

THE PIONEERS

Dr. S. Fakeeh Hospital
Periodical Newsletter

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A Message from the Editorial Board

Welcome to the 3rd issue of The Pioneers . From its inception, the mission of this Newsletter has been to advance communication with our entire Hospital Staff and at the same time provide accurate and reliable information - medical, social and educational, as well as sharing with its readers the latest state-of-the-art equipment and services acquired by the Hospital.

This 3rd issue highlights the many DSFH achievements during the first quarter of 2006 - from quality assurance, to our march in obtaining JCIA accreditation, as well as subjects relating to our local environment and local diseases, such as Dengue fever, and our role in the prevention of such diseases. You will see that this exemplified in an article about Rift Valley Fever, a study conducted under our Hospital name and another article regarding March 24 "International Stop TB Day".

Let me take this opportunity to say how diligently the Hospital staff has worked in order to provide this Newsletter which represents the Hospital. We also hope that you too will contribute in future issues of this Newsletter.

Dr. Abdelhameed Agha,
Editor-in-Chief

CME Approval from Saudi Council for Health Specialties



DSFH Education Section has recently obtained Certification from the *Saudi Council for Health Specialties* to introduce a series of lectures in the Hospital under our continuing Medical Education Program (CME).

The Saudi Council agreed to award one hour continuing education credit for each one-hour lecture - not to exceed ten hours per year.

Furthermore, their official accreditation number must be referenced on all Newsletters, Announcements, Flyers and Certification of Attendance letters.

World Distribution of Dengue - 2000

Dengue Mosquito (*Aedes Aegypti*)**Dengue****Fever**

Dengue is a mosquito-borne infection which in recent years has become a major international public health concern. Dengue is found in tropical and sub-tropical regions around the world, predominantly in urban and semi-urban areas.

Etiologic Agent

Dengue viruses (DEN-1, DEN-2, DEN-3 and DEN-4) - flaviviruses

Prevalence

The disease is now endemic in more than 100 countries in Africa, the Americas, the Eastern Mediterranean, South-east Asia and the Western Pacific. Some 2500 million people - two fifths of the world's population - are now at risk from dengue. WHO currently estimates there may be 50 million cases of dengue infection worldwide every year.

Transmission

Dengue viruses are transmitted to humans through the bites of infective female *Aedes* mosquitoes.

Symptoms

Symptoms of typical uncomplicated (classic) dengue usually start with fever within 5 to 6 days after one has been bitten by an infected mosquito and include: High fever, up to 40 Centigrade, Severe headache, Retro-orbital (behind the eye) pain, Severe joint and muscle pain, nausea and vomiting, Rash.

Complications

Dengue hemorrhagic fever

Dengue shock syndrome

Diagnosis

By examination of blood samples

During the first week, by virus culture and/or RT-PCR

During the second week, by detection of IgM and IgG antibodies

Treatment

There is no specific treatment for dengue fever; however, careful clinical management by experienced physicians and nurses frequently saves the lives of DHF patients. With appropriate intensive supportive therapy, mortality may be reduced to less than 1%. Maintenance of the circulating fluid volume is the central feature of DHF case management.

Immunization

Progress is being made in the development of vaccines that may protect against all four dengue viruses. Such products may become available for public health use within several years.

Prevention and Control

At present, the only method of controlling or preventing dengue and DHF is to combat the vector mosquitoes.

Dengue in Saudi Arabia

Dengue fever was first diagnosed in Saudi Arabia at the virology lab of Dr. Soliman Fakeeh Hospital, and the diagnosis was confirmed at Yale Arbovirus Research Unit and CDC Fort Collins, USA. The Hospital had examined more than 2000 samples from the Ministry of Health by that time- free of charge.

Sleep Disorders

What is sleep?

Roughly one-third of our life is spent in sleep. Basically, there are two kinds of sleep. One is known as Rapid Eye Movement (REM) sleep which is related to dreaming, and occupies about a quarter of our sleeping hours. The second type, known as non-REM sleep, is characterized by light and deep stages, with the deeper stage (slow wave or delta sleep). Research suggests that slow-wave non-REM sleep might be related to restoration of our physical functioning, whereas REM sleep might be part of some psychological processes related to the functioning of intellect and memory.

The Sleep Lab is available at Dr. Soliman Fakeeh Hospital where a sleep study can be undertaken to evaluate breathing, pulse, oxygen, depth of sleep and physical movement during sleep.

