

Newsbulletin

Issue No. 2 - November 2006



Kingdom of Bahrain

Editorial

We notice developments in the Ministry's projects which are aiming at improvements in the health services level in the primary and secondary care services. In addition we notice developments in the non - medical services which are literally called the "Initiatives" project; which has completed its first year, stepping into the second. We consider the nationals and residents feedback which is based on proofs, statistics, and figures, as core indication of our development steps in the "Initiatives" project.

For this reason, the future improvement plans, come on the priority list of the 2007 - 2008 budget, where the Ministry showed a great interest in the approved international accreditation applicable to the health services in the Salmaniya Medical Centre, where its departments and sections are experiencing intensive activities and successive improvement projects. Out of these important projects, is the new Intensive Care Unit, development of the Outpatients Clinics, increasing manpower and expansion and renewal of the Accidents and Emergency Department.

Other operational priorities have been established to overcome previous problems in the services of the Medical Center, one of which are the operating mechanisms of Operation Theaters, Diagnostic X - Ray services and the admissions and discharge of patients system.

In view of this, concentration was made on the primary care services, as a work strategy which aims at providing protection rather than treatment. In this instance, work concentrated on extending evening working hours in the Health Centers by using the medical files system, providing X - Ray services, in addition to dental care and laboratory services. The working team was also able to specify indicators for quality and monitoring purposes.

We have not ignored also the Public Health Directorate, in which we have injected additional medical, technical and monitory cadre to meet their different work requirements.

To culminate this direction, the Ministry has seriously aimed at establishing a National Authority for Organizing and Monitoring Health Services and Professions, where an approval order has been issued by the cabinet in this respect. We are currently in the process of organizing the structure that will be responsible for the organization and monitoring roles.

The Ministry has not ignored also training areas, where the allocated budget has been increased and signed cooperation agreements with leading educational establishments in the health field, for the purpose of developing the academic cadre of the Health Science College and increasing its capacity to meet the growing labor market demand of health cadre, in both the government and private sectors. To achieve this, a memorandum has been signed for a joint project between the College and the Economic Development Board to fulfill and provide trained working force.

This year has witnessed progressive advancement in various areas that have touched on the Ministry's general budget for the next two coming years 2007 - 2008. These include various human resources for the Ministry, services buildings and non - medical services such as the security, transport, laundry and kitchen.

This is an advancement that is demonstrated in this newsbulletin including its steps, figures and working teams; that we put in your hands as readers; in order to be part of the event and view a seen that we all aim to improve in the near future if God Wishes.



Welcome

Dr. Nada Hafadh
Minister of Health

We are capable today; more than anytime in the past; to measure success indicators and to achieve distinction that we work on through the services in our hospitals, clinics and health centers, an action which we aim at being recognized by the nationals on the real ground.

This is attributed to the systematic methodology of the predetermined strategic plans which are based on studying the health status and analyzing them in accordance to the patients needs. These plans and their actions have been put on the priority list of the Ministry in order to accelerate improvement of the services level and increase their qualities; to implement the directions of their prominence the high leadership in satisfying the expectaion of nationals and residents that we always aim for.

The working cadres and crews working in this Ministry have the greater credits in this route, they are the real soldiers in each step we take forward in the future of our health services.

You 'll Read in this Issue

- Results of first phase improvements at the Outpatients Clinics.
 - How did the capacity of Health Centers increase to 30% ?
 - Who is the Authority that will monitor the health services and its quality at the Ministry ?
 - The agreement between the College of Health Science and the Economic Development Board.
- And other topics.

Completion of the First Phase of the Improvement and Development Plan at the Salmaniy Medical Centre and the start of the second Phase

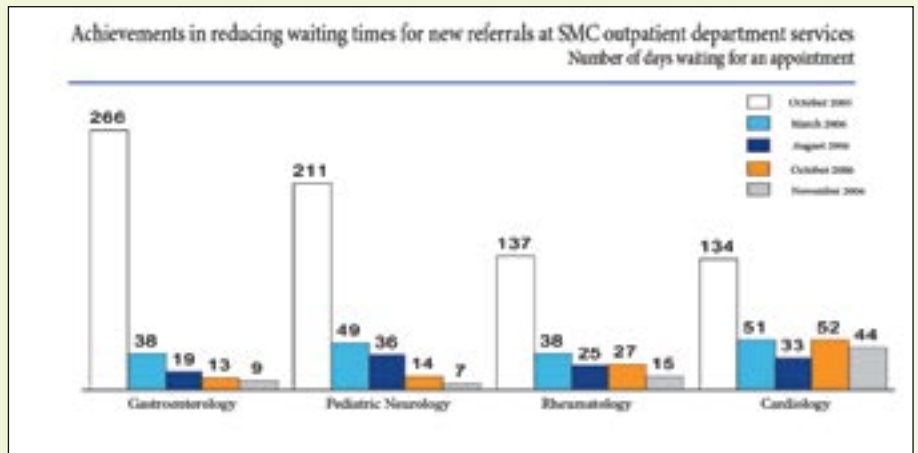
The Outpatients Waiting Time at Salmaniya Medical Complex is Continuing its Reduction

Long waiting times for new referrals to the SMC outpatient department (OPD) attracted widespread public attention in 2005 and created high levels of dissatisfaction in patients as well as clinicians.

MoH therefore created an outpatient initiative, including SMC consultants, nursing, administration and medical records to examine the causes of this dissatisfaction and to recommend immediate steps for improvement.

The team focused its efforts in the OPD on specialties which had the longest waiting lists last year and thus needed support most urgently. Thanks to the great efforts of the team, the involved consultants and nurses, we achieved significant improvement. At the beginning of 2006, waiting times for new referrals were reduced by 50-85%. For instance, a newly referred patient to SMC gastroenterology was given an appointment in 38 days in March as opposed to 266 days in 2005. Similar gains were achieved across the specialties that formerly had the longest waiting times (see graph and last MoH-Newsletter for details).

As of today the team has not only been able to maintain this low level of waiting times but was able to improve these waiting times in all specialties even further!



The waiting times in Gastroenterology, for example, decreased from 38 to only 9 days and Paediatric Neurology further

demonstrated and of the lasting success of the initiative.

