

A DECADE OF QUALITY JOURNEY IN HEALTHCARE SERVICES



Nashat Nafouri, *PhD, MLS(ASCP), BD, BSc*

Chairman, Health Care Group

Executive Officer, Saudi Quality Council

www.sqc.org.sa

55th EOQ Congress as World Quality Congress

20-23 June, 2011, Budapest, Hungary



❖ **Innovation** is a full-time endeavor for all modern organizations, not just a task to be checked off periodically”

Tom Kelley, The Ten Faces of Innovation

❖ **Excellence** is not a coincidence outcome but a result of a daily habit”

Nashat Nafouri, HIG, Saudi Quality Council

MILLENNIUM HEALTHCARE ACUTE DEMANDS

- ❖ **To limit spread of infections.**
- ❖ **To ensure treatments are cost-effective.**
- ❖ **To monitor the health of increasingly aged populations.**

DRIVING FORCES FOR THE HEALTHCARE INDUSTRY TO REINVENT ITSELF

- **Globalization,**
- **Competitive Market,**
- **High Insurance Rates,**
- **Patients' Rights and Knowledge,**
- **Shortage of Qualified Resources,**
- **Information Technology Revolution**
- **High Costs of Crisis Management**

GLOBAL INDUSTRY STATUS

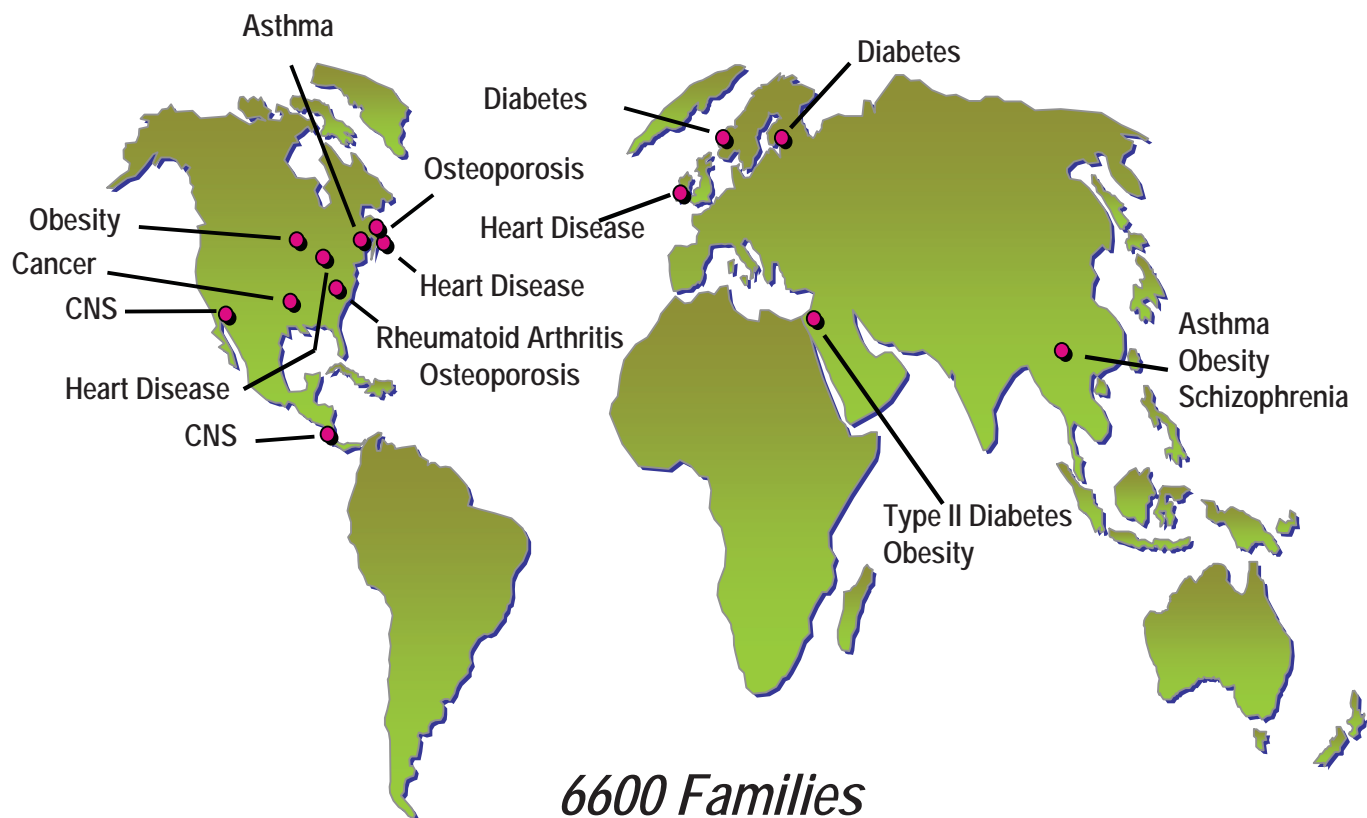
- ✓ The entire spectrum of the healthcare industry consolidates including hospitals, diagnostics, devices and drug development/pharmaceutical companies.

THE PRIMARY REASON IS SURVIVAL!

NEW REVOLUTION HAS BEGUN!

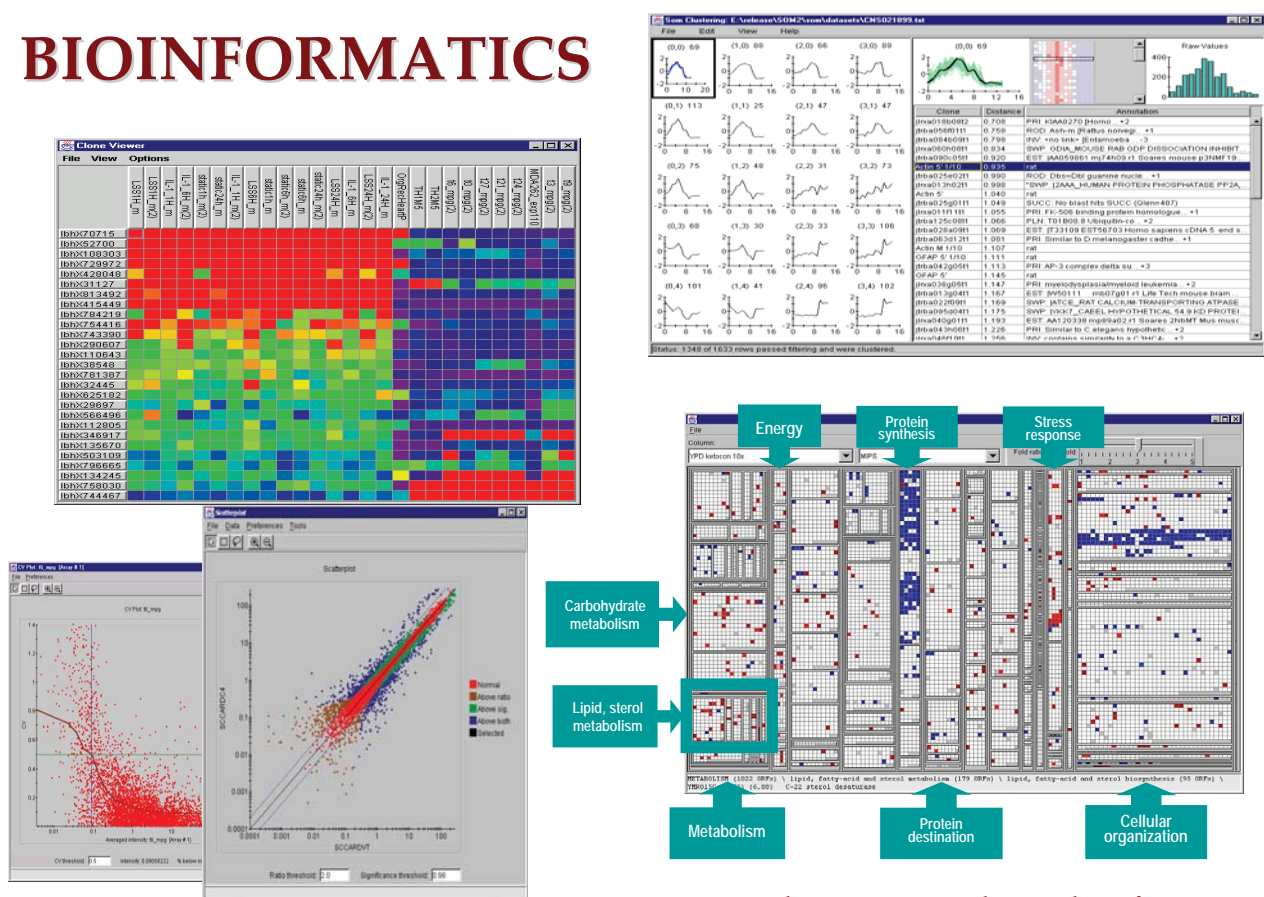
- ❖ New era has begun driven by Human Genomic Project, Biotechnology, Bioinformatics, Nanotechnology, Stem Cell Research, Theranostics, Four-Armed surgical robot, E-Clinical Trials and PSI Hub...etc.
- ❖ Disease is being viewed on the cellular level & therapies are individualized.
- ❖ Genomic technologies have begun to provide information that was once thought to be science fiction.
- ❖ Entrepreneurial Culture is spreading quickly in the GCC.
- ❖ Millennium Quality Architecture is facing paradigm shift from Certifications and/or Accreditation to cGMPs, cGLPs, cGCPs, Zero Error & Excellence Modules.
- ❖ New career opportunities for millennium workforce.

