have reduced waiting times for new referrals between 50-85%. For example a newly referred patient to SMC gastroenterology now gets an appointment in 38 days as opposed to 266 days. Similar gains have been achieved across the five specialties that formerly had the longest waiting times. To deliver this improvement, the team overcame multiple obstacles (e.g. lack of rooms, lack of senior residents etc.), opened additional clinics, and increased the number of patients seen per clinic. Over the past several weeks, medical records have been calling patients at home in the afternoon to inform them that their appointment is rescheduled to a much earlier date. In addition, appointment slots of patients who have seen another doctor in the meantime are cancelled and given instead to patients who are still waiting to see a specialist. The team plans further improvements to OPD in the coming weeks. Currently, around 40% of all patients at OPD do not show up for their appointments, blocking the appointment slots for patients who really need care. The team is therefore now focusing on establishing a permanent call center for outpatients – this call center would remind patients of their appointments in the week before, as well as reallocate available slots to

patients who are waiting for an appointment at SMC. The team is also focusing on improving co-operation between SMC OPD and Primary Care. Currently many patients keep returning to their SMC doctor even though they could be discharged and treated by their family physician at the health center. One of the main drivers of this trend is that patients have difficulty obtaining their medications at the health centers and so come to SMC for this explicit purpose. We are now working towards ensuring that relevant drugs are available at the health center in order to enable our consultants to discharge patients to health centers.

The team wants to thank all the involved staff – consultants, nurses and administrators – for the great efforts and support in analyzing the situation, proposing solutions, and most of all, making the change happen. There is a lot more to do and we are counting on your continued support. Your experience and ideas are most welcome at any time as we improve OPD!

Team members:

Dr. Adel Jishi, Dr. Ali Alekri, Dr. Ali Mirza, Dr. Fareed Saloom, Mrs. Fatima Abdul Wahed, Dr. Sameer Al Arrayed, Mr. Sameer Allawi, Mr. Shawqi Skinner, Mr. Susil Kumar



Primary Care

Right care at the right time

MoH is undertaking multiple initiatives to improve the quality and efficiency of primary care in Bahrain. In addition to opening all Health Centers in the afternoon by the end of 2006 (Budayia opened afternoon hours end of January, Hamad Town opened end of February, Hamad Kanoo and East Riffa opened end of March), MoH launched an improvement pilot in February at Sheikh Sabah Health Center which will ultimately be rolled out to all Health Centers by the end of 2006. A team of about 15 physicians, nurses, and administrators, diagnosed the current performance of Sheikh Sabah HC through data analysis, day-to-day observations, workshops, expert interviews and community consultation. For example, on January 25 the team met all HC section heads for an introductory workshop; the team met the Governor of the Capital governorate, Shaikh Humood Abdulla Alkhalifa, the Municipality Council for Manama, and Shaikh Sabah Health promotion committee; they visited seven community groups and held a two-day workshop with a primary care expert from the UK.

The diagnostic phase revealed multiple improvement areas, including:

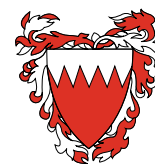
- Patients spend up to 70% of their time in the HC waiting to be seen
- While the average consultation time is close to 6 minutes, a large number of patients is seen for less than 4 minutes
- Physicians and nurses are rushed and have less than one minute per visit to engage in preventive care or health education

- Additional challenges included logistics (e.g., patient file is missing at the start of the appointment), poor communication (e.g., patient is not told the exact time of his appointment), and weak patient discipline (e.g., patient is late) and administrative burden on medical staff cut into valuable treatment time of patients
- No comprehensive list of clinical and non-clinical quality indicators are continuously measured, making it difficult to track performance

In order to ensure that HCs deliver “the right care at the right time”, the team developed the following solutions:

- Active encouragement of pre-bookings through follow up appointments and phone calls
- Pro-active patient direction (e.g., direct referral to the nurse treatment room for minor treatments) and patient prioritization (e.g., patients with high fever are given priority for doctor appointments) by qualified triage nurses. The same guidelines are applied for walk-in patients and patients that call for appointments
- New communication and process rules (e.g., patient is told exact appointment time and is informed to come 15 minutes early) as well as clear assignment of responsibilities between HC staff to improve organizational flows in the HC
- A comprehensive quality management system with key clinical and non-clinical performance indicators that are measured and analyzed regularly (cont. page 4)

The team has been piloting the above initiatives in Sheikh Sabah since March 13.