How much is enough?

Perhaps the only measure of the amount of sleep we need is the amount that makes us feel well. Too little makes a person irritable and tired; however, the old idea that every adult needs eight hours has long since been discounted; some need ten, some four.

What are some of the symptoms of sleep disorders?

1. Excessive daytime sleepiness (EDS): Can manifest itself as sleep attacks, irresistible sleepiness and/or an unusual susceptibility to drowsiness.
2. Sleep apnea: Involves frequent cessations of breathing during a sleep period. Loud snoring usually accompanies each resumption of breathing. Awake, respiration is normal; asleep, the sufferer is unaware of breathing irregularities.

3. Insomnia: Is a "disorder of initiating and maintaining sleep". Such patients have difficulty falling asleep with frequent nocturnal arousals, or early-morning awakening. "Transient" insomnia lasts less than three weeks and usually has an emotional cause, while "Persistent psychophysiological" insomnia usually starts with a prolonged episode of stress in a person who had slept adequately, but not well, before the stressful event. Insomnia is often caused by drugs and alcohol. It may also accompany myoclonus ("restless legs")

4. Cataplexy: Is a rapidly occurring loss of voluntary muscle tone usually triggered by emotions such as laughter, anger, or surprise. A "cataplectic attack" can range from a brief experience of partial muscle weakness to an almost complete loss of muscle control lasting several minutes. The victim, while conscious, is unable to move.

5. Sleepwalking (somnambulism): Such episodes occur occasionally in children, typically before the age of 10 years and stopping by age 15. Frequent sleepwalking in adults is more serious, beginning later in life, occurs more frequently, shows no family history, and is often related to major stress. Although sleepwalkers can avoid objects, they are clumsier than when awake and their speech is usually unintelligible.

6. Restless Legs: Repeated leg twitches, every 20 to 40 seconds, resulting in interrupted and unrefreshing sleep.

For more information, Please Contact Sleep Medicine Clinic, Dr. Ahmed Sabbagh, MD, FACP, FRCPC, Consultant Pulmonary & Sleep Medicine, Ext:1132



Tuberculosis

What is Tuberculosis?

Tuberculosis is an infection caused by a germ called Mycobacterium tuberculosis that is caught from other people. It most commonly affects the lungs, but can affect other parts of the body. Once inhaled, the germs are usually suppressed by the body's immune system. The disease can occur if the body is weakened by other medical problems.

What are the Symptoms of TB?

A cough is the most common symptom of lung TB, sometimes accompanied by sputum which can be bloodstained. There may also be chest pain, loss of appetite and weight, and a fever with sweating. When TB affects the lymph glands, these may appear as lumps on the neck. TB is usually diagnosed after a chest X-ray has been taken and a specimen of sputum examined.

Is T.B infectious ?

If there are a lot of TB germs in your phlegm, you may pass the disease on to other people. You usually stop being infectious after two weeks from starting proper regular treatment. When TB affects the lymph glands, or other parts of the body, there is no infection risk to other people.

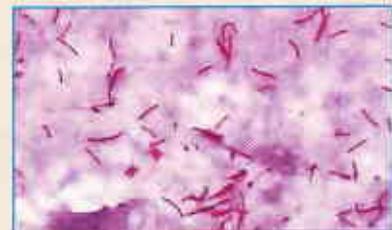
People in the same household and in some cases work colleagues, will be offered a chest x-ray and a skin test. According to the results a BCG or a preventive treatment will be prescribed for them.

Can active TB disease be cured?

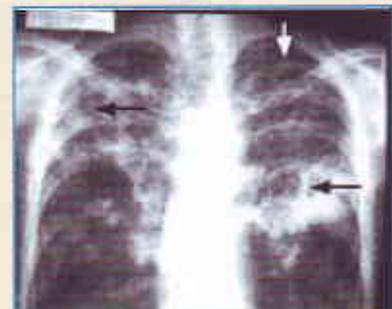
TB can be cured by treatment which must be taken every single day for six to nine months. Some people may need to be admitted to a hospital for the first week or so. TB can only be cured completely if you take your tablets regularly, for the whole course. Only stop treatment when your doctor tells you it is safe to do so. TB can become resistant to treatment if you stop taking your drugs.

Are there any side-effects of the medicine?

