



Strengthening Patient Pathways: Improving Timeliness of Post-Hospital Discharge Follow-Up.

Names of researcher: Jillian Leslie

Centre for Quality, Innovation, and Safety, Schulich School of Medicine & Dentistry,
Western University, London, ON, Canada



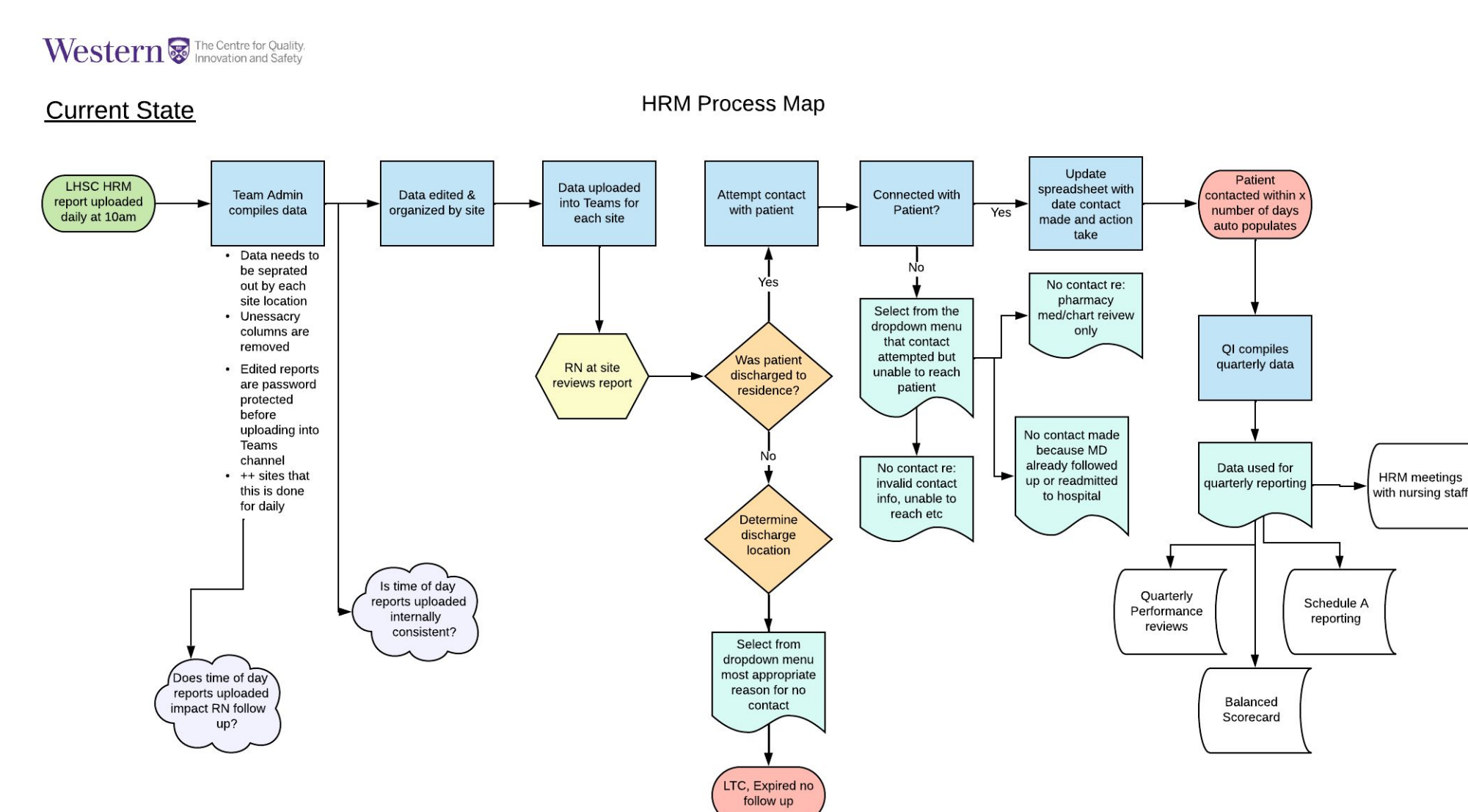
Western
The Centre for Quality,
Innovation and Safety

AIM Statement: By March 31, 2025, reduce average number of days for discharge down from 13 days for follow-up to 7 days or less

PROBLEM DEFINITION

Hospital discharge follow-up delays are contributing to missed patient engagement and potential readmissions. The HRM program has grown over the past 5 years. While this expansion increased reach, inefficiencies surfaced in reporting and follow-up, particularly at larger sites.

ROOT CAUSE ANALYSIS



Tools Used:

- Fishbone Diagram
- Process Map
- Direct workflow observation

Key Learnings:

- Complexity of project broader than anticipated
- Manual, inefficient spreadsheets impacted patient facing time
- Inconsistent and outdated workflows
- Variation across sites in resources

IMPLEMENTATION

PDSA cycles improved workflow with automated calculations, dropdowns, and streamlined spreadsheets. A working group addressed EMR updates, and regular check-ins boosted engagement.

Key Insight: the issue was more systemic than staffing-related, uncovered through frontline input and observation.

MEASUREMENT & RESULTS

Key Measures:

Days between discharge and follow-up
 Run & SPC Charts (XBar-S) tracked changes at site level

Results: Documentation time decreased; missing data dropped with auto-calculations and dropdown menu functions.

Current state: Q4 average down to 8 days

SUSTAINABILITY

Process Owner: Clinical Leads + HRM working group

Standardization: System-wide updates

Monitoring Plan: Ongoing support through quarterly leadership reporting, real-time working group feedback, and audit tools in development.