

# Quality Training Program

Project Title: **Discharge optimization on an inpatient ward**

Presenter's Name: Fernanda Conceição (RN)

Institution: Champalimaud Foundation

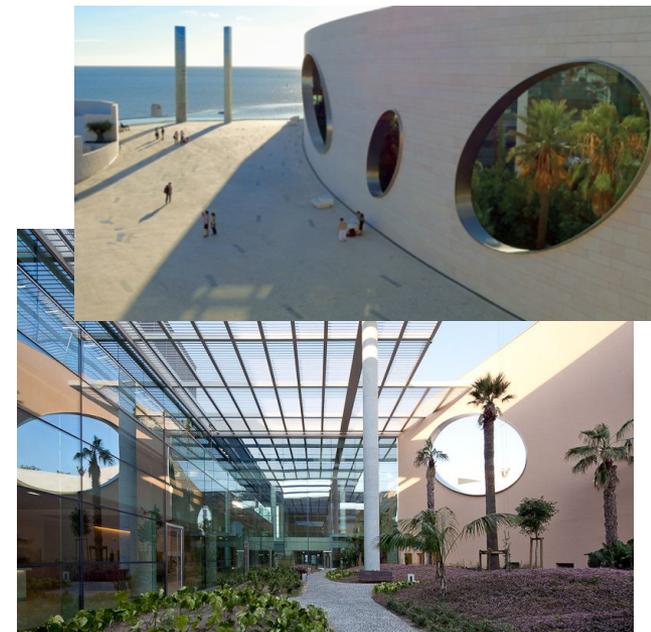
Date: 03 September 2020

# Institutional Overview

Champalimaud Foundation (CF) is a Private Academic Cancer Center located in Lisbon, Portugal

## UNITS / DEPARTMENTS

Digestive /Colorectal, Upper GI and HBP)	Urology
Lung	Breast
Hematology	Gynecology
Imaging & Interventional Radiology	Nuclear Medicine
Radiation Oncology	Neurophysiatry
Pathology	



# Institutional Overview

More than **20 medical oncologists** and more than **20 surgeons**

In 2019:

- **75594 outpatient visits**
  - Over 400 patients from abroad (44 different countries)
- **4079 patients underwent surgery**
  - 236 underwent robotic surgical procedures
- **2680 patients underwent chemotherapy**
- **1209 patients underwent radiotherapy**

Hospital as only **26 beds plus 8** Intensive care, intermediate and recovery

# Problem Statement

During January and December 2019, **66%** of all medical and surgical patients had late discharges (after 3pm) from Champalimaud Foundation inpatient ward. Associated to a limited number of beds, delayed discharges cause recovery overbooking, difficulties on patient admission, negative healthcare team pressure, patient dissatisfaction and probable reduction in quality of care.

