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Quality improvement project on discharge before 11am in NICU and neonate ward, Jigme Dorji Wangchuck National Referral Hospital (JDWNRH)

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Introduction: There are fifty key performance indicators in APA of JDWNRH to measure success of the organizational. The indicator 41, discharge of the patients before 11 am is one of them.

Objective: To increase the percentage of 'before 11 am discharge' from base line data of 38 % in (NICU) and 20% in (Neonate) to 50% in four months following interventions in in NICU and Neonate ward, JDWNRH

Method: The study was set in a 16-bedded NICU and 24-bedded Neonatal ward of National Referral Hospital in Bhutan. A Multidisciplinary Quality Improvement Team was formed. Baseline assessment included review of the daily activities and causes of delayed discharge were documented using root cause analysis. The data were collected daily and reviewed weekly. The interventions were developed based on the base line assessment and were implemented consistently. The change was monitored and reviewed periodically using the Plan Do Study Act (PDSA) method.

Result: The interventions included multiple system changes such as daily activity flow chart, new discharge checklist, screening checklist, high risk assessment checklist and due laboratory report file. The baseline percentage of patients discharged before 11 am before introduction of the interventions was 38.46% in NICU and 20% in Neonatal ward which drastically increased to 84.1% and 65.4% respectively following four months implementation of the interventions. Towards the end of 11th months, the percentage reached to 100% in NICU and 89% in neonate ward. In addition, it has improved teamwork, work efficiency and brought in numbers of positive changes in the units.

Conclusion: A multidisciplinary team with quality improvement project improved this performance indicator and efficiency of work but also teamwork.

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