REDUCING LENGTH OF STAY FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND PNEUMONIA

Scan me!

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DESCRIPTION

Chronic Obstructive Pulmonary Disease (COPD) and pneumonia are among the most common and resource-intensive diagnoses at Humber River Health. The patients admitted to the respirology unit often experience prolonged hospital stays due to delays in care coordination, timely identification of medical stability and discharge planning. Through quarterly Quality Based Procedures (QBP) working group meetings, we identified opportunities to improve the discharge processes. Chart reviews of patients with the longest stays from previous quarters revealed several contributing factors, including delays in allied health referrals, missed Alternate Levels of Care (ALC) days and late initiation of discharge planning.

OBJECTIVE

To streamline daily processes to reduce average length of stay for patients with COPD and Pneumonia through improved care coordination and timely discharge planning.

ACTIONS TAKEN

- Reviewed high length-of-stay COPD and Pneumonia cases to identify common discharge barriers
- Supported daily bullet rounds with the interdisciplinary team and physician rounds 2-3 times a week
- Flagged and addressed delays in allied health referrals
- Optimized use of allied resources (e.g., promoting mobility before physiotherapy assessment)
- Identified medically stable patients with complex discharges as ALC
- Reviewed daily COPD reports and flagged cases to Resource Persons for tracking
- Engaged patients/families during rounds to clarify care updates and discharge plans
- Ensuring compliance with COPD and Pneumonia QBP pathways and Order Sets
- On admission – trigger standardized order set/pathway
- Discharge planning and outpatient follow-up – linking to the COPD Out-Patient Pathway (referral) to reduce risk of return, which also helps optimize length of stay on future admissions

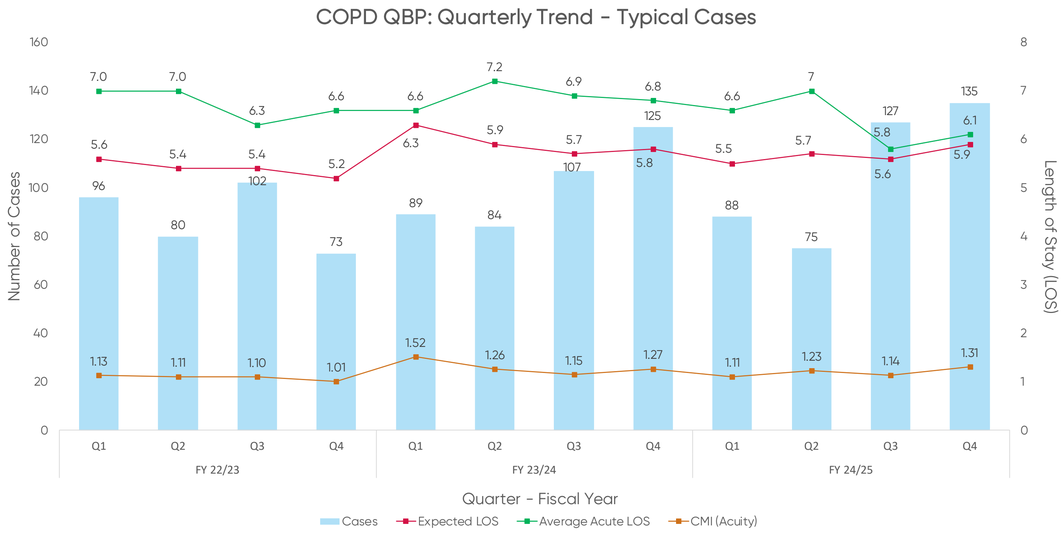

Figure 1. Quarterly trend in the length of stay in COPD patients showing overall decrease in average acute length of stay in Q3 and Q4 of FY 24/25.

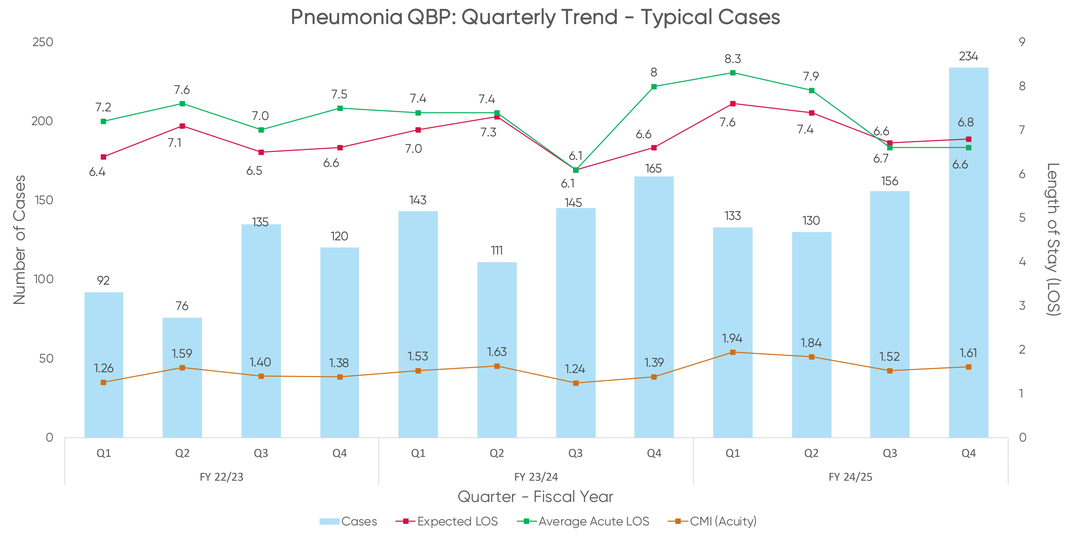

Figure 2. Quarterly trend in the length of stay in pneumonia patients showing overall decrease in average acute length of stay in Q3 and Q4 of FY 24/25.

SUMMARY OF RESULTS

By integrating insights from the QBP working group and engaging the entire team we achieved:

- A measurable reduction in length of stay for patients with COPD and pneumonia (Figures 1 and 2)
- Improved communication across the interdisciplinary care team
- Greater accountability in discharge planning among individuals and teams

LESSONS LEARNED

Embedding and sustaining daily operational practices enhances discharge planning efficiency over time. QBP data offers actionable insights that drive improvements in unit-level operations.

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