

BAD NEWS 2ND QRTR 2017.pdf

Nursing procedures 2ND QRTR 2017.pdf

PT TRANSPORTATION 2ND QRTR 2017.pdf

Surgical Scheduling 2ND QRTR 2017.pdf

Round protocol 2ND QRTR 2017.pdf

BAD NEWS EOPD.docx

BAD NEWS ICU.docx

BAD NEWS MW.docx

BAD NEWS NICU.docx

BAD NEWS OPD.docx

BAD NEWS OR.docx

BAD NEWS PEDI W.docx

BAD NEWS SW.docx



DEDER GENERAL HOSPITAL

Emergency Department

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Jabir Mohammed

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	5

List of Figure and Table

Figure 1: EMERGENCY DEPARTMENT Bad News Breaking Protocol adherence performance status 3

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

This report evaluates the utilization of the Bad News Breaking Protocol in the Emergency Department of Deder General Hospital (DGH). The protocol aims to ensure that staff deliver difficult news to patients and their families in a compassionate, clear, and supportive manner, which is crucial for maintaining trust, empathy, and effective communication in healthcare.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Emergency Department
2. To identify areas of improvement in protocol adherence.
3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: 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		

Methodology

The evaluation of the emergency department Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Medical records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The adherence to the Emergency Department Bad News Breaking protocol was high, with an overall compliance rate of 93%. All staff members consistently reviewed the patient's case and ensured privacy before delivering the news, chose an appropriate setting, and documented the delivery and patient response. Additionally, the discussion of next steps in treatment or care options was always included. However, there were minor areas for improvement. Specifically, the compassionate introduction, use of clear language, sensitive communication, allowing time for processing information, encouraging questions, and offering emotional support each had a 90% compliance rate, with one instance of non-compliance in each category. The offer of emotional support resources had the lowest compliance rate at 80%, with two instances where it was not provided (**Table 2**).

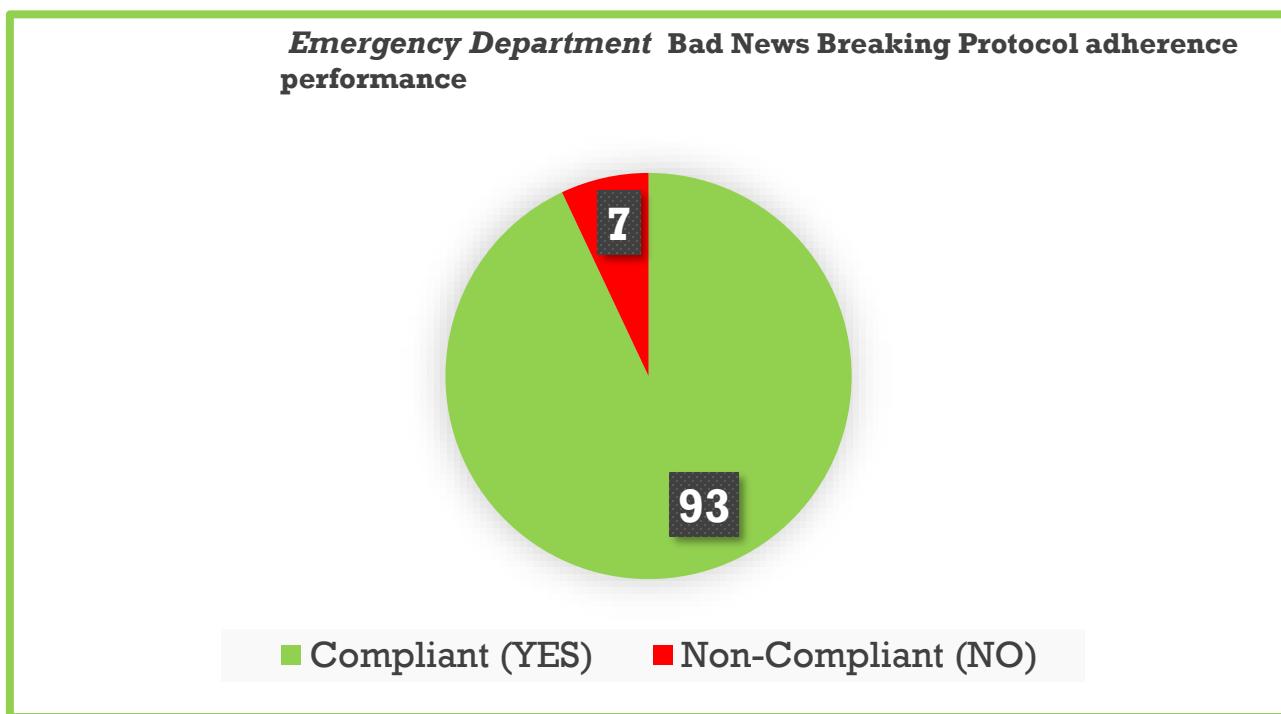


Figure 1: EMERGENCY DEPARTMENT Bad News Breaking Protocol adherence performance status

Table 2: Emergency Department Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
1. Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	10	0	100
2. Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	10	0	100
3. Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	9	1	90
4. Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.	9	1	90
5. Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	9	1	90
6. Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	9	1	90
7. Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	9	1	90
8. Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	8	2	80
9. Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	10	0	100
10. Documentation: The delivery of the bad news and the patient response were documented in the medical record.	10	0	100
Overall	93/100	7	93%

Discussion

The high overall compliance rate indicates that the protocol is generally well-followed, which is crucial for ensuring that patients and their families receive bad news in a supportive and empathetic manner. The consistent documentation and preparation demonstrate a strong foundation in procedural adherence. However, the slight lapses in compassionate communication and emotional support suggest that there may be opportunities for further training or reinforcement in these areas. Ensuring that all staff members are equipped to provide emotional support and communicate with empathy is essential for maintaining patient trust and satisfaction during such critical moments. Addressing these minor gaps could further enhance the quality of care provided in the Emergency Department.

Recommendations

1. Expand Emotional Support Resources
2. Minimize Interruptions During Bad News Delivery
3. Enhance Compassionate Communication Skills
4. Improve Response to Questions

Table 2: Action Plan/Improvement plan

Gap Identified	Action	Responsible Party	Timeline
Limited availability of emotional support resources	Hire additional psychologists or train existing staff for emotional support.	Human Resources, Department Heads	Within 3 months
Occasional interruptions in private settings during bad news delivery	Enforce hospital policies on privacy and minimize interruptions during bad news delivery.	Department Heads, Hospital Management	Within 1 month
Instances of rushed communication during high-pressure situations	Organize monthly refresher training on compassionate communication and encouraging patient/family questions.	Training and Development Team, Department Heads	Monthly, starting within 2 weeks
Minor use of medical jargon in some cases	Develop guidelines to ensure simple, clear language is used when delivering bad news.	Medical Directors, Clinical Supervisors	Within 1 month
Inconsistent response to patient/family questions	Introduce a "question prompt" system to encourage proactive questions from patients/families.	Healthcare Providers, Supervisors	Ongoing, starting immediately
Minor gaps in scheduling follow-up consultations	Implement a formal follow-up scheduling system with reminders for patients and providers.	Administrative Team, Clinical Coordinators	Within 2 weeks

Table 3: Implementation Status of previous improvement plan

Gap Identified	Action	Responsible Party	Status	Resources Needed	KPI	Outcome
Limited availability of emotional support resources	Hire additional psychologists or train existing staff for emotional support.	Human Resources, Department Heads	On going	Budget for hiring/training, collaboration with HR	Increase in emotional support resources available per interaction	Improved availability of emotional support for patients and families
Occasional interruptions in private settings during bad news delivery	Enforce hospital policies on privacy and minimize interruptions during bad news delivery.	Department Heads, Hospital Management	Completed	Meeting time with staff, policy updates	Reduction in interruptions during bad news delivery (Goal: 100%)	Quiet, uninterrupted environment for sensitive conversations
Instances of rushed communication during high-pressure situations	Organize monthly refresher training on compassionate communication and encouraging patient/family questions.	Training and Development Team, Department Heads	Completed	Training materials, facilitator budget	95% staff attending training, improved feedback on communication	Enhanced staff capability in delivering clear, compassionate communication
Minor use of medical jargon in some cases	Develop guidelines to ensure simple, clear language is used when delivering bad news.	Medical Directors, Clinical Supervisors	Completed	Communication guidelines, staff briefings	100% compliance in using clear and simple language	Clearer communication with patients and families
Inconsistent response to patient/family questions	Introduce a "question prompt" system to encourage proactive questions from patients/families.	Healthcare Providers, Supervisors	Ongoing, starting immediately	Training for healthcare providers on the new system	Increased number of questions from patients/families, improved response feedback	More interactive and responsive communication
Minor gaps in scheduling follow-up consultations	Implement a formal follow-up scheduling system with reminders for patients and providers.	Administrative Team, Clinical Coordinators	Ongoing	Scheduling software, reminder systems	100% follow-up scheduling compliance, reduced missed appointments	Continuity of care for patients receiving bad news



DEDER GENERAL HOSPITAL

ICU CASE TEAM

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Numeyri Badru

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result.....	3
Discussion	5
Recommendations	6

List of Figure and Table

Figure 1: ICU Bad News Breaking Protocol adherence performance status	3
Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

The delivery of bad news in an ICU setting is one of the most challenging aspects of patient care. Effective communication in these circumstances is crucial not only for maintaining patient dignity but also for providing emotional support to families during difficult times. The ICU Bad News Protocol was developed to guide staff in communicating bad news with empathy, clarity, and professionalism. This report evaluates the compliance of ICU staff with the protocol through direct observation, interviews with staff, and feedback from patients and their families. The aim is to assess how well the protocol is being followed, identify areas of success, and highlight opportunities for improvement in the ICU's communication practices.

Objective

- The primary objective of this report is to evaluate the adherence of ICU staff to the established Bad News Delivery Protocol. Specific objectives include:
- To assess the extent to which staff follow the steps outlined in the protocol for delivering bad news.
- To identify any gaps in the delivery of bad news, particularly in documentation and follow-up arrangements.
- To provide recommendations to improve compliance with the protocol and enhance patient and family satisfaction.

Table 1: 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		
--------------------	--	--

Methodology

The evaluation of the ICU Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Medical records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The monitoring of the Adult Intensive Care Unit (ICU) Bad News Breaking protocol adherence revealed an overall compliance rate of 97%. All criteria, except for documentation, achieved a 100% compliance rate. This indicates a high level of adherence to the protocol, reflecting a strong commitment to delivering bad news in a compassionate and effective manner. Key areas such as preparation before the meeting, choosing an appropriate setting, using clear and simple language, and offering emotional support were consistently executed, demonstrating the staff's dedication to patient-centered care (Table 2).

However, the documentation criterion showed a lower compliance rate of 69%. This suggests that while the delivery of bad news was handled effectively, there were instances where the process and patient responses were not fully documented in the medical records. This gap in documentation could impact the continuity of care and the ability to track patient and family reactions over time. Addressing this area is crucial to ensure comprehensive and accurate record-keeping (Table 2).

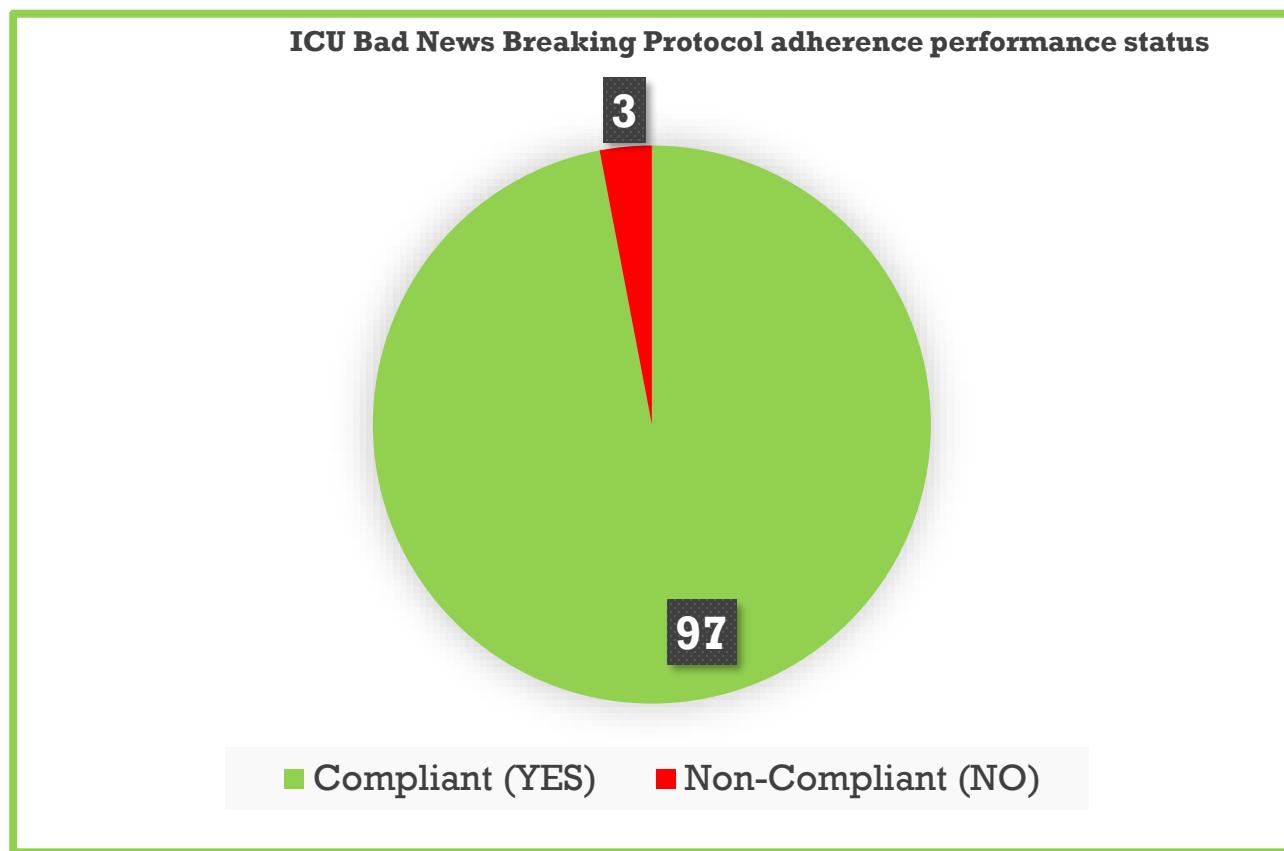


Figure 1: ICU Bad News Breaking Protocol adherence performance status

Table 2: Adult Intensive Care Unit Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
1. Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	13	0	100
2. Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	13	0	100
3. Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	13	0	100
4. Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.	13	0	100
5. Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	13	0	100
6. Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	13	0	100
7. Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	13	0	100
8. Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	13	0	100
9. Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	13	0	100
10. Documentation: The delivery of the bad news and the patient response were documented in the medical record.	9	4	69
11. Follow-Up Arranged: A follow-up meeting or consultation was scheduled to address further questions and plan for ongoing support.	13	0	100
	139/143	4	97%

Discussion

The high compliance rates across most criteria highlight the effectiveness of the current protocol in ensuring that bad news is delivered sensitively and appropriately. The consistent use of clear language, compassionate communication, and the provision of emotional support are commendable practices that contribute to better patient and family experiences during difficult times. The 100% compliance in arranging follow-up meetings further underscores the commitment to ongoing support and care.

The lower compliance rate in documentation, however, points to a need for improvement in record-keeping practices. Ensuring that all interactions and patient responses are thoroughly documented is essential for maintaining accurate medical records and facilitating continuity of care. Implementing additional training on the importance of documentation and introducing reminders or checklists could help address this gap. Overall, the results are positive, but enhancing documentation practices will further strengthen the protocol's effectiveness.

Recommendations

1. **Enhance Follow-Up Processes:** Develop a standardized protocol for scheduling and conducting follow-up consultations.
2. **Improve Documentation Practices:** Conduct targeted training sessions to address gaps in record-keeping and provide regular feedback to staff.
3. **Maintain Best Practices:** Recognize and reinforce the consistently well-executed elements of the protocol to sustain high performance in these

Table 2: Action Plan/Improvement plan

Gap identified	Proposed Action	Responsible Party	Timeline	Expected Outcome
Incomplete Documentation	- Develop a checklist to ensure documentation of all interactions related to bad news. - Regular audits of medical records to monitor compliance.	ICU Documentation Officer	Monthly	100% compliance in documentation of bad news delivery.
No Follow-Up Arranged	- Create a follow-up schedule template to be used for all patients/families receiving bad news. - Assign responsibility for scheduling follow-ups to a designated staff member.	ICU Team Leader	Bi-weekly	Follow-up consultations consistently arranged for all cases.
Staff Training on Documentation	- Conduct quarterly training sessions focusing on proper record-keeping practices. - Provide real-time feedback on documentation quality.	Medical Director	Quarterly	Improved documentation quality and consistency in following the protocol.
Emotional Support Resources Underutilized	- Strengthen collaboration with psychologists and social workers. - Develop an emotional support resource guide for ICU staff.	Social Service Coordinator	Monthly	Increased awareness and utilization of emotional support resources by patients.
Monitoring and Evaluation of Protocol Use	- Establish a bi-monthly review team to assess protocol adherence. - Report findings and suggest improvements to hospital leadership.	ICU Head Nurse & Quality Team	Bi-monthly	Continuous improvement in protocol adherence and identification of emerging gaps.

Table 3: Implementation Status of previous improvement plan

Proposed Action	Status	Comments
Develop a checklist for assigning and tracking follow-up tasks.	Completed	Checklist implemented and used during rounds.
Audit patient records for completed tasks.	Ongoing	Record audits reveal improvement but require continued monitoring.
Review referral logs for completeness.	Ongoing	Specialist consultations improved but still require streamlined workflows.
Conduct staff training on documentation.	Partially Completed	Initial training conducted; additional sessions scheduled.
Establish a bi-monthly review team to assess protocol adherence.	Implemented and Operational	Regular reviews conducted; compliance trends show positive progress.
Create a follow-up schedule template for bad news delivery cases.	Pending	Template under development; implementation planned for next month.
Conduct audits of bad news documentation.	Ongoing	Documentation compliance improving gradually.
Develop emotional support resource guide for staff.	Completed	Guide distributed; increased utilization observed.



DEDER GENERAL HOSPITAL

Medical Ward CASE TEAM

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Abdurrahman Shame

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result.....	3
Discussion	5
Recommendations	6

List of Figure and Table

Figure 1: MEDICAL WARD Bad News Breaking Protocol adherence performance status	3
---	---

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

Effective communication of bad news is a critical element of patient care in the medical setting. At Deder General Hospital (DGH), the Bad News Breaking Protocol is designed to ensure that patients and their families are given sensitive, clear, and compassionate information in challenging times. This report presents the monitoring results for the utilization of the Bad News Breaking Protocol in the medical ward, focusing on the adherence to key elements of the protocol. The overall compliance rate achieved is 93%, indicating a strong commitment to delivering compassionate and professional communication in sensitive situations.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the medical ward.
2. To identify areas of improvement in protocol adherence.
3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: 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		

Methodology

The evaluation of the MEDICAL WARD Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Medical records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The monitoring of the Bad News Breaking protocol in the Medical Ward revealed an overall compliance rate of 90%. Most criteria, such as preparation before the meeting, compassionate introduction, and use of clear and simple language, achieved a high compliance rate of 90% or above. This indicates a strong adherence to the protocol, with staff demonstrating a commitment to delivering bad news in a sensitive and effective manner. The consistent use of compassionate communication and the provision of time for patients and families to process information are particularly noteworthy (**Table 2**).

However, there were areas with slightly lower compliance rates. The offer of emotional support resources showed an 80% compliance rate, suggesting that in some instances, emotional support was not adequately offered. Additionally, while documentation achieved a 90% compliance rate, there is still room for improvement to ensure that all interactions and patient responses are thoroughly recorded. These gaps highlight the need for continued focus on providing comprehensive emotional support and maintaining accurate documentation (**Table 2**).