TB treatment does not usually cause any problems. One drug discolors urine and gives it an orange-red color. Soft contact lenses may also be permanently discolored. If you develop yellowness around the eyes or on the skin, a rash, feeling of sickness, itchiness, giddiness, or difficulty in seeing, consult your Doctor at once. One drug makes the contraceptive pill less effective.



Mycobacterium Bacilli



Pulmonary T.B

Ask your doctor about other methods of contraception whilst on TB treatment.

When can return to work?

Patients may need to stay off work until they are no longer infectious or until they feel strong enough to return to full activity.

DSFH Committees

1. Hospital Executive Committee: Oversees the management of the Organizational Chart representing the relationship, authority matrices reporting lines, communication lines and the management concept in DSFH. It represents the highest authority in the hospital.

2. Medical Executive Committee : Provides an oversight of all Medical Staff legislations.

3. Performance Improvement Committee: Implements and maintains an effective Performance Improvement Program.

4. Credentialing & Privileging Committee: Maintains a consistent and uniform modality for appointment/re-appointment of Medical and Dental Staff.

5. Accreditation Steering Committee: Oversees the planning, communication and supervision of the accreditation activities relating to Saudi Aramco, MRQP and JCIA.

6. DSFH Mortality & Morbidity Committee: Identifies and works to resolve, or improve, issues relating to best practice and Peer Review in all medical and dental specialties.

7. Medical Records Review Committee: Oversees periodic medical record review and ensures that medical records contain comprehensive and accurate information, thus contributing to the provision of effective medical services.

8. Pharmacy & Therapeutics Committee: Establishes effective mechanisms by which Medical Staff can properly perform their pharmacy and therapeutics functions.

9. Infection Control Committee: Institutes, directs, modifies and reviews the control of infection within DSFH.

10. Blood Utilization Review Committee: Develops, implements and monitors good transfusion practices.

11. Cardiopulmonary Resuscitation Committee: Ensures an optimal level of practice of CPR and Intensive Care Therapy.

12. Operating Room/Tissue Review Committee: Is a joint committee that identifies and works to resolve problems relating to operating room activities as well as tissue report reviews.

13. Pain Management Committee : Maintains a modern and scientific pain management program and practice conforming to JCIA standards.

14. Patient & Family Education Committee: Maintains a modern and scientific family education program conforming to JCIA standards. It promotes patient participation in decision-making about their healthcare options and instructs patients on their rights and responsibilities.

15. Safety Management Committee: Follows up implementation of DSFH Safety Management Program in line with Facility Management & Safety requirements, as well as MRQP and JCIA standards.

16. Utilization Review Committee: Oversees the proper utilization of patient care services at DSFH without compromising quality of care rendered to patients.

17. MFD Joint Performance Improvement Committee: Coordinates efforts between Saudi Aramco and DSFH to give their patients optimal care in line with MD contract between the two facilities.

18. Editorial Board Committee: Develops hospitalwide publishing and editorial policies, and oversees and monitors the quality of a broad range of publishing activities at DSFH which include, but are not limited to, DSFH internal newsletter, external newsletter, bulletin boards, flyers and the DSFH website content.

DSFH Continuous Medical Education Program (CME)

DSFH Continuous Medical Education Program is planned in a way to ensure that different medical topics are covered each year.

This variety ensures broader benefit for physicians, especially General Practitioners.

The program is approved by the Saudi Council for Health Specialties.

The following is the CME schedule for the next 3 months:

NO.	LECTURE	NAME	DATE
1	Use and Misuse of Androgens	Dr. Abdel Rahman Al Sheikh Consultant Endocrinologist	April 25, 2006
2	Plastic Surgery Past , Present and Future	Dr. Diaa Diab Consultant Plastic Surgeon	May 23, 2006
3	Early Detection of Congenital Anomalies	Dr. Wahba Madkour Director of OB-Gyne Department	June 20,2006

For more information, please contact Dr. Hesham Salah Eldin, MD, FCCP, Director of Education

New Medical Paper



The DSFH Virology Laboratory recently published a clinical review paper, entitled "Production of Monoclonal Antibodies against Rift Valley Fever Virus- an Application for Rapid Diagnostic Testing (Virus Detection and ELISA) in Human Sera".

This paper was presented by Professor Dr. Ali Zaki, Consultant Virology at DSFH, and was published in the Journal of Virological Methods, Volume 131, Issue 1 (January 2006).