Primary Care (cont.)

To prepare patients and the community for the improvement initiatives, the team has spent significant time and effort on communication and patient education – for example, posters and flyers explaining the new healthcare initiatives have been widely distributed in the HC and across the Sheikh Sabah community. (see below)

In April, the project team will move on to East Riffa, the second pilot HC. In the meantime, the team will also approach all other HCs to start diagnosing their current situation based on the diagnostic approach developed in Sheikh Sabah. We thank everyone for their great participation and support to deliver better primary care to Bahrain!

Team members:

Dr. Awatif Sharaf, Mrs. Seema Zainal, Dr. Sameera Al Sairafi, Mrs. Seham Alrashid, Mr. Mohamed Ahmed, Dr. Samar Sallom, Dr. Manal Al-Alawi, Mrs. Elham Naser, Mr. Adel Abdulla, Dr. Fahima Al-Mutawa, Mrs. Jacklin Swar, Ms. Mona Omran, Mr. Abdul Jalil Al-Ali, Mrs. Khetam Omran, Ms. Mariam Naser, Ms. Nazha Abbas, Mrs. Fatema A. Wahid, Dr. Bahia Al Assomi, Dr. Abbas Al Fardan, Mrs. Raja Al Orrayedh, Mr. A. Samad Muftah, Mr. S. Dhiya Alawi, Mr. Salman Shehab, Mr. Fareed Zubari, Mr. Mohd Khalil, Dr. Hala Sulaibeikh and all staff at Shaikh Sabah HC.

Right CARE

At the

Right TIME

• In Sheikh Sabah Health Centre from March!

• You will be informed when it is your Health Centre's turn

Get immediate assessment and access to care

A triage nurse will assess your health problem and refer you to the right care

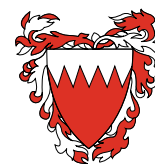
A call service will be put in place for you to get the right care

Pre- book your appointment up to one week in advance

All Health Centres will be open in the afternoon

You must pre- book to take advantage of the afternoon services

Kingdom of Bahrain
Ministry of Health



A&E

Continuous improvement plan

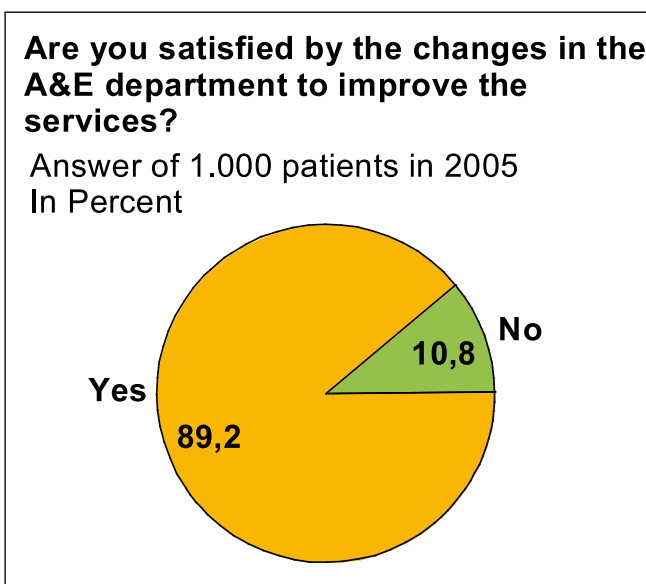
The A&E department has witnessed in 2004 and 2005 good progress towards upgrading services for patients:

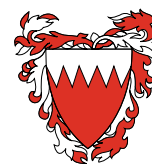
- The triage waiting time was reduced from 45 minutes to immediate care upon entry
- The number of beds in the department increased from 38 to 96
- Any patient arriving in A&E with myocardial infarction is now immediately administered with thrombolysing drugs following an ECG. This decreased the mortality rate for this type of admissions by 21.5% in 2005
- The department has facilitated abroad training programs for 14 doctors and nurses; 4 doctors passed from the final Arab Board Exam in ER medicine which is the first time in Bahrain and will be send abroad for further training
- The department made major investments, e.g., it purchased a digital x-ray machine and state of the art ventilators and defibrillators. With support of the Maintenance and Engineering Department two existing rooms were transferred into isolation rooms, two automatic doors established, reflecting sheets fixed on the main door to provide privacy and the previous waiting areas expanded and utilized for patient care
- In 2005 the Disaster Medical Assistant System was established, adding more creditability to the A&E Department. Its main mission is to set and improve the preparation and response of the Ministry of Health in handling disasters and crises
- A website was launched about the A&E department to inform about its activities

Today the A&E department compromises of 209 employees (92 nurses, 45 doctor, 72 allied) which will be increased up to 305 by end of 2006.

