

IMPROVING THE SHIFTING PROCESS OF PATIENTS FROM ICU TO THE FLOORS: A QUALITY IMPROVEMENT PROJECT AT SHAUKAT KHANUM MEMORIAL CANCER HOSPITAL & RESEARCH CENTRE LAHORE

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OBJECTIVE

Timely transfer of patients from ICU to inpatient wards is critical for optimizing **bed utilization** and ensuring **continuity of care**. This quality improvement project at SKMCH & RC Lahore aimed to improve compliance with the four-hour transfer target by identifying and addressing workflow inefficiencies, communication gaps, and lack of standardized processes.

METHODS

Baseline data from Apr–Jun 2024 revealed low compliance below target i.e. >75% (Figure 1). Existing Process was mapped out (Figure 2). A multidisciplinary team used the **Ishikawa diagram** (Figure 3) to identify root causes and initiated **PDCA (Plan, Do, Check, Act) cycle** (Figure 5).

FIGURE 1

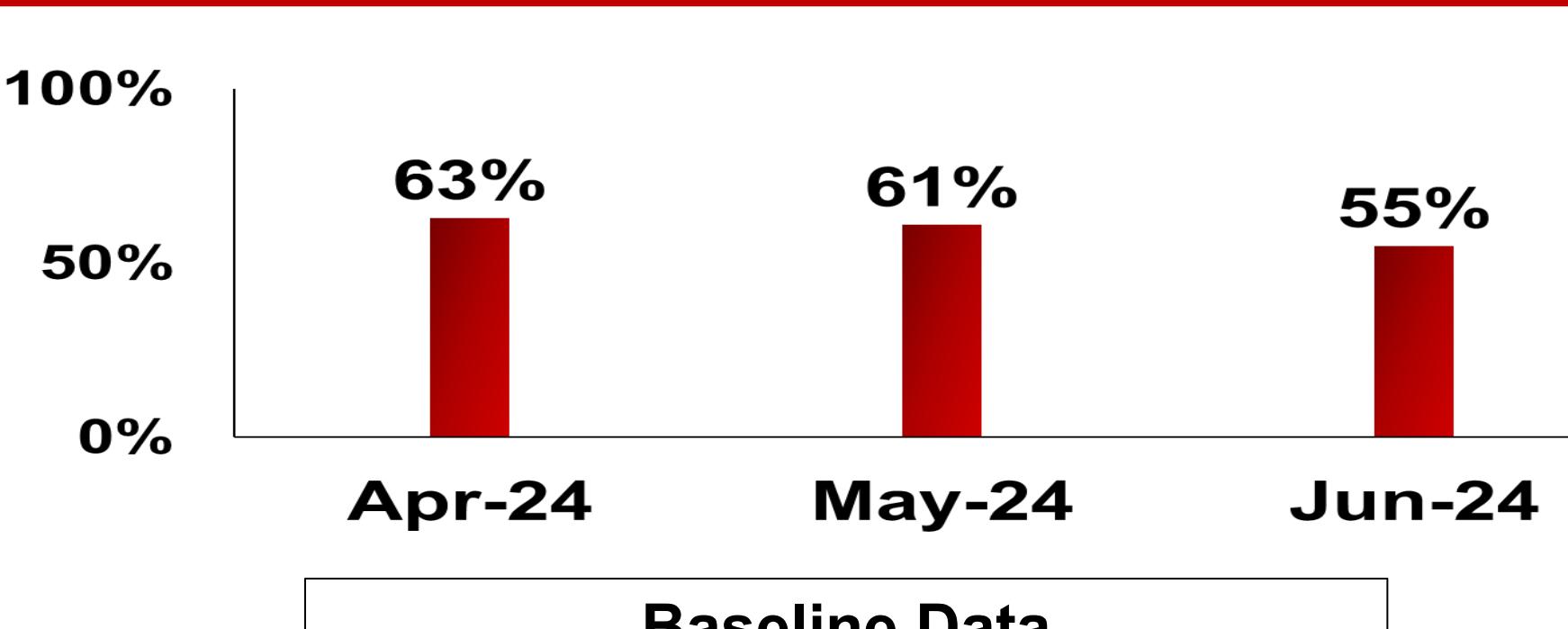


FIGURE 2

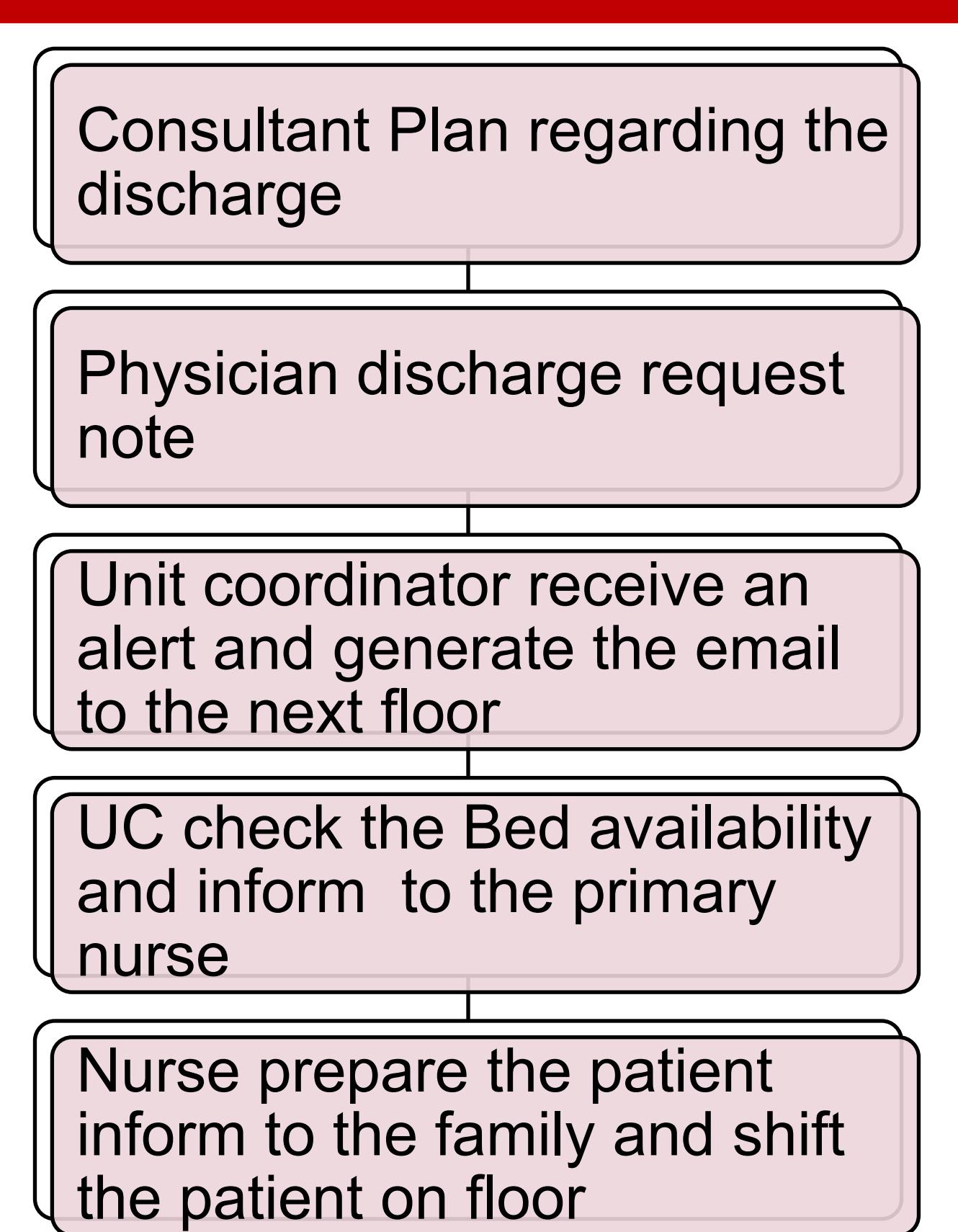
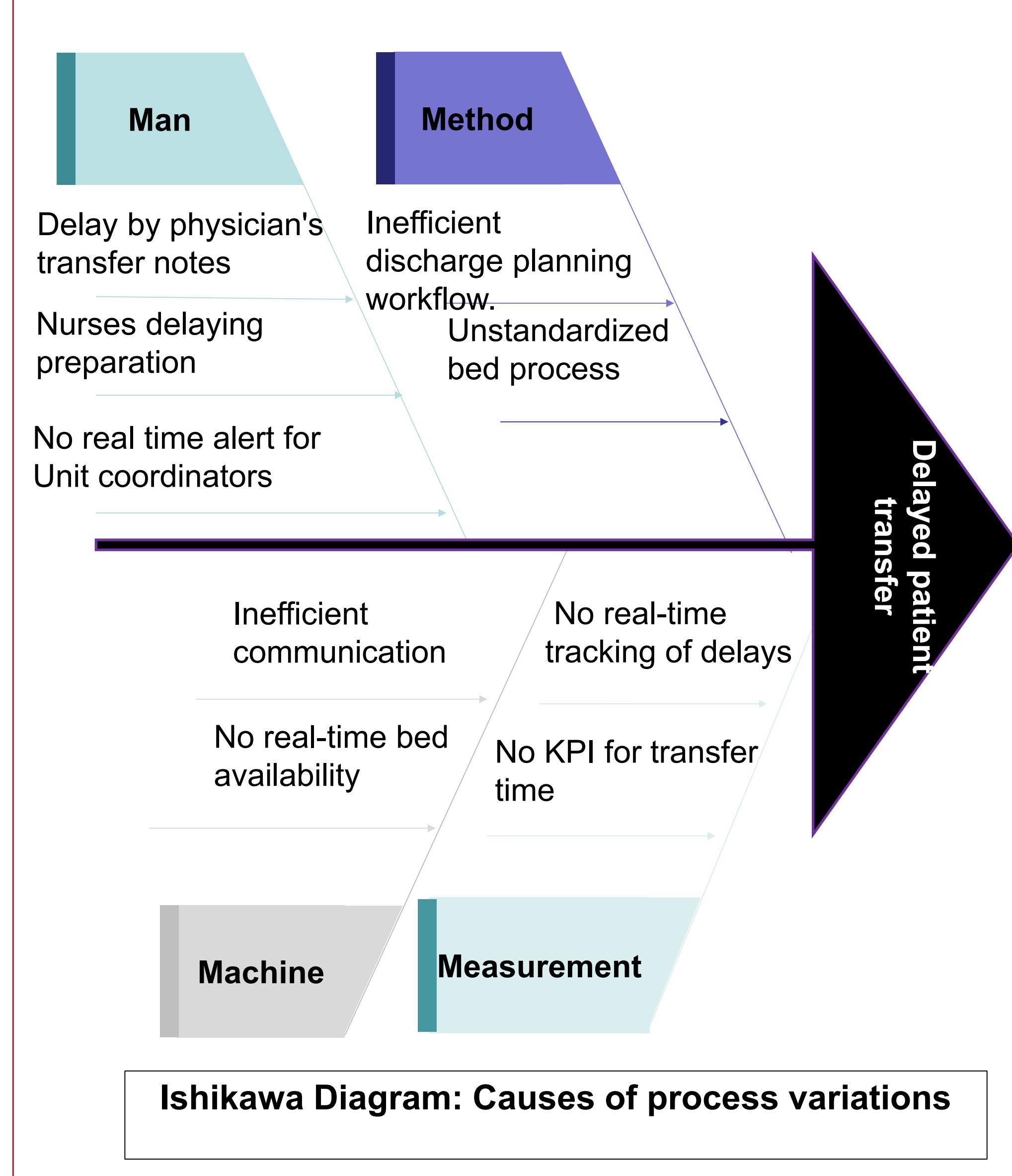


