

# KASCH Newsletter 2020

Issue 1,  
January 2021

Kingdom of Saudi Arabia  
Ministry of National Guard- Health Affairs  
King Abdulaziz Medical City  
King Abdullah Specialized Children's Hospital



## Pathway To Success

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# Message from **DEPUTY EXEC. DIRECTOR, MEDICAL SERVICES, KASCH**

It is with great pleasure to share with you our first KASCH Newsletter to acknowledge and celebrate the significant achievements of different Departments and Services at King Abdullah Specialized Children's Hospital.

We all know that Year 2020 was a tough year for the Healthcare system worldwide. Nevertheless, our staff managed to continuously deliver high quality care to our valued patients evident by many quality improvement projects and programs that have been enhanced and established.

In addition to providing high quality care to our patients, establishing new programs and interdisciplinary collaborations, our staff continued to contribute to the advancement of our knowledge through scholarly work manifested by accomplishing 250 publications in Year 2020 alone.

This inaugural KASCH Newsletter does not include all the achievements and accomplishments of our teams but we highlighted the outstanding and excellent work and efforts that our staff have initiated for making MNG-HA, the organization we are all proud of. We hope to share more news and successful stories of KASCH in our future publications.

I would like to extend my appreciation to all KASCH Staff, the Editorial Board and most especially to our patients who trusted us and the efficiency of our healthcare system.

My very best wishes to all.

*Prof. Abdullah Al Mutrafy*



# Ambulatory CARE CLINIC

- 1 Clinical Structures have been modified for most of the Departments in KASCH with redistribution of first visits and Follow-ups according to the sections in clinic's patients load.
- 2 The clinic was redesigned which assists in better utilization of clinic slots and increased number of new patients that can be seen within 4 weeks from the referral date.
- 3 In collaboration with BESTCare Enhancement Committee, the booking system was extended to 6 months which lead to more confirmed appointments of patients during the clinic visits.
- 4 In pursued to improve patient scheduling and effectively reduce no show rates, directions on how to accomplish this task was provided to all MDs covering the clinic which includes a PDF file and info-graphic demonstration shown below:

- 5 Waiting List Report for Outpatient Clinic in KASCH

The successful clearing of ACC-KASCH waiting list for the year of 2020, ensured that all patients received the required appointments (ZERO waiting list) based on the report released in November 2020. By May 2021, almost 96% of patients in the waiting list will receive the requested appointments while the remaining 4% of patients will receive the requested appointments through newly opened clinic slots.

- 6 4 -7 Weeks access to care 71% of all accepted new referrals to KASCH medical specialties received appointments within 4 weeks from the referral date according to our recent report. 98% of the accepted referrals received confirmed appointment. 57% of all accepted new referrals received fixed date appointments within 4 weeks from the referral date.
- 7 Activation of the virtual clinic for most of the medical specialties in KASCH which helped in minimizing unnecessary visit of the patients and better utilization of clinic slots.

**Outpatient Schedule Search**  
Appointment, Referral and Workup

**What should I Do Before ordering next visit or referring my patient?**

- 1 Check Patient future appointments and dates of the labors of the case early on.
- 2 Check Patient's schedule and add it to your favorite.

If you receive Alert Message indicate and appointment cannot be processed. Check the patient to Patient Services Office.

**How to add icon to your Favorite Menu?**

- 1 Open the Menu which is on the left upper part of the screen (see screenshot).
- 2 On the first area type for word schedule appointment here.
- 3 From the application by clicking on the icon, the screen will change to the screen.

**Why Should I Check The Patient's Schedule?**

- 1 Avoid Unnecessary Visit Creation
- 2 Improve Patient No-Show Rate
- 3 Keep The Slots Available for other patients
- 4 Decrease unnecessary referrals and this will decrease rejection rate
- 5 You can have a full picture about patient's journey in the hospital from admission (ER visit, outpatient visit, future and past) and specialties involved in patient care
- 6 To avoid unprocessed order due to Eligibility Issue



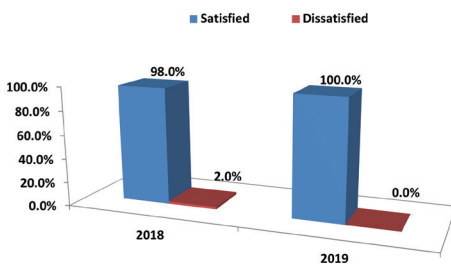
# ANESTHESIA

## Pediatric Acute Pain Service (PAPS)

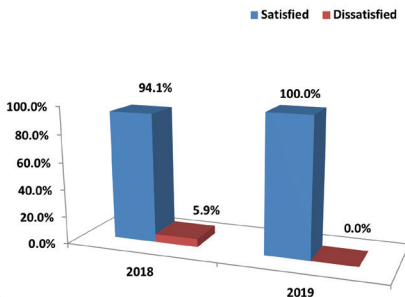
PAPS is considered the first pain service specialized for children in the Kingdom which aims to be the center of excellence.

PAPS is experimenting different analgesics modalities. Continuous morphine infusion (CMI) was the first to be implemented for medical and surgical pain. Patient Controlled Analgesia (PCA) and regional analgesia will be implemented within the next 6 months.

*Pain management satisfaction rate for pediatric patients KAMC/KASCH-RD*



*Pain management satisfaction rate for pediatrics' parents in KAMC/KASCH-RD*



# BED MANAGEMENT

## Same Day Admission (SDA) for surgical cases

SDA for surgical patients was established in June 2018. The pathway of admission of elective surgical patient through SDA helped in increasing bed turnover rate, limited admission of patients to surgical wards for pre-workups and allowed for planned allocation of post-op beds ahead of time, which helped significantly in decreasing LOS and improved beds availability for more acute cases.