To continuously decrease waiting times, the team overcame multiple obstacles (e.g. lack of rooms etc.), opened additional clinics, and increased the number of

The New Doctors Cadre Reflected Positively on Our Services to Patients

decreased from 49 to only 7 days. Considering the fact that Paediatric Neurology had a waiting list for over 210 days and Gastroenterology for more than 260 days last year, the team is very proud of the improvement

Allowances	Beneficiaries	Doctors Category
Dedication	122	Consultant
Shift	130	Consultant
& Watch keeping Overtime	7	Consultant
	540	Doctor

Opinions On Services Provided by the Outpatients

A member of the Working Team. Salmaniya Medical Centre Development Initiatives Project

Samir Alawi

Administrator - Salmaniya Medical Centre



"We work on an action plan of different disciplines to develop the services at Salmaniya Hospital. We were capable to achieve success by cooperation, diligence and work organization and keeping our primary goal, to give best service to patients. We started to realize early successes in the second phase of the Initiatives project after launching the new "Magnetic Recognition Identification equipment (MRI)"

salmaniya Out Patient Clinics Visitor

Fatima Albinali

Employee



"Through my visits to the Internal Medicine Clinic, I noticed the appointments becoming closer to each other and reduction in the waiting time, which alleviates the suffering of the patient and his family. There is follow up and coordination between the officials and the patient regarding appointments arrangements and their confirmations. I personally received care and speedy diagnosis and treatment this time"

How Can We Develop Salmaniya Medical Centre Together? Medical Complex is Continuing its Reduction

patients seen per clinic. As of July 15th, a new medical cadre was established, which allowed for the set up of afternoon clinics (for most clinical disciplines) to provide extended hours coverage. Also medical records continued calling patients at home in the afternoon to inform them that their appointment had been rescheduled to a much earlier date. Appointment slots of patients who had seen another doctor in the meantime were cancelled and given instead to patients who were still waiting to see a specialist.

The team wants to thank all the involved staff - consultants, nurses and administrators - for the great efforts and support in analyzing the situation, proposing solutions, and most of all, in making change happen. To ensure the lasting success of the initiative an OPD-committee has been set up which will continue working on OPD improvement.



- Improve patient access to Radiology services, e.g. CT and MRI scans
- Improve Operation Theatre services
- Improve SMC Discharge services

All improvement teams have been set-up to kick-off the improvement initiatives. The initiative teams will report the progress of their initiatives to the SMC task force on a regular basis (see article on SMC workshop for details on task force-set-up).

utilization of staff time and bringing in new scanning equipment.

The waiting time today for an outpatient CT-scan as of November the 14th is 9 days as compared to 68 days on November 1st. This reduced waiting time was mainly reached by increasing the capacity for outpatient CT-scans.

For MRI a new machine has been added to the Radiology department, which was functional as of September 2006. With the addition of this new machine and an increased number of properly trained staff, further progress can be made in reducing the days of waiting for an appointment. A reduction from 223 days (on November 1st) to 190 days (on November the 14th) has been accomplished.

Efforts to reduce waiting times for CT and MRI further are underway, and it is expected that within 4 months, the waiting time for MRI will be 2 weeks.

Members of SMC

taskforce team: Adel Al-Jishi, Dr. Don Grimes, Mrs. Beema Sultan, Dr. Ahmed Al-Ansari, Dr. Ali Al-Ekri, Dr. Ali Mirza, Dr. Fareed Saloom, Dr. Redha Ali, Dr. Sameer Al-Ararrayed, Dr. Zakiya Al-Musawi,, Ms. Aysha Yousef, Ms. Fatima Abdul Waheb, Mr. Shawki Skinner, Mr. Sameer Allawi, and Mr. Susil Kumar

Members of OPD Committee

Dr. Sameer Al-Ararrayed, Dr. Redha Ali, Dr. Ali Ebrahim, Dr. Fareed Saloom, Dr. A.Shaheed Fadhel, Dr. Lubna Janahi, Mr. Sameer Allawi, Mr. Susil Kumar, Mr. Shawki Skinner

1 - Radiology Improvement Initiative:

The Radiology initiative consists of the department's chairman as the initiative leader, the chief technician as a team leader, as well as senior technicians from each modality including CT, MRI, Ultra-Sound and Nuclear Medicine. Additionally the team includes a Radiologist as an advisor, and a taskforce member to ensure proper contact with the SMC taskforce team.

The initiative has focused on the improvement of waiting times for CT and MRI scans. Therefore, the initiative team started to monitor process flows and scheduling processes to explore: 1) current waiting times 2) productivity and 3) demand structure. This data was then effectively used as a baseline for the improvement initiative.

The initiative team has identified key measures to improve CT and MRI services and most of these are already in place. These measures include providing additional hours of coverage (this including the provision of extended hours for doctors as per new Medical Cadre and overtime hours for technicians), best

Members of SMC Radiology Improvement Initiative Team

Dr. A.Hameed Al-Awadhi, Dr. Herminia Al-Saffar, Mr. Mahdi Al-Kulaiti, Mr. A.Rasool Ali, Mrs. Kareema Hassan Ali, Mrs. Wafa Ali, Mr. Nader Mohammed, Mr. Shawki Skinner (as a taskforce contact) and Mr. Sameer Allawi (as an administrative advisor)

Operational Improvement of SMC Starting Improvement Initiatives

During the July 6th SMC improvement workshop the staff members agreed to launch three major improvement initiatives for SMC with immediate effect:

2 - Operation Theatre Improvement Initiative:

The already existing interdisciplinary Operation Theatre (OT) Committee

functions as the initiative team.

The target of the initiative is to increase satisfaction amongst both patients and consultants by creating reliable scheduling processes and smooth process-flow within the OT to prevent delays of operations. An OT-management team will be set up to design the daily schedule out of the department's OT-lists and coordinate operations within the daily routine to assure effective allocation of theatre rooms.

All OT starting times for the last months were monitored and analyzed. Additionally, a comprehensive monitoring tool has been set up for this purpose. Using the obtained utilization data the team will now enter into discussions with doctors and nurses in order to ensure adequate usage of all operation theatres and but also punctual observance 7:30 starting time. With the installation of the new Medical Cadre operation hours may last till evening for those consultants participating in extended hours of work.

