TABLE OF CONTENTS
A MESSAGE FROM OUR LEADERS ........................................................................................................ 3
BACKGROUND: THE APPROACH TO YEAR 4 .................................................................................. 4
TASK FORCE ACCOMPLISHMENTS ................................................................................................. 5
FUNCTIONAL AREA ACCOMPLISHMENTS ..................................................................................... 21
PRIMARY HEALTH CARE PROJECT ............................................................................................... 25
PROJECT TEAM ACCOMPLISHMENTS ......................................................................................... 26
MOVING FORWARD: PLANNING FOR YEAR 5 ............................................................................... 28
ACKNOWLEDGEMENTS .................................................................................................................. 30
APPENDICES ................................................................................................................................... 31
A MESSAGE FROM OUR LEADERS

At SickKids International, we engage in opportunities to enhance global child health by facilitating knowledge transfer and building sustainable capacity. Our partnership with Hamad Medical Corporation (HMC) is a prime example of how SickKids as an organization is committed to achieving its vision of “Healthier Children. A Better World.”

When we entered this partnership in 2010, we embarked on a journey to build excellence in clinical care, education and research in all areas of paediatrics at HMC. One of the reasons that the partnership with HMC has worked so well is that the two partners’ principles of accessibility and sustainability of healthcare are similar. Over the last four years, we have worked side-by-side to identify Qatar’s specific paediatric health-care needs and to achieve the goals.

What we have seen in Qatar through HMC is a country that wants to invest and provide the very best they possibly can for the children of their country.

Qatar is unique in that its leaders are truly dedicated to building their own capacity and sustainability. Qatar does not look to other health-care providers to manage their system, Qatar wants to learn and do it for itself.

The end of Year 4 marks the beginning of the final year of this successful collaboration. This year’s annual report shares the stories of the past year that reflect our achievements through the translation of knowledge into practice and clinical transformation.

We are grateful for the commitment of our HMC partners and for the support of the SickKids Senior Management team and the Hospital staff who share SKI’s mission of enhancing global child health. Their support and expertise have paved the way for Qatar to become a beacon for excellence in paediatrics in the Middle East.

Sincerely,

Cathy Séguin
Vice-President, International Affairs

Lutfi Haj-Assaad
Executive Director, Middle East Region
BACKGROUND: THE APPROACH TO YEAR 4

Hamad Medical Corporation (HMC) and The Hospital for Sick Children (SickKids) have concluded the fourth year of a five-year partnership agreement (February 2010 to February 2015) to building excellence in paediatric care by enhancing clinical programs, providing clinician-education and developing child health capacity for the State of Qatar.

In October 2012, the Hamad Medical Corporation (HMC) and SickKids International (SKI) project teams convened to review the project management approach to improving paediatric services at HMC. In the previous year, the Project Team identified six priority areas for which multi-disciplinary task forces were established: Mental Health, Oncology, Rehabilitation, Pain Management, Complex Care and Paediatric Intensive Care. The Project Team, in collaboration with HMC Clinical Leads, agreed that continuation of a multi-disciplinary approach to supporting priority areas had a high potential for success.

As a result of these discussions, eight new priority areas were identified: Diagnostic Imaging, Perioperative Services, Nursing Leadership and Practice, Adolescent Medicine, Child Health Research, Education*, Quality, and Neonatal Intensive Care. The focus of the Project Team’s efforts shifted towards ensuring that all 13 task forces improve patient care within their respective programs through inter-professional collaboration, evidence-based practice, family-centred care, education, research and clinical excellence.

This report will highlight the many achievements of Year 4 – 2013-2014.

*The HMC Academic Health Systems group assumed responsibility over the work of the Education Task Force in early 2013.
TASK FORCE ACCOMPLISHMENTS

PAEDIATRIC INTENSIVE CARE UNIT (PICU)

Although formal PICU classroom teaching for nursing and allied health had concluded in Year 3, nursing and physician clinical mentorship at the bedside continued.

In April, SickKids nursing and dietetic subject matters experts (SMEs) supported the inaugural PICU Nursing Education Day. This one-day workshop included inter-professional sessions conducted by HMC nurses, physicians, dietitians and respiratory therapists. SickKids SMEs provided coaching for the workshop presenters and supported the delivery of the skills sessions.

In June, a PICU leadership team from SickKids facilitated a leadership development roundtable discussion. This one-day session brought together the PICU leadership team across Hamad General Hospital (HGH) creating a forum for the group to develop a plan that would set priorities for 2013-2014.

SickKids nursing SMEs continued to support the PICU Nursing Practice Committee. This forum had been established to assist in advancing nursing practice in PICU. An example of a practice issue that was identified by a SickKids SME was the fragmentation of the cardiac admission process. As a result, the Nursing Practice Committee established a sub-group that developed a cardiac handover tool which has been implemented to streamline cardiac admissions to the PICU by improving inter-professional communication and collaboration.

SickKids SMEs have also supported the development of a Continuous Renal Replacement Therapy (CRRT) Program. An inter-professional team from SickKids delivered a 13-hour training program for nurses, physicians and technicians over a one-week period. The CRRT program development will continue into Year 5, with further training and clinical mentorship planned before the full implementation of the program.

The PICU at HGH continues its transformation. Members of the inter-professional team are participating in rounds, there is more notable collaboration between allied health and nursing, and there is increasing family presence and involvement at the bedside. Some of the key areas of focus for PICU in Year 5 include education on critical care medicine concepts in cardiology and the transition from PICU to community-level hospitals.

COMPLEX CARE

The Complex Care Program was established in 2012 to enhance the care of children who are medically complex and provide coordination of medical needs for these children and their families. A multi-disciplinary team from SickKids consisting of a physician and a nurse practitioner travelled to Doha in December 2013 to review the program. The response to this clinic at Hamad General Hospital has been overwhelming. To date, more than 40 children have been seen by clinic staff and receive routine follow-up. Both parents and health care professionals have commended the Complex Care Team for their exceptional inter-professional and family-centred approach to patient care. While SickKids is not expected to provide any formal support in 2014, the relationship between HMC and the SickKids Complex Care Program will continue.
REHABILITATION

Acute Care

In Year 4, SickKids subject matter experts (SMEs) from both Occupational Therapy and Physiotherapy supported the HMC acute rehabilitation team through ongoing education and mentorship. Significant changes in practice have occurred in the acute care paediatric rehabilitation department over the first three years of the project due to this close relationship and dedication from the SickKids team. The HMC rehabilitation team now comprises a group of dedicated paediatric therapists in the acute care setting within Hamad General Hospital and Women’s Hospital. SickKids SMEs assisted in supporting therapists to work collaboratively through improved capacity in understanding each other’s scope of practice and collaboration. HMC therapists have found that this has led to reduction in service duplication and an increase in child/family-centred goal setting. The HMC therapists are now more involved in rounds and becoming recognized as inter-professional leaders in the medical team in which they work. With SickKids SME support, HMC therapists are now mobilizing children earlier in their hospital stay, even children who were previously considered too medically fragile.

