



SE12 – Recognition of Nursing

SE12b: Provide one example, with supporting evidence, of recognition of a group of nurses for their contribution (s) in addressing the strategic priorities of the organization.

Example SE12b: Recognition of Surgical Unit Performance Improvement Project to Reduce Central Line Blood Stream Infections with a Quality Award by the organization, 2019

KFSHRC-J celebrates and recognizes staff achievements as part of the organization's culture. The example below demonstrates the application of this culture to a group of nurses for their contribution to the organization's strategic objective of *delivering world class customer experience, quality and safety of care to our patients*. Within Nursing Affairs, units are encouraged to complete at least one performance improvement (PI) project within the year to contribute to the organization's strategic and operational priority to improve patient safety. **Evidence SE12b.1 KFSHRC Operational Objectives, 2019**

Each year, nurses and other employees can submit Performance Improvement (PI) projects and outcomes to be considered for a Quality Award. The Quality Management Department issues these awards under the auspices of the KFSHRC General Organization's Chief Quality Officer. The criteria for awards include, amongst others:

- Pre and post data which demonstrates improvement
- Contribution to an organizational strategic priority

Evidence SE12b.2 Quality Awards Criteria, 2019

Surgical Unit PI Project to Reduce Central Line Blood Stream Infections

Central Line Associated Blood Stream Infections (CLABSI) rate on the Surgical unit for the year 2018 was 0.80/1000 device days. This was above the international benchmark of 0.70/1000 device days. The team was very concerned and decided to commence a PI project to improve patient safety by decreasing CLABSI to zero by September 2019. While the project would be led by nursing, the team knew that it would be essential to involve other interdisciplinary team members as the causes of CLABSI are multi-faceted. The team members are shown below in Table SE12b.1.

Table SE12b.1: CLABSI PI Project Team Members

Name & Credentials	Job Description	Department
Rio Flores, BSN RN	Nurse Clinician Team Leader	Surgical
Mary Jumaquio, BSN RN	Staff Nurse 1 (SN1) Clinical Nurse	Surgical
Shahad Gindwan, BSN RN	SN1, Clinical Nurse	Surgical
Stephen Cruz, BSN RN	SN1, Clinical Nurse	Surgical
Raneem Mukhtar, BSN RN	SN1, Clinical Nurse	Surgical
Aileen Borres, BSN RN	SN1, Clinical Nurse	Surgical
Shahd Brnawi, BSN RN	SN1, Clinical Nurse	Surgical
Rhoda Laigo, BSN RN	SN1, Clinical Nurse	Surgical
Norbaiyah Zaimi, Dip.N RN	SN1, Clinical Nurse	Surgical
Reena Joseph, Dip.N RN	SN1, Clinical Nurse	Surgical
Debbi Mompar, BSN RN	SN1, Clinical Nurse	Surgical
Llalaine Lademore, BSN RN	SN1, Clinical Nurse	Surgical
Maha Al Otaibi, BSN RN	SN1, Clinical Nurse	Surgical
Myssa Salamah, BSN RN	Clinical Instructor	Nursing Development and Saudization (NDS)
Osama Mohammed, MD	Surgeon	Surgery Department
Khalid Allali, MSc, CIC	Infection Control Practitioner	Infection Control and Epidemiology (ICHE)
Nour Al-Attas, BSN RN	Quality Coordinator	Quality Management Department

Designing and Implementing the PI Project

In the first quarter of 2019, the team reviewed the 2018 CLABSI incidence data for the Surgical unit and undertook a root cause analysis. Evidence-based practice articles were reviewed for international best practices that could be implemented. Based on these activities, the PI team implemented an action plan in the second and third quarters of 2019, that included the following initiatives:

- Reviewing the Standard Operating Procedure for central venous catheters and peripherally inserted central catheters.
- Care and Maintenance and modifying it to standardize the use of chlorhexidine 2% pre-operative wash to patients scheduled for central line insertion.
- Standardizing the use of impregnated antiseptic caps covering all ports.
- Assigning a buddy for central venous catheter line dressing changes.
- Developing a facility-based pre-pack central line dressing kit that is readily available to staff.

- Providing patient and family education on preventing central line infections and encouraged patients and families to raise any questions or concerns about central lines to nurses or physicians
- Conducting education sessions in collaboration with NDS and ICHE departments; CLABSI Prevention Task Force Members were assigned to conduct 1:1 staff education about central line catheter care and maintenance with their colleagues.
- Conducting real-time, performance-based practice coaching during the Nurse Clinician's clinical rounds.
- Daily assessment by the nurses on the necessity for the central line and monitoring staff compliance with the action plan and the central line bundles.
- Evaluating and communicating the outcomes of the Infection Control and Monthly Performance Measures Reports.

Outcome of the PI Project

As a result of the activities undertaken during the PI project, the team accomplished their goal, attaining zero CLABSI from November 2018 to September 2019.

Recognition for the Surgical Team Nurses

The nurses on the Surgical unit were recognized at the organizational 2019 Quality Day for their outstanding achievement in their PI Project for achieving zero harm from CABSI. In addition, there was also a Surgical Unit Staff Recognition Day ceremony held on November 18, 2019, where each staff was given a certificate as a token of appreciation for their involvement in the PI Project. **Evidence SE12b.3 Quality Day Invitation for PI Awards; Evidence SE12b.4 Quality Award Presentation with Implementation Activities and Comparison Data Evidence; SE12b.5 Surgical Certificate of Appreciation, 2019**