2017 Performance Improvement Report

STRATEGIC PRIORITY

3. Improve efficiency and decision-making

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** | | | |
| Automation of Nutrition Referrals to Hemodialysis (HD) Dietitian from HD Unit | | | |
| **Site** | | **Department** | |
| Riyadh | | Nutrition Services Department | |
|  | | | |
| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 02-01-2017 | | 09-30-2017 |

|  |  |
| --- | --- |
| **Problem:** Why the project was needed?  The old system of referring HD outpatients to the dietitian was not clear, unorganized and inefficient.  Improving the patient flow of this process will make it more fluent for the nurses and dietitians as well as more effective for the patients.  With the help of HITA department, an electronic system was developed for referring HD outpatients to the Dietitian by Nursing. | **Aims:** What will the project achieve?   1. To develop a simple, clearly defined and efficient process for referring HD outpatients to the Dietitian. 2. To decrease the average time of HD patient seen by dietitian from time of referral by 50% from the baseline by September 2017. 3. To increase The number of referred HD patients seen on time by dietitian 5% from the baseline by September 2017. 4. To increase dietitian compliance with nutrition documentation of referred HD patients 5% from the baseline by September 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)*  **Efficient** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | 1. Average time HD patients seen by dietitian from time of referral 2. Number of referred HD patients seen on time by dietitian 3. Dietitian compliance with nutrition documentation of referred HD patients | 1. 50% from the baseline 2. 5% from the baseline 3. 5% from the baseline | | | |
| **Interventions:** Overview of key steps/work completed   * A policy was developed for this project explaining the:  1. Referral criteria 2. Frequency of assessment and follow up 3. Discharge criteria 4. Annual review  * A team was assembled with the involved members. * A plan of action was prepared. * Meetings with dietitians, HD nurses and HITA representative were arranged. * Educational sessions were given to Hemodialysis nurses as well as to clinical dietitians before the system went live. * The new system was launched May 31st 2017. * Preliminary data on the old referral system was collected going back 2 years. * Data was then collected after the launching of the project from July – September 2017 on all patients referred through the system | | |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  (insert relevant graphs, data, charts, etc.) | | |
| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Saif Almutaeri, Clinical Nutrition Coordinator | Sawsan Albalawi, Nutrition Quality Management Coordinator  Leodivina Abel Reyes, Supervisor, Clinical Dietitian  Cyrus Custodio, Clinical Nurse Coordinator  Hanadi Alneghaimishi, Clinical Dietitian |