HUMAN DISEASE ASSOCIATION

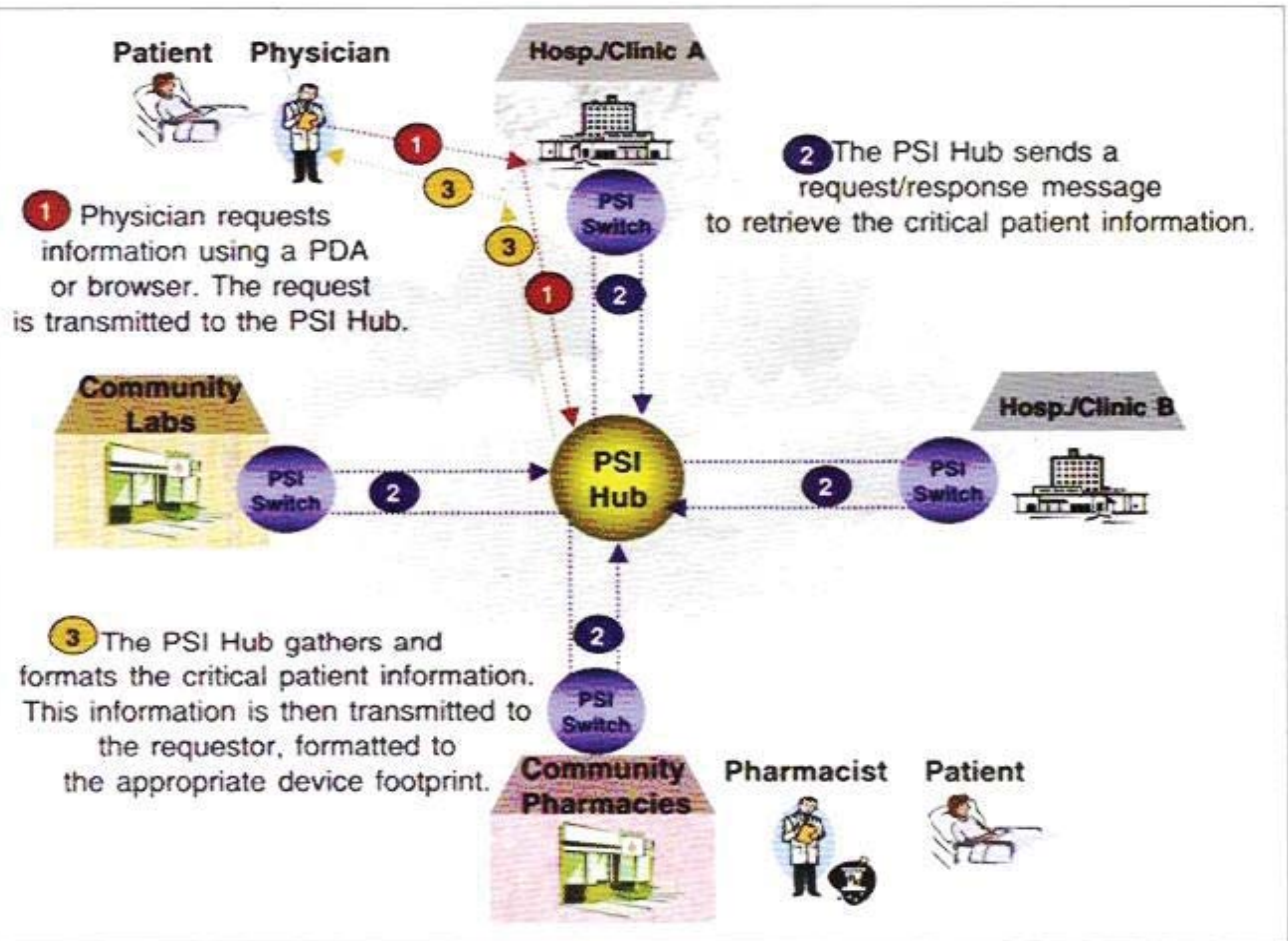


Source: Millennium Pharmaceuticals, Inc. 2001

BIOINFORMATICS



Tremendous Rework Reduction!



An overview of the technical approach for retrieving patient clinical information in real-time.

THE TRANSITION BETWEEN PATIENTS POPULATION'S CONCEPT TO CUSTOMERS' PHILOSOPHY



patient_room_circa_1938c Courtesy of Glen Falls Hospital.jpg



Courtesy of PRI, Inc.



TODAY'S PATIENT?

- ✓ Patient is knowledgeable and has access to information.
- ✓ Knowledge is Power!
- ✓ Patients rights, insurance and quality demands.



HEALTH CARE FACILITIES IN OLD DAYS



Mihintale missaka Oldest hospital in the world in Sri Lanka



Ward 4, Lincoln Hospital, Courtesy of the National Library of Medicine



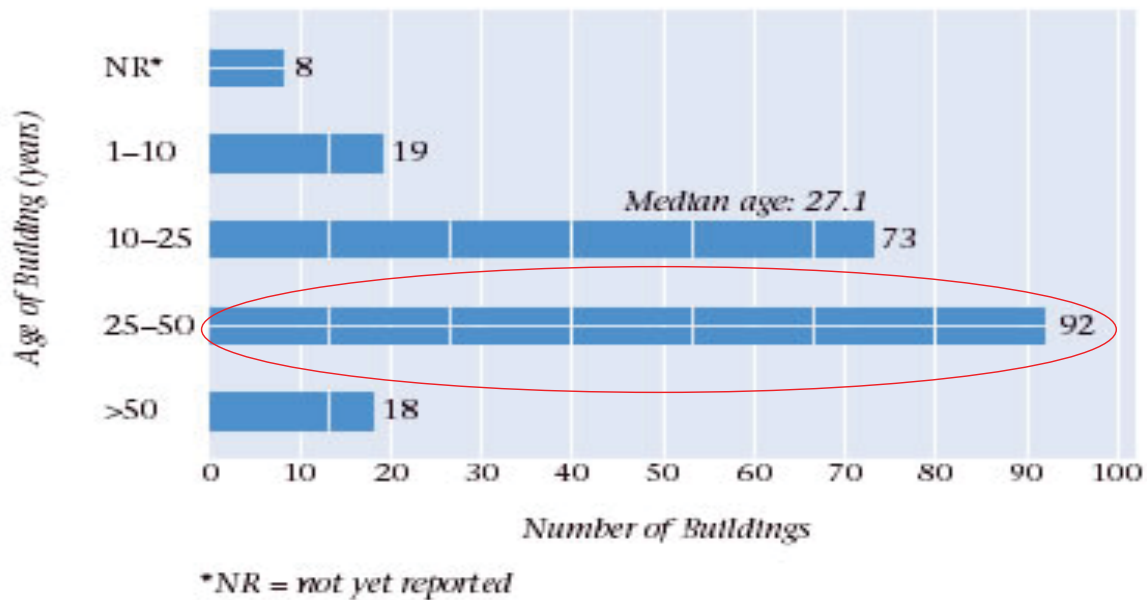
Ospitale Grande di Verona
Courtesy of International Network on hospital history



