

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

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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 (≤ 24 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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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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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%

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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.