



TL5EO – Advocacy and Influence

TL5EO: Provide one example, with supporting evidence, of an improved patient outcome associated with an AVP's/nurse director's or nurse manager's membership in an organizational-level decision-making group.

- *Patient outcomes data may be presented at the organizational, division or unit level.*
- *Outcome data must be submitted in the form of a graph with a data table.*

Example: Nurse Manager Diane Ross, MSN RN, CM, Head Nurse, Surgical Unit Contributes to Improved Outcomes in Reducing Hospital Acquired Venothrombo-Embolism (VTE) In Adult Inpatient Units as a Member of the Thrombohemorrhagic Committee(THC)

Problem

The THC was established in February 2019 under the umbrella of Medical and Clinical Affairs and was formed to fulfill the hospitals' mandate to progress toward zero harm in Hospital Acquired VTE (HA-VTE). The THC was chaired by Bassim AlBeirouti, M.D., Chairman of the Oncology Department, and the co-chair was Lina Bissar, M.D., Internal Medicine Consultant, Acting Head of Operational Efficiency Management, Champion of the Zero Harm for VTE. Committee membership included leaders from the Quality Management, Nursing Affairs, Pharmacy, Hematology, and Medicine departments.

Since VTE is a quality indicator in the Department of Surgery, Diane was requested to be a committee member. Diane joined the THC in February 2019 and actively contributed to ideas to improve outcomes to reduce HA-VTE within the organization.

In February 2019, upon the establishment of the THC, the VTE Screening and Prophylaxis tool was launched through the Integrated Clinical Information System. This gave the committee a means to track compliance and the accuracy of VTE risk assessments and the implementation of correct prophylaxis measures to prevent HA-VTE for the inpatient population. A positive doppler screening procedure in the Radiology department confirmed all VTE cases.

In the second quarter of 2019, the rate of Hospital-Acquired VTE was 0.29 for all the adult inpatient units.

Goal Statement

Reduce the rate of Hospital-Acquired VTE for all the adult inpatient units at KFHRC-Jeddah.

Rates are calculated as Number of Hospital Acquired VTE/Adult Patient Admission.

Participants

Table TL5EO.1 below lists the members of the THC.

Table TL5EO.1: THC Members

Name & Credentials	Job Title	Department
Bassim AlBeirouti, M.D.	Consultant, Chair	Department of Hematology-Oncology
Lina Bissar, M.D.	Consultant, Acting Head Operational Efficiency Management, Co-Chair	Department of Medicine
Diane Ross, MSN RN, CM	Head Nurse	Surgical
Alanoud Abualsaud, MSN RN	Head Nurse	5S-Medical
Abdullah AlBaiti, M.D.	Assistant Consultant	Medicine
Afaf Tawfiq, M.D.	Consultant	Obstetrics and Gynaecology
Walaa Waleed Alqutub	Quality Coordinator	Medical and Clinical Affairs
Merryland Abdeljawad	Pharmacist, Medication Safety Officer	Pharmacy
Kawther Salah	Clinical Pharmacist Specialist	Pharmacy
Sarbonza Meera Syed	Quality Analyst	Quality Management
Omniah Ashi	Hospital Assistant I	Operational Efficiency Management

Description of the Intervention

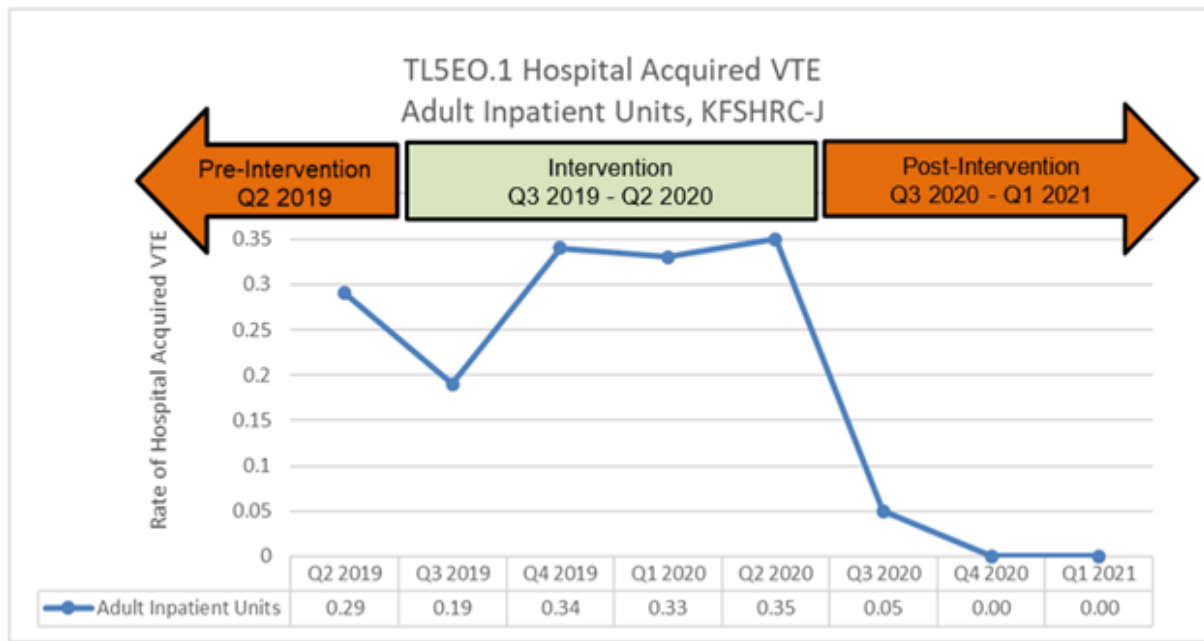
The THC initiated a series of interventions aimed to reduce hospital acquired preventable VTE. Diane was instrumental in suggesting to the committee that all the clinical nurses needed re-education on the VTE preventative strategies. The following Interventions occurred between the third quarter of 2019 and the second quarter of 2020:

- The VTE Awareness Campaign began education in July 2019, targeting all inpatient nursing units as suggested by Diane.
- Development of the VTE dashboard on the KFSHRC website home page in September 2019 for easy tracking of VTE assessment compliance.
- Presenting the VTE dashboard, compliance data, and VTE outcomes in the Hospital Grand Rounds in October 2019.
- Conducting clinical reviews and analyses of identified VTE cases every month beginning in November 2019 and sharing the analysis with clinical staff.
- Educating unit managers on how to generate Daily Dashboard Reports from January 2020 to March 2020 and share them with the nursing and medical teams.
- April to June 2020: Review and revise the Clinical Internal Policy and Procedure titled VTE Prohplaxis Guidelines, which was approved through the Formulary and Therapeutics Committee, Internal memo Ref. Number C179/258/41 in June 2020.

All education of staff and clinical interventions were completed during quarter 3 of 2019 and quarter 2 of 2020.

Outcome

Hospital Acquired VTE rates reduced from 0.29 in quarter 2, 2019, to zero, as seen in Graph TL5EO.1 below.



Graph TL5EO.1: Hospital Acquired VTE Rates, 2019-2021