

Increasing Timely Discharges in the Pediatrics Department

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Problem:

Only 7% of our patients in the pediatric floor are discharged home before 12:00 noon. Delaying discharge till the afternoon is causing backlog and unnecessary delay for new admissions from ED & transfers from PICU.

Aim:

To increase the number of patient discharged before noon in the pediatric wards 2N1 & 2N3 to 20% by June 1st 2013 and 30% by June 2014.

Intervention:

- Early discharge planning
- Discharge check sheet for case manager
- Starting rounds by possible discharges,
- Finishing discharge paperwork by 10:00 am
- Physician education conducted: Email/memo sent as emphasis
- Posters in notice boards. Morning reports announcement
- Feedback to and from teams.

Conclusion:

- Late physician order was the leading cause for delayed discharge
- We have achieved our goal and increased the number of patients leaving the floor before noon from 7% to 26.5%.
- On follow up for those who left late in the post intervention data, 36% had reasons for late discharge outside the treating team capabilities e.g. radiology, procedures, labs and consults

Next Steps:

- Implementation of this KPI as quality indicator for the department.
- To reach a goal of 30 % for early on the day discharge by June 2014

Team:

Dr Amira Mustafa , Sr. Consultant General Pediatrics Dr Samar Osman, Pediatric Fellow
Dr Nouf Al Mohamoud , PICU Fellow
Dr Samar Magboul, Pediatric Resident
Ms Nagwa Ahmed, RN, Head Nurse 2N3
Ms Mary Joseph, RN, Acting head Nurse, 2N1
Ms Reda Ezzedin , Case Manager

Project Sponsor:

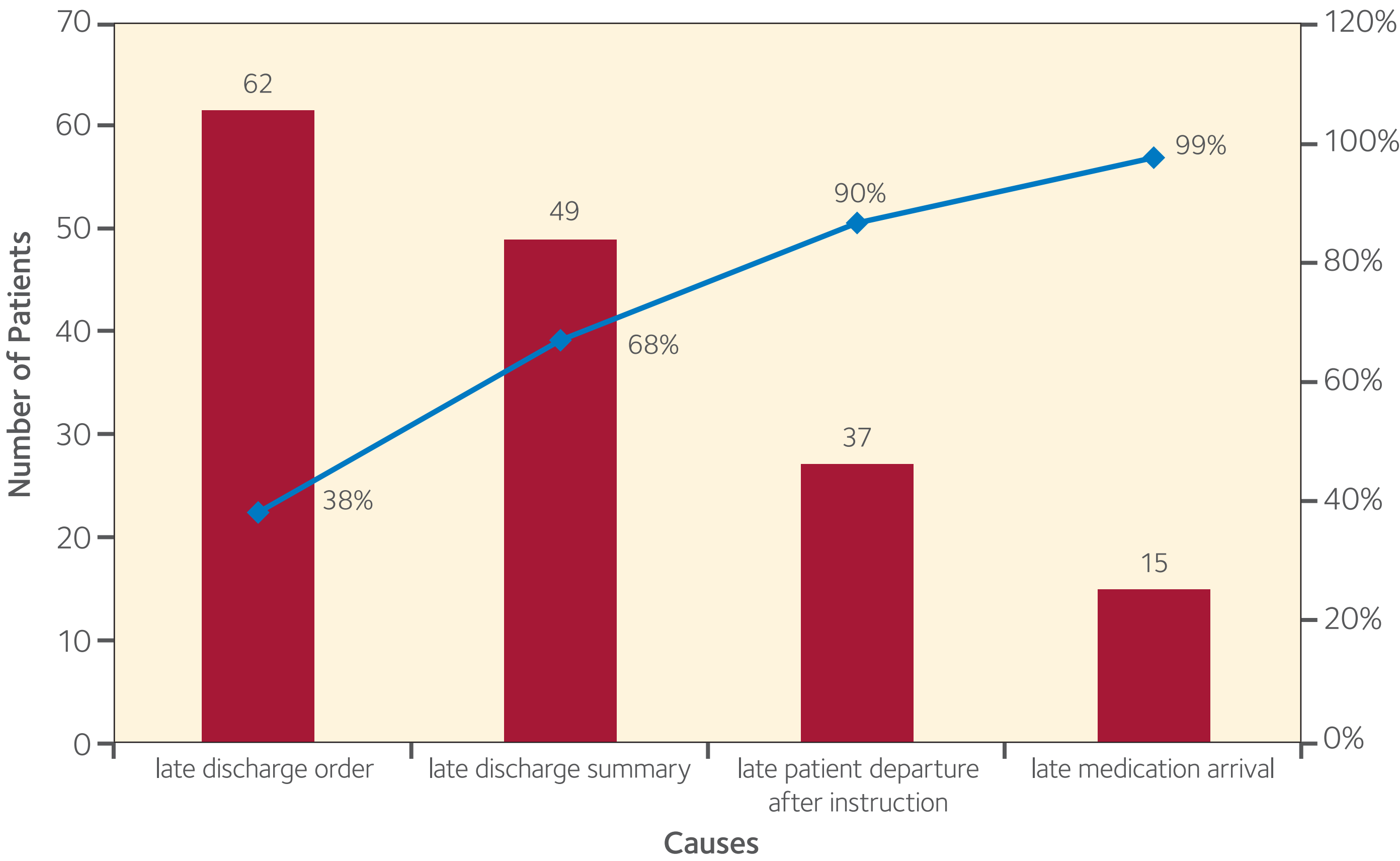
Dr Mohamed Janahi, Chair, Pediatrics

Coach:

Dr Shwetha Akshaya

Results:

Causes of delayed discharge total 65 discharge



Percent of Patients Discharged Before Noon