Members of SMC OT Committee

Dr. A. Jalil Al-Kooheji, Dr. Zahra Al-Samak, Dr. Jassim Al-Mehza, Dr. Fareed Saloom, Dr. Zainab Jufairy, Mrs. Waffa Essa, Sr. Ruqaya A. Rahman, Sr. Mona Yousif, Sr. Nawal Khalil, Sr. Wafa Habib and Mr. Sameer Allawi (as a taskforce contact)

3 - SMC Discharge Improvement Initiative

The initiative team for improving SMC discharge services has been set-up, ensuring the presence of department heads of several key areas.

The target of the initiative is to reduce delays in discharge, particularly those delays that are medium to long term. These delays have been categorized as: 1) delays caused within the hospital ("internal delays" - example: patient waiting for drugs, tests, reports) and 2) delays over which the hospital does not exert control ("external delays"- example: patient's relatives are ill-equipped to cope with patient's care needs), which keeps patients in hospital for weeks or months.

In consultation with the departmental



heads, 'pilot wards' have been selected to jumpstart the initiative. In each pilot ward, a target diagnosis was picked that exhibited many cases of delayed discharges for further analysis. For instance, within the Neurology ward, stroke cases were selected and the Orthopaedic wards performed a study on patients with hip fractures. Cases from these target diagnoses will be further examined in detail to categorize the reasons for delay. Recommendations will then be made based on these findings. Going forward, interdisciplinary teams of nurses and doctors will work together on these wards to jointly develop solutions for on-time-discharges.

Members of the SMC Discharge Improvement Initiative Team

Dr. Adel Al-Jishi, Dr. Don Grimes, Mrs. Fatima Saad, Dr. Saeed Al-Saffar, Dr. Jassim Al-Mehza, Dr. Abdulla Al-Malki, Dr. Amal Hassani, Mr. Sameer Allawi (as a taskforce contact) and Mr. Susil Kumar (as administrative advisor)

Ward teams are being led by Dr Ferras and Nursing Supervisor Abdul-Hussain Ahmed

SMC-improvement-workshop:

MoH involves over 100 staff members in improvement initiatives

"How to improve SMC?" is the major question that over 100 participants, including doctors, nurses, technicians, administrative staff and Health-Center-employees, discussed in a one-day SMC improvement workshop on July 6th, at the Gulf Hotel.

In April, an interdisciplinary taskforce team was established to identify ways to improve clinical care and employee satisfaction at SMC, including

- Service operations , e.g. improve patient access to Radiology services like CT scans
- Resource planning and availability, e.g. improve day case capacity
- Future strategies for improvement

Additionally the team had been asked to prepare an implementation plan for the improvement initiatives in these key areas taking into account immediate/short-term as well as long-term improvement initiatives.

During April-June, the team engaged in multiple activities including:

- Interviewed over 40 staff members including physicians, nurses and administrative staff across all departments and tenures to discuss their ideas on how to improve SMC
- Took the patients' perspective to establish a clinical process flow that assures top medical care and high patient satisfaction

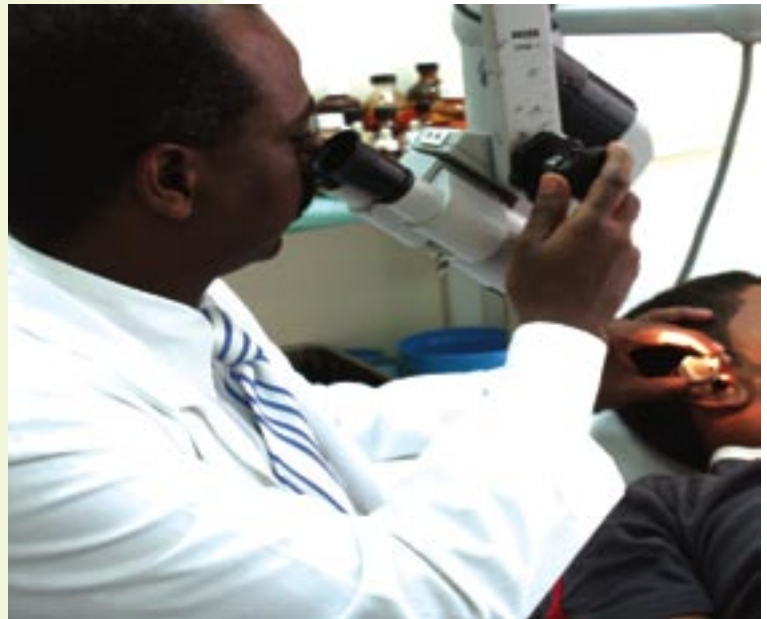
- Conducted fact-based analyses, to understand the quality and efficiency of major services offered at SMC

Based upon their conducted interviews and analyses the SMC taskforce team identified several opportunities to improve patient services and staff satisfaction

It was the objective of the SMC improvement workshop in July to present these findings of the SMC diagnostic phase to date and to solicit the SMC staff input on the presented areas of improvement

During the workshop SMC staff agreed on three major improvement initiatives for SMC, which the taskforce team shall immediately focus on: 1) Improving patient access to Radiology services, 2) Improving Operation theatre services and 3) Improving discharge processes to decrease patient's waiting times (see article on SMC TOP 3 initiatives in this newsletter for details).

These prioritized initiatives are part of a larger action plan, including short-, medium- and long-term initiatives that will be implemented in the near future.



Members of SMC taskforce team

Adel Al.Jishi, Dr. Don Grimes, Mrs. Beema Sultan, Dr. Ahmed Al.Ansari, Dr. Ali A Elekri, Dr. Ali Mirza, Dr. Fareed Saloom, Dr. Redha Ali, Dr. Sameer Al.Ararryed, Dr. Zakiya Al.Musawi,, Ms. Aysha Yousef, Ms. Fatima Abdul Waheb, Mr. Shawki Skinner, Mr. Sameer Allawi, and Mr. Susil Kumar

Improvements and Development Initiatives Projects for the Second Phase at Salmania Medical Centre:

The second developmental initiative will be implemented and focused on three important projects:

1. X - Ray
 2. Surgeries
 3. Patients Admissions and Discharge Procedures.
- Implementation of the developmental initiatives will continue so that performance quality and services provided are

improved such as, X - Ray, Operations' Services, Admission and Discharge Procedures, increasing capacity of the day care unit, reducing the shortage of medicines and other treatment materials' and providing the maximum service capacity for the secondary and third level care.