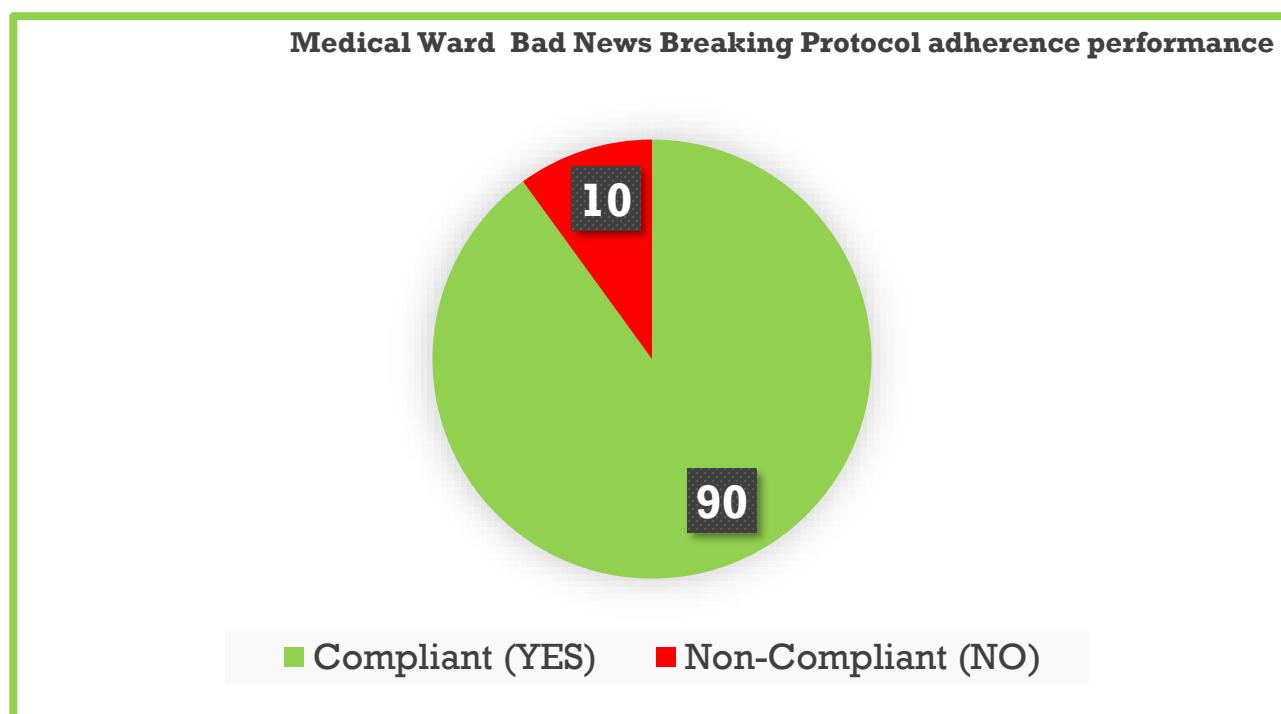


Figure 1: MEDICAL WARD Bad News Breaking Protocol adherence performance status

Table 2: Medical Ward Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
1. Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	10	0	100
2. Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	9	1	90
3. Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	9	1	90
4. Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.	9	1	90
5. Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	9	1	90
6. Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	9	1	90
7. Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	9	1	90
8. Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	8	2	80
9. Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	9	1	90
10. Documentation: The delivery of the bad news and the patient response were documented in the medical record.	9	1	90
Overall	90/100	10	90%

Discussion

The high compliance rates across most criteria reflect the effectiveness of the current protocol in ensuring that bad news is delivered with empathy and clarity. The emphasis on preparation, appropriate setting, and compassionate communication contributes to a supportive environment for patients and their families during challenging times. The 90% compliance rate in discussing next steps and encouraging questions further underscores the staff's dedication to ongoing care and support.

The lower compliance rate in offering emotional support resources indicates a potential area for enhancement. Ensuring that all patients and families are aware of and have access to emotional support services is crucial for their well-being. Additionally, while documentation compliance is relatively high, achieving full adherence is essential for maintaining comprehensive medical records. Implementing targeted training and reminders could help address these gaps, further improving the protocol's effectiveness and ensuring a holistic approach to delivering bad news.

Recommendations

- a. Implement simulation exercises to prepare staff for difficult conversations.
- b. Explore partnerships with local organizations to offer additional support services.
- c. Utilize electronic medical records (EMR) to automate follow-up reminders.

Table 2: Action Plan/Improvement plan

Action to be Taken	Time Frame	Responsible Body	Expected Outcome	Action to be Taken
Limited availability of emotional support resources	Provide additional emotional support by recruiting more psychologists and social workers.	3 months	HR Department, Hospital Admin	Increased availability of emotional support resources.
Inconsistent tone during bad news delivery	Conduct training on delivering bad news with empathy, focusing on maintaining a compassionate tone.	1 month	Training Department, Department Heads	Consistent compassionate tone in all bad news deliveries.
Lack of timely follow-up scheduling	Streamline and automate follow-up scheduling through improved coordination with the medical records team.	2 months	Scheduling Department, Medical Records	Reduced delays in follow-up appointments.
Occasional interruptions during the communication	Ensure a private and uninterrupted setting by reinforcing hospital policy and providing additional staff.	1 month	Hospital Management, Clinical Team	Improved privacy and uninterrupted communication

Table 3: Implementation Status of previous improvement plan

Gap Identified	Action to be Taken	Expected Outcome	Status	Progress	Next Steps
Limited availability of emotional support resources	Provide additional emotional support by recruiting more psychologists and social workers.	Increased availability of emotional support resources.	In Progress	HR has initiated the recruitment process, and job postings are being reviewed.	Follow-up with recruitment team to speed up process.
Inconsistent tone during bad news delivery	Conduct training on delivering bad news with empathy, focusing on maintaining a compassionate tone.	Consistent compassionate tone in all bad news deliveries.	Completed	Training materials have been prepared, and a schedule has been set for hospital-wide workshops.	Deliver scheduled training sessions and evaluate effectiveness.
Lack of timely follow-up scheduling	Streamline and automate follow-up scheduling through improved coordination with the medical records team.	Reduced delays in follow-up appointments.	In Progress	Medical Records has started implementing a more automated follow-up scheduling system.	Troubleshoot and test the system to ensure smooth implementation.
Occasional interruptions during the communication	Ensure a private and uninterrupted setting by reinforcing hospital policy and providing additional staff.	Improved privacy and uninterrupted communication.	In Progress	Policy reinforcement has begun, and additional staff have been assigned for privacy enforcement.	Address staffing issues with management to ensure coverage during high-traffic periods.



DEDER GENERAL HOSPITAL

NNICU CASE TEAM

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Usmail Abraham

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result.....	3
Discussion	4
Recommendations	5

List of Figure and Table

No table of figures entries found.

Table 1: Criteria and standards	1
Table 2: NICU Bad News Breaking protocol adherence monitoring performance	3
Table 3: Implementation Status of previous improvement plan	6

Introduction

The delivery of bad news in a NICU setting is one of the most challenging aspects of patient care. Effective communication in these circumstances is crucial not only for maintaining patient dignity but also for providing emotional support to families during NICU times. The NICU Bad News Protocol was developed to guide staff in communicating bad news with empathy, clarity, and professionalism. This report evaluates the compliance of NICU staff with the protocol through direct observation, interviews with staff, and feedback from patients and their families. The aim is to assess how well the protocol is being followed, identify areas of success, and highlight opportunities for improvement in the NICU's communication practices.

Objectives

1. To assess compliance with the NICU bad news protocol.
2. To ensure that the delivery of bad news is conducted with the utmost empathy and professionalism.
3. To identify any gaps and provide recommendations for improvements

Table 1: 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		

Methodology

- **Data Collection:** Observation, staff interviews, and parental interviews were conducted.
- **Sample Size:** 3 cases.
- **Criteria Evaluated:** 10 key criteria for delivering bad news.
- **Monitoring Tool:** Checklist-based compliance assessment.

Result

The monitoring of the NICU Bad News Breaking protocol adherence demonstrated exemplary performance, with a 100% compliance rate across all criteria. This indicates that the staff consistently followed the established protocol when delivering difficult news to patients and their families. Key aspects such as preparation before the meeting, choosing an appropriate setting, using clear and simple language, and providing compassionate communication were all adhered to without exception. Additionally, the staff ensured that patients and families had adequate time to process the information, encouraged questions, offered emotional support, discussed next steps, and arranged follow-up consultations. This high level of adherence reflects the staff's commitment to delivering bad news in a sensitive, empathetic, and supportive manner, which is crucial for maintaining trust and providing comprehensive care in the NICU setting (**Table 2**).

Table 2: NICU Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	3	0	100
Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	3	0	100
Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	3	0	100
Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.	3	0	100
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	3	0	100
Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	3	0	100
Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	3	0	100
Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	3	0	100
Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	3	0	100
Documentation: The delivery of the bad news and the patient response were documented in the medical record.	3	0	100
Follow-Up Arranged: A follow-up meeting or consultation was scheduled to address further questions and plan for ongoing support.	3	0	100
	33/33	0	100%

Discussion

The results of the NICU Bad News Breaking protocol adherence monitoring highlight an exemplary level of compliance, with a 100% adherence rate across all evaluated criteria. This outstanding performance underscores the staff's dedication to delivering difficult news in a manner that prioritizes empathy, clarity, and support for patients and their families. The consistent adherence to the protocol reflects a well-established culture of compassionate communication within the NICU, which is essential for maintaining trust and providing holistic care during emotionally challenging situations.

The high compliance rate in areas such as preparation, appropriate setting, and sensitive communication demonstrates the staff's understanding of the importance of creating a supportive environment for delivering bad news. The use of clear and simple language, along with the encouragement of questions and the offer of emotional support, further emphasizes the staff's commitment to ensuring that families fully comprehend the situation and feel supported throughout the process. Additionally, the discussion of next steps and arrangement of follow-up consultations indicate a proactive approach to ongoing care and support.

These results suggest that the current training and protocols in place are effective in guiding staff through the difficult task of breaking bad news. However, maintaining this high standard requires continuous reinforcement and regular monitoring to ensure that all staff members remain aligned with best practices. Future efforts could focus on sharing these positive outcomes as a benchmark for other departments and exploring opportunities for further enhancing communication skills through advanced training and role-playing scenarios. Overall, the findings reflect a strong foundation for delivering compassionate and effective care in the NICU, which is crucial for supporting families during some of the most challenging moments of their lives.

Recommendations

1. Maintain regular staff training and refresher courses on the bad news delivery protocol.
2. Continue fostering an environment of empathy and clear communication in challenging situations.
3. Ensure that emotional support resources remain easily accessible and that follow-up appointments are consistently scheduled.

Action Plan/Improvement plan

- **NO MAJOR GAP SEEN**

Table 3: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Continuous Training and Education	Implemented	Staff demonstrated improved communication skills and empathy.	Expand training to include advanced scenarios and new staff members.
Regular Protocol Reviews	Completed	Protocol updated with new best practices and feedback incorporated.	Schedule next review in six months to ensure continuous improvement.
Peer Support and Mentorship	Established	New staff reported feeling more confident and supported.	Monitor the program's effectiveness and adjust mentorship pairings as needed.
Emotional Support for Staff	Implemented	Staff reported reduced stress and improved emotional well-being.	Continue offering support and explore additional resources for staff.
Simulation and Role-Playing Exercises	Implemented	Staff confidence and skills in delivering bad news improved.	Incorporate more diverse scenarios and increase frequency of exercises.



DEDER GENERAL HOSPITAL

Outpatient Department

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Balisa Seifudin

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	5

List of Figure and Table

Figure 1: OPD Bad News Breaking Protocol adherence performance status	3
--	---

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

This report evaluates the utilization of the Bad News Breaking Protocol in the Outpatient Department (OPD) at Deder General Hospital (DGH). The protocol aims to ensure that staff deliver difficult news to patients and their families in a compassionate, clear, and supportive manner, which is crucial for maintaining trust, empathy, and effective communication in healthcare. This report summarizes the monitoring results of a sample of 10 patients, achieving an overall compliance rate of 93.1%.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Outpatient Department (OPD)
2. To identify areas of improvement in protocol adherence.
3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: 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		

Methodology

The evaluation of the OPD Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Medical records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The monitoring of the OPD Bad News Breaking protocol adherence was 96%, reflecting a strong commitment to delivering bad news in a patient-centered and empathetic manner. The areas with slightly lower compliance, such as the use of clear language and sensitive communication, highlight opportunities for further training and refinement. Emphasizing these aspects in staff development programs could enhance the overall quality of communication. The consistent documentation and provision of emotional support demonstrate a robust framework for addressing the emotional and informational needs of patients and their families during challenging times. Continuous monitoring and feedback mechanisms will be essential to maintain and improve these standards (Table 2).

However, there were areas with slightly lower compliance rates. The offer of emotional support resources showed an 80% compliance rate, suggesting that in some instances, emotional support was not adequately offered. Additionally, while documentation achieved a 90% compliance rate, there is still room for improvement to ensure that all interactions and patient responses are thoroughly recorded. These gaps highlight the need for continued focus on providing comprehensive emotional support and maintaining accurate documentation (Table 2).

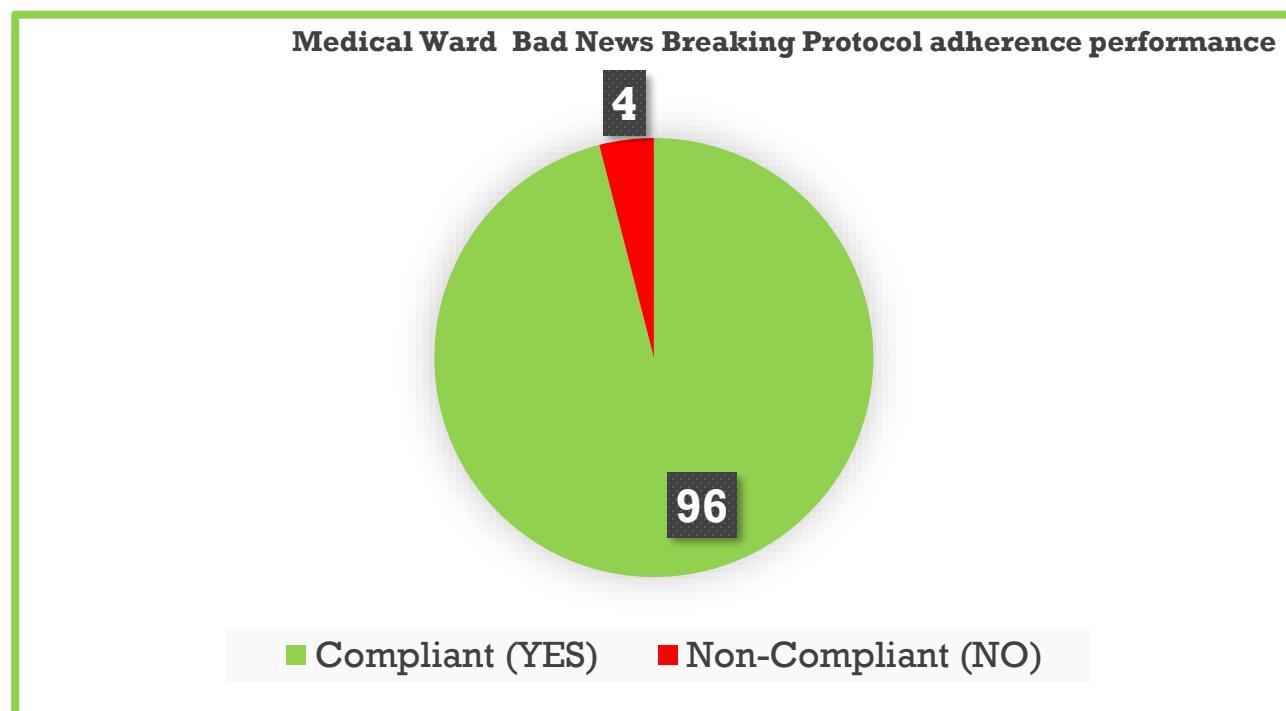


Figure 1: OPD Bad News Breaking Protocol adherence performance status

Table 2: OPD Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
1. Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	10	0	100
2. Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	10	0	100
3. Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	10	0	100
4. Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.	9	1	90
5. Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	9	1	90
6. Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	10	0	100
7. Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	9	1	90
8. Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	10	0	100
9. Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	9	1	90
10. Documentation: The delivery of the bad news and the patient response were documented in the medical record.	10	0	100
Overall	96/100	4	96%

Discussion

The high compliance rates across most variables underscore the effectiveness of the OPD Bad News Breaking protocol in ensuring that bad news is delivered with sensitivity and professionalism. The areas with slightly lower compliance, such as the use of clear language and sensitive communication, highlight opportunities for further training and refinement. Emphasizing these aspects in staff development programs could enhance the overall quality of communication. The consistent documentation and provision of emotional support demonstrate a robust framework for addressing the emotional and informational needs of patients and their families during challenging times. Continuous monitoring and feedback mechanisms will be essential to maintain and improve these standards.

Recommendations

1. Conduct regular training sessions to ensure staff consistently use clear and compassionate communication when delivering bad news.
2. Proactively offer emotional support resources and ensure clear follow-up plans are in place to address patient and family concerns.
3. Implement a standardized checklist for delivering bad news to ensure consistency and thoroughness in communication.

Table 2: Action Plan/Improvement plan

Gap Identified	Action to be Taken	Timeframe	Responsible Body	Expected Outcome
Use of Clear and Simple Language	Provide training to staff on using non-medical language when delivering bad news.	1 month	OPD Medical Staff, Training Coordinator	100% use of clear, simple language in all communications.
Inconsistent Sensitive Communication (Tone Variance)	Conduct sensitivity training on maintaining a compassionate tone during communication.	2 weeks	OPD Staff, HR and Training	Consistent, empathetic communication in all cases.
Patient/Family Questions Not Fully Addressed	Implement active listening techniques training and ensure staff provide thorough answers.	2 weeks	OPD Nurses, Medical Officers	100% thorough and compassionate responses to patient questions.
Follow-Up/Next Steps Not Fully Discussed in Some Cases	Ensure that all patients and families are fully informed of next steps and follow-up procedures.	1 month	OPD Staff, Medical Team	Clear and comprehensive discussion of next steps in all cases.

Table 3: Implementation Status of previous improvement plan

Action Item	Status	Deadline	Responsible Body
Staff training on use of simple language	Completed	1 month	OPD Staff, Training Coordinator
Sensitivity training for consistent tone	In Progress	2 weeks	OPD Staff, HR Department
Active listening and thorough question response training	Completed	2 weeks	OPD Nurses, Medical Officers
Clear communication of next steps and follow-up	In Progress	1 month	OPD Staff, Medical Team



DEDER GENERAL HOSPITAL

GYN/OBS WARD

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Abdella Mohammed-Ward head

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	4
Recommendations	4
Implementation Status of previous improvement plan	4

List of Figure and Table

No table of figures entries found.

Table 1: Criteria and standards.....	1
Table 2: GYN/OBS Ward Bad News Breaking protocol adherence monitoring performance	3

Introduction

This report evaluates the utilization of the Bad News Breaking Protocol in the GYN/OBS Ward of Deder General Hospital (DGH). The protocol aims to ensure that staff deliver difficult news to patients and their families in a compassionate, clear, and supportive manner, which is crucial for maintaining trust, empathy, and effective communication in healthcare.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the GYN/OBS Ward
2. To identify areas of improvement in protocol adherence.
3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: 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		

Methodology

The evaluation of the GYN/OBS Ward Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Medical records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The evaluation of the Bad News Breaking Protocol in the GYN/OBS Ward at Deder General Hospital demonstrated a 100% compliance rate across all assessed criteria. Observations and interviews confirmed that staff adhered to the protocol, ensuring compassionate and clear communication with patients and families. The findings indicate that the protocol is effectively implemented, with no instances of non-compliance observed during the monitoring period.