SickKids SMEs were instrumental in supporting the development of specialized allied health professional teams and initiatives:

- A cardiac rehab team consisting of Occupational Therapy, Physiotherapy and Speech Therapy.
- A feeding team in which therapists and dieticians work together to form feeding plans that are safe and appropriate on the paediatric units.
- A thickening project within the NICU was supported by the SickKids dietician and OT.
- Paediatric Acute Care Collaboration meetings which are used as a venue for knowledge sharing, discussion and professional development.
- A family day in the PICU developed by the HMC PT and OT to encourage patients and siblings to be part of an education session provided by the interdisciplinary team.

Figure 2: Paediatric Rehabilitation Continuum of Care Task Force
Social Communication (Autism)

Year 4 marked the completion of a collaboration between HMC and Holland Bloorview Kids Rehabilitation Hospital (Toronto, Canada) on an initiative that developed the Social Communication (Autism) program. In recent years, there has been a significant increase in the number of children being diagnosed with autism spectrum disorder in Qatar; consequently putting substantial pressure on the limited range of services available for assessment and intervention.

Over a course of four visits, a team of experts from Holland Bloorview supported the Social Communication team at HMC to:

- Streamline the assessment process for autism patients, consolidate the developmental history into a single-page inter-professional assessment document.
- Improve the documentation of the Autism Diagnostic Observation Schedule (ADOS) – the primary tool used for diagnosing autism).
- Establish a reliable consistent scoring process.

Holland Bloorview supported the HMC Team to engage families in the development of the service design and model of care. A more child-friendly physical environment was created which was instrumental for the integration of play-based assessments. This play-based model for assessment has become the standard for all professionals in the social communication team.

Chronic Ventilation

Since Holland Bloorview’s initial visit in 2010, which supported the mobilization and activation of patients on chronic ventilation, the HMC leadership team has reported improved quality of life for these complex patients and their families. Some of these patients have been discharged on chronic ventilation and are participating in school and other activities.

In Year 4, an inter-professional team consisting of a respiratory therapist, nurse and administration team from Holland Bloorview, teamed up with the HMC Chronic Ventilation Team to support the development of a sustainability plan and enhance education and clinical mentorship for the team. Holland Bloorview supported the renewal and update of the existing clinical curriculum and developed a train-the-trainer education model. This revised program would support quality patient care and could be tailored to a range of health-care professional needs, making it suitable for ongoing long-term development. Clinical instructors were provided with a toolkit which consisted of the necessary resources for planning, conducting and evaluating ongoing clinical education.

Early Intervention

Year 4 saw the establishment of an Early Intervention (EI) program as a result of Holland Bloorview’s collaboration with HMC. This was done through five visits over a 15-month period. The program was an HMC initiative which recognized that a range of prevention, early identification and intervention services can support families with children who have or are at risk for developmental delay.

Holland Bloorview, in their earlier visits, supported the development of a vision for the program, identified resource requirements, models of care, best practices and the implementation of service delivery. Holland Bloorview was also involved in delivery of education related to:
Holland Bloorview also met with the HMC’s EI Coordinator on a regular basis to discuss the current state of the program, challenges and continued development of leadership strategies. Best practice models of care with specific discussion of recruitment, patient volumes, leadership and scheduling were the primary foci.

The HMC EI team has made significant strides in the development and implementation of the program. The leadership team is dedicated and is a strong proponent of inter-professional practice. Team members have become much more motivated and confident in their own skills.

The creation of a child-friendly treatment environment and the inclusion of play-based therapy in the child’s care has greatly improved both the child and family’s experience. The HMC EI team now works with children and families to create individualized family service plans to ensure that the unique needs of patients and their families are addressed with their own achievable goals.

Clinical Governance

A team consisting of two clinical practice leaders from Holland Bloorview supported the development of a new formal Clinical Governance structure for HMC Paediatric Rehabilitation. Clinical governance is the implementation of tools, mechanisms and processes that will ensure safe, quality care while empowering clinicians to achieve their full potential.

A three-stage process was used to introduce clinical governance into paediatric rehabilitation at HMC: knowledge and foundation building, implementation of processes and evaluation. The Holland Bloorview team and HMC paediatric rehabilitation leaders co-facilitated a workshop for over 85 rehabilitation clinical staff. These workshops resulted in the development of Paediatric Practice Forums. This was a tool collectively agreed upon by the HMC paediatric clinicians to help enhance communication and strengthen collaboration between clinicians within the same profession with a focus on standards of practice and discussion of practice.
issues. The model fosters clear roles and responsibilities and accountabilities and lays the foundation for long-term sustainability of practice changes within HMC Paediatric Rehabilitation.

**PAIN MANAGEMENT**

The Pain Management Task Force continued to expand pain management services at HMC to include children and to use an interdisciplinary approach to paediatric pain management using evidence-based practice.

SickKids efforts were distinctly focused on enabling HMC to lead effectively on the delivery of various programs to enhance paediatric pain management. This included the development of the paediatric pain policy, organization of the pain education program and establishment of the pain faculty, delivery of the symposium and the formalization of the Paediatric Pain Nursing Interest Group.

One of the major achievements of the Pain Management Task Force was the completion of the HMC Screening, Assessment and Management Policy to include care of infants and children. The policy, including paediatric pain assessment tools, pharmacological and non-pharmacological interventions, and ongoing management, has been submitted for approval and implementation across HMC.

A preliminary evaluation of the impact of the paediatric pain education delivered in the previous year was conducted. Analysis of the immediate pre-test and post-test, using the validated questionnaire for measuring effect on knowledge and attitudes towards pain in children, revealed a statistically significant impact on the views of children and pain, perception and knowledge on physiology of pain, and pharmacological and non-pharmacological management of pain in children.

SickKids delivered Module I and Module II of the paediatric pain management course to a wide range of healthcare professionals. Consensus was reached to continue the paediatric pain education program with a plan to transition the program delivery to HMC through faculty development.

<table>
<thead>
<tr>
<th>Paediatric Pain Education Courses and Related SME Days in Qatar for Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Education &amp; Training</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Pain Assessment Module I</td>
</tr>
<tr>
<td>Pain Management Module II</td>
</tr>
<tr>
<td>Pain Clinical Consolidation</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

SickKids SMEs worked with the Pain Management Task Force and Hamad International Training Center (HITC) to develop a sustainable education program. Clinicians with high potential to develop expertise in paediatric pain management and to deliver education were identified to form the core faculty. This year, 17 of these inter-
professional staff completed a specialized training course to deliver the pain education program, consisting of seven physicians, five nurses, three nurse educators, and two allied health professionals.

As part of the certification for HMC Faculty for the pain program, SickKids provided mentorship and evaluation of the individual faculty members and group. During this process, 127 inter-professional staff completed the paediatric pain education program delivered by HMC faculty. This program has been instrumental in achieving long-term success and will be strengthened with ongoing leadership from the course directors who are paediatric anesthesiologists.

