

PUBLIC SERVICE EXCELLENCE AWARD 2017

ENTRY FORM

Theme:

*“Fostering creativity and innovation
to better respond to citizens’ needs”*

PUBLIC SERVICE EXCELLENCE AWARD 2017

INTRODUCTION

The Public Service Excellence Award (PSEA) is one of the many tools used to drive the public service towards becoming a more dynamic, customer-centric and highly performing institution. It encourages team work and a culture of excellence across the public service.

Its overall objective is to recognise and reward meritorious efforts of Ministries/ Departments and their respective Section/Division/Unit which have strived and travelled the extra mile to improve public service delivery and customer satisfaction in a noticeable manner. It is also a reliable instrument to foster innovative management practices in public sector organisations.

THE THEME

The theme chosen for the 2017 Edition of the PSEA is *“Fostering creativity and innovation to better respond to citizens’ needs”*. This theme is meant to give an added dimension to the ongoing effort of Government to enhance the quality of public service in line with Vision 2030 and the 3-Year Strategic Plan.

THE AWARD

The best three submissions will receive the Gold, Silver and Bronze Awards in order of merit. The Winners will also be offered cash prizes as follows:

Gold Award : Rs 100,000
Silver Award : Rs 60,000
Bronze Award : Rs 40,000

ELIGIBILITY

All Ministries/Departments or Divisions/Units are eligible to participate in the Award.

However, Grand Winners of the previous editions of the Award are not eligible for participation for the next two editions following the year of their award.

ADJUDICATION

A Panel of Jury will be set up to assess the submissions.

APPLICATION

Applications should be submitted on the appropriate Form which is available on the website of this Ministry at <http://civilservice.govmu.org>. Information provided by participants should be factually correct, comprehensive and concise.

A hard copy, duly signed by a member of Senior Management, and a soft copy of the submission should reach this Ministry by **31 July 2018**, at latest, at the following address:

Administrative Reforms Division

Ministry of Civil Service and Administrative Reforms

Level 10, SICOM Building 2, Corner Chevreau & Rev Jean Lebrun Streets, Port Louis

Tel: 405 4100 (PABX) - Extension: 10224 / 10225

Fax: 211 5047

Email: mcsa-ar@govmu.org

Website: <http://civilservice.govmu.org>

All submissions should be typewritten. **Handwritten or incomplete submissions will not be considered.**

NOTES FOR GUIDANCE

In their submission, organisations are required to bring forth their achievements for the past 12 months in terms of “**Best Practice**” (*as defined below*) and provide a substantive overview thereof so as to justify what qualifies them to be the potential winner of the Award. Organisations are encouraged to include written documentary evidence in support of their write-ups.

Definition of a Best Practice

A Best Practice is the implementation of a method/process/procedure/activity that has proven to work efficiently and effectively and produced remarkable results, and is, therefore, recommended as a model for other organisations to emulate.

For Office Use

Ref:

Date of receipt of Entry Document: / /

Date of acknowledgement: / /

ENTRY FORM

1. PROFILE OF ORGANISATION

Name of organisation : Coronary Care Unit,
Dr A.G.Jeetoo Hospital

Address : Volcy Pougnet Street, Port-Louis

Full name (*Block Letters*) of Contact Person : DR NILESH MOHABEER

Post held by Contact Person : Cardiologist

E-mail Address : nileshmohabeer@hotmail.com

Telephone Number : 5747 5172

Contact address, if different from above : -

Name (*Block Letters*) and Signature of Senior Manager who validated the submission : DR RABINDRANATH KOWLESSUR
JUGESSUR

Telephone Number of the Senior Manager (*SIGNATURE*).....

Title of the Best Practice : **Improving Efficiency in dealing with Cardiac Emergencies**

Start date : 1st January 2017

2. AREAS OF BEST PRACTICE

Organisations are requested to submit a well-defined Best Practice that has contributed to make substantial changes/improvements in management practices inspired by a combination of any of the ten pillars below. (*Pillars concerned by the practice must be selected from the list below*)

	<p>Growth and Development <i>Public Sector business, programme and service delivery solutions that facilitate the inclusion of social and economic growth, keeping pace with the way society is evolving and are reflective of the diverse Nation we serve.</i></p>
	<p>Business Transformation <i>Anticipation and responsiveness to the evolving client needs through modernisation and business transformation including the efficient use of resources and effort in developing a new workplace, culture and ethos.</i></p>
	<p>Innovation and Acceleration <i>Making use of science, research, technology, innovation, institutional knowledge, data analytics, smart practices, shared information and knowledge for ideas generation and concept mapping.</i></p>
	<p>Digital Transformation <i>Making use of technology, E-platforms (such as e-procurement, etc), tools and applications as an accelerator for improved quality service, efficiency, productivity, performance and results.</i></p>
	<p>Smart Process <i>Making use of objective-oriented systems to simplify and automate business processes to be forward-thinking, rapid, responsive and efficient.</i></p>
	<p>Strong Governance and Institutional arrangements <i>Ensuring that the right oversight and guidance for good governance, compliance, ethics, integrity, transparency, accountability, legal, operational and performance frameworks are in place.</i></p>
✓	<p>Performance <i>Ensuring greater coordination and clarity of objectives, goals, roles and responsibilities and performance outcomes and providing the right tools, resources equipment and physical environment to enhance efficiency, productivity and employee commitment and motivation.</i></p>
	<p>Capacity Building and Capability Development <i>Developing capacity, capability and learning to ensure that employees are continuously adopting and developing new skills, capabilities and technical/behavioural competencies while giving high priority to digital skills.</i></p>

