2017 Performance Improvement Report

STRATEGIC PRIORITY

2. Increase capacity and patient access

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| **Project Name** | | | |
| Reduce the Average Length of stay for afternoon patients in DPU | | | |
| **Site** | | **Department** | |
| Jeddah | | DPU | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | Click or tap to enter a date. | | Click or tap to enter a date. |

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| **Problem:** Why the project was needed?  The ALOS for DPU afternoon patients is 3.16 hours | **Aims:** What will the project achieve?  Reduction of afternoon scheduled patient ALOS from 190 minutes (3.16hours) to 160 minutes (2.6 hours) by end of 2017. |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Effective** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | LDPU afternoon patients length of stay | Reduction of afternoon scheduled patient ALOS from 190 minutes (3.16hours) to 160 minutes (2.6 hours) by end of 2017. | |
| **Interventions:** Overview of key steps/work completed   * After initial data collection that was done before starting the project we identified internal and external factors contributing to patient waiting time. * Since room availability is the main reason for the waiting time for patients we started to implement the action of ID Band the minute the patient is checked in by the outpatient officer. This implementation was successful however despite this first intervention the patient was still waiting to have the room to start his management. * Therefore, a new process was implemented: assigning a triage room and a triage nurse to start the new process of triaging before the patient reach the room. * We used to start all the medical and nursing management after patient being admitted physically to his bed. With the new process the patient care and nursing intervention will start earlier before even having the patient admitted to his bed. The triage nurse role and responsibilities were set with the group and the trial period started. Later on the role and job responsibilities were reviewed to fit the needs of both patient and nurses. This review indicated the need to expand the triage room to accommodate more patient. At this point engineering department were involved to have their support in getting another triage room to accommodate the unit needs. This whole process/ action reduced the non-value added time from patient perspective so patient is already in the process and no longer feeling the heaviness of the waiting time .Psychologically patient is now aware that he is been taken care of and that his care is in progress. The room availability is no longer his main concern as long as the care is initiated and he has been attended and taken care of. * After this process data was collected and the result shows that the ALOS of the patient in the room was reduced by 40 minutes and this led to increase in patient turnover which was translated in increase in patient numbers from 156 in January gradually reaching 283 in October 2017. |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)* |

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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Sara El Rez | Annie John  Vimela Pillay  Ilona Novotna  Cynthia Dolar  Ghada El Khateeb  Hester Haasbroek  Mohamad AlAthathy  Samer Dardas |