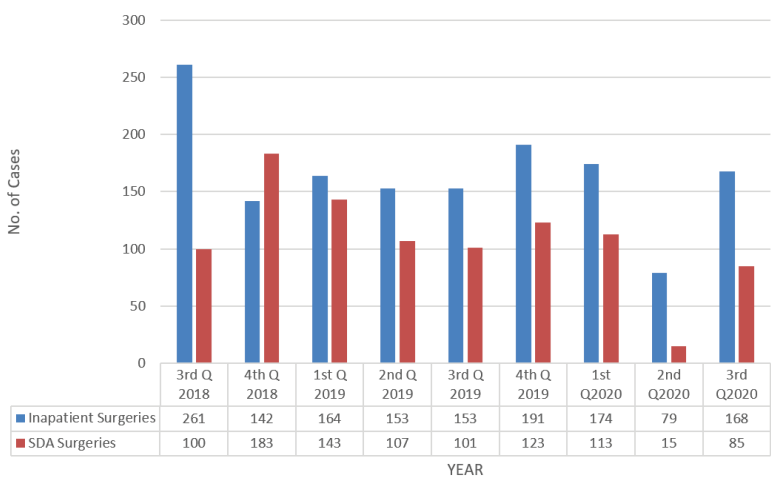
## “Home Sweet Home”

**Problem:** Discharged patients blocking beds as they are waiting for discharge medications, procedures, last dose of antibiotics, or transportation, which resulted to delayed release of inpatient beds for Emergency Department and elective admissions.

**Objective:** To improve patient flow and proper utilization of beds.

**Intervention:** “Home Sweet Home” discharge lounge project was introduced to clear more inpatient beds. Bed Management assigned a senior case manager to monitor patient flow, especially when the demand for inpatient beds are high.

**Outcome:** By utilizing the DC lounge, proper utilization of beds was achieved. It helped in avoiding delays in the availability of inpatient beds for emergency department and elective admission.



# PEDIATRIC EMERGENCY MEDICINE

## Establishing (King Abdullah Specialized Children’s Hospital) KASCH Emergency Flu Screening Unit (KEFSU)

In response to COVID-19 pandemic, KASCH Pediatric Emergency Department implemented patient flow processes and treatment pathways to capture suspected COVID-19 patients and prevent the risk of cross-transmission of staff, patients and families.

KASCH Emergency Flu Screening Unit (KEFSU) was established in addition to triage and flow processes guidelines.

The KEFSU started in April 12, 2020 with 126 patients, with a dramatic increase of 1,718 in September, which accounted for 36% of the total ED visits. Capturing 100% of the suspected COVID-19 patients that helped KASCH Pediatric Emergency Department in preventing and lowering the risk of cross-transmission amongst staff, patients and families. Figure 1 compares the number of KEFSU visits with the number of discharge patients and discharge rates.

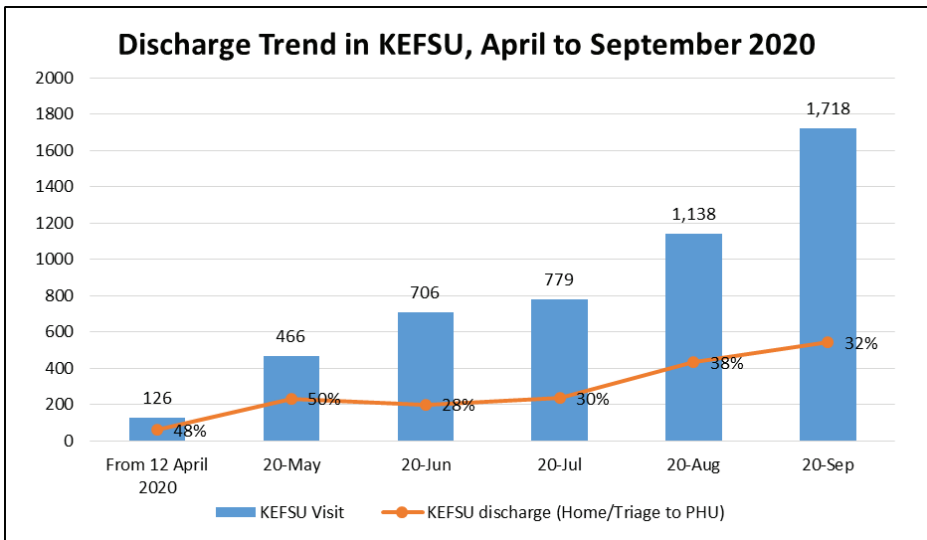
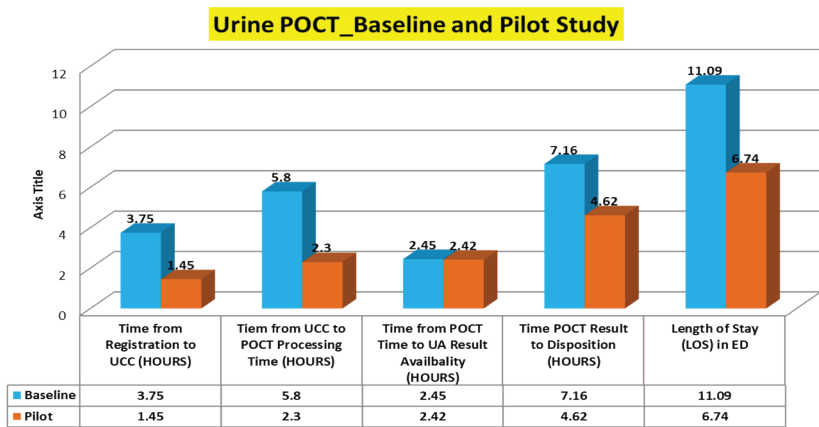
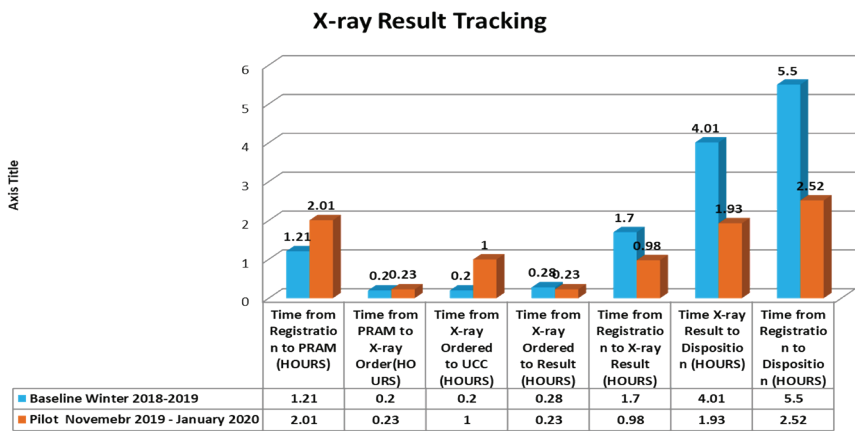