We would like here to thank Dr. Nabeel Al-Ansari and all the A&E team members who have contributed to the development of services

A survey to measure the patient's satisfaction of A&E performance in 2005





ICU (Intensive Care Unit)

Critical care continuous improvement plan

Many steps were initiated by the Ministry of Health to reduce the severe shortage of ICU (intensive care unit) beds and personnel in critical care.

With the opening of the new pediatric ICU unit in 2005, ICU beds have increased to 11 beds for adults and 8 pediatric beds; intensive care units are equipped with modern ventilators and advanced monitoring equipments. Many drugs have been provided and approved for the ICU unit to deliver the best quality care. Currently, three consultants and three resident are committed to the ICU (increased from one consultant and one resident). Furthermore just recently there have been six positions approved for the respiratory therapy department enabling the coverage of all critical care patients areas in all shifts. In addition to increased number of beds and personnel, around 22 nurses and physicians underwent specific training courses from the department during the last year.

To increase the ICU capacity and services, 2.7 million BD have been approved by the government to add more ICU beds reaching 30 beds. The project is in the phase of preparing the tender documents.

We would like here to thank the ICU team members who have contributed to the success achieved:

Dr. Hassan Al-Toublani, Dr. Adel Bu Cheeri and all staff.

Family Physicians Residency Program

The Family Physician Program has witnessed key developments in training and activities. 20 trainees joined the Program during 2005, 12 have graduated by January 2006 and 8 of them have obtained the Arab Council Fellowship as specialists in family and community medicine. Up to now 201 physicians have graduated from the Family Physicians Program in Bahrain.

A dedicated web site was also established to make information about the Family Physician Program available. Many scientific papers were published all over the year such as “osteoporosis in Bahrain for women aging 45-75” and “difficulties and obstacles family physician face in treating sexually transmitted diseases”.

In addition, members of the Family Physician Program have participated in mid-year profession practice license exams.

The Program trainers have conducted multiple workshops and study courses throughout the year in cooperation with consultants of the Ministry of Health and Arabian Gulf University, the Royal College of Surgeon in Ireland and the College of Medical Sciences.

Doctors have also attended some courses and conferences abroad such as the Family Medicine Conference and Primary Health Care Conference in Lebanon.



Human Resources

In 2005, a new doctor’s cadre was approved by the Cabinet budgeted at 4.5 million BD. It states that all doctors in the MoH will be categorized to one grade and three ranks with not less than 15% increase in basic salary and allowance. This should be implemented from July 2005.

Around 1000 doctors (including medical physicians and dentists) will benefit from this cadre.

The new cadre shows the concern of the leadership towards improving healthcare for citizens through improving the status of health care sector employees.

Vision

“To improve the health of population in Bahrain by partnership with stakeholders, in order to provide accessible, responsive, high quality service for all through their lifetime.”

In the next edition

- Improving Primary Care & Hospital services.
- Improving non-clinical services (cleaning, catering, security, transport and laundry)
- Preparing for health insurance for non-Bahrainis

Feedback?

Do you have any feedback on this newsletter, our initiatives or in general?

Please email us

aabdulla7@health.gov.bh

or

mmanaseer@health.gov.bh

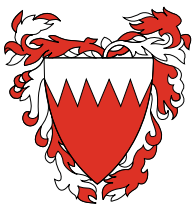
Mission

“To ensure the provision of evidence-based care at all levels based on efficient use of resources and encouragement of personal responsibility for health.”

Facts – Workforce MoH, end of 2005

PROMOTIONS 40%	3210
INCENTIVE STEP 9%	686
QUALITY STEP 8%	634
NEW APPOINTED	419
RESIGNATIONS	178

CATEGORY	TOTAL	BAHRAINI		NON BAHRAINI	
		MALE	FEMALE	MALE	FEMALE
PHYSICIANS	928	339	415	124	50
DENTISTS	98	31	63	2	2
NURSING STAFF	2389	185	1333	47	824
ALIIED HEALTH	834	219	527	55	33
OTHERS	3747	2375	1275	47	50
TOTAL	7996	3149	3613	275	959



WITH REGARDS

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