FIGURE 2

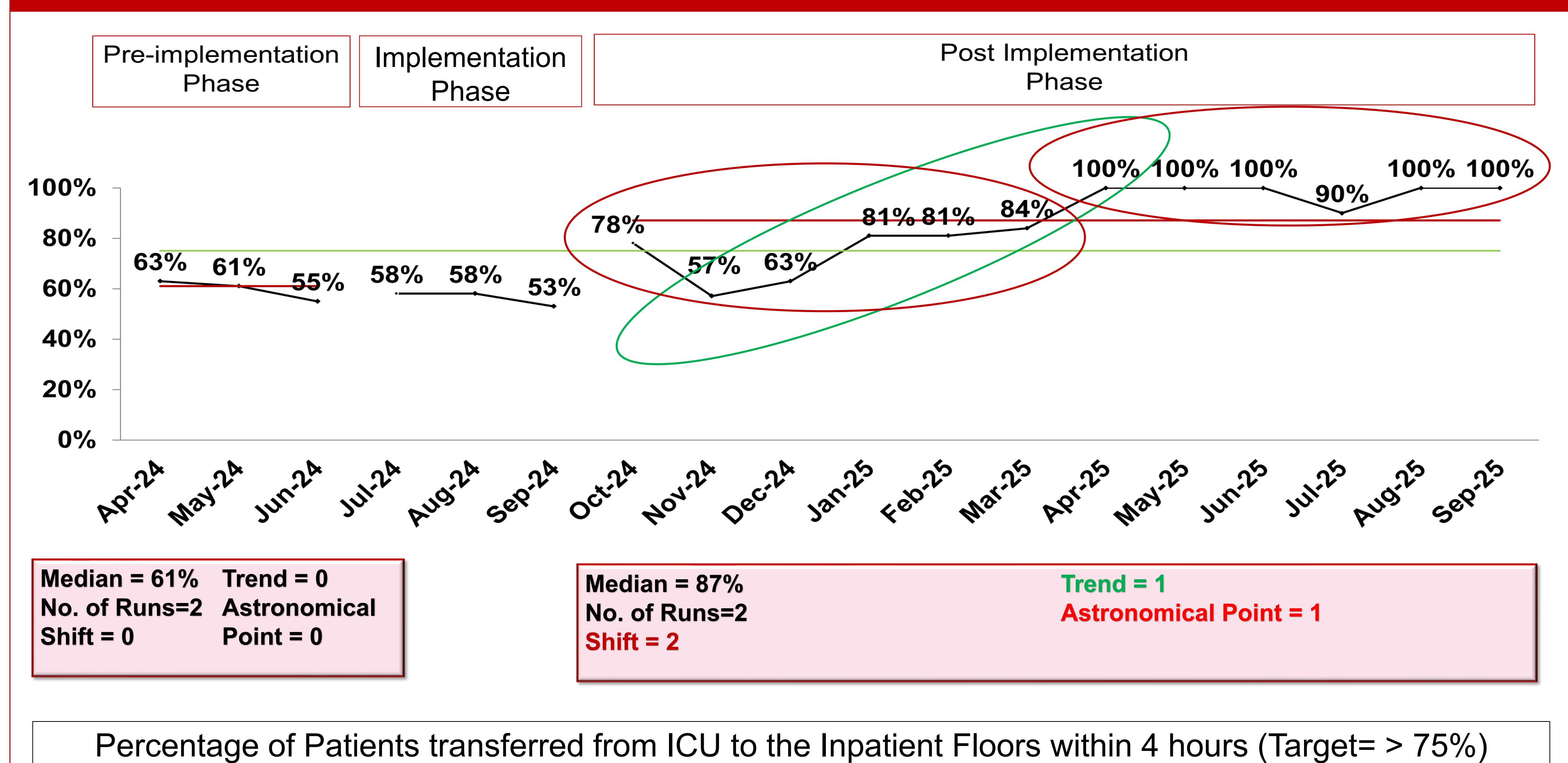


IMPROVEMENT STRATEGIES

The following strategies were implemented to streamline the transfer process:

- Prioritize stable patients in morning rounds
- Team leaders notify coordinators promptly
- Coordinators confirm beds via email
- Residents enter HIS transfer requests
- Nurses prepare and transfer quickly
- Monthly process monitoring

