DEDER GENERAL HOSPITAL

Standard Operating Procedure (SOP) for Sustaining improvement in Reducing Average Length of Stay (ALOS)

BY: HSQU

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Deder, Eastern Ethiopia

SMT SOP APPROVAL

TITLE	**SOP for Sustaining improvement in Reducing Average Length of Stay (ALOS)** **Version: DGH-SOP-OR-003**			
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REVIEW	**Review date: June202026**			

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1.0 PURPOSE

To establish a standardized, multidisciplinary process for post-operative discharge planning to reduce the Average Length of Stay (ALOS), minimize hospital-acquired infections, improve patient satisfaction, and ensure a safe transition from hospital to home without increasing readmission rates. This SOP utilizes the Plan-Do-Study-Act (PDSA) cycle for implementation and continuous improvement.

2.0 SCOPE

This SOP applies to all healthcare providers (surgeons, nurses, anesthetists, IPC focal persons, social workers) involved in the care of post-operative patients in the Deder General Hospital Surgical Ward.

3.0 RESPONSIBILITIES

- **Surgical Ward Head:** Oversees the entire process, ensures compliance, chairs weekly performance review meetings, and leads PDSA initiatives for sustainability.
- **Case Manager (Assigned Nurse):** Initiates the discharge checklist within 24 hours of admission, coordinates the multidisciplinary team, ensures all discharge criteria are met, and participates in PDSA cycles.
- **Discharge Nurse(s):** Conducts teach-back education sessions 24 hours prior to discharge, documents patient understanding, and provides feedback for process improvement.
- **Surgeons & Medical Officers:** Make clinical decisions regarding patient readiness for discharge, provide input during daily huddles, standardize post-operative order sets, and support PDSA testing.
- **Social Workers:** Address socio-economic barriers to discharge (e.g., transportation, home support, financial concerns).
- **IPC Focal Person:** Ensures infection prevention protocols are followed and educates on wound care.

- **QI Unit/EMR Team:** Maintains the LOS dashboard, provides data for review, and mentors staff on PDSA methodology.

4.0 PROCEDURE

4.1 Implementation via PDSA Cycles

Prior to full-scale execution, the changes outlined in this SOP shall be tested and refined using Plan-Do-Study-Act (PDSA) cycles. The QI Unit, in collaboration with the Surgical Ward Head, will manage this process.

1. **Plan:** For each key change, a small-scale test will be designed. The team will define the objective, questions, predictions, and plan for the test cycle (who, what, when, where). (See Appendix E).
2. **Do:** Execute the test on a small group (e.g., one team of nurses, for 3-5 patients). Collect data and document observations.
3. **Study:** Analyze the data and compare results to predictions. Identify what worked, what didn't, and what was learned.
4. **Act:** Based on the learning, decide to Adopt the change, Adapt it, or Abandon it and test a different idea. A new PDSA cycle may be initiated to refine the process before organization-wide implementation.

4.2 Upon Admission (Within 24 Hours)

1. The admitting nurse identifies the patient as post-operative.
2. The assigned **Case Manager** initiates the **"Post-Operative Discharge Checklist"** in the patient's file or EMR.
3. The Case Manager conducts a preliminary assessment for potential discharge barriers (social, clinical, financial) and involves the social worker if needed.
4. An **estimated discharge date (EDD)** is discussed with the patient and family and documented.

4.3 Daily Multidisciplinary Huddle (15 minutes, e.g., 8:00 AM)

1. The **Surgical Ward Head** or designee leads the huddle.
2. The team (surgeon, nurse, case manager, social worker) reviews each patient:
    - Progress towards discharge goals.
    - Barriers identified (e.g., pending test results, mobility issues, lack of transportation).
    - Action plans are assigned to specific team members with a timeline.
3. The EDD is updated as necessary.

4.4 Discharge Preparation (24-48 Hours Prior to Anticipated Discharge)

1. The treating surgeon confirms the patient is medically fit for discharge.
2. The **Discharge Nurse** schedules and conducts a **teach-back session** with the patient and family, covering:
    - Medication name, purpose, dose, and timing.
    - Wound care and hygiene.
    - Recognition of warning signs (e.g., fever, redness, swelling) and who to contact.
    - Follow-up appointment details.
3. Understanding is documented on the **"Teach-Back Verification Form"**. If understanding is poor, education is repeated until comprehension is confirmed.
4. The **Social Worker** confirms all social barriers have been resolved.

