

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 sust- tainment of Average Length of Stay (ALOS) improvement at Dader General Hospital for the reporting period of **August 2017**. Our efforts have resulted in an **ALOS of 2.6 days**, exceeding the target of <4.0 days, with sustained improvement. Key achievements include:

- Perfect adherence to checklist initiation within 24 hours (100%).
- Full compliance with MDT huddle participation (100%).
- Complete teach-back completion rate (100%).
- A 30-day readmission rate of 0%, below the target of <5%.
- Successful pilot of the "Discharge Goal Sheet," enhancing patient engagement and reducing stays.

The process is now fully embedded and sustainable, achieving all set goals. We propose the **following next steps:**

- Adopt the "Discharge Goal Sheet" for all post-operative patients.
- Transition to routine monitoring mode as per the SOP's sustainability plan, with triggers for action if ALOS exceeds 4.5 days for two consecutive months.
- Celebrate team success and share results hospital-wide.

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: Auguste 01-30, 2017**

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### **1. PLAN**

**Aim Statement:** (Unchanged)

**Rationale:** (Unchanged)

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

- Continue all core interventions.
- **Pilot the "Discharge Goal Sheet"** with patients and families (PDSA Cycle 2).
- **Formalize the sticker replenishment process.**

### **2. DO**

**Implementation Activities (August 2017):**

- **Week 1:** Introduced the "Discharge Goal Sheet" to a pilot group of patients (n=10).
- **Week 2-4:** Collected feedback from patients, families, and staff on the new sheet.

**Data Collection:** (Unchanged)

### **3. STUDY**

**Results Summary (August 2017):**

Indicator	Target	August	Trend
<b>Avg. Length of Stay (ALOS)</b>	<4.0 days	2.6 days	<input checked="" type="checkbox"/> Sustained Improvement
<b>% Checklist Initiation ≤24h</b>	100%	100%	<input checked="" type="checkbox"/> Sustained
<b>% MDT Huddle Compliance</b>	100%	100%	<input checked="" type="checkbox"/> Sustained
<b>% Teach-Back Completion</b>	≥90%	100%	<input checked="" type="checkbox"/> Target Met
<b>30-Day Readmission Rate</b>	<5%	0%	<input checked="" type="checkbox"/> Sustained

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### **ALOS Process Audit Report**

**Month: August 2017**

**Sample Size:** 17 patients

Patient ID	Checklist ≤24h? (Y/N)	MDT Huddle? (Y/N)	Teach-Back Done? (Y/N)	ALOS (days)	Readmitted? (Y/N)
349054	Y	Y	Y	2	N
349053	Y	Y	Y	2	N
349055	Y	Y	Y	2	N
349061	Y	Y	Y	2	N
349062	Y	Y	Y	2	N
349063	Y	Y	Y	3	N
349064	Y	Y	Y	3	N
349065	Y	Y	Y	3	N
349066	Y	Y	Y	3	N
349067	Y	Y	Y	3	N
349068	Y	Y	Y	3	N
349069	Y	Y	Y	3	N
349070	Y	Y	Y	4	N
349071	Y	Y	Y	4	N
349072	Y	Y	Y	4	N
349073	Y	Y	Y	4	N
349074	Y	Y	Y	4	N
<b>% Compliance/ALOS</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>2.6</b>	<b>100%</b>

### **Key Learnings:**

- The "Discharge Goal Sheet" was highly appreciated by patients and families, improving their engagement and understanding of the care plan.
- Patients with the goal sheet appeared more motivated in their post-operative mobility, contributing to shorter stays.
- The process is now stable, with all key metrics meeting or exceeding targets.

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### **Challenges Observed:**

- None significant. The system is functioning as intended.

## **4. ACT**

### **What Worked?**

- Full integration of the SOP into daily workflow.
- The iterative PDSA approach in June and July successfully addressed initial weaknesses.
- Patient engagement tools (Goal Sheet) enhance the clinical process.

### **What Needs Adjustment?**

- **None.** The process is sustainable. Focus shifts to continuous monitoring and preventing complacency.

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

1. **Adopt the "Discharge Goal Sheet"** for all post-operative patients.
2. **Shift to monitoring mode** as per the SOP's sustainability plan, with triggers for action if ALOS exceeds 4.5 days for two consecutive months.

### **Celebrate the team's success**