	<p>Implementation <i>Planning, design and implementation of projects, programmes and priorities are integrated so that the right people, funding, resources, logistics, infrastructure are in place and there is a shared ownership of outcomes.</i></p>
	<p>Customer Satisfaction: The Bottom line <i>Improvement in customer experience and making public services efficient, transparent and equitable based on consultation and feedback from clients. The public and clients are at the heart of policy development, programmes, services and actions.</i></p>

3. EXECUTIVE SUMMARY

3.1 Provide an executive summary of the Best Practice successfully implemented by your organisation. (Not more than 300 words)

The Coronary Care Unit (CCU) of A.G.Jeetoo Hospital is a ward specialized in the care of patients with cardiac emergencies. Any patient who is diagnosed with a cardiac emergency at the casualty is directed to the CCU where advanced life saving measures and treatment are initiated. They are then shifted to the CathLab (Catheterisation Laboratory) which is annexed to it and where procedures like Coronary Angiography/plasty, Peripheral Angiography and Pacemaker insertion are performed.

Since it has been setup at December 2014, we have seen a growing number of admissions at the CCU. We have introduced new treatment techniques and are even in the process of digitalisation and expansion. We have however seen a growing number of deaths over the last years. Moreover, we were also faced with a growing waiting list for Coronary angiography/plasty.

So, in order to decrease mortality rate and waiting time, we had no choice but to improve efficiency in the *prise-en-charge* of patients and treatment provided to them. Therefore, after proper problem definition, mapping and analysis, we have managed to identify the root cause of these problems which have allowed us to find solutions, both tangible and intangible to them. Moreover, we have devised an implementation plan which is constantly reviewed and corrected to provide sustainable measures. This plan has received committee approval and is trickled down to all staff involve in dealing with cardiac patients, from the Casualty nurse, doctors to the Cardiology Consultant.

We are now proud to say that mortality rate for patients admitted at the CCU and waiting time for angiography/plasty are both on the decline.

4. MOTIVATION FOR THE ADOPTION OF THE BEST PRACTICE

4.1. What were the problem areas faced by the organisation and how were beneficiaries affected? (Not more than 300 words)

The major problem faced by our team was that, although we had latest techniques and treatment available to attend to cardiac emergencies, and a protocol provided by the Ministry of Health and Quality of Life for such, we realized these were not necessarily adapted to the local situation. As mentioned above, this resulted in the following:

1. Increasing mortality rate at the CCU
2. Increasing waiting list for Angiography/plasty

Indeed, most patients come to the CCU with Heart Attack, a situation where the coronaries are blocked and the heart dies dues to lack of blood supply. These arteries have to be unblocked by drugs or angiography. The Cardiac Units of the five major hospitals of Mauritius are all equipped with medical revascularisation techniques, where the blocked arteries are unblocked by medication in the form of Tenecteplase and Streptokinase. Of the five hospitals, only two have the facilities of invasive intervention in the form of angiography. Moreover, the two

hospitals, namely A.G.Jeetoo and Victoria Hospitals also had to cater for angiography for the other three hospitals. This further increased the burden on workload.

In order to prescribe medical treatment or intervention, no clear protocol was setup to define exact timing as to when to give which treatment. After proper research and brainstorming, we finally devised 5 major solutions (discussed later) which have helped improve the efficiency in dealing with cardiac emergencies.

4.2. Describe the plan or strategy adopted to address the problem areas using the ten pillars at Section 2. List down and describe the main elements of the plan or strategy, focusing especially, on their innovative feature(s) and the expected or intended effects. (Not more than 500 words)

To address the situation, we proceeded in the following way:

1. Define the problem , by using the technique below:

- (i) *WHAT* are the problems? - Defining a priority list
- (ii) *WHY* do we want to achieve that? - because of increasing waiting list, death rate, etc
- (iii) *HOW* are we going to achieve it? -by improving existing techniques or introducing new ones
- (iv) *WHO* are we targeting?- Stakeholders: patients, staff, administration
- (v) *WHEN* is target timeframe?