The 2nd Pediatric Pain Awareness Symposium held on November 28, 2013, was attended by over 200 participants, including interprofessional staff from HMC, Sidra Medical and Research Center and the Primary Health Care Corporation. The program was developed by the Pain Task Force to include sessions focused on psychological and cultural aspects of pain management in children, acute pain management in children, and management of chronic pain in children with special needs. Each podium presentation session concluded with a case discussion providing the participants an opportunity to debate challenging clinical situations encountered in managing pain in children at HMC. SickKids SMEs supported this event by delivering presentations, moderation and consultation during the case discussions.

In previous years, specialized training was provided to selected nurses across HMC who were identified as Nursing Pain Champions. A major step forward for this group was the formalization of this network and development of the HMC Paediatric Pain Nursing Interest Group (PPNIG). Membership includes those who have been trained by completing the Pain Resource Nurse Course and have gained the recognition of their peers and colleagues as unit resources. The PPNIG achieved collective agreement on the role definition of Pain Champion across all areas within HMC. Each Nursing Pain Champion has been engaged in developing unit-based initiatives to improve clinical practice. The network has received corporate recognition for their ongoing commitment to advancing practice related to paediatric pain nursing care.

**CHILD AND ADOLESCENT MENTAL HEALTH**

The National Health Strategy 2011-2016 released by the Supreme Council of Health identified the enhancement of mental health services as a priority for the State of Qatar. This resulted in the launch of the National Mental Health Strategy in December 2013.

The Child and Adolescent Mental Health Task Force, established in March 2012, was set up to identify priorities in helping improve existing mental health services available to children and adolescents in the country. The main goals for the task force in Year 4 were to:
- Develop an outpatient / day service program.
- Secure inpatient space and enhance the existing service.
- Identify recruitment, education and training needs.

Other important achievements this year include:

- Identification of a community villa compound that will provide a physical location for an outpatient / day service program.
- The approval of an operational policy for outpatient programs.
- Collection of data on patient admissions and discharges to allow further evaluation of key performance indicators.
- Recruitment of a Child and Adolescent Mental Health Consultant and a Clinical Nurse Specialist.
- Establishment of a dedicated nursing team and orientation for Child and Adolescent Mental Health.

**PAEDIATRIC ONCOLOGY**

Since the release of the National Cancer Strategy in May 2011, HMC and SickKids have been working together with stakeholders to further develop the model of care for paediatric cancer in the State of Qatar. The Paediatric Oncology Task Force has been active in determining priorities for improving the existing paediatric cancer care for the country. This work has been supported by SickKids subject matter experts (SMEs) through consultation on the development of protocols, clinical case management, paediatric cancer database development and data capture formulation.

This year, the task force saw many notable achievements, some of which include:

- The establishment of a multi-disciplinary team (MDT) with clear leadership comprised of a team of paediatric haematologists/oncologists, a paediatric surgeon, pharmacist, social worker, clinical nurse specialist dietician, MDT coordinator and patient pathway coordinator.
- The implementation of a multi-disciplinary model of care which included discussion of all suspected paediatric cancer at weekly MDT meetings.
- Development of protocols and clinical management of children using internationally recognized protocols.
- Completion of SickKids paediatric nursing subspecialty education in paediatric oncology.
- Recruitment of a Senior Consultant in Bone Marrow Transplant.

The success of the Paediatric Oncology Task Force has laid the foundation for the development of the Paediatric National Cancer Strategy Group that will carry the paediatric component of strategy forward. SickKids will continue to support this group through clinical mentorship and collaboration on development of standards of care.

**ADOLESCENT MEDICINE**

The Adolescent Medicine Task Force was established in March 2013 to support the development at HMC of the nation’s first Adolescent Medicine program. This inter-professional team is comprised of a paediatric consultant, a
child and adolescent mental health consultant, social worker, dietitian, occupational therapist, psychologist and clinic nurse over the course of one year.

Operating from the Paediatric Outpatient Department at Hamad General, the clinic sees patients with a wide range of adolescent disorders including: attention deficit hyperactivity disorder (ADHD), depression, eating disorders, addiction issues, adherence to treatment plans for adolescents with chronic illness, etc.

Internally at HMC, Adolescent Medicine and Child and Adolescent Mental Health have collaborated to operate a joint clinic. The purpose of the collaboration is to treat and diagnose patients with disorders that are not distinct to either service, but encompass some aspect of both.

The Adolescent Medicine program at HMC has partnered with other community stakeholders in Qatar including Primary Healthcare Corporation and Al Aween Social Rehabilitation Center in an effort to streamline the referral intake process for adolescents in the country. The three organizations work collaboratively to ensure that patients are receiving timely care and are being seen by the appropriate adolescent service.

To date, the clinic has seen over 200 patients and is in the process of expanding the service to include inpatient consultations and transition clinics.

QUALITY

Quality and patient safety has been identified as a priority area for HMC. This resulted in the establishment of the Paediatric Quality Task Force in March 2013. This group has focused on the development of knowledge and skills of HMC staff in paediatric quality and safety.

HMC successfully recruited a Quality and Patient Safety Coordinator in June 2013. Through the mentorship of a Quality Analyst from SickKids, this individual has been instrumental in spearheading many quality-related initiatives throughout the Department of Paediatrics. For example, Quality and Safety Rounds have been implemented throughout the paediatric units; seven quality and safety improvement projects have been initiated with ongoing data collection and analysis; and paediatric quality indicators have been identified and are aligned with national indicators.
DIAGNOSTIC IMAGING

The development of medical imaging has been marked as a priority and HMC is now focused on a corporate-wide transformation of medical imaging at HMC. Paediatric Diagnostic Imaging (DI) has been highlighted as an important part of this strategy, which resulted in the establishment of the Paediatric DI Task Force in January 2013. Throughout Year 4, SickKids subject matter experts (SMEs) have visited Doha to provide guidance on improvement of patient safety, development of policies and protocols, securing appropriate equipment and infrastructure, and enhancing clinical and patient pathways. Furthermore, SickKids has played a significant role in supporting HMC technologists through education and mentorship in MRI, ultrasound, echocardiography and sedation practice.

The Paediatric DI Task Force has also been instrumental in reducing wait times for paediatric ultrasounds by introducing clinic appointments on Saturdays. This has decreased average wait times for ultrasound appointments for children from six weeks to two. Additional lead aprons with thyroid collars have also been introduced to the department which has addressed several safety concerns over radiation exposure.

The DI Task Force will continue its work next year with a particular focus on clinical mentorship in areas of MRI, fluoroscopy, and ultrasound.

PERIOPERATIVE SERVICES

As part of the strategy for building capacity at HMC, the Paediatric Perioperative Services Task Force was developed to oversee, support and develop best practice standards, policies and procedures, human resource management, and education that will enhance the care of children undergoing surgical procedures at HMC.

The task force created and provided oversight to five working groups: Dedicated Paediatric OR, Cardiac Surgery, Anesthesia, Sedation and Perioperative Nursing.

Dedicated Paediatric OR Working Group

This group was established to further develop paediatric specialization by concentrating resources at HGH for a paediatric operating theatre. The dedicated theatre was to be staffed by paediatric-trained surgeons, anaesthetists and nurses, in physical space appropriate for paediatric surgical procedures and supporting best practice and patient safety. HMC identified appropriate individuals who became the dedicated paediatric teams for General Surgery, Urology, Cardiac Surgery, Orthopaedic Surgery, Ophthalmology, Dentistry, Craniomaxillofacial Surgery and Otolaryngology. This included trained paediatric surgeons, paediatric anesthetists and paediatric nurses.