St. Bartholomew's Hospital _London

AGE OF HEALTH CARE FACILITIES

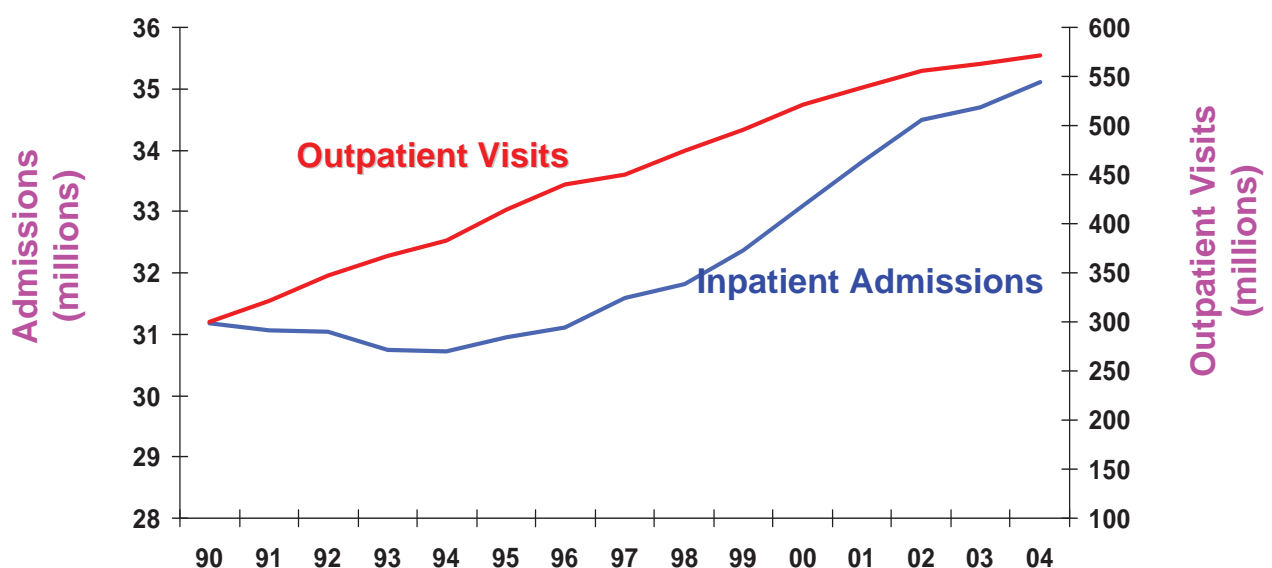
Figure 3.
Breakdown of Average Age of Buildings of Health Care Facilities



Source: Natural Resources Canada, www.nrcan.gc.ca

THE DEMAND FOR HEALTH CARE IS RISING

Inpatient Admissions and Outpatient Visits
1990 - 2004



Source: AHA Annual Survey

STATE-OF-THE-ART DESIGNS



The International Hi-Tec Medical Park
Vietnam



Indiana University
Hospital



NHS Greater Glasgow
and Clyde



KK Women and Children
Hospital Singapore



Vancouver General
Hospital

PHYSICIANS VIEW OF QUALITY

Tend to see quality in terms of the excellence of the services they provide ("doing the right things right") and the quality of their interactions with patients.

PHYSICIANS & SKEPTICISM

“Despite skepticism on the part of physicians, there is reason to believe that **such techniques** may be useful **not only in preventing error, but also in managing chronic diseases, such as asthma**, Gibson et al”.

ORGANIZATION VIEW OF QUALITY

- Organizations and health plans emphasize the **optimal functioning of systems** when they define quality of care.
- The changing nature of medical services is forcing physicians and healthcare professionals to pay increasing attention to **systems of care, quality approaches and quality costs**.

THE QUALITY GAP BY MCGLYNN ET AL., NEJM; 2003

<u>Conditions</u>	<u>% Recommended Care Received</u>
➤ Hip Fracture	22.8
➤ Urinary Tract Infection	40.7
➤ Hypertension	64.7
➤ Low Back Pain	68.5
➤ Diabetes Mellitus	64.7
➤ Coronary Artery Disease	45.4
➤ Colorectal Cancer	68.0
	53.9

Source: JCI International Practicum, Singapore, April 2008

THE REALITY OF HEALTH CARE

- Culture of low expectation
- Tolerance of deviant behavior
- Waste about 40 cents of each health care dollar spent
- Failure to use available technology to empower
- Development of workarounds for inefficient processes
- Then should it be a surprise that.....!!

Source: JCI International Practicum, Singapore, April 2008

EVOLUTION OF ACCREDITATION

“So I am called eccentric for saying in public that hospitals, if they wish to be sure of improvement,

1. Must find out what their results are,
2. Must analyze their results, to find their strong and weak points,
3. Must compare their results with those of other hospitals,
4. Must welcome publicity not only for their successes, but for their errors.”

Ernest A. Codman, MD, 1917

Source: JCI International Practicum, Singapore, April 2008

NEED FOR QUALITY EVALUATION

➤ The American College of Surgeons described the need for standardization of hospitals through accreditation as the need to:

❖ “Encourage those which are doing the best work, and to stimulate those of inferior standard to do better.”

Source: JCI International Practicum, Singapore, April 2008

- **Healthcare Accreditation Modules Are Diversified And Have Different Magnitude.**
- **International Healthcare Accreditations Modules in the Middle East:**

- 1- Joint Commission Accreditation (JCI)
- 2- Collage of American Pathologists CAP
- 3- American Association of Blood Banks (aaBB)
- 4- Canadian Council on Health Services Accreditation (CCHSA)
- 5- Australian Accreditation
- 6- ISO 9001:2000

"If Quality is a Journey not a Destiny, then Legacy in Quality Means Infinity"

Source: NafouriN, Medlab 2006



Is It Worth It To Invest on Accreditation or on Quality Improvement?

THE NEW CHALLENGES in healthcare industry, competitive marketing, high insurance rates, patients' rights and knowledge, shortage of resources, information technology evolution, biotechnology and the high costs of risk management are driving forces behind the emergence of quality and quality costs in the healthcare industry.

Despite the fact that the "zero defect" is not tolerable when human lives are involved, is it achievable worldwide? The consequences in healthcare could be fatal and catastrophic. The question we ask is "How do we globally balance between applying high standards and stringent regulations, while focusing on day-to-day operations?"

There is therefore a global need to unify the efforts as well as establish guidelines and standards which are universal and applicable so that the quality management is not redundant and the costs of failures are minimized. Most accreditations, if not all, are changing the nature of medical services from excellence in the services provided to optimal functioning of system thinking when defining quality of care. This explains why most healthcare organizations are seeking accreditations at the international level particularly as we live in one global community.