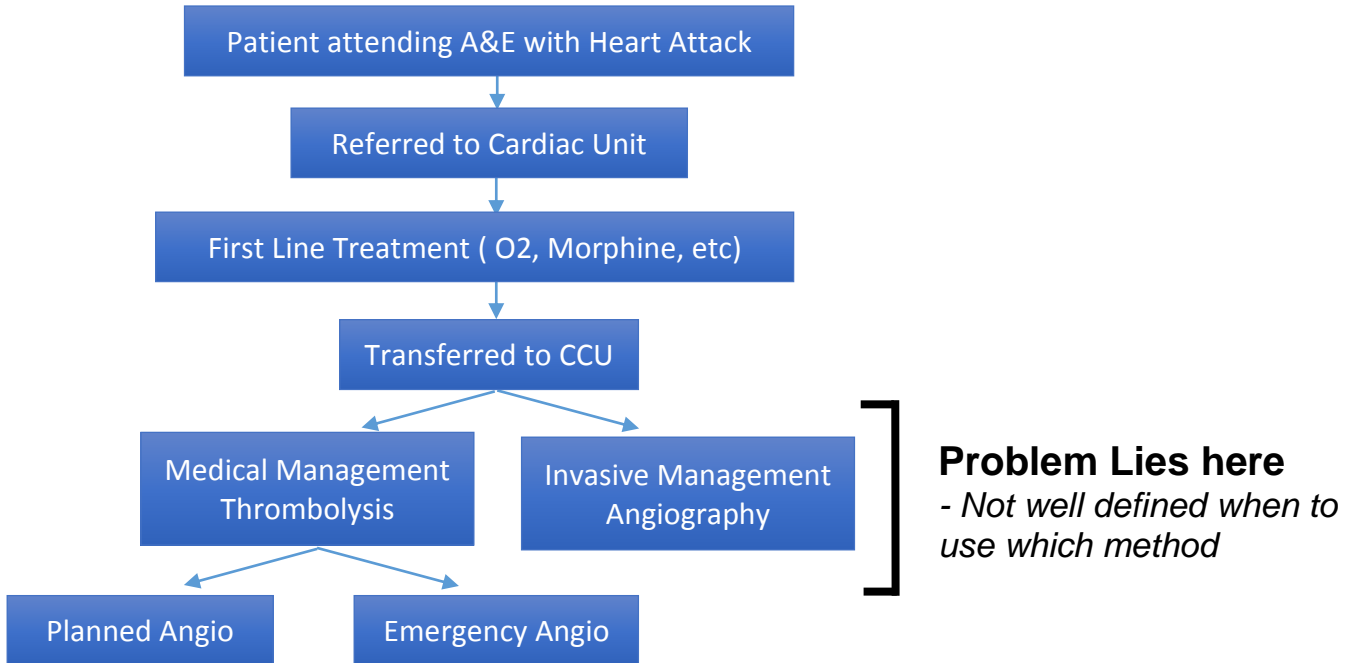
This also helped us create a problem bank:

- Growing waiting list
- Increase in number of deaths
- Limited budget
- Fixed number of beds
- Need for digitalisation
- How to extend to other hospitals, etc

2. Problem Mapping and Analysis

We analyzed the previous protocol set by the Ministry and identified where the problem was:

Previous Protocol Set by MOHQL:



We analysed the following points:

- Number of admissions
- Number of deaths
- Bed Occupancy
- Rate of Readmissions
- Complications associated with use of Tenecteplase v/s Streptokinase (both drugs are used to unblock arteries)
- International Studies and guidelines:
 - Door to Needle Time
 - Angiography v/s Medical Management
 - International Mortality and Morbidity rates

3. Project Solutions

- I. Optimized medical management
- II. Revised Treatment Protocol
- III. Introduction of Extra-duty sessions
- IV. Digitalisation of stock, patients' list and records/reports
- V. Creation of a new Cardiac Pharmacy

4. Analysis of results - Tangible v/s Intangible

- I. Waiting List- decreased from 70 to 40 days
- II. Death rate decreased by 20%
- III. Improved time to attend emergency
- IV. Better Bed rotation
- V. Introduction of Extraduty Sessions

Added benefits :

- Better Stock Management
- Drugs/Equipment can be transferred to other hospitals where need is more important
- Drugs/Equipement about to expire can be transferred to other hospitals for immediate use
- Better time allocation to introduce new techniques like Rotablator, CRT-D Implantation, etc

5. METHODOLOGY

5.1 What were the quantitative and/or qualitative targets or key performance indicators that were set for the implementation of the Best Practice? *(Not more than 300 words)*

Quantitative KPI were mainly categorized under safety, effectiveness, efficiency and timeliness, whereas Qualitative KPI were categorized under patient centeredness and equity.

- Rate of nosocomial infection

This takes into account the frequency at which patients are subject to nosocomial infection following admission and treatment in the CCU.

- Bed Occupancy

This is a measure of the length of time a bed is occupied by a patient in given time period.

- Bed Turnover

This is the number of times there is a change in occupant for a bed during a certain period of time in the CCU.

- Death Rate

This is the mortality rate of patients with cardiac problems over a certain period of time.

- Time taken to attend to a patient

Though dependent on many factors this figure should be kept as low as practically feasible.

- Time factor

- Tenecteplase administration within 10 minutes of diagnosis
- First –line treatment to be administered within 15 minutes from AED to CCU.

- Level of job effectiveness and efficiency

Benchmarking in the CCU is here of paramount importance : the objectives must not only be attained but these should be within a timeframe kept as short as possible.

- Number of discharges

This is an indicator of the job being done at a constant satisfactory level.

- Patient confidentiality and privacy

This determines the level at which confidentiality and privacy is observed at various process interfaces from the moment the patient is admitted in the CCU to the moment he or she leaves the unit.

- Patients' Satisfaction

Patient-centered KPI measured the satisfaction with the Best Practice and the degree to which it is succeeding or failing in meeting the patient's needs, including patient respect, providing accurate information, relief from unnecessary pain and discomfort and emotional support.