SickKids subject matter experts (SMEs) completed a preliminary review of the perioperative process from pre-admission assessment, anaesthesia, intra-operative care and post-operative recovery. This led to the development of key performance indicators (KPIs). Advancement of the paediatric teams was primed by SickKids SMEs who supported the clinical leads to initiate team collaboration and evidence-based protocols for quality improvement through communication, such as the Surgical Safety Check List, Huddle and Surgical Timeout. Also, as a joint effort between SickKids SMEs (Perioperative Nursing Clinical Instructors) and HMC staff (Paediatric Anaesthesia and Nursing leadership), education and mentorship that focused on nurse-physician communication best practice and the process of handover between disciplines was collaboratively delivered to HMC staff.
The dedicated paediatric OR opened in June 2013. There is now a dedicated paediatric list of patients five days per week. Over the past year, the SickKids OR Nursing Clinical Instructors contributed significantly to the progress in the paediatric OR by mentoring the HMC Paediatric OR Resource Nurse, teaching OR Nurses techniques to ensure patient safety during induction, working with leaders to allocate space and set up of the OR, and educating all OR staff in best practice techniques for maintaining a sterile and safe surgical environment. The SickKids OR Nursing Clinical Instructors also fostered collaborative practice by mentoring nurses to communicate effectively with surgeons and anesthetists. This has led to an improved work environment in the OR in which surgeons and anesthetists work in partnership with nurses to plan and prepare for surgical cases. By supporting HMC with implementation of these changes, SickKids has substantially influenced the capacity for paediatric specialization, and the quality and safety of paediatric surgery at HMC.

Cardiovascular Surgery Working Group

The task force determined that paediatric cardiovascular services at HMC were well positioned to develop excellence with a long-term vision of establishing a sustainable regional paediatric heart centre.

The HMC/SickKids Partnership supported the HMC working group to execute the 1st Paediatric Congenital Heart Symposium in January 2014. The symposium delivered education to 255 internal and external attendees including staff from Sidra Medical and Research Center and Qatar Cardiovascular Research Center. Presentations from local experts covered various issues that are arising with the steadily increasing growth of congenital heart disease in Qatar. These included surgical and anesthesia care, ethical challenges and the potential for paediatric cardiovascular surgical care services expansion to meet the international standard for critical mass.

SickKids supported HMC with a thorough assessment of the Paediatric Perfusion Program at HGH and review perfusion protocols and practice. This provided HMC with insight to create specific enhancements to the Perfusion Department and Paediatric Cardiac Program and a strategy to build clinical expertise in this highly specialized area. Education on relevant issues such as the development of an Extracorporeal Life Support (ECLS) program and patient safety in perfusion were delivered by the SickKids Cardiac Perfusionist.

Anesthesia Working Group

With a focus on enhancing paediatric anesthesia service delivery at HMC, the working group evolved carefully through clinical and operational planning.
A division of paediatric anesthesia has been established at HMC allowing for six core anesthetists with formal paediatric fellowship training to lead service planning and expansion. Currently, the service provides care to all complex paediatric patients and neonates, all of whom are attended by a consultant. The Anesthesia staffing model currently allows for accommodation of stat requests (e.g. neurosurgery cases) and consultant support for up to three operating rooms for overflow of general surgery patients. This group has also been instrumental in improving team dynamics and patient care with both OR and PACU nurses through adoption of the World Health Organization (WHO) safety checklist and implementation of a handover tool in the PACU.

SickKids Nursing Clinical Instructors introduced the paediatric nursing standards of practice for the OR and PACU to the paediatric anaesthesia team which has set the benchmarks for physician support with the desired and achievable level of performance expected of peri-anesthesia nurses providing care to children.

**Sedation Working Group**

The Sedation Working Group has initiated a thorough audit for paediatric sedation baseline information pertaining to administration, monitoring, equipment, clinical practice guidelines and policies and inter-professional practice. In recognition of the need to standardize education and training, SickKids SMEs helped to develop the framework for identification and prioritization of learning needs of physicians, nurses and allied health care professionals involved with sedation administration and monitoring at HMC. SickKids will assist with patient flow, education development and delivery, and preparation of a comprehensive plan for the delivery of safe paediatric sedation services across all HMC sites in the coming year.

**Perioperative Nursing Working Group**

Nursing leaders across HMC Perioperative units at HGH and Rumailah Hospital demonstrated a strong commitment to developing consistency in practice achieved through ongoing education. Over the course of the year, SickKids SMEs provided nursing clinical mentorship which has influenced a significant advancement in Perioperative services. SickKids SME support in the OR has facilitated the development of the position for the dedicated paediatric OR resource nurse at HGH which is recognized by the interprofessional team as an essential member with demonstrated paediatric expertise, leading intra-operative processes.

SickKids has also played an integral role in assisting HMC with optimizing the physical environment and functionality of the dedicated paediatric OR, as well as developing an inter-professional team function. This has led to healthier working environments within the OR and PACU at HGH and Rumailah.

A survey was conducted for nurses in the perioperative areas at HGH and Rumailah to gain a better understanding of nursing knowledge and attitude regarding practice change following the education and clinical consolidation, ongoing education needs and impact of the project and nursing satisfaction with the education program. Responses were extremely positive. Ninety-three per cent of OR nurses agreed that these changes were very important, were satisfied with the course and expressed positive experiences working with the SickKids Clinical Instructors.
CHILD HEALTH RESEARCH

Following the initial developments in setting priorities, Year 4 was highlighted by success in building sustainability of the developed profile for child health research in Qatar. Through the outstanding contributions and commitment of scientists and clinical research staff from SickKids Research Institute, we have enabled our partners to be better positioned for influencing child health outcomes through clinical research. A significant emphasis was placed on supporting HMC to initiate the national research agenda for traffic injury prevention in children, which was one of the national child health research priorities identified during the previous Child Health Research National Strategy Workshop.

Clinical Research Training Program

Core Curriculum
Further development of the clinical research training program involved ongoing customization of the course and expansion of enrolment criteria to include non-child health researchers. Trainees were from various disciplines and included physicians, nurses, an orthotist, a laboratory technician and specialists from the adult Hematology/Oncology Department. The course objectives allowed each participant to gain knowledge in clinical research conduct and facilitate its application.

Upon completion of the course, trainees had a proposal for submission to a granting agency which was developed during the five-month course with peer review and facilitation by SickKids subject matter experts (SMEs).

The clinical research training program was enhanced in Year 4 with mentorship of HMC faculty to teach the course in the future. This training experience led to the successful delivery of methodologically focused lectures and workshop facilitation skills demonstrated by HMC faculty.

