1. BAD NEWS protocol Monitoring 1st Qrtr 2017 report.docx

2. Nursing procedure protocol Monitoring 1st Qrtr 2017 report.docx

3. PTRANSPORTATION protocol Monitoring 1st Qrtr 2017 report.docx

4. Surgical_Scheduling_protocol_Monitoring_1st_Qrtr_2017_report.docx

5. Round protocol monitoring 1st Qrtr 2017 report.docx

6. discharge planning protocol Monitoring 1st Qrtr 2017 report.docx

DEDER GENERAL HOSPITAL

BAD NEWS BREAKING PROTOCOL ADHERENCE

MONITORING REPORT

Prepared By: Quality Unit

Report period: **First quarter of 2017E.C**

Deder, Oromia

September 2017E.C

Table of Contents

Lists of table and figures

Background

Since 2014 Deder General Hospital was having **Bad News Breaking protocol** for use by clinical staff when the bad news/incidents happened.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

Aim

The overall aim of this audit is to ensure that **Deder General Hospital staffs** has a working knowledge and adherence to patients' transportation protocol

Objective

- To assess **all staffs** are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Preparation Before Meeting		
Preparation Before Meeting		
Appropriate Setting Chosen		
Compassionate Introduction		
Use of Clear and Simple Language		
Sensitive Communication		
Time for Processing Information		
Patient/Family Questions Encouraged		
Offer of Emotional Support		
Plan for Next Steps Discussed		
Follow-Up Arranged		

Methods

1. Structured audit tool is used to collect the data
2. Data was collected by patients and staff interview

Study Period

☛ Entire 1st quarter of 2017

Sample size

3. Total sample size is 80(10 from each service areas).

Audit frequency

☛ **Quarterly**

Service area involved

1. Medical Ward
2. Surgical Ward)
3. Neonatal Intensive Care Unit
4. Intensive Care Unit
5. Gynecology Ward
6. Emergency Dept
7. Obstetrics Ward
8. Pediatrics Ward

RESULTS

1. Medical Ward

The medical ward excelled in compassionate introductions, with a perfect score of 100%. This is significant, as studies show that the manner in which bad news is delivered greatly impacts patient satisfaction and emotional wellbeing. A strong start with a compassionate introduction sets the tone for the entire conversation. The ward also scored well in areas like offering emotional support (90%) and using clear, simple language (90%), ensuring that patients and their families can understand the information being communicated **(Table 1).**

Sensitive communication scored only 60%, indicating that while the medical staff excel in initial empathy, they may struggle to maintain this level of sensitivity throughout the conversation. Encouraging patient or family questions (50%) was particularly weak, suggesting that patients and their families may not feel invited to actively engage in the discussion. This could lead to confusion or unmet emotional needs later on **(Table 1).**

Table 1: Medical Ward bad news breaking protocol compliance performance

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	8	2	80%
Preparation Before Meeting	9	1	90%
Appropriate Setting Chosen	7	3	70%
Compassionate Introduction	10	0	100%
Use of Clear and Simple Language	9	1	90%
Sensitive Communication	6	4	60%
Time for Processing Information	8	2	80%
Patient/Family Questions Encouraged	5	5	50%
Offer of Emotional Support	9	1	90%
Plan for Next Steps Discussed	7	3	70%
Follow-Up Arranged	8	2	80%
Average Compliance Rate			**76.7%**

2. Surgical Ward

The surgical ward showed strong adherence in creating appropriate settings (90%) for bad news delivery, which is essential for ensuring patient privacy and comfort. Compassionate introductions (80%) and emotional support (80%) were also notable strengths. These areas reflect the staff's ability to empathize and care for the emotional state of patients undergoing surgery or facing surgical complications **(Table 1).**

Sensitive communication (50%) and encouraging patient or family questions (40%) were the weakest areas, similar to the medical ward. In a surgical context, where patients may face critical or life-changing outcomes, the lack of engagement in questions is particularly concerning. If patients or families do not feel empowered to ask questions, they may leave with uncertainties about the procedure, risks, or prognosis **(Table 1).**

Table 2: *Surgical Ward bad news breaking protocol compliance performance*

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	7	3	70%
Preparation Before Meeting	8	2	80%
Appropriate Setting Chosen	9	1	90%
Compassionate Introduction	8	2	80%
Use of Clear and Simple Language	8	2	80%
Sensitive Communication	5	5	50%
Time for Processing Information	6	4	60%
Patient/Family Questions Encouraged	4	6	40%
Offer of Emotional Support	8	2	80%
Plan for Next Steps Discussed	6	4	60%
Follow-Up Arranged	7	3	70%
Average Compliance Rate			**70%**

3. Neonatal Intensive Care Unit

The NICU performed well in almost all areas, with preparation before meetings, compassionate introductions, and follow-ups all scoring above 80%. This is essential in such a sensitive environment where parents are often dealing with overwhelming emotions. High compliance in follow-up arrangements (90%) ensures that parents are not left without support after receiving difficult news **(Table 3).**

Similar to other wards, sensitive communication (60%) and encouraging patient/family questions (50%) were relatively weak. Given the emotional sensitivity in neonatal care, the failure to foster an environment where parents feel comfortable asking questions can exacerbate stress and anxiety **(Table 3).**

Table 3: *Neonatal Intensive Care Unit bad news breaking protocol compliance performance*

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	9	1	90%
Preparation Before Meeting	9	1	90%
Appropriate Setting Chosen	8	2	80%
Compassionate Introduction	9	1	90%
Use of Clear and Simple Language	7	3	70%
Sensitive Communication	6	4	60%
Time for Processing Information	8	2	80%
Patient/Family Questions Encouraged	5	5	50%
Offer of Emotional Support	8	2	80%
Plan for Next Steps Discussed	7	3	70%
Follow-Up Arranged	9	1	90%
Average Compliance Rate			76%

4. Adult Intensive Care Unit

ICU staff showed strong adherence in areas such as compassionate introduction (90%) and offering emotional support (80%). These are critical strengths, as ICU patients are often in critical or life-threatening conditions, and families need emotional support more than ever **(Table 4).**

As in other departments, sensitive communication and patient/family questions (both at 50%) were weak areas. In an ICU setting, this lack of engagement can have more serious implications. Patients or their families may be making urgent decisions, and the inability to ask questions or fully understand the situation can lead to confusion or poor decision-making **(Table 4).**

Table 4: *Adult Intensive Care Unit bad news breaking protocol compliance performance*

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	7	3	70%
Preparation Before Meeting	8	2	80%
Appropriate Setting Chosen	7	3	70%
Compassionate Introduction	9	1	90%
Use of Clear and Simple Language	6	4	60%
Sensitive Communication	5	5	50%
Time for Processing Information	7	3	70%
Patient/Family Questions Encouraged	5	5	50%
Offer of Emotional Support	8	2	80%
Plan for Next Steps Discussed	7	3	70%
Follow-Up Arranged	7	3	70%
Average Compliance Rate			**69%**

5. Gynecology Ward

The gynecology ward excelled in clear and simple language (90%) and compassionate introductions (90%), indicating strong patient engagement from the outset. Offering emotional support (90%) was also a key strength, which is particularly important in gynecology, where sensitive issues such as pregnancy loss or cancer diagnoses may be discussed **(Table 5).**

Sensitive communication (60%) and encouraging patient/family questions (50%) remained low. Gynecological patients often face emotionally charged situations, and the inability to ask questions may leave them feeling isolated or unsure about their treatment options **(Table 5).**

Table 5:*Gynecology Ward bad news breaking protocol compliance performance*

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	8	2	80%
Preparation Before Meeting	9	1	90%
Appropriate Setting Chosen	7	3	70%
Compassionate Introduction	9	1	90%
Use of Clear and Simple Language	9	1	90%
Sensitive Communication	6	4	60%
Time for Processing Information	8	2	80%
Patient/Family Questions Encouraged	5	5	50%
Offer of Emotional Support	9	1	90%
Plan for Next Steps Discussed	8	2	80%
Follow-Up Arranged	8	2	80%
Average Compliance Rate			**78%**

6. Emergency Department

Compassionate introduction (80%) and emotional support (70%) were areas of relatively strong performance. These skills are essential in emergency settings, where patients and families are often in shock or distress **(Table 6).**

The emergency department had the lowest compliance overall, particularly in sensitive communication (50%) and patient/family questions (40%). The hectic and fast-paced nature of emergency care may contribute to these low scores, but they are critical issues. In emergencies, lack of clear communication and patient involvement could lead to critical misunderstandings, potentially compromising patient safety **(Table 6).**

Table 6: Emergency Department bad news breaking protocol compliance performance

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	6	4	60%
Preparation Before Meeting	7	3	70%
Appropriate Setting Chosen	7	3	70%
Compassionate Introduction	8	2	80%
Use of Clear and Simple Language	6	4	60%
Sensitive Communication	5	5	50%
Time for Processing Information	6	4	60%
Patient/Family Questions Encouraged	4	6	40%
Offer of Emotional Support	7	3	70%
Plan for Next Steps Discussed	5	5	50%
Follow-Up Arranged	6	4	60%
Average Compliance Rate			**61%**

7. Obstetrics Ward

The ward performed well in using clear language (80%) and offering emotional support (80%). Given the emotionally charged nature of obstetrics, where birth and pregnancy complications are frequent, these high compliance scores are encouraging **(Table 7)**.

As with other wards, the areas requiring improvement include sensitive communication (60%) and encouraging questions (60%). Failure to allow patients to ask questions or process information during such a vulnerable time can cause anxiety and a lack of trust in the healthcare team **(Table 7)**.

Table 7: *Obstetrics Ward bad news breaking protocol compliance performance*

Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	7	3	70%
Preparation Before Meeting	8	2	80%
Appropriate Setting Chosen	8	2	80%
Compassionate Introduction	9	1	90%
Use of Clear and Simple Language	8	2	80%
Sensitive Communication	6	4	60%
Time for Processing Information	7	3	70%
Patient/Family Questions Encouraged	6	4	60%
Offer of Emotional Support	8	2	80%
Plan for Next Steps Discussed	6	4	60%
Follow-Up Arranged	7	3	70%
Average Compliance Rate			73%

8. Pediatrics Ward

Compassionate introduction (90%) and emotional support (90%) were strong areas, which are critical when dealing with pediatric patients and their families. Offering clear and simple language (80%) was also a strength, ensuring that parents understand the often-complex medical issues their children face **(Table 8)**.

Patient/family questions (60%) and sensitive communication (70%) were the weakest areas, although better than many other departments. Given that parents are often stressed or anxious about their child's condition, staff should focus more on creating an open environment for questions and ensuring parents feel fully informed **(Table 8)**.