5.2 (i) Describe in details the involvement of employees and, if any, other stakeholders in the identification of the problem areas. (Not more than 300 words)

Regular Brainstorming Sessions were organized at quarterly intervals to set out clear tasks allocation. Each and every employer is responsible for a particular set of duties:

1. Decrease Door to Needle time (Time from first medical contacted to medical management):
 - Casualty Doctor and A&E Nurse
2. Thrombolysis v/s Angiography
 - CCU Nurse, doctors and Cardiac Specialists
3. Waiting Time
 - Record Officers, OPD Nurse, Cathlab Nurse, Consultant in Charge
4. Mortality Rate
 - Cardiac unit Doctors, Cardiologists, Consultant in Charge

The aim here is to “ deliver the goods” so that the patient benefits the most. All policy and decision making are done by the Consultant in charge and the Ward Manager as per strict hierarchical procedures. However, they base their decision on the input of each and everyone’s suggestions to make the unit and the team perform better. The challenge here remains in:

- Working as a Team
- knowing everyone’s exact role in the activities of the CCU so that they do not surpass their scheme of work.
- Identifying exact needs and problems of the unit
- Understanding the responsibilities of each employee so that they are respected
- proper delegation of duties
- proposing solutions rather than imposing

(ii) How far were employees and, if any, other stakeholders involved in problem solving and decision making? (Not more than 300 words)

Limited budget

Once the limited budget issue was identified, the Consultant-in charge forwarded his request for Tenecteplase to the Ministry through the Regional Health Director (RHD). The Ministry in turn, after due consultation, undertook the responsibility to do the purchasing of Tenecteplase via the Purchasing Department to be made available in pharmacy hospitals.

Training of staff

The Consultant-in-charge, Ward Manager, Charge Nurses with the approval of the Nursing Administrators agreed upon the necessity to train the nursing and medical staff through on the job training in Victoria Hospital where the Angiography Unit was already well established and functional.

Increasing waiting list

The Consultant-in-charge in consultation with the RHD, Ministry, Ward Managers and Charge Nurses agreed to establish an extra-duty session from 6pm to 10 pm twice a week for angiography over a one-month period against overtime payment.

Increase in the number of re-admissions before angiography

The Consultant-in-charge, the Cardiologists and the Cardiac Out-patient Unit elaborated a separate list of those patients who were re-admitted for planned angiography to be done during the 6 – 10 pm extra-duty sessions.

Safety Risks

All floor workers were sensitized against occupational risks and encouraged to develop a risk-free attitude and culture by adhering to specific safety protocols, e.g protection protocols against radiation hazards, WHO protocols against accidental pricks or splash, etc.

Waste disposal was managed closely by the CCU Ward Manager and Charge Nurses.

Digitalization

The Consultant-in-charge forwarded his request for the purchase of computers to the RHD, using the hospital funds available, to be used in the CCU. IT teams from the Ministry were consulted for necessary software and program.

5.3 How was team work and team spirit fostered to achieve objectives? (Not more than 300 words)

To achieve set objectives and intended goals, teamwork and good team spirit are primordial. They allow better fluidity at different process interfaces. Teamwork and team spirit allow for an effective convergence of abilities with a view to fulfilling organizational objectives.

Thus, for optimization of the Best practice, emphasis was laid upon cohesiveness within the team in order to achieve high moral at work.

Efficient communication mechanisms proved lucrative in fostering teamwork and team spirit. These included willingness to consider all opinions, desire to enhance communication at interpersonal level and effective conflict resolution.

As a general rule employee satisfaction was also taken on board as a means to achieving full cohesion among the team members. Financial reward was a means to encourage each member to reach his or her full potential. Each member was given a role identity enabling him to demonstrate his best.

Managers of the unit favourably considered the stability among CCU members and project leaders. The lower the turnover rates, the higher was the degree of group cohesion within the CCU together with enhanced communication at all levels – be it among internal customers as well as among external ones.

Reasonable team size was also a key factor taken into consideration. This allowed synchronized interactions on the part of each section within the unit giving rise to a more harmonious workflow.

5.4 What were the measures taken to ensure that resources were used optimally? (Not more than 300 words)

Resources are the means by which work processes are made possible. Their judicious use is thus the way by which set organizational objectives are not only attained but also directed in a carefully balanced and viable way.

Bearing in mind that resources might be sometimes limited, expensive or quasi unavailable, their optimal use in such a complex unit as the Coronary Care Unit (CCU) poses an inevitable challenge.

A carefully planned allocation of staff in the CCU is by far the first step to ensure not only an overall coverage but also an equitable distribution of manpower. Eventually this will allow catering for the various tasks incorporated within such a unit as well as for the demands of the patients.

Correct functioning of all pieces of equipment goes a long way towards saving time and money as well as benefiting patients' well-being. Daily monitoring of these as well as their proper maintenance and repair in case of breakdown are elements to ensure optimal use of resources. In much the same way, elaborate and personalized maintenance contracts with suppliers and diligent intervention of appropriate units such as Electrical Supplies Division (ESD) and Biomedical Engineering workshops are primordial for quick and correct service and minimal unutilized manpower.

Drug administration in the CCU is equally important as the administration of treatment. Drugs usage should therefore be subject to a methodical monitoring and indenting to ensure their optimal use. This should also apply to daily consumables used in the CCU. The balance would be to prevent both out-of-stock and overstock situations.

Finally an equally important element to be taken into account is the delegation of tasks to the correct persons with the correct job knowledge and skills. This will mean a systematic redeployment of resources for the benefit of the CCU.