FIGURE 4

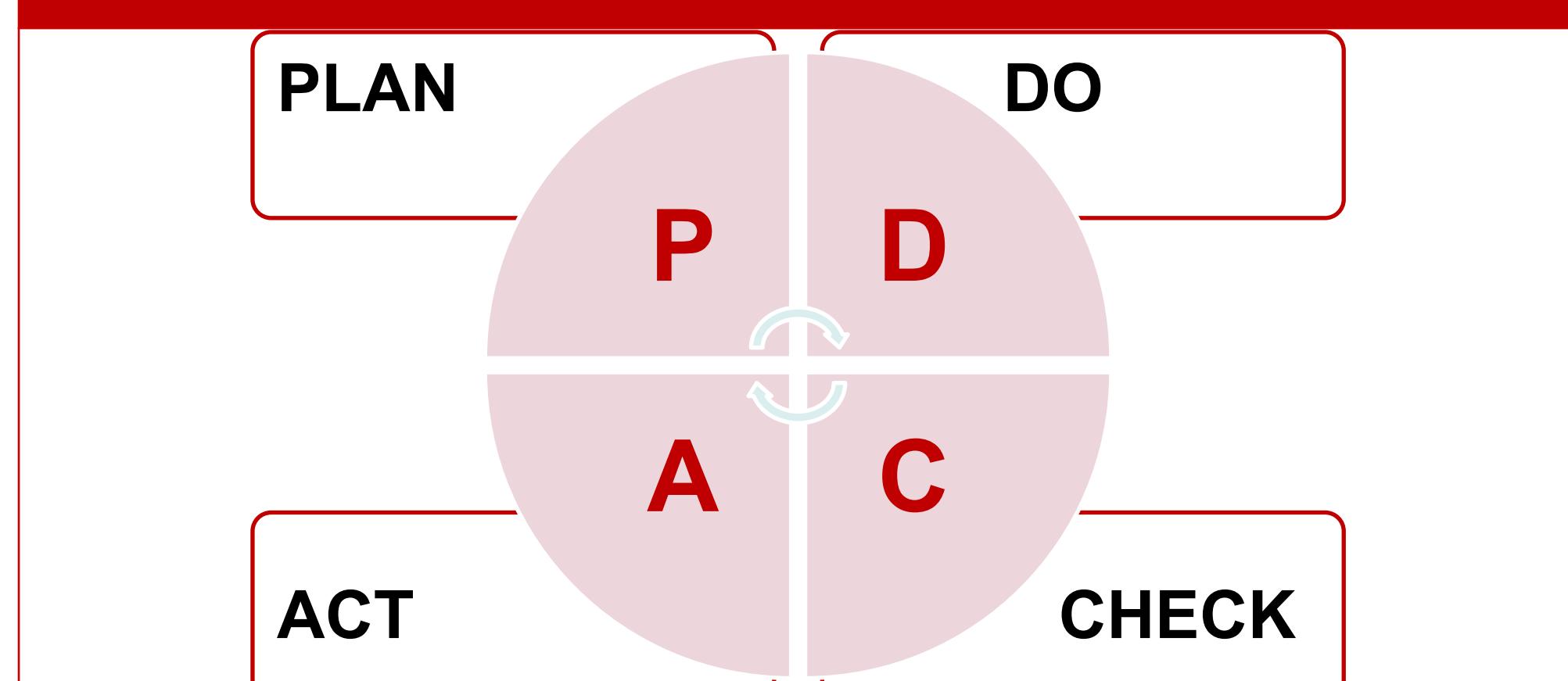


RESULTS

Compliance with the four-hour transfer target improved from a baseline median of 61% to 87% post-intervention. Monthly rates ranged from 57% to 100% between October 2024 and September 2025. Run charts confirmed a positive trend and two shifts validating the effectiveness of interventions in enhancing ICU throughput and patient care continuity (Figure 4).

Target is sustained from January 2025 till September 2025.

FIGURE 5



CONCLUSION

The successful implementation of PDCA tool in this Quality Improvement project enhanced and sustained ICU-to-ward transfer efficiency through multidisciplinary collaboration, structured planning, and targeted interventions, resulting in improved compliance, communication, and patient flow.