Accreditations in healthcare settings have different scope. For example, the focus of the American College of American Pathologists (CAP) is to accredit the Pathology and Laboratory Medicine as one whole unit, which is considered departmental. One could consider the accreditation by the American Association of Blood Banks (AABB) as sub-departmental since it focuses on the quality system, processes of the transfusion medicine (i.e. blood bank) and the division centre, where both are considered a section of the laboratory medicine department.

Both accreditations share the same objective, which is improving the quality

of the services provided by the laboratory as a whole unit. However, the accreditation by the AABB is more stringent and rigid since there is a direct contact with donors on one hand and generating therapeutic products to be transfused to patients in the form of blood products on the other hand.

However, the latter requires the accrediting body to be robust in their standards to meet with the needs of federal regulators (CFR) of the Food and Drug Administration (FDA). Laterally, the AABB accreditation focus is on quality system and process control.

In contrast, CAP accreditation focuses on checklists to ensure the effectiveness of the quality control and the external proficiency testing programme. From my recent working experience, I observed that it is a good strategic planning to consider both accreditations to improve the total quality of the services provided by the pathology, clinical laboratories, donation centre, and transfusion medicine. I recommend the utilization of CAP accreditation to improve the Quality Assurance (QA) of the laboratory operations system by mastering the Quality Control (QC) and the external proficiency testing programme. In addition, it is worthwhile to consider the quality system approach of the AABB standards to control all blood bank processes since AABB accreditation is more rigid and formal in order to meet FDA regulations.

This is particularly important if the Laboratory Management offers its blood products internationally as safe products. Sixteen Laboratories in the Middle East are CAP accredited (14 Laboratories in Saudi Arabia, one in United Arab Emirates, and 1 in Lebanon) while only 10 Transfusion Medicine and/or Donor Centres in Gulf States are AABB accredited (14 in Saudi Arabia and one in Kuwait).

It is noted that CAP accreditation complements more the Directorship of the Pathology and Laboratory Medicine

rather than recognising systematic approaches. Hence, the accreditation is awarded to the Laboratory Director not to the facility and Laboratory team. In contrast, AABB accreditation complements quality system and recognizes process control with a continuous drive towards improvement.



went. This AABB accreditation is awarded to the facility as a whole system, which makes it more prestigious than the CAP accreditation. In my opinion, the variability of the human factor "heterogeneity" between different Laboratories Directors would have equal impact on the quality improvement, whether positively or negatively. It is largely dependent on the experience and the leadership skills of the Laboratory Director.

There is another type of accreditation that has a wider scope and focus on improving the entire spectrum of the healthcare services which are provided under one roof of a healthcare facility by the Joint Commission International (JCI) Accreditation Program. JCI accreditation is obtained once the eleven chapters

ACCREDITATIONS IN HEALTHCARE

- ✓ **Accreditation:** The determination that a specific AU is **meeting program-specific Standards for Accreditation**, as defined and published by CAP. (CAP)



ACCREDITATIONS IN HEALTHCARE

- ✓ **Accreditation:** Certification by a duly **recognized body of the facilities**, capability, objectivity, competence and integrity of an agency, service, or operational group or individual to provide the specific service or operation needed. **(ASQ)**



- ✓ **The Accreditation Program** assesses the quality and operational systems in place within the facility. **The basis for assessment includes compliance with Standards, Code of Federal Regulations and federal guidance documents. (AABB)**



ACCREDITATIONS IN HEALTHCARE

- ✓ Accreditation is **not a “pass or fail.”** Accreditation means helping organizations **prepare for success.** "**Accreditation Canada**"



- ✓ **Positioning statement:** Helping Health Care Organizations **Help Patients. JCI**



ACCREDITATIONS IN HEALTHCARE

- ✓ **For consumers,** accreditation is basically an issue of trust. People who use health services want to have confidence that those services are safe and will provide consistent high quality care. People understand that there are risks associated with using the health system, but they want those risks minimized. "ACHS"



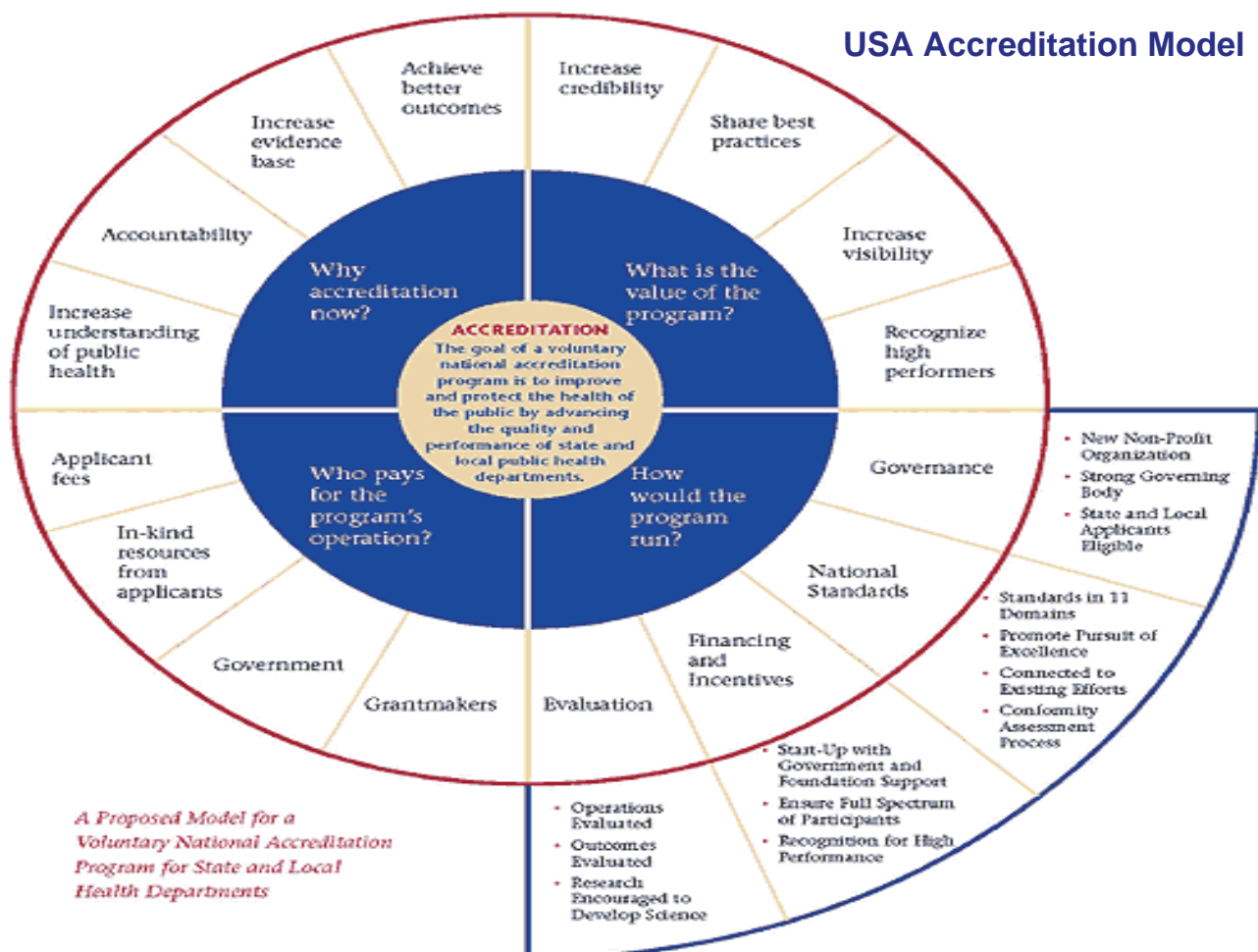
ACCREDITATIONS IN HEALTHCARE

- ✓ ISO enables a **consensus** to be reached on solutions that meet both the requirements of business and **the broader needs of society**.

