

Middle East Forum on Quality and Safety in Healthcare **2024**



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Hospital-wide Patient Flow Collaborative

HGH –ED

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I make the following declaration in relation to this presentation:

- There is NO Conflict of Interest
- There is no bias, either commercial or non-commercial
- There is no plagiarism or copyright infringement



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Learning Objectives

At the end of this session, participants will be able to:

1. Understand the complexity of patient flow in HGH-ED
2. Illustrate the quality improvement initiatives done to improve the flow
3. Underline the challenges that the improvement encountered



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Title

Discharge process a key step in improving ED patient flow

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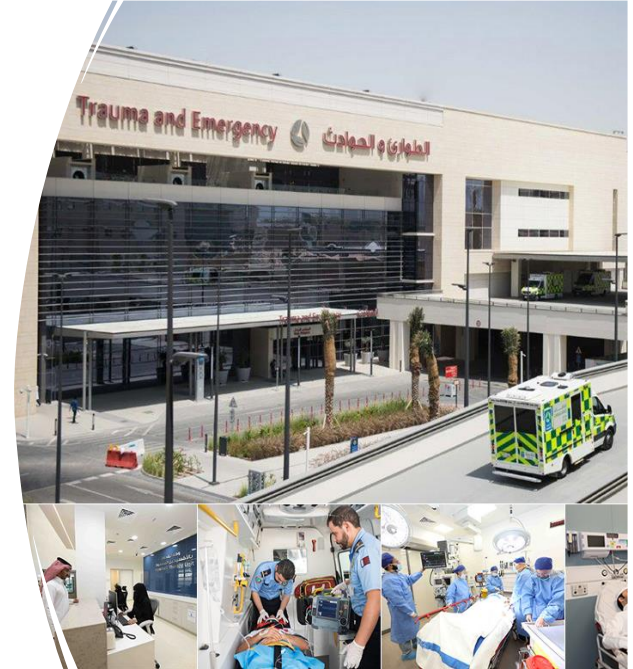
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HGH ED

24/7 service

Average daily census of 600 cases/day, plus approximately 300 non-registered patients that are redirected to alternative care providers. Average of 220 thousand registration per year,

Admission	28,572 , 13 %
Departed from ED	191,281, 87%



ED Team



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Priorities for HMC System Wide Patient Flow Collaborative

By December 31, 2023

Improve Whole Service HMC Emergency Departments

Emergency Department Collaborative Workstream

- Reduce ED LOS for low, medium & high acuity patients by 25%

Improve Hospital-wide Patient Flow

Medical & Surgical Units Collaborative Workstream

- Reduce ED Delays and Discharge Delays by 25%
- Increase Available Capacity by 25%

Improve Hospital-wide Patient Flow

Unnecessary Bed Days Collaborative Workstream

- Reduce Unnecessary Bed Days by 25%

High level flow process



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Turn around time ED process



Triage

- Waiting area to nurse
- Nurse to physician
- (Time Factor)



Patient to room

- Treatment plans
- Diagnostic procedures
- Consultation
- (Time Factor)



Disposition

Admissions

Home

- (Time Factor)



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AIM

- Aim : Enhance the physical discharge of ED patients within the first 30 minute from the discharge order
- The target is 80% of patient discharge within 30 minute by December 2023.
- Included criteria: priority 3,4 & 5 patients, Patient under ED care.
- Exclude criteria :Patients refuse the discharge, patient case required special discharge plan such as embassy , Qatar airway
- Objectives
 - To create capacity to accommodate new patient
 - Facilitate the flow by identify bottle neck areas and create solutions
 - Improve patient / staff satisfaction