The complete text of the article can be found on the following website:

<http://www.sciencedirect.com/science/journal/01660934>

Recommended E-sites

Ministry of Health in the Kingdom of Saudi Arabia:

The official site of the Ministry of Health in the Kingdom of Saudi Arabia provides information regarding healthcare in the Kingdom..... www.moh.gov.sa



Saudi Commission for Health Specialties:

The Saudi Council for Health Specialties is a scientific body. The main objective of the Council is to develop professional practice, encourage and promote technical skills, enrich scientific thought, and cater for sound practical application in the field of various health specialties.....www.scfhs.org



Saudi Center for Organ Transplantation:

SCOT aims to serve humanity by ending the suffering of those with end-stage organ failure by providing viable organs in a manner that is not only beneficial to the patient, but also to donor families, healthcare professionals and the public.....www.scot.org.sa



The Unified Medical Dictionary (UMD):

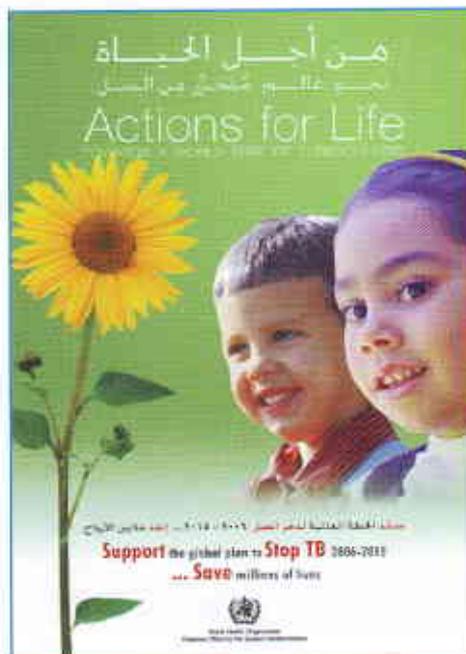
UMD is English/Arabic Medical Dictionary, which was originally compiled in the late 1960s/early 1970s on the recommendation of and as a result of an initiative by the Arab Medical Union. Later on, the Council of the Arab Ministers of Health asked WHO/EMRO to update and supplement the first edition..... <http://62.193.78.3/umd/>



For more information, Please contact Medical Library, Mrs. Hana Al-Osta, Ext: 3023

International Tuberculosis Awareness Day

As part of the Hospital's pursuit in improving patient care and its appreciation of the importance of prevention of communicable diseases, DSFH has participated in the International Tuberculosis Awareness Day which was held on Saturday, March 25, 2006, which was aimed at orienting the public and healthcare providers with TB, its prevention and complications. Doctors, clinical pharmacists, infection control officers, and social workers were all involved in this significant campaign. In addition, DSFH hosted stands in the ground floor where our pharmacists and infection control officers were available to discuss the subject and answer related questions for all visitors, and additionally distributed handouts on TB in all hospital areas. Lectures on the subject were also delivered in the Main Lecture Theater, both in English and Arabic.



Fire Training



In order to fulfill the requirements of the Internal Emergency Preparedness Plan, DSFH has recently conducted a Hospitalwide Fire Training session. Over 1000 staff members, including the DDG, CED, Directors and Section Heads were given the opportunity to familiarize themselves with various kinds of fire extinguishers. This exercise was designed to promote our continuing efforts to strengthen the DSFH disaster preparedness.

New Consultants Staff



Dr. Vilem Rohn
 Consultant in Open Heart Surgery
 M.D, Medical Faculty of Charles University,
 Prague, Czech Republic
 Consultant Cardiac Surgeon, Institute of Clinical
 and Experimental Medicine (IKEM)
 Fellowship in Cardiac Surgery, Mayo Clinic, USA



Dr. Hossam Eldeen Elghetani
 Consultant in Cardiology & Vascular
 Disease and Pediatric Cardiologist
 MD, Ein Shams University
 Professor of Cardiology and
 Vascular Disease



Dr. Ahmed Sabbagh
 Consultant in Respiriology and Sleep
 Disorders
 American Board Certified
 Canadian Fellowship in Pulmonary
 and Sleep Medicine



**Dr. Hala Munir Abdelmageed
 Elsayed**
 Consultant Orthodontist.
 PhD, Faculty of Oral & Dental
 Medicine, Cairo University.
 Associate Professor of Orthodontics