Primary Health Care

Towards a Continuous Quality Management Environment

'Right care at the right time' - Towards a sustainable quality management culture

The Ministry of Health is continuing to successfully implement its primary care initiatives started at the beginning of this year. These initiatives aim to improve the quality of and accessibility to primary care in Bahrain.

To ensure that Health Centers deliver 'the right care at the right time', the concept developed and successfully piloted in Sheikh Sabah Health Center was further rolled out to East Riffa in June, A'Ali and Hamad Kanoo Health Center in July. In brief the concept includes.

- Active encouragement of pre- bookings through follow up appointments and phone calls
- Pro-active patient direction (e.g., direct referral to the nurse treatment room for minor treatments) and patient prioritization (e.g., patients with high fever are given priority for doctor appointments) by qualified filtering nurses.
- New communication and process rules (e.g., patient is told exact appointment time and is informed to come 15 minutes early) as well as clear assignment of responsibilities between HC staff to improve organizational flows in the HC.
- Opening all the health centers in the afternoon with improving the service. Nine out of twenty Health Centers were opened in the afternoon since the beginning of this year: Budaiya, Hamad Town, Hamad Kanoo, East Riffa, Sheikh Sabah, National Bank of Bahrain - Arad, Kuwait and A' Ali are now also offering patient file based afternoon services.

A comprehensive quality management system with key clinical and non- clinical performance indicators that are measured and analyzed regularly.

The results of the above initiatives have proven to be positive for patients and staff. The above mentioned Health Centers capacity was increased by ~ 30% through the afternoon openings. An additional ~ 20% of capacity is freed up as qualified nurses now handle 'nurse cases' on their own and internal process improvements assure that relevant information (e.g., lab results) is available at the appointment start.

In order to make sure that the developed and agreed on operational improvements are implemented and continuously

"Affordable capacity of Health

Centers Increased by 30%,

Since the Beginning of the

Improvements Initiatives"

enhanced, the team developed a quality report/project management cockpit that allows to track operational performance at the Health Center level and to compare the Health Center's performance against its own history, its strategic target as well as the average across the other Health Centers in Bahrain. The Health Information Directorate automated this statistical report .

The report covers non-clinical indicators for the moment and will in the near future

also encompass clinical process as well as outcome indicators.

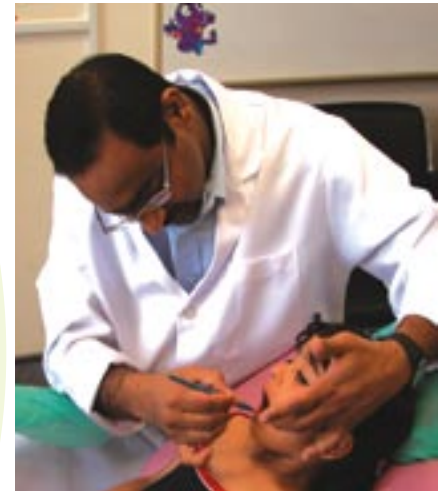
For example, the real consultation time patients get to spend with their family physician is now monitored quarterly through the indicator "Average real consultation time" for which audit data is gathered and reported quarterly. Or, to ensure that the gained capacity is used in the most effective manner toward preventive care, Health Centers record daily how many preventive care cases are referred to doctors by filtering nurses. Similarly, it is recorded how many MCH appointments were held. Data for these indicators is gathered daily and reported monthly.

In order to develop a similarly automated quality report on clinical indicators that will make sure that clinical efforts focus on the most important areas, the team identified eight priority health areas for which it is in the process of defining evidence based clinical indicators. The priority health areas are: Maternal/Child health, Cancer screening, Oral health, Hereditary diseases, Cardiovascular health, Diabetes, Health risk factors and Respiratory Diseases. The team and experts have so far finalized 1/3 (23) of the indicators. The implementation of these indicators will come in five stages, depending on the availability of data and other resources required

These quality reports are a first step towards a best practice quality management culture for Bahrain's Primary Care. As a next step it will be assured that



these reports are periodically reviewed and that the respective levels in the Ministry intervene in case Health Centers fall behind or do not achieve their set targets. Finally incentives will be attached to support the culture of continuous quality improvement.



Members of the Core Team

Dr. Awatif Sharaf, Ms Seema Zainal, Dr. Samira Al Sairafi, Ms Seham Alrashid, Mr Mohamed Ahmed, Dr. Samar Saloom, Dr. Manal Alalawi, Ms Elham Naser, Mr Adel Abdulla, Ms Fatima Abdulwahed, Dr Baheya Alasumi, Dr. Abbass Fardan, Ms Raja Alarrayed, Mr Abdulsamad Miftah, Mr Sayed Dheya Alalawi, Mr Mohamed Khalil, Dr. Hala Sulaybikh, Ms Khdiya Abdulla and all staff at Sheikh Subah, East Rifa'a, A'Ali and Hamad KanooHealth Centres.

Members of the Extended and Consulting Team

Dr. Mariam Al Jalahma, Dr. Khaireea Mussa, Dr. Muna Al Sheikh, Dr. Abeer Al Suweer, Dr. Maha Altajer, Mr Salman Shehab, Mr Najeeb Al Masour, Ms Deena Al Balooshi, Ms Samar Abdulsalam, Maban Mansouri, Heyam Hazeem, Ms Sama Alraess, Ms Sadeeqa Al Qassab, Ms Nada Alekri.

Opinions on Implementation of the New System at Subah Al Salim Health Centre

A visitor to Subah Al Salim Health Centre

Jaffer Abdulwahab Kadhim

"The organization is distinguished and the reception guides us quickly to the right place to get treatment and health service without any delay. We don't wait for a long time similar to what it used to be, we get treatment in a short period of time and proceed out of the centre. The clerk directs us to the right place and then the nurse gives us the right direction"



A Member of the "Development Initiative" Team

Mrs. Seham Al Rashid Says:

"After implementing the classification of medical cases project, referral to physicians has saved a lot of time for the patients and the treatment team. This project is one of the successful projects according to a survey carried out to measure patients and visitors satisfaction about the service.