Advanced Sessions
Further development of the clinical research training program this year involved development of the advanced research sessions. HMC researchers were eligible for the course if they had or were one of the following:
(a) Previous research training course completion
(b) At least five peer-reviewed publications
(c) Principal investigator or investigator on a funded peer-reviewed grant application
The sessions for experienced researchers were designed as hands-on workshops to allow individualized education for specific learning needs and research interests.

Research Training Outcomes
A limited review of outcomes since offering the research training course revealed that graduates have been increasingly successful in submitting grant proposals to the Qatar National Research Fund (QNRF) with a subsequent increase in funding awards from the QNRF and the HMC Medical Research Center (MRC). Graduates of the course were also found to be actively participating in ongoing research and have an increasing number of publications in peer-reviewed journals.
A short-term follow-up of research training course graduates was conducted to assess the impact on research activity. The table below presents the support provided by SickKids SMEs for course facilitation and a limited summary of selected outcomes. These findings are based on a limited sample of 25 (56 per cent) of the total 45 graduates since the start of the HMC/SickKids Partnership research training course.

<table>
<thead>
<tr>
<th>Research Training Course: SME Days in Qatar &amp; Output from Graduates Up to Year 4</th>
<th>2011-Core</th>
<th>2012-Core</th>
<th>2013-Core</th>
<th>2013-Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Courses Delivered</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Number of Sessions Delivered</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total HMC Attendees</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>41</td>
</tr>
<tr>
<td>Course Facilitation SME days</td>
<td>106.5</td>
<td>116</td>
<td>133</td>
<td>14</td>
</tr>
<tr>
<td>QNRF Submissions</td>
<td>-</td>
<td>2</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>MRC Grants Received</td>
<td>-</td>
<td>3</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Active Research</td>
<td>-</td>
<td>8</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Peer-Reviewed Publications</td>
<td>-</td>
<td>6</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Abstracts Submitted for Child Health Research Day</td>
<td>-</td>
<td>12</td>
<td>26</td>
<td>-</td>
</tr>
</tbody>
</table>

Since the impact of the research training course can only be evaluated on a short-term basis, a long-term evaluation of outcomes at three and six years after the completion of research training has been recommended for HMC, which can include impact on academic job profile, publications and grants. Among the achievements gained through the HMC/SickKids Partnership, the research training course was accredited this year by the University of Toronto which allows graduates to claim 90 hours of continuing medical education credits through HMC.

**Transportation Health Research Workshop**

On November 5, 2013, a national workshop was held about transportation health for children and youth in the State of Qatar. Transportation health encompasses the intersecting set of issues regarding transportation, public health/health promotion and injury prevention which are a result of the decisions made regarding the transportation systems, including design of cars, motorways and public transportation; creating healthy cities which encourage and enable walking and cycling; and preventing injuries resulting from motorized vehicle use – such as collisions and lack of appropriate child restraints. Through the HMC/SickKids Partnership, the organizing committee reflected a diversity of sectoral representatives to ensure that a comprehensive understanding of transportation health issues was represented. The workshop followed from the National Strategy for Child Health Research Workshop held in December 2011 which identified traffic injuries in children as a priority for research. Transportation health focuses on areas of priority within the Qatar National Research Strategy that include designing environments which promote youth safety and health, and help reduce motor vehicle-related injuries and deaths.

The workshop was designed to facilitate discussions amongst the major organizations in Qatar involved in Transportation Health, including HMC, Sidra Medical and Research Center, Weill Cornell Medical College in Qatar, Supreme Council of Health, Ministry of the Interior, Ashghal, Qatar Foundation, Qatar Statistics Authority, Qatar University and other stakeholders.

Key recommendations from this workshop included:

- initiate collaboration across sectors and leverage existing knowledge from the international context
- develop data integration that will inform legislation and work within the framework of the Qatar National Road Safety Strategy
• create multi-organizational research working groups committed to transportation health
• partner with the Supreme Council of Education on education and communication strategies; and
• engage Qatari families and communities to influence research and education program design and positively impact population health outcomes.

Child Health Research Day

The 4th Annual Child Health Research Day was held on February 4, 2014. This is the annual event which showcases child health research at HMC and abroad, and promotes the exchange of research experience and scientific knowledge amongst child health researchers within the State of Qatar and the Gulf Region. The event was planned, organized and delivered by HMC with minimal involvement from SickKids, demonstrating another example of sustainability and self-sufficiency achieved through the partnership. The program successfully brought together 324 clinicians and researchers from across HMC and local external organizations, including Sidra Medical & Research Center, Apollo Hospital, Ministry of Interior, Qatar Petroleum, Weill Cornell Medical College-Qatar, University of Calgary School of Nursing, and local elementary schools. International and local speakers highlighted research relevant to child health in Qatar and considerations for future child health research. The annual Child Health Research Day is highly regarded as one of the most important research initiatives within HMC. It continues to strengthen the profile for child health research in Qatar that was developed through the HMC/SickKids Partnership.

NEONATAL INTENSIVE CARE UNIT (NICU)

Neonatology was identified as a priority area for HMC resulting in the formation of the NICU task force. A multi-disciplinary team from SickKids conducted an assessment of the NICU in Women’s Hospital and provided key recommendations for improvement of the existing structure.

Since the establishment of the NICU Task Force, nurses, occupational therapists, physiotherapists, dietitians and respiratory therapists are participating in multi-disciplinary rounds – a major step forward from the previously physician-centric model in the NICU.

In 2013, a comprehensive education program on the foundational knowledge of neonatal respiratory therapy was delivered to almost all of the NICU respiratory therapists (RTs) at Women’s Hospital by SickKids SMEs. Competency-based assessments (CBAs) continue to be implemented during clinical consolidation to support transfer of didactic knowledge from classroom to clinical practice. RTs continue to provide a constant presence in the NICU supporting an inter-professional team model and providing bedside mentoring. There has been notable change in the RT role within NICU. HMC NICU RTs are increasingly participative in inter-professional rounds; they
are displaying higher levels of confidence in their own knowledge and they have become an integral part of the NICU team working closely with nurses and physicians.

SickKids also played a key role in nursing education (which will be discussed in greater detail under Nursing). The NICU nursing subspecialty education program was initially delivered solely by SickKids SMEs. Over the course of the year, NICU staff including the Nurse Educator and the Clinical Nurse Specialist (CNS) participated in the delivery of the curriculum. By the end of Year 4, two thirds of the curriculum was being delivered by HMC NICU staff which fosters SickKids’ commitment of building capacity and sustainability at HMC in years to come.

NURSING LEADERSHIP AND PRACTICE

Leadership Symposium

Development of HMC nursing leadership is a key factor in sustaining change in paediatric nursing practice. One of the strategies to enhance expertise of leadership is to develop and deliver annual leadership symposiums at HMC. In 2013, the 2nd Symposium for Paediatric Nurse Leaders was held. SickKids nurse leaders were instrumental in developing a high quality program in collaboration with the HMC paediatric nurse leaders. Guest speakers included SickKids managers, educators and nursing leaders. The symposium aimed to enhance the leadership competencies of HMC nurse leaders to build a best practice work environment and enhance workplace culture resulting in improvement of patient outcomes and organizational performance indicators. Foundational leadership theories and various leadership strategies and exercises were provided and shared to extend nursing leaders’ understanding of evidence-based leadership practices. Following the symposium, the SKI Advanced Nursing Practice Educators (ANPEs) supported the HMC head nurses and charge nurses with the integration of leadership skills learned at the symposium into practice in their clinical areas post symposium.