6. IMPLEMENTATION OF THE BEST PRACTICE

6.1 Explain how the Best Practice was implemented. (Not more than 300 words)

Five key issues were addressed:

1. Optimized medical management

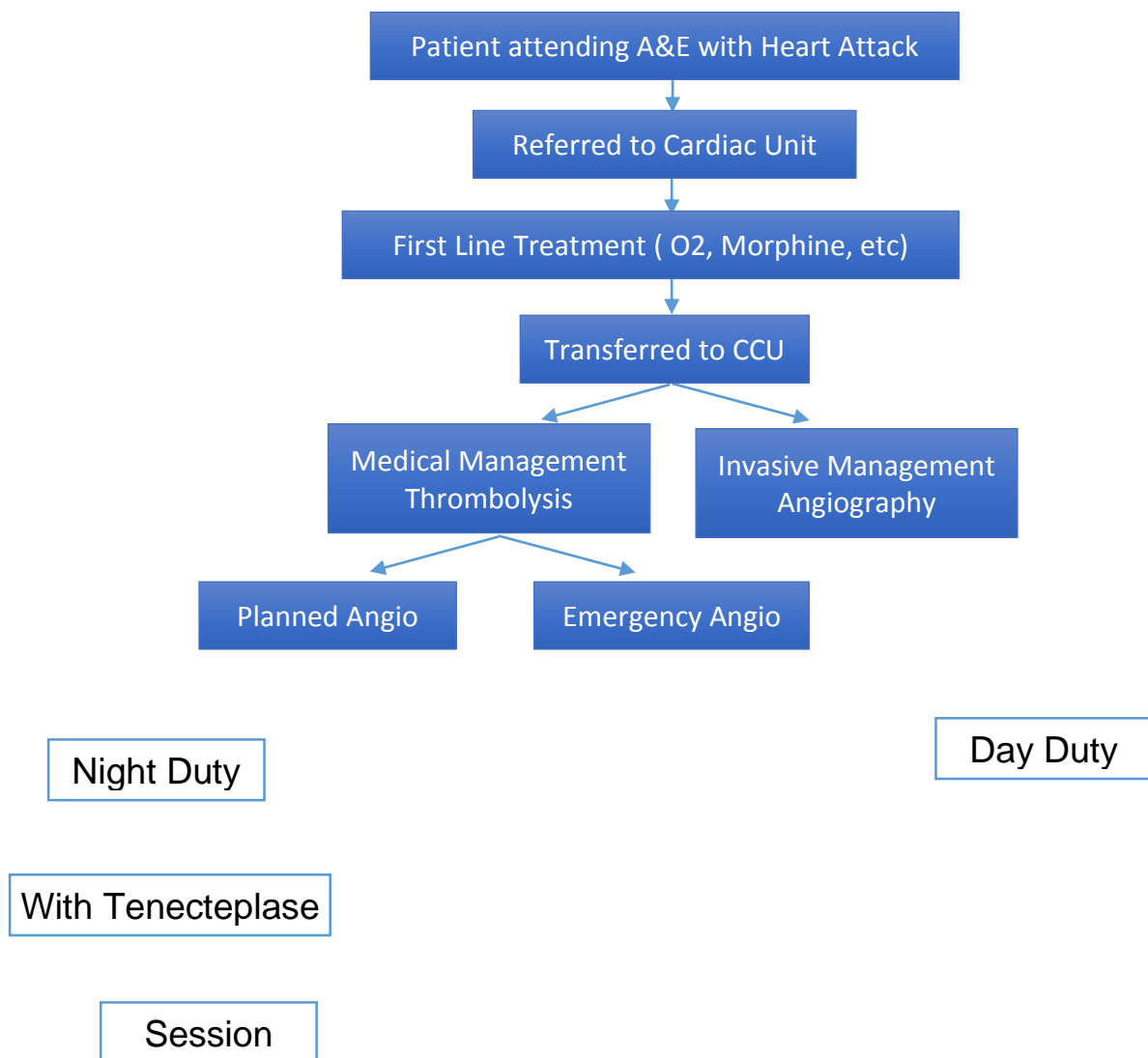
Currently two main drugs are available to unblock coronaries arteries in an event of Heart Attack. There are Tenecteplase and Streptokinase. The main differences are:

	Streptokinase	Tenecteplase
PAI-1 resistance	No	Yes
Hypotensive Effect	Yes	No
Allergic Effect	Yes	No
Mortality	Inferior	Gold Standard
Price	+	+++++

2. Based on the above table and set international guidelines, we found that despite the high price of Tenecteplase, the advantages in morbidity and mortality are clear.

Moreover, Tenecteplase is given over **10 minutes** rather than 2 hours with Streptokinase. This in turn drastically improves success rate of thrombolysis.

3. Revised Treatment Protocol



The treatment protocol set by the Ministry was improved and adapted to the local situation such that:

- I. All patients who come between 9am and 4pm undergo angiography/plasty while those who attend hospital after 4pm are thrombolysed
- II. A single thrombolytic is used i.e Tenecteplase and within 10 minutes
- III. Thrombolysed patients undergo planned angiography or before discharge

4. Introduction of Extra-duty sessions

To decrease a growing waiting list for angiography, Extra-duty sessions are organized between 6pm and 10 pm, as and when are needed. These sessions are remunerated as extra work.