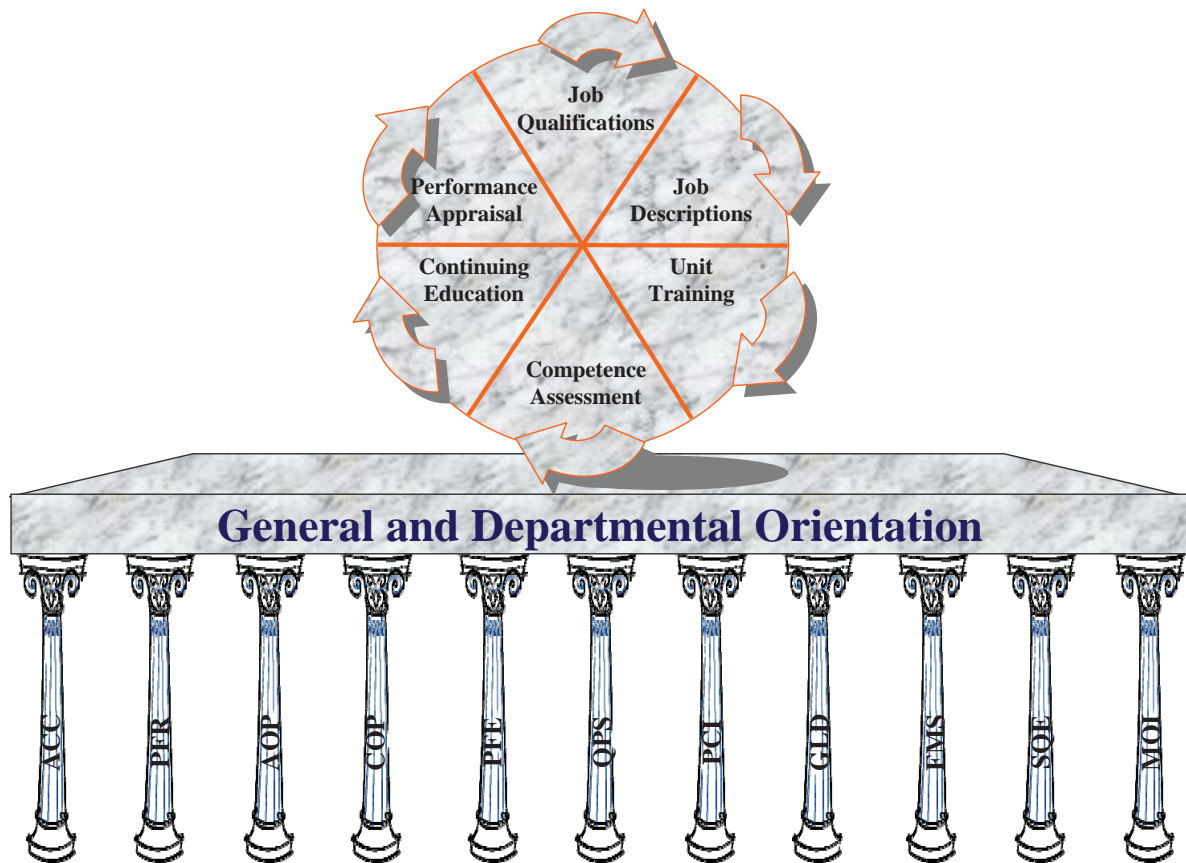


ACCREDITATIONS IN HEALTHCARE

- ✓ The objective of the Central Board of Accreditation for Healthcare Institutes (CBAHI) in the Kingdom of Saudi Arabia is to improve offered healthcare services and increase patient safety.



EXAMPLE OF ADOPTED QUALITY ARCHITECTURE MODEL IN KSA



Source: Nafouri N. et. al. 2007, 1st MEQA

THE CHALLENGE

- Establishing an organizational culture of safe, quality care is essential for sustaining improvement
- It's not a pill everyone can take at once. Individual behaviors must change one person at a time.
- Measure the direction and rate of progress because organizational cultures can change at a moments notice, e.g., after a sentinel event or a change of leadership.

Creating Healing & Hospitable Environment is Beyond Compliance !

What could be the magic recipe?

- ❖ Recognizing Actual Demands & Lessons Learned.
- ❖ Understanding Global Paradigm Shift.
- ❖ Excellence as a Roadmap.

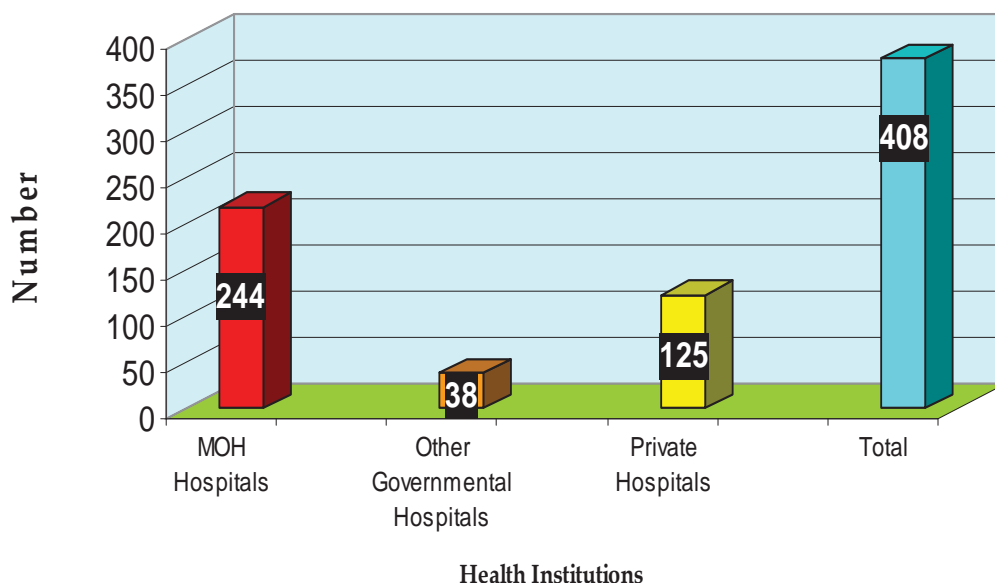
KSA HEALTH DATA

السنة Year										القطاعات Sectors
1428		1427		1426		1425		1424		
الأسرة Beds	المستشفيات Hospitals #	الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	
31420	225	31877	220	30489	218	30020	213	28751	200	وزارة الصحة Ministry of Health
10828	39	10257	39	10156	38	9975	38	10300	40	الجهات الحكومية الأخرى Other governmental
11271	123	12590	127	12547	123	11135	113	10133	110	القطاع الخاص Private sector
53519	387	54724	386	531	379	51130	364	49184	350	المجموع Total
22.10		23.10		23.00		22.50		22.40		معدل الأسرة 10.000 نسمة Rate of beds/10,000pop.

