

How Quality Improvement Intervention Can Optimize Patient Discharge and Hospital Efficiency

A patient's length of stay (LOS) in the hospital is related to their clinical, operational, and financial outcomes. Moreover, extended LOS increases the risk of hospital-acquired infections. Reducing LOS is, therefore, imperative for increasing the efficiency of hospitals and medical institutions. But, how exactly can the LOS be reduced?

A new study by researchers from King Fahad Medical City in Riyadh, Saudi Arabia, may now have found the answer to this question. In this study, the LOS was used as a quality and outcome measure to implement quality improvement interventions. The researchers analyzed patient data from 2016-2018, consisting of 5,836 admissions and 5,880 discharges, recorded at a tertiary care center.

Following this, in 2017, a multidisciplinary committee comprising healthcare professionals was formed to implement a quality improvement intervention using a methodology based on FOCUS (find, organize, clarify, understand, select) and PDSA (plan, do, study, act) to systematically improve the hospital management process.

The researchers revised the discharge policy and developed a new process to discharge existing patients. A shared electronic folder was created for the monthly collection of the LOS data. To address patients under home care, a home care list of antibiotics was generated and updated. Additionally, an awareness campaign was conducted for discharge planning in April and December 2017 for all physicians and nurses.

Two years into the introduction of the quality intervention, the researchers found a significant decline in the number of readmissions and mortality rates. Furthermore, they observed a significant reduction in LOS (from 9.16 to 7.47 days) between 2016 and 2018, despite an increase in the number of monthly admissions during that period.

These findings, thus, suggest that with a quality improvement intervention protocol, such as the FOCUS-PDSA, in place, hospitals can effectively tackle delays in discharge processes and improve their efficiency. This can then reduce health costs and risks of mortality, morbidity, and readmission for patients.

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