Table 8:Pediatrics Ward bad news breaking protocol compliance performance

| Criteria	Compliant (Yes)	Non-compliant (No)	Compliance Rate (%)
Preparation Before Meeting	8	2	80%
Preparation Before Meeting	9	1	90%
Appropriate Setting Chosen	9	1	90%
Compassionate Introduction	9	1	90%
Use of Clear and Simple Language	8	2	80%
Sensitive Communication	7	3	70%
Time for Processing Information	8	2	80%
Patient/Family Questions Encouraged	6	4	60%
Offer of Emotional Support	9	1	90%
Plan for Next Steps Discussed	7	3	70%
Follow-Up Arranged	8	2	80%
Average Compliance Rate			**80%**
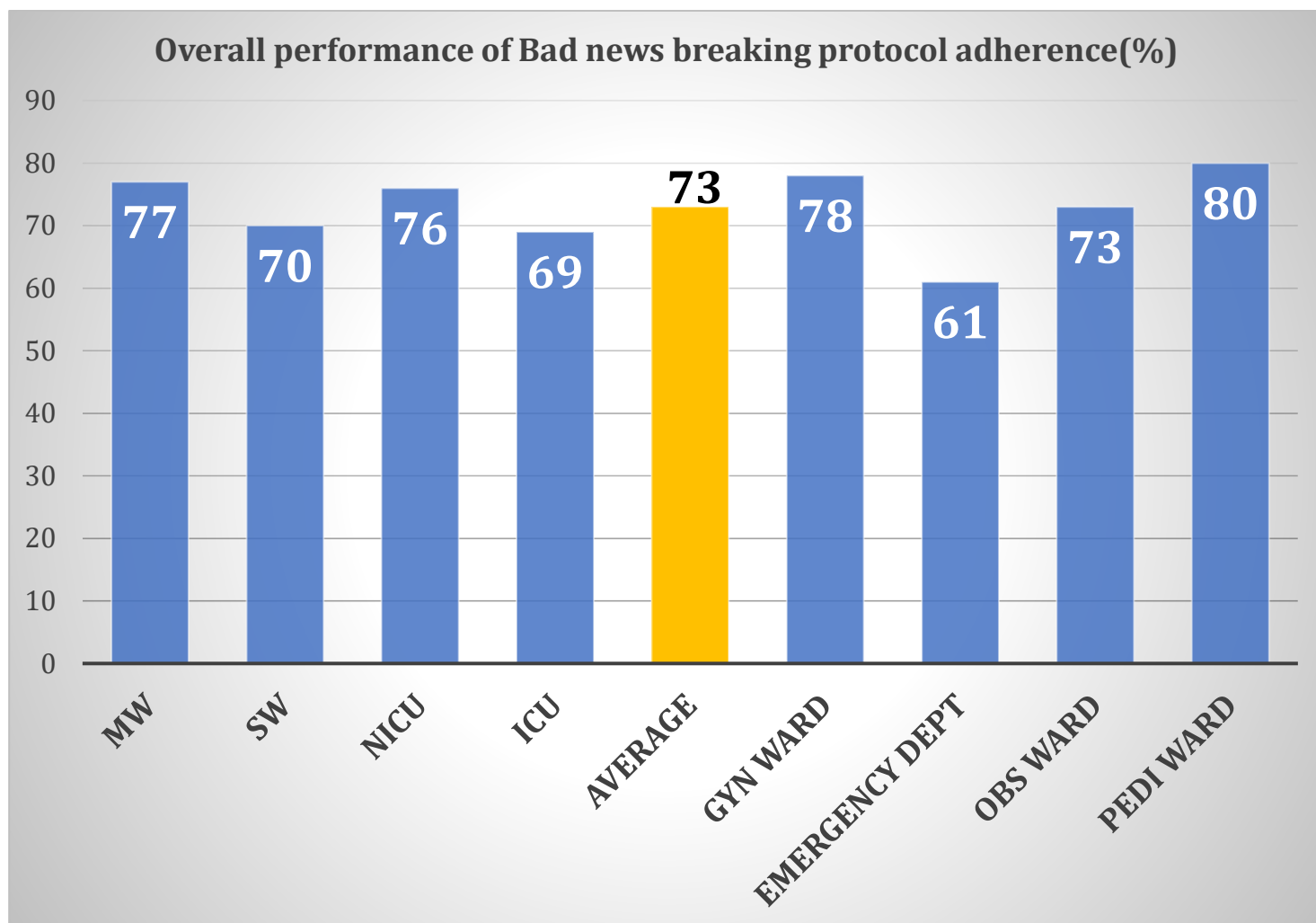
Figure 1: Overall performance of Bad news breaking protocol adherence (%)

Strengths

- **High Compliance in Key Areas**: Most wards had strong compliance in delivering compassionate introductions and offering emotional support, achieving rates of 80-100% in these areas.
- **Clear Language Usage**: Most departments generally used clear and simple language when communicating, with compliance rates ranging from 70-90%.
- **Protocol Implementation Awareness**: Staff seem aware of the protocol and attempted adherence, shown by structured audits and follow-up efforts.

Weaknesses

- **Low Compliance in Patient/Family Engagement**: Several departments, including Emergency and ICU, showed low compliance in encouraging questions from patients or families (40-60%).
- **Sensitive Communication and Processing Time**: Compliance in sensitive communication and allowing patients time to process information was frequently below 70%, with sensitive communication rates as low as 50% in some wards.
- **Need for Consistency Across Departments**: The average compliance rates varied widely across departments, highlighting inconsistency in protocol adherence.

Recommendations

- **Re-Education and Training**: Enhance training programs for staff, particularly in areas of sensitive communication and patient/family engagement, to improve these key aspects of delivering difficult news.
- **Conduct Quarterly Re-Audits**: Regular re-audits will help track improvements and ensure that identified gaps are addressed in a timely manner

DEDER GENERAL HOSPITAL

SELECTED NURSING PROCEDURES ADHERENCE

MONITORING REPORT

Prepared By: Nursing Director/Matrone

Report period: **First quarter of 2017E.C**

Deder, Oromia

September 2017E.C

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Background

Since 2014 Deder General Hospital was having **Nursing procedures protocol** for use by clinical staff when the bad news/incidents happened.

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The overall aim of this audit is to ensure that **Deder General Hospital staffs** has a working knowledge and adherence to patients' transportation protocol

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- To assess **all staffs** are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Hand Hygiene		
Vital Signs Monitoring		
Medication Administration		
Wound Care		
IV Cannulation & Management		
Infection Control		
Patient Positioning		
Catheterization		
Pain Assessment and Management		
Nutritional Support		
Patient Education		
Fall Risk Assessment		
Post-Operative Care		
Documentation		

Methods

1. Structured audit tool is used to collect the data
2. Data was collected by patients and staff interview

Study Period

☞ Entire 1st quarter of 2017

Sample size

3. Total sample size is 90(10 from each service areas).

Audit frequency

☞ **Quarterly**

Service area involved

1. Medical Ward (MW)
2. Surgical Ward (SW)
3. ICU
4. Adult Intensive Care Unit (ICU)
5. Gynecology Ward (GYN W)
6. Emergency Department
7. Obstetrics Ward (OBS W)
8. Pediatric Ward (Pedi W)
9. Outpatient Departments (OPDs)

RESULTS

1. Medical Ward (MW)

The Medical Ward displayed high compliance in vital **sign monitoring, pain management**, and **documentation**, each achieving around **90%.** However, nutritional support and patient education lagged, with compliance rates of 60% and 70%, respectively. This disparity suggests a need for focused interventions on nutritional and educational support, which are vital for patient recovery and satisfaction **(Table 1)**.

Table 1: Medical Ward Compliance to Nursing Procedures performance

Nursing Procedure Criteria	Compliant		Compliance %
	YES	**NO**	
Hand Hygiene	8	2	80%
Vital Signs Monitoring	9	1	90%
Medication Administration	7	3	70%
Wound Care	8	2	80%
IV Cannulation & Management	9	1	90%
Infection Control	8	2	80%
Patient Positioning	7	3	70%
Catheterization	8	2	80%
Pain Assessment and Management	9	1	90%
Nutritional Support	6	4	60%
Patient Education	7	3	70%
Fall Risk Assessment	7	3	70%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance for MW			**79%**

2. Surgical Ward (SW)

Compliance in the Surgical Ward was moderate overall, with infection control and documentation achieving high scores **(90%).** However, hand hygiene and medication administration compliance were lower, each at 70%. Emphasizing hand hygiene training and consistent medication protocols could improve overall compliance and patient safety in this ward **(Table 2).**

Table 2: Surgical Ward Compliance to Nursing Procedures performance

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	7	3	70%
Vital Signs Monitoring	8	2	80%
Medication Administration	7	3	70%
Wound Care	8	2	80%
IV Cannulation & Management	8	2	80%
Infection Control	9	9	90%
Patient Positioning	8	1	80%
Catheterization	7	3	70%
Pain Assessment and Management	8	2	80%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	8	2	80%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**78%**

3. ICU

The NICU reported high adherence, with an overall compliance rate of **84%.** Key strengths included hand hygiene and wound care (90%). However, patient education and nutritional support compliance were at 80% and 70%, respectively. Boosting educational efforts for caregivers and enhancing nutritional protocol adherence could further support neonatal health and recovery **(Table 3)**.

Table 3: *NICU Compliance to Nursing Procedures performance*

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	99	1	90%
Vital Signs Monitoring	8	2	80%
Medication Administration	7	3	70%
Wound Care	9	1	90%
IV Cannulation & Management	9	1	90%
Infection Control	9	1	90%
Patient Positioning	8	2	80%
Catheterization	8	2	80%
Pain Assessment and Management	9	1	90%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	9	1	90%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**84%**

4. Adult Intensive Care Unit (ICU)

The ICU ward's compliance was **78%,** with infection control and documentation reaching 90%, reflecting strong adherence to essential care standards. However, similar to other wards, hand hygiene, nutritional support, and patient education saw compliance of around 70%. A stronger emphasis on these areas could enhance patient safety and recovery outcomes for critical care patients **(Table 4).**

Table 4: Adult ICU Compliance to Nursing Procedures performance

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	7	3	70%
Vital Signs Monitoring	8	2	80%
Medication Administration	7	3	70%
Wound Care	8	2	80%
IV Cannulation & Management	8	2	80%
Infection Control	9	9	90%
Patient Positioning	8	1	80%
Catheterization	7	3	70%
Pain Assessment and Management	8	2	80%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	8	2	80%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**78%**

5. Gynecology Ward (GYN W)

In the Gynecology Ward, compliance with infection control and documentation was strong, each at **90%.** Lower compliance in hand hygiene, catheterization, and nutritional support (around 70%) indicates a need for targeted improvements. These enhancements could reduce complications, improve patient comfort, and foster a supportive post-procedural environment (**Table 5).**

Table 6*: Adult ICU Compliance to Nursing Procedures performance*

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	7	3	70%
Vital Signs Monitoring	8	2	80%
Medication Administration	7	3	70%
Wound Care	8	2	80%
IV Cannulation & Management	8	2	80%
Infection Control	9	9	90%
Patient Positioning	8	1	80%
Catheterization	7	3	70%
Pain Assessment and Management	8	2	80%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	8	2	80%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**78%**

6. Emergency Department

The Emergency Department recorded an overall compliance of **78%**. Strengths included infection control and documentation, each at 90%, while hand hygiene and nutritional support were lower (70% and 60%). A greater focus on consistent hand hygiene and nutrition could improve patient outcomes and help maintain a sterile environment in emergency situations **(Table 7).**

Table 7: *Emergency Department Compliance to Nursing Procedures performance*

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	7	3	70%
Vital Signs Monitoring	8	2	80%
Medication Administration	7	3	70%
Wound Care	8	2	80%
IV Cannulation & Management	8	2	80%
Infection Control	9	9	90%
Patient Positioning	8	1	80%
Catheterization	7	3	70%
Pain Assessment and Management	8	2	80%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	8	2	80%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**78%**

7. Obstetrics Ward (OBS W)

The Obstetrics Ward had an overall compliance rate of **83%,** with high adherence in infection control and pain management (90%). However, catheterization and nutritional support compliance were lower, at 70%. Efforts to improve these areas could help provide more comprehensive care for postpartum patients and enhance their recovery process **(Table 8).**

Table 8: Obstetrics Ward Compliance to Nursing Procedures performance

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	9	1	90%
Vital Signs Monitoring	9	1	90%
Medication Administration	8	2	80%
Wound Care	9	1	90%
IV Cannulation & Management	8	2	80%
Infection Control	9	1	90%
Patient Positioning	8	2	80%
Catheterization	7	3	70%
Pain Assessment and Management	9	1	90%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	8	2	80%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**83%**

8. Pediatric Ward (Pedi W)

The Pediatrics Ward achieved an **85%** compliance rate, with high adherence to hand hygiene, pain management, and documentation (90%). Nutritional support (70%) was an area needing improvement. Enhancing nutrition protocols for pediatric patients could further support their growth and health, positively impacting their overall recovery **(Table 9).**

Table 9: Pediatric Ward Compliance to Nursing Procedures performance

| Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	9	1	90%
Vital Signs Monitoring	9	1	90%
Medication Administration	8	2	80%
Wound Care	9	1	90%
IV Cannulation & Management	8	2	90%
Infection Control	9	1	90%
Patient Positioning	8	2	80%
Catheterization	8	2	80%
Pain Assessment and Management	9	1	90%
Nutritional Support	7	3	70%
Patient Education	8	2	80%
Fall Risk Assessment	8	2	80%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**85%**

9. Outpatient Departments (OPDs)

The OPDs displayed a moderate compliance rate of **78%**, with high scores in documentation and vital signs monitoring (90%). However, nutritional support and patient education scored 60% and 70%, respectively. Increasing patient education and nutritional support could benefit outpatient care continuity, fostering better long-term patient outcomes **(Table 10).**

Table 10: Outpatient Departments Compliance to Nursing Procedures performance

Nursing Procedure Criteria	Compliant		Compliance %
	YES	NO	
Hand Hygiene	8	2	80%
Vital Signs Monitoring	9	1	90%
Medication Administration	8	2	80%
Wound Care	9	1	90%
IV Cannulation & Management	8	2	80%
Infection Control	8	2	80%
Patient Positioning	8	2	80%
Catheterization	7	3	70%
Pain Assessment and Management	9	1	90%
Nutritional Support	6	4	60%
Patient Education	7	3	70%
Fall Risk Assessment	7	3	70%
Post-Operative Care	8	2	80%
Documentation	9	1	90%
Overall Compliance			**78%**