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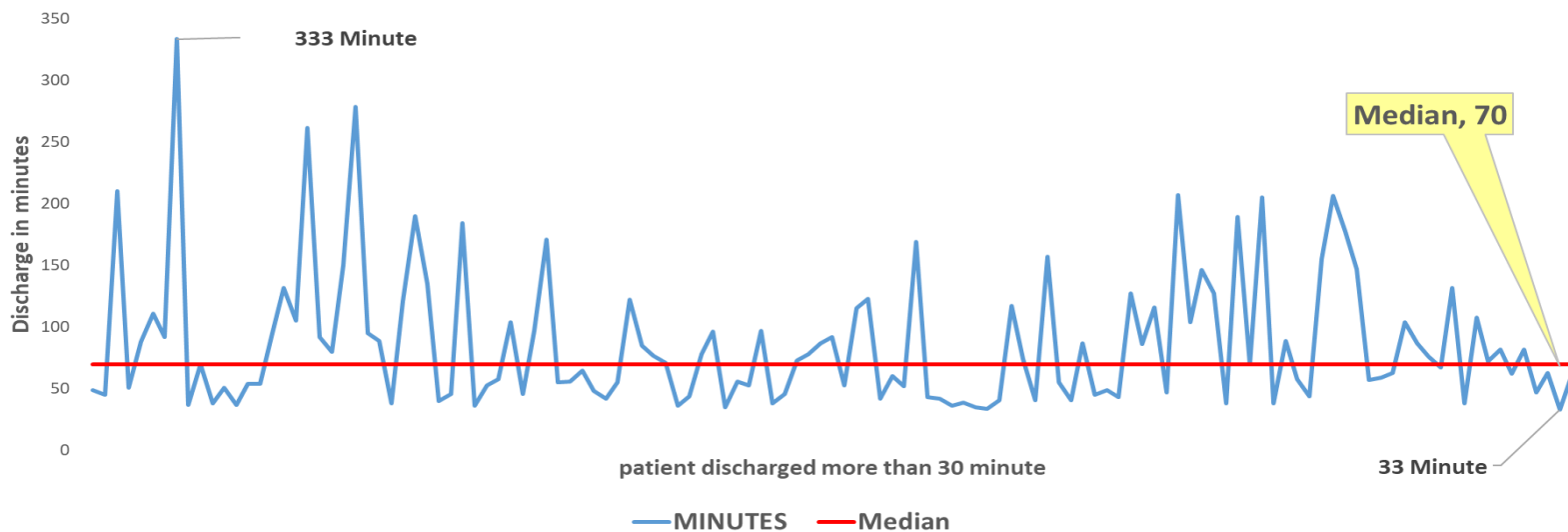
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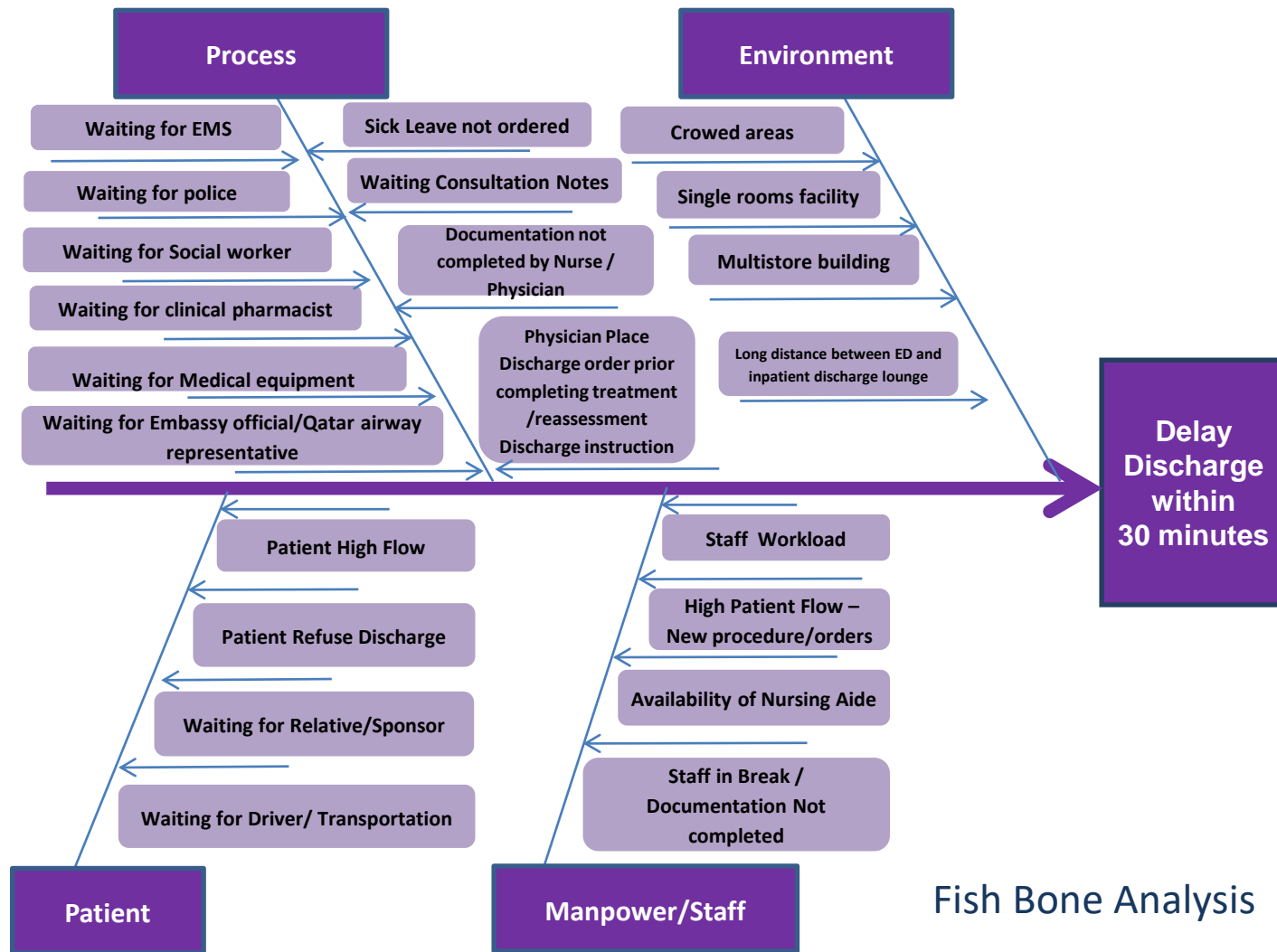


