



EP3 – Care Delivery System(s)

EP3: Provide one example with supporting evidence, of nurse(s) partnering with patient(s), family, or both to influence change in the organization.

Example: Nurse/Sitter Partnership Sessions in Pediatric Unit 1 North – Change in Organizational Policy and Procedure

Sitters in the Pediatric Unit are usually the patient’s mother. A sitter in KFSHRC-J is defined as *an individual who is authorized to stay with the patient during hospitalization to provide support with patient care and emotional support. Such individual must be at least eighteen (18) years old, healthy and capable of providing such support. For pediatric patients, it is strongly recommended that the Sitter be a parent* (APP-91 Patients' Sitters and Patients' Visitors Rules and Regulations, 2020).

Figure EP3.1 Screenshot of Excerpt from APP-91 Patients' Sitters and Patients' Visitors Rules and Regulations, 2020

APP Patients' Sitters And Patients Visitors Rules And Regulations Page 1 of 6

- 1. STATEMENT OF PURPOSE:**
 - 1.1 To define the policies and procedures of King Faisal Specialist Hospital and Research Centre (General Organization) – Corporate Level and its branches relating to the designation, approval and control of patients' sitters and patients' visitors rules and regulations.
- 2. DEFINITIONS:** For the purpose of this APP, the following definitions shall apply:
 - 2.1 The terms **Hospital, Organization** or the acronym **KFSH&RC** when used in this Policy refer to or interchangeably mean the King Faisal Specialist Hospital & Research Centre (General Organization) – Corporate Level and its branches.
 - 2.2 **Sitter:** Shall mean an individual who is authorized to stay with the patient during hospitalization to provide support with patient care and emotional support. Such individual must be at least eighteen (18) years old, healthy and capable of providing such support. For pediatric patients, it is strongly recommended that the Sitter be a parent.
 - 2.3 **Visitor:** Shall mean an individual who is allowed access to the KFSH&RC during the Hospital's flexible visiting hours to see a patient.

Partnering with Patients and Families

At KFSHRC-J, nurses partner with patients and families to influence change in various ways. Nurses in the Pediatric Unit 1 North discovered, in their collaboration with patients

and sitters, that the majority of concerns requiring education/explanation/discussion encountered by patients' sitters were similar and repetitive. These issues included discharge instructions, leaving the child unattended, and bringing unauthorized items to the patient's room (e.g., kettle, blankets, food).

The Pediatric Unit 1 North nurses decided to initiate *Nurse/Sitter Partnership sessions* to address these common themes of subjects. The goal of conducting these sessions was to align with KFSHRC – General Organization value of safety by implementing necessary processes to eliminate potential harm and deliver safe care. The intention was to enhance the patient and family relationship with nursing and the healthcare staff by sharing experiences and addressing multiple topics with multiple sitters in each partnership session.

Nurse/Sitter Partnership sessions in the Pediatric Unit 1 North started on October 30, 2019. Sessions were scheduled for and held in the unit every two weeks. The topics for education and discussions were determined by sitter feedback, with presentations conducted at each session. Interdisciplinary team members were also invited to present as experts in such topics related to nutrition, patient experience, pharmacy, dental, and infection control.

On January 04, 2021, clinical nurse Anfal Qulaissi, BSN RN, Staff Nurse 1, and Aziza Alhamdan, BSN RN, Nurse Clinician, from the Pediatric Unit 1 North, presented in the *Nurse/Sitter Partnership session*. The content included: fall prevention, general information, cleanliness, infection prevention, patient safety, and contact details. **Evidence EP3.AD1 Pediatric Unit 1 North Nurse/Sitter Partnership Presentation.** Feedback received from Sitter X (the mother of Patient X) was overall excellent feedback about the session information, but with a concern raised for the nurses to be careful when inserting intravenous lines and to secure them properly so that it does not cause pain to the children. **Evidence EP3.AD2 Sitter X Feedback 4 January 2021**