Overall Nursing Procedures performance
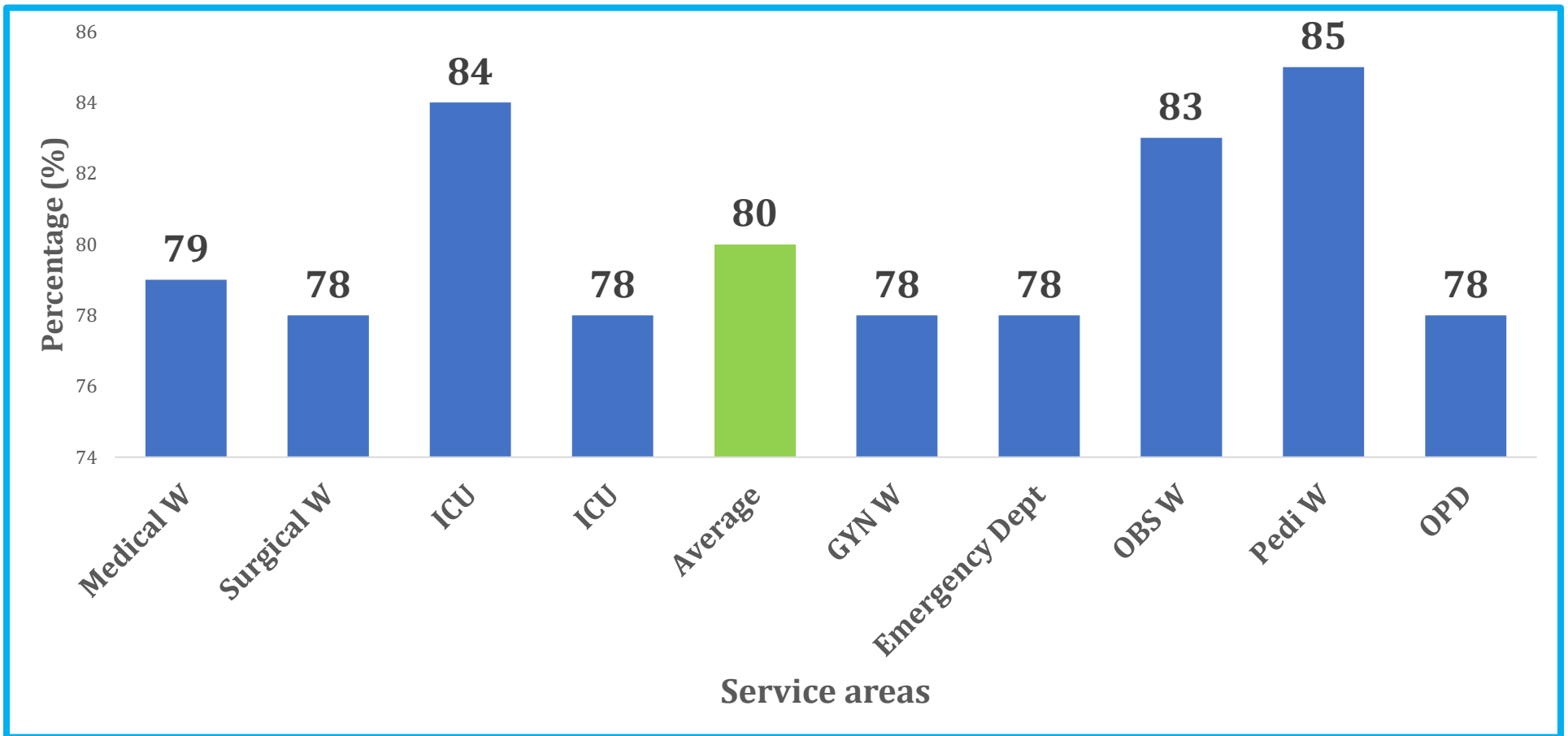
Summary

The overall compliance across various wards at Deder General Hospital shows a strong adherence to core nursing protocols, with compliance rates generally around 78% to 85%. Strengths were consistently seen in infection control and documentation, with high compliance scores across most wards. However, areas such as nutritional support, patient education, and hand hygiene displayed lower compliance rates (generally between 60% and 70%), indicating opportunities for targeted improvement.

Strengths

1. **Infection Control and Documentation**: These areas had high compliance rates across all wards, with most exceeding 85%. Effective infection control contributes significantly to patient safety, while consistent documentation enhances communication and continuity of care.
2. **Vital Signs Monitoring and Pain Management**: Most wards demonstrated high adherence in these areas, reflecting good practices in patient monitoring and symptom management.

Weaknesses

1. **Nutritional Support**: Compliance with nutritional support protocols was notably lower (around 60-70%) across multiple wards, indicating a gap in meeting patients' dietary and nutritional needs, which is critical for recovery and general well-being.
2. **Patient Education**: With compliance around 70%, patient education needs attention, especially as it empowers patients and their families to make informed decisions about care.
3. **Hand Hygiene**: Although compliance was moderate (70-80%), there is a need to improve hand hygiene practices to prevent hospital-acquired infections.

Recommendations

1. **Enhanced Training and Protocol Reinforcement**: Conduct targeted training sessions on hand hygiene, nutritional support, and patient education to increase staff awareness and adherence.
2. **Resource Allocation**: Increase resources for nutritional support to ensure that dietary requirements are met and appropriate education materials are available for patients and families.
3. **Regular Audits and Feedback Loops**: Continue quarterly audits with feedback to reinforce areas of compliance and address gaps systematically

DEDER GENERAL HOSPITAL

PATIENTS TRANSPORTATION PROTOCOL

ADHERENCE MONITORING REPORT

Prepared By: **Quality Unit**

Report period: **First quarter of 2017E.C**

Deder, Oromia

September 2017EC

Contents

Background

Since 2014 Deder General Hospital was having **patient's transportation protocol** for use by clinical and none clinical staff during patients' transportation.

The protocol details procedures to be followed while transporting patients for the sake of the patient's safety. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

Aim

The overall aim of this audit is to ensure that **Deder General Hospital staff** has a working knowledge and adherence to patients' transportation protocol

Objective

- To assess all staff care team are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Criteria and standards

Indicators	Verification (Compliance)	
	Yes	No
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Medical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		

Methods

👉 Structured audit tool is used to collect the data

👉 Data was collected by patients and staff interview

Study Period

👉 Entire 1st quarter of 2017

Sample size

👉 Total sample size is 80(10 from each service areas).

Audit frequency

👉 **Quarterly**

Service area involved

1. Medical Ward
2. Surgical Ward)
3. Neonatal Intensive Care Unit
4. Intensive Care Unit
5. Gynecology Ward
6. Emergency Dept
7. Obstetrics Ward
8. Pediatrics Ward

Results

A. Medical Ward

High compliance in areas such as "Clear Communication with Patient" (90%), "Necessary Medical Equipment" (90%), "Safety Precautions Followed" (100%), and "Minimal Delays in Transport" (90%). This indicates that the ward generally adheres to key safety protocols **(Table 1).**

Lower compliance was noted in "Transport Team Briefed" (70%) and "Proper Handover" (70%). These areas may need more attention to improve team coordination and transfer continuity **(Table 1).**

Table 1: *Medical Ward Patient transportation protocol adherence performance*

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	8	2	80
Clear Communication with Patient	9	1	90
Transport Team Briefed	7	3	70
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	8	2	80
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	9	1	90
Proper Handover	7	3	70
Infection Control Measures	8	2	80
Total Compliant Cases	**75**	**25**	**75**

B. Surgical Ward

High compliance in "Proper Identification" (90%), "Safety Precautions Followed" (100%), and "Necessary Medical Equipment" (90%). Safety and equipment readiness are well-handled **(Table 2)**.

Lower compliance in "Transport Team Briefed" (70%) and "Minimal Delays in Transport" (80%) suggests delays and less preparation before transport are problematic **(Table 2).**

Table 2: Surgical Ward Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	9	1	90
Clear Communication with Patient	8	2	80
Transport Team Briefed	7	3	70
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	9	1	90
Minimal Delays in Transport	8	2	80
Proper Handover	8	2	80
Infection Control Measures	9	1	90
Total Compliant Cases	77	23	77

C. Neonatal Intensive Care Unit

High compliance in "Safety Precautions Followed" (100%) and "Necessary Medical Equipment" (90%). This ensures that infant safety is a priority **(Table 3)**.

Like other wards, "Transport Team Briefed" (70%) and "Proper Handover" (80%) have lower compliance, which could impact coordination during transport **(Table 3)**.

Table 3: NICU Ward Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	9	1	90
Clear Communication with Patient	8	2	80
Transport Team Briefed	7	3	70
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	9	1	90
Minimal Delays in Transport	8	2	80
Proper Handover	8	2	80
Infection Control Measures	9	1	90
Total Compliant Cases	77	23	77

D. Adult Intensive Care Unit (ICU)

ICU achieved 100% compliance in "Safety Precautions Followed" and high compliance in "Necessary Medical Equipment" (90%) **(Table 4)**.

Lower compliance rates in "Transport Team Briefed" (70%) and "Proper Handover" (80%) signal areas for improvement in preparation and communication **(Table 4)**.

Table 4: Adult Intensive Care Unit (ICU) Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	9	1	90
Clear Communication with Patient	8	2	80
Transport Team Briefed	7	3	70
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	8	2	80
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	9	1	90
Proper Handover	8	2	80
Infection Control Measures	8	2	80
Total Compliant Cases	76	24	76

E. Gynecology Ward (GYN W)

The ward scored a perfect 100% in both "Proper Identification" and "Safe Transfer Techniques Used." Compliance across other criteria remained strong at 80% or higher **(Table 7)**.

Minor gaps in compliance with "Transport Team Briefed" (80%) and "Proper Handover" (80%) were observed, though still relatively high **(Table 7)**.

Table 5: Gynecology Ward (GYN W) Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	9	1	90
Transport Team Briefed	8	2	80
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	9	1	90
Minimal Delays in Transport	9	1	90
Proper Handover	8	2	80
Infection Control Measures	9	1	90
Total Compliant Cases	81	9	90

F. Emergency Ward

The ward performed well in "Safety Precautions Followed" (100%) and "Proper Identification" (90%). The focus on safe practices is evident **(Table 6).**

The same challenges were seen here with "Transport Team Briefed" (70%) and "Proper Handover" (80%) **(Table 6).**

Table 6: Emergency Ward Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	9	1	90
Clear Communication with Patient	8	2	80
Transport Team Briefed	7	3	70
Necessary Medical Equipment	8	2	80
Safe Transfer Techniques Used	9	1	90
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	9	1	90
Proper Handover	8	2	80
Infection Control Measures	9	1	90
Total Compliant Cases	77	13	86

G. Obstetric Ward (OBS W)

The ward achieved full compliance (100%) in several critical areas, including "Proper Identification," "Safe Transfer Techniques," and "Safety Precautions Followed." **(Table 7).**

Minor weaknesses, such as "Proper Handover" (80%), indicate some room for improvement **(Table 7).**

Table 7: Obstetric Ward (OBS W) Patient transportation protocol adherence performance

Criteria	Compliant (Yes)#	Non-compliant (No)#	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	9	1	90
Transport Team Briefed	9	1	90
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	9	1	90
Minimal Delays in Transport	9	1	90
Proper Handover	8	2	80
Infection Control Measures	9	1	90
Total Compliant Cases	**90**	**10**	**100**

H. Pediatric Ward

"Safety Precautions Followed" (100%) and "Proper Identification" (90%) were highlights in this ward. Transport Team Briefed" (70%) and "Minimal Delays in Transport" (80%) continue to be areas that need better performance **(Table 8).**

Table 8: Pediatric Ward Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	9	1	90
Clear Communication with Patient	8	2	80
Transport Team Briefed	7	3	70
Necessary Medical Equipment	8	2	80
Safe Transfer Techniques Used	9	1	90
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	8	2	80
Proper Handover	8	2	80
Infection Control Measures	9	1	90
Total Compliant Cases	**76**	**14**	**84**

I. Outpatient Department (OPD)

The OPD excelled in compliance with 100% in "Proper Identification" and "Safe Transfer Techniques Used."

 Only slight room for improvement in "Proper Handover" and "Transport Team Briefed," both at 90% **(Table 9)**.