5. Digitalisation of stock, patients' list and records/reports

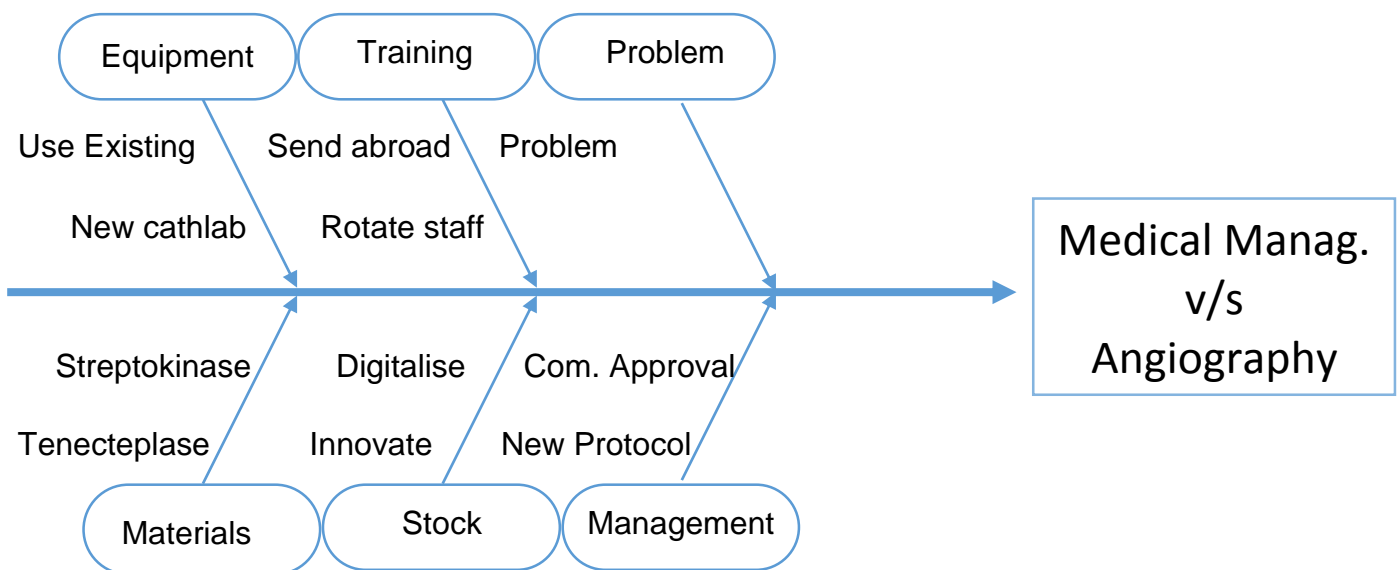
All reports and stocks are now digitalized to enhance transparency and accountability. IT teams from the Ministry were contacted to develop necessary software/hardware for the implementation of digital storage with E-health is still being implemented at national level.

6. Creation of a new Cardiac Pharmacy

The cardiac pharmacy was separated from the general one to allow better stock management, budget management and improve patients needs and satisfaction. Patients now do not have to wait in long general queues for new prescriptions or drug renewal.

6.2 How were obstacles/bottlenecks resolved? (Not more than 300 words)

Obstacles and Bottlenecks were removed by using the FishBone Diagram:



A bottleneck in a process occurs when input comes in faster than the next step can use it to create output. The term compares assets (information, materials, products, man-hours) with water. The smaller, or narrower, the bottle's neck, the less you can pour out and this ends up with a back-up, or "bottleneck."

There are two main types of bottlenecks:

1. Short-term bottlenecks
2. Long-term bottlenecks

Identifying and fixing bottlenecks is highly important. They can cause a lot of problems in terms of increase in budget, dissatisfied customers, wasted time, poor-quality products or services, and high stress in team members.

These problems were identified using the 5 WHY technique. Once the various problems have been identified, a prioritization matrix was set up.

This helped us identify the ROOT CAUSE of the problems, which was:

1. Which drug to use
2. Timing to use drug
3. Medication v/s

Prioritization Intervention

6.3 State specifically how the health and safety issues and environment-friendly concepts were taken on board while implementing the Best Practice. (Not more than 300 words)

- Admissions are registered at bedside rather than at hospital counter in cases of emergency.
- Relatives are allowed one at a time by handing them passes during visiting times
- Patients names are written in different colors, each matching a specialist thus facilitating identification.
- Toileting is provided at bedside to make sure patients do not worsen their heart conditions.
- The CCU is regularly decorated during important festivals like end of year to diminish home sickness and enabling patients to see the ward as a more comfortable and less frightening place.
- Staff are redeployed in cases of decreased attendance or admission.
- Drugs are ordered from the pharmacy on a weekly basis rather than monthly based on remaining stock.
- Equipment like pacemakers are ordered from Surgical Store as and when needed with a minimal stock of atleast two.
- Excess stock is redirected towards other hospitals in such shortage.
- Expiry dates of drugs and consumables are identified as soon as they are obtained from store so that those expiring soon are used first.
- Expensive drugs are signed on a double prescription to enable better auditing. They are also signed on the immediate next day by the specialist if used at night
- Emergency kits of consumables have been designed to diminish wastage.
- CDs of angiography are made and transferred weekly to the Cardiac Center. In case of urgent surgery, they are handed to SAMU staff who transfer patients there.

- Patients with pacemakers are given an appointment card with the sticker of brand and type of pacemakers glued to facilitate future query about the device.
- The CCU has been designed such that traditional sightlines of beds have made room for beds connected with monitors centrally connected reducing workload and bed allocation. We thus have isolated wards for special emergencies.