Development of Non – Medical Support Services

Development of Non - Medical Support Services

“The Objectives of the Project is to, Improve productivity and output quality of the Kitchen, Laundry, Cleaning Services in Addition to the Transport, Safety and Security - unit in order to achieve patients satisfaction”

“The Objectives of the Project are to, Improve the Kitchen, Laundry, Cleaning Services in Addition to the Transport, Safety and Security Sectors”

The Ministry of Health developed an action plan which was established for the non-medical support services for 2006 in the Ministry, to ensure that patients get high quality level of service and to improve employee production and gain employee satisfaction in the Laundry, Kitchen, Security, Transport, and the Cleaning Sections.

As the Ministry believes in the importance of these services, because they represent major patients’ demands on daily basis during their stay in the hospital, and in order to execute the directives of the senior officials at the Ministry, the project development of these services has been put on the Ministry’s priority list, to ensure improvements of the health services provided to the patients. A working team was established to study the current situation by analyzing, recommending developmental suggestions and meeting the concerned people working in these areas to identify their view points and suggestions for improvements. In addition

the aim was to compare the services and output quality of services at the Ministry with those in the advanced developed countries such as Britain, Germany, and the United States of America. The study revealed that the patients and visitors are dissatisfied with services provided by the Kitchen, and Transport while satisfaction rate was average in the Security and

cleaning-. The Laundry service, on the other hand exceeded all expectations, as the study revealed that the service level is similar to the international standards as far as accuracy, performance and quality are concerned.

In view of the analytical study to improve and develop the non-medical support services, a project was initiated of to increase and improve the performances of the Kitchen and transport Transport, Services by outsourcing these services to a specialized company on a contract basis; signed between the two parties for a specific period. The aim is to improve performance quality and train the Ministry’s staff to increase their productivity and ensure that patients get high level of service when using Ministry of Health’s facilities.

The Security Services; on the other hand; will be developed by providing the unit with Camera swipe circuit System and using Magnetic Cards system for the Entry - Exit system. In addition the

number of human resources qualified in this field will be increased.

For each developmental service, a specialized working team was assigned to ensure continuation of the development, quality assurance and follow up on improvements demands. An example of this, the team assigned to the Kitchen Service analyzed and studied the situation by reviewing the service demand which includes applying international standards and studying patients needs in the Kingdom of Bahrain. The intention was also to present a service that will meet patients’ satisfaction as far as the following are concerned: cleanliness, safety of food served, and preparation method in accordance to patients needs and cases; in a presentable / advance level. The team also was keen to keep plans and use advanced criteria and technology in all these areas.

The Ministry, in these developmental processes took into its consideration the use of modern technology for improving these services. An amount out of the 2007 - 2008 budget, was assigned to develop the Security System at Salmania Medical Complex, change the old washing machines and improve the working conditions in the Laundry Section at Salmania Medical Complex.

It is hoped that the result of these programs and development plans will be reflected as success indicators in developing the health and support services, and in employee satisfaction after developing their sections and the work environment.



A Project for Establishing a National Authority for Organizing Health Professions and Services

Cabinet approves a National Authority for the Regulation of Health Professions and Services

On the 13th of August, the Cabinet approved the setting up of a National Authority for the Regulation of Health Professions and Services. The Ministry of Health expects that the Royal Decree will be signed soon. The Minister of Health will oversee the Authority, which will otherwise function independently under the supervision of a Board of Directors, consisting of seven members from the private and public sector.

The regulation of health professions and services is key to high quality patient care in Bahrain. A new, semi-independent National Authority that would regulate health professions and services, and ensure that all health practices were in line with international best practice examples, was therefore approved.

Keeping these objectives in mind, it will be the duty of this authority to set, monitor and enforce national standards for health institutions, health professions, drugs and pharmacies, health insurance, diagnostic facilities, clinical research and medical devices. Over and above this, the Authority will also be responsible for ensuring that relevant information is provided to the public.

New Authority for the Regulation of Health Professions and Services

Until the Royal Decree is signed and the new authority set up, the Office of Licensure and Regulation is working on improving existing licensing standards and processes with the aim of improving minimum standards and significantly speeding up application processing times.

Initiatives to improve existing licensing standards and processes in the Office of Licensure and Regulation

Several initiatives to improve existing licensing standards and processes in the Office of Licensure and Regulation have been instituted. They include:

- Speeding up the nurse licensing process for expatriates so that the 5.5

months it currently takes are reduced to an estimated 1.5 months. This is done, for example, by enlisting the cooperation of the overseas councils of prime recruiting locations while verifying home licenses. The office is also working on implementing an internationally available electronic test with the aim of harmonising minimum

An Independent Authority, has the roles of Monitoring Public and Private Health Establishments and Implementing Quality and Criteria for Practicing the Profession and Ensuring Transparency of Information with the Citizens

standards and ensuring that only high quality nurses are recruited.

- Standardising the qualifications required of private and public sector physicians and speeding up the licensing and enquiry processes related to this.

- Developing minimum standards for public and private hospitals and ensuring that they are being adhered to by the end of this year.

- Developing an upgraded web-page containing all the relevant information on application processes for nurses, physicians, allied staff and health institutions. Applicants will also be able to download application forms directly from the internet.

- Implementing improvements within the office with the aim of developing customer focused service.

Team Members and Consultant

- 1 - Dr. Tawfeeq Naseeb
- 2 - Dr. Salman Ali Ghareeb
- 3 - Mr. Yahya Ayoub
- 4 - Mr. Saleh Rajab
- 5 - Ms. Badryia Jassim Al-Kuwaiti
- 6 - Ms. Layla AbdulRahman Murad
- 7 - Ms. Zahra Mandani
- 8 - Dr. Hala Sulaibeekh
- 9 - Ms. Sama Raees
- 10 - Mr. Rashid Mohammed Al-Sowaidi
- 11 - Dr. Leena Mohamed Al-Quasem
- 12 - Dr. Jamal Al Sayyad
- 13 - Mr. Mohammed Al-Murbati
- 14 - Ms. Salwa Abdulla Makki Nooh
- 15 - Ms. Fatima Saleh
- 16 - Ms. Dolly Varghese
- 17 - Ms. Fadheela Mahdi
- 18 - Ms. Bushra AbdulHussain Al-Sammak
- 19 - Ms. Zainab Mohammed
- 20 - Ms. Fatima Mohsin
- 21 - Ms. Marykutty George
- 22 - Mrs. Shareefa Ali
- 23 - Mr. Sanjeev Sukare
- 24 - Mrs. Layla Fakhrawi
- 24 - Mrs. Majeeda Salman
- 25 - Ms. Fadeela Abbas
- 26 - Mrs. Fadeela Al Mousawi.
- 27 - Mona Hajras.
- 28 - Dr Dina Alnajar.
- 29 - Mr a.ziz Al Oufi
- 30 - Mrs Shama Al Dosri
- 31 - Mr Jafar Abd Allah
- 32 - Mrs Mona Omran
- 33 - Mrs Jeorga
- 34 - Mr Hassan Rabiee

Health Warranty and Insurance System

Compulsory health insurance for non-Bahrainis

Since 1960, the Government of Bahrain has provided comprehensive healthcare to all residents, free of charge for Bahraini nationals and heavily subsidized for non-Bahrainis.