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- Discharge team conducted data collection for patient discharged more than 30 minute
From 25/July/2023 To 26/August/2023 - 135 patient file reviewed

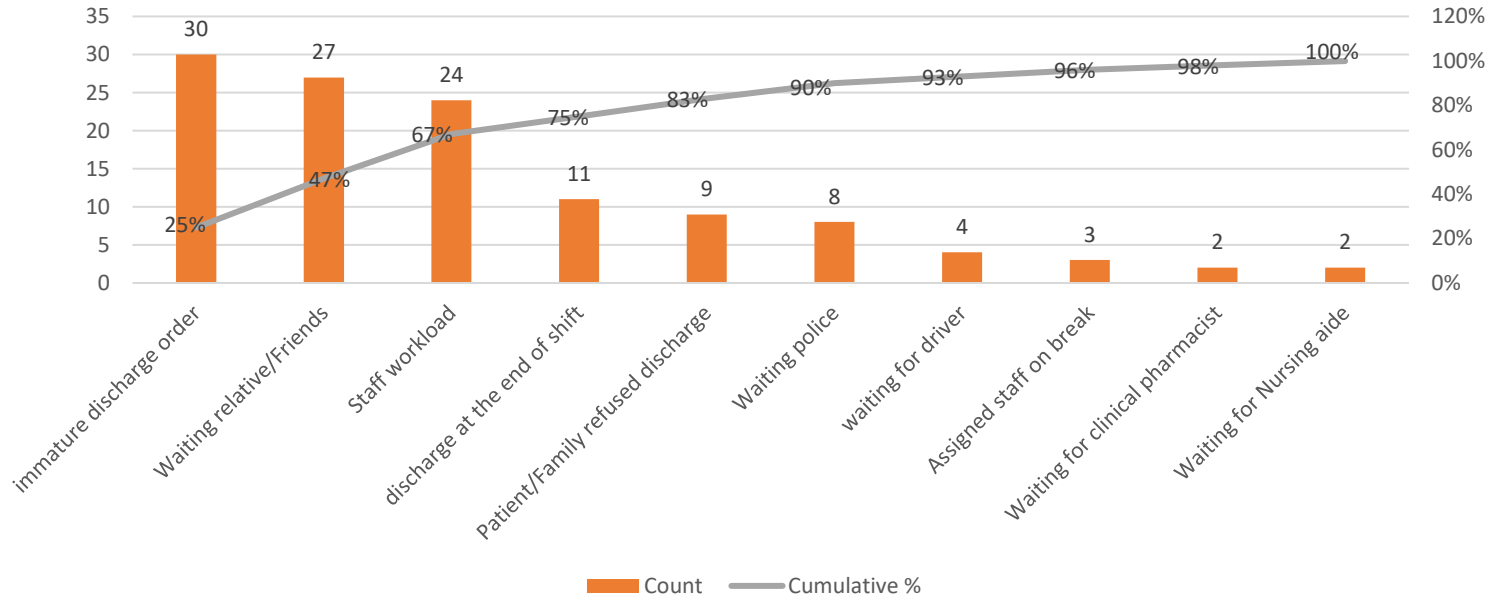
Discharge More than 30 minutes





Pareto Chart

Reason for delayed discharge



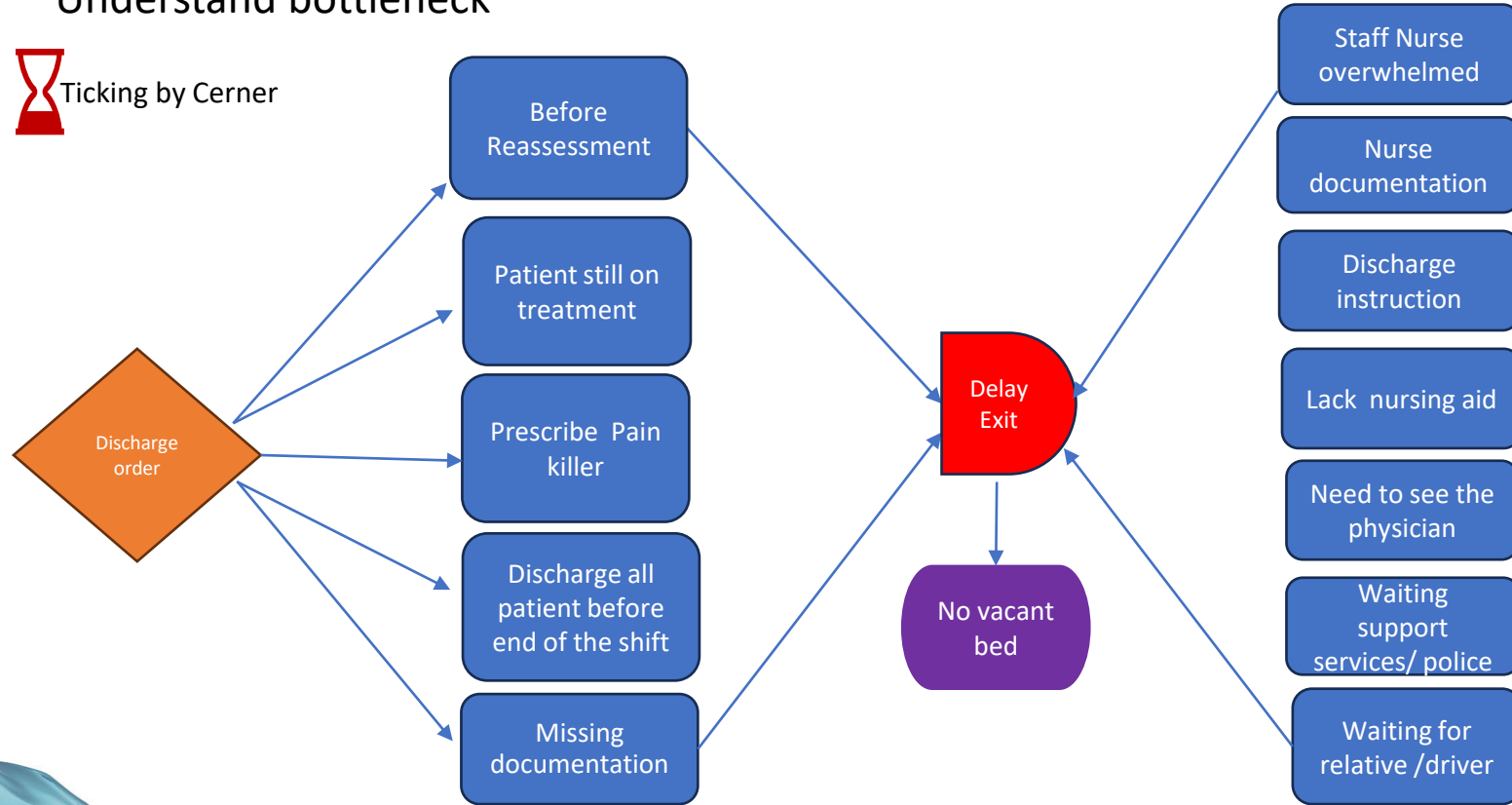
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Understand bottleneck