Table 9: Outpatient Department (OPD) Patient transportation protocol adherence performance

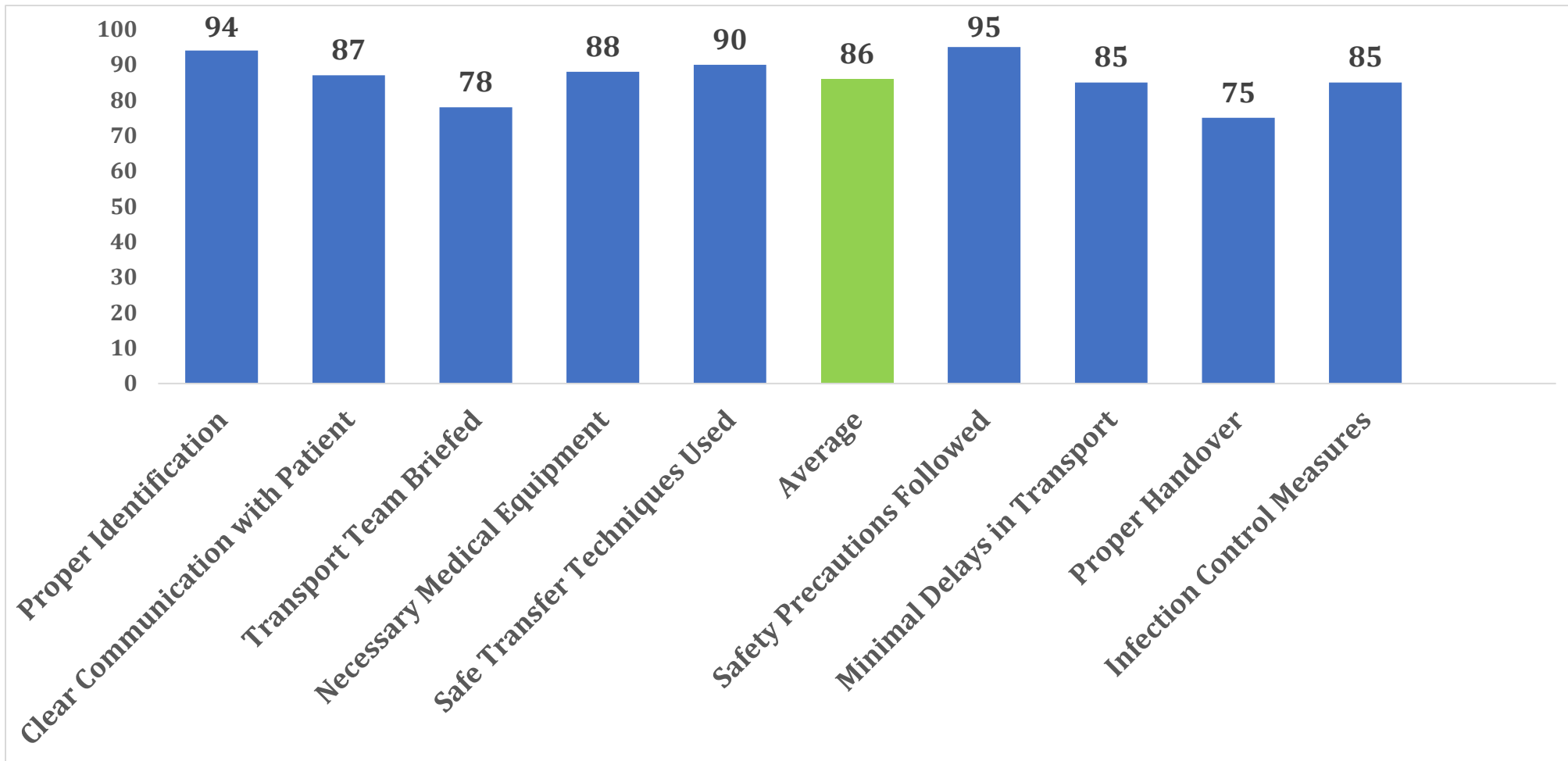| Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	9	1	90
Transport Team Briefed	9	1	90
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	9	1	90
Minimal Delays in Transport	9	1	90
Proper Handover	9	1	90
Infection Control Measures	9	1	90
Total Compliant Cases	**83**	**7**	**92**

J. Operation Theatre

A perfect score of 100% was recorded for "Proper Identification" and "Safe Transfer Techniques Used," demonstrating thorough compliance.

Compliance in "Transport Team Briefed" (90%) and "Minimal Delays in Transport" (90%) could still be refined.

Table 10: Operation Theatre Patient transportation protocol adherence performance

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	9	1	90
Transport Team Briefed	8	2	90
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	10	0	90
Minimal Delays in Transport	9	1	90
Proper Handover	9	1	90
Infection Control Measures	9	1	90
Total Compliant Cases	**83**	**7**	**92**

Overall Hospital performance of patient transportation protocol by criteria

Criteria	Value
Proper Identification	94
Clear Communication with Patient	87
Transport Team Briefed	78
Necessary Medical Equipment	88
Safe Transfer Techniques Used	90
Average	86
Safety Precautions Followed	95
Minimal Delays in Transport	85
Proper Handover	75
Infection Control Measures	85

Overall Hospital performance of patient transportation protocol by Department
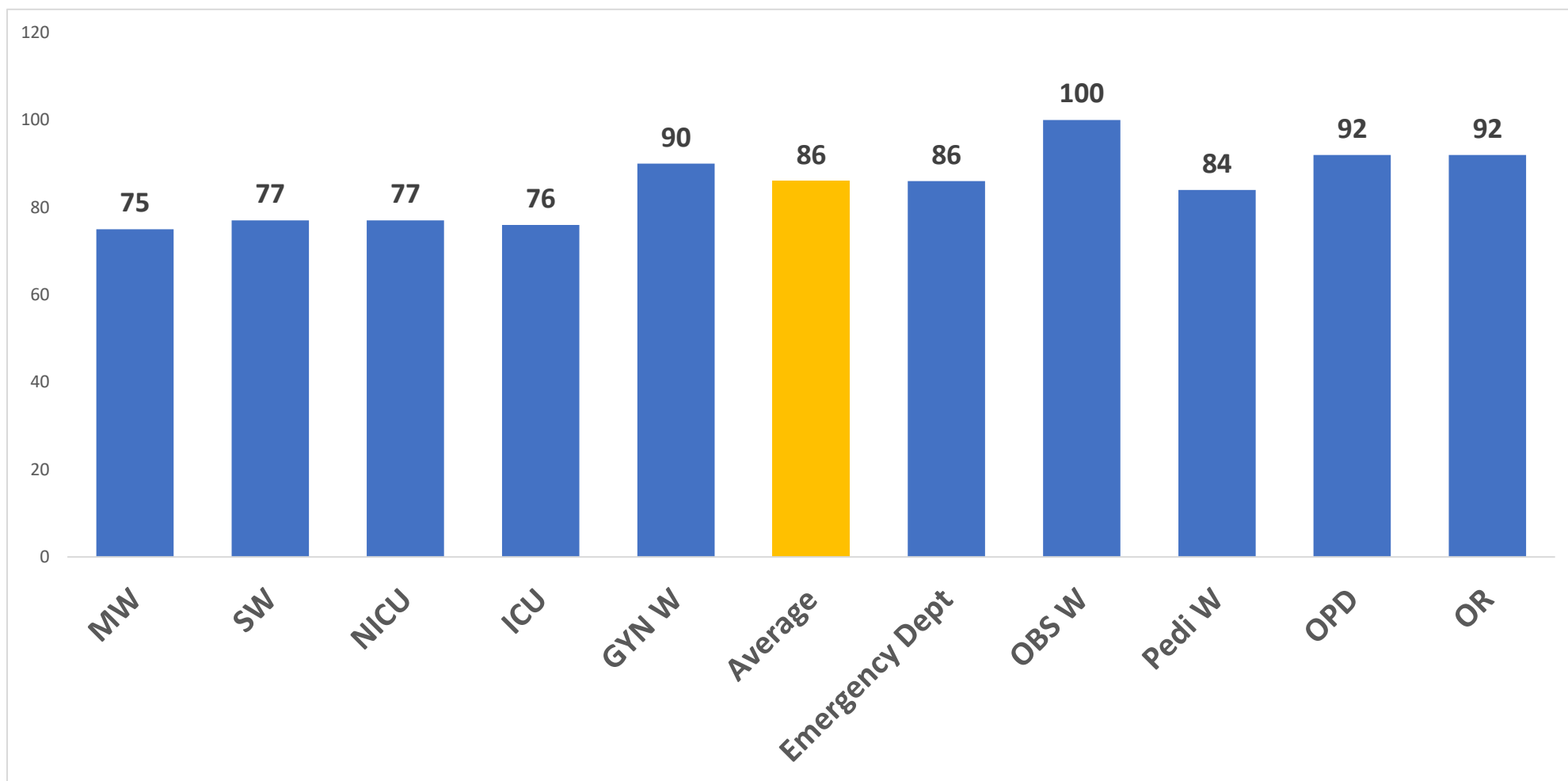
Strengths

- **High Compliance in Key Safety Protocols:** Most wards exhibit high compliance (80-100%) in critical safety measures, including proper identification, infection control, use of safe transfer techniques, and adherence to safety precautions.
- **Well-Structured Protocols:** There is a clear framework for patient transport protocols, ensuring a consistent approach across departments.
- **Regular Monitoring and Audits:** The quarterly audit cycle helps maintain protocol awareness and improves staff accountability.

Weaknesses

- **Inconsistent Communication and Handover Practices:** Compliance rates in areas like "Clear Communication with Patient" and "Proper Handover" vary and, in some wards, drop to around 70%. This inconsistency can lead to gaps in patient safety and care continuity.
- **Team Briefing and Equipment Readiness:** Lower compliance rates in "Transport Team Briefed" indicate that not all teams are consistently prepared before patient transport, which can compromise efficiency and safety.
- **Variability Across Departments:** Certain departments, like the Pediatric and ICU wards, show more variability in compliance compared to others, highlighting uneven implementation of protocols.

Recommendations

- **Re-Education and Training**: Enhance training programs for staff, particularly in areas of sensitive communication and patient/family engagement, to improve these key aspects of delivering difficult news.
- **Conduct Quarterly Re-Audits**: Regular re-audits will help track improvements and ensure that identified gaps are addressed in a timely manner

DEDER GENERAL HOSPITAL

SURGICAL SCHEDULING PROTOCOL ADHERENCE

MONITORING REPORT

Prepared By: Quality Unit

Report period: **First quarter of 2017E.C**

Dader, Oromia

September 2017EC

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Background

Since 2014 Deder General Hospital was having **Surgical scheduling protocol** for use by clinical staff when the bad news/incidents happened.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

Aim

The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to patients' Surgical scheduling protocol

Objective

- To assess all **case team** are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Criteria and standards

Indicators	Verification Compliant (Y/N)
Pre-Operative Assessment Completed	
Surgeon Consultation Completed	
Anesthesia Consultation Completed	
Informed Consent Obtained	
Priority of Surgery Determined	
Operating Room Availability Confirmed	
Surgical Team Informed	
Necessary Equipment Confirmed	
Pre-Operative Instructions Given	
Post-Operative Plan Prepared	
Documentation Completed	
Emergency Backup Plan in Place	
Pre-Operative Assessment Completed	

Methods

☛ Structured audit tool is used to collect the data

☛ Data was collected by patients and staff interview

Study Period

☛ Entire 1st quarter of 2017

Sample size

☛ Total sample size is 50(10 from each service areas).

Audit frequency

☛ **Quarterly**

Service area involved

1. Surgical Ward)
2. Gynecology Ward
3. Surgical OPD
4. GYN OPD
5. Operation Theatre

Results

A. Surgical Ward (SW)

Completed" (90%), "Informed Consent Obtained" (90%), "Necessary Equipment Confirmed" (90%), and "Documentation Completed" (90%). These high compliance rates reflect strong preparation and patient consent management, as well as thorough documentation **(Table 1)**

The weakest performance was in "Post-Operative Plan Prepared" (60%) and "Priority of Surgery Determined" (70%). These lower scores indicate a need for improved post-operative planning and clearer prioritization of surgeries **(Table 1)**.

Table 1: *Surgical Ward surgical scheduling protocol adherence performance*

Surgical Scheduling Criteria	Compliant (Y/N)		Compliance %
	YES	NO	
Pre-Operative Assessment Completed	8	2	80%
Surgeon Consultation Completed	9	1	90%
Anesthesia Consultation Completed	8	2	80%
Informed Consent Obtained	9	1	90%
Priority of Surgery Determined	7	3	70%
Operating Room Availability Confirmed	8	2	80%
Surgical Team Informed	8	2	80%
Necessary Equipment Confirmed	9	1	90%
Pre-Operative Instructions Given	7	3	70%
Post-Operative Plan Prepared	6	4	60%
Documentation Completed	9	1	90%
Emergency Backup Plan in Place	7	3	70%
Overall Compliance for SW			78%

B. Gynecology Ward (GYN W)

The ward had high compliance in "Pre-Operative Assessment Completed" (90%), "Informed Consent Obtained" (90%), "Operating Room Availability Confirmed" (90%), and "Documentation Completed" (90%). These areas indicate that patient assessments, consent acquisition, and readiness for surgery were prioritized. **(Table2)**.