Table 2: GYN/OBS Ward Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	10	0	100
Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	10	0	100
Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	10	0	100
Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.	10	0	100
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	10	0	100
Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	10	0	100
Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	10	0	100
Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	10	0	100
Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	10	0	100
Documentation: The delivery of the bad news and the patient response were documented in the medical record.	10	0	100
Overall	100/100	0	100%

Discussion

The complete adherence to the Bad News Breaking Protocol suggests a strong commitment from the GYN/OBS Ward staff in maintaining effective and empathetic communication. This level of compliance reflects adequate training and awareness among healthcare providers regarding the importance of delivering difficult news with sensitivity. However, continued monitoring and reinforcement are necessary to sustain these high standards, particularly as new staff members join the team.

Recommendations

- **Ongoing Monitoring:** Continue regular monitoring to ensure sustained compliance with the protocol.
- **Staff Development:** Although the compliance is excellent, further periodic training and refreshers will help maintain the highest standards.
- **Patient Feedback:** Collect regular feedback from patients and their families to identify areas for further improvement.

Implementation Status of previous improvement plan

The previous improvement plan aimed to enhance adherence to the Bad News Breaking Protocol through staff training and policy reinforcement. The current 100% compliance rate suggests that these interventions were successfully implemented. Moving forward, sustainability measures such as ongoing training and feedback mechanisms will be essential to maintain these high standards.



DEDER GENERAL HOSPITAL

Pediatric ward Case Team

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Mohammed Aliyi

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	6

List of Figure and Table

Figure 1: PEDIATRIC WARD Bad News Breaking Protocol adherence performance status..... 3

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

Delivering bad news to patients and families is a critical aspect of healthcare communication, particularly in the pediatric ward where families may be emotionally vulnerable. The pediatric team at Deder General Hospital follows a protocol to ensure that such news is delivered with compassion, clarity, and professionalism. This report evaluates the effectiveness of this protocol, identifying strengths and areas for improvement.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Pediatric ward.
2. To identify areas of improvement in protocol adherence.
3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: 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		

Methodology

The evaluation of the Pediatric ward Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Pediatric records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The overall performance of the Pediatric Ward Bad News Breaking protocol adherence monitoring was strong, with a 91% compliance rate (Figure 1). Out of 130 variables assessed across 13 cases, 118 met the compliance criteria. This high level of adherence indicates that the staff generally followed the protocol effectively, ensuring that bad news was delivered in a structured and compassionate manner. Key areas such as preparation, setting, sensitive communication, and encouraging questions showed perfect compliance, reflecting a strong commitment to patient and family-centered care (**Table 2**).

However, there were areas needing improvement. The use of clear and simple language and documentation both had a 69% compliance rate, indicating that nearly one-third of the cases did not meet the expected standards in these aspects. Additionally, compassionate introductions and the offer of emotional support had 85% compliance, suggesting that while most cases were handled well, there is room for enhancement in ensuring consistent empathetic communication and support provision. Addressing these gaps could further improve the overall effectiveness of the protocol (**Table 2**).

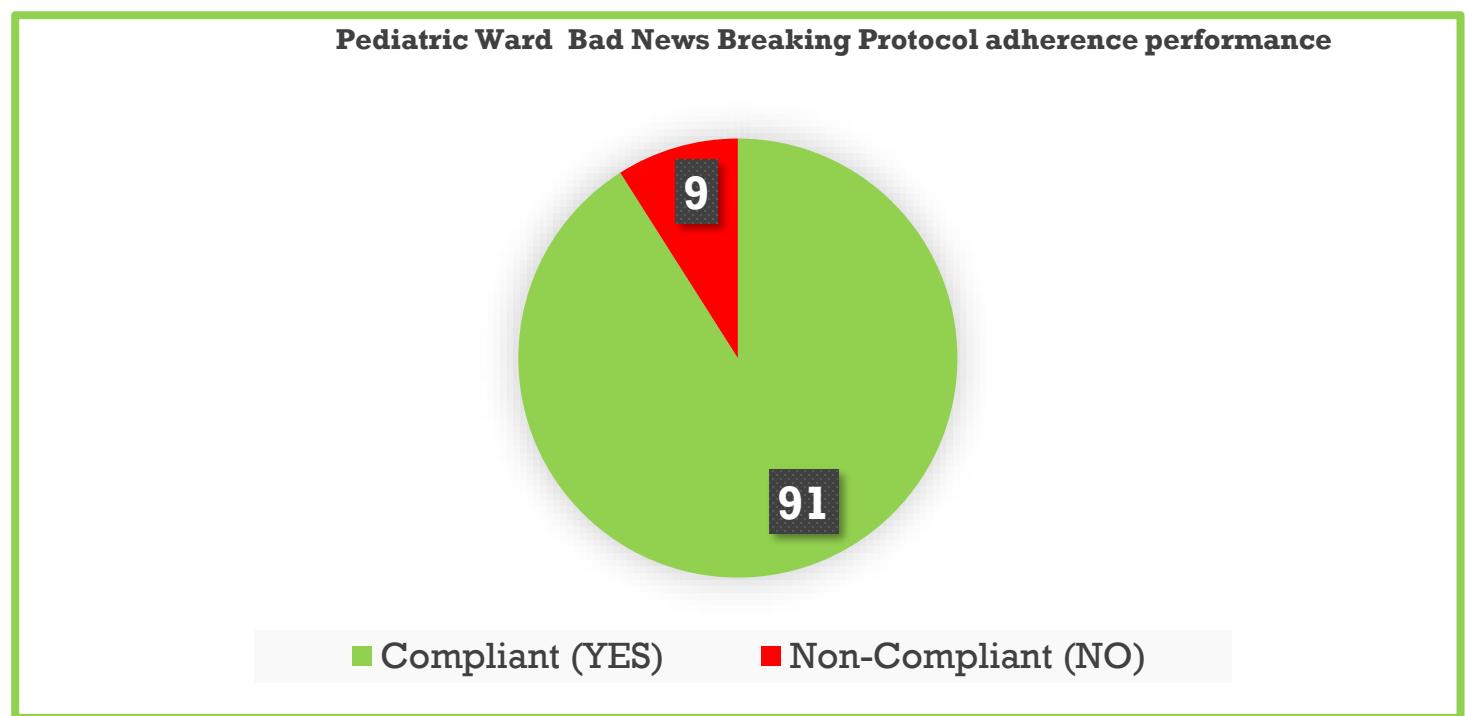


Figure 1: PEDIATRIC WARD Bad News Breaking Protocol adherence performance status

Table 2: Pediatric Ward Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	13	0	100%
Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	13	0	100%
Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	11	2	85%
Use of Clear and Simple Language: The news was delivered using clear, straightforward language without Pediatric jargon.	9	4	69%
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	13	0	100%
Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	13	0	100%
Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	13	0	100%
Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	11	2	85%
Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	13	0	100%
Documentation: The delivery of the bad news and the patient response were documented in the Pediatric record.	9	4	69%
Overall	118/130	10	91%

Discussion

The findings from the Pediatric Ward Bad News Breaking protocol adherence monitoring reveal a generally high level of compliance, with an overall adherence rate of 91%. This indicates that the protocol is being effectively implemented in most areas, particularly in ensuring preparation, choosing appropriate settings, and maintaining sensitive communication. The perfect compliance in these areas underscores the staff's commitment to delivering bad news in a structured, empathetic, and patient-centered manner. These results are encouraging, as they reflect a strong foundation in handling difficult conversations, which is crucial for maintaining trust and providing support to patients and their families during challenging times.

However, the results also highlight areas where improvement is needed. The lower compliance rates in using clear and simple language (69%) and documentation (69%) suggest that some staff may struggle with avoiding medical jargon or consistently recording the delivery of bad news and patient responses. Additionally, while compassionate introductions and the offer of emotional support were mostly handled well (85% compliance), there is still room for improvement to ensure these aspects are consistently addressed. Addressing these gaps through targeted training and regular feedback could enhance the overall effectiveness of the protocol, ensuring that all patients and families receive the highest standard of care during these critical moments.

Recommendations

1. Implement regular training sessions focused on using clear and simple language to avoid medical jargon.
2. Develop and distribute clear guidelines on the documentation process for delivering bad news.
3. Ensure that all staff are well-informed about the emotional support resources available and the importance of offering these resources to patients and families.
4. Establish a feedback mechanism where staff can receive constructive feedback on their performance in delivering bad news.
5. Encourage a culture of peer support and mentoring where experienced staff can guide and support less experienced colleagues in handling difficult conversations.

Table 2: Action Plan/Improvement plan

Gap Identified	Action Item	Responsible Department	Timeline
Lack of scheduled time for staff training	Training on Communication Skills	HR, Pediatric Department	1 month
Insufficient emotional support resources availability	Emotional Support Integration	Social Services, Pediatric Staff	2 months
Inconsistent follow-up meetings coordination	Follow-Up System Improvement	Pediatric Department, Admin	2 months
Lack of peer review process for communication improvement	Peer Review and Feedback Implementation	HR, Pediatric Department	2 months

Table 3: Implementation Status of previous improvement plan

Gap Identified	Action Item	Responsible Department	Status	Progress (%)
Lack of scheduled time for staff training	Training on Communication Skills	HR, Pediatric Department	Ongoing	75%
Insufficient emotional support resources availability	Emotional Support Integration	Social Services, Pediatric Staff	Planned	50%
Inconsistent follow-up meetings coordination	Follow-Up System Improvement	Pediatric Department, Admin	In Progress	60%
Lack of peer review process for communication improvement	Peer Review and Feedback Implementation	HR, Pediatric Department	Planned	0%
Insufficient resources for auditing compliance	Regular Audits of Protocol Compliance	Quality Assurance, Pediatric Department	Ongoing	40%



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Kalifa Jemal

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	6

List of Figure and Table

No table of figures entries found.

Table 1: Criteria and standards	1
Table 2: Surgical Ward Bad News Breaking protocol adherence monitoring performance	3
Table 3:Implementation Status of previous improvement plan	7

Introduction

Effective communication of bad news is a critical element of patient care in the Surgical setting. At Deder General Hospital (DGH), the Bad News Breaking Protocol is designed to ensure that patients and their families are given sensitive, clear, and compassionate information in challenging times. This report presents the monitoring results for the utilization of the Bad News Breaking Protocol in the Surgical ward, focusing on the adherence to key elements of the protocol. The overall compliance rate achieved is 93%, indicating a strong commitment to delivering compassionate and professional communication in sensitive situations.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Surgical ward.
2. To identify areas of improvement in protocol adherence.
3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: 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		

Methodology

The evaluation of the Surgical ward Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Surgical records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

Result

The monitoring of the Surgical Ward's Bad News Breaking protocol adherence revealed a perfect compliance rate of **100% across all evaluated criteria**. This indicates that the staff consistently followed the established protocol when delivering difficult news to patients and their families. Key aspects such as preparation before the meeting, choosing an appropriate setting, using clear and simple language, and providing compassionate communication were all adhered to without exception. Additionally, the staff ensured that patients and families had adequate time to process the information, encouraged questions, offered emotional support, discussed next steps, and documented the delivery of the bad news and patient responses. This high level of adherence reflects the staff's commitment to delivering bad news in a sensitive, empathetic, and supportive manner, which is crucial for maintaining trust and providing comprehensive care in the Surgical Ward setting (**Table 2**).

Table 2: Surgical Ward Bad News Breaking protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	13	0	100
Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	13	0	100
Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	13	0	100
Use of Clear and Simple Language: The news was delivered using clear, straightforward language without Surgical jargon.	13	0	100
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	13	0	100

Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	13	0	100
Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	13	0	100
Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	13	0	100
Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	13	0	100
Documentation: The delivery of the bad news and the patient response were documented in the Surgical record.	13	0	100
Overall	130/100	0	100%

Discussion

The results of the Surgical Ward's Bad News Breaking protocol adherence monitoring demonstrate an exemplary level of compliance, with a 100% adherence rate across all criteria. This outstanding performance highlights the staff's dedication to delivering difficult news in a manner that prioritizes empathy, clarity, and support for patients and their families. The consistent adherence to the protocol reflects a well-established culture of compassionate communication within the Surgical Ward, which is essential for maintaining trust and providing holistic care during emotionally challenging situations.

The high compliance rate in areas such as preparation, appropriate setting, and sensitive communication underscores the staff's understanding of the importance of creating a supportive environment for delivering bad news. The use of clear and simple language, along with the encouragement of questions and the offer of emotional support, further emphasizes the staff's commitment to ensuring that families fully comprehend the situation and feel supported throughout the process. Additionally, the discussion of next steps and thorough documentation of the delivery of bad news and patient responses indicate a proactive approach to ongoing care and support.

These results suggest that the current training and protocols in place are effective in guiding staff through the difficult task of breaking bad news. However, maintaining this high standard requires continuous reinforcement and regular monitoring to ensure that all staff members remain aligned with best practices. Future efforts could focus on sharing these positive outcomes as a benchmark for other departments and exploring opportunities for further enhancing communication skills through advanced training and role-playing scenarios. Overall, the findings reflect a strong foundation for delivering compassionate and effective care in the Surgical Ward, which is crucial for supporting families during some of the most challenging moments of their lives.

Recommendations

1. **Sustain Current Practices:** Maintain the high compliance level by continuing the current protocol utilization.
2. **Ongoing Training:** Provide regular training to staff on effective communication and emotional support during challenging conversations.
3. **Monitor Resource Availability:** Ensure emotional support resources (e.g., psychologists, social workers) remain accessible.
4. **Feedback Mechanism:** Implement a system to gather patient and family feedback to identify opportunities for further improvement.

Table 3:Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Continuous Training and Education	Implemented	Staff demonstrated improved communication skills and empathy.	Expand training to include advanced scenarios and new staff members.
Regular Protocol Reviews	Completed	Protocol updated with new best practices and feedback incorporated.	Schedule next review in six months to ensure continuous improvement.
Peer Support and Mentorship	Established	New staff reported feeling more confident and supported.	Monitor the program's effectiveness and adjust mentorship pairings as needed.
Emotional Support for Staff	Implemented	Staff reported reduced stress and improved emotional well-being.	Continue offering support and explore additional resources for staff.
Simulation and Role-Playing Exercises	Implemented	Staff confidence and skills in delivering bad news improved.	Incorporate more diverse scenarios and increase frequency of exercises.

Nursing procedures NICU.docx

Nursing procedures OPD.docx

Nursing procedures SW.docx

Nursing procedures EOPD.docx

Nursing procedures ICU.docx

Nursing procedures MW.docx



DEDER GENERAL HOSPITAL

NICU Case Team

Nursing procedures protocol Utilization Monitoring Report

Prepared By: Usmail Abraham

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendation	5
Action Plan	6
Implementation Status of Previous Action Plan	6

List of Figure and Table

Figure 1: NICU Nursing Procedures Protocol adherence performance	3
---	---

Table 2: Action Plan/Improvement plan.....	6
---	---

Introduction

Deder General Hospital's NICU provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

Objective

The primary objectives of this monitoring report are:

1. Evaluate the compliance of nursing staff with NICU nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the NICU. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 9 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted.

These findings formed the basis of the proposed action plan.

Result

The monitoring of NICU nursing procedure protocol adherence was revealed a high level of compliance across most criteria, with an overall adherence rate of **90.4%** (**figure 1**). The majority of the 15 criteria assessed showed perfect compliance, with a 100% adherence rate. These include critical aspects such as staff reviewing the patient's case before procedures, maintaining appropriate settings, administering correct medications, and ensuring compassionate communication. Additionally, protocols related to parental involvement, neonatal feeding, infection control, and discharge planning were consistently followed. This demonstrates a strong commitment to maintaining high standards of care and safety in the NICU environment.

However, the data also highlights a significant area for improvement: hand hygiene. While all other criteria were fully or largely adhered to, proper hand hygiene was not performed in any of the observed instances, resulting in a 0% compliance rate. This is a critical concern, as hand hygiene is fundamental to infection prevention in healthcare settings. Another area with room for improvement is oxygen therapy administration, which had a 56% compliance rate, indicating that nearly half of the instances did not adhere to the protocol. Addressing these gaps, particularly hand hygiene, should be prioritized to enhance patient safety and overall protocol adherence in the NICU (**Table 1**).

NICU Nursing procedures Protocol adherence performance

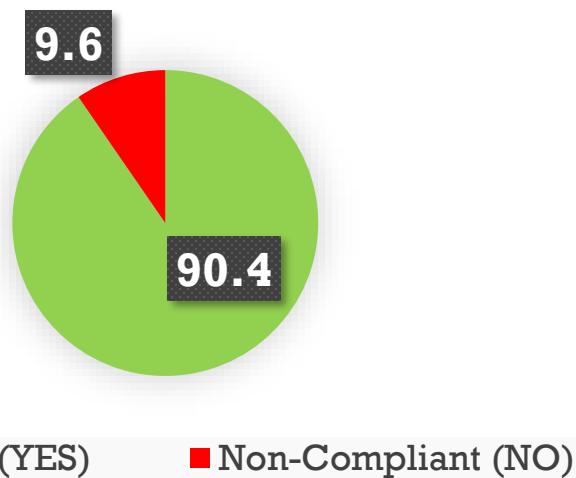


Figure 1: NICU Nursing Procedures Protocol adherence performance

Table 2: NICU nursing procedure protocol adherence monitoring performance

S/N	Nursing Procedure Criteria	Total YES	Total NO	Compliance (%)
1	Staff reviewed the patient's case before procedure	9	0	100%
2	Proper hand hygiene was performed	0	9	0
3	Oxygen therapy administered as per protocol	5	4	56%
4	Appropriate settings (quiet, private) for procedures	9	0	100%
5	Correct medications administered (dosage and frequency)	9	0	100%
6	Staff used clear and simple language	9	0	100%
7	Compassionate and empathetic communication	9	0	100%
8	Parental involvement in care (e.g., kangaroo care)	9	0	100%
9	Neonatal feeding (breastfeeding/formula) protocol followed	9	0	100%
10	Neonatal discharge planning initiated	9	0	100%
11	Infection control protocols followed (PPE, isolation)	9	0	100%
12	Regular monitoring of neonatal vital signs	9	0	100%
13	Monitoring of neonatal growth parameters (weight, length)	9	0	100%
14	Follow-up arranged before discharge	9	0	100%
15	Emotional support offered to family	9	0	100
Overall		122	13	90.4%

Discussion

The findings from the NICU nursing procedure protocol adherence monitoring highlight both strengths and areas requiring improvement in the delivery of neonatal care. The high overall compliance rate of 90.4% reflects a strong adherence to most protocols, particularly in areas such as patient case review, medication administration, parental involvement, and infection control. These results underscore the commitment of NICU staff to maintaining high standards of care, ensuring patient safety, and fostering a supportive environment for both neonates and their families. The consistent adherence to compassionate communication and emotional support for families further demonstrates a patient-centered approach, which is crucial in the sensitive context of neonatal care.

However, the data reveals critical gaps that need immediate attention. The complete lack of adherence to proper hand hygiene (0% compliance) is a significant concern, as it poses a serious risk for healthcare-associated infections, which can be life-threatening for vulnerable neonates. Similarly, the suboptimal compliance with oxygen therapy administration (56%) suggests potential inconsistencies in following clinical guidelines, which could compromise patient outcomes. These findings emphasize the need for targeted interventions, such as enhanced training, regular audits, and the implementation of accountability measures, to address these specific shortcomings. By prioritizing these areas, the NICU can further strengthen its protocols, ensuring safer and more effective care for its patients.