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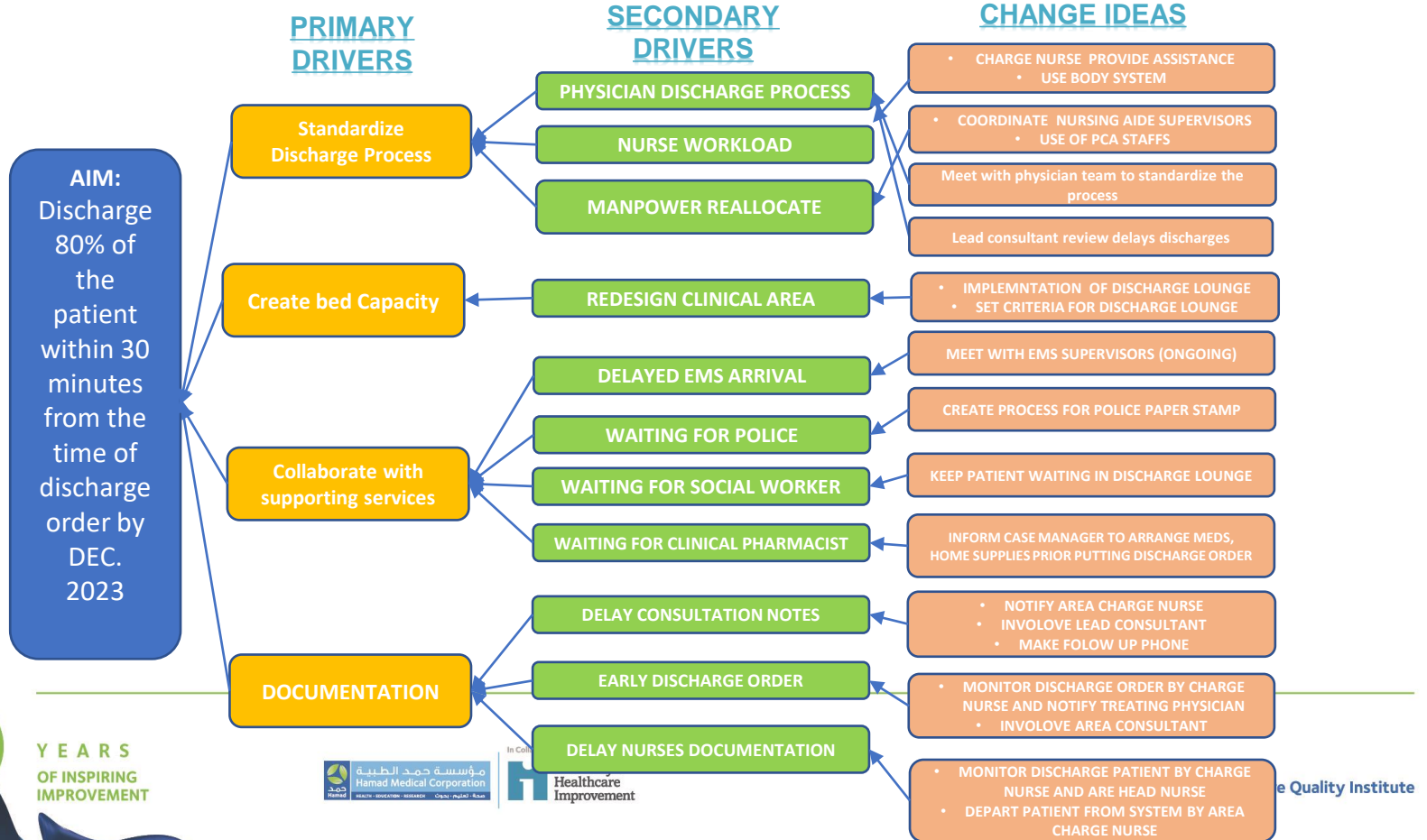