4.5 Day of Discharge

1. The primary nurse ensures:
    - All discharge paperwork is complete.
    - Medications are provided or prescriptions are filled.
    - The patient has transport home.
    - The follow-up appointment is scheduled and understood.
2. The Case Manager completes the discharge checklist and files it in the patient record.
3. A **post-discharge satisfaction survey** is administered (verbally or on paper) before the patient leaves.

4.6 Data Monitoring & Feedback (Monthly)

1. The **QI team** generates a report from the **LOS Dashboard**, showing:
   - ✍ Current ALOS for the surgical ward.
   - ✍ % of patients discharged within 4 days.
   - ✍ List of patients with a LOS > 4 days, with documented reasons.
2. The **Surgical Ward Head** leads a Monthly meeting to:
   - ✍ Review the LOS data.
   - ✍ Conduct root cause analysis for any delays.
   - ✍ Celebrate successes and address challenges using PDSA thinking.

5.0 SUSTAINABILITY & CONTINUOUS IMPROVEMENT

Goal: To ensure the gains achieved in reducing ALOS are maintained and continuously improved upon through a culture of iterative learning and adaptation.

5.1 Key Performance Indicators (KPIs) for Monitoring:

Category	Indicator	Formula/Target	Frequency	Responsible Party
Outcome	Average Length of Stay (ALOS)	Total Inpatient Days / Total Discharges	**Monthly**	Surgical Ward Head / QI Unit
Process	% patients with checklist initiated ≤24h	(# initiated ≤24h / Total admissions) x 100	**Weekly**	Surgical Ward Head
Process	% patients receiving teach-back	(# receiving teach-back / Total discharges) x 100	**Weekly**	Discharge Nurse
Process	% weekly MDT huddles conducted	(# huddles conducted / # planned) x 100	**Weekly**	Surgical Ward Head
Balancing	30-Day Readmission Rate	(# readmitted within 30 days / Total discharges) x 100	**Monthly**	Surgical Ward Head

5.2 Monitoring Activities:

- **Daily:** Completion of checklists and teach-back sessions.
- **Weekly:** Review of process measure data in the Monday morning huddle. Review of LOS dashboard snapshot.
- **Monthly:** Formal review of all KPIs by the full Surgical QI Team. This meeting will use PDSA to:
  - Compare current data to the project's baseline and target.
  - Identify trends.
  - Discuss barriers to sustaining the process.
  - Propose small PDSA cycles for further improvement.

5.3 Accountability Structure:

- **Surgical Ward Head:** Ultimately responsible for sustaining the lower ALOS. Chairs the monthly review meeting.
- **QI Unit Mentor:** Provides external oversight, facilitates data analysis and PDSA methodology.
- **Frontline Staff:** Empowered to report process failures and suggest improvements for PDSA testing.

5.4 Plan for Maintaining Gains:

- **Standardization & Documentation:** This SOP is the foundational document. All successful PDSA cycle changes will be incorporated into updated versions.
- **Orientation & Training:** The discharge process SOP and teach-back method will be integrated into mandatory orientation. **PDSA Objective:** Test and refine the orientation for new staff.
- **Visual Management:** A simplified LOS run chart will be displayed in the staff room to maintain awareness.

- **Leadership Engagement:** The Medical Director and CEO will receive quarterly briefings on ALOS metrics and PDSA activities.
- **Continuous PDSA:** The team will dedicate time in monthly meetings to brainstorming and initiating PDSA cycles for new improvements.

5.5 Triggers for Action:

If the monthly ALOS exceeds **4.5 days** for two consecutive months, it will trigger an immediate **PDSA cycle** to conduct a root cause analysis and develop, test, and implement corrective actions.

6.0 DOCUMENTATION

- Post-Operative Discharge Checklist
- Daily MDT Log
- LOS Dashboard Report
- Monthly Meeting Minutes
- PDSA Cycle Worksheet

APPENDIX A: Sustainability Checklist

Domain	Checklist Item	Status (Yes/No/Partial)
Leadership & Commitment	ALOS reduction integrated into hospital quality targets	
Leadership & Commitment	Medical Director and Surgical Ward Head oversee monthly review meetings	
Process Adherence	Discharge checklist initiated ≤24h for all post-op patients	
Process Adherence	Daily MDT huddles conducted as scheduled	
Process Adherence	Teach-back counseling completed for ≥90% of discharges	