Similar to the Surgical Ward, the compliance in "Post-Operative Plan Prepared" (70%) and "Priority of Surgery Determined" (60%) was lower. This highlights issues in the planning phase after surgery and surgery prioritization **(Table 2)**.

Table 2: Gynecology Ward surgical scheduling protocol adherence performance

Surgical Scheduling Criteria	Compliant (Y/N)		Compliance %
	YES	NO	
Pre-Operative Assessment Completed	9	1	90%
Surgeon Consultation Completed	8	2	80%
Anesthesia Consultation Completed	7	3	70%
Informed Consent Obtained	9	1	90%
Priority of Surgery Determined	6	4	60%
Operating Room Availability Confirmed	9	1	90%
Surgical Team Informed	8	2	80%
Necessary Equipment Confirmed	9	1	90%
Pre-Operative Instructions Given	8	2	80%
Post-Operative Plan Prepared	7	3	70%
Documentation Completed	9	1	90%
Emergency Backup Plan in Place	8	2	80%
Overall Compliance for GYN W			**80%**

C. Surgical OPD

The OPD had high compliance in "Informed Consent Obtained" (90%), "Operating Room Availability Confirmed" (90%), and "Documentation Completed" (90%). These reflect solid procedural adherence in patient consent and surgery readiness **(Table 3)**.

Table 3: Surgical OPD surgical scheduling protocol adherence performance

Surgical Scheduling Criteria	Compliant (Y/N)		Compliance %
	YES	NO	
Pre-Operative Assessment Completed	8	2	80%
Surgeon Consultation Completed	7	3	70%
Anesthesia Consultation Completed	7	3	70%
Informed Consent Obtained	9	1	90%
Priority of Surgery Determined	8	2	80%
Operating Room Availability Confirmed	9	1	90%
Surgical Team Informed	8	2	80%
Necessary Equipment Confirmed	9	1	90%
Pre-Operative Instructions Given	7	3	70%
Post-Operative Plan Prepared	6	4	60%
Documentation Completed	9	1	90%
Emergency Backup Plan in Place	8	2	80%
Overall Compliance for Surgical OPD			**78%**

D. Gynecology OPD (GYN OPD)

The GYN OPD performed well in "Pre-Operative Assessment Completed" (80%), "Informed Consent Obtained" (90%), and "Operating Room Availability Confirmed" (90%). These figures indicate readiness for surgery and thorough patient consent processes (**Table 4).**

Table 5: Gynecology OPD surgical scheduling protocol adherence performance

Surgical Scheduling Criteria	Compliant (Y/N)		Compliance %
	YES	NO	
Pre-Operative Assessment Completed	8	2	80%
Surgeon Consultation Completed	8	2	80%
Anesthesia Consultation Completed	7	3	70%
Informed Consent Obtained	9	1	90%
Priority of Surgery Determined	7	3	70%
Operating Room Availability Confirmed	9	1	90%
Surgical Team Informed	8	2	80%
Necessary Equipment Confirmed	9	1	90%
Pre-Operative Instructions Given	7	3	70%
Post-Operative Plan Prepared	7	3	70%
Documentation Completed	9	1	90%
Emergency Backup Plan in Place	8	2	80%
Overall Compliance for Gyn OPD			**78%**

E. Operation Theatre

The Operation Theatre had high compliance in "Informed Consent Obtained" (90%), "Operating Room Availability Confirmed" (90%), "Surgeon Consultation Completed" (90%), and "Documentation Completed" (90%). This shows solid protocol adherence, particularly in consent acquisition, operating room readiness, and documentation (**Table 6).**

Table 7: Operation Theatre surgical scheduling protocol adherence performance

Surgical Scheduling Criteria	Compliant (Y/N)		Compliance %
	YES	NO	
Pre-Operative Assessment Completed	9	1	90%
Surgeon Consultation Completed	9	1	90%

Anesthesia Consultation Completed	8	2	80%
Informed Consent Obtained	9	1	90%
Priority of Surgery Determined	7	3	70%
Operating Room Availability Confirmed	9	1	90%
Surgical Team Informed	9	1	90%
Necessary Equipment Confirmed	9	1	90%
Pre-Operative Instructions Given	8	2	80%
Post-Operative Plan Prepared	8	2	80%
Documentation Completed	9	1	90%
Emergency Backup Plan in Place	8	2	80%
Overall Compliance for Operation Theatre			**85%**

Overall adherence of surgical scheduling

The following table summarizes the overall compliance to each criteria across the five wards, based on 50 samples:

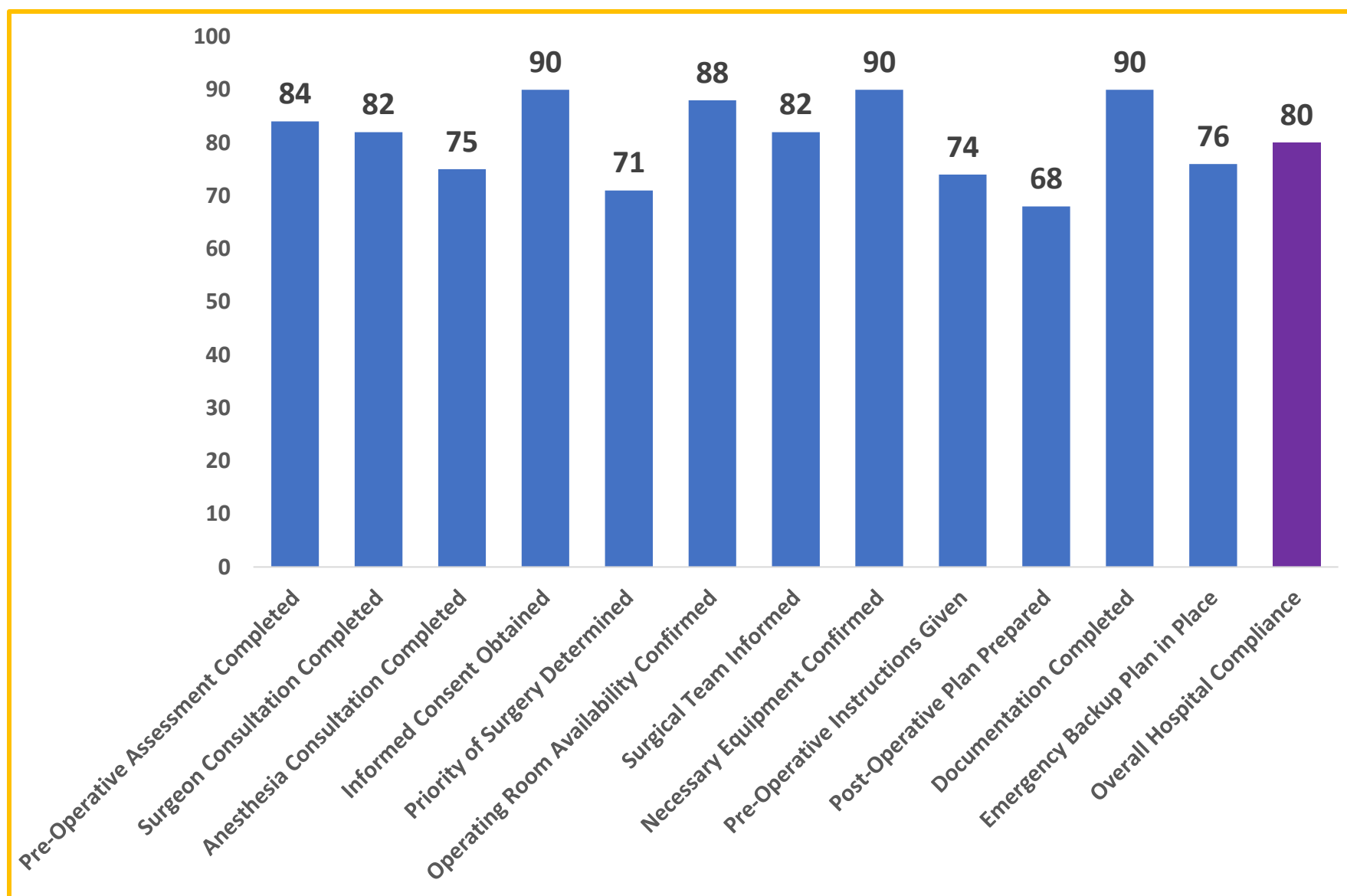| Surgical Scheduling Criteria	Overall Compliance %
Pre-Operative Assessment Completed	84%
Surgeon Consultation Completed	82%
Anesthesia Consultation Completed	75%
Informed Consent Obtained	90%
Priority of Surgery Determined	71%
Operating Room Availability Confirmed	88%
Surgical Team Informed	82%
Necessary Equipment Confirmed	90%
Pre-Operative Instructions Given	74%
Post-Operative Plan Prepared	68%
Documentation Completed	90%
Emergency Backup Plan in Place	76%
Overall Hospital Compliance	**80%**

The overall compliance to each criterion across the five wards (N=50)

Criterion	Compliance
Pre-Operative Assessment Completed	84
Surgeon Consultation Completed	82
Anesthesia Consultation Completed	75
Informed Consent Obtained	90
Priority of Surgery Determined	71
Operating Room Availability Confirmed	88
Surgical Team Informed	82
Necessary Equipment Confirmed	90
Pre-Operative Instructions Given	74
Post-Operative Plan Prepared	68
Documentation Completed	90
Emergency Backup Plan in Place	76
Overall Hospital Compliance	80

The overall compliance to Surgical scheduling by Service areas across the five wards (N=50)
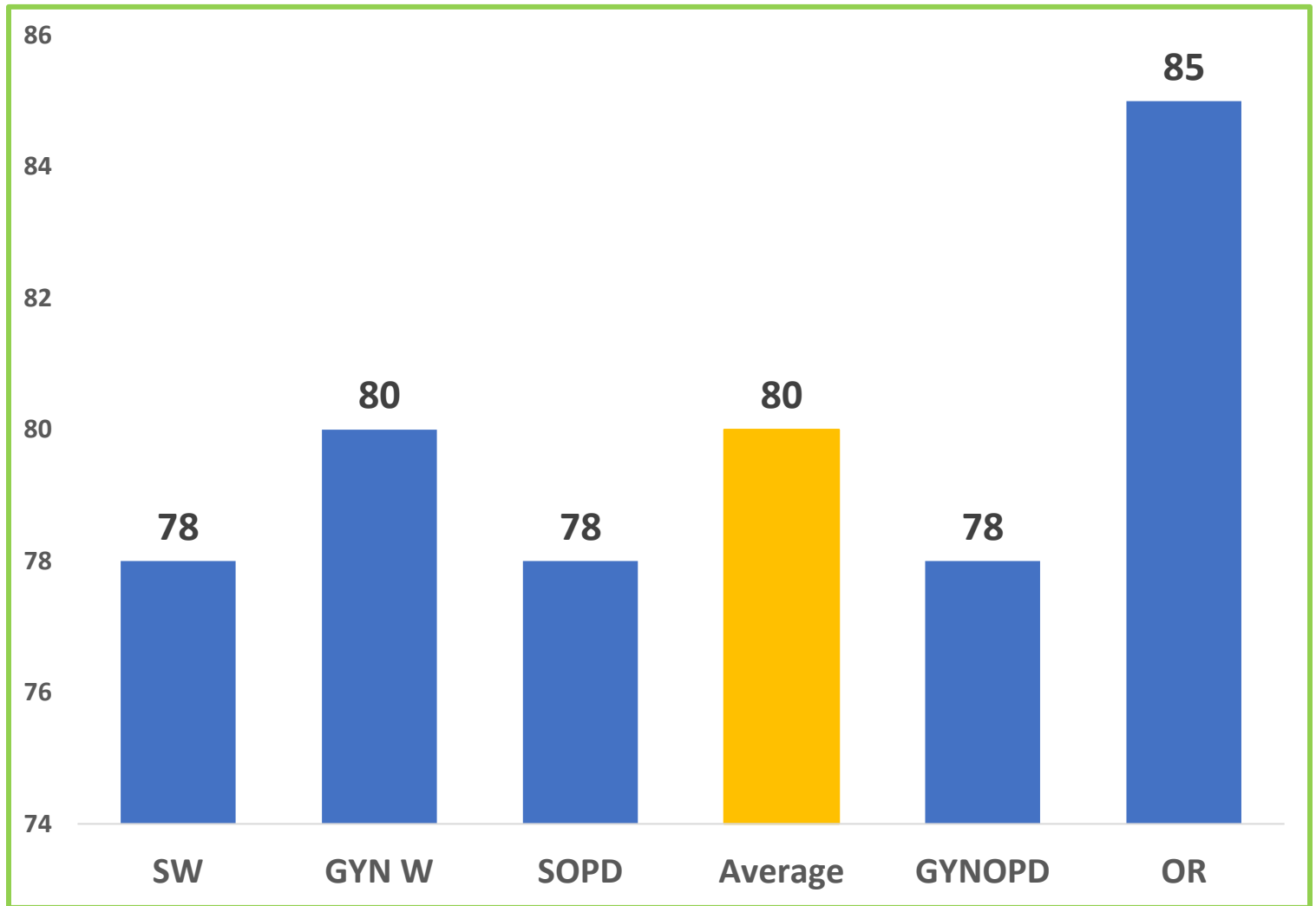
Strengths:

- **High compliance was observed in**
  - ✓ Informed Consent Obtained (90%),
  - ✓ Documentation Completed (90%), and
  - ✓ Necessary Equipment Confirmed (90%).