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Discharge Patient within 30 minutes

DRIVER DIAGRAM



1. All patient to be discharged after reassessment
2. Patient to be involved in the discharge process
3. Lead consultant with the nurse charge review cases of delay
4. charge nurse activate bodysystem when nurses overloaded
5. coordinate with nursing aid supervisor to allocate staff when required to meet the demands

Change Ideas



ED Discharge Lounge

- ✓ One of the change ideas implemented to create capacity started on 01/June/2023.
- ✓ Discharge lounge criteria had been defined and disseminated with the staff , staff feedback challenges and suggestions collected after implementation to improve efficiency of the discharge lounge.



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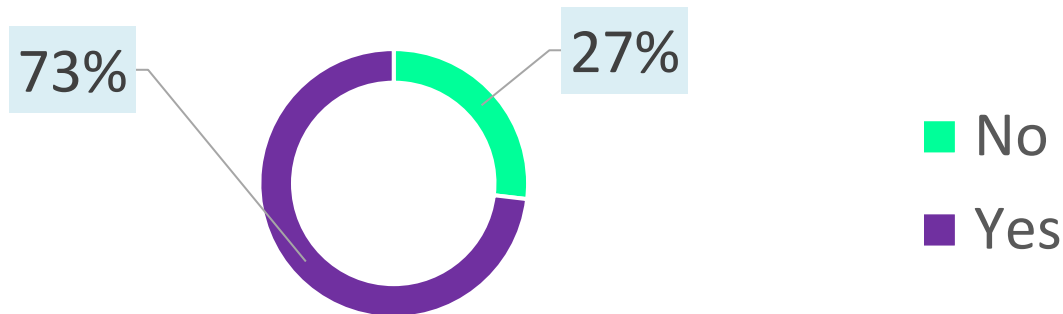


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Discharge Lounge Staff Feedback

- ✓ Feedback collected over two days 16 and 17 June 2023 after 2 weeks from implementing discharge lounge.
- ✓ 67 staff participated in the survey.

