

**Date:** September 04, 2018E.C

**To: Quality Unit (QU)**

**From: Surgery Department**

Subject: Update on Sustaining Improvement in ALOS Compliance

**Dear Health Service Quality Unit,**

The ALOS Quality Improvement (QI) Team is pleased to report the successful sustainment of Average Length of Stay (ALOS) improvement at Dader General Hospital for the reporting period of **June 2017**. Our efforts have resulted in an **ALOS of 2.6 days**, slightly above the target of <4.0 days, with progress in process adoption. Key achievements include:

- 85% compliance with checklist initiation within 24 hours.
- 95% compliance with MDT huddle participation.
- 78% teach-back completion rate, showing initial adoption.
- The process is now in the early stages of embedding, with daily huddles and early EDD setting proving effective. We propose the following next steps:
  - Conduct PDSA Cycle in July to test a visual cue (bright-colored sticker) on charts for post-op patients to remind day shift to complete the checklist.
  - Schedule a dedicated training session for nurses on conducting effective teach-back education.

We request your support and guidance to ensure these actions are implemented effectively.

*Sincerely,*

Dr. Isak Abdi-OR Director

# **DEDER GENERAL HOSPITAL**

## **SUSTAINING IMPROVEMENT IN REDUCING AVERAGE LENGTH OF STAY (ALOS): A QI PROJECT**

**QI Team Lead: Dr. Isak Abdi-OR Director**

**Facilitator: Abdi Tofik (BSc, MPH)-HSQ Director**

**Reporting Period: June 01-30, 2017**

# **DEDER GENERAL HOSPITAL**

## **SUSTAINING IMPROVEMENT IN REDUCING AVERAGE LENGTH OF STAY (ALOS): A QI PROJECT**

### **1. PLAN**

#### **Aim Statement:**

By September 2017, sustain an Average Length of Stay (ALOS) of <4.0 days for five consecutive months for post-operative patients through standardized discharge planning, daily multidisciplinary huddles, and teach-back education, while maintaining the 30-day readmission rate below 5%.

#### **Rationale:**

Initial process improvements showed a reduction in ALOS, but **sustainability** requires embedding new routines into daily practice. **Daily huddles and teach-back sessions** were identified as key drivers for consistent performance.

#### **Predicted Change:**

- Consistent ALOS <4.0 days
- High compliance with discharge checklist initiation ( $\leq 24\text{h}$  of admission)
- Improved interdisciplinary communication
- Fewer delays due to unresolved social or clinical barriers

#### **Interventions (What will we do?):**

- Initiate **Post-Operative Discharge Checklist** within 24 hours of admission for all patients.
- Conduct **daily 15-minute multidisciplinary huddles** to review patient progress and barriers.
- Perform **teach-back education sessions** 24-48 hours prior to discharge.
- Monitor **ALOS and process metrics** via the LOS Dashboard weekly.
- Review performance and conduct **root cause analysis** in **monthly QI meetings**.

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## **SUSTAINING IMPROVEMENT IN REDUCING AVERAGE LENGTH OF STAY (ALOS): A QI PROJECT**

### **Measures:**

- **Primary:** Average Length of Stay (ALOS in days)
- **Process:** % Checklist Initiation  $\leq$  24h, % Teach-Back Completion, % MDT Huddle Compliance
- **Balancing:** 30-Day Readmission Rate (%)

### **Roles & Responsibilities:**

- **Surgical Ward Head:** Oversight, chairs weekly and monthly reviews.
- **Case Manager (Nurse):** Initiates checklist, coordinates care.
- **Discharge Nurse:** Conducts teach-back sessions.
- **Surgeons & Medical Officers:** Confirm medical readiness for discharge.
- **HSQU Focal Person:** Data compilation, PDSA facilitation, reporting.

## **2. DO**

### **Implementation Activities (June 2017):**

- **Week 1-2:** Full team orientation to the new SOP. First PDSA cycle focused on testing the daily huddle structure and log.
- **Week 3-4:** Roll-out of checklist initiation and emphasis on setting the Estimated Discharge Date (EDD) with patients.

### **Data Collection:**

- ALOS data extracted from EMR daily.
- Checklist initiation and teach-back completion tracked via EMR fields.
- Huddle compliance verified via the Multidisciplinary Huddle Log.
- Readmission data cross-checked with admission registry.

### **Tools Used:**

- LOS Dashboard (Primary data source)
- Post-Operative Discharge Checklist (EMR integrated)
- Multidisciplinary Huddle Log
- PDSA Cycle Worksheet

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## SUSTAINING IMPROVEMENT IN REDUCING AVERAGE LENGTH OF STAY (ALOS): A QI PROJECT

### 3. STUDY

#### Results Summary (June 2017):

Indicator	Target	June	Trend
Avg. Length of Stay (ALOS)	<4.0 days	2.6 days	⚠️ Slightly Above Target
% Checklist Initiation ≤24h	100%	85%	⚠️ Needs Improvement
% MDT Huddle Compliance	100%	95%	✅ Good Adoption
% Teach-Back Completion	≥90%	78%	⚠️ Needs Improvement

#### ALOS Process Audit Report

Month: June 2017

Sample Size: 14 patients

Patient ID	Checklist ≤24h?	MDT Huddle?	Teach-Back Done?	ALOS (days)	Readmitted?
342815	Y	Y	Y	3	N
342846	N (36h)	Y	N	3	N
343062	Y	Y	Y	1	N
342853	Y	Y	N	2	N
343227	N (28h)	Y	Y	3	N
343245	Y	Y	N	1	N
342281	Y	Y	Y	2	N
343618	N (30h)	Y	N	3	N
343580	Y	Y	Y	2	N
227247	Y	Y	Y	3	N
343827	Y	Y	N	2	N
343794	Y	Y	N	3	Y
343920	N (32h)	Y	Y	3	N
343025	Y	Y	N	2	N
% Compliance/ALOS	85%	100%	78%	2.6 Days	100%

# **DEDER GENERAL HOSPITAL**

## **SUSTAINING IMPROVEMENT IN REDUCING AVERAGE LENGTH OF STAY (ALOS): A QI PROJECT**

### **Key Learnings:**

- Daily huddles are well-received and improve team awareness of patient barriers.
- Setting the EDD early helps align the team and family expectations.
- Nurses need more practice and confidence in conducting effective teach-back sessions.

### **Challenges Observed:**

- Inconsistent checklist initiation, often due to high admission volume on night shifts.
- Teach-back sessions are sometimes rushed or skipped when the ward is busy.

## **4. ACT**

### **What Worked?**

- Daily multidisciplinary huddles improved communication.
- Early involvement of social workers based on checklist findings.

### **What Needs Adjustment?**

- **Checklist Initiation:** Need a clearer handover process for night shift admissions.
- **Teach-Back Skills:** Staff require focused training on the teach-back method.

### **Next Steps (July 2017 Onward):**

1. **PDSA Cycle (July):** Test a visual cue (bright-colored sticker) on the charts of patients admitted post-op to remind the day shift to complete the checklist.
2. **Schedule a dedicated training session** for nurses on conducting effective teach-back education.