Figure 1 compares the number of KEFSU visits with the number of discharge patients and discharge rates.

# Reducing ED Patient Waiting Time by utilization of Triage Order Sets

With an intention to reduce patient waiting time of a specific pediatric group (Patients presenting to ED requiring X-rays and Urine POCT) the QI Project team will design standardized order sets (by Physicians) that will be carried out in the PRAM to expedite assessment, diagnosis and treatment.

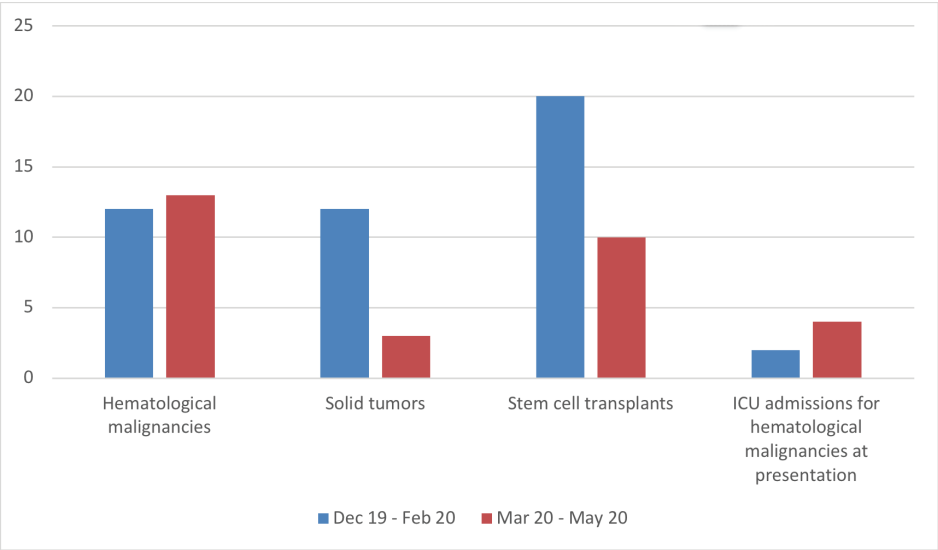


# HEALTH INFORMATION MANAGEMENT (HIM)

- 1 In collaboration with the Saudi Commission for Health Specialty (Saudi Health Academy), initiatives have been made to provide academic training for students in the Coding Program.
- 2 Introduction of an electronic system connecting MNGHA, MOF and MOI for death notice, facilitating data collection and analysis.
- 3 Electronic connection between MNGHA and MOF for IFADA systems. IFADA form has been created and is available on BestCare Staging. IFADA is ready for deployment in BestCare Production.

## DEPT. OF PEDIATRIC HEMATOLOGY/ONCOLOGY

COVID-19 affected all clinical services across the globe and pediatric oncology was no different. Despite the numerous challenges we faced, we were able to maintain essential services for our existing children with cancer, although new referrals for solid tumors were significantly affected (Fig. 1). We are slowly back on track towards our pre pandemic workload with benign pediatric hematology, elective stem cell transplant and follow ups of long-term cancer survivors.