Bahrain's healthcare system has made good progress over the past thirty years, achieving both a solid healthcare infrastructure and an improvement in quality of outcomes. Despite all the achievements to date, Bahrain healthcare system faces significant challenges:

- Bahrain's future healthcare demand and cost will rise substantially, Government's contribution is unsustainable
- Quality measures lag international comparators
- Inefficient use of health infrastructure
- Undifferentiated role of government does not encourage private sector

The Ministry of Health has exerted a lot of effort over the past several years working in collaboration with its partners in the Kingdom, government institutions and ministries, the private sector and the Services Committee at the Shura Council. The Ministry has succeeded in developing a detailed report for the proposed project on Health Insurance for Non-Bahrainis and presented to the Cabinet.

The idea of finding alternative ways of financing healthcare services was first brought up in the late seventies. A social insurance scheme was established following the ministerial decree no. (1) in 1977 for organizations with more than 50 employees, whereby access to primary health care became covered in return for a monthly levy.

Throughout the years, several consulting agencies such as the World Health Organization, World Bank, KPMG, a French Experts' Commission were consulted about the best possible alternatives. Overall, these reports focused on the need for better managements of healthcare cost, quality of services and information systems prior to the implementation of a Health Insurance scheme. Most authors recommended phasing in the

implementation of the scheme while increasing the current fees substantially.

In 2000, the Council of Ministers approved in principle the implementation of a Compulsory Health Insurance scheme for Non-Bahrainis and requested a further investigations into the implementation scheme. In October 2003, the National Health Insurance Steering Committee presented a preliminary proposal model that will enable Bahrain to meet the challenges facing the healthcare sector.

In December 2004, a steering committee was established to lay-out the implementation process in line with the recommendations of the Ministerial Committee for Financial and Economic issues for the year 2003. The recommendations were as follow:

- An insurance scheme should be compulsory with costs born by private sector employers.
- The role of the Government should be supervisory and organizational only.
- A Health Insurance Commission should be established and would be responsible of monitoring and regulating the health market.

In April 2005, a draft Law regulating health insurance for non-Bahrainis was submitted by members of the Shura council.

In August 2005, the Ministry of Health contracted the Muhanna & co. to prepare an actuarial report with respect to the implementation of a Compulsory Health Insurance scheme for non-Bahrainis. A final actuarial report was submitted to the Ministry of Health in November 2005.

During the first quarter of 2006, the Ministry of Health organised a large Compulsory Health Insurance for Non-Bahrainis. The symposium hosted all partners from the private and public sectors who are related to the proposed health Insurance for Non-Bahrainis project, namely private health institutions, private companies, employers and sponsors of Non-Bahrainis, in addition to the insurance companies operation in the Kingdom.

The symposium aimed at acquainting

participants with issues of the proposed scheme and assess the readiness of the various stakeholder for the implementation as well as addressing possible potential obstacles to be faced throughout the implementation process. Throughout the symposium presenters addressed the various perspectives pertaining to the scheme. Dr. AbdulAziz Hamza, the Ministry of Health Undersecretary gave an overview of the importance of this scheme, as well as the role of the Ministry of Health. The detailed scheme and its economical impact was presented by Mr Ibrahim Muhanna. The private healthcare provider sector was also present and Dr. Kasim Aradati, Medical Director, Bahrain Specialist Hospitals addressed their role and concerns. The point view of private insurance market was addressed by Mr. Ashraf Besisu, Deputy Chairman Bahrain Insurance Society. Mr. Mohammed Hussain Yateem represented the private sector employers. The proposed health insurance law was presented by Mr. Jamal Mohammed Fakhro, Head of Financial And Economic Committee.

Achievements So Far System

The Ministry of Health made good progress with regard to the preparation for the implementation of the scheme. As of July 1, 2006 Non-Bahrainis are charged BD2 for each visit made to a primary care health centre and out patient clinics at Ministry of Health Hospitals. This fee will be raised to BD 3 as of January 2007. Another achievement was the Cabinet approval of raising the primary health scheme contribution for companies with more then 50 employees to BD 42 as of July 1, 2006 and later to BD 54 as of January 2007.



Nursing Cadre : Phases And Implementation Indicators

Development of human resources is a priority for the Ministry and one of its strategic objectives. Investment in the nursing sector is a proof of this strategy. The development that was seen by the nursing profession in areas of services, education and legislation made the kingdom of Bahrain one of the pioneers in this specialization and a model that is followed in many Gulf and Arabic countries. The nursing sector represents the largest part of the manpower at the Ministry of Health, where it represents 60% of the health staff and 35% of the total Ministry's Employees.

In pursuit to attract qualified people and retain expertise, increase interest in joining the profession, increase Bahransisation, increase nurses' job satisfaction, upgrade the level of nursing services in different specializations and to provide the Bahraini citizens with a safe and satisfactory service, the Ministry paid a great interest in reclassifying, developing and renewing the nursing cadre in a way to be compatible with the efforts and responsibility given to nurses to perform their jobs. This is also to comply with the requirements and needs of the forthcoming period in accordance with the policies and the strategic health directions. In 1996, the ex-Minister, Dr Faisal Al Musawi, assigned the Nursing Development Committee, to put forward the final proposal for a new cadre for the nurses working in the health sector. The Committee prepared the proposal, studied it excessively with the Human Resources Department at the Ministry and it was submitted to the Civil Service Bureau (CSB) in year 2001 for review. Based on Ministry's request, the CSB studied the proposal thoroughly for a period of two years and approved it in January 2003.



