



Surgery to Discharge - Cut the Time..!!

Nurse-Led Discharge of Acute Care Surgery Patients Project

Nurse led discharge (NLD) is a process that involves nurses assessing the patient, liaising with the multi-disciplinary team & planning timely discharge based on an agreed clinical management plan (L.Lees, 2004).

- ✓ Baseline study of post-operative Length of Stay (LOS) of patients undergoing Laparoscopic Appendectomy (LApp), cholecystectomy (LChole) and hernia repair (LHer) patients showed an average LOS of 3.0, 3.1 and 2.4 days respectively.
- ✓ An in-patient day in Department of Surgery cost an average of QAR 5795/day.

METHODOLOGY

Development of a
**CHECKLIST/ASSESSMENT
TOOL.**



Surgeon tags a patient for NLD after surgery & prepares discharge summary, prescriptions, orders.



Nurses & case managers assess patient using the checklist & proceeds with discharge if criteria are met.



MEASURES

- ✓ To reduce the LOS by 20%
- ✓ To discharge 50% of patients before noon

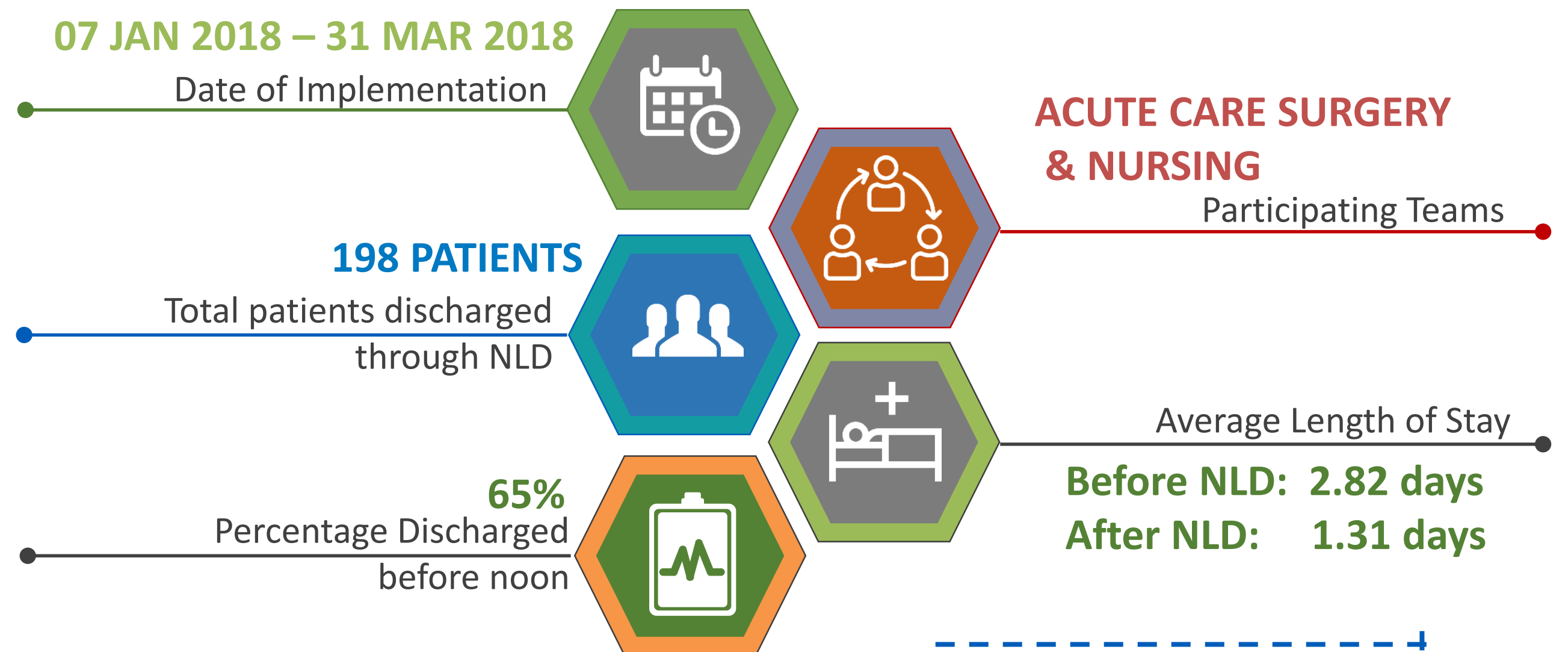


AIM

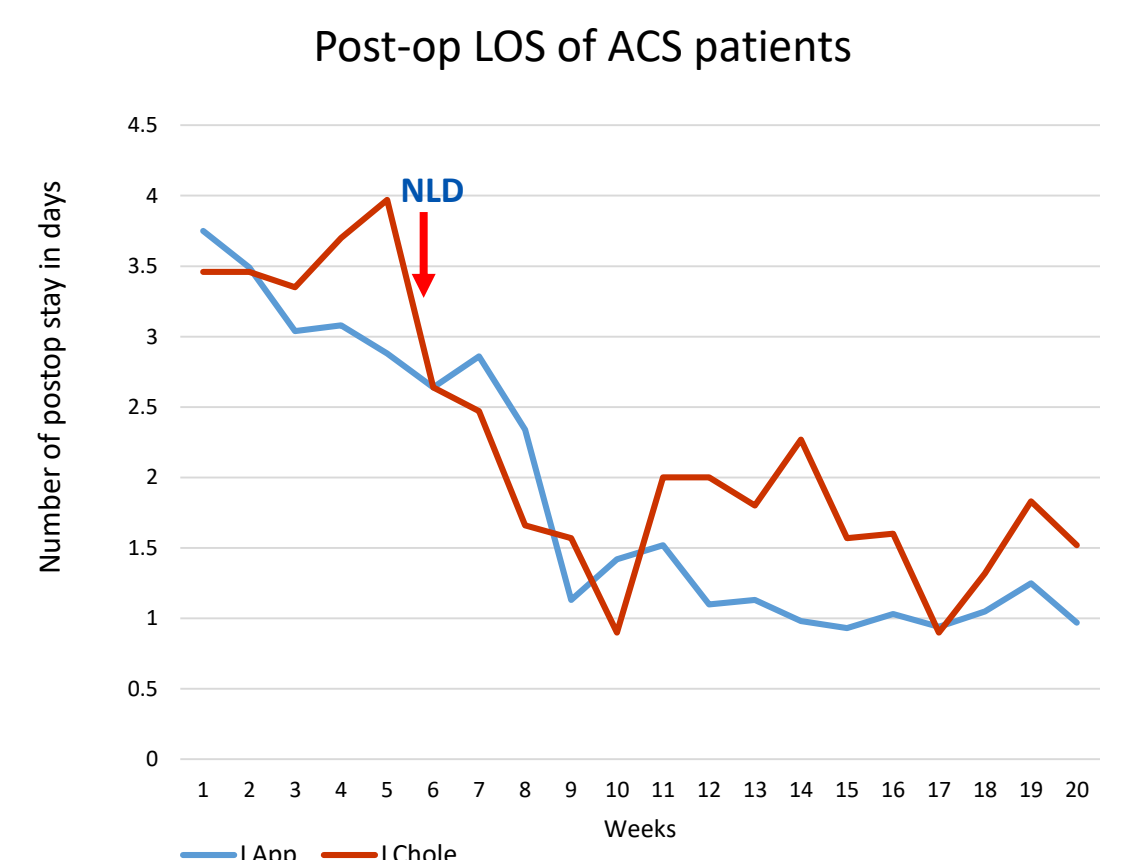
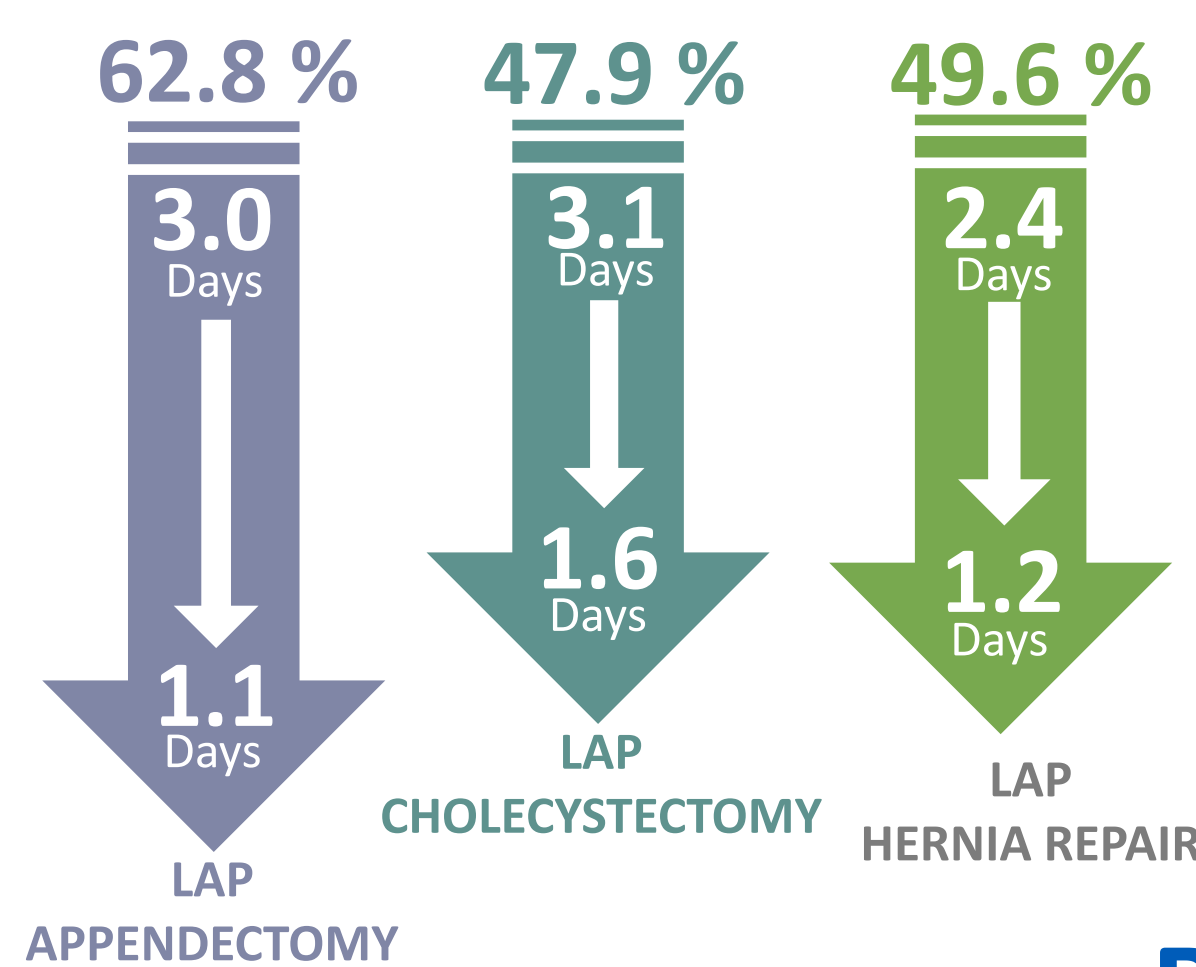
Assess the feasibility and effectiveness of NLD of post-operative patients who underwent

- ✓ Uncomplicated LApp, LChole & LHer in Acute Care Surgery (ACS).
- ✓ Between Jan 2018 and Apr 2018
- ✓ Using Discharge-Readiness checklist.

PROJECT AT A GLANCE



LENGTH OF STAY



OUTCOME

- ✓ Nurse-Led Discharge can be conducted easily and efficiently.
- ✓ The project aided in streamlining the flow of emergency surgical patients & reducing postop LOS along with obvious financial benefits.
- ✓ Enhanced shared responsibility of patient assessment & discharge between surgeons & nurses.

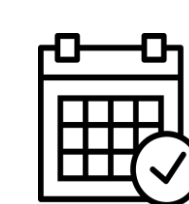


QAR 1.73 MILLION

RECOMMENDATIONS

- AS OF SEPT 2018, THE PROJECT HAS INVOLVED 544 ACS POSTOP PATIENTS RESULTING IN SAVING:

2.82
↓
1.24
POST OP
AVG LOS (DAYS)



860 DAYS
OF HOSPITAL
STAY



QAR 4.98
MILLION

- TO INCLUDE OTHER EMERGENCY AND ELECTIVE PROCEDURES.
- TO DEVELOP A CORPORATE WIDE POLICY STANDARDIZING NLD.

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