



TL1 – Strategic Planning

TL1: Provide one example, with supporting evidence, of an initiative in nursing practice that is consistent with the organization's mission statement.

- *Provide a copy of the organization's mission statement as one of the supporting documents.*

Example: Providing the Highest Level of Specialized Care Through the Creation of a Nurse Telemedicine Home Isolation Clinic (HIC) for the Management of Patients Diagnosed with COVID-19

Mission

The mission of the KFSHRC General Organization is ***to serve society with the highest level of healthcare and best patient experience in an integrated education and research setting.*** In March 2020, the surge in COVID-19 cases required more beds in KFSHRC-J to be made available to manage these patients. **Evidence TL1.1 KFSHRC Mission Statement**

Identifying the Need for a Nurse Telemedicine Home Isolation Clinic

The algorithm for managing symptomatic COVID-19 diagnosed patients, including employees and their dependents, was developed to identify those who could isolate at home. This was in accordance with the World Health Organization (WHO) and Center for Disease Control (CDC) guidelines for managing asymptomatic or mild COVID-19 patients in isolation at home and decreasing the burden on the organization.

From June to September 2020, as the number of patients requiring home isolation increased, Ghassan Wali, M.D., Deputy Executive Director, Medical and Clinical Affairs, approached Kathy Sienko O.B.E., BSN (Hon) RN, MSc, FInstLM, Executive Director, Nursing Affairs, (ED, NA) asking her to develop a nursing initiative to monitor the increasing numbers of home isolation patients. Kathy and Wadea Beheri, PhD RN, Deputy Executive Director, Nursing Affairs (DED, NA), were members of the KFSHRC-J, COVID-19 Taskforce that became the oversight group for the Home Isolation Clinic (HIC). **Evidence TL1.2 Minutes COVID-19 Taskforce: September 15, 2020, October 15, 2020. and October 18, 2020**

The project was assigned to Janis Bruyns, BSN RN, MA, Program Director, Ambulatory Care Nursing, Nursing Affairs under the direction of Dr. Beheri and in collaboration with a multidisciplinary team consisting of Family Medicine Nurses, Physicians, Adult Infectious Disease Consultant, Internal Medicine Resident, Infection Control and Epidemiology Department, Paramedics, and Case Management Services. The HIC service provision by nurses for patients who were asymptomatic or had mild symptoms commenced on October 18, 2020. Table TL1.1 below demonstrates the interprofessional team that participated in implementing the HIC.

Table TL1.1: Interprofessional Team, Telemedicine HIC Implementation

Name & Credentials	Job Title	Department
Janis Bruyns, BSN RN, MA	Program Director Team Leader	Ambulatory Nursing Services
Afrah Al Halal, BSN RN	Head Nurse	Family Medicine (FM)
Kathy Sienko O.B.E, BSN (Hon) RN, MSc, FInstLM	Executive Director	Nursing Affairs
Wadea Beheri, PhD RN	Deputy Executive Director	Nursing Affairs
Parwaiz Khalid, PhD	Director	Clinical Services
Muntazar Bashir, M.D.	Chairman	FM Department
Abeer Al Shukairi, M.D.	Consultant	Infectious Diseases
Meshal Al Thiban, MSN RN	Head	Case Management Services

From September 15 to October 13, 2020, four meetings were held. Three of these meetings were via MS Teams, as no in-person meetings were being conducted due to COVID-19 restrictions on gatherings. The meeting dates were:

- September 15, 2020, initial meeting
- October 05, 2020, follow-up meeting
- October 07, 2020, telephonic meeting between Dr. Al Shukairi and Kathy
- October 12, 2020, follow-up meeting

Evidence TL1.3 Meeting Minutes: Creation of HIC September 15, 2020

The purpose of the meetings was to establish the process and operational requirements for implementing the nurse-led telemedicine HIC to safely support staff, dependents, and patients physically and emotionally, thus enabling patients with COVID-19 symptoms to understand the recovery process. Another goal was to prevent the need for hospitalization. Algorithms were developed to support the nurses in providing a safe

service. To successfully implement the telemedicine HIC, the following decisions were taken:

Implementation of the Telemedicine HIC

The telemedicine HIC service was implemented in accordance with the criteria based on the latest available Ministry of Health (MOH) guidelines for *Home Isolation Guide for COVID-19 Patients*. (Accessed August 2021). Available at:

<https://www.moh.gov.sa/en/Ministry/MediaCenter/News/Pages/News-2020-07-22-001.aspx>.