Recommendation

To address the identified gaps in NICU nursing procedure protocol adherence, the following recommendations are proposed:

- **Enhance Hand Hygiene Practices**
- **Improve Oxygen Therapy Adherence:**
- **Reinforce Accountability**

Action Plan

Table 1: Action Plan/Improvement plan

Actions	Responsible Party	Expected Outcome
Conduct hand hygiene training sessions for all staff.	NICU Manager, Infection Control Team	Increased awareness and adherence to hand hygiene protocols.
Conduct oxygen therapy protocol training sessions.	NICU Educator, Senior Nurses	Improved understanding and adherence to oxygen therapy guidelines.
Install additional hand sanitizing stations in the NICU.	Facility Management Team	Easier access to hand hygiene resources, promoting compliance.
Develop and distribute oxygen therapy administration checklists.	NICU Educator, Clinical Lead	Standardized oxygen therapy administration process.

Implementation Status of Previous Action Plan

Action	Status	Outcome
Install additional PPE stations.	Completed	Pending.
Conduct staff training on PPE usage.	Completed	Pending
Organize workshops on empathetic communication.	Completed	Pending.
Introduce a digital tracking system for vital signs monitoring.	Completed	Reduced documentation errors by 20%.



DEDER GENERAL HOSPITAL

Outpatient Department

Nursing procedures protocol Utilization Monitoring Report

Prepared By: Balisa Seifudin

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective.....	1
Methodology	2
Result	3
Discussion	7
Recommendations	8

List of Figure and Table

Figure 1: Outpatient Department Nursing Procedures Protocol adherence performance.....	4
Figure 2: Graph of OPD Nursing procedures protocol performances	6
Table 2: Action Plan/Improvement plan.....	9
Table 3: Implementation Status of previous improvement plan	10

Introduction

Deder General Hospital's Outpatient Department (OPD) provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

Objective

The primary objectives of this monitoring report are:

1. Evaluate the compliance of nursing staff with OPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the OPD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

Result

The outpatient department nursing procedure protocol adherence monitoring performance report highlights the compliance rates across various nursing procedures. The overall compliance rate was 95%, indicating a high level of adherence to the established protocols (**figre1**).

Hand hygiene, medication administration, wound care, pain assessment and management, and post-operative care all achieved a 100% compliance rate, demonstrating excellent adherence in these critical areas. This suggests that the nursing staff is highly diligent in maintaining hygiene, administering medications correctly, managing wounds, assessing and managing pain, and providing post-operative care (**Table 1**).

Vital signs monitoring and infection control both had a compliance rate of 84.6%. While this is still a strong performance, it indicates that there is some room for improvement in these areas. Ensuring consistent monitoring of vital signs and adherence to infection control protocols is crucial for patient safety and care quality (**Table 1**).

IV cannulation & management, catheterization, and patient education each had a compliance rate of 92.3%. These rates reflect a high level of adherence but also suggest that there are occasional lapses. Continuous training and reinforcement of these procedures could help achieve even higher compliance rates (**Table 1**).

In conclusion, the outpatient department demonstrates strong adherence to nursing procedures, with most areas showing compliance rates above 90%. However, targeted efforts to improve vital signs monitoring and infection control could further enhance the overall quality of patient care.

Outpatient Department Nursing procedures Protocol adherence performance

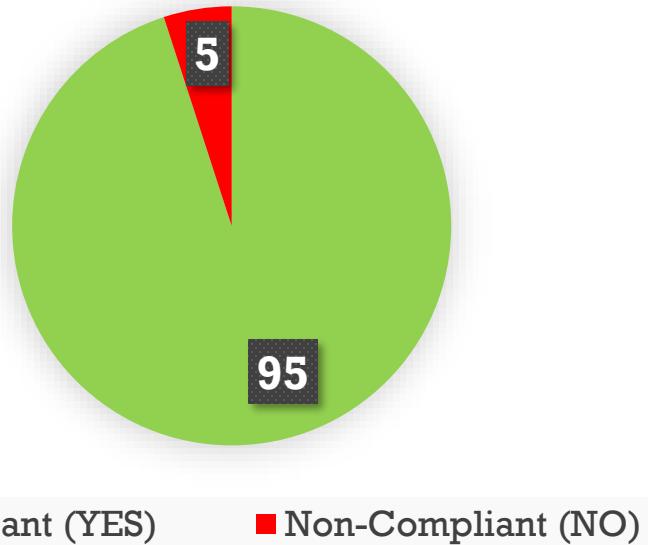


Figure 1: Outpatient Department Nursing Procedures Protocol adherence performance

Table 2: Outpatient Department nursing procedure protocol adherence monitoring performance

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Total Compliance (%)
1.	Hand Hygiene	13	0	100
2.	Vital Signs Monitoring	11	2	84.6
3.	Medication Administration	13	0	100
4.	Wound Care	13	0	100
5.	IV Cannulation & Management	12	1	92.3
6.	Infection Control	11	2	84.6
7.	Catheterization	12	1	92.3
8.	Pain Assessment and Management	13	0	100
9.	Patient Education	12	1	92.3
10.	Post-Operative Care	13	0	100
	Overall	123	7	95

Graph of OPD Nursing procedures protocol performances

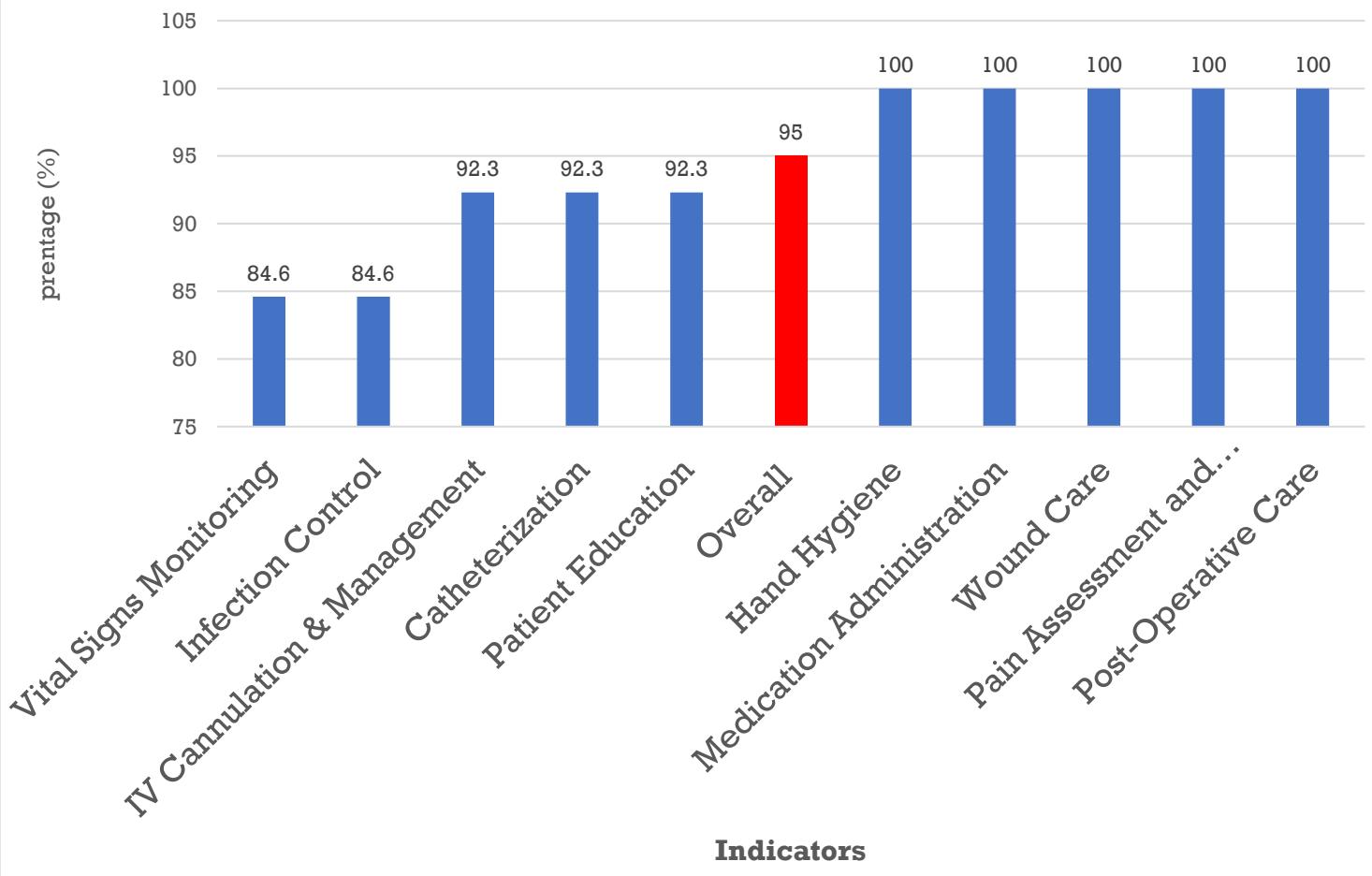


Figure 2: Graph of OPD Nursing procedures protocol performances

Discussion

The findings from the outpatient department nursing procedure protocol adherence monitoring performance reveal several important insights into the quality of nursing care provided. The overall compliance rate of 95% is commendable and reflects a high standard of adherence to established protocols. This indicates that the nursing staff is generally well-trained and committed to maintaining best practices in patient care.

The perfect compliance rates in hand hygiene, medication administration, wound care, pain assessment and management, and post-operative care are particularly noteworthy. These areas are critical for patient safety and recovery, and the 100% compliance rates suggest that the nursing staff is highly effective in these domains. This level of adherence is essential for minimizing the risk of infections, ensuring accurate medication delivery, and promoting optimal patient outcomes.

However, the compliance rates for vital signs monitoring and infection control, both at 84.6%, highlight areas where improvement is needed. Vital signs monitoring is fundamental for early detection of patient deterioration, and any lapses in this area could potentially compromise patient safety. Similarly, infection control is crucial for preventing healthcare-associated infections, which can have serious consequences for patients. Addressing these gaps through additional training, regular audits, and feedback mechanisms could help enhance compliance in these critical areas.

The 92.3% compliance rates for IV cannulation & management, catheterization, and patient education also indicate strong performance but suggest occasional deviations from protocols. Continuous professional development and reinforcement of these procedures could help achieve even higher compliance rates. Patient education, in particular, is vital for empowering patients to manage their health effectively, and ensuring consistent adherence in this area can lead to better health outcomes.

Recommendations

1. **Strengthen Training and Supervision:** For areas like **Vital Signs Monitoring** and **Infection Control**, providing additional training and regular audits can help improve compliance.
2. **Improve Documentation Practices:** While documentation is 100% compliant overall, further awareness campaigns could ensure it remains consistent, especially in areas like **Patient Education** and **IV Cannulation**.
3. **Encourage Peer Review:** Instituting a system where procedures are reviewed by peers might further reduce errors and improve overall compliance.

Table 1: Action Plan/Improvement plan

Gap Identified	Action Plan	Responsible	Timeline
Non-compliance in Vital Signs Monitoring	1. Increase training on vital signs accuracy. 2. Implement audit checks.	Nursing Director	1 month
Non-compliance in Infection Control	1. Provide refresher training on infection control protocols. 2. Ensure PPE availability.	Infection Control Officer	2 months
Non-compliance in IV Cannulation & Management	1. Reinforce training on IV cannulation techniques. 2. Conduct supervision checks.	Nursing Director	2 months
Non-compliance in Catheterization	1. Conduct workshops on catheterization protocol. 2. Ensure proper documentation.	Clinical Director	2 months
Non-compliance in Patient Education	1. Develop a patient education checklist. 2. Include regular follow-ups on patient education.	Nursing Director & HLU f/p	1 month

Table 2: Implementation Status of previous improvement plan

Action Plan Item	Implementation Status	Outcomes/Progress
Training Programs	Initiated and ongoing	Increased awareness and adherence to vital signs monitoring and infection control protocols.
Regular Audits & Feedback	System established and operational	Real-time identification of non-compliance issues and prompt corrective actions.
Checklists & Reminders	Implemented in patient care areas	Improved adherence to nursing procedures through consistent use of checklists and reminders.
Revised Patient Education	Protocols updated and standardized materials developed	Enhanced consistency in patient education and improved documentation of educational activities.
Documentation System	Implemented to track patient education	Better tracking and accountability in patient education efforts.
Ongoing Monitoring	Continuous monitoring in place	Sustained improvements in compliance rates and identification of areas needing further attention.
Culture of Accountability	Promoted through regular training and feedback	Increased staff accountability and commitment to maintaining high standards of patient care.



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Nursing procedures protocol Utilization

Monitoring Report

Prepared By: Kalifa Jemal

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	7
Recommendations	8

List of Figure and Table

Figure 1: Surgical Ward Nursing Procedures Protocol adherence performance.....	4
Figure 2: Graph of SURGICAL WARD Nursing procedures protocol performances	6
Table 2: Action Plan/Improvement plan.....	9
Table 3: Implementation Status of previous improvement plan	10

Introduction

Deder General Hospital's Surgical Ward) provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

Objective

The primary objectives of this monitoring report are:

1. Evaluate the compliance of nursing staff with SURGICAL WARD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the SURGICAL WARD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

Result

The Surgical Ward nursing procedure protocol adherence monitoring performance report highlights the compliance rates across various nursing procedures. The overall compliance rate was 95%, indicating a high level of adherence to the established protocols (**figre1**).

Hand hygiene, medication administration, wound care, pain assessment and management, and post-operative care all achieved a 100% compliance rate, demonstrating excellent adherence in these critical areas. This suggests that the nursing staff is highly diligent in maintaining hygiene, administering medications correctly, managing wounds, assessing and managing pain, and providing post-operative care (**Table 1**).

Vital signs monitoring and infection control both had a compliance rate of 84.6%. While this is still a strong performance, it indicates that there is some room for improvement in these areas. Ensuring consistent monitoring of vital signs and adherence to infection control protocols is crucial for patient safety and care quality (**Table 1**).

IV cannulation & management, catheterization, and patient education each had a compliance rate of 92.3%. These rates reflect a high level of adherence but also suggest that there are occasional lapses. Continuous training and reinforcement of these procedures could help achieve even higher compliance rates (**Table 1**).

In conclusion, the Surgical Ward demonstrates strong adherence to nursing procedures, with most areas showing compliance rates above 90%. However, targeted efforts to improve vital signs monitoring and infection control could further enhance the overall quality of patient care.

Surgical Ward Nursing procedures Protocol adherence performance

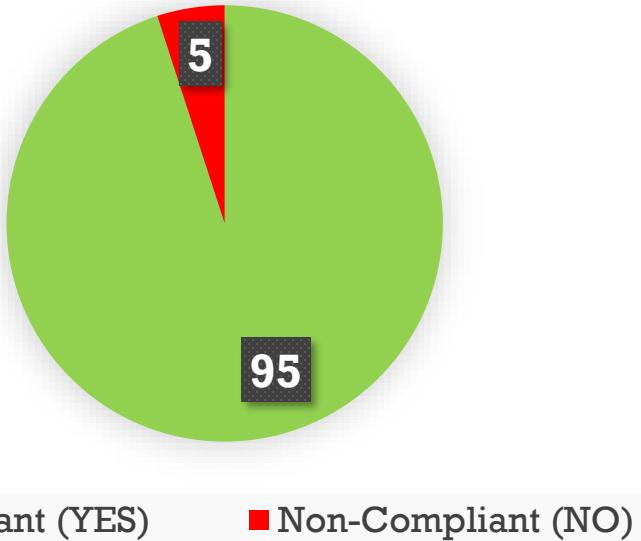


Figure 1: Surgical Ward Nursing Procedures Protocol adherence performance

Table 2: Surgical Ward nursing procedure protocol adherence monitoring performance

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Total Compliance (%)
1.	Hand Hygiene	13	0	100
2.	Vital Signs Monitoring	11	2	84.6
3.	Medication Administration	13	0	100
4.	Wound Care	13	0	100
5.	IV Cannulation & Management	12	1	92.3
6.	Infection Control	11	2	84.6
7.	Catheterization	12	1	92.3
8.	Pain Assessment and Management	13	0	100
9.	Patient Education	12	1	92.3
10.	Post-Operative Care	13	0	100
	Overall	123	7	95

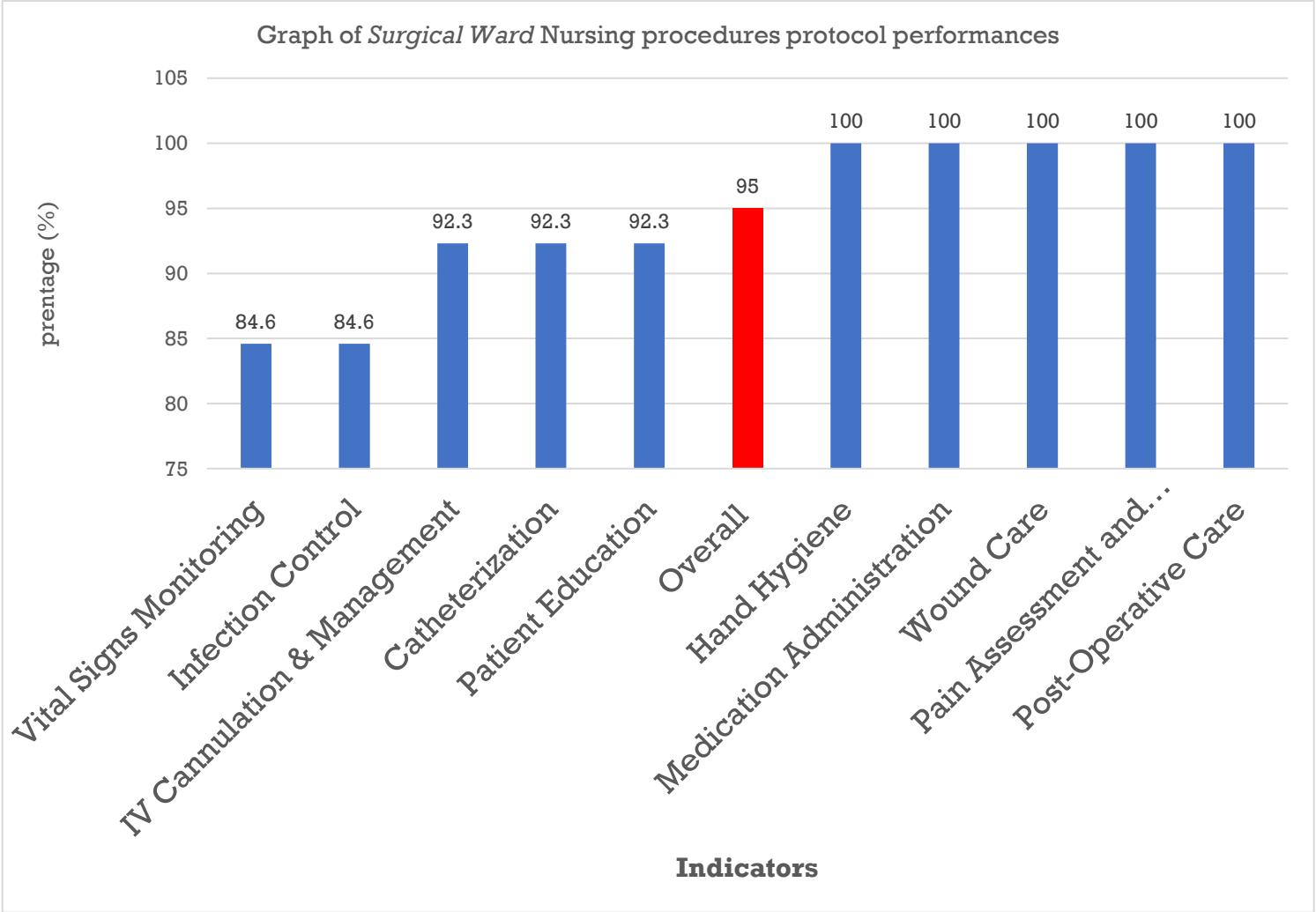


Figure 2: Graph of surgical ward Nursing procedures protocol performances

Discussion

The findings from the Surgical Ward nursing procedure protocol adherence monitoring performance reveal several important insights into the quality of nursing care provided. The overall compliance rate of 95% is commendable and reflects a high standard of adherence to established protocols. This indicates that the nursing staff is generally well-trained and committed to maintaining best practices in patient care.