Training & Awareness	Discharge process SOP integrated into mandatory orientation for new staff	
Monitoring & Evaluation	Monthly ALOS and readmission rates reported to HSQU	
Monitoring & Evaluation	LOS dashboard is active and updated weekly	
Accountability	Root cause analysis (via PDSA) conducted if ALOS exceeds 4.5 days for 2 months	
Patient Outcomes	ALOS maintained at <4 days	
Patient Outcomes	30-day readmission rate maintained at <5%	

APPENDIX B: Length of Stay (LOS) Audit Tool

Facility: Deder General Hospital

Department: Surgical Ward

Audit Period: //____ to //____

Auditor: _____

Patient ID	LOS (Days)	EDD Met? (Y/N)	Reason for Delay (if any)	Corrective Action
			Clinical: (e.g., complication, awaiting test)	
			Systemic: (e.g., awaiting transport, pharmacy delay)	
			Other:	
…	…	…	…	…

APPENDIX C: Multidisciplinary Huddle Log

Date: _____

Lead: _____

Patient ID	EDD	Progress / Barrier	Action Plan	Responsible Person	Follow-up Date

APPENDIX D: QI Team Monitoring Tool

Department: Surgical Ward

Project: Reducing Average Length of Stay (ALOS)

Reporting Month: _____

Prepared by: _____

Reviewed by: _____

1. Key Performance Indicators (KPIs)

Indicator	**Definition**	**Target**	**Current Month**	**Status**
Average LOS (ALOS)	Total Inpatient Days / Total Discharges	<4 days	_____ days	
% Discharged within 4 days	(# discharged ≤4 days / Total discharges) x 100	>80%	_____ %	
30-Day Readmission Rate	(# readmitted within 30 days / Total discharges) x 100	<5%	_____ %	
Checklist Initiation ≤24h	(# with checklist initiated ≤24h / Total admissions) x 100	100%	_____ %	
MDT Huddle Compliance	(# huddles conducted / # planned) x 100	100%	_____ %	
Teach-Back Completion	(# receiving teach-back / Total discharges) x 100	≥90%	_____ %	

2. Process Monitoring

Activity	Planned Frequency	Actual Conducted	% Achieved	Remarks

Daily MDT Huddles	20 per month	_____	_____ %	
Checklist Initiation	Per admission	_____	_____ %	
Teach-Back Sessions	Per discharge	_____	_____ %	
Monthly Performance Meetings	1 per month	_____	_____ %	

3. Challenges Identified

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4. Corrective Actions & Recommendations (To be tested via PDSA)

Issue Identified	Corrective Action	Responsible Person	Timeline	Status

4. **Summary & Way Forward**

   Overall ALOS Status This Month: _____

   Next Steps / Priority Actions (Next PDSA Cycles):

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APPENDIX E: PDSA Cycle Worksheet

Objective of this PDSA Cycle: _____

Cycle Number: _____ Date: //___

PLAN
Objective: What are we trying to learn or accomplish?
Questions: 1. 2. 3.
Predictions: What do we think will happen?
Plan for Cycle: **Who:** **What:** **When:** **Where:** **Data to collect:**
DO
What happened? Execute the plan. Document observations, problems, and unexpected events.
STUDY
What did we learn? Analyze the data. Compare results to predictions. Summarize key learnings.
ACT
What will we do next? **Adopt ❑ Adapt ❑ Abandon ❑** Describe the next action or next cycle.

APPENDIX F: New Staff Orientation & Training Checklist

Employee Name: _____

Position: _____

Orientation Date: //____

Trainer: _____

Topic	Training Method (Check all that apply)	Date Completed	Employee Signature	Trainer Signature			
	Lecture	Demo	Shadow	Test			
Review of ALOS Reduction Goals & SOP	❑	❑		❑	//____		
Using the Post-Operative Discharge Checklist (EMR/Paper)	❑	❑	❑	❑	//____		
Participating in the Daily Multidisciplinary Huddle	❑		❑		//____		
Conducting Effective Teach-Back Counseling	❑	❑	❑	❑	//____		
Documenting in the MDT Log & EMR	❑	❑	❑		//____		
Understanding LOS Dashboard & Key Metrics	❑	❑			//____		
Role in PDSA Cycles for Continuous Improvement	❑		❑		//____		
Overview of Social Worker Referral Process	❑	❑			//____		

Overall Orientation Completion Status: ❑ Complete ❑ In Progress

Next Steps/Follow-up Training Required: _____