65% of the Bahraini nurses exceeded BD 450, while 57% of them, their basic salary exceeded BD 550. In addition, 6% of them; their basic salary exceeded BD 650 and 2%; their basic salary exceeded BD 750. Also, Bahraini nurses occupied most of the senior grades of the cadre. Bahraini nurses occupy 100% of the executive grades-, and the majority of the nurses who occupy general grade ten at Bahraini up to 99%. Also the majority of nurses who occupy grade nine of the general scale are Bahraini at 98.9% . Bahraini nurses also occupy 71% of grades eight to ten on the general scale.

65% OF THE NURSES HAVE BAISC.....

65% of the Nurses have Salaries Exceeding BD 450

In accordance with HH the Prime Minister's direction to implement the cadre; the Ministry implemented the first phase of the nursing cadre in July 2004, by promoting all nursing staff working for the Ministry through opening up the maximum ceiling of their General ON THE Scale -by two grades, based on the new classification of nursing jobs which was approved by the Civil Service Bureau in 2003.

Statistics reveal that the implementation of the new classification in accordance with the cadre, resulted in achieving positive indicators in the basic salary and jobs grades. For instance the total number of nurses who were covered by the cadre are 2219, 61% of them are Bahrainis and 39% non - Bahrainis. The nurses acquired two consecutive grades during the years 2004 and 2005, in accordance to the promotion criteria adopted by the Civil Service Bureau and the new classification of the nursing jobs. The basic salary of

At the same time, the Ministry is currently studying the second phase of the nursing cadre which includes increases in basic salaries and nursing allowances. Additionally it will specify the criteria and specialization levels and allowances, so that -match the complexity and level of responsibility for each specialization and the technical nursing level.

Senior officials at the Ministry are certain that implementation of the complete nursing cadre including the new classification and allowances, will contribute radically in attracting the qualified, retaining experiences and improving nurses' satisfaction, which will reflect positively on the quality and level of the health services in the Kingdom.



New Units at the Ministry of Health

Ebrahim Khalil Khanoo Unit for Medical and Social Care

Ebrahim Khalil Khanoo Unit is considered one of the specialized medical and social centres and was donated by the family of the dignitary Ebrahim Khalil Khanoo. It was built near Salmania Medical Complex and it is expected to be opened by the beginning of 2007. The objective of this project is to transfer some of the long - staying patients from Salmania Medical Complex to the concerned centre in order to contribute in providing beds for the urgent and emergency cases who visit Salmania and who need to be admitted and followed up by treatment. The centre will be opened with a capacity of 25 beds, which will be increased to 53beds in future. It's worth mentioning that 23 beds are assigned for men and 30 for women. It was also decided to assign 5 beds for elderly patients who have stable conditions and who are transferred from the Psychiatrist Hospital to the centre.

The manpower of 2007 for the centre was distributed, where 30 jobs were assigned for the nursing sector, 27 jobs for support services section and one job for the medical services. With regard to 2008, 80 jobs were assigned for the nursing section, 29 jobs for the support services section and one job for the medical services.

Opening Addicts Unit at the Psychiatrist Hospital (Al Moayyed Unit for Addiction Treatment)

As part of the Ministry of Health's plan to develop Al Moayyed Unit for drugs and alcohol addicts' treatment and rehabilitation, the first floor of the unit was opened in July 2006 with a capacity to accommodate ten patients at present. And according to the future plan, the number of beds in the next year will be increased to include 20 beds. The unit was called (Al Moayyed for Rehabilitation) in connection with the generous donation from Al Moayyed family, to build this unit which gives its services to the patients and aims at rehabilitating addiction patients; to live their lives without drugs. The rehabilitation program includes a number of psychiatric treatment such as behavioral perception treatment, group therapies, individual therapy, relapse preventing skills, support groups, adaptation or confrontation skills; such as problem solving skills, drug refusal skills, self-assertion skills, communication skills, relaxation skills and anger-control management.

Opening of Children Tumors' Unit (Abdullah Khanoo)

The dignitary figure, Abdullah Khanoo's Unit was recently opened for children's tumors at Salmania Medical Complex, which will contribute in increasing and developing the health services provided to children who suffer from tumors. The unit includes six rooms especially for children care with different cases of

tumors, and who receive chemotherapy, such as acute Leukemia and kidney and over-kidney gland cancers, lymphatic nodes, brain Etc.

The unit contains 25 beds and works basically as a short stay unit, for receiving daily chemotherapy in addition to making the necessary tests and examinations for these diseases. The unit also contains rooms for the cases that require admissions for receiving treatment or operations room specialized for making simple operations; such as piercing to take specimen of the bone marrow or specimen of the nerve liquid and others. In addition the rooms will be used for children entertainment during their stay in the unit when they receive treatment.



Expansions of Accidents and Emergency Department



Sickler Patients' Treatment Unit

After approving the establishment of a unit for treating sickle cell anemia patients in the Accidents and Emergency Department and providing the required area and space for the unit, work has started to equip it completely for receiving sickler patients. 15 beds will be allocated for admitting sickler patients to receive the necessary treatment in one place specialized for their cases in the Emergency; by specialists and therapists from different medical specialization that are needed by the sickler patients. The necessary treatment will be provided and then decide on, whether the patient needs admission to the hospital, or can get better and leaves the Emergency. Currently arrangements are being made to complete the final facilities and provision of the necessary medical equipment and devices to open the unit. Also work is being done to provide the manpower to start operating the unit.

Developing The Section's Area

Currently, expansion of the section is being made and it is expected to finish from it at the end of this current year.

The expansion will include five utilities (a laboratory for poisoning, a special pharmacy for the Emergency section,

“The New Expansion will Include a Special Pharmacy for the Emergency”

expansion of patients' waiting room, expansion of patients' classification rooms, expansion of First Aids section).

Equipments and Devices

Recently a computerized device to draw - in blood specimens by vacuum was installed, to transfer these specimens from the Emergency to the laboratory. This device works with high efficiency in transferring lab specimens by drawing - in, a procedure which affected the level of service provided by the section; mainly reducing work pressure and responsibilities of the manpower in transferring blood specimens and others to the laboratory manually. This also increased accuracy and credibility and reduced the chances of specimens being decomposed prior to testing; as a result of delays in transferring them

to the laboratory. Currently the results of laboratory tests are obtained faster which affect positively on taking care of patients, providing treatment faster and reducing the waiting time at the Emergency.