# Team Members

João Casanova, MD

Team Leader

Fernanda Conceição, RN

Core Team Member

Rosa Sousa, RN

Other Team Member

Nuno Figueiredo, MD

Other Team Member

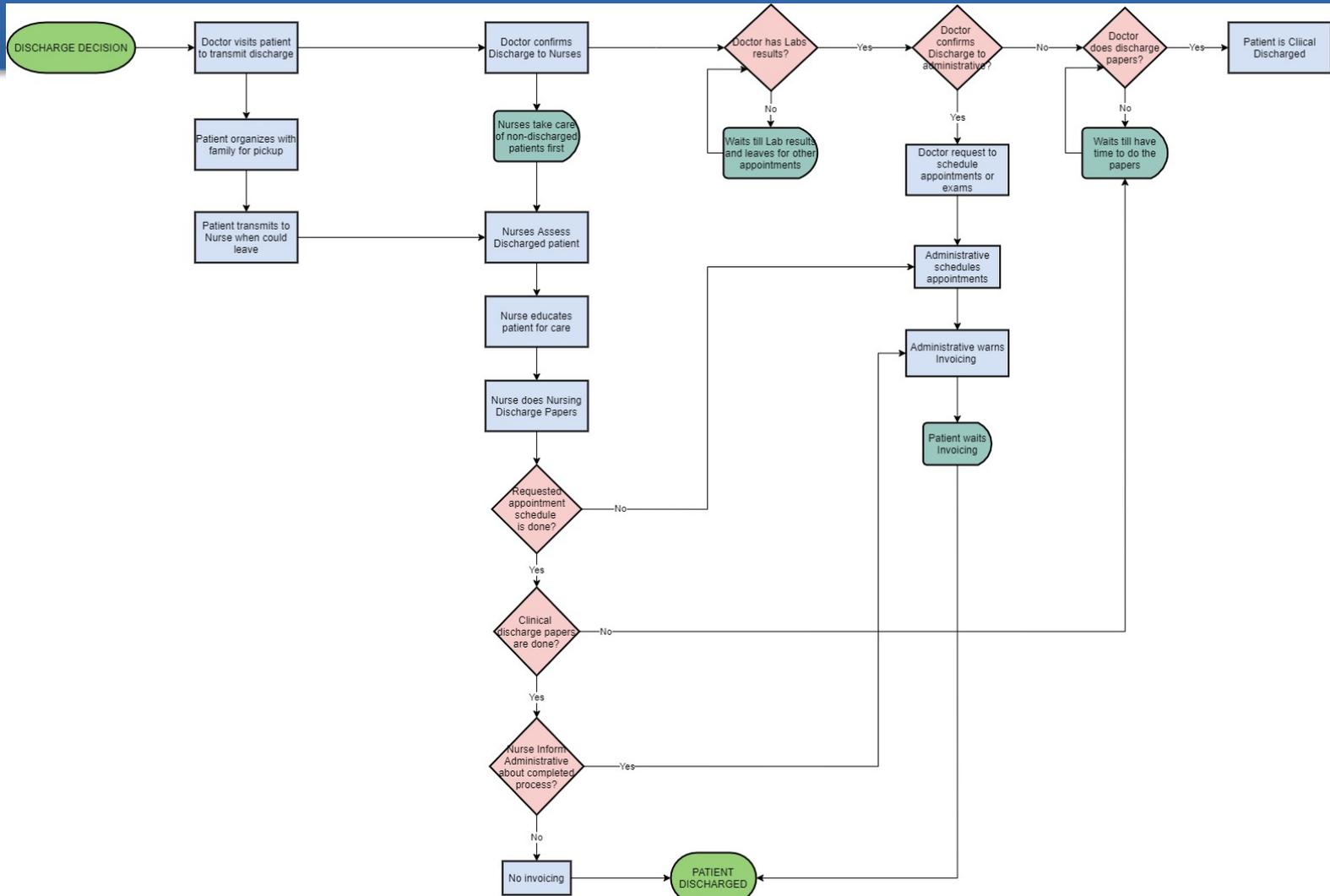
António Parreira, MD

Project Sponsor

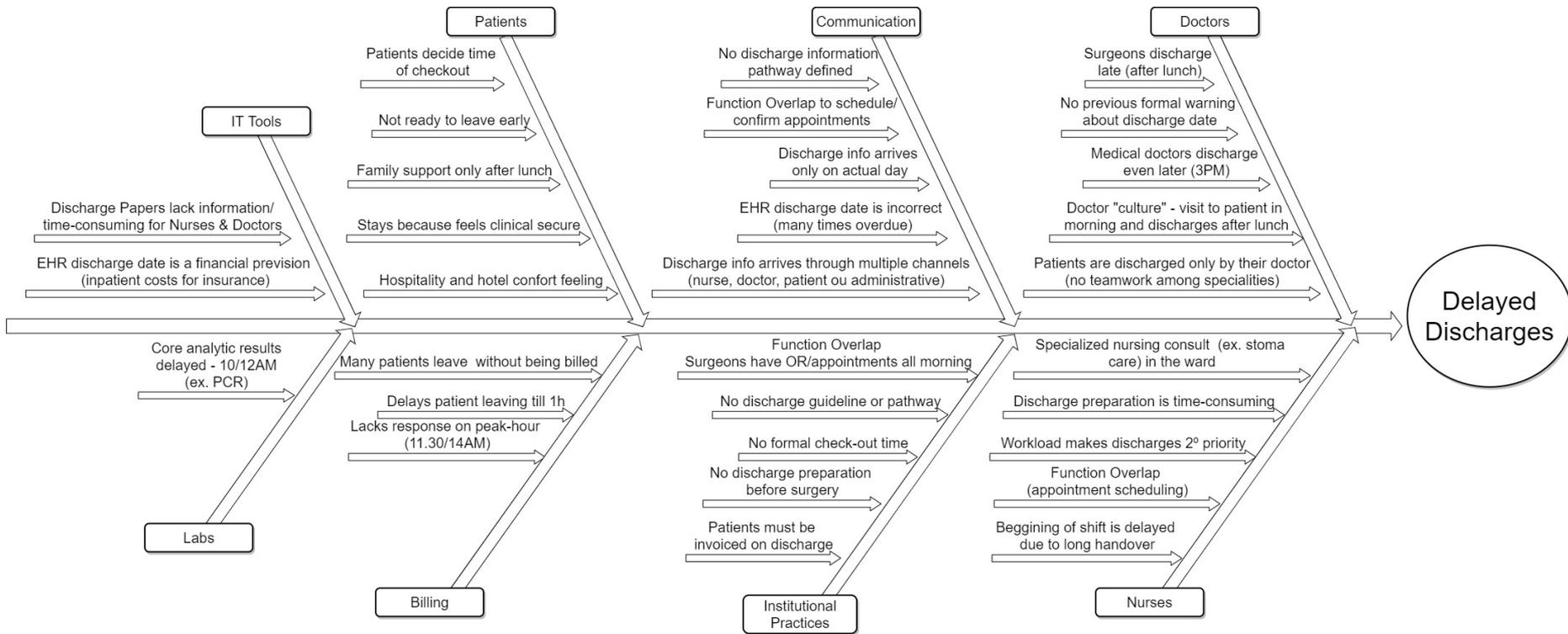
Miguel Climent, MD

QTP Coach

# Process Map



# Cause & Effect Diagram



# Diagnostic Data

*Due to several circumstances, it was very difficult to proceed with this project...*

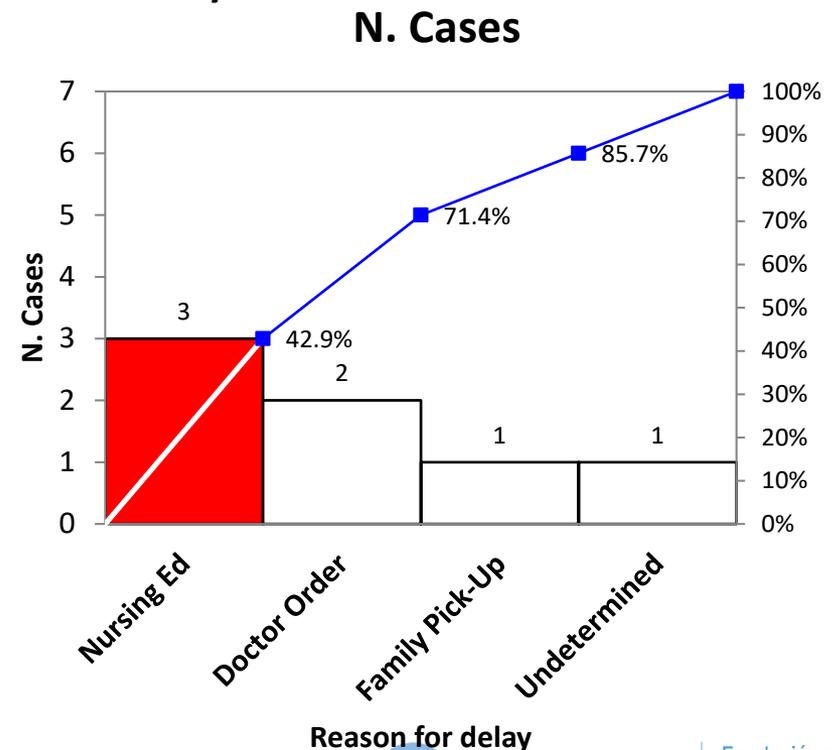
. COVID-19, lack of time and resources and electronic healthcare record system sudden change made everyone unavailable to extra effort.

We needed to identify improvement opportunities and to know the main reasons for late discharge.

# Diagnostic Data

Data about late discharge reasons where collected in the ward patients.. Only 7 cases where recorded by nurses.

Reason for delay	n	Cumulative %
Nursing Education	3	43,1
Doctor Order	2	71,6
Family pick-up	1	85,8
Undetermined	1	100
TOTAL	7	



# Aim Statement

Reduction by 50% of late patient discharges (3pm)  
by November 2020.