Source: www.moh.gov.sa

SAUDI HOSPITALS FOCUS -2009

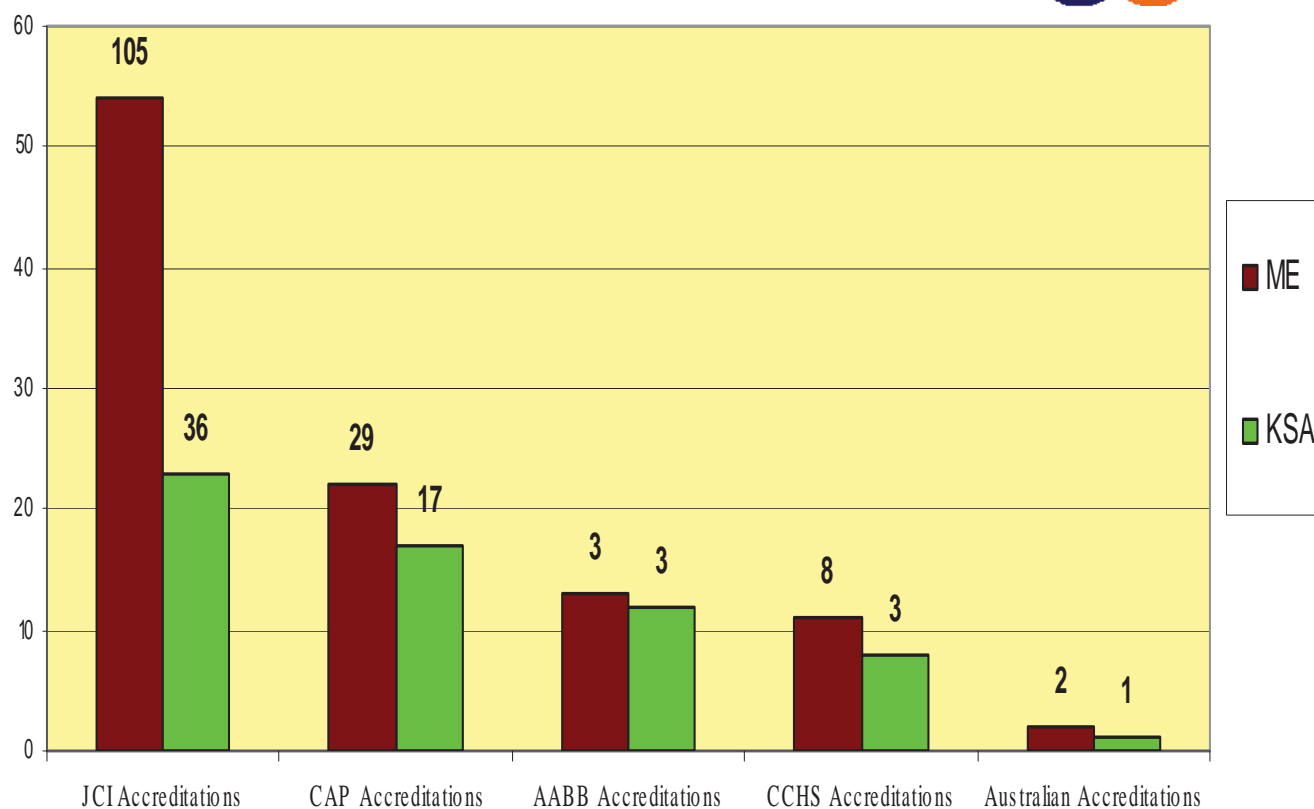
Number of Health Institutions in KSA



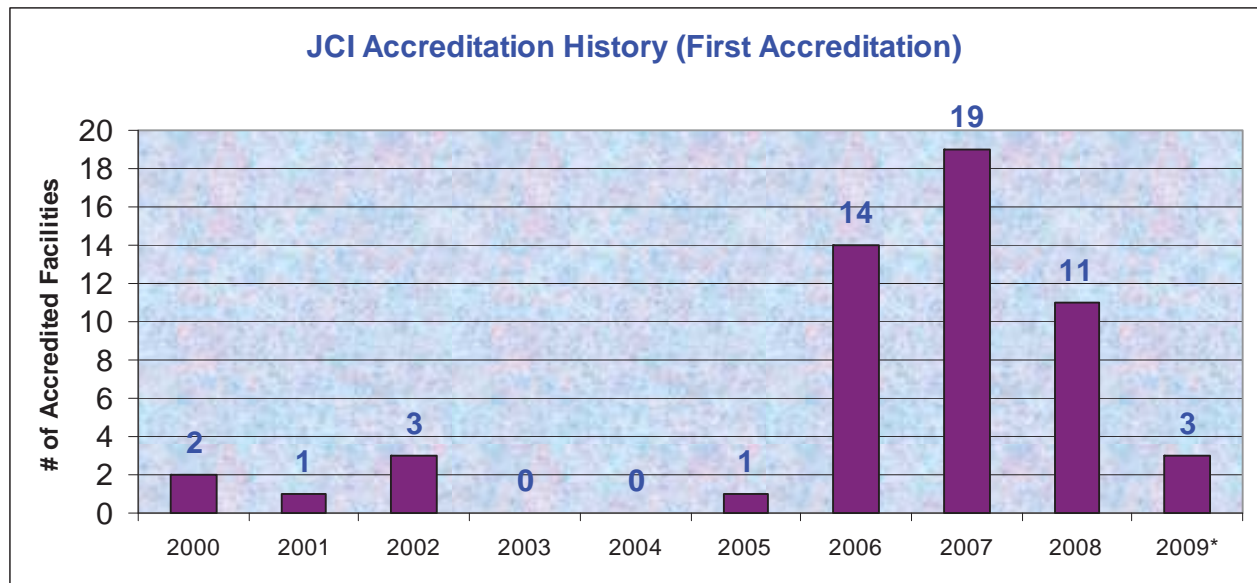
Source: MOH website -1430



Types & Number of Accreditations in KSA Compared to Arab World - 2011



JCI ACCREDITATION IN HOSPITALS



Source: NafouriN®



Central Board of Accreditation
for Healthcare Institutions (CBAHI)

21 MOH Hospitals are accredited as of 2011

المجلس المركزي لاعتماد المنشآت الصحية

BACKGROUND

- CBAHI was formed based on the recommendation of the **Council of Health Services**,
- Council formation was approved in the meetings dated 1/3/1426 chaired by the Minister of Health,
- As Chairman of Council of health Services, according to the Authority delegated to him and reference to the Article NO.17 with a Royal Deed No.M/11 on 23/3/1423, and Article No.17L to form the CBAHI.

Source: CBAHI Workshop, 2007

HOW IT ALL STARTED?

- Prince AbdulMajeed former Prince of the Makkah Region, commissioned a group to improve the healthcare facilities in the area.
- The planning phase for the program started in July 2001.
- **Makkah Region Quality Program (MRQP) was launch in 2005**

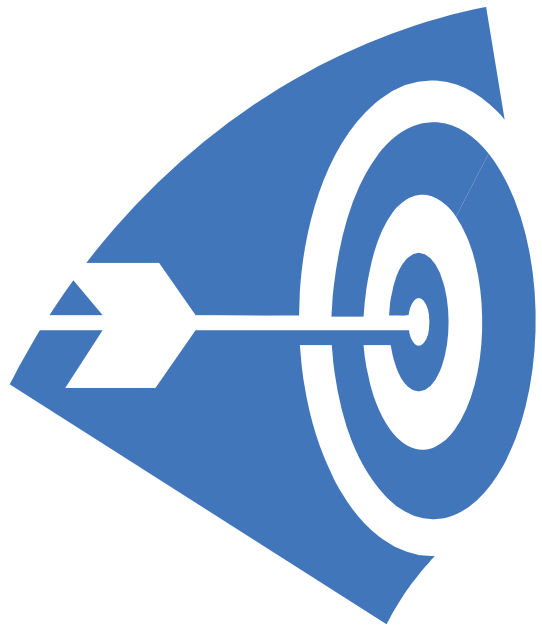


CBAHI GOALS

Ultimate Objective:

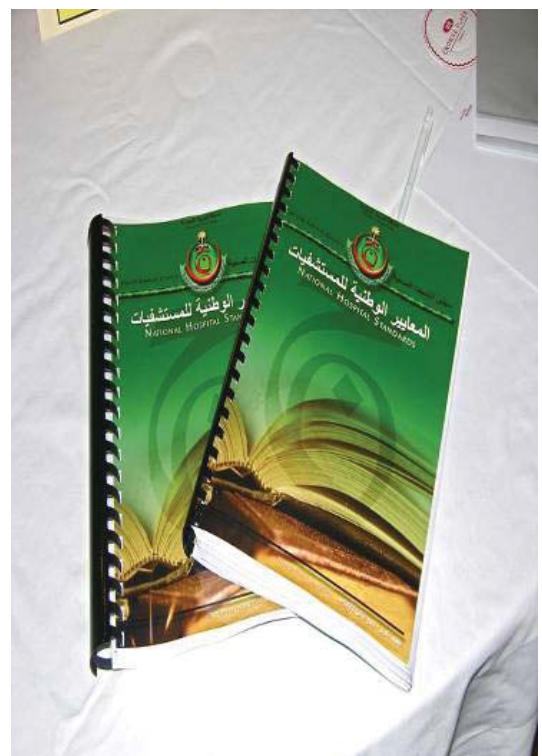
To meet the international patient safety goals in:

