



### TL4 – Advocacy and Influence

*TL4: Provide one example, with supporting evidence, of the CNO's leadership that has led to a strategic organizational change.*

*Note: Organizational change must be inclusive of nursing and other departments.*

#### **Example: Executive Director, Nursing Affairs Contributes to Improved Outcomes in Reducing the Average Length Of Stay in Inpatient Units with the Implementation of a Red-to-Green Project Effecting a Strategic Organizational Change as a Multidisciplinary Project Team Lead**

##### **Introduction**

The Chief Executive Officer (CEO), His Excellency, Majid Al Fayyad, M.D., is the Secretary General to the Board of Directors of KFSHRC Organization (KFSHRC Gen. Org.). Reporting to the CEO are the Chief Operating Officers (COO) (now renamed General Managers) of the Riyadh, Jeddah, and Madinah hospitals of the General Organization and the corporate Chiefs responsible for administrative functions. In these hospital sites, the Executive Director team, under the Chief Operating Officers, is responsible for the strategic and operational functions of the respective hospital facilities and has a matrix reporting relationship to the corporate administrative functions as per the organizational charts.

In 2018 within the KFSHRC Gen. Org. structure, the Executive Director, Nursing Affairs (ED, NA), i.e., Chief of Nursing, reported to the COO at each respective site and thus provided a direct line to clinical and executive decision making. The ED, NA worked as an equal partner with the Executive Director, Medical and Clinical Affairs, and the Executive Director, Administrative Services, reporting to the COO in the provision of executive leadership for KFSHRC-J. In addition, the executive nursing leadership for the KFSHRC Gen. Org. is a collaborative process with the ED, NA at each site working together as partners.

Sandra Lovering, DHSc RN, CTN-A, FAAN, was the Executive Director, Nursing Affairs, at KFSHRC-J from August 20, 2004, to January 20, 2020. At the corporate and organizational level, Dr. Lovering exerted influence on decision-making related to the KFSHRC-J organizational strategic plans and operational decisions. Dr. Lovering achieved this through her executive position in the organization, the leadership of

organization-wide initiatives, and extensive participation on corporate committees and organization-wide KFSHRC-J committees.

## Strategic Planning

In 2019, KFSHRC-J executive leadership set an organizational plan under the four strategic priorities of the KFSHRC Gen. Org. Within this organization plan were 16 Strategic Projects led by Project Champions. Within these Strategic Projects were 87 sub-objectives/projects with assigned Project Owners. These Strategic Projects and sub-objectives/projects were finalized at an Operational Planning Workshop held in December 2018 for implementation from January 2019 to December 2019.

### ***CNO leadership to achieve strategic organizational change***

Dr. Lovering was assigned to be the Project Champion of **Strategic Priority #3: Organizational Sustainability C1 Project “Optimize Cost through Efficiency.”** As Project Champion, Dr. Lovering was responsible for setting the operational plan to achieve Strategic Project C1. Determination of sub-objective/project to achieve the Strategic Project included measurable targets as seen below.

- Assignment of project owners for each sub-objective/project
- Determination of timelines, key performance indicators (KPIs) measures, and identification of resources required
- Quarterly activity plans to achieve sub-objective/project
- Quarterly forecast for the achievement of KPIs

The C1 Project “**Optimize Cost through Efficiency overall**” goal was to “**Reduce Average Cost Per Adjusted Patient Day by -3%** (from 8,782 SAR to 8,528 SAR) by December 2019”. Six Clinical Operations sub-objective/projects were selected to increase the efficiency and productivity of the clinical operations, resulting in increased revenues.

**Table TL4.1: List of Clinical Operations Sub-Objectives/Projects**

Optimize cost through Efficiency	Clinical Operations Sub-Objective/Projects
<b>Reduce Average Cost Per Patient Day by -3% (from 8,782 to 8,528) by</b>	1. Reduce the number of laboratory tests by 1% versus 2018 baseline by December 31.
	2. Increase the number of patients in non-invasive cardiology by 3% versus 2018 baseline by December.
	3. Increase the number of examinations in imaging by 5% versus 2018 baseline by December.

<b>December 2019</b>	4. Reduce the Average Length of Stay and increase Bed Turnover by 3% versus 2018 baseline by December.
	5. Improve the efficiency of the Operating Room (OR), Day Procedure Unit (DPU), Endoscopy and Cardiac Catheterization Laboratory by: <ul style="list-style-type: none"> <li>a) Reduce cancellation rates to 6% in OR and 10% in DPU, Endoscopy and Cardiac Cath Lab for the Fiscal Year (FY) 2019.</li> <li>b) Achieve OR “on-time starts” &gt;80% versus FY 2019.</li> </ul>
	6. Reduce the Patient “No-Show” percentage in Ambulatory Care to 5% versus 2018 baseline of 20% for the FY 2019.

