



EP17 – Culture of Safety

EP17: Provide one example, with supporting evidence of a nurse-driven initiative based on patient feedback that was received as a result of a service recovery effort.

Introduction

At KHFSRC-J, clinical nurses are supported and empowered to take on leading roles in healthcare, especially when directed towards patient advocacy for better outcomes. Nurses value patient feedback, which is received verbally, written, and via telephone experience surveys conducted through the patient Experience Office. Such feedback is used to improve patient experiences and the services we provide our patients.

Day Procedure Unit Patient Initiative Story: Patient X

Patient X is a 26-year-old female Saudi patient who was referred to KFSHRC-J at the age of 14-years due to multiple medical problems, primarily due to an immunodeficiency disease she has had since six months of age and because of which, she has had repeated life-threatening infections. Patient X is cared for by her parents, who have exhausted every medical treatment available to help Patient X live the best quality of life possible. Since 2010, Patient X was being managed by the Immunology team at KFSHRC-J headed by Najila Sayes, M.D., Consultant Executive Health Medicine, for B-cell deficiency, retinitis pigmentosa, chronic iron deficiency anemia, and recurrent infections, which required frequent monthly admissions for Intravenous Immunoglobulin (IVIG) treatment in the Day Procedure Unit (DPU).

In April 2018, Patient X's monthly hospital visits for IVIG became increasingly challenging as the team struggled to obtain a suitable IV access. All peripheral access had failed, and multiple attempts at central lines had also failed due to severe infections. The Infusaport, inserted in 2016, was constantly becoming infected due to Patient X's increasingly poor immune status and eventually failed. Patient X had several attempts at cannulation by nurses at each visit, which were painful and traumatic to her and her parents. By August 2018, Patient X's condition was deteriorating as all attempts failed in obtaining IV access. Dr. Sayes and the medical team explained to Patient X and her parents that administering immunoglobulin via the IV route was no longer an option. The team declined the decision to insert another central line due to her poor immune status and high risk for sepsis.

Patient X's parents asked Dr. Sayes if the team could look into other alternatives as they could not tolerate watching their daughter go through so much pain and suffering.

Participants

Table EP17.1: Interprofessional Team for Subcutaneous Immunoglobulin Procurement, Education and Training

Name & Credentials	Job Title	Department
Vimela Moodley, BSN RN	Clinical Nurse, Staff Nurse 1 (SN1), Unit Council Chairperson	DPU
Ilona Novotna, BSN RN	Clinical Nurse, SN1, Unit Council Member	DPU
Cynthia Dolar, BSN RN	Clinical Nurse, SN1, Unit Council Member	DPU
Taghreed Sulaimani, BSN RN	SN1, Unit Council member	DPU
Reem Baljoon, MSN RN	Nurse Clinician	DPU
Riitta Antikainen, BSN RN	Head Nurse	DPU
Wadea Beheri, PhD RN	Program Director	Nursing Affairs
Omar Abu Damis, BSN RN	Products Coordinator	Nursing Affairs
Barbara Van Vuren, BSN RN	Nursing Quality Improvement Coordinator	Nursing Practice and Research
John Sedgewick, PhD, RN, RMN, Dip.N, Renal Cert, Cert.ED, RNT, FETC, FFNM(RCSI), FInstLM,	Program Director	Nursing Education and Saudization
Amna Al-Shelali, BSN RN	Education Coordinator	Nursing Education and Saudization
Najla Sayes, M.D.	Consultant Immunology,	Executive Health Medicine
Merryland Abdeljawad	Medication Safety Officer and Medication Reconciliation Champion	Pharmaceutical Care Division
Sayed Nahri	Pharmacist, Drug Information Center	Pharmaceutical Care Division
Hind Mustafa	Senior Liaison Pharmacist	Medication Safety/Clinical Support Pharmacy
Selwan Alawi	Supply Chain Performance Improvement Specialist	Supply Chain Management

Abdulaziz Halawi	Clinical Engineer	Clinical Engineering Department
Marwan Mattar	Assistant Head	Purchasing Services

Description of Intervention

In September 2018, after much debate with the immunology team, Dr. Sayes concluded that the only solution that could be considered was to administer the immunoglobulin via the subcutaneous route; however, this medication or the equipment needed to infuse it was not available at KFSHRC-J. Realizing this was the last hope to save Patient X, all efforts and resources were used to develop a plan to procure this medication, the required equipment, and the supplies necessary for administration.