1. All Health Care Sectors
2. All over the Regions of the Kingdom
3. To Train an Army of Quality Surveyors



CBAHI STANDARDS

1. JACHO
 2. JCI
 3. Canadian
 4. Australian
 5. Aramco: Local Focus
- International Focus



CIBAH CHAPTERS

1. Leadership (LD)
2. Medical Staff and Provision of Care (MS)
3. Nursing (NR)
4. Quality Management and Patient Safety (QM)
5. Patient & Family Education & Rights (PFE/PFR)
6. Anesthesia (AN)
7. Intensive Care Unit (ICU)
8. Operating Room (OR)
9. Labour & Delivery (L&D)
10. Haemodialysis (HM)
11. Emergency Room (ER)
12. Radiology (RD)
13. Burn Care (BC)
14. Medical & Radiation Oncology (MRO)
15. Psychiatry (PS)
16. Specialized Areas (SA)
17. Ambulatory Care (AC)
18. Management of Information and Medical Records
19. Infection Control (IC)
20. Pharmacy (PH)
21. Laboratory (LB)
22. Facility Management and Safety (FMS)

HEALTHCARE INTEREST GROUP (HIG)

The HIG mission is to continuously spread quality culture among the healthcare providers through professional and educational networking, and to exchange knowledge and expertise of quality application, implementation and certification within the healthcare community.



HIG ADVOCACY TO QUALITY AWARENESS IN HEALTHCARE SERVICES IN KSA SINCE 2003

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

ندوة التميز
Nursing Symposium

الإنجاز التميزي وتأثيرها على سلامة المريض
"The Impact of Nursing Excellence on Patient Safety"

20-21 April 2007 / 1-2 Rabi' al Thani 1428 H

المجلس العلمي للتدريج
THE SCIENTIFIC NURSING BOARD

Objectives of the Symposium and Workshops:

- 1) Discuss the role of professional nursing regulatory systems in promoting quality and safety of nursing practice.
- 2) Explore the role of nursing regulatory systems in ensuring patient safety and quality of care.
- 3) Describe the existing laws and regulations related to nursing practice.
- 4) Discuss the role of nursing regulatory systems in ensuring patient safety and quality of care.

Competitiveness Through Excellence - Challenge for Europe

Stefan EGO Congress, 22-23 May 2007
22-23 May 2007, PANGLOSS, CROATIA

Welcome to the official website of ECO 2007 Congress

Technical Study - Last Phase

Invitation Card

Third Announcement available

Thursday, April 12, 2007

Healthcare Group
Saudi Quality Council

QUALITY MANAGEMENT ISSUES IN LABORATORIES
SYMPOSIUM

23-24 January 2007
International Hotel, Jeddah

برعاية وحضور معالي وزير الصحة
الدكتور محمد بن عبد الله المانع

ينظم
مركز القانون السعودي للتدريب
Saudi Law Training Centre

بالتعاون مع وزارة الصحة
المعتدى الأول للمطب والمطب والقانون

جدة هيتون - قاعة القصر ١٧ - ١٨ / ٢٠٠٧ م
٩ صباحاً - ٢:٣٠ ظهراً

بدعم و مشاركة

ساعات مقدمة من الهيئة السعودية للتخصصات الصحية

الحمد لله
فلقد تلاقينا وأخذنا بنوع حلو
من دهرين هين أرواحاً
على دهرين هين أرواحاً

علاء الدين بن جابر بن أبي العلاء
أصاحبه يدين فيه على كل لغة في اللغة العربي

ملقى التثقيف الأكاديمي

بمناسبه **الاحتفاء بمرور ١٠٠ سنة**
لوفاء ٢٢ أبريل ٢٠٠٧ م
في يوم التأسيس لبلدنا العربي
التي نعيش فيها ولبلدنا الأبي

التسجيل والتأشير المجاني يبدأ يوم الاثنين ١٢/٤/٢٠٠٧
www.sqc.sa
أو الاتصال على رقم ١١٤٤٤٤٤٤

Healthcare Q-Digest
Made by Professionals to Professionals

Issue # 1 **Winter 2010**

In this issue

- Newsletter Introduction
- Digest survey analysis
- Health Care Interest Group success story
- Article of the month
- Quality for beginners
- Excellence track
- Customer voice
- 1st issue quality tool
- 1st issue Quotes
- Coming Q-events
- Q-Digest Team
- 1st issue Q-link

First Issue Introduction

By: Dr. Nashat Nafouri
HIG Chairman

Since the establishment of the Health Care Interest Group (HIG) in 2003 and the HIG members have a dream to publish the Quality Digest (Q-Digest) newsletter to capture and focus on quality initiatives and activities in the health care services. While striving to advance quality knowledge and raise awareness in the last seven years, we realized that the concept of a short but thorough newsletter, "Q-Digest," as a tool of continuous improvement will foster professionals networking in spreading the quality culture and sharing best evidence based practices among the health care providers. Furthermore, Q-Digest aims to reach and hear customers' voices. The idea crystallized in 2008 after researching international benchmarks and studying the local needs. Because we believe in feedback as planning tool we conducted the newsletter survey to seek HIG members' opinions on the content of the digest with a slogan of "Q-Digest made by professionals to professionals" where the feedback results included in this issue. The mission is to produce periodical Digest for Quality initiatives and activities in health care services. Finally, we aim to make this digest an information hub for spreading Quality Culture and Excellence in Health Care Services and make it the Professionals vital resource and favorite choice.

Survey Results:

Quality for Beginners

Article of the Month

Excellence Track is...

How to implement Quality...

Success Stories

Q-Digest of Connected...

Coming Events

To/Grow/achieve the Month...

Customer Voice Experience

1st Issue Links

Legend:

- Strongly Recommend
- Recommend
- Neutral
- Don't Recommend
- Strongly Don't Recommend
- Left Blank

SQC National Quality Week
الأسبوع الوطني للجودة

SASO

3rd International Quality week.
4th day
HIG-SQC

Date: Tuesday Nov 9, 2010

Venue: King Fahd Hospital General Al Musaayah Centre.

التاريخ: الثلاثاء 9 نوفمبر 2010

الموقع: مستشفى الملك فهد العام قاعة مركز الموساهية

Event	Speaker	Time	المحدث	الحدث
Registration		6:30 - 7:00 pm		التسجيل
"KFH Quality Journey"	Dr. Abdullatif Kojah, Director General, KFH	7:00 PM	د. عبد اللطيف كوجه المدير العام لمستشفى الملك فهد	رحلة الجودة بمستشفى الملك فهد
"On the Road toward Excellence in Health Care"	By Dr. Nashat Nafouri, Chairman, HIG-SQC	7:15 PM	د. نشات النفوري رئيس اللجنة الوطنية للجودة	على درب التميز في الخدمات الصحية
"Change Management & Accreditation"	Mrs. Majdah Shugdar, Quality Director, KFH	7:30 PM	أ. ماجدة شقدار مديرة إدارة الجودة بمستشفى الملك فهد	"إدارة التغيير والاعتماد"
Break		8:15 PM		استراحة
"Taif Health Affair Excellence Journey"	Dr. Abdulrahman Kurkuman, Taif Health Affair Director	8:30 PM	د. عبد الرحمن كركمان مدير الشؤون الصحية بالطائف	"رحلة التميز في الشؤون الصحية بالطائف"
Q&A		9:15 PM		أسئلة
Recognizing quality efforts of 2009-2010 and closing remarks		9:30 PM		تفكير جهود الجودة خلال عامي 2009-2010 والختام والتكريم وتوزيع شهادات التقدير



Mark Your Calendar!