6.4 Explain the monitoring and feedback process during the implementation of the Best Practice. *(Not more than 300 words)*

During the implementation of the Best Practice, the monitoring and feedback process formed an inherent part of it. Monitoring the Best Practice allowed us to make course corrections and adjustments if needed so that the desired outcomes were, in the end, achieved. On the other hand, monitoring was also an approach to make staff members aware of their progress, whether favourable or unacceptable.

Feedback, in turn, helped to improve performance and service in order to meet customer needs.

Monitoring was primarily done by team and project leaders. Different quantitative and qualitative performance indicators (KPI) were set. Tangible results were benchmarked against these indicators. Through this problems were identified and corrective measures put into place to ensure the Best Practice functioned as it should.

Different inputs, in terms of resources (human, material, financial, technological) were analyzed for their proper use.

Brainstorming sessions were organized periodically to assess job knowledge, technical skills, staff quota and ratio, waiting time, data associated with the use of Tenecteplase versus Streptokinase, bed occupancy, patient recovery rate and re-insertion into day to day routine.



This monitoring provided an in-depth feedback about how well the Best Practice was performing.

Problems and loopholes in the system were identified. Corrective established and preventive measures taken involving all stakeholders.

Patient questionnaire involving both the patient (where feasible) and his/her relatives were compiled, analyzed and inference made with, later on, subsequent actions.

6.5 Name at least two risk factors that arose in implementing the Best Practice and explain those factors and/or risks briefly. (Not more than 200 words)

The two risk factors that arose in implementing the Best Practice were :

- Inability to adhere to the 10-minutes time interval to shift a patient with heart attack from the Accident & Emergency Department (AED) to the Coronary Care Unit (CCU).

According to the CCU guidelines developed in relation to the Best Practice, a 10-minutes time interval was agreed upon as a reference to shift a patient with heart attack from the AED to the CCU. Initially this innovation was not properly followed due to lack of willingness to change, work pressure, defective infrastructural resources, poor awareness of the tenets of the Best Practice and lack of staff.

Thus, probability for further complications rose rapidly and survival rate declined.

- Poor response noted from among new staff to work in CathLab/CCU due to related occupational health hazards.

Occupational health hazards became the main concern of new CCU staff in implementing the Best Practice. Long standing hours wearing a heavy lead rubber apron could in the long run give rise to orthopaedic injuries and musculoskeletal pain. Likewise it was argued that long term exposure to X-radiation could adversely affect the health of the CCU staff particularly that of the Cath lab.

7. EVALUATION OF THE BEST PRACTICE

7.1. Explain how was the evaluation of the impact of the Best Practice conducted? (Not more than 300 words)

Mechanisms are various and include :

- Assess Implementation

Implementation is maintained at each level by heads of units. They are regularly assessed and reported at Management meetings

- Identify Difficulties

It is very important to note and identify any mistakes and obstacles at each level to improve further plans.

- Monitoring

Work processes are continually monitored and ongoing feedback was provided to the staff on their progress towards reaching their goals.

- Rating

Benchmarking performance of the CCU staff over time and assigning a summary rating of records according to the Ministry appraisal program.

- Refine Mission

While an implementation plan has been identified and setup, it is important to review the plan. This is done annually, though small changes can be temporarily made.

- Review Strategic planning

Strategic planning is an activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment. It is also reviewed annually.

7.2 Describe the impact of the Best Practice on the level of services provided to key customers and on the environment, society. *(Not more than 300 words) (Please provide data by comparing targets v/s actual performance, before-and-after indicators, and/or other types of statistics or measurements)*

It is more than obvious that the main impact of the Best Practice at the Coronary Care unit (CCU) was a general upgrading of its services with end result a higher survival rate, particularly in the context of an ageing population.

The Best Practice has revolutionized the CCU services at Dr Jeetoo Hospital with the introduction of Tenecteplase administration in 2016 in place of Streptokinase.

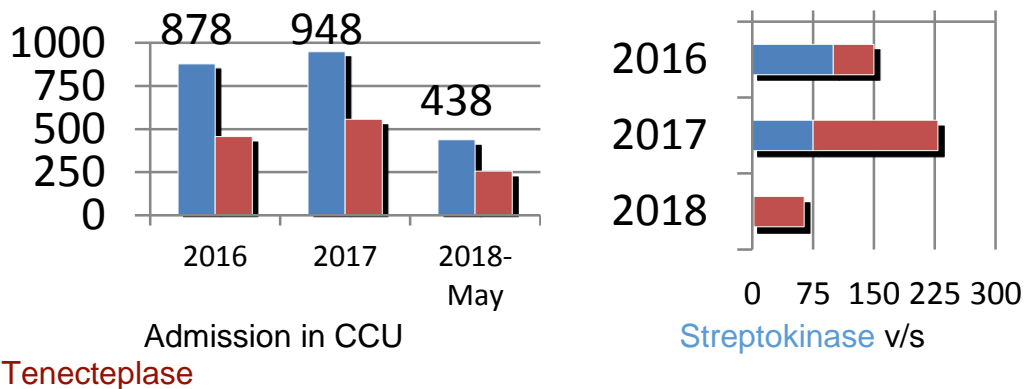
Heart attack, a condition which was previously tagged as fatal, is now treatable within 20 minutes (10 minutes for transfer from AED to CCU and 10 minutes for Tenecteplase administration).