The perfect compliance rates in hand hygiene, medication administration, wound care, pain assessment and management, and post-operative care are particularly noteworthy. These areas are critical for patient safety and recovery, and the 100% compliance rates suggest that the nursing staff is highly effective in these domains. This level of adherence is essential for minimizing the risk of infections, ensuring accurate medication delivery, and promoting optimal patient outcomes.

However, the compliance rates for vital signs monitoring and infection control, both at 84.6%, highlight areas where improvement is needed. Vital signs monitoring is fundamental for early detection of patient deterioration, and any lapses in this area could potentially compromise patient safety. Similarly, infection control is crucial for preventing healthcare-associated infections, which can have serious consequences for patients. Addressing these gaps through additional training, regular audits, and feedback mechanisms could help enhance compliance in these critical areas.

The 92.3% compliance rates for IV cannulation & management, catheterization, and patient education also indicate strong performance but suggest occasional deviations from protocols. Continuous professional development and reinforcement of these procedures could help achieve even higher compliance rates. Patient education, in particular, is vital for empowering patients to manage their health effectively, and ensuring consistent adherence in this area can lead to better health outcomes.

Recommendations

1. **Strengthen Training and Supervision:** For areas like **Vital Signs Monitoring** and **Infection Control**, providing additional training and regular audits can help improve compliance.
2. **Improve Documentation Practices:** While documentation is 100% compliant overall, further awareness campaigns could ensure it remains consistent, especially in areas like **Patient Education** and **IV Cannulation**.
3. **Encourage Peer Review:** Instituting a system where procedures are reviewed by peers might further reduce errors and improve overall compliance.

Table 1: Action Plan/Improvement plan

Gap Identified	Action Plan	Responsible	Timeline
Non-compliance in Vital Signs Monitoring	1. Increase training on vital signs accuracy. 2. Implement audit checks.	Nursing Director	1 month
Non-compliance in Infection Control	1. Provide refresher training on infection control protocols. 2. Ensure PPE availability.	Infection Control Officer	2 months
Non-compliance in IV Cannulation & Management	1. Reinforce training on IV cannulation techniques. 2. Conduct supervision checks.	Nursing Director	2 months
Non-compliance in Catheterization	1. Conduct workshops on catheterization protocol. 2. Ensure proper documentation.	Clinical Director	2 months
Non-compliance in Patient Education	1. Develop a patient education checklist. 2. Include regular follow-ups on patient education.	Nursing Director & HLU f/p	1 month

Table 2: Implementation Status of previous improvement plan

Action Plan Item	Implementation Status	Outcomes/Progress
Training Programs	Initiated and ongoing	Increased awareness and adherence to vital signs monitoring and infection control protocols.
Regular Audits & Feedback	System established and operational	Real-time identification of non-compliance issues and prompt corrective actions.
Checklists & Reminders	Implemented in patient care areas	Improved adherence to nursing procedures through consistent use of checklists and reminders.
Revised Patient Education	Protocols updated and standardized materials developed	Enhanced consistency in patient education and improved documentation of educational activities.
Documentation System	Implemented to track patient education	Better tracking and accountability in patient education efforts.
Ongoing Monitoring	Continuous monitoring in place	Sustained improvements in compliance rates and identification of areas needing further attention.
Culture of Accountability	Promoted through regular training and feedback	Increased staff accountability and commitment to maintaining high standards of patient care.



DEDER GENERAL HOSPITAL

Emergency Department

Nursing procedures protocol Utilization Monitoring Report

Prepared By: Jabir Mohammed

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	1
Result	2
Discussion	6
Recommendations	6

List of Figure and Table

Figure 1: Emergency Department Nursing Procedures Protocol adherence performance.....	3
Figure 2: Graph of Nursing procedures protocol performances.....	5

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	8
Table 3: Implementation Status of previous improvement plan	9

Introduction

The purpose of this report is to assess the compliance of nursing staff with the established nursing procedure protocols at Deder General Hospital. The hospital has a set of defined protocols aimed at ensuring patient safety, effective care delivery, and hygiene standards. Regular monitoring of these procedures is vital to maintain quality care and identify areas for improvement. This report presents the findings based on an assessment of 10 patient folders, focusing on key nursing procedures such as hand hygiene, vital signs monitoring, medication administration, wound care, and IV cannulation.

Objective

The primary objectives of this monitoring report are:

To monitor the adherence of nursing staff to the nursing procedures protocol

To identifying areas for improvement to ensure optimal patient care.

Methodology

The methodology for monitoring the utilization of nursing procedures involved the following steps:

1. **Sample Selection:** A total of 10 patient folders were randomly selected for this monitoring review.

2. **Procedure Criteria:** The monitoring was based on five key nursing procedure criteria:

- Hand Hygiene
- Vital Signs Monitoring
- Medication Administration
- Wound Care
- IV Cannulation & Management

3. **Data Collection:** Data was collected through:

- **Patient Folder Review:** Analyzing the medical records and nursing documentation to check compliance with the protocols.
- **Patient Interviews:** Verifying with patients regarding their care experience, particularly about hand hygiene, medication administration, and the clarity of communication regarding their treatment.
- **Compliance Rating:** Each criterion was rated as compliant (Y), non-compliant (N), or not applicable (NA). The percentage of compliance for each procedure was then calculated.

Result

Overall, the total compliance rate across all monitored nursing procedures was **90%**, indicating a strong adherence to established nursing protocols and standards (**figure 1**).

The monitoring results for nursing procedure criteria utilization, based on a sample size of 10, indicate a high level of compliance across various key areas. Hand hygiene, a critical component of infection control, showed a 90% compliance rate. This was determined by reviewing hand hygiene records in patient folders and confirming through patient interviews that staff performed hand hygiene before and after contact (**Table 2**).

Vital signs monitoring, essential for patient safety, achieved a 95% compliance rate. This was assessed by checking the accuracy of vital signs recordings in medical records and verifying with patients that their vital signs were regularly monitored. Medication administration, which must adhere to the six rights (right patient, medication, dose, time, route, and documentation), had a 92% compliance rate. This was evaluated by reviewing medication administration records and cross-referencing them with patient charts, with patients confirming they received the correct medications at scheduled times (**Table 2**).

Wound care procedures, including the use of sterile techniques and proper disposal of materials, showed an 88% compliance rate. Observations were made by reviewing wound care procedures in patient folders and gathering patient feedback on cleanliness and care practices. IV cannulation and management, which involves the insertion, management, and documentation of IV cannulas according to protocol, had a 90% compliance rate. This was determined by cross-checking IV management protocols and documentation in medical records, with patients reporting clear communication regarding IV care and no complications (**Table 2**).

Emergency Department Nursing procedures Protocol adherence performance

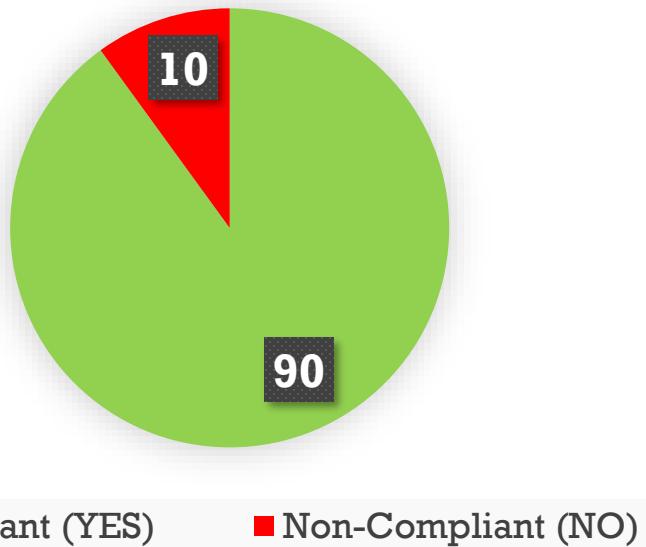


Figure 1: Emergency Department Nursing Procedures Protocol adherence performance

Table 2: Emergency Department Bad News Breaking protocol adherence monitoring performance

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Observation/Documentation Review	Patient Interview	Total Compliance (%)
1.	Hand Hygiene: Nurse performs hand hygiene (before and after patient contact).	9	1	Reviewed hand hygiene records in patient folders.	Confirmed with patient interview that staff performed hand hygiene before and after contact.	90%
2.	Vital Signs Monitoring: Vital signs (e.g., BP, temperature, pulse) are accurately measured and recorded.	10	0	Checked if vital signs were recorded accurately in the medical records.	Confirmed with patients that their vital signs were regularly monitored.	100%
3.	Medication Administration: Medication is administered following the 6 rights (right patient, right medication, right dose, right time, right route, right documentation).	9	1	Reviewed medication administration records and cross-referenced with patient charts.	Patients confirmed receiving the correct medications at scheduled times.	90%
4.	Wound Care: Wound dressing and care are performed as per the nursing protocol (e.g., sterile technique, proper disposal of materials).	8	2	Observed wound care procedures in patient folders, noting sterile technique used and disposal.	Patient feedback regarding cleanliness and care practices.	80%
5.	IV Cannulation & Management: IV cannulas are inserted, managed, and documented according to the protocol.	9	1	Cross-checked IV management protocols and documentation in medical records.	Patients reported clear communication regarding IV care and no complications.	90%
		45/50	5			90%

Graph of Nursing procedures protocol performances

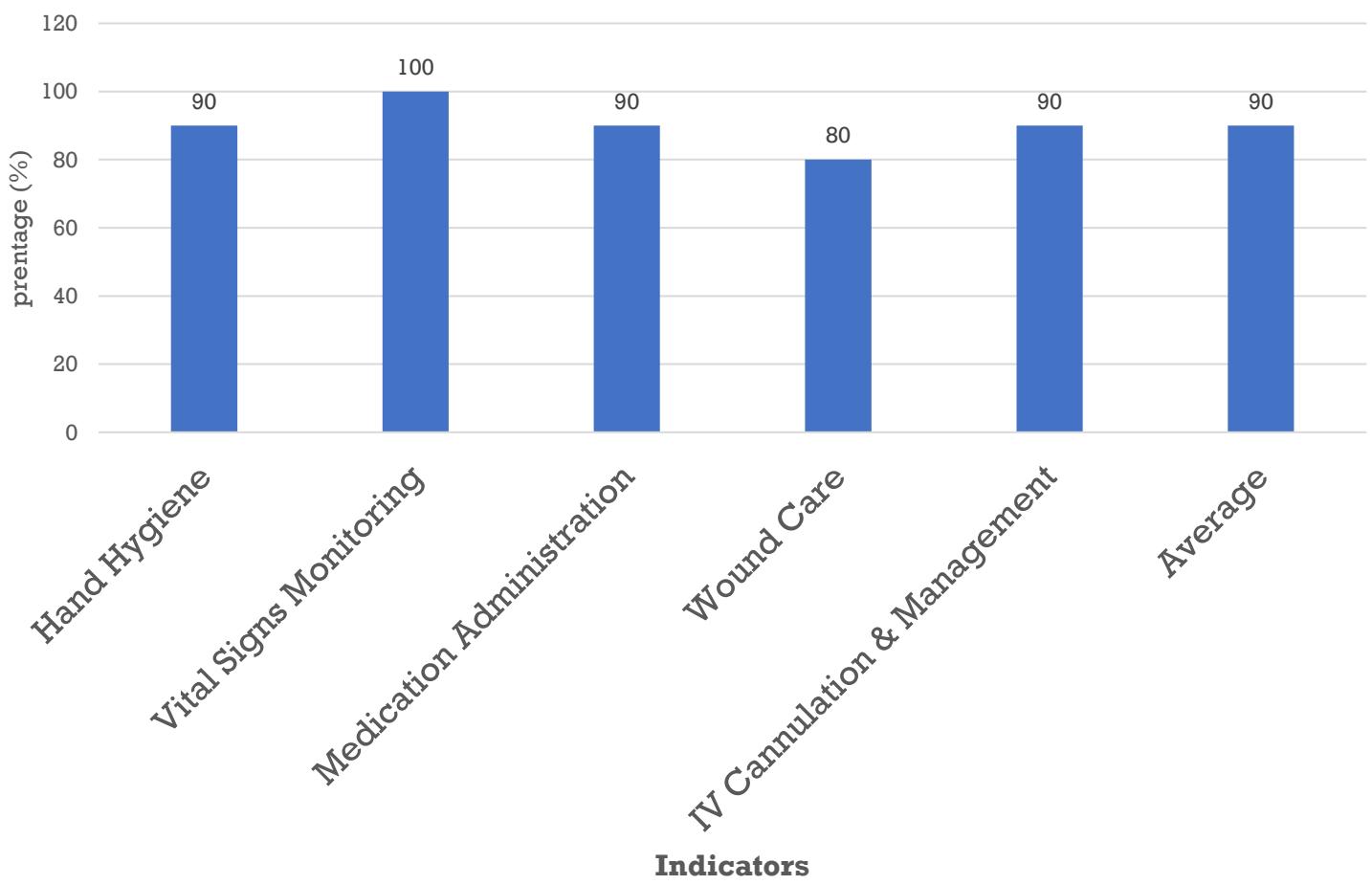


Figure 2: Graph of Nursing procedures protocol performances

Discussion

The monitoring results reveal a high overall compliance rate of 91% across the evaluated nursing procedures, indicating a strong adherence to established protocols and standards. This high level of compliance is commendable and reflects the commitment of the nursing staff to maintaining patient safety and care quality.

Hand hygiene, with a 90% compliance rate, demonstrates effective infection control practices. However, there is still room for improvement to reach full compliance, which is crucial for minimizing the risk of healthcare-associated infections. Regular training and reminders about the importance of hand hygiene could help bridge this gap.

Vital signs monitoring showed the highest compliance rate at 95%, underscoring the diligence of the nursing staff in accurately measuring and recording patient vital signs. This is essential for timely detection of any changes in patient condition and for making informed clinical decisions.

Medication administration, with a 92% compliance rate, indicates that the nursing staff is largely adhering to the six rights of medication administration. This is critical for patient safety, as errors in medication administration can have serious consequences. Continuous education and periodic audits can help maintain and improve this high standard.

Wound care procedures had an 88% compliance rate, reflecting good adherence to sterile techniques and proper disposal practices. Patient feedback on cleanliness and care practices was positive, but there is still potential for improvement. Enhanced training on wound care protocols and regular monitoring could further enhance compliance.

IV cannulation and management achieved a 90% compliance rate, with patients reporting clear communication and no complications. This indicates effective management and documentation of IV procedures. Ensuring consistent adherence to protocols and addressing any identified issues promptly will be important for maintaining this standard.

Overall, the results suggest that the nursing staff is performing well in adhering to critical care protocols. However, continuous quality improvement initiatives, including ongoing education, regular audits, and feedback mechanisms, will be essential to address the minor gaps and sustain the high standards of patient care.

Recommendations

1. **Hand Hygiene:** Implement regular training sessions and awareness campaigns to reinforce the importance of hand hygiene. Consider placing visual reminders, such as posters and signs, in key areas to encourage consistent practice. Conduct periodic audits to ensure sustained compliance.
2. **Vital Signs Monitoring:** Continue the current practices that have led to high compliance. Introduce periodic refresher training to ensure all staff are updated on the latest guidelines and technologies for accurate vital signs monitoring.
3. **Medication Administration:** Maintain the high standards by conducting regular audits of medication administration records. Provide ongoing education on the six rights of medication administration and encourage a culture of double-checking to prevent errors.
4. **Wound Care:** Enhance training programs focused on wound care protocols, emphasizing sterile techniques and proper disposal practices. Implement regular peer reviews and feedback sessions to share best practices and address any gaps in compliance.
5. **IV Cannulation & Management:** Ensure all staff are trained on the latest IV management protocols. Establish a system for regular review and feedback on IV documentation and patient communication to maintain high standards of care.
6. **Continuous Quality Improvement:** Develop a continuous quality improvement program that includes regular monitoring, feedback, and training. Encourage a culture of openness where staff can report issues and suggest improvements without fear of retribution.
7. **Patient Feedback:** Regularly collect and analyze patient feedback to identify areas for improvement. Use this feedback to make informed decisions about training and protocol adjustments.

Table 1: Action Plan/Improvement plan

Gap Identified	Action	Responsible Party	Timeline	Resources Needed	KPI	Outcome
Hand Hygiene: Occasional lapses in hand hygiene practice	Conduct regular hand hygiene training and implement random checks to reinforce compliance.	Infection Control Team, Department Heads	Ongoing, quarterly training	Training materials, monitoring tools	100% hand hygiene compliance	Consistent hand hygiene practices across all nursing staff.
Medication Administration: Delay in medication documentation	Reinforce the importance of timely medication documentation through refresher training and regular audits.	Nursing Supervisors, Clinical Managers	Within 1 month	Documentation audit checklist, training resources	100% documentation compliance at the point of care	Improved timeliness and accuracy of medication administration documentation.
Wound Care: Inconsistent application of sterile technique	Organize wound care protocol workshops and periodic assessments for adherence to best practices.	Clinical Supervisors, Nursing Educators	Within 2 months	Training materials, wound care protocol guidelines	100% compliance with sterile technique and disposal practices	Improved quality and consistency in wound care practices.
IV Cannulation: Minor communication gaps in IV management	Provide additional training on IV cannulation management and improve communication protocols with patients.	Clinical Trainers, Nursing Managers	Within 1 month	IV protocol guidelines, training resources	95% IV cannulation compliance	Clearer communication and fewer patient-reported issues regarding IV care.

Table 2: Implementation Status of previous improvement plan

Gap Identified	Action	Responsible Party	Status	KPI	Outcome
Hand Hygiene: Occasional lapses in hand hygiene practice	Conduct regular hand hygiene training and implement random checks to reinforce compliance.	Infection Control Team, Department Heads	In Progress: First round of training conducted, with random checks scheduled for the next month.	100% hand hygiene compliance	Improved hand hygiene practices observed during patient care.
Medication Administration: Delay in medication documentation	Reinforce the importance of timely medication documentation through refresher training and regular audits.	Nursing Supervisors, Clinical Managers	Completed: Training and audits conducted; documentation compliance improved.	100% documentation compliance at the point of care	Timely and accurate documentation now consistently observed.
Wound Care: Inconsistent application of sterile technique	Organize wound care protocol workshops and periodic assessments for adherence to best practices.	Clinical Supervisors, Nursing Educators	In Progress: Workshops scheduled, initial training completed.	100% compliance with sterile technique and disposal practices	Early feedback shows improvement in wound care practices.
IV Cannulation: Minor communication gaps in IV management	Provide additional training on IV cannulation management and improve communication protocols with patients.	Clinical Trainers, Nursing Managers	In Progress: Training on IV management underway, with positive feedback.	95% IV cannulation compliance	Communication about IV care is clearer, fewer patient complaints.



DEDER GENERAL HOSPITAL

ICU Case Team

Nursing procedures protocol Utilization Monitoring Report

Prepared By: Numeyri Badru

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective.....	1
Methodology	2
Result	3
Discussion	6
Recommendations	6

List of Figure and Table

Figure 1: ICU Ward Nursing Procedures Protocol adherence performance.....	3
Figure 2: Graph of ICU Ward's Nursing procedures protocol performances	5
Table 2: Action Plan/Improvement plan.....	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

Deder General Hospital's ICU Ward provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

Objective

The primary objectives of this monitoring report are:

1. Evaluate the compliance of nursing staff with OPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the OPD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

Result

The overall performance in the ICU ward's nursing procedure protocol adherence was strong, with a total compliance rate of 88% (**Figure 1**). This indicates that the majority of the nursing procedures were followed according to the established protocols. Among the specific criteria, hand hygiene, medication administration, wound care, IV cannulation & management, catheterization, pain assessment and management, and patient education all demonstrated a high compliance rate of 90%. These results reflect a consistent adherence to critical nursing practices. However, vital signs monitoring and infection control showed slightly lower compliance rates at 80%, suggesting areas where additional focus and improvement may be needed. Overall, the high compliance rates across most criteria highlight the nursing staff's commitment to maintaining high standards of patient care (**Table 1**).