Areas for Improvement:

- **The lowest compliance was found in**
- ✓ Post-Operative Plan Prepared (68%) and
- ✓ Priority of Surgery Determined (71%).

Recommendations:

- It is recommended to focus on improving post-operative planning and clarifying the priority status of surgeries to enhance compliance

DEDER GENERAL HOSPITAL

ROUND PROTOCOL ADHERENCE MONITORING REPORT

Prepared By: Quality Unit

Report period: **First quarter of 2017E.C**

Dader, Oromia

September 2017EC

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Background

Since 2014 Deder General Hospital was having **Round protocol** for use by clinical staff when the bad news/incidents happened.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

Aim

The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to patients' Surgical scheduling protocol

Objective

- To assess all **case team** are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Criteria and standards

Indicators	Verification Compliant (Y/N)
Scheduled Rounds on Time	
Multidisciplinary Team Participation	
Patient Assessment Completed	
Communication with Patient/Family	
Care Plan Updated	
Medication and Treatment Orders Reviewed	
Follow-Up Tasks Assigned	
Documentation Completed	
Patient Safety Measures Discussed	
Clear Role Assignment	
Specialist Consultations Arranged	
Discharge Planning Discussed	

Methods

☛ Structured audit tool is used to collect the data

☛ Data was collected by patients and staff interview

Study Period

☛ Entire 1st quarter of 2017

Sample size

☛ Total sample size is 50(10 from each service areas).

Audit frequency

☛ **Quarterly**

Service area involved

1. Medical Ward)
2. Gynecology Ward
3. Surgical ward
4. ICU
5. Pedi W
6. NICU
7. OBS W
8. Emergency Department

Results

A. Medical Ward

The Medical Ward has high compliance in areas such as "Patient Assessment Completed" (90%), "Medication and Treatment Orders Reviewed" (90%), "Patient Safety Measures Discussed" (90%), and "Clear Role Assignment" (90%). This indicates that the medical team is vigilant about patient safety and role clarity during rounds **(Table 1).**

Compliance with "Multidisciplinary Team Participation" (70%) and "Specialist Consultations Arranged" (60%) is lower, suggesting room for improvement in collaboration and specialist involvement **(Table 1).**

Table 1*:Medical ward Round protocol adherence monitoring performance*

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	8	2	80%
Multidisciplinary Team Participation	7	3	70%
Patient Assessment Completed	9	1	90%
Communication with Patient/Family	7	3	70%
Care Plan Updated	8	2	80%
Medication and Treatment Orders Reviewed	9	1	90%
Follow-Up Tasks Assigned	7	3	70%
Documentation Completed	8	2	80%
Patient Safety Measures Discussed	9	1	90%
Clear Role Assignment	9	1	90%
Specialist Consultations Arranged	6	4	60%
Discharge Planning Discussed	8	2	80%
Total Performance (Overall Compliance)			78%

B. Surgical Ward

The ward performed well in "Communication with Patient/Family" (90%) and "Clear Role Assignment" (90%), highlighting strong communication and team organization **(Table 2).**

Compliance with "Scheduled Rounds on Time" (60%) and "Documentation Completed" (60%) was lower. This suggests issues with punctuality and record-keeping during rounds, both of which are critical for continuity of care **(Table2).**

Table 2: Surgical ward Round protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	6	4	60%
Multidisciplinary Team Participation	8	2	80%
Patient Assessment Completed	8	2	80%
Communication with Patient/Family	9	1	90%
Care Plan Updated	7	3	70%
Medication and Treatment Orders Reviewed	8	2	80%
Follow-Up Tasks Assigned	7	3	70%
Documentation Completed	6	4	60%
Patient Safety Measures Discussed	8	2	80%
Clear Role Assignment	9	1	90%
Specialist Consultations Arranged	7	3	70%
Discharge Planning Discussed	8	2	80%
Total Performance (Overall Compliance)			75%

C. Neonatal Intensive Care Unit (NICU)

The NICU excelled in most areas, with perfect compliance in "Patient Assessment Completed" (100%), and very high compliance in "Multidisciplinary Team Participation" (90%), "Patient Safety Measures Discussed" (90%), and "Clear Role Assignment" (90%). The overall performance is one of the best across all wards, reflecting strong adherence to protocols **(Table 3).**

Table 3: NICU Round protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	9	1	90%
Multidisciplinary Team Participation	9	1	90%
Patient Assessment Completed	10	0	100%
Communication with Patient/Family	9	1	90%
Care Plan Updated	8	2	80%
Medication and Treatment Orders Reviewed	9	1	90%
Follow-Up Tasks Assigned	8	2	80%

Documentation Completed	9	1	90%
Patient Safety Measures Discussed	9	1	90%
Clear Role Assignment	9	1	90%
Specialist Consultations Arranged	8	2	80%
Discharge Planning Discussed	9	1	90%
Total Performance (Overall Compliance)			89%

D. Adult Intensive Care Unit

The ICU performed well in "Patient Assessment Completed" (80%) and "Medication and Treatment Orders Reviewed" (80%)**(Table 4).**

Compliance was lower in areas like "Scheduled Rounds on Time" (70%), "Multidisciplinary Team Participation" (60%), and "Follow-Up Tasks Assigned" (60%). These issues reflect gaps in team coordination and timely execution of rounds, critical in the ICU setting**(Table 4).**

Table 4: Adult Intensive Care Unit Round protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	7	3	70%
Multidisciplinary Team Participation	6	4	60%
Patient Assessment Completed	8	2	80%
Communication with Patient/Family	7	3	70%
Care Plan Updated	7	3	70%
Medication and Treatment Orders Reviewed	8	2	80%
Follow-Up Tasks Assigned	6	4	60%
Documentation Completed	7	3	70%
Patient Safety Measures Discussed	7	3	70%
Clear Role Assignment	8	2	80%
Specialist Consultations Arranged	6	4	60%
Discharge Planning Discussed	7	3	70%
Total Performance (Overall Compliance)			**71%**

E. Gynecology Ward

High compliance was observed in "Patient Assessment Completed" (90%), "Communication with Patient/Family" (90%), and "Clear Role Assignment" (90%). These areas are critical to ensuring effective care in a gynecology ward **(Table 5).**

Some areas, like "Follow-Up Tasks Assigned" (70%) and "Specialist Consultations Arranged" (70%), showed lower compliance, indicating opportunities to enhance post-round follow-ups and consultations **(Table 5).**

Table 5: *Gynecology Ward Round protocol adherence monitoring performance*

variable	Yes	No	% Compliance
Scheduled Rounds on Time	8	2	80%
Multidisciplinary Team Participation	9	1	90%
Patient Assessment Completed	9	1	90%
Communication with Patient/Family	9	1	90%
Care Plan Updated	9	1	90%
Medication and Treatment Orders Reviewed	8	2	80%
Follow-Up Tasks Assigned	7	3	70%
Documentation Completed	8	2	80%
Patient Safety Measures Discussed	8	2	80%
Clear Role Assignment	9	1	90%
Specialist Consultations Arranged	7	3	70%
Discharge Planning Discussed	8	2	80%
Total Performance (Overall Compliance)			**82%**

F. Emergency Department

The department performed well in "Medication and Treatment Orders Reviewed" (80%) and "Discharge Planning Discussed" (70%) **(Table 6).**

The Emergency Department had the lowest compliance overall (65%), with significant issues in "Multidisciplinary Team Participation" (50%) and "Specialist Consultations Arranged" (50%). These are critical shortcomings in a high-pressure department where teamwork and specialist input are crucial **(Table 6).**

Table 6: *Emergency Department Round protocol adherence monitoring performance*

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	6	4	60%
Multidisciplinary Team Participation	5	5	50%
Patient Assessment Completed	7	3	70%
Communication with Patient/Family	6	4	60%
Care Plan Updated	7	3	70%
Medication and Treatment Orders Reviewed	8	2	80%
Follow-Up Tasks Assigned	6	4	60%
Documentation Completed	7	3	70%
Patient Safety Measures Discussed	7	3	70%
Clear Role Assignment	6	4	60%
Specialist Consultations Arranged	5	5	50%
Discharge Planning Discussed	7	3	70%
Total Performance (Overall Compliance)			65%

G. Obstetrics Ward

The Obstetrics Ward demonstrated excellent compliance, scoring 100% in "Patient Assessment Completed" and high compliance in most other areas, including "Communication with Patient/Family" (90%) and "Patient Safety Measures Discussed" (90%) **(Table 7).**

Like other wards, "Follow-Up Tasks Assigned" (80%) shows room for improvement, though overall performance is strong (89%) **(Table 8).**

Table 9: *Obstetrics Ward Round protocol adherence monitoring performance*

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	9	1	90%
Multidisciplinary Team Participation	9	1	90%
Patient Assessment Completed	10	0	100%
Communication with Patient/Family	9	1	90%
Care Plan Updated	9	1	90%
Medication and Treatment Orders Reviewed	9	1	90%
Follow-Up Tasks Assigned	8	2	80%
Documentation Completed	9	1	90%

Patient Safety Measures Discussed	9	1	90%
Clear Role Assignment	9	1	90%
Specialist Consultations Arranged	8	2	80%
Discharge Planning Discussed	9	1	90%
Total Performance (Overall Compliance)			89%

H. Pediatric Ward

The Pediatric Ward had high compliance in "Clear Role Assignment" (90%), "Patient Assessment Completed" (90%), and "Medication and Treatment Orders Reviewed" (90%). The ward's focus on role clarity and patient safety is commendable **(Table 10).**

