



## NK5 – INNOVATION

*NK5: Provide one example, with supporting evidence, of an innovation within the organization involving nursing.*

**Example: In view of the COVID-19 Pandemic, KFSHRC-J converts to Phone Clinics and Updates its Integrated Clinical Information System, an Innovative Way to Ensure Uninterrupted Patient Care within the Ambulatory Setting**

The Kingdom of Saudi Arabia experienced the first case of COVID-19 in March 2020. Subsequently, precautionary measures such as social distancing, strict limitations of gatherings, curfews, and the eventual lockdowns were put into place. The restrictive measures posed challenges for patients for the organization and Nursing Affairs, KFSHRC-J. Key amongst these challenges was facilitating service continuity, including access to follow-up visits and consultations within the outpatients clinics; Ambulatory Area. On March 19, 2020, a memo was sent by Mohammed AlOtaibi, M.D. Deputy Chief Executive Officer, Healthcare Delivery, mandating that clinic appointments be converted to phone clinics. Wadea Beheri, PhD RN, Acting Executive Director, Nursing Affairs, who was a member of the COVID-19 Command Control Center, convened a meeting with Youssef Alsaid, M.D., Executive Director, Medical and Clinical Affairs, and Basem AlRaddadi, M.D., Consultant, Infectious Diseases, also on March 19, 2020, to discuss how Dr. AlOtaibi's direction would be operationalized. **Evidence NK5.1 Memo Conversion to Phone Clinic**

### **Assessing the Requirements for Converting to Phone Clinics**

Dr. Beheri requested Rainavel Romano, BSN RN, Head Nurse, Outpatient Department (OPD), to assess what would be required to convert the clinics to telephonic clinics. On March 22, 2020, Rainavel met with the OPD Team Leaders and other operational leaders to discuss the requirements for converting to phone clinics. These operational leaders included Rana Shata, Head of Appointments, Registration and Admission Services, Bandar Rashwan, Assistant Head of Appointments, Registration and Admission Services, and Areej Alammari, Quality Improvement. Prior to the COVID-19 pandemic, the workflow in the OPD clinics included patients physically presenting to the clinics, where they were triaged, and had physician consultations, lab work where needed, accessed pharmacy, and sometimes, would proceed to the registration desk to book a follow-up appointment. However, converting clinics into phone clinics required changes to the workflow.

Table NK5.1 below lists the participants who collaborated to improve outcomes for patients using phone clinics

**Table NK5.1: Phone Clinics Project Participants**

<b>Name &amp; Credentials</b>	<b>Job Title</b>	<b>Department</b>
Rainavel Romano, BSN RN	Head Nurse	OPD
Afnan Hamed, BSN RN	Assistant Head Nurse	OPD
Rehab Al-Assiri, BSN RN	Nurse Clinician	OPD
Minerva Vicente, BSN RN	Staff Nurse 1(SN1), Clinical Nurse	Surgery Clinic, OPD
Afaf Muhalhal, BSN RN	SN1, Clinical Nurse	Nephrology Clinic, OPD
Wlfreda Mercado, BSN RN	SN1, Clinical Nurse	ENT Clinic, OPD
Amal Al- Amri, BSN RN	SN1, Clinical Nurse	Neuroscience Clinic, OPD
Jocelyn Mateo, BSN RN	SN1, Clinical Nurse	Cardio Non- Invasive Lab, OPD
Ellaine Quadra, BSN RN	SN1, Clinical Nurse	Medical Clinic, OPD
Amnah Almagady BSN RN	SN1, Clinical Nurse	Pediatric Oncology Clinic, OPD
Emelyn Corpuz, BSN RN	SN1, Clinical Nurse	Adult Oncology Clinic, OPD
Elmona Abdulsalam BSN RN	SN1, Clinical Nurse	Adult Oncology Clinic, OPD
Teresa Dijamco BSN RN	SN1, Clinical Nurse	Pediatric Cardiology Clinic, OPD
Irene Santiago BSN RN	SN1, Clinical Nurse	Protocol Clinic, OPD
Alaa Alsudan, BSN RN	SN1, Clinical Nurse	Dental Clinic, OPD
Elena Gonzales BSN RN	SN1, Clinical Nurse	Ophthalmology Clinic, OPD
Wadea Behari, PhD RN	Deputy Executive Director, Acting Executive Director	Nursing Affairs
Mohammed Alotaibi M.D.	Deputy Chief Executive	Officer, Healthcare Delivery
Youssef Alsaid M.D.	Executive Director	Medical and Clinical Affairs
Bassem Alraddadi M.D.	Consultant	Infectious Diseases
Bandar Rashwan	Assistant Head	Appointments, Registration and Admissions Services
Areej Alammari	Quality Improvement Officer	Appointments, Registration and Admissions Services
Rana Shata	Head	Appointments, Registration and Admissions Services.

## **Making Configuration Changes to Integrated Clinical Information System**

With input from the nursing Team Leaders, it was identified that there was no way to document telephone consultations within the electronic patient record. If this were not corrected, it would not be possible to record all consultations accurately. In turn, this would impact the accuracy of documentation about the care provided and the key performance indicator related to outpatient visits. It was agreed that the Integrated Clinical Information System (ICIS) team would be requested to build a section for phone clinic appointments and to distinguish patients consulted over the phone from patients seen in the clinic during regular visits. A new field was added in the electronic documentation for outpatient visits to indicate the visit type, ensuring accurate patient care documentation and outpatient activity. These arrangements were completed at the end of the same day, March 22, 2020. Also, the new workflow for the OPD clinics was developed and discussed with the OPD Team Leaders and approved during this meeting. **Evidence NK5.2 Minutes of meeting OPD Team Leaders**

## **Commencement of Telephone Clinics Using Configuration Changes in ICIS**

On March 24, 2020, the phone clinics started. The workflow of the phone clinics included:

1. The Registration and Appointment team activated all follow-up patients eligible for phone clinics before the clinic commenced.
2. When patients answered calls, the physicians ordered medications, lab tests, radiological diagnostic tests, and follow-up appointments, where needed.
3. The clinical nurse would then check out patients on ICIS Powerchart system and indicate what the physicians prescribed.
4. After that, the Registration and Appointment team completed and confirmed the follow-up appointment within two working days.

The physician checked the need for medication refills and ordered them as needed. The clinical nurse entered the no-show into the ICIS Powerchart system, with clear instructions from the physician regarding follow-up appointments. The clinical nurse then emailed a list of patients details to the Radiology Department and Pharmacy. **Evidence NK5.3 Documenting Over the Phone Consultation in Outpatient clinics; Evidence NK5.4 OPD Clinic Workflow and Workflow of Patient Phone Clinics**

## **The Outcome of implementing the Phone Clinic Process**

From March 24, 2020, till June 30, 2020, 4,559 clinics were converted to telephonic clinics, and 3,960 telephonic clinics were held. High-priority patients were prioritized to be seen by physicians physically. On June 30, 2020, the phone clinics were discontinued. See Table NK5.2 below, which shows phone clinics versus face-to-face appointments.

**Table NK5.2: Summary of Phone and Face to Face Appointments**

MEDICINE CLINIC CENSUS	2019 (FACE TO FACE)	2020 (PHONE CLINICS)
APRIL	2726	1066
MAY	2049	816
JUNE	1989	2078

The creation of a phone clinic allowed patients to get the opportunity to have their follow-up and consultation completed on time.