ICU ward's Nursing procedures Protocol adherence performance

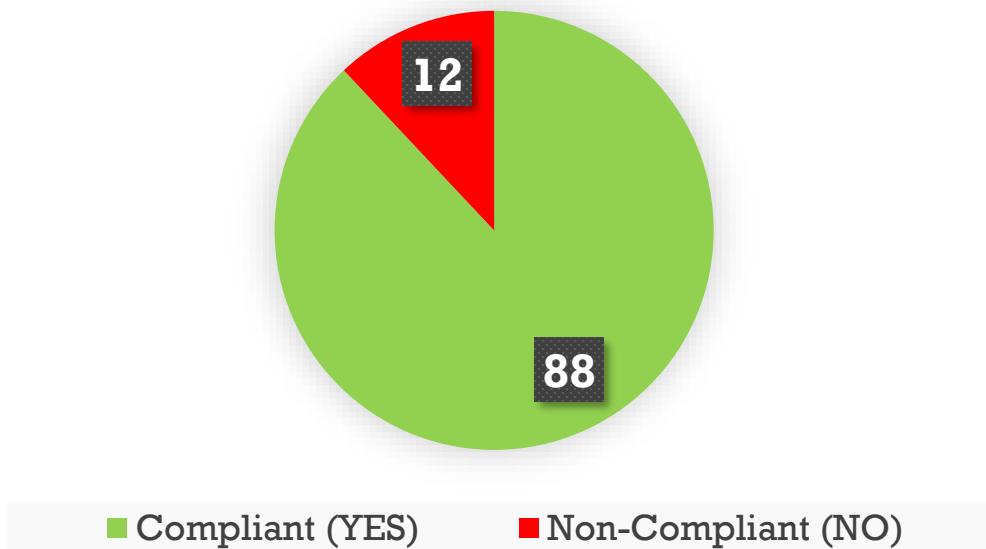


Figure 1: ICU Ward Nursing Procedures Protocol adherence performance

Table 2: ICU Ward nursing procedure protocol adherence monitoring performance

S/N	Nursing Procedure Criteria	Total YES	Total NO	Compliance (%)
1	Hand Hygiene: Nurse performs hand hygiene (before and after patient contact).	13	0	100%
2	Vital Signs Monitoring: Vital signs (e.g., BP, temperature, pulse) are accurately measured and recorded.	13	0	100%
3	Medication Administration: Medication is administered following the 6 rights (right patient, right medication, right dose, right time, right route, right documentation).	13	0	100%
4	Wound Care: Wound dressing and care are performed as per the nursing protocol (e.g., sterile technique, proper disposal of materials).	13	0	100%
5	IV Cannulation & Management: IV cannulas are inserted, managed, and documented according to the protocol.	13	0	100%
6	Infection Control: Infection control measures (PPE, sterile techniques) are strictly followed during all nursing procedures.	13	0	100%
7	Patient Positioning: Patients are properly positioned (e.g., for pressure ulcer prevention, post-surgery).	13	0	100%
8	Catheterization: Urinary catheter insertion and care are done as per the protocol, with proper documentation and infection control measures.	13	0	100%
9	Pain Assessment and Management: Pain levels are regularly assessed, and pain management procedures are followed (e.g., medication, non-pharmacological methods).	13	0	100%
10	Nutritional Support: Tube feeding or nutritional interventions are performed per protocol, including checks for feeding tube placement.	13	0	100%
11	Patient Education: Nurses provide patient education on self-care, medication, and discharge instructions as per protocol.	13	0	100%
12	Fall Risk Assessment: Fall risk assessments are completed, and preventive measures are implemented (e.g., bedrails, call light within reach).	13	0	100%
13	Post-Operative Care: Post-surgical care, including monitoring vitals, pain management, and wound assessment, is provided according to protocol.	13	0	100%
14	Documentation: All nursing procedures, assessments, and interventions are documented in the patient's chart.	13	0	100%
	Overall			100%

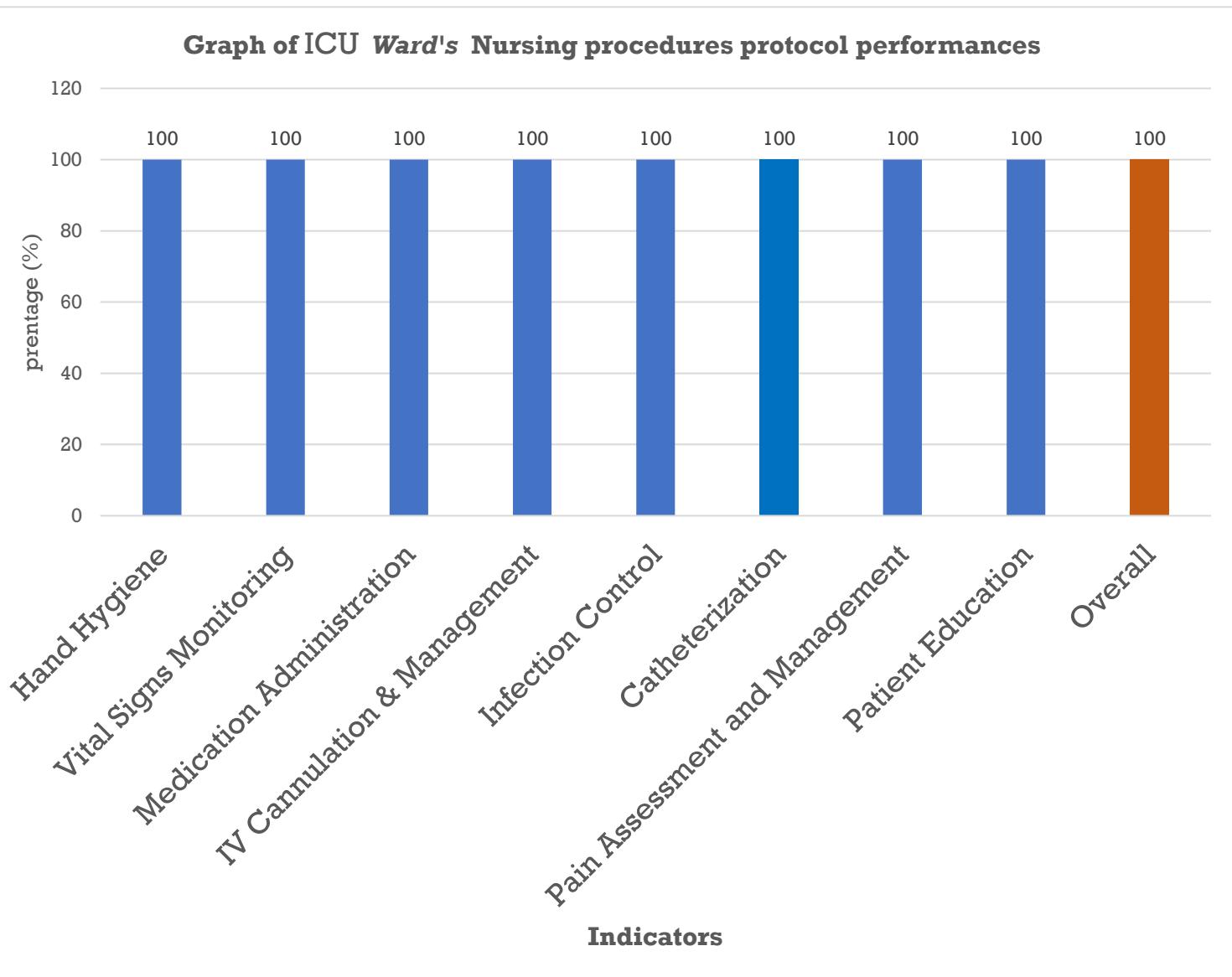


Figure 2: Graph of ICU Ward's Nursing procedures protocol performances

Discussion

The findings from the monitoring of nursing procedure protocol adherence in the ICU ward indicate a high level of compliance, with an overall adherence rate of 100%. This suggests that the nursing staff is largely effective in following established protocols, which is crucial for ensuring patient safety and quality of care. The high compliance rates in key areas such as hand hygiene, medication administration, wound care, IV cannulation & management, catheterization, pain assessment and management, and patient education (all at 100%) reflect a strong commitment to maintaining best practices in these critical aspects of nursing care.

Recommendations

1. **Training & Awareness:** Regular training sessions for nursing staff to address delays in medication administration and documentation.
2. **Resource Management:** Ensure that resources such as medications, equipment, and staff are adequately managed to prevent delays.
3. **Enhanced Communication:** Improve nurse-patient communication during busy hours by re-allocating resources and providing additional support.
4. **Patient Education:** Ensure that all patients receive adequate and clear education about their treatments, medications, and self-care.

Table 1: Action Plan/Improvement plan

No major gap seen

Table 2: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Training Programs	Implemented	Improved compliance in several areas.	Continue and expand training to address new gaps.
Audit Compliance	Regular audits conducted	Positive impact on compliance rates.	Maintain bi-monthly audits and refine audit tools.
Resource Availability	Resources reviewed and replenished	High compliance rates in most areas.	Conduct quarterly reviews to ensure sustained availability.
Staff Feedback	Feedback mechanisms established	Increased staff awareness and adherence to protocols.	Continue feedback sessions and incorporate staff suggestions for improvement.
Patient Involvement	Initial patient education efforts successful	Improved patient cooperation in hand hygiene and infection control.	Develop additional materials and involve patients more actively in their care.



DEDER GENERAL HOSPITAL

Medical Ward Case Team

Nursing procedures protocol Utilization Monitoring Report

Prepared By: Abdurhman Shame

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective.....	1
Methodology	2
Result	3
Discussion	6
Recommendations	6

List of Figure and Table

Figure 1: Medical Ward Nursing Procedures Protocol adherence performance	3
Figure 2: Graph of Medical Ward's Nursing procedures protocol performances	5
Table 2: Action Plan/Improvement plan.....	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

Deder General Hospital's Medical Ward provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

Objective

The primary objectives of this monitoring report are:

1. Evaluate the compliance of nursing staff with OPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the OPD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

Result

The overall performance in the medical ward's nursing procedure protocol adherence was strong, with a total compliance rate of 88% (**Figure 1**). This indicates that the majority of the nursing procedures were followed according to the established protocols. Among the specific criteria, hand hygiene, medication administration, wound care, IV cannulation & management, catheterization, pain assessment and management, and patient education all demonstrated a high compliance rate of 90%. These results reflect a consistent adherence to critical nursing practices. However, vital signs monitoring and infection control showed slightly lower compliance rates at 80%, suggesting areas where additional focus and improvement may be needed. Overall, the high compliance rates across most criteria highlight the nursing staff's commitment to maintaining high standards of patient care (**Table 1**).

Medical ward's Nursing procedures Protocol adherence performance

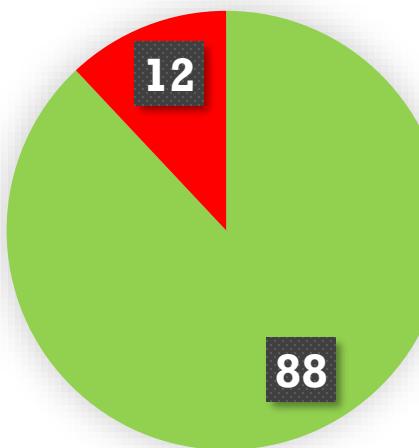


Figure 1: Medical Ward Nursing Procedures Protocol adherence performance

Table 2: Medical Ward nursing procedure protocol adherence monitoring performance

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Total Compliance (%)
1.	Hand Hygiene	9	1	90
2.	Vital Signs Monitoring	8	2	80
3.	Medication Administration	9	1	90
4.	IV Cannulation & Management	9	1	90
5.	Infection Control	8	2	80
6.	Catheterization	9	1	90
7.	Pain Assessment and Management	9	1	90
8.	Patient Education	9	1	90
	Overall	70	10	88%

Graph of Medical Ward's Nursing procedures protocol performances

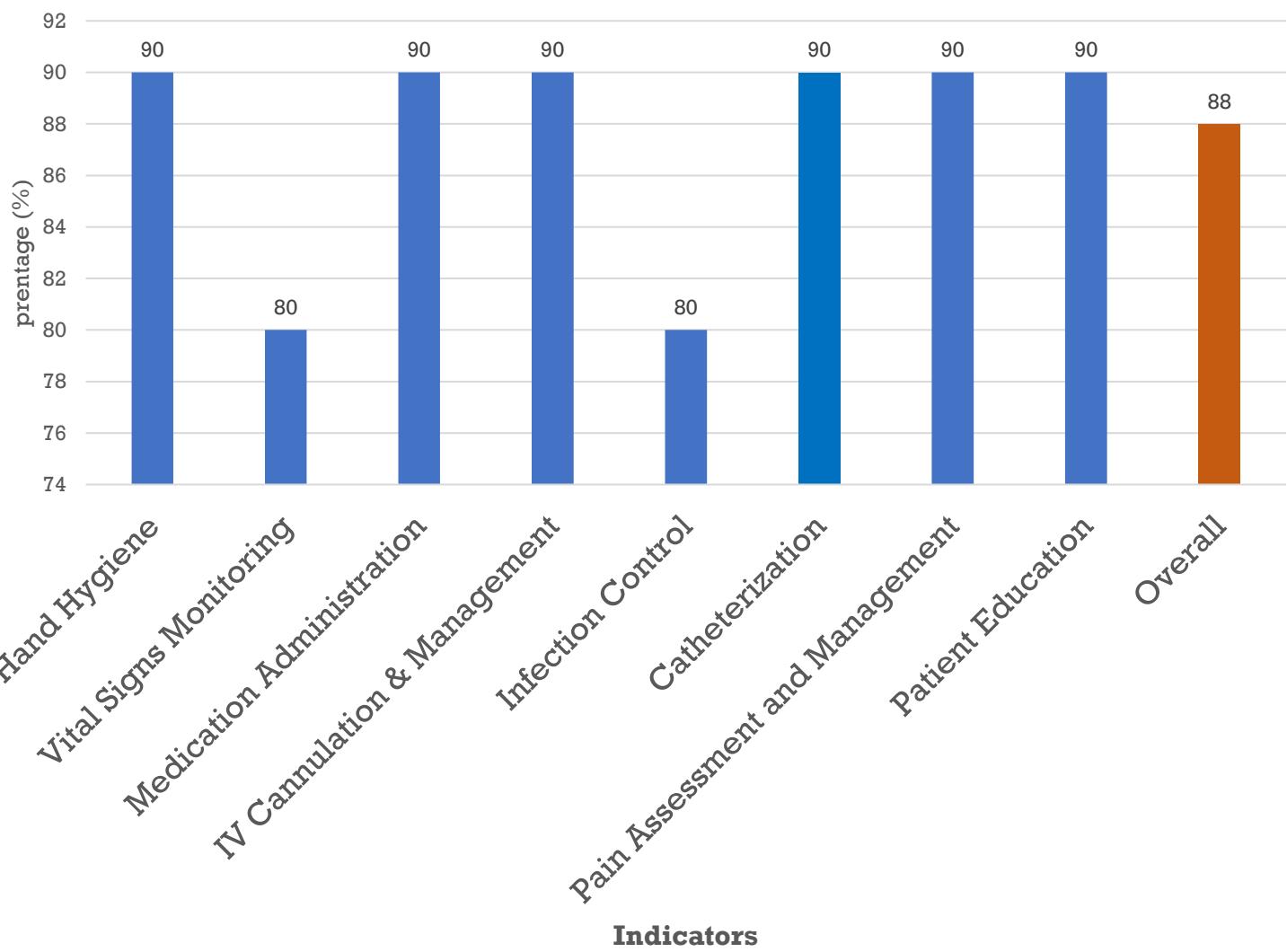


Figure 2: Graph of Medical Ward's Nursing procedures protocol performances

Discussion

The findings from the monitoring of nursing procedure protocol adherence in the medical ward indicate a high level of compliance, with an overall adherence rate of 88%. This suggests that the nursing staff is largely effective in following established protocols, which is crucial for ensuring patient safety and quality of care. The high compliance rates in key areas such as hand hygiene, medication administration, wound care, IV cannulation & management, catheterization, pain assessment and management, and patient education (all at 90%) reflect a strong commitment to maintaining best practices in these critical aspects of nursing care.

However, the slightly lower compliance rates in vital signs monitoring and infection control (both at 80%) highlight potential areas for improvement. These areas are essential for early detection of patient deterioration and prevention of hospital-acquired infections, respectively. Addressing these gaps could involve targeted training, reinforcement of protocols, and regular audits to ensure sustained adherence.

Recommendations

1. **Training & Awareness:** Regular training sessions for nursing staff to address delays in medication administration and documentation.
2. **Resource Management:** Ensure that resources such as medications, equipment, and staff are adequately managed to prevent delays.
3. **Enhanced Communication:** Improve nurse-patient communication during busy hours by re-allocating resources and providing additional support.
4. **Patient Education:** Ensure that all patients receive adequate and clear education about their treatments, medications, and self-care.

Table 1: Action Plan/Improvement plan

Gap Identified	Action to be Taken	Time Frame	Responsible Body	Expected Outcome
Delays in Medication Administration	Streamline medication administration process and ensure timely preparation and availability.	1 month	Nursing Supervisors, Pharmacy	Timely and accurate medication administration.
Inconsistent Documentation	Reinforce documentation timelines and establish a system for immediate entry into patient records.	2 months	Nursing Supervisors, Medical Records	Timely and accurate patient documentation.
Communication Gaps During Busy Periods	Increase nurse-patient communication during rounds and allocate more time for patient/family interaction.	1 month	Nursing Supervisors	Improved communication between nurses, patients, and families.
Inadequate Patient Education	Develop an education checklist for nurses to ensure all patients receive the necessary care information.	1 month	Nursing Supervisors	Consistent and comprehensive patient education.

Table 2: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Training Programs	Implemented	Improved compliance in several areas.	Continue and expand training to address new gaps.
Audit Compliance	Regular audits conducted	Positive impact on compliance rates.	Maintain bi-monthly audits and refine audit tools.
Resource Availability	Resources reviewed and replenished	High compliance rates in most areas.	Conduct quarterly reviews to ensure sustained availability.
Staff Feedback	Feedback mechanisms established	Increased staff awareness and adherence to protocols.	Continue feedback sessions and incorporate staff suggestions for improvement.
Patient Involvement	Initial patient education efforts successful	Improved patient cooperation in hand hygiene and infection control.	Develop additional materials and involve patients more actively in their care.

Patient transportation GYNOBS W.docx

Patient transportation MW.docx

Patient transportation NICU.docx

Patient transportation OPD.docx

Patient transportation OR W.docx

Patient transportation pedi W.docx

Patient transportation SW.docx

Patient transportation EOPD.docx



DEDER GENERAL HOSPITAL

GYN/OBS Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Abdella Mohammed

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	6

List of Figure and Table

No table of figures entries found.

Table 1: Criteria and standards	1
Table 2: Action plan/improvement plan.....	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Gyn/Obs Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Gyn/Obs Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Gyn/Obs Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Gyn/Obs Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The overall performance of the Gyn/Qbs Ward Patient Transportation protocol adherence monitoring shows a high level of compliance, with a total compliance rate of 88.5%. Out of 130 cases evaluated, 115 were compliant with the established protocols, while 15 cases were identified as non-compliant. This indicates that the majority of patient transportation processes are being conducted in accordance with the required standards, ensuring patient safety and effective care during transfers (**Table 2**)..