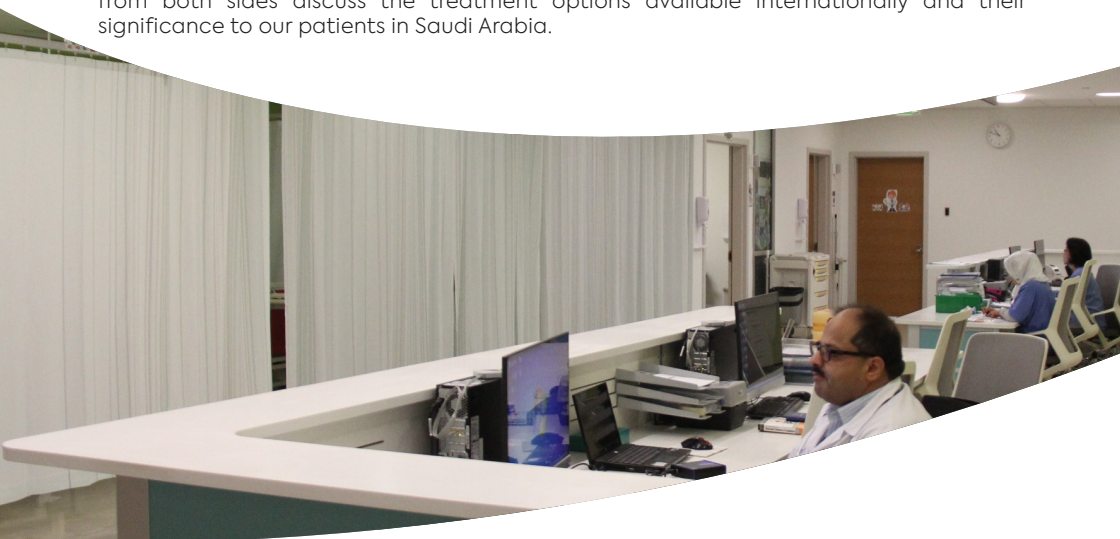
## Combining of Pediatric Oncology and Endocrine Clinic was launched earlier this year

The collaboration between these two departments has been a huge success. This will serve as a model of working together in a multi-disciplinary team towards improving our patient experience, reducing waiting time in out-patient and providing all the required services all the same time (one-stop shop model).



## Collaboration with Children's Hospital of Philadelphia (CHOP)

In collaboration with the Children's Hospital of Philadelphia (CHOP), a joint tumor board meeting was held between the two hospitals has significantly helped the department in providing advance treatment to our pediatric cancer patient suffering from rare and difficult to treat conditions. These meetings are held every other month where clinicians from both sides discuss the treatment options available internationally and their significance to our patients in Saudi Arabia.



# HOME HEALTH CARE

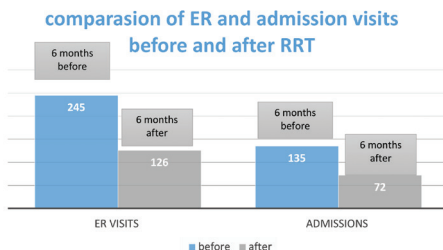
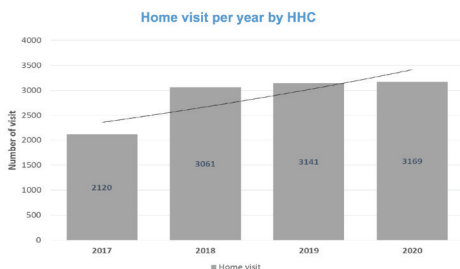
## Pediatric Home Health Care Rapid Response Team (Pediatric HHC-RRT)

HHC-RRT is a rapid response team responding to non-critical cases during working hours (8am-5pm) with a goal to support patients at home and prevent unnecessary hospital visits.

The Pediatric Home Health Care Rapid response team consists of:

- Pediatric HHC Physician
- Nurse
- Respiratory Therapist
- Patient Representative/ Interpreter

Significant decrease of ER visits and hospital admissions for home health care patients following the commencement of HHC-RRT program was observed as shown below in the figure.



## MNGHA HHC

### The start (May 2016)

- ✓ 9 patients.
- ✓ 2 services and programs.
- ✓ 8 Staff members.

1 physician	2 nurses	2 RT
1 dietician	1 patient representative	1 social worker



### The present (Jan 2021)

- ✓ 159 patients.
- ✓ +11 services and programs.
- ✓ 24 Staff members.

2 physicians	5 nurses	2 RT
2 dieticians	6 patient representatives	2 social workers
2 OT	2 administrative assistance	1 HIT



# NEONATAL INTENSIVE CARE DEPARTMENT (NICU)

## Zero CLABSI in Neonatal ICU

NICU has observed zero cases of CLABSI among our patients since 21 March 2019 to 12 November 2020, a total of 602 days of Zero CLABSI in the Neonatal Intensive Care Department.

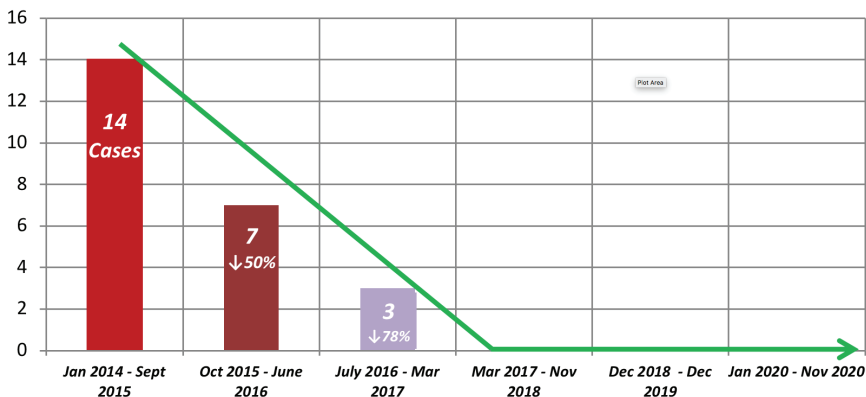
## Zero Blindness due to Retinopathy of Prematurity (ROP)

The NIC Department takes measures in preventing ROP, through close collaboration with Ophthalmology, strict monitoring of infants at risk of blindness, and adherence to screening measures and departmental policies on ROP.