Influencing Organizational Change

On January 31, 2021, at the Pediatric Unit 1 North meeting, Aziza Alhamdan presented the concern of intravenous line management as feedback from Sitter X in the Nurse/Sitter Partnership session on January 04, 2021. Upon review, nurses supported the need for more care to be taken when inserting and securing peripheral intravenous lines (PIV) since there was a recent incident of PIV extravasation reported in the unit in December 2020. A root cause analysis was conducted for the incident. It was identified that patient positioning and the fact that the intravenous cannula was wrapped well with a bandage preventing visualization of the cannula were the root causes that contributed to the incident of extravasation. The Pediatric Unit 1 North nursing team deliberated on how to

manage PIV cannulas better to prevent further incidents of extravasation and to avoid the need for re-insertion of cannulas, causing pain to the patients, as reported by Sitter X. **Evidence EP3.AD3 Unit Meeting Minutes 1 North Pediatrics, Jan 31, 2021**

Subsequently, a performance improvement (PI) project was initiated and led by clinical nurse Jisha George, Dip.N RN, Staff Nurse 1, on *Prevention of Peripheral Intravenous Catheter Extravasation in Pediatric 1 North aiming for zero harm*. The project went from March 30, 2021 to June 30, 2021. **Evidence EP3.AD4 Performance Improvement Project - Prevention of Peripheral Intravenous Catheter Extravasation in Pediatric 1 North**

One of the outcomes of the project was the finding that the peripheral intravenous area is not always easily visible. The project recommendation was to review the clinical internal policy and procedure (CIPP-3782 Management of Peripheral Cannulas) to ensure that the intravenous site can be clearly visualized. This policy governs the management of peripheral IV cannulas across all nursing units at KFSHRC-J. With improved visualization, the site can be assessed more frequently to prevent incidents of dislodgement and extravasation as well as preventing “over-securing” of the device, thereby reducing attempts at re-insertion and pain caused to patients.

An organizational change was made in the update of the internal policy and procedure by including the clause, *“The IV site must be clearly visualized by using a transparent dressing.”* **Evidence EP3.AD5 Policy – Management of Peripheral Cannulas**

Participants

Table EP.3.1 below shows the participants involved in the Nurse/Sitter Partnership session on January 04, 2021, and the related performance improvement project.

Table EP3.1: Participants in the Nurse/Sitter Partnership Sessions in Pediatric Unit 1 North, and PI Project

Name & Credentials	Job Title	Department
Sitter X	Mother of Patient X	N/A
Abeer Aljoudy, BSN RN	Head Nurse PI Project Member	Pediatric Unit 1 North
Marny Magtoto, BSN RN	Assistant Head Nurse PI Project Member	Pediatric Unit 1 North
Aziza Alhamdan, BSN RN	Nurse Clinician Nurse/Sitter Partnership	Pediatric Unit 1 North
Anfal Qulaissi, BSN RN	Staff Nurse 1 Nurse/Sitter Partnership	Pediatric Unit 1 North
Jisha George, Dip.N RN	Staff Nurse 1	Pediatric Unit 1 North

	PI Project Lead	
Micah Ybardolaza, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North
Ola Sejini, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North
Suhaina Osman, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North
Hille de Jesus, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North
Nurul Sidik, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North
Aida Quitayen, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North
Manimaalay Raman, BSN RN	Staff Nurse 1 PI Project Member	Pediatric Unit 1 North

Outcome

As a result of the Nurse/Sitter Partnership session held between Anfal Qulaissi, Aziza Alhamdan, and Sitter X, the feedback received was utilized to examine organizational processes and implement change to the internal policy and procedure on Management of Peripheral Cannulas.

The performance improvement project was successful in that there have been no further incidents of peripheral intravenous extravasation in the Pediatric Unit 1 North since January 2021.

Ongoing patient and family education occurs in the form of bedside teaching by the primary staff nurse, documented in the Integrated Clinical Information System (ICIS), and ongoing Nurse/Sitter Partnership sessions, emphasizing early detection of peripheral line infiltration/extravasation.