Background The planning-execution gap is one of the main challenges facing any organization. According to the literature, the planning-execution gap is one of the leading causes of strategic and operational plan failure. Because of the complexity of healthcare, planning is more challenging. Inspired by Saudi Vision 2030 and guided by the National Transformation Program 2020, Royal Commission Health Services Program Yanbu (RCHSPY) made its Strategic and Operational Plan 2017–2020. The planning section identified the planning-execution gap as one of the main challenges impeding the progress of RCHSPY plans. This gap can result from many causes, such as ineffective communication, lack of measures and feedback, lack of collaboration, and weak alignment between strategic and operational plans. The planning section tried to study the gap by assessing the existing status and identifying the root causes in RCHSPY, then applying several tools and techniques in order to overcome this gap.

Methods RCHSPY aims to evaluate the involvement and awareness of all staff, particularly front liners and junior staff, about strategic and operational plans to ensure that they are fully oriented about the direction of the RCHSPY and that they feel their daily work is aligned with the direction of the RCHPSY strategic and operational plan. Surveys were carried out to assess the planning effectiveness and the planning-execution gap. The surveys asked staff about orientation, active participation, alignment, collaboration, and understanding of the initiatives and key performance indicators (KPIs). The survey results were supported by the analysis of 2017 and 2018 operational plan outcomes, as some significant findings have been observed.

Results The survey results showed that 50% of staff feel unsatisfied with their orientation, 34% feel unsatisfied about their participation in RCHSPY plans, 27% feel that their daily work is not aligned with RCHPSY plans, 50% feel unsatisfied about collaboration with other departments to implement different initiatives, and 25% replied that they never discussed RCHSPY in their departments. The 2017 and 2018 operational plan analysis of stumbling projects and initiatives showed four main challenges (4C): communication, collaboration, financial and managerial constraints, and connecting departmental KPIs to RCHSPY plans, which support the survey results.

Conclusion More effective communication methods are greatly required, such as interactive workshops and face-to-face meetings, to enhance the involvement and empowerment of all staff in the planning process. Feedback should be delivered to all concerned stakeholders in the form of quarterly reports and KPI results should be discussed at all levels, particularly at the departmental level. Future studies about the planning-execution gap should be done to monitor progress.
tools for the successful accreditation to ISO 15189:2012 for
more than 250 tests. The Department of Pathology and Lab-
oratory Medicine was the first laboratory in KSA to gain the
A2LA ISO 15189 accreditation.

Background The Antimicrobial Stewardship Program (ASP) at
King Abdulaziz Medical City - Western Region (KAMC-WR)
aims to improve antimicrobial use through several interven-
tions including education of healthcare providers. Nursing rep-
resents more than a third of the health workforce at KAMC-
WR. Nurses' important role in facilitating the implementation
of ASP has been recognized and is supported by the literature.
In developing a customized educational curriculum to rein-
force the role of nursing in antimicrobial stewardship (AS),
this study has been done, in collaboration with the Nursing
Education Department, to assess nurses’ learning needs.
Although studies have examined AS knowledge, there is no
empirical data regarding assessment of nurses’ learning needs
of AS in Saudi Arabia.

Methods A descriptive, cross-sectional survey of all levels of
nursing staff using a learning needs assessment tool was imple-
mented. The tool consisted of 13 questions aiming to assess
nurses’ perceived knowledge of antimicrobials’ spectrum of
activity, usage, indication, duration, adverse effects, antmicro-
obial resistance, Clostridium difficile infection, vaccination, anti-
biotic prophylaxis, and questions related to diagnostic
modalities for infectious syndromes. A five-point Likert scale
was used with responses ranging from ‘satisfied’ to ‘dissatis-
fied’ and ‘not applicable’. Questionnaires were validated by
circulating the survey to ten nurses with a varying number of
years of experience, and assessing their responses. Validated
questionnaires were handed out by the nurse managers of all
31 NGHA departments. Simple descriptive statistics were used
for data analysis.

Results The response rate was 43% (608 of 1411). Cardiac,
oncology, and surgery departments represented most of the
responses. Nurses’ years of experience ranged from 0 to
32 years. The majority of nurses were SN1 and 2 (56% and
32%, respectively). Knowledge was mainly lacking in
identification of patients with possible C difficile infection,
prolonged antimicrobial infusion protocols, and rapid di-
gnostic test sampling techniques. ‘Neutral’ was the mode for
most answers of 8 of 13 questions, and the rest were
‘moderately satisfied’. The ‘not applicable’ category was
chosen by 2–5% of responders depending on the question.
This indicates that many nurses are unsure of their need
for training, and that some nurses do not even identify
their crucial role in AS.

Conclusion In this study, nurses’ learning needs of AS were
assessed. The results show that nursing staff are in need of
professional development and training on AS concepts and
their key role in ASPs. The results of this study will help the
ASP at KAMC-WR build a tailored educational curriculum
that aims to improve overall patient care.

Background It is an ethical responsibility of registered nurses
to provide health education to their patients as part of their
nursing care. However, in reality, it is often not carried out
because of several reasons. As a result, a quality improvement
project was done in the OPD PMBAH-MNGHA. A quality
team was created, which identified the absolute lack of patient
education as evidenced by a survey on nurses’ documentation
from 1–15 February 2017. The survey showed that among 30
patients, zero patient education was provided by nurses during
the period. Furthermore, a fishbone analysis showed two pri-
mary reasons for the lack of patient education: (1) unavailabil-
ity of a standard patient education tool or guidelines for
nurses; and (2) inadequate training support on the use of the
hospital’s intranet resources. Therefore, the objective of the
project is to increase patient education in outpatients by at
least 50% in 12 months.

Methods A PDSA (plan-do-study-act) cycle was used as a
framework for developing, testing, and implementing changes
for improvement. The team created a standard patient safety
education guidelines tool, which contains seven topics about
patient safety: medication safety, hand hygiene, fall prevention,
proper patient identification, pain score tool, pressure ulcer
prevention, and general control of infection. Furthermore,
TeamStepps principles and strategies were used during the
implementation. The outcome measure of the project was the
total number of documented cases of patient education while
process measures were staff documentation of patient educa-
tion, staff training support, and use of patient education tool.
A small test of change was done from 26–30 March 2017
prior to implementation. A simple random sampling method
was used for data collection.

Results A small test of change gained a result of 80% compli-
ance rate. From April to December 2017 compliance was
71% and in 2018 compliance was 84%. The hospital’s outpa-
tient department has gone from zero patient education in Feb-
uary 2017 to a compliance rate of 84% in 2018 using the
patient education guidelines tool as evidenced by nursing
documentation.

Conclusion The project has established a quality improvement
as part of ensuring the delivery of quality patient care to our
clients and their families. Finally, registered nurses can per-
form their function as health educator to patients and their
families as part of nursing care through the use of the patient
safety education guidelines tool. The project can be further
improved with observational study of actual patient education
provided and patients’ feedback.