Focus-PDCA Project in Medical Records



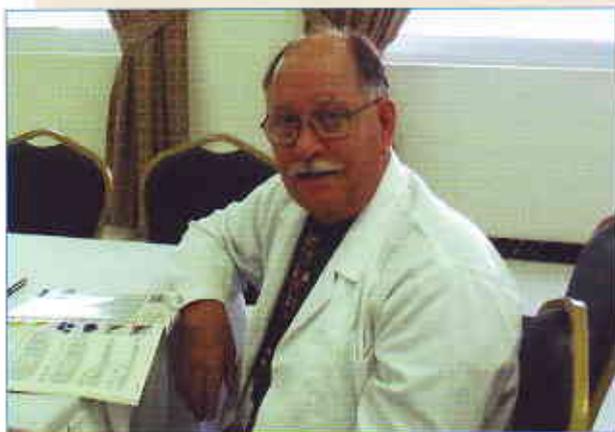
In order to continue quality improvement and focus on our medical records delivery system, processing the records and medical record documentation, which will in turn improve the quality of patient care and assure patient satisfaction, DSFH recently undertook a new Medical Records Project. A FOCUS-PDCA team was formed by Ms. Ghada Al Barakati, the Hospital's Consultant for Quality and Organization Management.

Team members included:
 Dr. Yasser Wajeed, Patient Affairs Director
 Mr. Mohamed Abdel Kawy, Medical Records Section Head
 Mr. Atta Sayed, Assistant Medical Records Section Head
 Mrs. Manal Al Sherif, Quality Improvement Coordinator for Executive Affairs
 Mr. Vicente Andal, Filing Area Supervisor
 Mr. Danty de la Cruz, Coding Area Supervisor

DSFH Cooperates with Jeddah Municipality to Help Eradicate Mosquitoes



The hospital recently participated in a campaign, in collaboration with the Jeddah Municipality, to help eradicate the mosquitoes that carry the Dengue virus. For a period of 10 days and nights, the Hospital sent its Pest Control Team to the Ruwais district - an area which surrounds the Hospital. The Ruwais District is known to have an increased number of mosquitoes and the Hospital provided this service in an effort to rid the environment of the mosquitoes. This was undertaken as a part of the Hospital's sense of responsibility towards the local community and the readiness to react to any emergency that affects the local population. The Hospital was well-pleased to participate in such a noteworthy campaign.



JCIA Consultant Joins DSFH

Mr. David Kitchin, who has over 40 years experience in Healthcare, arrived February 11, 2006 and stayed with us through the month of March, as a Consultant, providing educational and technical assistance relating to our specific needs for compliance with JCIA standards. Mr Kitchin has extensive experience in Healthcare engineering, emergency management and administration. He worked closely with

Facility Management, Staff Qualification & Education, Access & Continuance of Care and Governance, Leadership as well as supervision of committee meetings.

Mr Kitchin is also a Faculty Consultant for the Joint Commission's Department of Education. In this capacity, he has presented more than fifty seminars which have focused on diverse topics, such as Environment of Care, Bioterrorism, Emergency Management and OSHA Standards, as well as participating in the production of JCAHO Audio & Video products. He serves on the NFPA Code 99 Technical Subcommittee on Disaster Planning.

We feel honored to have had Mr Kitchin with us and are certain that our Hospital has benefited a great deal from his expertise and experience. With his easy, confident and professional manner, he has proved to be very popular with all levels of staff.

Immunology Course

Immunology is a rapidly growing and fast advancing field that is now occupying a seminal position among the most important and fundamental clinical medical sciences. In this era, understanding the language of immunology is indispensable for all physicians who are interested in the diagnosis and management of diseases, and also for all pathologists, clinical pathologists, microbiologists and virologists.

With a good understanding of immunology, physicians can appreciate the link between disease pathogenesis and clinical features, and can also understand the rationale for standard treatments based on "trial and error".

From this perspective, we are offering you the chance to understand immunology in a presentable CME-accredited seven-lecture course, four basic and three clinical lectures that will start at DSFH on April 17th 2006. The lectures will be held in the Main Lecture Theater on the 7th floor, Pedia Building. Lectures start at 22:00 hrs on Mondays and Wednesdays. The course ends on Monday 8th May. The lectures are given by Dr Hatem Eleishi, Consultant Rheumatologist at Dr. Soliman Fakeeh Hospital and Assistant Professor at the Department of Rheumatology, Cairo University (Egypt) and Member of the American College of Rheumatology. The course fees are: DSFH: free; external doctors: 500 SR and medical students 300 SR.