Leadership Visit to SickKids

In Year 4, SickKids offered an international placement at SickKids for an emerging HMC nurse leader. In November 2013, a four-week comprehensive program was developed for Ms. Maria Lourdes Ezpeleta, Acting Director of Nursing at HMC. SickKids supported her in:

- Understanding the SickKids nursing leadership structure, roles and responsibilities and how they relate across other services and teams
- Understanding the SickKids organizational structure, existing policies and procedures that support the delivery of evidence-based patient care
- Developing in-depth knowledge about programs and initiatives in are led by or involve nursing leaders at SickKids

Figure 9: Prof. Ann Marie Cannaby, HMC Executive Director of Nursing, addresses nurse leaders at the 2nd Paediatric Nurse Leader Symposium
• Observing the process of recruitment and retention of qualified paediatric nurses and the competency-based framework used to ensure nurses have the required skill-set to provide excellent patient care

Her visit concluded with a presentation highlighting the knowledge gained from interacting and shadowing various leaders at SickKids.

_Nurse-Sensitive Indicators Identified_

Measuring the quality of nursing practice within the context of an inter-professional team environment can be challenging. The complexity of clinical experience and confounding variables make it difficult to isolate and clearly identify the impact made by nurses specifically. An evaluation plan was submitted to HMC in order to capture evaluation data using nurse-sensitive indicators within the Paediatric Intensive Care Unit (PICU). An opportunity was proposed to commence a focused evaluation to examine KPIs given all nurses in PICU had completed the subspecialty education course.

The PICU evaluation was intended as a pilot to identify evaluation strategies that could be applied across subspecialties. The proposed evaluation plan identified performance indicators while acknowledging the impact of structure and process on outcomes. The evaluation plan introduced a multi-dimensional approach and included both quantitative and qualitative data collection tools to provide a better understanding of the relationship between nursing education, learning and practice change.

_University of Toronto Accreditation for Paediatric Nursing Subspecialty Courses_

A notable achievement in Year 4 was the successful accreditation of eight nursing subspecialty programs through the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. An awards ceremony was hosted by Prof. Ann Marie Cannaby, Executive Director of Nursing, HMC, Pam Hubley, Chief, Professional Practice and Nursing, SickKids, and Leslie Vincent, Executive Director, Centre for Professional Development, University of Toronto. Over 700 HMC nurses received certificates from the University of Toronto recognizing their successful completion of the accredited courses.

![Figure 11: The paediatric nursing subspecialty courses developed by SickKids received accreditation from the University of Toronto’s Bloomberg Faculty of Nursing. Each nurse who had completed a course received a certificate.](image)
FUNCTIONAL AREA ACCOMPLISHMENTS

NURSING

In 2013, HMC launched its Nursing Strategy for 2013-2015 with a vision of becoming one of the best nursing services in the world. The SickKids/HMC Partnership worked hard to align 2013 education objectives with the strategic direction for nursing to strengthen nursing practice by:

“Building the right staff, educated to the right standards, in the right structure, giving the best care as part of the academic health system.”

In Year 4, efforts were focused on the advancement of clinical nursing practice through comprehensive education programming with an emphasis on application of knowledge and skills into practice, building nursing leadership capacity and facilitating HMC’s academic mandate through accredited programming.

Supporting Nursing Education Infrastructure at HMC

The Year 4 Paediatric Nursing Education Plan aimed to support the HMC education infrastructure complementing their education resources by providing skilled facilitators and clinical instructors to deliver education programming from the classroom to the clinical setting. Where possible, HMC educators were integrated as faculty to deliver programming and facilitate clinical learning opportunities. SickKids International Advanced Nursing Practice Educators (SKI ANPEs) provided strategic and operational leadership in the implementation of the nursing education strategy by supporting key components of leadership development interventions and clinical advancement. SKI ANPEs further supported subject matter expert (SME) effectiveness by integrating a structured orientation program and follow-up debriefing sessions to ensure continued cross-cultural teaching as well as respectful and effective mentoring roles.

Subspecialty Education Delivery and Clinical Integration

SMEs from SickKids continued to deliver multiple paediatric nursing subspecialty education programs. The programs included one to two-week curriculum courses in the following subspecialty areas: Neonatology (NICU), Cardiology, Respiratory Medicine, Emergency Medicine, Nephrology, Haematology/Oncology and Paediatric Surgery. The programs focus on enhancing foundational nursing knowledge in each paediatric subspecialty for nurses at HMC. In the NICU and respiratory courses, a number of lectures were co-facilitated by SMEs from Respiratory Therapy who assisted in role modelling inter-professional collaboration. The NICU course was co-facilitated by HMC Women’s Hospital CNS and Educator team. After nurses completed the subspecialty curriculum,
SMEs provided clinical mentorship at the bedside to review and consolidate known information and the translation of knowledge into practice.

Continuing Education Courses

Complementary to the subspecialty education programs, 30 continuing education programs were enhanced through the collaboration of SKI ANPEs and the HMC Nursing Education and Research Department. SMEs in collaboration with the HMC educators delivered workshops on family-centred care and asthma.

Paediatric Intravenous Therapy Team

The SickKids Intravenous (IV) Team continued to work with the newly developed Paediatric IV team at HMC. Further education was provided by SickKids SMEs on central venous access followed by a two-week period of clinical mentorship. Follow-up of progress of this program is planned for the following year.

<table>
<thead>
<tr>
<th>Nursing Education Program</th>
<th>Total Courses Offered</th>
<th>Total HMC Attendees</th>
<th>Classroom Facilitation (SME Days)</th>
<th>Clinical Instruction (SME days)</th>
<th>Total SME days in Qatar</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU</td>
<td>8</td>
<td>125</td>
<td>150</td>
<td>308</td>
<td>458</td>
</tr>
<tr>
<td>Cardiac</td>
<td>6</td>
<td>93</td>
<td>105</td>
<td>151</td>
<td>256</td>
</tr>
<tr>
<td>PICU</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>173</td>
</tr>
<tr>
<td>Respiratory</td>
<td>4</td>
<td>86</td>
<td>75</td>
<td>71</td>
<td>146</td>
</tr>
<tr>
<td>Respiratory Therapy (Co-facilitation of Resp/NICU)</td>
<td></td>
<td></td>
<td>57</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Haematology/Oncology</td>
<td>2</td>
<td>22</td>
<td>50</td>
<td>232</td>
<td>282</td>
</tr>
<tr>
<td>Nephrology</td>
<td>2</td>
<td>35</td>
<td>60</td>
<td>243</td>
<td>303</td>
</tr>
<tr>
<td>Emergency</td>
<td>4</td>
<td>48</td>
<td>100</td>
<td>169</td>
<td>269</td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>2</td>
<td>22</td>
<td>50</td>
<td>115</td>
<td>165</td>
</tr>
<tr>
<td>Paediatric IV Team (Phase II)</td>
<td>3</td>
<td>36</td>
<td>6</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>2nd Symposium for Paediatric Nurse Leaders</td>
<td></td>
<td></td>
<td></td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>SKI ANPE Support</td>
<td></td>
<td></td>
<td></td>
<td>165</td>
<td>165</td>
</tr>
<tr>
<td>OR Nursing **</td>
<td>2</td>
<td>19</td>
<td>10</td>
<td>136</td>
<td>146</td>
</tr>
<tr>
<td>PACU Nursing **</td>
<td>2</td>
<td>15</td>
<td>20</td>
<td>214</td>
<td>234</td>
</tr>
<tr>
<td>TOTAL</td>
<td>35</td>
<td>501</td>
<td>683</td>
<td>2088</td>
<td>2657</td>
</tr>
</tbody>
</table>

