2017 Performance Improvement Report

STRATEGIC PRIORITY

 3. Improve efficiency and decision-making

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| **Project Name** |
| Improvement of work flow by decreasing the incorrect/ incomplete information of patients/ plan of care transferred to Home Health Care (HHC) from outpatient clinic |
| **Site** | **Department** |
| Jeddah | Family Medicine/ Home Health Care |
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| **Project Status** | **Project Start Date** | **Project End Date**  |
| Completed | 01-01-2017 | 06-30-2017 |

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| **Problem:** Why the project was needed?HHC was receiving a referrals without clear plan of care / incomplete information for patients seen and discharge from the outpatient clinic before the HHC acceptance or even evaluation, as consequences, extra work will be done to clarify /complete the plan of care and this cause delay/rejection of the referral, and in other occasions it require to call patient to come back to hospital for proper evaluation | **Aims:** What will the project achieve?Decrease the percentage of patients with incorrect/ Incomplete information of patients transferred to (HHC) from outpatient clinic by 25 percent by the end of second quarter (Q2) of 2017 |
| **Benefits/Impact:** What is the improvement outcome?*(check all that apply)*[ ]  Contained or reduced costs[x]  Improved productivity[x]  Improved work process[ ]  Improved cycle time[x]  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)***Efficient** |

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| **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes |
| percentage of patients with incorrect/ Incomplete information of patients transferred to (HHC) from outpatient clinic | 25 % Reduction comparing with year 2016 |

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| **Interventions:** Overview of key steps/work completed* HHC E-Referral was updated in ICIS with new features and requirements (by collaboration of a team from HHC Jeddah & Riyadh, HITA Jeddah & Riyadh, out-patient members) (7th May 2017New referral gone on live)
* The Completion of all the required data become mandatory in the referral before the submission
* Making a special reoccurring encounter for HHC (help to enter the medication and order for the whole HHC admission duration without redoing a new encounter for each entry)
* Making a Direct connection between the E-referral and ICIS for medication order and blood works
* Grand round presentation for education has been done by HHC (in collaboration with HITA & ATA training Dep.) done on 20 April 2017
* General distribution and newsletter were sent to Chairmen clarifying the new requirements and new features in the updated referral (Sent on April 2017)
* Special communication with the high demand referring physicians to update them about the new and complete requirements (different meetings and communications with palliative, surgery and internal medicine physicians done)
* List of all required referral’s data is created and become available for the referring physicians
* Involving the related specialty (referral and plan of care should be submitted only after being reviewed and supported by the related specialty and this happen after a proper evaluation and acceptance of this related specialty)
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| **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)* |
| Aref Abdallah, MD | Seyd Nehal Neamatullah, MD |
|  | Aletta Barnard |
|  | Al Qahtani Mohammad |
|  | Erie Analee |
|  | Bagayo Jenlyn |
|  | Jamal ilyas |
|  | Samer Dardas |