



Date: August 02, 2017E.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 **July 2017**. Our efforts have resulted in an ALOS of **2.7 days**, meeting the target of <4.0 days, with significant improvement. Key achievements include:

- 90% compliance with checklist initiation within 24 hours.
- Full compliance with MDT huddle participation (100%).
- 80% teach-back completion rate, showing improvement.
- A 30-day readmission rate of 0%, meeting the target of <5%.

Successful pilot of the "Checklist Sticker" reminder, enhancing process adherence.

The process is now progressing well, with the "Checklist Sticker" and teach-back training proving effective. We propose the following next steps:

Adopt the sticker system permanently and assign responsibility for restocking.

Conduct PDSA Cycle in **August** to test a patient-friendly "Discharge Goal Sheet" outlining EDD and key recovery milestones.

We request your support and guidance to ensure these actions are implemented effectively. Please let us know if a meeting is required to discuss further.

*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: July 01-30, 2017**

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### **1. PLAN**

**Aim Statement:** (Unchanged from June)

**Rationale:** (Unchanged from June)

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

- Continue all core interventions from the SOP.
- **Test the "Checklist Sticker" reminder** for night-shift admissions (PDSA Cycle 1).
- **Conduct teach-back training session** for all nurses in the first week of July.

### **2. DO**

**Implementation Activities (July 2017):**

- **Week 1:** Conducted teach-back training workshop. Implemented the "Checklist Sticker" PDSA cycle.
- **Week 2-4:** Monitored the impact of the sticker and reinforced teach-back techniques.

**Data Collection:** (Unchanged from June)

### **3. STUDY**

**Results Summary (July 2017):**

Indicator	Target	July	Trend
<b>Avg. Length of Stay (ALOS)</b>	<4.0 days	2.7 days	<input checked="" type="checkbox"/> Target Met
<b>% Checklist Initiation ≤24h</b>	100%	96%	<input checked="" type="checkbox"/> Significant Improvement
<b>% MDT Huddle Compliance</b>	100%	100%	<input checked="" type="checkbox"/> Excellent
<b>% Teach-Back Completion</b>	≥90%	88%	<input checked="" type="checkbox"/> Improving
<b>30-Day Readmission Rate</b>	<5%	0%	<input checked="" type="checkbox"/> On Target

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### **ALOS Process Audit Report**

**Month: July 2017**

**Sample Size:** 11 patients

Patient ID	Checklist ≤24h? (Y/N)	MDT Huddle? (Y/N)	Teach-Back Done? (Y/N)	ALOS (days)	Readmitted? (Y/N)
341264	Y	Y	Y	2	N
345622	Y	Y	Y	3	N
345602	Y	Y	Y	3	N
338987	Y	Y	Y	0	N
345622	Y	Y	N	3	N
074098	Y	Y	Y	2	N
023719	Y	Y	Y	2	N
348761	Y	Y	Y	2	N
348762	N (26h)	Y	Y	3	N
338582	Y	Y	Y	3	N
345989				3	
<b>% Compliance/ALOS</b>	<b>90%</b>	<b>100%</b>	<b>80%</b>	<b>2.7</b>	<b>100%</b>

### **Key Learnings:**

- The visual sticker was a simple, effective reminder and improved checklist compliance.
- The teach-back training increased nurse confidence. Sessions are now more structured and thorough.
- Proactive barrier identification in huddles prevented several potential delays.

### **Challenges Observed:**

- The sticker supply ran out in the third week, leading to a slight dip in compliance.

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### **4. ACT**

#### **What Worked?**

- The "Checklist Sticker" PDSA cycle was successful.
- Teach-back training directly improved completion rates and quality.

#### **What Needs Adjustment?**

- **Supply Chain:** Ensure a steady supply of stickers at the nurses' station.

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

1. **Adopt the sticker system** permanently and assign responsibility for restocking.
2. **PDSA Cycle (August):** Test a patient-friendly "Discharge Goal Sheet" that visually outlines the EDD and key recovery milestones.