Due to these efforts, the NICD was able to achieve **zero cases of blindness due to ROP for the last eight (8) years.**

## Zero Fractures in Neonatal Intensive Care Department

The NICD takes a proactive approach in the prevention of fractures among our vulnerable patients through the Neonatal Bone Health Program. This includes improvement of bone mineralization through optimization of enteral feeds and parenteral nutrition, and safe-handling training for healthcare providers and families.



Before the Implementation of the Bone Health Program

Since 21 March 2017, there has been  
**zero cases of fractures in Neonatal Intensive  
Care Department.**

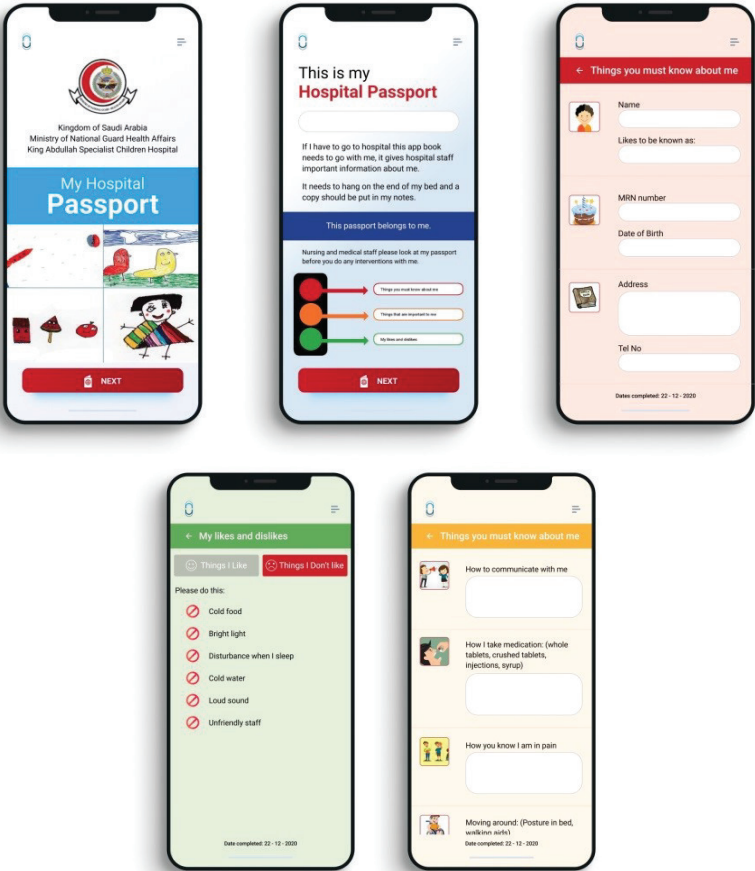
# NURSING SERVICES

The Hospital Passport communication tool for children with learning disabilities was introduced.

Passport (HP) is a document to facilitate the care of patients with learning disabilities when coming to the hospital.

This document operates on traffic light system.

The purpose of the Hospital Passport is to provide healthcare staff with information during a hospital visit, leading to individualized patient care. This supports staff to work in partnership with the patient and their parent/sitter to meet their specific needs.



# CLINICAL NUTRITION SERVICES

Clinical Nutrition Department has maintained a high quality of care during the Covid-19 pandemic through the launching of Telenutrition clinic. Patient counseling was conducted through virtual clinic. We accomplished 75% of our visits-through our virtual clinic.

- 1 Adult and Pediatric Stem Cell Transplant nutritional protocols/guidelines.
- 2 Pediatrics' Ketogenic Diet program for patients with epilepsy.
- 3 Healthy Eating and Lifestyle Modification Program for Pediatrics (H.E.L.P).



## PATIENT SERVICES (PSD)

In our precautionary efforts to prevent the spread of the Coronavirus (Covid-19), paperless appointments and alternative methods to MRN cards have been utilized with the assistance of SMS (text messages) and mobile apps.

**عزيزي المريض والمراجع**

نحن نحثكم علماً بأنه تم إيقاف طباعة المواعيد وذلك حرصاً على سلامتكم ولتطبيق الإحتراطات الوقائية ضد جائحه كورونا. سوف تصلك رسالة نصيه بموعدك ويمكنك أيضاً الاطلاع على تطبيق **خدمات المرضى** لمعرفة مواعيدك القادمة.

إدارة خدمات المرضى  
Patient services department

Available on the  
App Store

GET IT ON  
Google play



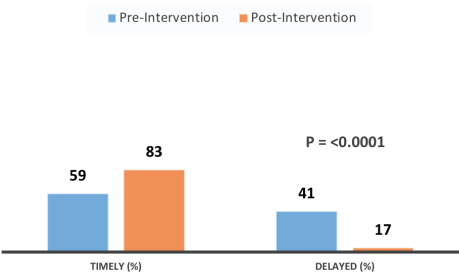
# DEPARTMENT OF ONCOLOGY

## Reducing futile acute care services for terminally ill cancer patients (The Dignity Project):

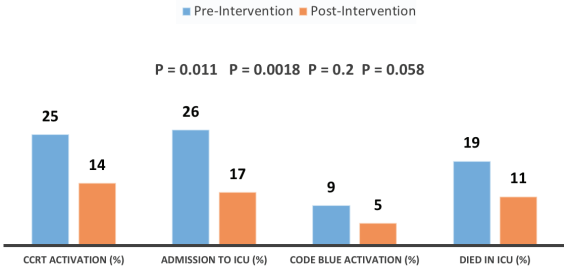
- Aimed to reduce the utilization of futile critical acute care services (ACS) for cancer patients treated with a palliative intent approach.
- Led to dramatic improvement in critical care usage and a significant decrease in the admission to ICU with overall cost reduction of 1,315,125 SR per 7 months and 2,254,500 SR annual saving.
- It was accepted in the American Society of Hematology (ASH), as one of the top 3 “choose-wisely projects” and to be presented later in December 2020.