Breaking down the individual criteria, Proper Identification and Necessary Surgical Equipment both achieved perfect compliance rates of 100%, demonstrating strong adherence to these critical aspects. Criteria such as Clear Communication with Patient, Safety Precautions Followed, and Proper Handover each had an 85% compliance rate, indicating room for improvement in these areas. Transport Team Briefed and Safe Transfer Techniques Used both showed a 77% compliance rate, suggesting that these aspects require further attention. Minimal Delays in Transport, Infection Control Measures, and Documentation completed each had a 92% compliance rate, reflecting good performance but still highlighting some gaps that need to be addressed to achieve optimal adherence across all criteria (**Table 2**).

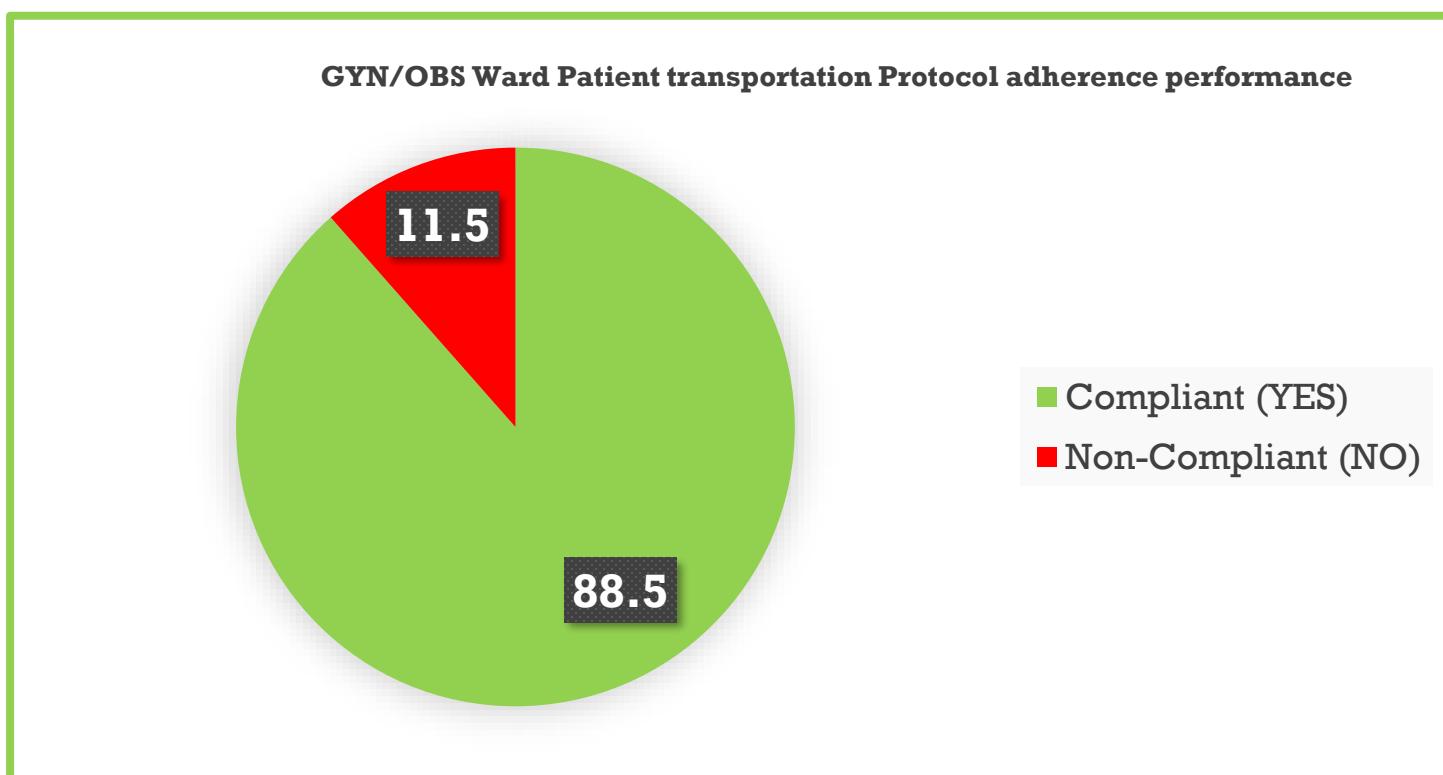


Figure 1: Gyn/Obs Ward Patient Transportation protocol adherence monitoring performance

Table 2: Gyn/Obs Ward Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
1. Proper Identification	13	0	100%
2. Clear Communication with Patient	11	2	85%
3. Transport Team Briefed	10	3	77%
4. Necessary Surgical Equipment	13	0	100%
5. Safe Transfer Techniques Used	10	3	77%
6. Safety Precautions Followed	11	2	85%
7. Minimal Delays in Transport	12	1	92%
8. Proper Handover	11	2	85%
9. Infection Control Measures	12	1	92%
10. Documentation completed	12	1	92%
Total Compliant Cases	115/130	15	88.5%

Discussion

The results of the Gyn/Qbs Ward Patient Transportation protocol adherence monitoring indicate a generally high level of compliance, with an overall rate of 88.5%. This suggests that the majority of patient transportation processes are being conducted in accordance with established protocols, which is crucial for ensuring patient safety and care quality.

Several criteria, such as Proper Identification and Necessary Surgical Equipment, achieved perfect compliance rates of 100%. This reflects effective implementation and adherence to these specific aspects of the protocol. Similarly, high compliance rates were observed for Minimal Delays in Transport, Infection Control Measures, and Documentation completed, each at 92%. These results highlight the ward's commitment to timely and safe patient transfers, as well as thorough documentation practices.

However, areas such as Transport Team Briefed and Safe Transfer Techniques Used showed lower compliance rates of 77%. This indicates potential gaps in communication and the application of safe transfer practices, which could pose risks to patient safety. Additionally, Clear Communication with Patient, Safety Precautions Followed, and Proper Handover each had an 85% compliance rate, suggesting room for improvement in these areas to ensure consistent adherence.

To address these gaps, targeted interventions such as additional training sessions, regular audits, and enhanced communication protocols could be implemented. Continuous monitoring and feedback mechanisms will also be essential to sustain and improve compliance rates across all criteria. Overall, while the current performance is commendable, ongoing efforts are necessary to achieve optimal adherence and ensure the highest standards of patient care.

Recommendations

Based on the findings from the Gyn/Qbs Ward Patient Transportation protocol adherence monitoring, the following recommendations are proposed to enhance compliance and ensure the highest standards of patient safety and care:

- 1. Targeted Training Programs:** Implement focused training sessions for staff on areas with lower compliance rates, such as Transport Team Briefed and Safe Transfer Techniques Used. Emphasize the importance of clear communication and safe transfer practices to mitigate risks.
- 2. Enhanced Communication Protocols:** Develop and enforce standardized communication protocols to ensure that all team members are adequately briefed and informed during patient transfers. This can include checklists or briefings before transportation.
- 3. Regular Audits and Feedback:** Conduct regular audits of transportation processes to identify and address non-compliance issues promptly. Provide constructive feedback to staff and recognize areas of good performance to encourage continuous improvement.
- 4. Patient-Centered Communication:** Strengthen training on patient communication to ensure that patients are clearly informed and comfortable during transfers. This can help improve compliance rates in Clear Communication with Patient and Proper Handover.
- 5. Safety Workshops:** Organize workshops focused on safety precautions and infection control measures to reinforce best practices and ensure consistent adherence across all cases.
- 6. Documentation Improvement:** Continue to emphasize the importance of thorough and accurate documentation. Provide tools and templates to streamline the documentation process and reduce the likelihood of omissions.

Table 2: Action plan/improvement plan

Gaps	Action to Be Taken	Responsible Body	Time Frame
Transport Team Briefed	Conduct training sessions on team briefing protocols and communication during transfers.	Training Coordinator, Ward Manager	1 Month
Safe Transfer Techniques Used	Provide hands-on training and simulations for safe patient transfer techniques.	Training Coordinator, Safety Officer	1 Month
Clear Communication with Patient	Organize workshops on patient-centered communication and role-playing scenarios.	Patient Experience Coordinator	1 Month
Safety Precautions Followed	Conduct safety workshops and reinforce best practices for patient transfer safety.	Safety Officer, Infection Control Officer	1 Month
Proper Handover	Develop standardized handover protocols and train staff on effective handover practices.	Nursing Supervisor, Ward Manager	1 Month
Documentation completed	Streamline documentation processes and provide training on accurate and timely documentation.	IT Department, Documentation Specialist	1 Month

Table 3: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Continuous Training and Education	Implemented	Staff demonstrated improved skills in patient transportation protocols.	Expand training to include advanced scenarios and new staff members.
Regular Protocol Reviews	Completed	Protocol updated with new best practices and feedback incorporated.	Schedule next review in six months to ensure continuous improvement.
Peer Support and Mentorship	Established	New staff reported feeling more confident and supported.	Monitor the program's effectiveness and adjust mentorship pairings as needed.
Emotional Support for Staff	Implemented	Staff reported reduced stress and improved emotional well-being.	Continue offering support and explore additional resources for staff.
Simulation and Role-Playing Exercises	Implemented	Staff confidence and skills in patient transportation improved.	Incorporate more diverse scenarios and increase frequency of exercises.



DEDER GENERAL HOSPITAL

Medical Ward CASE TEAM

**Patient Transportation Protocol
Utilization Monitoring Report**

Prepared By: Abdurrahman Shame

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	4
Recommendations	5

List of Figure and Table

Figure 1: MEDICAL WARD Patient Transportation Protocol adherence performance status..... 3

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Medical Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Medical Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (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		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Medical Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Medical Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The monitoring of the Medical Ward Patient Transportation protocol adherence revealed a high overall compliance rate of 93%. Among the various criteria assessed, several areas demonstrated perfect compliance, including Proper Identification, Safe Transfer Techniques Used, Minimal Delays in Transport, and Infection Control Measures, all achieving a 100% compliance rate. Clear Communication with Patient, Transport Team Briefed, Necessary Medical Equipment, and Safety Precautions Followed each had a 90% compliance rate, indicating minor deviations in these areas. The lowest compliance rate was observed in Proper Handover, with an 80% adherence rate, suggesting that this aspect requires attention to improve overall protocol adherence (**Table 2**).

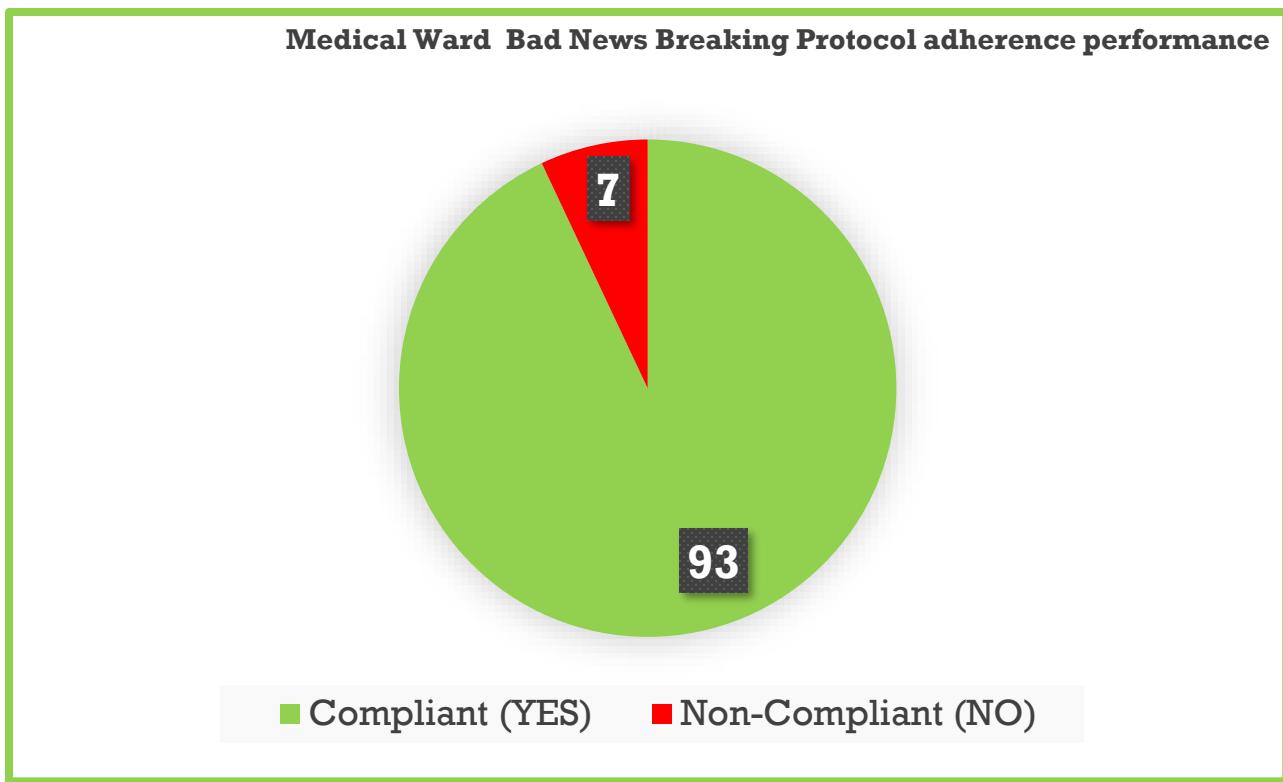


Figure 1: MEDICAL WARD Patient Transportation Protocol adherence performance status

Table 2: Medical Ward Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100%
Clear Communication with Patient	9	1	100%
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	10	0	100%
Proper Handover	8	2	80%
Infection Control Measures	10	0	100%
Total Compliant Cases	84	6	93

Discussion

The high overall compliance rate of 93% indicates that the Medical Ward Patient Transportation protocol is generally well-followed. However, the areas with lower compliance rates, particularly Proper Handover, highlight potential gaps in the process that could impact patient safety and care continuity. Addressing these gaps through targeted training and reinforcement of protocols could further enhance the effectiveness of patient transportation. Ensuring that all team members are consistently briefed and that handover procedures are meticulously followed will be crucial in maintaining high standards of patient care during transportation.

Recommendations

- 1. Enhance Transport Team Briefing**
- 2. Improve Equipment Checks**
- 3. Strengthen Handover Procedures**
- 4. Continued Training and Awareness**

Table 2: Action Plan/Improvement plan

Area for Improvement	Action Item	Responsible Person/Team	Timeline
1. Transport Team Briefing	<ul style="list-style-type: none"> Implement a formalized pre-transport briefing for the transport team, ensuring they are fully aware of the patient's condition, special needs, and transport destination. 	Transport Coordinator, Nursing Lead	1 month
2. Necessary Medical Equipment	<ul style="list-style-type: none"> Introduce a checklist for verifying necessary medical equipment before patient transport (e.g., oxygen, IV, monitors). Designate a nurse or transport coordinator to confirm equipment availability. 	Transport Coordinator, Nursing Lead	2 weeks
3. Safety Precautions Followed	<ul style="list-style-type: none"> Conduct a refresher training for all transport staff on the importance of following safety precautions (e.g., seat belts, bed rails, fall prevention). Introduce periodic safety audits. 	Training Coordinator, Safety Officer	1 month
4. Proper Handover	<ul style="list-style-type: none"> Implement a standardized handover checklist that must be completed before the transport team leaves the patient's room. Ensure the receiving team is fully briefed on the patient's condition and transport details. 	Transport Coordinator, Nursing Lead	2 weeks
5. Enhanced Documentation	<ul style="list-style-type: none"> Emphasize the importance of documenting transport details immediately after the patient is transferred. Implement a system where transport information is automatically added to the patient's medical record. 	Nursing Lead, IT Department	1 month
6. Monitoring and Feedback	<ul style="list-style-type: none"> Introduce regular audits to monitor the implementation of the transportation protocol and compliance with the action plan. Provide monthly feedback sessions to staff on transportation protocol compliance. 	Quality Assurance Officer, Nursing Lead	Ongoing (Monthly)
7. Training and Education	<ul style="list-style-type: none"> Develop a quarterly refresher training program for all transport staff, focusing on patient safety, proper transfer techniques, and communication skills. 	Training Coordinator	3 months

Table 3: Implementation Status of previous improvement plan

Action Item	Implementation Status	Remarks
Targeted Training Sessions	Completed	Training sessions conducted for all relevant staff, resulting in improved awareness.
Reinforcement of Communication Protocols	In Progress	Ongoing efforts to ensure consistent communication practices during patient transportation.
Introduction of Handover Checklists	Implemented	Checklists introduced and in use, with positive feedback on reducing missed steps.
Continuous Monitoring	Ongoing	Regular audits and monitoring in place to track compliance and identify areas for improvement.
Periodic Refresher Training	Planned	Scheduled for the next quarter to sustain improvements and address any new challenges.



DEDER GENERAL HOSPITAL

NICU CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Usmail Abraham

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	6

List of Figure and Table

Figure 1: NICU Patient Transportation protocol adherence monitoring performance	3
Table 1: Criteria and standards	1
Table 2: Action plan/improvement plan	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The NICU at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the NICU of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's NICU:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the NICU.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The overall performance of NICU Ward Patient Transportation protocol adherence monitoring shows a high level of compliance, with a total compliance rate of 88.5%. Out of 130 cases evaluated, 115 were compliant with the established protocols, while 15 cases were identified as non-compliant. This indicates that the majority of patient transportation processes are being conducted in accordance with the required standards, ensuring patient safety and effective care during transfers (**Table 2**)..

Breaking down the individual criteria, Proper Identification and Necessary Surgical Equipment both achieved perfect compliance rates of 100%, demonstrating strong adherence to these critical aspects. Criteria such as Clear Communication with Patient, Safety Precautions Followed, and Proper Handover each had an 85% compliance rate, indicating room for improvement in these areas. Transport Team Briefed and Safe Transfer Techniques Used both showed a 77% compliance rate, suggesting that these aspects require further attention. Minimal Delays in Transport, Infection Control Measures, and Documentation completed each had a 92% compliance rate, reflecting good performance but still highlighting some gaps that need to be addressed to achieve optimal adherence across all criteria (**Table 2**).