While the ward performed well, areas like "Specialist Consultations Arranged" (70%) and "Multidisciplinary Team Participation" (70%) could be improved **(Table 11).**
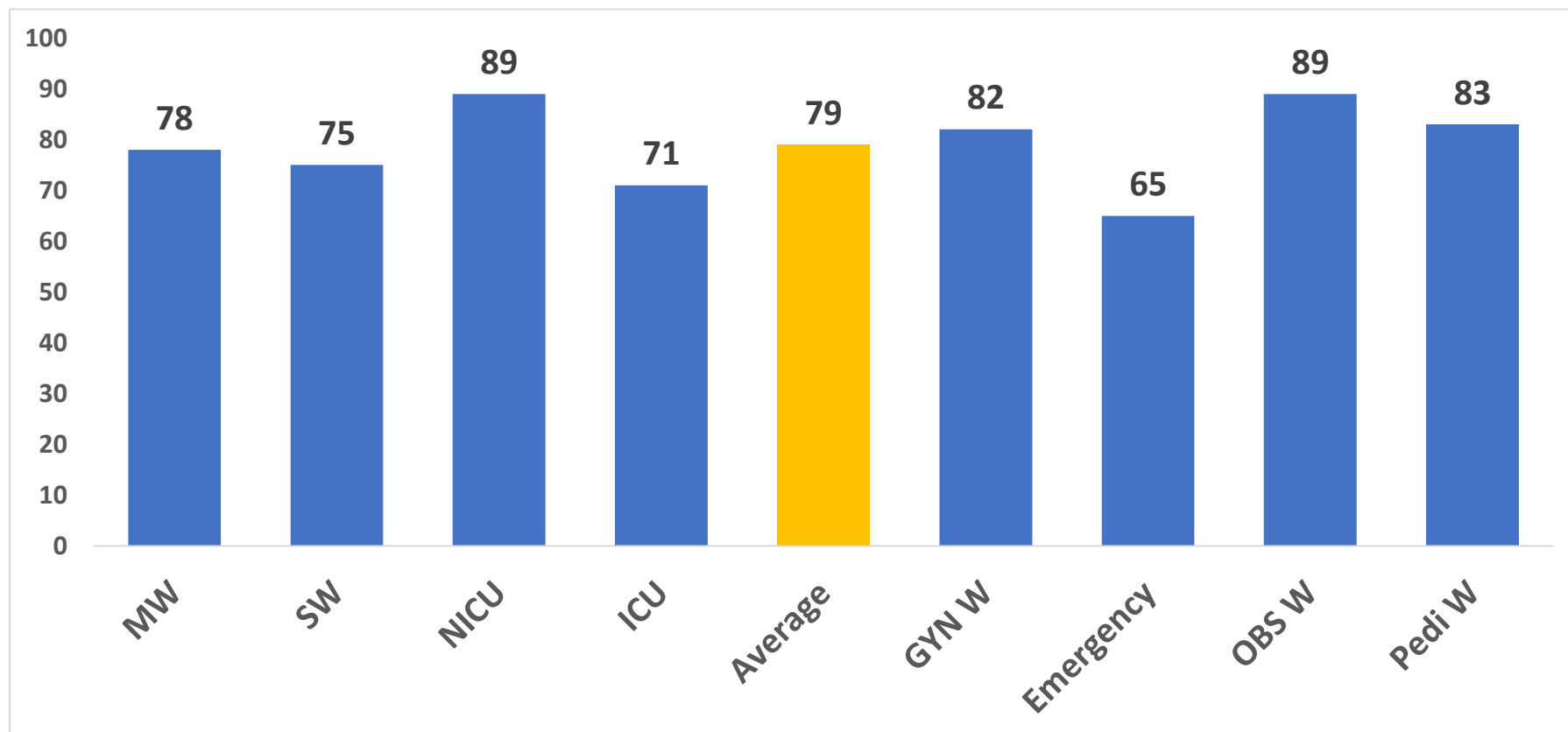
Table 12: Pediatric Ward Round protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	8	2	80%
Multidisciplinary Team Participation	7	3	70%
Patient Assessment Completed	9	1	90%
Communication with Patient/Family	8	2	80%
Care Plan Updated	8	2	80%
Medication and Treatment Orders Reviewed	9	1	90%
Follow-Up Tasks Assigned	8	2	80%
Documentation Completed	9	1	90%
Patient Safety Measures Discussed	9	1	90%
Clear Role Assignment	9	1	90%
Specialist Consultations Arranged	7	3	70%
Discharge Planning Discussed	8	2	80%
Total Performance (Overall Compliance)			**83%**

Overall, Ward Round Performance by each criterion

Compliance Criteria	MW	SW	NICU	ICU	GYN W	Emergency	OBS W	Pedi W
Scheduled Rounds on Time	80%	60%	90%	70%	80%	60%	90%	80%
Multidisciplinary Team Participation	70%	80%	90%	60%	90%	50%	90%	70%
Patient Assessment Completed	90%	80%	100%	80%	90%	70%	100%	90%
Communication with Patient/Family	70%	90%	90%	70%	90%	60%	90%	80%
Care Plan Updated	80%	70%	80%	70%	90%	70%	90%	80%
Medication and Treatment Orders Reviewed	90%	80%	90%	80%	80%	80%	90%	90%
Follow-Up Tasks Assigned	70%	70%	80%	60%	70%	60%	80%	80%
Documentation Completed	80%	60%	90%	70%	80%	70%	90%	90%
Patient Safety Measures Discussed	90%	80%	90%	70%	80%	70%	90%	90%
Clear Role Assignment	90%	90%	90%	80%	90%	60%	90%	90%
Specialist Consultations Arranged	60%	70%	80%	60%	70%	50%	80%	70%
Discharge Planning Discussed	80%	80%	90%	70%	80%	70%	90%	80%
Total Compliance (%)	**78%**	**75%**	**89%**	**71%**	**82%**	**65%**	**89%**	**83%**

Overall, Ward Round Performance

MW: 78, SW: 75, NICU: 89, ICU: 71, Average: 79, GYN W: 82, Emergency: 65, OBS W: 89, Pedi W: 83

12

Strengths:

1. **High Compliance in Key Wards:** The NICU and Obstetrics Wards have shown exceptional performance with 89% compliance, particularly excelling in critical areas like patient assessment, communication, and care plan updates.
2. **Strong Multidisciplinary Team Participation:** Most wards maintained a strong participation of multidisciplinary teams, particularly in NICU, Gynecology, and Obstetrics, which boosts the quality of care and decision-making.
3. **Patient Safety and Documentation:** The majority of wards, especially NICU, Gynecology, and Obstetrics, consistently performed well in patient safety measures and documentation, contributing to a safer care environment.

Weaknesses:

1. **Inconsistent Performance Across Wards:** The Emergency Department had the lowest compliance (65%), showing significant gaps in multidisciplinary team participation (50%) and specialist consultations arranged (50%). This inconsistency in performance across wards indicates room for improvement.
2. **Specialist Consultation Gaps:** Several wards, including the Emergency and ICU, had lower compliance rates for arranging specialist consultations, indicating a need for better coordination and communication with specialists.
3. **Follow-Up and Role Assignment:** Some wards, particularly the ICU and Emergency Department, struggled with follow-up tasks and clear role assignments, which are essential for continuity of care.

Recommendations:

1. **Improve Specialist Consultation Procedures:** Implement standardized protocols to ensure more consistent specialist consultations, particularly in the Emergency and ICU departments, to enhance patient care outcomes.
2. **Regular Monitoring and Feedback Loops:** Continue the quarterly audits but incorporate more frequent feedback sessions for staff to ensure immediate corrective

actions are taken in low-performing areas, enhancing overall protocol adherence across all wards.

DEDER GENERAL HOSPITAL

DISCHARGE PLANNING PROTOCOL ADHERENCE

MONITORING REPORT

Prepared By: Quality Unit

Report period: **First quarter of 2017E.C**

Deder, Eastern Ethiopia

September 2017E.C

Table of Contents

Figures and Tables

1. INTRODUCTION

Discharge planning is a systematic process that involves preparing a patient for their transition from a healthcare facility, such as a hospital, to their home or another care setting. The goal of discharge planning is to ensure that patients have the necessary resources, support, and information to continue their recovery and maintain their health after leaving the facility.

Poor implementation of discharge planning is associated with varying consequences for both the individual patient/family and the health system as a whole (Waring, Marshall, Bishop, Sahota, Walker, Currie, Fisher, & Avery, 2014). At the individual level, it is associated with adverse events, poor compliance to treatment, complications, and readmissions (Forster, Murff, Peterson, Gandhi, & Bates, 2008; Fox, Persaud, Maimets, Brooks, O'Brien, & Tregunno, 2018). At the system level, poor discharge practice is associated with increased service utilization and cost of care (Greenwald, Denham, & Jack, 2007; Snow, Beck, Budnitz, Miller, Potter, Wears, Weiss, & Williams, 2009; Waring et al., 2014; Kansagara, Chiovaro, Kagen, Jencks, Rhyne, O'Neil, Kondo, Relevo, Motu'apuaka, & Freeman, 2015).

2. OBJECTIVES

2.1. General objective

- To ensure that patients safely transition from a healthcare facility to their home or another care environment, with the necessary support and resources to continue their recovery

2.2. Specific objectives

- To Improve Patient Outcomes:
- To Reduce healthcare costs:
- To Enhanced Care Coordination:
- To Increase patient satisfaction:
- To Identify and address systemic issues

2. METHODOLOGY

This report evaluates the discharge planning protocol adherence across six wards at Deder General Hospital: Surgical, GYN, Medical, NICU, ICU, and Pediatrics. The purpose of this assessment is to determine the extent to which proper discharge planning is implemented, with a focus on enhancing patient outcomes and reducing readmission rates.

3.1.   Study period

The evaluation was conducted from September 25-30, 2017EC

3.2.   Study area

Wards Covered:

1. Surgical
2. Gynecology (GYN)
3. Medical
4. Neonatal Intensive Care Unit (NICU)
5. Intensive Care Unit (ICU)
6. Pediatrics

3.3. Sample size

A sample size of 60 patients (10 from each ward) was selected, and data was collected using the hospital's Discharge Planning Protocol Implementation and Adherence Monitoring Tool.

3.4. Data Collection process and tool:

The adherence to the discharge planning protocol was measured using a combination of chart reviews, patient interviews, and document verification. A 60-point checklist from the *Discharge Planning Protocol Implementation and Adherence Monitoring Tool* was utilized to ensure consistent data collection across all wards.

4. RESULTS

4.1. Ward-Level Findings

1. ICU Ward

The ICU Ward met many discharge criteria, especially in documentation and patient education. Nevertheless, lower adherence in multidisciplinary collaboration and post-discharge care arrangements suggests that integrating more structured teamwork could support patient transitions from intensive care to home **(Table 1)**.

Table 1: ICU Ward Discharge Planning Adherence report

SN	Discharge Planning Protocol Criteria	Met (#%)	Unmet No (#%)
1	**Early Identification**		
1.1	Patient identified early for discharge	8(600%)	0
1.2	Discharge planning assessment initiated	6(75%)	2(25%)
2	**Multidisciplinary Team Involvement**		
2.1	All relevant professionals involved	4(50%)	4 (50%)
2.2	Proper communication between team members	8(600%)	0
3	**Patient and Caregiver Education**		
3.1	Clear instructions on medication	8(600%)	0
3.2	Written instructions on symptom monitoring	7(87.5)	1 (12.5%)
3.3	Caregiver trained for post-discharge care	7(87.5)	1 (12.5%)
4	**Post-Discharge Care Arrangements**		
4.1	Follow-up appointments scheduled	5(62.5)	3(37.5)
4.2	Referrals to relevant services arranged	6(75%)	2(25%)
4.3	Required medical equipment arranged	6(75%)	2(25%)
5	**Social and Financial Support**		
5.1	Social support assessed	7(87.5)	1 (12.5%)
5.2	Financial needs assessed and addressed	4(50%)	4 (50%)
6	**Discharge Summary and Documentation**		

6.1	Discharge summary completed	8(600%)	0
6.2	Summary included key details	8(600%)	0
7	**Follow-Up and Monitoring**		
7.1	Follow-up call within 48 hours	6(75%)	2(25%)
7.2	Post-discharge issues reported	5(62.5)	3(37.5)
8	**Barriers and Solutions**		
8.1	Barriers to discharge identified	8(600%)	0
8.2	Actions taken to address barriers	6(75%)	2(25%)
	Overall Average (%)	**85%**	

2. GYN Ward

The GYN Ward had a generally high adherence rate, particularly in educating patients on medications and post-discharge care. However, there were some gaps in team involvement and financial support, indicating the need for a more holistic approach. Improved collaboration among care providers and support for patients' financial needs would benefit their recovery and reduce potential readmissions **(Table 2).**

Table 2: GYN Ward Discharge Planning Adherence report

SN	**Discharge Planning Protocol Criteria**	Met (#%)	Unmet No (#%)
1	Early Identification		
1.1	Patient identified early for discharge	8(600%)	0
1.2	Discharge planning assessment initiated	6(75%)	2(25%)
2	Multidisciplinary Team Involvement		
2.1	All relevant professionals involved	4(50%)	4 (50%)
2.2	Proper communication between team members	8(600%)	0
3	Patient and Caregiver Education		
3.1	Clear instructions on medication	8(600%)	0
3.2	Written instructions on symptom monitoring	7(87.5)	1 (12.5%)
3.3	Caregiver trained for post-discharge care	7(87.5)	1 (12.5%)
4	Post-Discharge Care Arrangements		

4.1	Follow-up appointments scheduled	5(62.5)	3(37.5)
4.2	Referrals to relevant services arranged	6(75%)	2(25%)
4.3	Required medical equipment arranged	6(75%)	2(25%)
5	Social and Financial Support		
5.1	Social support assessed	7(87.5)	1 (12.5%)
5.2	Financial needs assessed and addressed	4(50%)	4 (50%)
6	Discharge Summary and Documentation		
6.1	Discharge summary completed	8(600%)	0
6.2	Summary included key details	8(600%)	0
7	Follow-Up and Monitoring		
7.1	Follow-up call within 48 hours	6(75%)	2(25%)
7.2	Post-discharge issues reported	5(62.5)	3(37.5)
8	Barriers and Solutions		
8.1	Barriers to discharge identified	8(600%)	0
8.2	Actions taken to address barriers	6(75%)	2(25%)
	Overall Average (%)	**87%**	