Dr. Lovering assisted the Clinical Operations Project Owners to set plans and activities to achieve the sub-objective, advised on methodology, provided assistance to navigate hospital systems, advocated for resources to support projects, escalated issues to the senior executive to support project execution, and monitored progress through the monthly C1 Project Steering Committee. Dr. Lovering reported progress and achievement to the executive level Operational and Strategic Management Meeting (OSSM) every month. **Evidence TL4.1 C1 Plan including Project Owners; Evidence TL4.2 OSSM Minutes November 12, 2019**

***Organization Change to Reduce Average Length of Stay and Increase Bed Turnover: Implementation of the Red-to-Green Project***

In addition to her role as Project Champion for all C1 projects, Dr. Lovering was Executive Champion and Co-Chair of the “Reduce the average length of stay and increase bed turnover” (ALOS) Project. Within the ALOS Project, Dr. Lovering assisted in escalating issues adversely impacting patient length of stay to the Deputy Executive Director, Medical Clinical Affairs. These included radiology scheduling and cancellation issues, the need for additional case coordinators, hospitality care (hotel accommodation) services, and increased Home Health Care services.

Lina Bissar, M.D., Consultant, Internal Medicine, Chair of the ALOS Project, suggested implementing the Red-to-Green Project, based on the Red-to-Green (R2G) National Health Service (NHS) of the United Kingdom Improvement Project supporting the SAFER Patient Flow Bundle. The NHS R2G Project aims to reduce unnecessary patient days in a hospital. <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/12/rig-red-green-bed-days.pdf>.

**Description of Red-to-Green Project at KFSHRC-J**

The R2G tool was implemented at KFSHRC-J as a visual management tool to identify the wasted time in a patient’s journey and bottlenecks leading to delays in timely discharge.

In addition, KFSHRC-J adapted the NHS R2G process to capture data to identify when a hospital bed is not utilized for patient care.

**Table TL4.2: Lists of Definitions**

Definitions	
<p><b>Red Day:</b> A RED day is a day of no value for a patient or bed utilization</p>	<ul style="list-style-type: none"> <li>• Patient receives little or no value-adding acute care. For example, care can be given at home by Home Health Care or Extended Care Facility, or the patient can be evaluated/treated as an outpatient and does not require an acute hospital bed.</li> <li>• Patient waiting for diagnostic/therapeutic intervention/test to be performed or results of investigations to advance the care plan.</li> <li>• A planned investigation, clinical assessment, procedure, or therapy intervention does not occur.</li> <li>• Delay in discharge orders.</li> <li>• When a hospital resource (i.e., bed) is not utilized for patient care.</li> </ul>
<p><b>Green Day:</b> A Green day is a day of value for a patient</p>	<ul style="list-style-type: none"> <li>• Patient receives value-adding care that progresses their journey toward discharge.</li> <li>• A Green day is a day when the patient receives care that can only be delivered in an acute hospital bed.</li> </ul>

### **The Process**

Following the completion of ward rounds in the early afternoon, the charge nurse will review the status of each patient and empty beds in the ward and determines if the bed is ‘Red’ or ‘Green.’ The default setting is “Red.” If the bed is “Red,” the charge nurse enters the reason(s) into the data capture tool. The charge nurse will escalate patient care issues that require the medical or case management teams for intervention, e.g., waiting for tests to be performed or delay in patient discharge orders.

### **Data Capture and Utilization:**

Data is entered into an Access database and analyzed to identify the number of days and reasons for “no value” to the patient or bed utilization. At a management level, data is analyzed to identify “system” causes of wasted bed utilization in units and across the organization. This data is presented monthly at the Efficiency Meeting, chaired by Yaseen Mallawi, M.D., Chief Operating Officer, and Medical and Clinical Affairs Executive Director and Deputy Executive Directors.