*HMC Nurses may have attended more than one course offered by SickKids

** Details captured in Perioperative Services

ALLIED HEALTH

Respiratory Therapy

Respiratory therapists from SickKids continue to support the delivery of the paediatric nursing sub-specialty education delivery, which is an excellent platform to model inter-disciplinary teamwork and provide support for the respiratory content of the course. Subject matter experts (SMEs) have delivered and supported education in the eight NICU courses delivered in Year 4.

See NICU section for additional work by Respiratory Therapists in Year 4.
Child Life

In collaboration with leadership from HGH, SickKids Child Life Specialist (CLS) SMEs assisted in the development and implementation of the Child Life Volunteer Program. The primary goal of the program is to develop paediatric volunteers who will interact and engage children who are inpatients at HGH through integration and play leading to improved hospital experience and quality of life. SickKids Child Life Specialists delivered a workshop focusing on basic concepts on child development, the importance of play and practice of age-specific play strategies that they could use when interacting with the children in the hospital. A two-hour mentoring session was offered to each volunteer. By the end of 2013, there was notable interest in the program. HMC will look to recruit additional volunteers to support the program in the next year. SickKids CLSs will return in Year 5 to provide additional education and training as well as conduct a review of the program’s first year.

Dietetics

The focus for Year 4 for Dietetics was to continue providing support for the integration of dietitians into the paediatric specialization role through clinical mentorship within an inter-professional team model. Significant development was seen in the areas of clinical practice, professional development, evidence-based practice and inter-professional practice.

Dietitians have had a stronger presence in the clinical areas. They are participating in inter-professional rounds; performing more comprehensive nutritional assessments; providing input in areas not previously supported by dietetics (e.g. parenteral nutrition) and displaying a better understanding of indications for formulas and formula fortification in clinical areas.

Prior to Year 3, HMC had six generalist dietitians working with paediatric patients. As of Year 4, this number has increased to 12 dietitians who are all dedicated to paediatrics and are now supporting specialty areas. This group is constantly striving for professional development by attending internal and external workshops, providing preceptor support to new hires, and delivering weekly departmental presentations and case studies.

The HMC dietitians have been successful in the application of evidence-based practice to their work. The HMC Dietetics Department now has online access to internationally recognized peer-reviewed nutrition journals. Peer-reviewed articles are being used to guide practice and develop lectured, evidence-based nutritional care guidelines and protocols.

As a result of their work, dietitians along with other allied health professionals are being invited to ward rounds, which is a shift from the previous medical-centric model.
Laboratory Medicine

SickKids continued to support HMC’s strategic plan for Paediatric Laboratory Services in Year 4. There was particular interest in telepathology. This was supported by a visit from a pathologist and laboratory manager who provided advice on technical equipment and organizational requirements to introduce clinical and diagnostic applications of telepathology to the HMC Anatomic Pathology Team. HMC is also exploring the potential use of telepathology for frozen sections within the General Hospitals group at HMC.

A multi-disciplinary team from SickKids consisting of a phlebotomy supervisor, a child life specialist and an educator, conducted an assessment on the phlebotomy learning environment within paediatric laboratory services at HMC. The findings of their assessment resulted in the development of a curriculum aimed to address skills and techniques that foster a child-friendly working environment for paediatric phlebotomy services. This curriculum will be delivered to HMC Laboratory staff in Year 5.

DEPARTMENT OF PAEDIATRICS

SickKids subject matter experts (SMEs) have worked closely with HMC to support medical education during the past four years of the partnership. HMC has been active in pursuing residency and fellowship program accreditation from the Accreditation Council for Graduate Medical Education – International (ACGME-I) and was granted this in 2012. HMC is the second institution in the Middle East and second outside the United States to receive this accreditation. ACGME-I is responsible for accreditation of the majority of graduate medical training programs for physicians in the United States.

SickKids provided HMC with support in aligning their paediatric residency program in accordance to ACGME-I standards. A paediatric residency accreditation ceremony was held on 31 December, 2013, to recognize the crucial role of the HMC Paediatrics team.

The next step for HMC is aligning its paediatric subspecialty fellowship programs with ACGME-I standards. To date, SickKids SMEs in medical education have supported HMC by reviewing and providing recommendations for the enhancement of the following programs: Genetics, Neurology, Neonatology, Emergency Medicine, Haematology/Oncology, Pulmonology and General Paediatrics.

Figure 15: Leaders from the Department of Paediatrics at HMC celebrate receiving accreditation from ACGME-I
PRIMARY HEALTH CARE PROJECT

Improving the quality of primary healthcare services across the Qatar was deemed a priority in the National Health Strategy (2011-2016). Following its release, the Primary Health Care Corporation (PHCC), Qatar’s leading primary health care service provider, released its Primary Health Care Strategy (2013-2018) which includes a plan to improve paediatric primary care services across the country.

In an effort to support this strategy, SickKids partnered with St. Michael’s Hospital in Toronto and signed a memorandum of understanding with PHCC to develop a collaborative plan to enhance the care of children within the primary health care sector. This partnership falls under the umbrella of the HMC/SickKids Partnership agreement that currently exists.

Previous assessments conducted in Qatar in February and October 2011 and September 2012, formed the basis for the proposal for services that was submitted to PHCC. This was translated into a statement of work that describe the project in four phases: 1) as assessment of the current state and a definition of future services for paediatric primary health care in Qatar; 2) defining the skills and competencies that PHCC staff will require to deliver the service for children; 3) co-development of a curriculum by SickKids and St. Michael’s Hospital and 4) delivery of the education to PHCC staff.

To date, SickKids and St. Michael’s subject matter experts have worked together with PHCC stakeholders to develop a comprehensive list of paediatric competencies for physicians and nurses working in the PHCC. These competencies are being used to guide the development of the paediatric primary health curricula which will be delivered to nurses and physicians in the PHCC. Education delivery is planned to be completed by June 2015.
PROJECT TEAM ACCOMPLISHMENTS

Stars of Excellence

The fourth annual Stars of Excellence Awards was held on November 17, 2013, at the Qatar National Convention Center. The event recognized teams across HMC who have reached the highest level of achievement within the three pillars that define the organization: health, education and research. More than 250 applications from multiple programs across HMC were nominated for the award.

