



## NK7EO – Innovation

*Two examples are required (one example must be from the ambulatory setting, if applicable):*

*NK7EOa. Provide one example, with supporting evidence, of an improved outcome associated with nurse involvement with the design or redesign of work environment.*

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

### **Example NK7EOa: Improving Satisfaction with Care Coordination in the Oncology Treatment Area (OTA) through Redesign of the Work Environment**

#### **Problem**

The OTA at KFSHRC-J is an outpatient clinic and treatment area which follows and administers treatments to approximately 5,700 patients annually. Treatments include outpatient chemotherapy, blood product administration, intrathecal chemotherapy, and bone marrow biopsies, with patients triaged and managed accordingly to treatment plans.

The crowded waiting area and use of beds for waiting patients resulted in a stressful work environment for nurses due to distractions from the congested work environment, addressing patient family issues, insufficient workspace for completing paperwork, less equipment available, and an increased risk for medication errors.

Under the umbrella of the OTA IACT Performance Improvement Team, the OTA Work Environment Redesign IACT Taskforce was established in December 2020 to address the redesign of the work environment to improve care coordination and the patient experience.

In November 2020, the OTA patient satisfaction mean score for the Care Coordination category for the question “How well staff worked together to care for you,” was 85%.

#### **Goal Statement**

Improve patient satisfaction mean scores with the Care Coordination category for the question “How well staff worked together to care for you” in the OTA, KFSHRC-J.

#### **Participants**

Table NK7EOa.1 below lists the members of the OTA Work Environment Taskforce.

**Table NK7EOa.1: OTA Work Environment Redesign Taskforce Members**

Name & Credentials	Job Title	Department
Ahmad Maghari, BSN RN	Head Nurse, <b>Team Leader</b>	OTA
Anitha Matthew, BSN RN	Nurse Clinician	OTA
Dalia Kushari, BSN RN	Staff Nurse 1 (SN1), Clinical Nurse	OTA
Deema Alarishi, BSN RN	SN1, Clinical Nurse	OTA
Howida Al Mokdad, BSN RN	SN1, Clinical Nurse	OTA
Taraji Rasheed, BSN RN	SN1, Clinical Nurse	OTA
Suriana Ahmed, BSN RN	SN1, Clinical Nurse	OTA
Abdullah Masawi, BSN RN	SN1, Clinical Nurse	OTA
Haneen Shaheen, BSN RN	SN1, Clinical Nurse	OTA
Edraline Guibao, BSN RN	SN1, Clinical Nurse	OTA
Ayat Abdurabbo, BSN RN	SN1, Clinical Nurse	OTA
Bayan Maimani, BSN RN	SN1, Clinical Nurse	OTA
Alanoud Abualsaud, MSN RN	Program Director	Nursing General Services
Usman Binyam M.D.	Consultant	Hematology
Reyad Dada, M.D.	Consultant, Section Head,	Medical Oncology
Ibrahim Refaei, M.D.	Assistant Consultant	Medical Oncology

### **Description of the Intervention**

Clinical nurses were on the task force and helped with the decision to redesign the OTA and expand the waiting area:

The redesign of the work environment included:

1. Moving the reception area to be the first point of contact with patients compared to the old design where the reception area was inside the triage area, within the OTA.
2. Expanding the waiting areas from 10 to 25 spaces, with separate male and female waiting areas (following cultural requirements) and separate toilet facilities.
3. Expanding the triage room to include a bigger workspace with a door to ensure privacy. The previous triage area was a smaller workspace separated from the rest of the OTA with only a curtain.
4. Creating an Assessment Room. In the old design, patients and doctors waited for an available bed to complete an assessment when required in their treatment plan.

In the area's redesign, the dedicated Assessment Room prevents additional waiting by the doctor and the patient and improves workflow.

5. Expanding the physician workspace to order treatment plans and complete documentation. The provision of additional physician workspace improved the availability and accessibility of physicians to the nursing team, improving care coordination and teamwork. This included a consultant room and a room for three assistant consultants.