The following operational and clinical processes were implemented on October 18, 2020:

Process	Interventions
COVID-19 result notification	The Infection Control team updated the Adult Infectious Disease Consultant and Internal Medicine resident of the daily positive COVID-19 census.
HIC nurses contacted patients to inform them of their home isolation status	Daily, the Internal Medicine residents provided the HIC nurses with the details of patients who met the criteria for the service and who needed to be monitored.
Documentation of telephone calls	A spreadsheet was developed to keep a log of the home calls completed.
HIC nurses provided education materials to the patients on home Isolation	Educational materials, a declaration form, and home isolation instructions were sent to the patient's smartphone. A family member or a friend collected a pulse oximeter from the HIC to monitor the patient's oxygen saturation while at home.
The ability to monitor the clinical evolution of a person diagnosed with COVID-19 at home	The nurses communicated with patients by telephone daily for the 10-day isolation period to assess the patients' condition based on the checklist provided by the Adult Infectious Disease Consultant and Infection Control Team. This facilitated communication between home-based isolated patients, caregivers, and nurses and gave the home-based patients access to the hospital if needed.
HIC nurse determined the need for follow-up based on reported symptoms	If new symptoms were reported, the nurse would refer the patient to the FM physician, who would then conduct a telephone follow-up with the patient and

	determine the need for additional intervention, e.g., admission via the Department of Emergency (DEM)
Rapid deterioration and/or worsening symptoms	In case of rapid deterioration with worsening of symptoms reported by the patient or caregiver, the nurse would refer the patient to the FM Physician and, if necessary, include a referral to the DEM by ambulance.
Discharge planning	Prior to discharge from the HIC and on completion of their ten-day isolation period, the patient was reviewed by the FM Physician.

Evidence TL1.4 Algorithm of COVID-19 Management in HIC; Patient Education Material; Screenshot of Database Documentation; Nurses Training Invitation

Creation of Office Space and Teleworking Flexibility

Office space for the nurses was made available within the OPD with dedicated phones to make external calls. As policies evolved to encourage employees to work from home, teleworking guidelines were implemented for nurses assigned to the HIC. This allowed more flexibility for nurses’ working hours and to meet the patients’ needs.

Arabic Speaking Nurses to Provide Optimal Care

Adding the patients and dependents to “home calls” caused a dilemma as many patients and dependents could not speak English. This meant that HIC nurses would have to identify a family member who spoke English to ask questions and convey information. Consequently, Arabic-speaking nurses were included amongst the three team members to assist families with no one available to translate.

Education and Training of Staff

Nursing Affairs arranged for the Infection Control and Epidemiology and the Internal Medicine departments to educate the nurses on how to screen the patients. Algorithms were developed to guide the nurses on the sequence of questions to ask and the appropriate management based on clinical symptoms.

Scheduling Nurses to the HIC

To cover the service, discussions were initially held with the operational Program Directors during the daily huddle to request their support to nominate staff members from the units who could support the HIC. Ultimately, three to four nurses were assigned (depending on demand) from FM (2 nurses) and OPD (1 nurse), and HHC (1 nurse) to the HIC seven days a week, starting with business hours and later on a 24/7 basis.

Increase in Technology Resources

The OPD phones lines were unblocked to allow for making and receiving external and internal calls so that nurses could communicate with HIC patients and families.

The hospital provided the HIC nurses with mobile communication devices (MCDs) to call the “patients” at home. They were also able to use WhatsApp and other messaging functionalities to maximize the number of ways they could communicate with patients. **Evidence TL1.5 HIC Nurses Schedule; Request for Mobile Phones**

The telemedicine HIC service is an integrated and flexible service model that has been successfully used to reduce the healthcare pressure of inpatient hospitalization during the high demand of COVID-19 pandemic admissions. This has led to efficient use of resources and prevented unnecessary admissions of patients who could receive safe care at home. Nurses in the HIC have provided 9,800 hours of service covering 8,900 patient days since October 2020. Of the 890 users served, fewer than 10% (77) required hospitalization. The ability to manage patients through the HIC contributed to ensuring safe follow-up of patients and preventing the DEM from being overwhelmed.