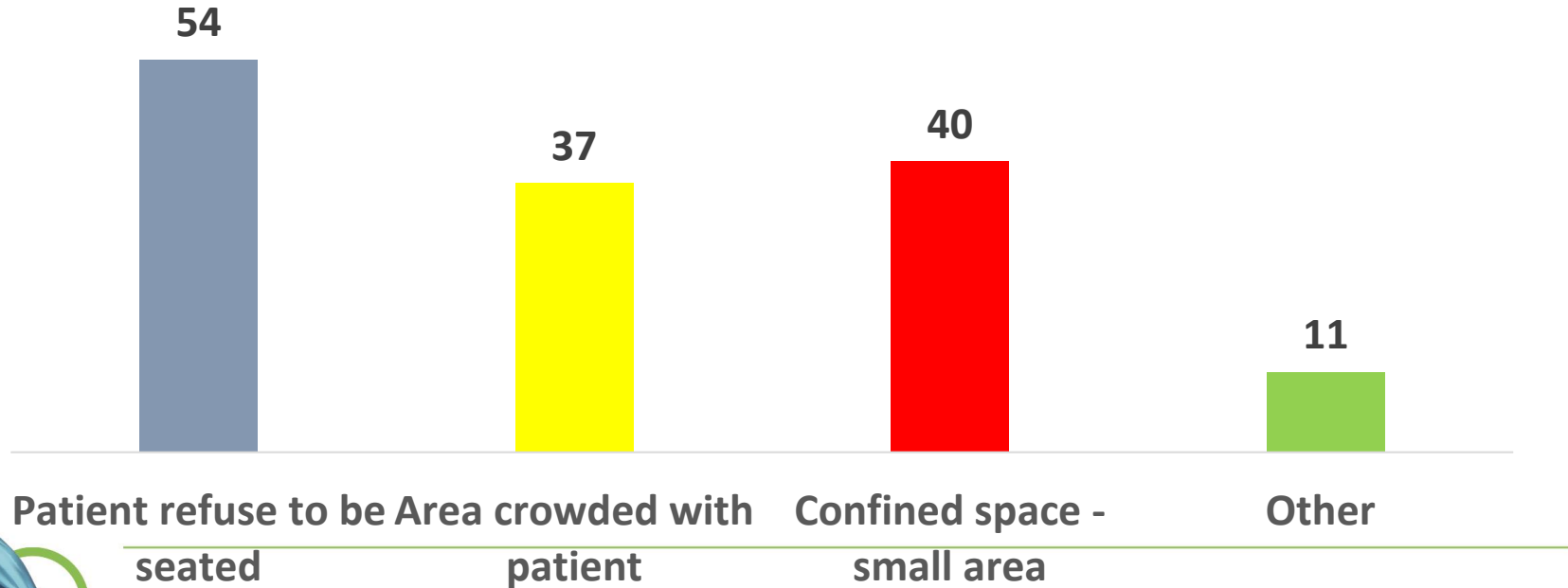
Did you face any challenges



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Main Challenges implementing Discharge lounge



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Action plan to improve Discharge Lounge



Segregate the discharge Lounge from reassessment area.

Utilize patient waiting area as Discharge Lounge.