Promising outcomes of Non Myeloablative Allogeneic HSCT in adult patients with severe sickle cell disease: A single center experience of 110 patients. This experience will be presented in the 62nd American Society of Hematology Annual Meeting: on December 6th, 2020.

Completion of Documentation: Goals of Care



Critical Services Utilization Pre-vs. Post-Intervention



# OR SERVICES

## Waiting List for all Pediatric Services 2020

WAITING CASES IN 2019- **2254**  
2020 Decreased by **51%**

Service	Total waiting cases	Total Waiting Hours	total waiting OR days	Total Waiting OR weeks	Total Waiting OR Month
Pediatric surgery	261	522	52	13.1	3.2
Orthopedics	89	267	27	4.5	1.1
Neurosurgery	16	64	6	2.1	0.5
Ophthalmology	68	136	14	4.5	1.1
Urology	197	394	39	13.1	3.2
Plastics	194	388	39	12.9	3.2
ENT	101	202	20	5.1	1.2
Dental	184	368	37	9.2	2.2
<b>Total</b>	<b>1110</b>	<b>2341</b>	<b>234</b>	<b>7.8</b>	<b>1.9</b>

## Waiting List for all Adult Services2020

WAITING CASES IN 2019- **2163**  
2020 Decreased by **40%**

Service	Total waiting cases	Total Waiting Hours	total waiting OR days	Total Waiting OR weeks	Total Waiting OR Month
ENT	1204	2408	134	11.1	2.7
HBS	66	396	22	3.1	0.8
Gynecology Oncology	34	68	4	3.8	0.9
<b>total</b>	<b>1304</b>	<b>2872</b>	<b>160</b>	<b>8.0</b>	<b>1.9</b>

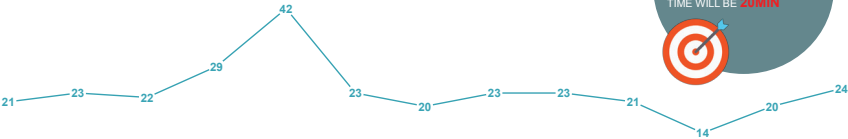
Total Cancellation in  
2020 Decreased by 36%

YEAR	PEDIATRIC	ADULT	TOTAL
2019	499	192	691
2020	331 Decreased by 34%	115 Decreased by 40%	446

# TURNOVER TIME

(OVERALL)

EXCLUDING( APRIL, MAY, JUNE )  
DUE TO COVID 19,  
THE AVERAGE OF TURNOVER  
TIME WILL BE 20MIN



Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 AVERAGE

— TURNOVER TIME

# DEPARTMENT OF PEDIATRICS

## PEDIATRIC RAPID RESPONSE TEAM (PRRT)

PRRT is PICU service for inpatient pediatric population, aiming for early detection and intervention of patients and to provide timely and critical care to patients out-side of PICU.

### Pediatric Rapid Response Team

Pediatric Rapid Response team (PRRT) is bringing critical care service at the bedside for deteriorating patient

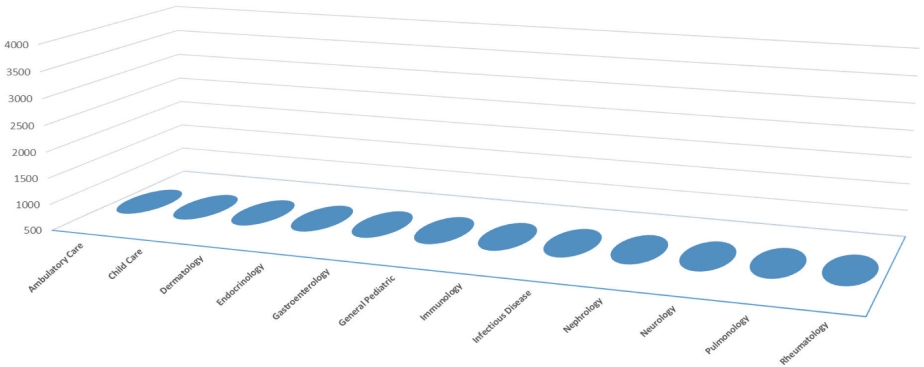


### Zero waiting list

Pediatric department outpatient clinics have a high volume of patients where approximately 53,000 patients are booked annually. Hoping to provide immediate access of patient care, the clinic structure was revised and fixed appointments were given.

By the end of 2020, the following divisions in Pediatric department achieved **ZERO waiting list**.

## Zero waiting list



## Development of multidisciplinary subspecialty clinics: A model of inter-departmental and intra-departmental collaboration “endocrine service as an example”

In the endeavor to be a center of excellence, pediatrics endocrinology services set up five intra-departmental multidisciplinary clinics to provide customized and sub-specialized patient centered care (One stop-shop).

The five clinics have been established in collaboration with several other departments to provide high quality of care for our precious population.