The HMC/SickKids Partnership was presented with two awards that evening:

- The Stars of Excellence Award for the Early Intervention Program
- The Merit Award for Pain Management Education and Awareness

The Stars of Excellence award, the highest achievement in its category was accepted by Dr. Haitham El Bashir, Head, Child Development Centre, and Dr. Mohammad Janahi, Chairman, Department of Paediatrics.

4th Anniversary of the Partnership and Michael Apkon’s Inaugural Visit to Qatar

On February 7, 2014, HMC and SickKids entered the fifth year of their partnership. This milestone was celebrated at the fourth anniversary luncheon at the Hamad bin Khalifa Medical City Club Hotel on February 16. The event was attended by the senior management teams from both HMC and SickKids. The event was an opportunity to reflect on the achievements of the partnership’s impact on paediatric services and patient care.

The celebrations coincided with Dr. Michael Apkon’s first official visit to Doha since he assumed the role of President and Chief Executive Officer of SickKids.
He was accompanied by Mary Jo Haddad, Past President and CEO, John Wedge, Chair, SickKids International, Cathy Séguin, Vice-President, International Affairs, and Jeff Mainland, Executive Vice-President, Strategy, Performance, Quality and Communications. HMC formally welcomed Apkon and recognized Haddad for her contributions over the past 10 years. The event also profiled Abdulla Mahmoud, 6, who was diagnosed with Down’s syndrome and Tracheobronchiomalacia and Ventricular Septal Defect (VSD). Abdulla has been on the road to a remarkable recovery with the help of HMC’s chronic vent unit and the Complex Care Team.

During their visit, the SickKids executive team met with Her Highness, Sheikha Moza Bint Nasser, Chair, Qatar Foundation and former First Lady of Qatar, Dr. Fathy Saoud, Past President, Qatar Foundation, and Dr. Hanan Al Kuwari, Managing Director, HMC. Both teams discussed the outcome of the unique collaboration between HMC and SickKids and discussed potential opportunities for collaboration in the future.

The executives were given a tour of the state-of-the-art Sidra Medical and Research Center. The new hospital will set new standards in patient care for women and children in Qatar and the entire Gulf Region. SickKids is supporting recruitment, selection and training of staff for the hospital, which is expected to welcome its first patients in 2015.

The SickKids guests were also treated to a robotics-simulation demonstration and a tour of the Qatar Science & Technology Park, the national agency charged with executing applied research and delivering commercialized technologies in four key areas: health sciences, energy, environment and information and communication technologies. Health sciences innovation is an area where there is opportunity for future collaboration with SickKids.
MOVING FORWARD: PLANNING FOR YEAR 5

The project teams from both HMC and SickKids convened on 4 November, 2013 for their annual retreat. Johnston and Haj-Assaad provided an overview of the progress of the partnership and reflected on the many achievements resulting from the collaboration. The rest of the retreat was used to plan for Year 5 in accordance with the new Clinical Services Reconfiguration Program.

Clinical Services Reconfiguration Program

HMC has evolved over the last decade into a major provider of acute and continuing care services. Like many successful health-care providers internationally, this growth has produced several challenges that require a coordinated approach to a complex change management agenda now facing the organization. The rapidly growing population in Qatar directly correlates with an increase in the paediatric patient population. This will result in considerable pressure on the country’s current services and facilities.

The Clinical Services Reconfiguration Program (CRSP) is a mechanism designed to pull together and manage a large number of changes planned to take place between now and 2016. These changes include steps to relieve service pressures on HGH and Women’s Hospital by optimizing utility of services at the general hospitals in Al Wakra (south-eastern Qatar), Al Khor (north-eastern Qatar) and the Cuban Hospital in Dukhan (western Qatar). The CSRP will bring together many of the initiatives and projects that currently exist and offer a structure through which they can be implemented in a coordinated way across the corporation with a goal of “one program, multiple sites.”

The CSRP aims to:

- Enhance the skill and knowledge of the clinical staff with the support and experience of senior managers
- Streamline and optimize the location of services and the way in which the delivery of those services is designed

To achieve this, the program is based on clinically driven work streams, led by a senior clinician, a managerial lead and a nursing lead who will collaborate with hospital/facility management teams to recommend changes across the corporation for their area. There are 12 work streams under the CSRP, one of which is Children’s. The HMC/SickKids Partnership has been charged with responsibility for the Children’s work stream.

Planning for the Children’s work stream produced the following objectives, which will become the focus of the Partnership for Year 5:

- Plan and develop the scope of service for paediatric programs that will remain at HMC post-Sidra opening.
- Work with the HMC/Sidra Joint Affiliation Office to ensure the appropriate, safe and effective transition of programs.
- Continue to improve the quality of children’s services at HMC.
- Unify services being offered at multiple sites.
- Continue to develop paediatric expertise across all professional disciplines through education and clinical mentorship.
HMC and SickKids will work to lead the following working groups under the Children’s work stream: General Paediatrics, PICU Level II, Paediatric Long-term Care, Adolescent Medicine, Paediatric Pain, Paediatric Perioperative Services, Paediatric Emergency Medicine, Nursing Education and Leadership and Age Policy. Although the Partnership will not be leading them, it will be asked to provide expertise in the following areas in relation to paediatrics: NICU, Diagnostic Imaging, Laboratory Medicine, Bone Marrow Transplant, Mental Health, Home Care and Post-Acute Rehabilitation.

The HMC and SKI project management team will work closely with SickKids staff in Toronto over the next year to ensure that HMC is equipped with the appropriate tools to facilitate this change management.

Although January 31, 2015 will mark the conclusion of the current partnership contract between HMC and SickKids, the two organizations will continue to work closely together for six months to conduct an evaluation of the partnership through measureable indicators.
ACKNOWLEDGEMENTS

The SickKids International Project Team with staff in Toronto and Doha underwent several changes during Year 4. We would like to take this opportunity to acknowledge the many individuals who have made significant contributions to the success of the project and have since pursued other opportunities.

- Dr. Allan Coates, Research Director
- Dr. Guy Petroz, Anesthesia/Pain Director
- Dr. Denis Geary, Medical Director
- Dr. Daune MacGregor, Associate Medical Director
- Nicky Brookes, Sr. Project Manager/Occupational Therapist
- Mayukh Chakraborty, Senior Project Manager, Operations
- Davina Japaul, Office Clerk
- Gabor Huve, Finance Manager
- Ailish Kilmartin, Business Analyst
- Leah Paterson, Project Coordinator

In addition, we would also like to welcome several new individuals to the project management team:

- Dr. Hilary Whyte, Medical Director
- Bonnie Fleming-Carroll, Associate Chief of Nursing, Interprofessional Education
- Sandi Ricardez, Project Coordinator
- Ingy El-Nadoury, Project Coordinator
- Lori Chessell, Controller
- Jeffrey Kang, Project Coordinator

We would like to acknowledge that none of this work could have been done without the help of our many partners:
APPENDICES

APPENDIX A
SickKids International Project Team Organizational Structure (June 2014)

APPENDIX B
Hamad Medical Corporation Project Team Structure (June 2014)