# Measures

- Measure: Time of discharge – **OUTCOME Measure**
- Patient population: All ward patients  
Obits excluded
- Calculation methodology: Mode hour *or* % patients discharged after 3pm  
(number patients discharged after 3pm / total number patients discharged)
- Data source: EHR
- Data collection frequency: Weekly
- Data quality (any limitations): Old EHR lacks info about time of discharge, but the new EHR is more time specific about clinical, nursing and real discharge times.

# Measures

- **PROCESS MEASURES:** 1. Time of doctor clinical discharge
  2. Record of nursing education session on the day prior discharge
  3. Record of family discharge planning on the previous day
- Patient population: All ward patients  
Obits excluded
- Calculation methodology:
  1. Mode hour *or* % discharge order after 3pm
  - 2 and 3. number of discharged patients with record/ number of discharged patients
- Data source: EHR
- Data collection frequency: Weekly
- Data quality (any limitations): Currently there is no data. Brand new EHR (in implementation) could solve this problem (better accuracy) for measure 1 and 2. Measure 3 implies the creation of a the record form.

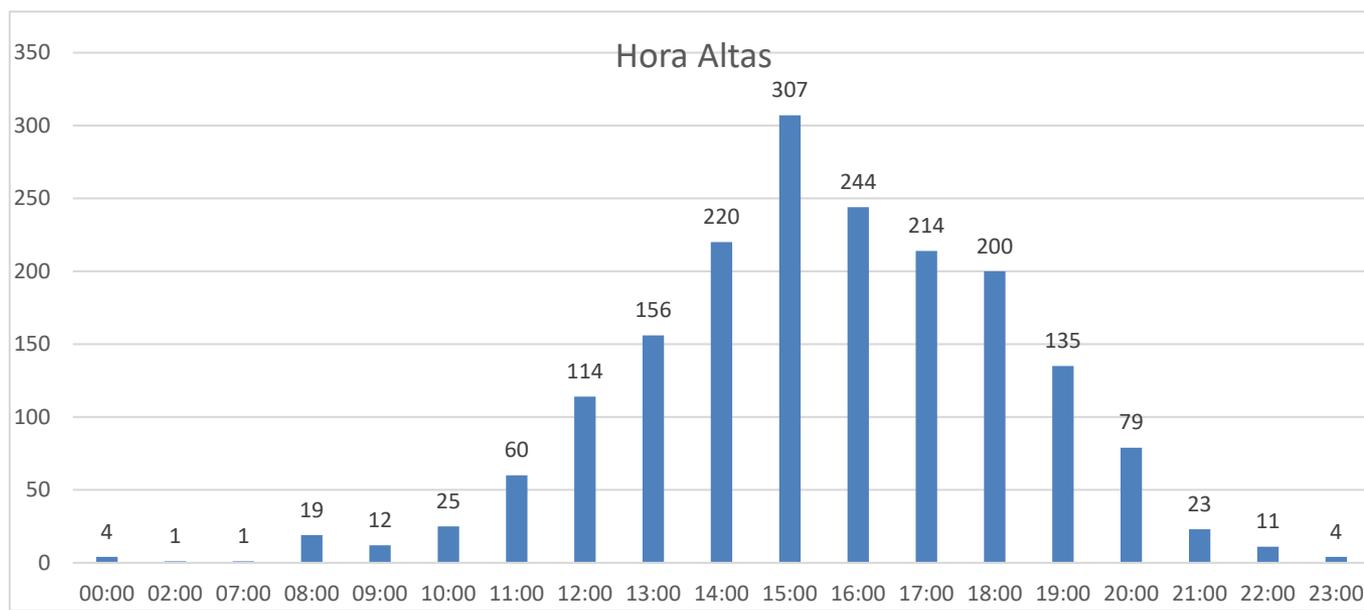
# Baseline Data

**Discharge hour:** taken from EHR

Period: January 1<sup>st</sup> 2019 – December 31<sup>st</sup> 2019

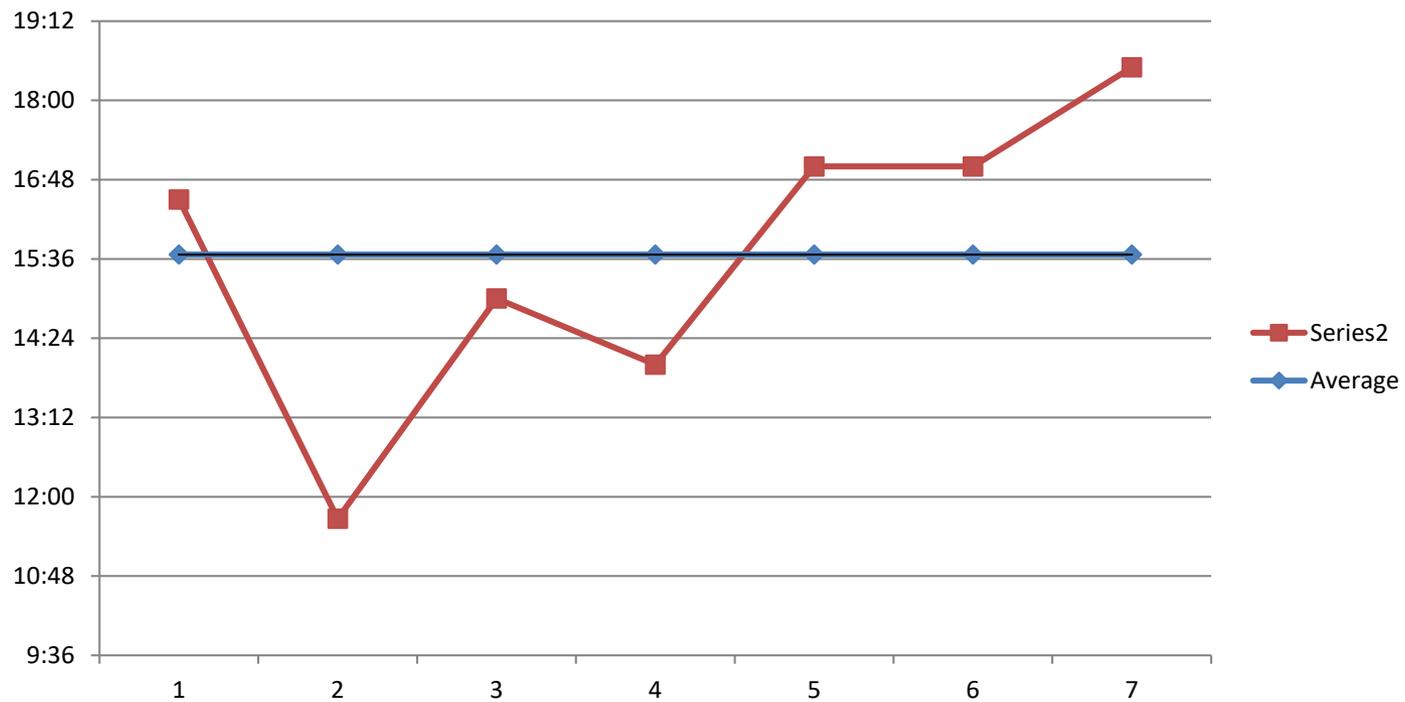
1829 cases

Excluded 37 obits



# Baseline Data

Discharge hour: taken from HER



# Prioritized List of Changes (Priority/Pay –Off Matrix)

<b>High Impact</b>	Pre-discharge family phone call @24h prior discharge	Check-out lounge to waiting patients
	Estimated discharge date @EHR	Nursing Educators morning ward rounds
<b>Low Impact</b>	Doctors sensibilization for earlier discharge	Nursing consultation/ED @ first day after surgery
	<b>Easy</b>	<b>Difficult</b>

# PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps

# Materials Developed (optional)

# Change Data

# Conclusions

# Next Steps/Plan for Sustainability

Name, credentials, job title  
Name, credentials, job title

Entity

## Project Title

**AIM:** Should be SMART (specific, measurable, attainable, relevant and time bound)

**INTERVENTION:** Should be described in such a way that someone not familiar with the project has a clear understanding of what you did...changes you tested.

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**TEAM:** Be sure to include both the department and names. If too many names to list, list just the departments represented

- Department 1: names
- Department 2: names
- Department 3: names

**PROJECT SPONSORS:**

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**RESULTS:** Should be related to your AIM statement. Be sure to title the graph, identify the SPC chart used, label the x & y axis, include a legend

Graph title

Insert graph

**CONCLUSIONS:** Should summarize the data in the results section, state whether or not the AIM was met. Conclusions are different than lessons learned.

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**NEXT STEPS:** Describe additional plans for tests of change, how the intervention will be incorporated into standard workflow, etc

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