3. Medical Ward

In the Medical Ward, adherence was consistently high in-patient identification and education. However, financial needs assessment and team communication posed challenges. Addressing these areas would enhance discharge preparedness and reduce post-discharge complications, making the transition from hospital to home smoother for patients **(Table 3).**

Table 3: Medical Ward Discharge Planning Adherence report

SN	Discharge Planning Protocol Criteria	Met (#%)	Unmet No (#%)
1	Early Identification		
1.1	Patient identified early for discharge	8(600%)	0
1.2	Discharge planning assessment initiated	6(75%)	2(25%)
2	Multidisciplinary Team Involvement		
2.1	All relevant professionals involved	4(50%)	4 (50%)
2.2	Proper communication between team members	8(600%)	0
3	Patient and Caregiver Education		
3.1	Clear instructions on medication	8(600%)	0
3.2	Written instructions on symptom monitoring	7(87.5)	1 (12.5%)
3.3	Caregiver trained for post-discharge care	7(87.5)	1 (12.5%)
4	Post-Discharge Care Arrangements		
4.1	Follow-up appointments scheduled	5(62.5)	3(37.5)
4.2	Referrals to relevant services arranged	6(75%)	2(25%)
4.3	Required medical equipment arranged	6(75%)	2(25%)
5	Social and Financial Support		
5.1	Social support assessed	7(87.5)	1 (12.5%)
5.2	Financial needs assessed and addressed	4(50%)	4 (50%)
6	Discharge Summary and Documentation		
6.1	Discharge summary completed	8(600%)	0
6.2	Summary included key details	8(600%)	0
7	Follow-Up and Monitoring		

7.1	Follow-up call within 48 hours	6(75%)	2(25%)
7.2	Post-discharge issues reported	5(62.5)	3(37.5)
8	Barriers and Solutions		
8.1	Barriers to discharge identified	8(600%)	0
8.2	Actions taken to address barriers	6(75%)	2(25%)
	Overall Average (%)	**87%**	

4. Surgical Ward

The Surgical Ward displayed moderate adherence to discharge planning protocols, with strengths in providing patient education and arranging follow-up care. However, areas like multidisciplinary team involvement and financial support assessment were only partially met, suggesting a need for improved inter-professional communication and financial assistance planning. Enhancing these could bolster patient outcomes and continuity of care post-discharge **(Table 4).**

Table 4: Surgical ward Discharge Planning Adherence report

SN	Discharge Planning Protocol Criteria	Unmet No (#%)	% of adherence
1	Early Identification		
1.1	Patient identified early for discharge	0	
1.2	Discharge planning assessment initiated	2(25%)	
2	Multidisciplinary Team Involvement		
2.1	All relevant professionals involved	4 (50%)	
2.2	Proper communication between team members	0	
3	Patient and Caregiver Education		
3.1	Clear instructions on medication	0	
3.2	Written instructions on symptom monitoring	1 (12.5%)	
3.3	Caregiver trained for post-discharge care	1 (12.5%)	
4	Post-Discharge Care Arrangements		
4.1	Follow-up appointments scheduled	3(37.5)	

4.2	Referrals to relevant services arranged	2(25%)	
4.3	Required medical equipment arranged	2(25%)	
5	Social and Financial Support		
5.1	Social support assessed	1 (12.5%)	
5.2	Financial needs assessed and addressed	4 (50%)	
6	Discharge Summary and Documentation		
6.1	Discharge summary completed	0	
6.2	Summary included key details	0	
7	Follow-Up and Monitoring		
7.1	Follow-up call within 48 hours	2(25%)	
7.2	Post-discharge issues reported	3(37.5)	
8	Barriers and Solutions		
8.1	Barriers to discharge identified	0	
8.2	Actions taken to address barriers	2(25%)	
	Overall Average (%)	**78.5**	

5. Pediatrics Ward

The Pediatrics Ward showed strengths in patient identification and medication instructions. However, financial support and team involvement areas had lower adherence, highlighting a need for better coordination and resources for family's post-discharge, which could help mitigate readmissions and ensure family readiness for home care **(Table 5)**.

Table 5: Pediatrics Ward Discharge Planning Adherence report

SN	Discharge Planning Protocol Criteria	Met (#%)	Unmet No (#%)
1	Early Identification		
1.1	Patient identified early for discharge	8(600%)	0
1.2	Discharge planning assessment initiated	6(75%)	2(25%)
2	Multidisciplinary Team Involvement		
2.1	All relevant professionals involved	4(50%)	4 (50%)
2.2	Proper communication between team members	8(600%)	0

3	Patient and Caregiver Education		
3.1	Clear instructions on medication	8(600%)	0
3.2	Written instructions on symptom monitoring	7(87.5)	1 (12.5%)
3.3	Caregiver trained for post-discharge care	7(87.5)	1 (12.5%)
4	Post-Discharge Care Arrangements		
4.1	Follow-up appointments scheduled	5(62.5)	3(37.5)
4.2	Referrals to relevant services arranged	6(75%)	2(25%)
4.3	Required medical equipment arranged	6(75%)	2(25%)
5	Social and Financial Support		
5.1	Social support assessed	7(87.5)	1 (12.5%)
5.2	Financial needs assessed and addressed	4(50%)	4 (50%)
6	Discharge Summary and Documentation		
6.1	Discharge summary completed	8(600%)	0
6.2	Summary included key details	8(600%)	0
7	Follow-Up and Monitoring		
7.1	Follow-up call within 48 hours	6(75%)	2(25%)
7.2	Post-discharge issues reported	5(62.5)	3(37.5)
8	Barriers and Solutions		
8.1	Barriers to discharge identified	8(600%)	0
8.2	Actions taken to address barriers	6(75%)	2(25%)
	Overall Average (%)	**82%**	

6. NICU (Neonatal Intensive Care Unit)

The NICU demonstrated excellent adherence in patient care instructions and arranging follow-ups, reflecting the attention given to this sensitive patient group. However, some minor gaps in team involvement and documentation suggest the potential benefit of refining communication protocols within the multidisciplinary team **(Table 6).**

Table 6: NICU Discharge Planning Protocol Adherence Performance

SN	Discharge Planning Protocol Criteria	Met (%)	Unmet No (%)
1	Early Identification		
1.1	Patient identified early for discharge	**95**	5
1.2	Discharge planning assessment initiated	**92**	8
2	Multidisciplinary Team Involvement		
2.1	All relevant professionals involved	**93**	7
2.2	Proper communication between team members	**90**	10
3	Patient and Caregiver Education		
3.1	Clear instructions on medication	**92**	8
3.2	Written instructions on symptom monitoring	**94**	6
3.3	Caregiver trained for post-discharge care	**96**	4
4	Post-Discharge Care Arrangements		
4.1	Follow-up appointments scheduled	**91**	9
4.2	Referrals to relevant services arranged	**92**	8
4.3	Required medical equipment arranged	**93**	7
5	Social and Financial Support		
5.1	Social support assessed	**91**	9
5.2	Financial needs assessed and addressed	**92**	8
6	Discharge Summary and Documentation		
6.1	Discharge summary completed	**94**	6
6.2	Summary included key details	**91**	0
7	Follow-Up and Monitoring		
7.1	Follow-up call within 48 hours	**92**	8

7.2	Post-discharge issues reported	91	9
8	Barriers and Solutions		
8.1	Barriers to discharge identified	93	7
8.2	Actions taken to address barriers	92	8
	Overall Average (%)	93	

Summary of Discharge Planning Adherence Across All Wards

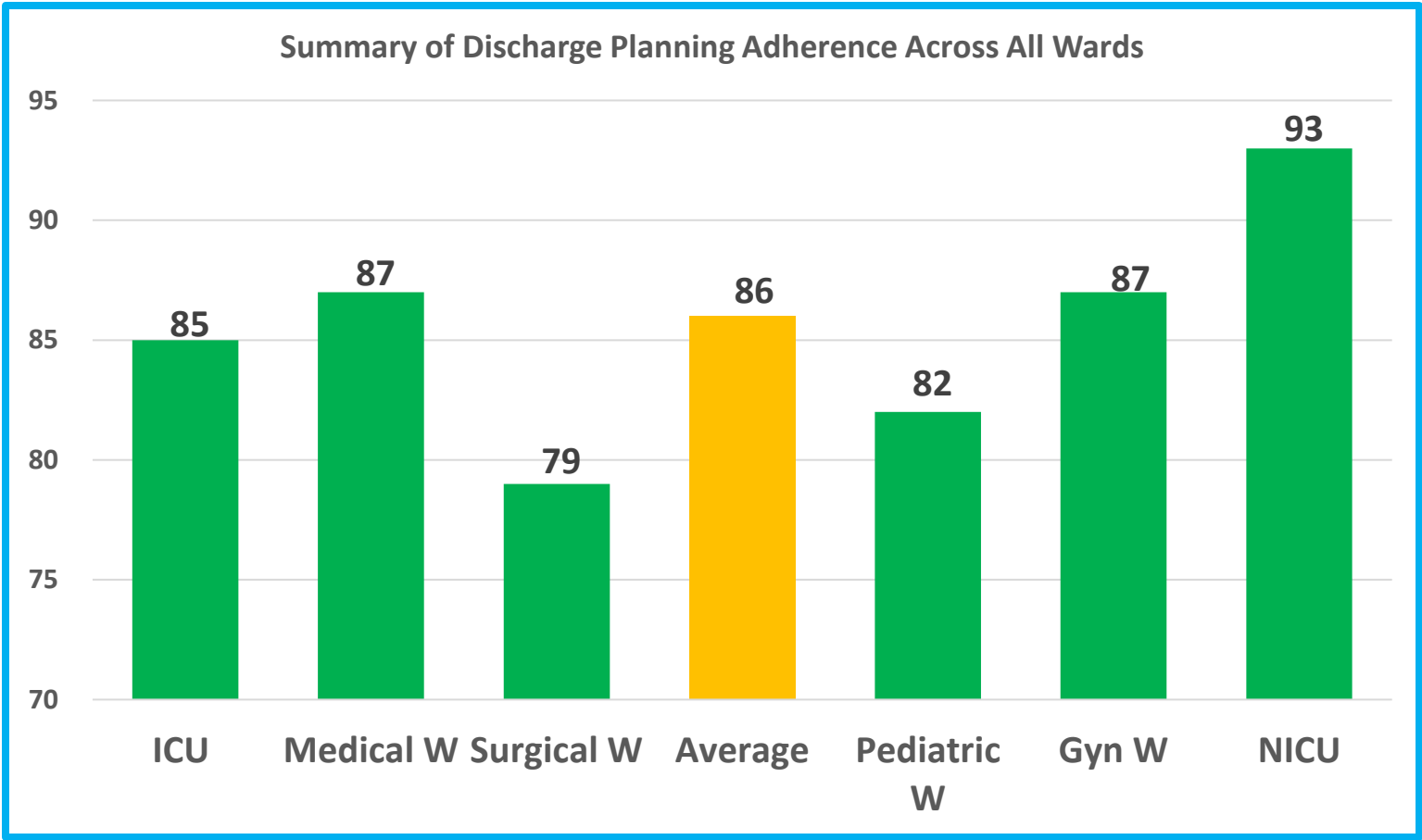| Ward	Value
ICU	85
Medical W	87
Surgical W	79
Average	86
Pediatric W	82
Gyn W	87
NICU	93

Figure 1: *Summary of Discharge Planning Adherence Across All Wards*

All wards' areas of Strength

☞ Patient discharge planning format filled and attached to chart

☞ Patient received all essential information on diagnosis & care

☞ Patient understands treatment options and plan

☞ Patient understands follow-up scheme after discharge

☞ Patient understands importance of adherence to medication

Areas Requiring Improvement

S/N	Areas for improvement	Service area	Responsible Body	Time Frame
1.	Patient received essential orientation about discharge	• Medical ward	• Medical Ward Team	1 month
2.	Patient understands lifestyle modifications	• Surgical ward, and • ICU ward.	• Surgical Team, and • ICU Team	1 month
3.	Patient understands duration of stay and treatment outcome	• GYN ward, and • Medical ward	• GYN Team, and • Medical Team	1 month

Recommendations

1. **Training for Staff:**
   - Focus on educating staff on the importance of lifestyle modifications and follow-up care.
   - Implement regular refresher courses to ensure staff familiarity with discharge protocols.

2. **Improved Discharge Planning Procedures:**
   - Streamline the discharge process to reduce overcrowding during peak hours.
   - Assign dedicated staff for patient education to improve interaction and adherence.

3. **Patient-Centered Discharge Communication:**
   - Ensure that each patient receives comprehensive and clear information about their condition, treatment, and post-discharge care".

References

1. National admission and discharge protocol
2. EHSTG 2016
3. EHSIG 2024