The work environment redesign started on December 20, 2020, and was completed in April 2021. The Engineering and Health Information Technology Affairs departments were consulted for engineering and technology hardware needs, additional desks, chairs, and computers were provided for the new spaces.

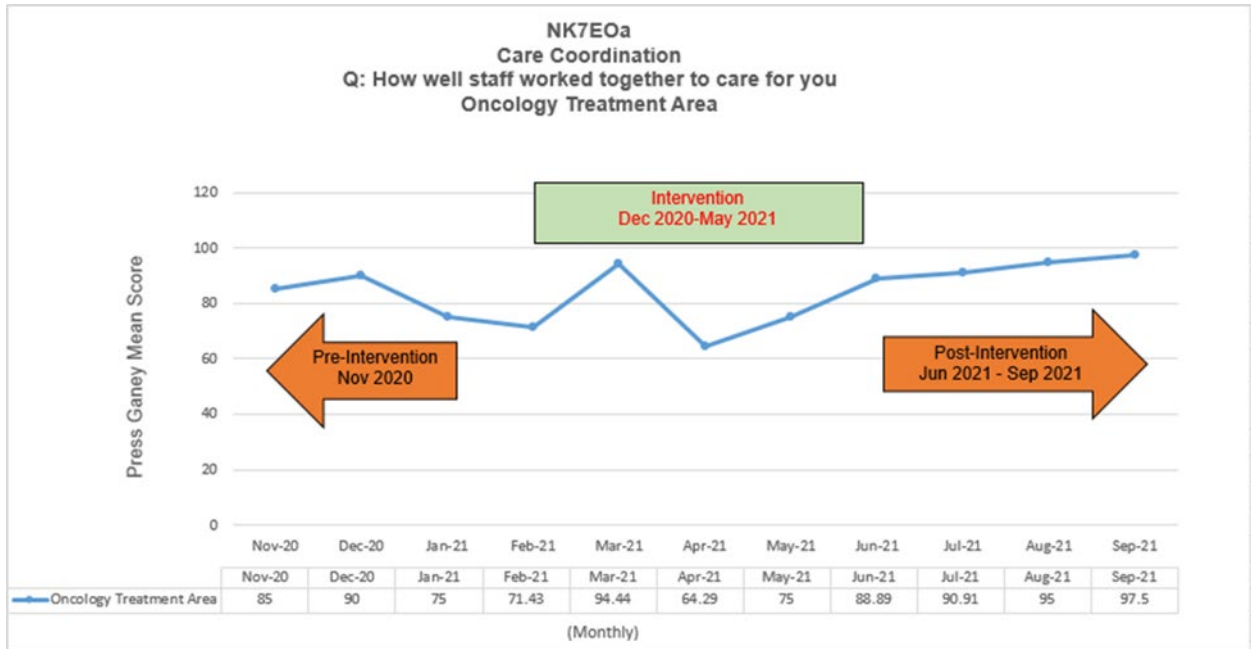
The OTA services were temporarily relocated to the Day Procedure Unit from the end of December 2020 until the completion of the renovation. The services relocated back to the OTA after the renovation in May 2021.

This work environment redesign improved care coordination and led to increased patient satisfaction. The redesign of the OTA area allowed for better scheduling of patients according to the availability of beds. The redesigned workspace allowed staff to coordinate care with more efficiency and effectiveness. The additional space was allowed for nurses, patients, and doctors to meet in consultation where previously there was no room to do this effectively.

**The interventions were implemented from December 2020 to May 2021.**

### **Outcome**

The result presented below from Press Ganey survey shows an increase in patient satisfaction with Care Coordination “How well the staff worked together to care for you” in OTA, as seen in Graph NK7EOa.



**Graph NK7EOa: OTA Patient Satisfaction for Care Coordination**

**References**

Reiling, J., Hughes, R. G., & Murphy, M. R. (2008). The impact of facility design on patient safety. *Patient safety and quality: An evidence-based handbook for nurses*