Training the Crew

1. Two of the Bahraini First Aid men obtained the title of "Trainer" in a course titled "First-Aid Injuries, Prior to Hospitals".
2. Currently three Bahraini doctors and a Bahraini nurse have joined a master program in Disasters and Crisis Medicine, which is considered the first time for Bahrainis to obtain.
3. A Bahraini female doctor and a nurse were sent to a training course in Bilivio Hospital in the United States of America for two months.



The Economic Development Board Trains 644 Students in the Health Sciences College

The Labor Fund at the Economic Development Board (EDB) revealed a program for training 644 students in health sciences areas, in cooperation with the College of Health Sciences. The agreement was signed by Dr. Nada Hafadh from the Ministry of Health's side and by Sheikh Mohamed Bin Isa Al Khalifa from the EDB's side. The agreement became effective October 2006. The College will start this year to train 140 students who will be sponsored financially during the whole period of the study by the Labor Fund at the EDB.

The remainder number of the group, totaling 504 students will start their training programs during the next four years until the end of the program in 2011.

The total cost of the training agreement is about 5.9 million dinars which is based on annual fees of BD 4000 per student.

The programs include four specialties such as Allied Health and general and specialized Nursing where each requires a different study period, while the program would last for four years until training the whole group.

In order to accommodate the increased number of students, the program will be run in the evening and will be similar to the morning programs in terms of examinations and number of training hours. The agreement states that the College will train the following numbers of health workers as illustrated in the table below:

Out of a total of 780 applicants, the



students were selected based on the acceptance criteria adopted by the College. Hence the total number of new students accepted in the College's programs for the current academic year is 360 students which is an increase equivalent to 150% compared to the previous year.

It is notable that the College of Health Sciences contributed in providing human resources of health workers, where the number of graduates since its establishment in 1976 until today reached 4538 graduates who hold Associate Degree and Bachelor degrees. The College in this way made effective contribution in Bahrainizing this vital sector, where Bahrainization in the Nursing field reached 62% while in the Allied Health field it reached 98%.

The Aim of Project

- 1 - prepare Bahriaini youth to hold careers with efficient standards and finance, that will contribute in solving jobless problems among new graduates.
- 2 - effectively contribute in providing manpower in nursing and other health fields which currently having severe shortage.
- 3 - support college of health sciences to improve and develop programs which match recent international standards and rules.

Number	Area	Qualification
250	General Nursing Program	Bachelor Degree
50	Specialized Nursing Program	Higher Diploma
144	Support Health Sciences Technician Program	Associate Diploma
200	Support Health Worker Program	Training Certificate



Pharmaceuticals Symposium

In its efforts to provide high quality primary and secondary health care services to all nationals and residents of Bahrain, the Ministry of Health adopts a list of medications which far exceeds that mandated by the World Health Organization. Moreover, the Ministry strives to avail all these medicines through well developed system that organizes purchase and storage of every item to overcome problems of shortage at Salmaniya Medical Complex and health centers.

Through contentious collaboration with the World Health Organization, the Ministry of Health strives to upgrade its pharmaceutical policies and procedures to match international standards. Such standards cover all aspects of the process starting with the point of pharmaceutical manufacturing, registering, importing and ending with dispensing to the patients in the Kingdom which heavily relies on strict measures of laboratory analysis and inspection criteria.

In order to shed light on these policies, procedures and systems, the Ministry of Health has conducted a pharmaceutical symposium in the current month of October. The objective of this symposium is to increase public awareness with regard to issues of intellectual rights property pertaining to original and generic medicines which should provide guidance to the public.

A booklet was developed and distributed in the symposium that contained important information pertaining to different issues such as type of medications, quality control, purchasing criteria, ordering procedures, and budget allocated for purchase. It also provided medicine prices in the private sector in Bahrain in comparison with other GCC countries.



The screenshot shows the website interface with the following elements:

- Navigation Menu (Left):** Home, Tables, Careers, Facilities, Links, Contact Us, The Map, About.
- Main Content Area:**
 - Our Vision:** The Ministry of Health works in partnership with stakeholders to improve the health of the population of Bahrain and ensure that everyone has access to a high quality, responsive health service throughout their lifetime.
 - Main Story:** It gives me great pleasure to welcome you all to the Web site of the Ministry of Health of the Kingdom of Bahrain.
 - Central Navigation Icons:** Health Education, Check your appointment, Birth Certificate, Immunizations, Health Services, and a highlighted **Drugs Prices** icon.
 - Statistics:** Summary Statistics.
 - Health Services:** Future Health Services (Video Clip).
- Right Sidebar:**
 - Search:** Search box.
 - News:** Diabetic retinopathy screening project (4/3/2008), Young get tips on oral health (4/3/2008), Insurance plan for expats (30/4/2008).
 - Events:** Cochrane Systematic Reviews Workshop (4/9/2008), 8th Congress of the PanArab Association of Burns and Plastic Surgery (4/3/2008), 8th Overseas Meeting - RADIOLOGY PROGRAMME (4/3/2008).
 - Publications:** Health Statistics 2008, MOH News Bulletin.

The icon dedicated for revising names and prices of medicines that are available at the Ministry can be found on our website: www.moh.gov.bh

In the Next Issue

1. Increasing the number of admissions to the College of Health Science in cooperation with the Economic Development Board.
2. Achievements of health professions' cadre such as the nursing and the pharmacy.
3. Follow up on the second phase of the developmental initiatives at Salmaniya Medical Complex .
4. Follow up on developmental initiatives and quality indicators in the primary care.
5. Establishing a new unit for intensive care at Salmania Medical Complex

Your Opinion is Important to Us

If you have any comments or suggestions regarding this newsletter, don't hesitate to write or call us on:

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Vision 2010

The future vision of the Ministry for the second legislative Term (2007 – 2010) is based on :

Enhancement of citizen awareness that leads him to change his living health system, and focusing on preventive health care through improving the quality of programs of health service provided; monitoring their performance and expanding the extent of their geographical coverage are the corner stone of work methodology; developing the diagnostic medical capabilities and increasing the dosages of specialized training for the workforce, improving the current medical rules and legislations; encouraging researches especially pertaining to performance development of the medical system coupled with opening up the scopes of cooperation with the private sector to become a strategic partner in the process of developing and improving the collective medical sector in the Kingdom, and concluding with the establishment of a model infrastructure to qualify Bahrain to become the centre of medical tourism attraction in the region.

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