## Specialized Clinics in Pediatric Endocrine Service with MD Input

1. Endocrine/Oncology clinic-2020
2. Diabetes Technology Clinic-2020
3. Complex Bone Clinic-2020
4. Disorders of sexual differentiation clinic-2020
5. Expanding the service of LDL apheresis

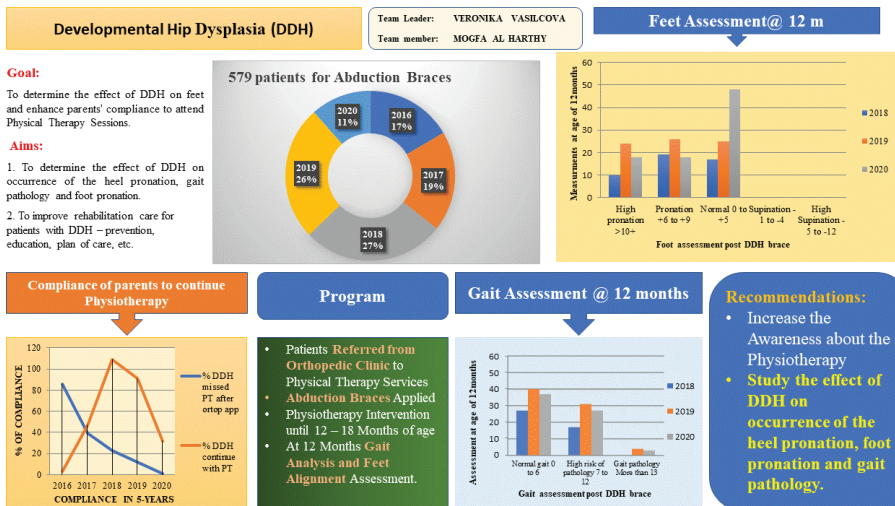




# PHARMACEUTICAL CARE SERVICES

- 1 Introductory of general pediatric satellite pharmacy in level 7 KASCH building to assist with medication preparation.
- 2 Implementation of Drive-Through Pharmacy, which is located outside the hospital building and provides an easy and quick access for patients to collect their refill medications.
- 3 Virtual counseling for patients was employed and an announcement was distributed to all nurse managers requesting them to insert business cards in the patient discharge medication bags, to notify patients of the new service.
- 4 Adoption of Medication Refill Call Center: Operated by outpatient pharmacy staff to process and prepare patient's refill requests.

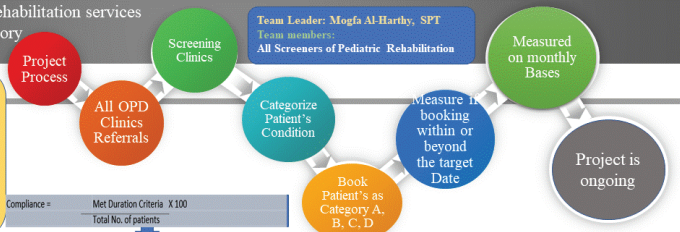
# REHABILITATION SERVICES



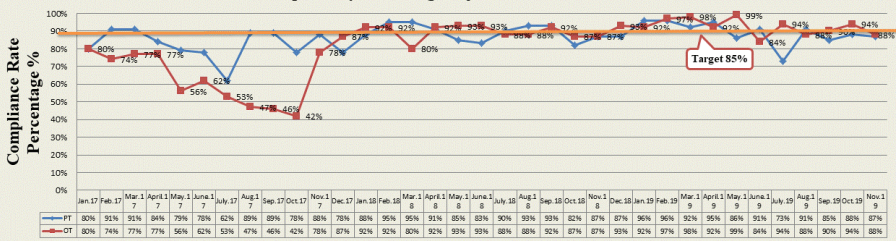
## Accessibility to the Pediatrics' Rehabilitation services within a time frame of case category since 2017

### Aim:

- To improve Pediatric patient's accessibility to the rehabilitation services within a time frame appropriate for each patient case category
- To avoid any waiting time for an initial appointment in outpatient clinic.



### Expediency Screening Project from 2017- 2019

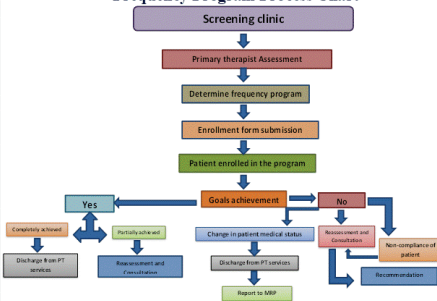


## Packaging System Project

### Aim:

A continuation of the screening categorization plan by providing patients with the best frequency and duration of sessions meeting the patient case condition and requirements for the best outcomes based on the international standards.

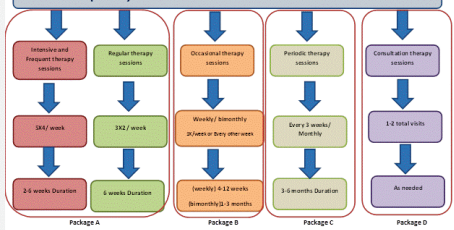
### Frequency Program Process Chart



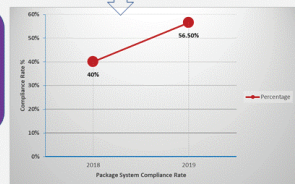
### Recommendations:

Since the Compliance rate is improving gradually. Another statistical step will be performed for ensuring the even distribution among the therapists in receiving equal percentage of patients from each Package and Category for better compliance as a next step for the project improvement.

### Frequency and Duration of Rehabilitation Services



$$\text{Compliance} = \frac{\text{Met Duration Criteria}}{\text{Total No. of patients}} \times 100$$



Team Leader: Areej Al-Abdullrahman, Supervisor Physiotherapy  
Team members: All Screeners of Pediatric Rehabilitation & all Therapists

# RESPIRATORY SERVICES

## Oxygen weaning protocol:

An oxygen weaning project was executed that concentrated on the weaning of pediatric inpatients requiring oxygen therapy. The aim of the project is to efficiently wean these patients in a timely manner as their clinical condition allows. This project initially launched in late 2018, however underwent multiple revisions as feedback from other departments (nursing, bed management and pediatric emergency department) were adopted.