Tuesday March 30, 2010

HIG – KFH Joint Quality Program



March Track

Drive Toward Patient Safety

Quality Not Luxury In Health Care Services

By: Dr. Nashat Nafouri



Patient Safety Culture - Lessons Learned

By: Dr. Ahmed AL-Adawy

Time: Registration start at 7 pm and lectures from 8 - 10 pm

Venue: Ibn Sina Hall, Research Center, King Fahd Hospital Compound

Certificates fees: 50 S.R. for non SQC members & 25 S.R. for SQC members

For more information Email:

info@sqc.org.sa

info@qualitylogic.com.sa

Tel: 02-6336565



Mark your Calendar!

Health care Interest Group & King Fahd Hospital

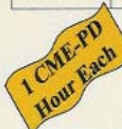


Quality Professional Development Program

2010



Date	Track
Tue Jan 19, 2010	Leadership Commitment Is The Cornerstone And Strategic Planning Is The Roadmap.
Tue Feb 23, 2010	Patient's Rights & Responsibilities Is A Dream Becoming True.
Tue Mar 30, 2010	Drive Toward Patient Safety & Quality Not Luxury In Health Care Services.
Tue Apr 27, 2010	Patient Is Every Health Care Provider Customer "Customer Voice".
Tue May 25, 2010	The Four W's When Applying Quality Tools In Health Care Services.
Tue Jun 29, 2010	Risk Management In Health Care Between Reality And Denial.
Tue Sep 28, 2010	Building Health, Safety And Environment Program On Actual Hospital Needs.
Tue Oct 26, 2010	Is Six-sigma A Solution For Health Care Services Stigma?
Tue Nov 30, 2010	Balance Score Cards Shape The 21 st Century Health Care Processes.



All events will be held in Ibn Sina Hall, Research Center,

King Fahd Hospital Compound

From 8 - 10 pm

For more information: dtaibah@hotmail.com

info@qualitylogic.com.sa



Certificate fees is 25 S.R. for SQC members & 50 S.R. for non members



**1000 CITIES
1000 LIVES**

URBAN HEALTH MATTERS



**World Health
Organization**

**Be part of the global move,
3 Billion people are joining, are you one of them?**

Cornich Al-hamra, Jeddah City.

For more information: 6694466

05:00 PM, April 8, 2010, World Health Day.

اليوم العالمي للصحة

نصف سكان العالم يشاركون! هل أنت منهم؟

شارك معنا يوم الخميس ٨ أبريل ٢٠١٠ تمام الساعة ٥ م

التمارين الرياضية الجماعية

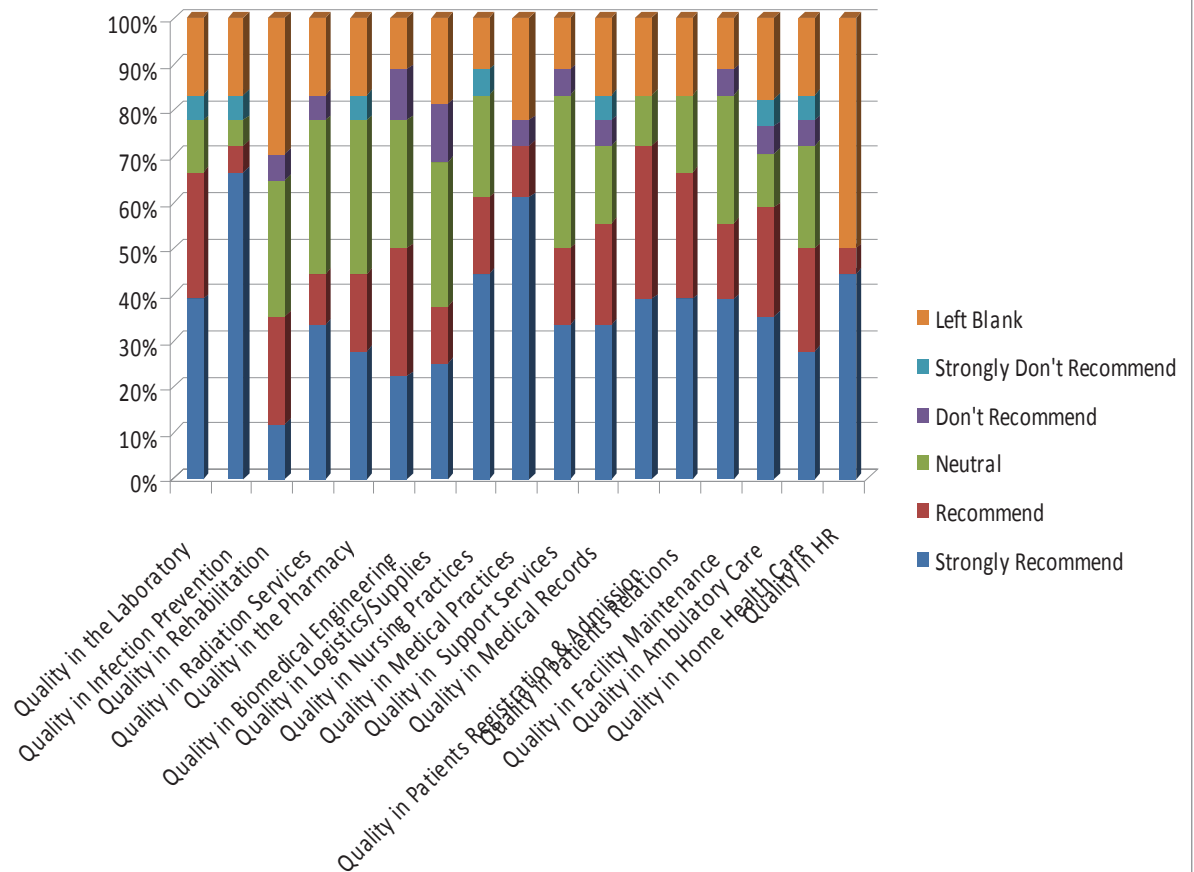
على كورنيش الحمراء أمام المستوصف السعودي الأمريكي

للإستفسار: ٦٦٩٤٤٦٦





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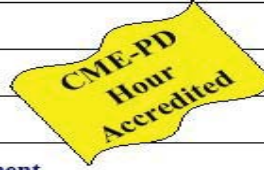


HIG - KFH Quality Professional Development Program - 2011



"No Deployment... No Quality"

Date	Track
Tue Apr 26, 2011	Quality in Infection Prevention & Control Practices
Tue May 31, 2011	Quality in Medical Practices
Tue Jun 28, 2011	Quality in the Medical Laboratories
Tue Sep 27, 2011	Quality in Nursing Practices
Tue Oct 25, 2011	Quality in Safety and Facility Management
Tue Nov 29, 2011	Quality in Medical Records



Time: Registration start at 7 pm and lecture from 8 - 9 pm

Venue: Lectures Hall, Ground Floor, Al Mosadia Specialist Center, KFH

Certificates fees: 50 S.R. for non SQC members & 25 S.R. for SQC members

For more information:

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Be Quality Champion & Excellence Devoted. **NN**

ACKNOWLEDGEMENT

 My Parents

 My wife Lian Al Dajani

 Quality Logic Team

 Prof. Dr. Pál MOLNÁR, President of the Hungarian National Committee for EOQ and the Organizing Team.

 Dr. Ayed Al Amri, SQC Director and the Executive Board Members of the Saudi Quality Council.

Thank You



Q & A