This enabled leadership to change practices and policies to improve the efficiency of patient management and bed utilization. Changes included accelerating infection control clearance practices, changes to patient scheduling/bed booking practices, allocation of resources for home equipment to support earlier discharge, addressing physician

practices related to discharge planning, planning for expansion of Extended Care Facility beds, and expansion of Home Health Care services. **Evidence TL4.3 Memo NA-J 263/40, Sample Report of All Units and Executive Report Citing Common Reasons**

### ***CNO Leadership of Red-to-Green Project***

Dr. Lovering was the champion for implementing the nurse-led R2G Project. She formed a nursing team to design, pilot, and implement the project and assigned Khalid Abu Zer, BSN RN, Head Nurse, 24Hour Admission unit, to lead the project. A core nursing team of Head Nurses was formed in February 2019, with Surgical, 5N-Medical, and Pediatric Oncology selected as the pilot units. The data capture tool was developed in Access to enable data aggregation and analysis of the reasons for “red days.”

The tool was piloted in April 2019; workflows were designed for assessment and data capture. Intensive training commenced for nursing and medical teams with full project implementation in all inpatient and critical care areas in May 2019.

Throughout the project implementation, Dr. Lovering provided guidance, assigned staff resources, presented progress reports to executive and medical leadership. Dr. Lovering advocated for health information technology department resources support to develop an application for the R2G data capture tool, to be integrated into the Integrated Clinical Information System to reduce the manual data entry and enhance data integrity. **Evidence TL4.4 ALOS Minutes January 31, 2019, and Memo NAJ 122/41 - Build R2G in ICIS**

The multidisciplinary team participating in the R2G Performance Improvement (PI) Project are listed in Table TL4-3 below.

**Table TL4.3: Members of the R2G PI Project team**

<b>Name &amp; Credential</b>	<b>Job Title</b>	<b>Department</b>
Sandra Lovering, DHSc RN, CTN-A, FAAN	Executive Director, <b>Project Champion</b>	Nursing Affairs
Lina Bissar, MD	Consultant, <b>Project Leader</b>	Internal Medicine
Khaled Abu Zer, BSN RN	Acting Program Director, <b>Nursing Leader</b>	24Hour Admission
Wadea Beheri, PhD RN	Deputy Executive Director	Nursing Affairs
Abeer Aljoudy, BSN RN	Head Nurse	Pediatrics
Adel Al-Hyari, BSN RN	Head Nurse	CVT-N/S
Ahmad Maghari, BSN RN	Acting Head Nurse	5N-Medical

Ahmed Omari, BSN RN, BMTCN	Head Nurse	Oncology
Alanoud AbuAlsaoud, MSN RN	Head Nurse	5S-Medical
Diane Ross, MSN RN	Head Nurse	Surgical
Haia Aldosary, MSN RN	Head Nurse	Pediatric ICU
Khalid Al-Hroub, BSN RN, CM	Head Nurse	Cardiac ICU
Layla Arafat, MSN RN	Head Nurse	OBGYN
Liza Cronje, MSN RN	Head Nurse	Neonatal ICU
Maria Magtoto, BSN RN	Assistant Head Nurse	Pediatrics
Ayman Al Dawdiah, BSN RN	Head Nurse	Surgical ICU and Transplant
Mona Alharthy, MSN RN	Head Nurse	Protocol (VIP)
Shahinaz Ashrou, BSN RN	Head Nurse	Medical Surgical ICU
Shonise Young, BSN RN, CPHQ	Head Nurse	Pediatrics Oncology
Tracy Schoombie, MSN RN, RM, CNRN, SCR N	Head Nurse	1South
Abeer Al-Atawee, BSN RN	Nurse Clinician	Nurse Practice and Research
Amany Moustafa, BSN RN, CPHQ	Nurse Clinician	Transplant
Ismail Qushmaq, M.D.	Deputy Executive Director	Medical & Clinical Affairs
Islam Junaid, M.D.	Acting Chairman	Surgery
Ahmed Jamjoom, M.D.	Chairman	Cardiovascular Diseases
Bandr Hafidh, M.D.	Acting Chairman	Obstetrics & Gynecology
Bassim Albeirouti, M.D.	Acting Chairman	Oncology
Amjad Al-Kouatli, M.D.	Chairman	Pediatrics
Mohammed BinMahfoodh, M.D.	Chairman	Neuroscience
Wael Habhab, M.D.	Chairman	Medicine
Mrouge Sobaihi, M.D.	Consultant	Pediatrics
Mwaffak Bashir, M.D.	Chairman	Emergency Medicine
Osama El Sayed, M.D.	Consultant	Cardiovascular Diseases
Samer Dardas, BSN RN, CPHQ, CPHQ, CPHHA, CSSGB, PMP	PI Specialist	Quality Management
Meshal Althiban, BSN RN	Head	Case Management
Sondos Abdulshakour	Medical Case Manager	Case Management