Treatment with Tenecteplase as implemented within the Best Practice has a quicker action, is easily administered and has fewer complications such as bleeding, allergic reactions. Thus, improvement of the patient's condition can be noted within 12 hours.

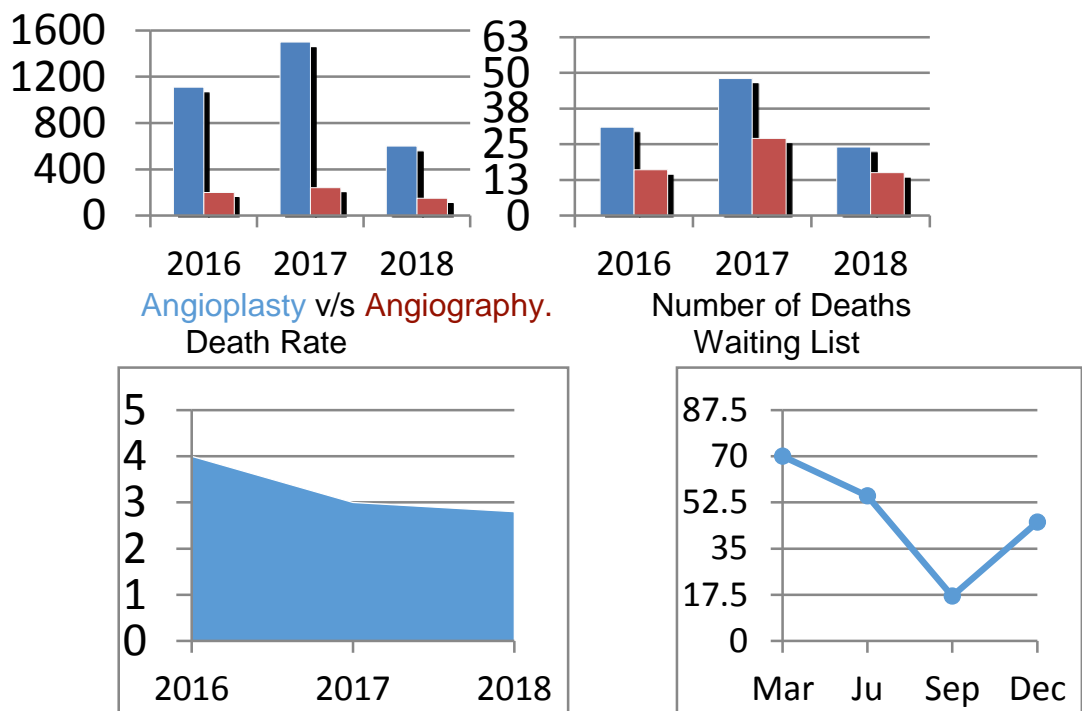
Concerning appointment for Coronary Angiography/ Angioplasty, with the implementation of the Best Practice, the delay is now 1 month compared to 70 days at other cardiac units.

Extra Coronary Angiography sessions held between 4 pm to 10 pm drastically reduced the waiting list from 52 patients to 17 patients in a single month !

It can clearly be inferred, in view of the above figures, that the implementation of the Best Practice since 2017 has improved considerably the fate of heart attack patients. The rate of re-admissions has decreased and the resumption time into normal life has greatly shortened.



Tenecteplase



8. REPLICATION TO OTHER ORGANISATION

8.1 How can the Best Practice be replicated to other organisations? (Not more than 200 words)

The Best Practice can be replicated to other organizations through the following of its elements :

Top Management Commitment

It can be easily concluded that, without top management commitment, any Best Practice is deemed to become only a vague word for any organization !

Top Management has the necessary means and resources to embrace everyone and everything. Its commitment to achieve the intended goals makes it a perfect tool to be used in any organization.

Teamwork

It would be illogical to envisage the Best Practice to actually perform in any other organization in the absence of a good teamwork.

Teamwork is in fact the fuel that drives the Best Practice to excel at any stage. Good teamwork means good communication, willingness to give one's best while taking everyone on board.

Job knowledge

Job knowledge is crucial in the Best Practice process. Efficiency and effectiveness can be achieved through it. And intended objectives can be more easily achieved.

8.2 Based on your organisation's experience, name up to three factors which you consider as indispensable to replicate the Best Practice. (Not more than 200 words)

To replicate best practice, the three important factors are:

1.Strong Leadership in Growth and Development

Strong and active leadership is demonstrated by visible, active commitment from the top by :

- establishing effective 'downward' and 'upward' communication systems,
- establishing effective management structures,
- integrating of safety management with business decisions.

2. Strong Governance and Institutional Arrangements in Accountancy and Transparency

When organizations are rigorous with their accounting, they know better how to allocate resources and plan for the future. Transparent accounting has the added benefit of helping organizations develop more effective long-term strategies. This is the same for any organization, hospital or unit such as the Coronary Care Unit.

3. Innovation and Sustainability

Delivering affordable and quality health care to the Mauritian population presents enormous challenges and opportunities. Innovation is often defined as the introduction and application of ideas, products, services, processes or technologies, which are either new or are improvements of the current system, that benefit individuals, a group or the society as a whole. Innovation is not invention.

Sustainability of innovations is the driving force that balances growth and technical advances to the needs of the population and fosters better targeted and integrated innovations.