وزارة الصحة
Ministry of Health

أداء الصحة
Ada'a HEALTH

Covid-19 Recovery Award Category

Open to MOH, Non-MOH and private sector healthcare organizations.

Any submission made, that does noy use this template, will be disqualified.

COVID-19 Recovery Category

This award category seeks to give recognition to organizations or partners who have worked together to design and implement a recovery roadmap.

In particular we are looking for innovative approaches that have led to rapid reduction of waiting lists that have delivered alternative treatment plans, or optimized the use of available resources to recover performance in the following 3 areas

- Operating Rooms (OR)
- Outpatient Departments (OPD)
- Critical Care (CC)

There is one award in this category.

CRITERIA

The length of the application should be within 500- 1000 words (including name of organization and name of author(s)):
(NO ADDITIONAL SLIDES OR APPENDICES MAY BE INCLUDED)

1. Name of organization(s)
2. Name of author(s)
3. The innovative approaches adopted and how they were developed, including collaboration with other health providers such as the private sector or PHCs, or adapting the skillsets of clinical professionals
4. The engagement with clinicians and patients, carers and their families
5. The baseline numbers e.g. waiting times or number of patients on the waiting list
6. The reduction in waiting times and the number of patients on the waiting list
7. This information should be presented in a single chart with dates, targets and actual trends over a 4-month period
8. How this information has been shared with other hospitals

أداء الصحة
Ada'a HEALTH

Contact Details

Name and type of organization
Alsaad General Hospital

Name(s)of author(s)
Ahmad Alsaad

Number:
966540000000

Email:
Alsaad@hospital.moh.sa

**Pictures are to be used with permission*

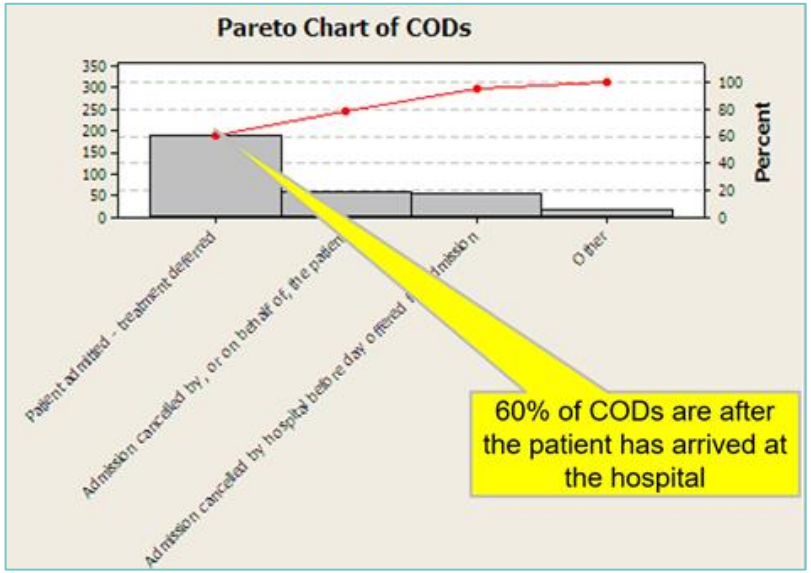
Description Of Innovative Approach

Description of innovative approaches

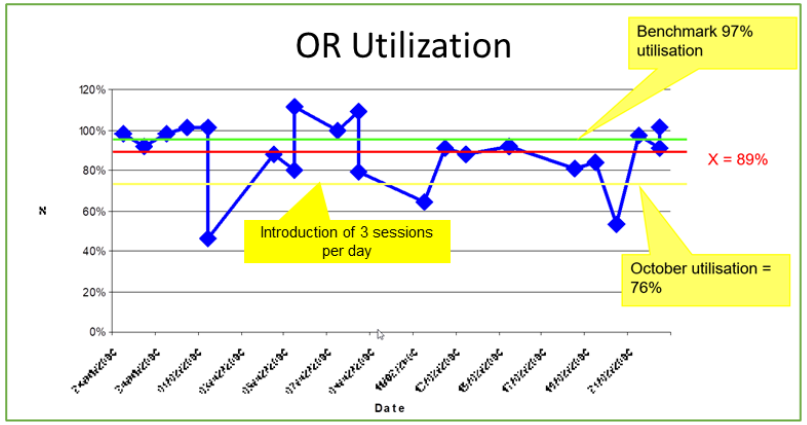
- As a result of the COVID pandemic, our urology surgical procedures had a dramatic increase in the waiting list. More than 1000 patients were waiting beyond the 18 weeks for their TURPS procedure. This was because our anesthetists were helping out in the Intensive care unit, our surgeons were re-trained to support the Covid frontline and due to COVID-19 restrictions and the increase in bed demand for COVID-19 patients, operational capacity was reduced to critical patients only.
- As the pressure in ICU reduced, the focus returned to the patients on our waiting list. A workshop was held with a multi-disciplinary team to prioritize patients, contacting all of the 100 patients and do a virtual triage, using the standard assessment process. Each patient was given a priority score and for the most urgent cases, a face-to-face physical visit was arranged in Covid secure settings. This included some virtual interactions with the family physician and the patient being at the PHC and joining the Urologist virtually for a three-way consultation. Where necessary, additional diagnostics were completed and we trained specialist nurses to undertake flow-tests, rectal examinations and scans.
- This gave us a list of 200 urgent patients and working in collaboration with a local private hospital, we determined which patients were suitable for radiotherapy, brachytherapy and which required prostatectomies. The private sector agreed a special price to process 100 patients through radiotherapy and again virtual sessions were set up which included video tours of the facility and the equipment being used, as well as a full explanation of the course of treatment (44 sessions over 9 weeks), potential risks and side effects. The private hospital was able to begin treatment immediately and began to work weekends during which they were able to add 60 patients per week to their list, the remaining 40 were done during the normal week. 25 patients were advised that brachytherapy was appropriate, and they began their treatment in parallel.
- Educational sessions were conducted by the Urologists with all the family practitioners in the region, so that they were able to undertake initial investigations with more confidence and without the need for a second opinion in more than 80% of the new presentations of patients with apparent prostate cancer symptoms. This meant that the OPD in the hospital was able to begin seeing the patients on the existing waiting list, without the addition of avoidable OPD appointments which would have been inappropriate referrals. Of the remaining 800 patients, 600 had the basic diagnostics and were added to the watchful-waiting list with follow up appointments, at frequencies of 3 or 6 months and a further 75 required radiotherapy and these were begun immediately the original 200 priority cases were finished.
- 40 patients received prostatectomies and sadly 85 patients, from the original list of 1000, passed away during this time, some from Covid related illnesses.