## Project Outcomes

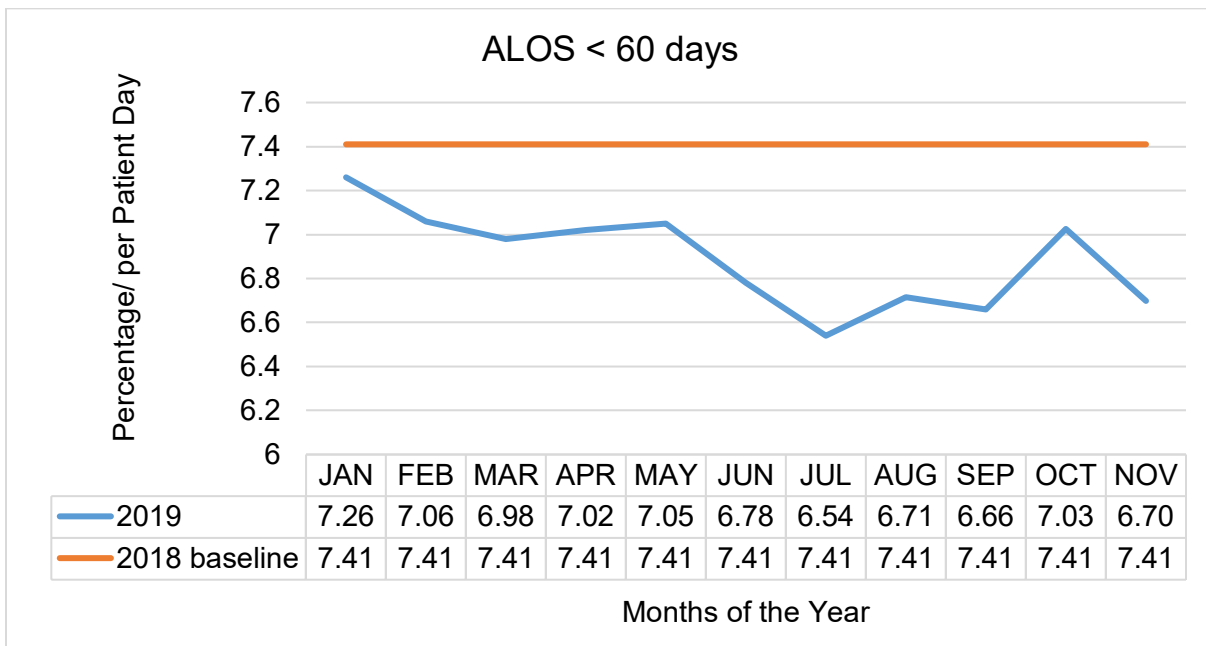
Implementation of the R2G tool improved hospital efficiency and productivity by providing data on factors contributing to delays in the patient journey to discharge and barriers to effective bed management. Through the use of the data, medical and nursing leadership addressed unit level and system-wide issues leading to greater efficiency.

In addition, the R2G Project positively contributed to the C1 Strategic Priority Optimize Cost through Efficiency overall goal to “Reduce Average Cost Per Adjusted Patient Day.” Compared to the 2018 baseline, the Average Cost per Adjusted Patient Day was reduced by 10.88%, exceeding the target of a 3% reduction, 7.42% increase in Bed Turnover, and a 5.28% increase in Admissions, as seen in Table TL4.4 below.

**Table TL4.4: Summary of Average Cost per Adjusted Patient Day Reduction**

2019 C1 Project/ Measure	Baseline 2018 (Monthly)	Average 2019* (Monthly)	% Difference 2019 - 2018
<b>Average Cost (SAR) Per Adjusted Patient Day</b>	8782	7920	-10.88
<b>ALOS &lt; 60 days</b>	7.41	6.89	-7.55
<b>Bed Turnover Rate</b>	2.48	2.68	7.42
<b>Number of Admissions</b>	932	983	5.28

In the first six months of implementation, i.e., June to November, the project achieved a 7.55% reduction in ALOS < 60 days, as seen in Graph TL4.1 below.



**Graph TL4.1: Reduction in ALOS**

The R2G Project was awarded First Prize Performance Improvement Project at the 2019 Quality Day held on November 10-11, 2019. **Evidence TL4.5 R2G PI Award**

### **Conclusion: The Strategic Organizational Change**

The C1 project led to the ability of the organization to reduce costs by 10.88%, exceeding the target of a 3% reduction, and provide care to an additional 5.28% of patients within the current resources, which is a key strategic organizational change of increasing efficiency.