Nurse-driven Initiative

Clinical nurses Vimela Moodley, BSN RN, and Ilona Novotna, BSN RN, who cared for Patient X for many years, were committed and determined to get Patient X the treatment she needed. They took this issue to their Unit Council on September 03, 2018. They requested support to attend a Masterclass to learn how to administer large doses of subcutaneous medication, which was a requirement for this new route of subcutaneous immunoglobulin (SCIG). **Evidence EP17.1 Unit Council Minutes, September 03,2018**

With the support of their Unit Council, on September 28 and 29, 2018, Vimela and Ilona attended the Middle East Nurse Masterclass in Dubai, United Arab Emirates, to learn to administer large doses of subcutaneous injections. With this newly acquired knowledge and skill, over the proceeding months, Vimela and Ilona were empowered to drive this initiative forward to ensure procurement of the medication, equipment, and supplies and to support on-site education and training sessions for their DPU nursing colleagues. **Evidence EP17.2 Middle East Nurse Masterclass Certificate of Participation**

Service Recovery

The following is a sequence of nurse-driven events that contributed to the service recovery efforts to provide Patient X with the life-saving medication she needed.

- On October 02, 2018, Vimela corresponded with Sayed, a Pharmacist in the Drug Information Centre, to obtain SCIG Administration Guidelines. **Evidence EP17.3 Email Correspondence**
- On December 03, 2018, an interprofessional meeting was called by Vimela to plan the procurement of the SCIG, pump, and supplies and a plan for education and training for DPU nurses. **Evidence EP17.4 Minutes of SCIG Procurement Meeting**
- On January 02, 2019, Vimela corresponded with Barbara Van Vuren, BSN RN, the Nursing Quality Improvement Coordinator, to gain support for SCIG guideline approval

and liaise with Nursing Development and Saudization to assist with the education and training of DPU nurses.

- On January 10, 2019, Barbara liaised with John Sedgewick, PhD, RN, RMN, Dip.N, Renal Cert, Cert.Ed., RNT, FETC, FFNM(RCSI), FInstLM, and Amna Al-Shelali, BSN RN, from the Nursing Development and Saudization to develop an education and training program for DPU nurses in close collaboration with Vimela. Vimela was recognized as an excellent resource to lead the education program due to her external training
- On January 13, 2019, education and training were given by Vimela to DPU nurses. **Evidence EP17.5 DPU Attendance List for SCIG Administration**

Outcome

On January 19, 2019 Vimela and Ilona assisted Dr. Sayes to administer the initial dose of SCIG to Patient X. Since then, she has been receiving SCIG doses every two weeks without delays. Currently, Patient X's SCIG doses have been decreased from 20g to 10g due to the extreme effectiveness of the subcutaneous dose and the subsequent increase in her serum IgG levels. Patient X's physical condition has improved. She has not contracted any infections in the last year and has been completely safe during the COVID-19 pandemic, although she consistently was admitted in DPU every two weeks for her SCIG dose. As a result of this service recovery effort, Patient X and her parents were extremely grateful. They were so close to losing Patient X, and the extraordinary efforts led by Vimela and Ilona, along with the entire interprofessional team, gave Patient X a new lease on life.

Patient X's Father's Feedback

On March 15, 2022, Sara El Rez, BSN RN, Clinical Specialist DPU contacted Patient X's father, her primary caregiver, to obtain feedback about the transition from IVIGG to SCIG and the overall care Patient X has received. Patient X's father subsequently forwarded a letter to KFSHRC-J, documenting his response. **Evidence EP17.AD1 Patient X Father Feedback.**