



NK6EO – Innovation

Two examples are required (one example must be from ambulatory care setting, if applicable).

NK6EO: Provides two examples, with supporting evidence, of an improved outcome in a care setting associated with a clinical nurse(s) involvement in the adoption of technology.

- *Outcome data must be submitted in the form of a graph with a data table.*

Example NK6EOa: Improving Patient Satisfaction Values with Care Coordination in The Day Procedure Unit by Telephone Calls, WhatsApp Social Media Application, and Email, by a Clinical Nurse

Problem

KFSHRC-J recognizes the need to incorporate technology within healthcare delivery; thus, the inclusion of the Health Information and Technology Affairs (HITA) Department within the organizational structure. As technology advances, the impact on clinical nursing practice is significant.

The Day Procedure Unit (DPU) is an 18-bed outpatient service offering nursing care to both an adult and pediatric population that require day admission only. Services include radiological, surgical, and medical procedures. Patients are admitted on the morning of the day of the procedure and discharged once the discharge criteria are met.

In 2021, the DPU experienced patient dissatisfaction with care coordination resulting in a no-show rate of 12.93% for patients booked for surgical procedures. The rate demonstrates that patients were not well prepared with procedural instructions and additional questions about care. Patients not showing up for procedures causes increased waiting time, inefficient use of DPU beds and Operating Room (OR) resources.

The DPU unit reviewed the patient satisfaction data on care coordination composite question “How well staff worked together to care for you” was 94.22% in March 2021.

Goal Statement

Improve patient satisfaction mean score on Press Ganey care coordination question “How well staff worked together to care for you” in the DPU at KFSHRC-J.

Participants

Table NK6EOa.1 lists participants who collaborated to improve patient satisfaction with coordination of care.

Table NK6EOa.1: List of Participants in Process Improvement Project to Improve Patient Satisfaction with Care Coordination

Name & Credentials	Job Title	Department
Sara El Rez, BSN RN	Clinical Specialist, Team Leader	DPU
Joanne Llaguno BSN RN	Staff Nurse 1 (SN1), Clinical Nurse, Patient Scheduler, Co-Leader	DPU
Pavlina Brozova BSN RN	SN1 Clinical Nurse, Charge Nurse	DPU
Arwa Ali BSN RN	Nurse Clinician	DPU
Lana AbdulJawad, BSN RN	Head Nurse	DPU
Adil Kamal, M.D.	Director	Perioperative Services

Description of the Intervention

In April 2021, a team conducted a process improvement project (Just Do It), led by Clinical Specialist Sara El Rez, BSN, RN and clinical nurse Joanne Llaguno, BSN, RN. The team reviewed the patient satisfaction results for coordination of care category and decided to use technology to improve pre-procedure preparation, communication, and management to decrease the no-show rates, thereby improving the care coordination patient satisfaction as reported by the patient.

The process improvement team analyzed the pre-procedure booking process, pre-procedure preparation, and coordination of care for DPU patients. Factors contributing to dissatisfaction with care coordination and no-show rates were: lack of patient education regarding appointment booking procedures; changes to patient health status due to COVID-19 exposure leading to ineligibility for admission; patients either forgot or did not receive the automated text messages sent seven and three days pre-admission; a change of treatment plan by the physician not communicated to the booking office or DPU and OR scheduler; and change in the patient's condition or desire for the procedure.

The process improvement team recommended adopting technology to implement the changes to pre-procedure communication and care coordination as outlined in Table NK6EOa.2: Changes to Pre-Procedure Communication and Care Coordination using Technology.