Modifications were made and the final protocol launched February 2020.

The oxygen-weaning project allows for the weaning process to be initiated by all physicians and nurses considering that the weaning criteria is met. This protocol aims to reduce length of stay by facilitating speedy and safe weaning of these patients. A more detailed guideline of this protocol can be found on the NGHA portal website under King Abdullah Specialized Children Hospital (KASCH) attached link.

# SOCIAL SERVICES

- 1 In collaboration with the Ministry Of Education, the social services department employed long-term patient education services.
- 2 Establishment of entertainment and educational programs for the long-term patients in collaboration with Riyadh Care Hospital and King Abdulaziz library.
- 3 Launching educational material in E-learning for oncology pediatric wards.



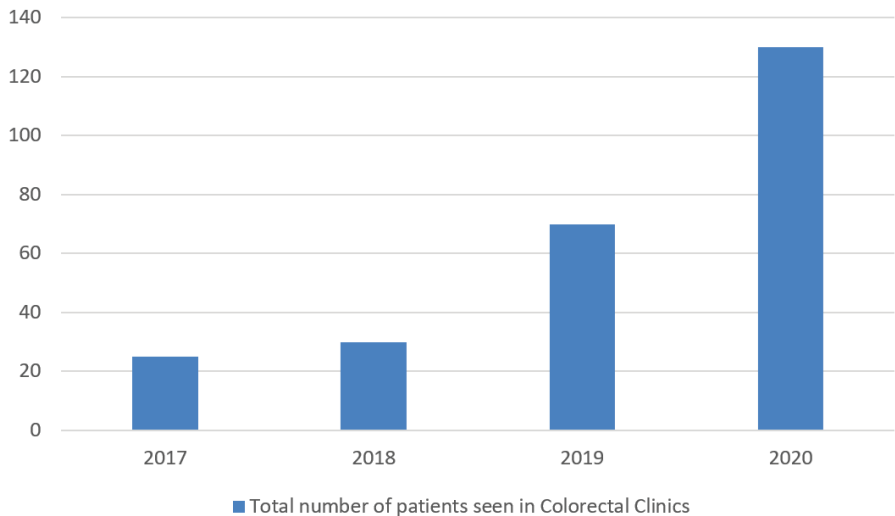
# PEDIATRIC SURGERY

Children colorectal program is a specialized program that provides multidisciplinary services and comprehensive programs to children born with complex colorectal conditions. KASCH has all the required clinical expertise, available resources and other support services to operate this program. Available resources is utilized in a cost effective manner to avoid unnecessary spending.

Currently, the project is in Phase I. Since the Specialized Colorectal Clinic has started in January 2017, the clinic patients grew to more than 100 patients who have variable complex colorectal conditions. They require more than 150 procedures including major reconstructive surgeries. Over 50 patients were enrolled in the bowel management program with the current available resources. The program showed a remarkable results. By pooling patients, the number is rapidly increasing and the need for the services tripled in 2020 (figure 1)

The program is progressing to Phase II. During this stage the Colorectal Therapist Clinic is needed to expand our services efficiently. This clinic will provide services for bowel management of fecal incontinence. It will be operated by dedicated and specialized nurses under the supervision of colorectal surgeons. The colorectal therapist will carry out the responsibility of a liaison between patients and other involved services.

Total number of patients seen in Colorectal Clinics



# NEW GRANTS

## Oncology Department:

### 1 - RC19/077/R

“Developing and Implementing a New Validated Tool to Assess Social toxicity of Cancer” granted project by the MOE, the PI (Prof. Abdul Rahman Jazieh) and 2 Co-PI (Dr. Ashwaq Al Olayan & Mr. Mohammad Alkaiyat) are from the department of oncology.

### 2- RC20/046/R

– “Navigating Uncertainties in Precision Oncology with Functional Genomics and Artificial Intelligence Approached” granted project by the MOE, one Co-PI (Prof. Abdul Rahman Jazieh) from the department of oncology.

## Rehabilitation Department:

1. Evaluating and Efficacy of Sensory Reduction Device (SRED) on Peripheral Neuropathy on Diabetic Mellitus (DM) and Breast Cancer (BC) Patients.
2. Biomechanical Analysis before and after Anterior Cruciate Ligament Reconstruction (ACLR) During Functional Task (Cohort Study)





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## PUBLICATIONS

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### ANESTHESIA:

- 1- Bassam Alghamdi, Salwa ALRashed ALHumaid, Talal Aljuhani, Fahad ALSaab. Foreign body aspiration in a rare tracheal anomaly: A case report. International Journal of Surgery Case Reports. Volume 68, 2020, Pages 203-207, ISSN 2210-2612, <https://doi.org/10.1016/j.ijscr.2020.02.024>.
- 2- (<http://www.sciencedirect.com/science/article/pii/S2210261220300985>)
- 3- Barbero, Gaston Echaniz; de Miguel, Marcos; Sierra, Plinio; Merritt, Glenn; Bora, Pranjali; Borah, Nabamallika; Ciarallo, Christopher; Ing, Richard; Bosenberg, Adrian; de Nadal, Miriam. Clonidine as an Adjuvant to Bupivacaine for Suprazygomatic Maxillary Nerve Blocks in Cleft lip and Palate Repair: A Randomized, Prospective, Double-Blind Study. Cleft Palate Craniofac J ; : 1055665620964141, 2020 Oct 12.
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