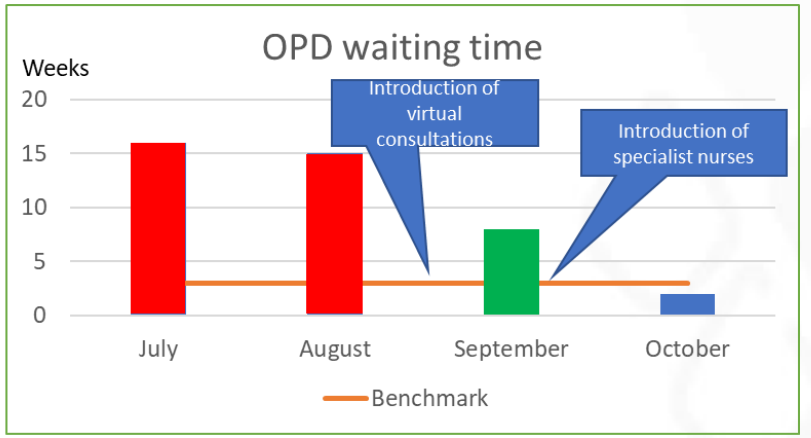
Engagement with clinicians, patients, carers and families

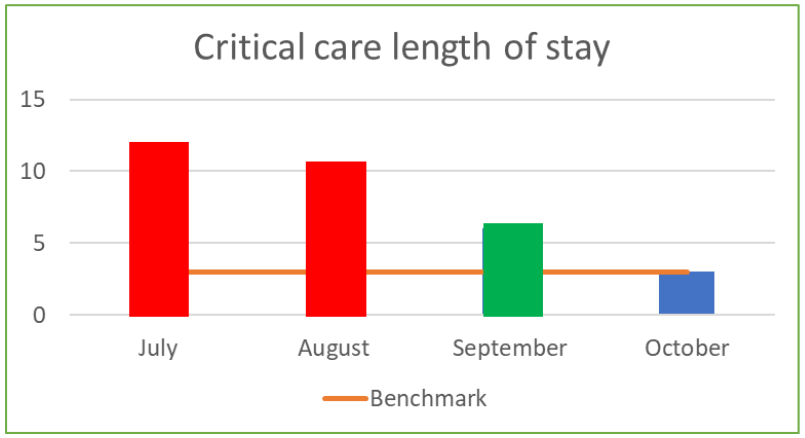
- Clinicians worked collaboratively in multi-disciplinary teams within the hospital, with the private sector and with the PHC and some “expert” patients who had been trough both the public and private sector processes. Together they designed the additional pathways and protocols for the treatment and care of the patients.
- The private sector hospital invested in the procurement of IT infrastructure for the PHCs, so that virtual consultations could be completed from the PHC with the private and the public sector Urologists.
- Evening and weekend seminars were conducted by the Urologists with family practitioners and specialist nurses to ensure that there were sufficient capabilities across the health continuum to deliver the necessary diagnostic and follow up procedures for the patients.
- An example of some of the process improvements is shown below, where it became know that 60% of the procedures that were cancelled on the day (COD) of surgery, were historically cancelled by the hospital and not the patient. This has now been almost eliminated.

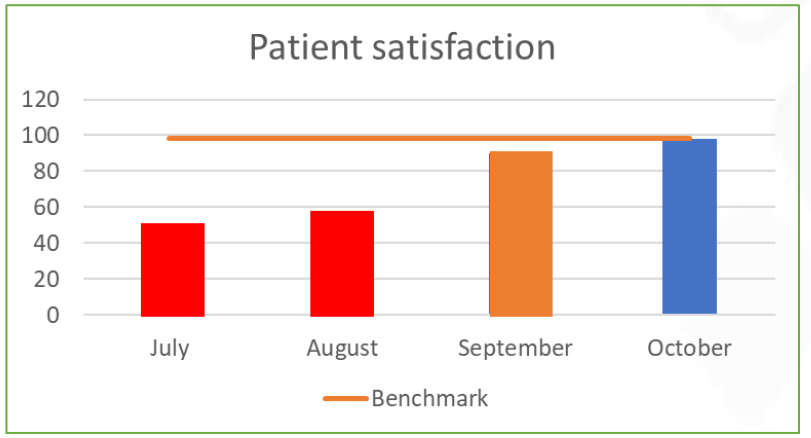


Baseline numbers and trends over 4 months (July-Oct 2021)









Sharing lessons learned with others

- Multi-disciplinary workshops were conducted between doctors, nurses, administrators and “expert patients” to share the lessons learned from the first 2 months of the recovery plan.
- More than 70 people were involved in these workshops and the feedback showed a “value-add” satisfaction score of 98%.

End of Submission

Thank you

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