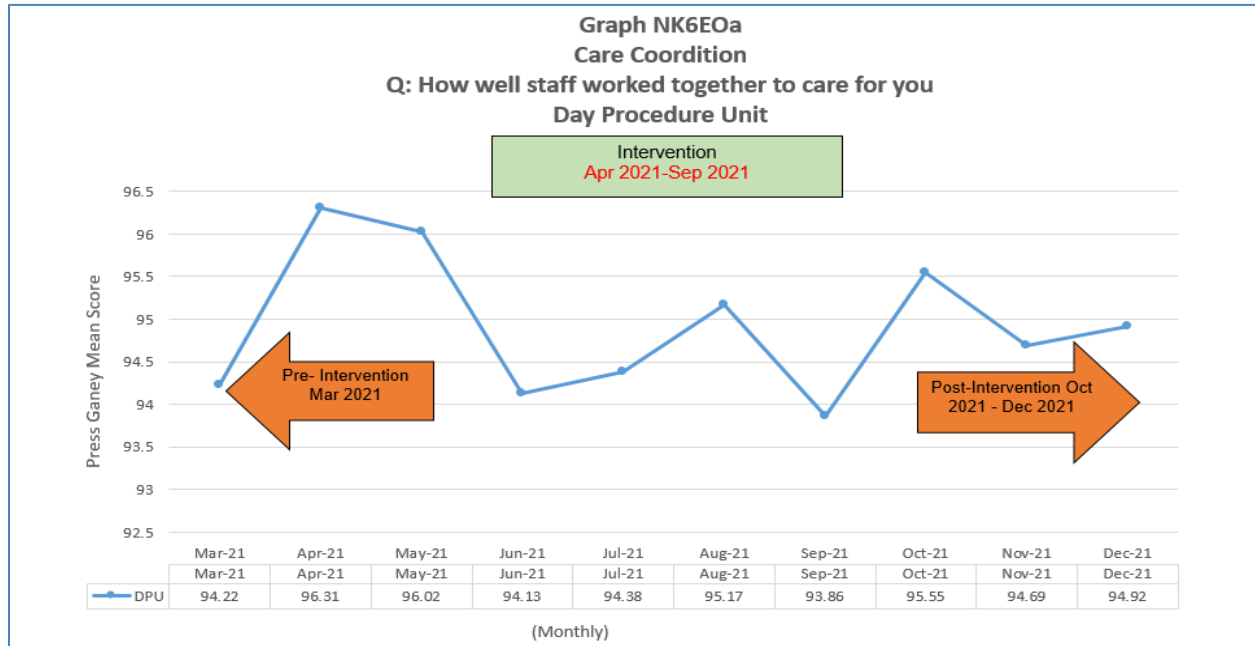
NK6EOa.2: Changes to Pre-Procedure Communication and Care Coordination Using Technology

New Process	Expected outcome	Impact on Care Coordination	Technology Adopted in New Process
Clinical Specialist coordinated with the charge nurse and patient scheduler and called the patient a day before the scheduled appointment to assess the patients' health status using Severe Acute Respiratory Infection (SARI) criteria	If a SARI score of 4 and above resulted in not being approved for elective surgery, the booking would be rescheduled and newly available bed and OR booking offered to another patient	Patient appointment could be rescheduled so patient knew their care would be given at another time.	Telephone
Clinical Specialist documented the patient's SARI scoring in the Integrated Clinical Information System	Accurate record of health status	All team members could access the patient information	Integrated Clinical Information System
Clinical Specialist sent an email to the referring physician about changes to patient condition and cancellation of surgery	Physician would communicate with patient and inform them of their revised plan of care	Opportunity to provide telemedicine and answer questions of patients and families due to their altered health status	Email and phone call
Clinical Specialist sent an email to Schedulers in OR and Patient Admissions	All of the team had up-to-date information and could reschedule the patient for their procedure/admission	All working from same information, for consistent information for the patient	Email
Clinical Specialist used the mobile (cellphone) number to contact patients using the WhatsApp platform in case of no answer to send messages and receive phone calls	Clinical Specialist able to maintain continuing contact with patients pre- and post- procedure for ongoing support, in particular due to COVID-19 restrictions that may prevent patients accessing care delivery	Clinical Specialist able to refer issues to referring physician for follow up care	WhatsApp

The new communication processes were implemented via telephone calls, emails, and WhatsApp from April 2021 to September 2021.

Outcome

Patient satisfaction scoring on the care coordination question “How well staff worked together to care for you” in the DPU improved after the intervention, as seen in Graph NK6EOa.1: Care Coordination. In addition, the patient no-show rate decreased from 12.93% of the total scheduled cases to 4.02% of the total scheduled cases.



Graph NK6EOa.1: Care Coordination
Patient Satisfaction Question: How well staff worked together to care for you