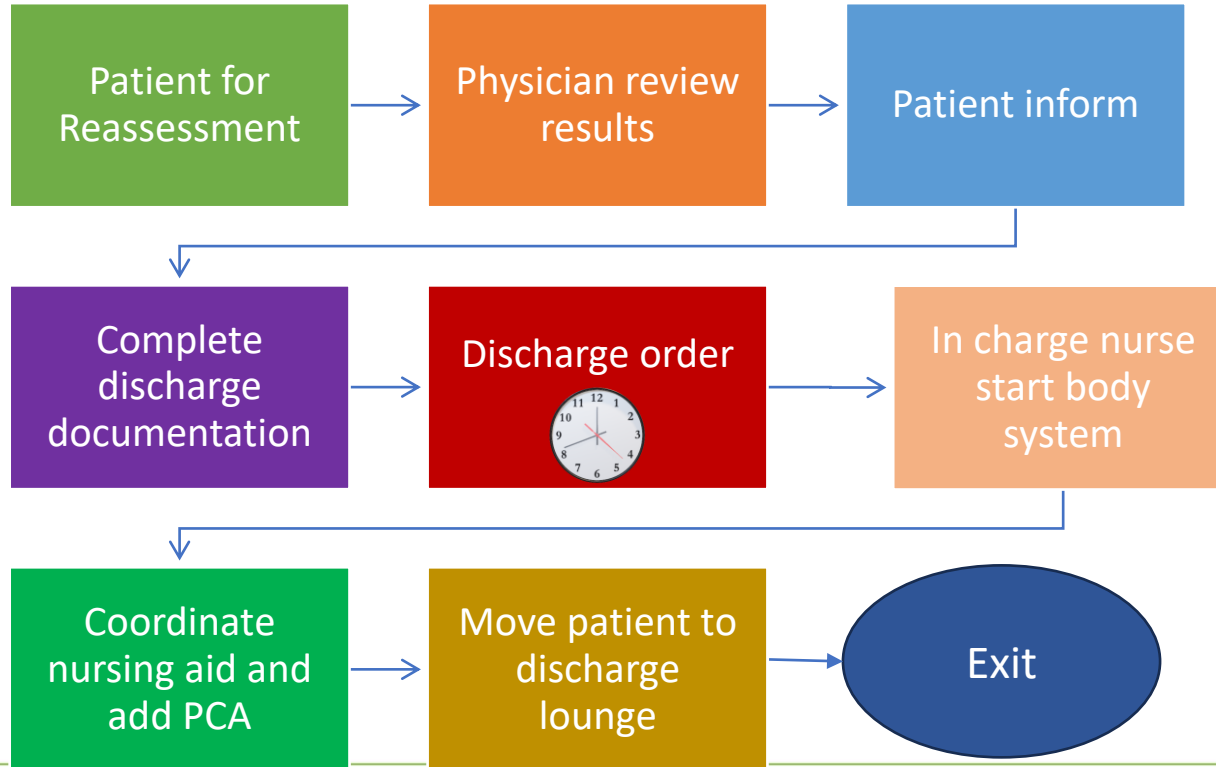


Awareness regarding discharge lounge for both staff and patients



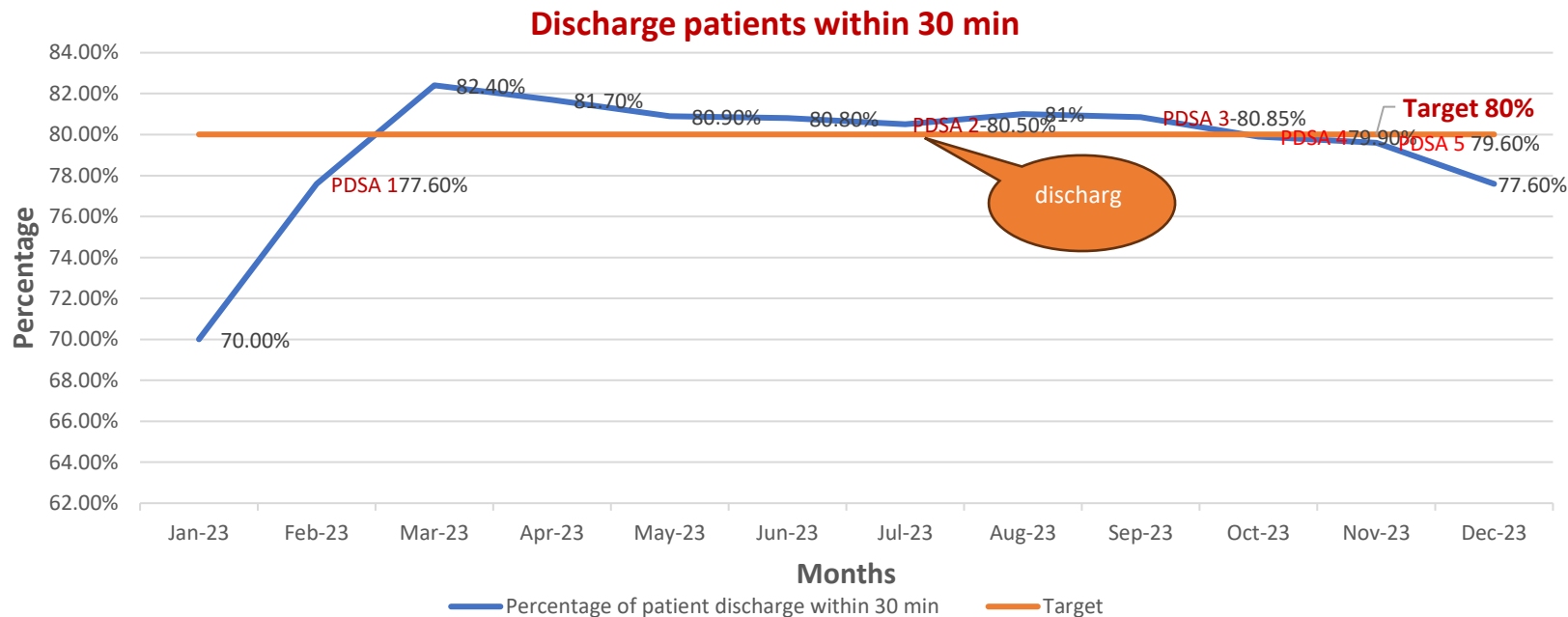
Collect patient feedback for improvement

Discharge within 30 minute



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ED discharge Challenges

- Increase number of boarded patient in ED, average of 45% of ED capacity is occupied by pending admissions
- Increase the workload of ED nursing team because of the requirement of admitted cases.
- Priority given to move boarded patient over discharge of ED cases
- Patients discharged physically but remain in the system till nurses able to complete the discharge documentation.



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Leeson learned

Reflect on your journey thus far, what learnings would you like to share with the teams?

- ✓ Improving patient flow is dynamic process , always there is opportunities to do better.
- ✓ Collaborating with supporting services such as clinical pharmacist , police , social worker impact significantly the reduction in discharge delays and improve patient experience.
- ✓ Transparency and active involvement of our frontline nurses and collaborate with patient in the improvement process contributed to achieve our goals.
- ✓ Leadership involvement is a key step



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Thank you