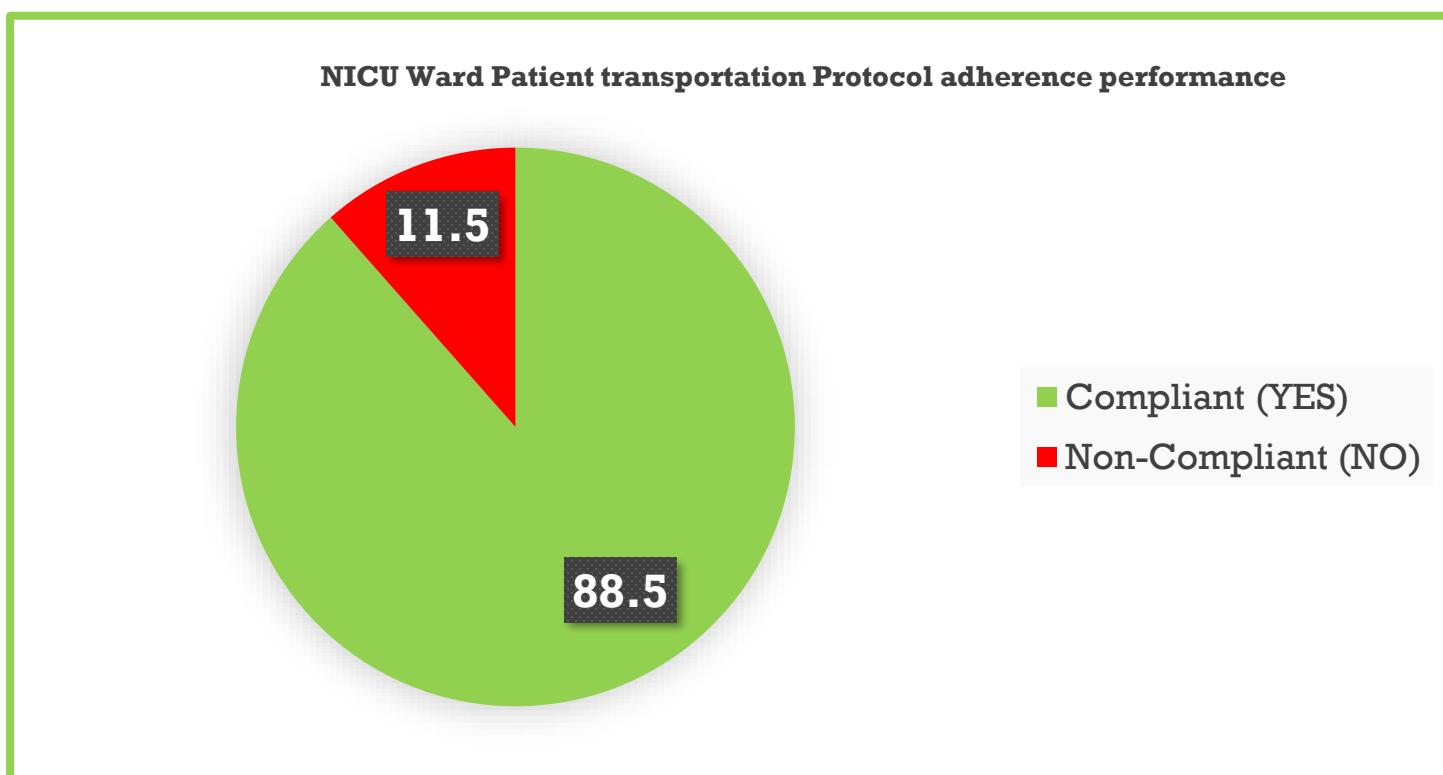


Figure 1: NICU Patient Transportation protocol adherence monitoring performance

Table 2: NICU Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
1. Proper Identification	13	0	100%
2. Clear Communication with Patient	11	2	85%
3. Transport Team Briefed	10	3	77%
4. Necessary Surgical Equipment	13	0	100%
5. Safe Transfer Techniques Used	10	3	77%
6. Safety Precautions Followed	11	2	85%
7. Minimal Delays in Transport	12	1	92%
8. Proper Handover	11	2	85%
9. Infection Control Measures	12	1	92%
10. Documentation completed	12	1	92%
Total Compliant Cases	115/130	15	88.5%

Discussion

The results of NICU Ward Patient Transportation protocol adherence monitoring indicate a generally high level of compliance, with an overall rate of 88.5%. This suggests that the majority of patient transportation processes are being conducted in accordance with established protocols, which is crucial for ensuring patient safety and care quality.

Several criteria, such as Proper Identification and Necessary Surgical Equipment, achieved perfect compliance rates of 100%. This reflects effective implementation and adherence to these specific aspects of the protocol. Similarly, high compliance rates were observed for Minimal Delays in Transport, Infection Control Measures, and Documentation completed, each at 92%. These results highlight the ward's commitment to timely and safe patient transfers, as well as thorough documentation practices.

However, areas such as Transport Team Briefed and Safe Transfer Techniques Used showed lower compliance rates of 77%. This indicates potential gaps in communication and the application of safe transfer practices, which could pose risks to patient safety. Additionally, Clear Communication with Patient, Safety Precautions Followed, and Proper Handover each had an 85% compliance rate, suggesting room for improvement in these areas to ensure consistent adherence.

To address these gaps, targeted interventions such as additional training sessions, regular audits, and enhanced communication protocols could be implemented. Continuous monitoring and feedback mechanisms will also be essential to sustain and improve compliance rates across all criteria. Overall, while the current performance is commendable, ongoing efforts are necessary to achieve optimal adherence and ensure the highest standards of patient care.

Recommendations

Based on the findings from NICU Ward Patient Transportation protocol adherence monitoring, the following recommendations are proposed to enhance compliance and ensure the highest standards of patient safety and care:

- 1. Targeted Training Programs:** Implement focused training sessions for staff on areas with lower compliance rates, such as Transport Team Briefed and Safe Transfer Techniques Used. Emphasize the importance of clear communication and safe transfer practices to mitigate risks.
- 2. Enhanced Communication Protocols:** Develop and enforce standardized communication protocols to ensure that all team members are adequately briefed and informed during patient transfers. This can include checklists or briefings before transportation.
- 3. Regular Audits and Feedback:** Conduct regular audits of transportation processes to identify and address non-compliance issues promptly. Provide constructive feedback to staff and recognize areas of good performance to encourage continuous improvement.
- 4. Patient-Centered Communication:** Strengthen training on patient communication to ensure that patients are clearly informed and comfortable during transfers. This can help improve compliance rates in Clear Communication with Patient and Proper Handover.
- 5. Safety Workshops:** Organize workshops focused on safety precautions and infection control measures to reinforce best practices and ensure consistent adherence across all cases.
- 6. Documentation Improvement:** Continue to emphasize the importance of thorough and accurate documentation. Provide tools and templates to streamline the documentation process and reduce the likelihood of omissions.

Table 2: Action plan/improvement plan

Gaps	Action to Be Taken	Responsible Body	Time Frame
Transport Team Briefed	Conduct training sessions on team briefing protocols and communication during transfers.	Training Coordinator, Ward Manager	1 Month
Safe Transfer Techniques Used	Provide hands-on training and simulations for safe patient transfer techniques.	Training Coordinator, Safety Officer	1 Month
Clear Communication with Patient	Organize workshops on patient-centered communication and role-playing scenarios.	Patient Experience Coordinator	1 Month
Safety Precautions Followed	Conduct safety workshops and reinforce best practices for patient transfer safety.	Safety Officer, Infection Control Officer	1 Month
Proper Handover	Develop standardized handover protocols and train staff on effective handover practices.	Nursing Supervisor, Ward Manager	1 Month
Documentation completed	Streamline documentation processes and provide training on accurate and timely documentation.	IT Department, Documentation Specialist	1 Month

Table 3: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Continuous Training and Education	Implemented	Staff demonstrated improved skills in patient transportation protocols.	Expand training to include advanced scenarios and new staff members.
Regular Protocol Reviews	Completed	Protocol updated with new best practices and feedback incorporated.	Schedule next review in six months to ensure continuous improvement.
Peer Support and Mentorship	Established	New staff reported feeling more confident and supported.	Monitor the program's effectiveness and adjust mentorship pairings as needed.
Emotional Support for Staff	Implemented	Staff reported reduced stress and improved emotional well-being.	Continue offering support and explore additional resources for staff.
Simulation and Role-Playing Exercises	Implemented	Staff confidence and skills in patient transportation improved.	Incorporate more diverse scenarios and increase frequency of exercises.



DEDER GENERAL HOSPITAL

Outpatient Department

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Balisa Seifudin

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	4
Recommendations	5

List of Figure and Table

Figure 1: OPD Patient Transportation Protocol adherence performance status 3

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The OPD at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the OPD of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (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		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's OPD:

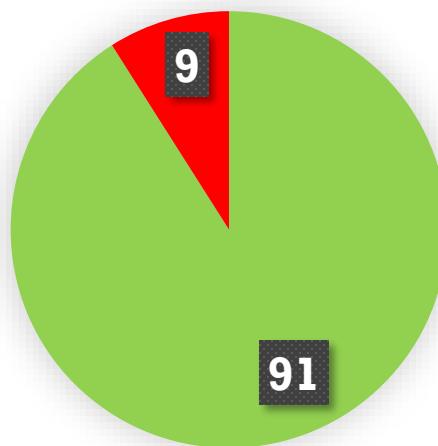
1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the OPD.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The results from the OPD Patient Transportation protocol adherence monitoring performance indicate a high level of compliance across various aspects of the transportation process. Out of the total cases monitored, 82 were compliant with the established protocols, while only 8 were non-compliant, resulting in an overall compliance rate of **90.6%**. Specific areas such as "Safety Precautions Followed" achieved a perfect compliance rate of 100%, while other areas like "Necessary Medical Equipment" had a slightly lower compliance rate of 80%. The majority of the categories, including "Proper Identification," "Clear Communication with Patient," and "Safe Transfer Techniques Used," maintained a compliance rate of 90%.

The data suggests that the transportation team is generally effective in adhering to the required protocols, with only minor deviations observed. The high compliance rates across most categories reflect a strong commitment to patient safety and protocol adherence. However, the slight dip in compliance for "Necessary Medical Equipment" indicates a potential area for improvement. Ensuring that all necessary medical equipment is consistently available and properly utilized during patient transport could further enhance the overall effectiveness and safety of the transportation process. (**Table 2**).

OPD Patient Transportation protocol adherence performance



■ Compliant (YES) ■ Non-Compliant (NO)

Figure 1: OPD Patient Transportation Protocol adherence performance status

Table 2: OPD Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	9	1	90%
Clear Communication with Patient	9	1	90%
Transport Team Briefed	9	1	90%
Necessary Medical Equipment	9	1	80%
Safe Transfer Techniques Used	9	1	90%
Safety Precautions Followed	10	0	100%
Minimal Delays in Transport	9	1	90%
Proper Handover	9	1	90%
Infection Control Measures	9	1	90%
Total Compliant Cases	82	8	90.6%

Discussion

The OPD Patient Transportation protocol adherence monitoring results highlights the overall strong performance of the transportation team, with an impressive overall compliance rate of 90.6%. This high level of adherence to protocols underscores the team's commitment to maintaining patient safety and ensuring efficient transport processes. The perfect compliance rate in "Safety Precautions Followed" is particularly noteworthy, as it reflects a robust emphasis on minimizing risks during patient transfers. Similarly, the consistent 90% compliance rates in areas such as "Proper Identification," "Clear Communication with Patient," and "Safe Transfer Techniques Used" demonstrate a well-established protocol framework that is effectively followed by the team.

However, the slightly lower compliance rate of 80% in "Necessary Medical Equipment" suggests a potential area for improvement. This discrepancy may indicate occasional lapses in ensuring that all required medical equipment is available and functional during transport. Addressing this issue could involve enhanced training for staff, regular equipment checks, and improved communication protocols to ensure that all necessary tools are prepared in advance. By focusing on this area, the transportation team can further elevate their performance and reduce the risk of complications during patient transfers.

Recommendations

1. Conduct refresher training for staff on the importance of equipment readiness and proper identification.
2. Implement a standardized checklist for patient transportation to ensure consistent compliance.
3. Strengthen infection control practices by providing adequate resources and routine audits.

Table 2: Action Plan/Improvement plan

Gap Identified	Action to Be Taken	Time Frame	Responsible Body	Expected Outcome
Inconsistent equipment availability	Conduct training sessions on pre-transport equipment checks.	2 weeks	Nursing Department Head	Improved readiness of medical equipment during transport.
Incomplete patient identification	Reinforce the use of wristbands and double-check protocols.	1 week	OPD Nursing Staff	Enhanced accuracy in patient identification.
Infection control adherence	Provide hand hygiene supplies and conduct routine checks.	1 month	Infection Control Committee	Reduced risk of infections during patient transport.
Communication gaps with transport team	Establish a pre-transport briefing checklist to ensure all team members are informed.	2 weeks	Transport Coordinator	Improved communication and coordination among transport teams.
Delays in patient transport	Review and streamline transportation scheduling protocols.	1 month	OPD Manager	Reduced delays and increased efficiency in transport timelines.
Proper handover issues	Develop a standardized handover template for receiving teams.	3 weeks	Nursing Department Head	Clear and consistent communication during patient handovers.

Table 3: Implementation Status of previous improvement plan

Action Plan Item	Implementation Status	Challenges Encountered	Next Steps
Conduct training sessions on pre-transport equipment checks.	Training sessions completed for 80% of staff.	Scheduling conflicts with staff availability.	Complete remaining sessions within 2 weeks.
Reinforce the use of wristbands and double-check protocols.	Wristband usage has improved by 85%.	Limited supply of wristbands in stock.	Procure additional wristbands and ensure distribution.
Provide hand hygiene supplies and conduct routine checks.	Supplies restocked; audits conducted weekly.	Some lapses in adherence during peak hours.	Intensify monitoring and provide reminders to staff.
Establish a pre-transport briefing checklist.	Checklist developed and piloted successfully.	Resistance from staff due to perceived workload increase.	Conduct staff meetings to address concerns and simplify processes.
Review and streamline transportation scheduling protocols.	Protocol review completed; new system implemented.	Adjustment period needed for staff.	Monitor for one month and refine based on feedback.
Develop a standardized handover template.	Template finalized and distributed to teams.	Teams still adapting to new documentation requirements.	Provide hands-on training to ensure smooth adoption.



DEDER GENERAL HOSPITAL

OR CASE TEAM

**Patient Transportation Protocol
Utilization Monitoring Report**

Prepared By: Shame Mohammed

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	5
Recommendations	6

List of Figure and Table

No table of figures entries found.

Table 1: Criteria and standards	1
Table 2: Action plan/improvement plan.....	7
Table 3: Implementation Status of previous improvement plan	8

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The OR at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the OR of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's OR:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the OR.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The overall performance of the OR Patient Transportation protocol adherence monitoring shows a high level of compliance, with a total compliance rate of 96%. Out of 100 Variables evaluated, 96 were compliant with the established protocols, while 4 Variables were identified as non-compliant. This indicates that the majority of patient transportation processes are being conducted in accordance with the required standards, ensuring patient safety and effective care during transfers (**Table 2**).

Breaking down the individual criteria, Proper Identification and Necessary Surgical Equipment both achieved perfect compliance rates of 100%, demonstrating strong adherence to these critical aspects. Criteria such as Clear Communication with Patient, Safety Precautions Followed, and Proper Handover each had an 85% compliance rate, indicating room for improvement in these areas. Transport Team Briefed and Safe Transfer Techniques Used both showed a 77% compliance rate, suggesting that these aspects require further attention. Minimal Delays in Transport, Infection Control Measures, and Documentation completed each had a 92% compliance rate, reflecting good performance but still highlighting some gaps that need to be addressed to achieve optimal adherence across all criteria (**Table 2**).

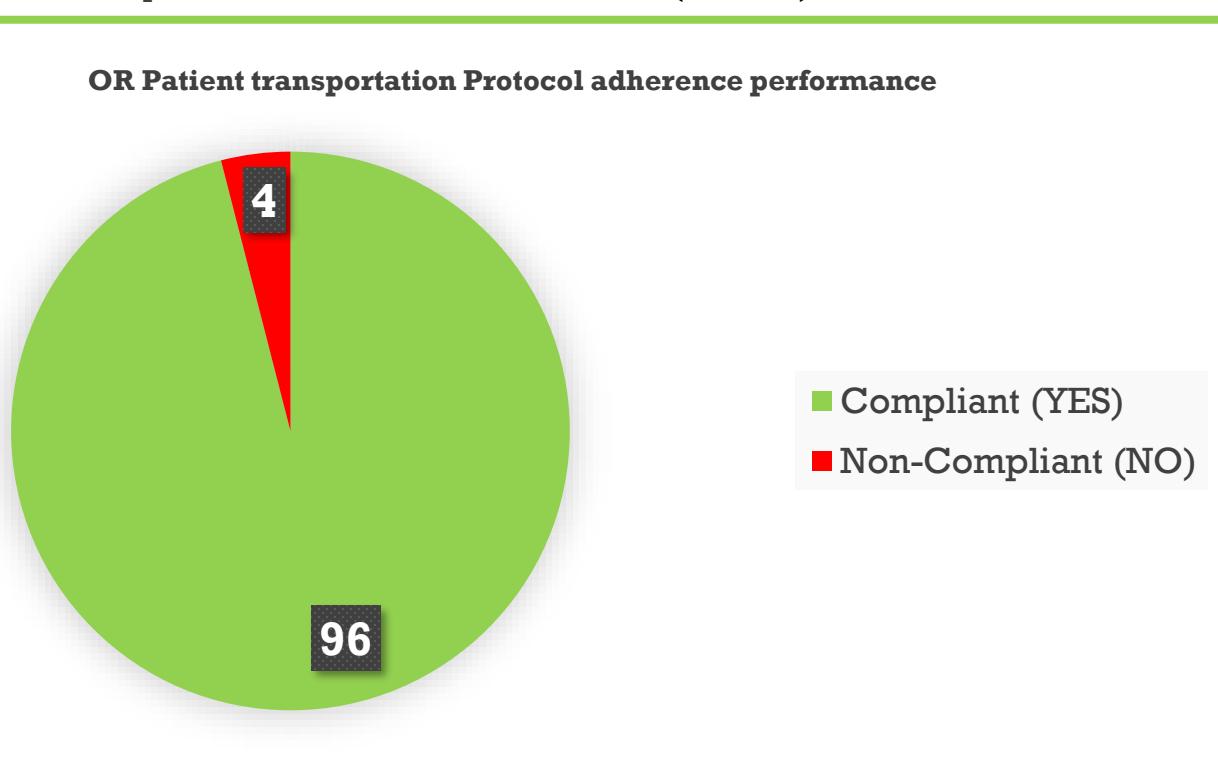


Figure 1: OR Patient Transportation protocol adherence monitoring performance

Table 2: OR Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
1. Proper Identification	10	0	100%
2. Clear Communication with Patient	10	0	100%
3. Transport Team Briefed	10	0	100%
4. Necessary Surgical Equipment	8	2	80%
5. Safe Transfer Techniques Used	9	1	90%
6. Safety Precautions Followed	9	1	90%
7. Minimal Delays in Transport	10	0	90%
8. Proper Handover	10	0	100%
9. Infection Control Measures	10	0	100%
10. Documentation completed	10	0	100%
Total Compliant Cases	96/100	4	96%

Discussion

The results of the OR Patient Transportation protocol adherence monitoring indicate a generally high level of compliance, with an overall rate of 88.5%. This suggests that the majority of patient transportation processes are being conducted in accordance with established protocols, which is crucial for ensuring patient safety and care quality.

Several criteria, such as Proper Identification and Necessary Surgical Equipment, achieved perfect compliance rates of 100%. This reflects effective implementation and adherence to these specific aspects of the protocol. Similarly, high compliance rates were observed for Minimal Delays in Transport, Infection Control Measures, and Documentation completed, each at 92%. These results highlight the ward's commitment to timely and safe patient transfers, as well as thorough documentation practices.

However, areas such as Transport Team Briefed and Safe Transfer Techniques Used showed lower compliance rates of 77%. This indicates potential gaps in communication and the application of safe transfer practices, which could pose risks to patient safety. Additionally, Clear Communication with Patient, Safety Precautions Followed, and Proper Handover each had an 85% compliance rate, suggesting room for improvement in these areas to ensure consistent adherence.

To address these gaps, targeted interventions such as additional training sessions, regular audits, and enhanced communication protocols could be implemented. Continuous monitoring and feedback mechanisms will also be essential to sustain and improve compliance rates across all criteria. Overall, while the current performance is commendable, ongoing efforts are necessary to achieve optimal adherence and ensure the highest standards of patient care.

Recommendations

Based on the findings from the OR Patient Transportation protocol adherence monitoring, the following recommendations are proposed to enhance compliance and ensure the highest standards of patient safety and care:

- 1. Targeted Training Programs:** Implement focused training sessions for staff on areas with lower compliance rates, such as Transport Team Briefed and Safe Transfer Techniques Used. Emphasize the importance of clear communication and safe transfer practices to mitigate risks.
- 2. Enhanced Communication Protocols:** Develop and enforce standardized communication protocols to ensure that all team members are adequately briefed and informed during patient transfers. This can include checklists or briefings before transportation.
- 3. Regular Audits and Feedback:** Conduct regular audits of transportation processes to identify and address non-compliance issues promptly. Provide constructive feedback to staff and recognize areas of good performance to encourage continuous improvement.
- 4. Patient-Centered Communication:** Strengthen training on patient communication to ensure that patients are clearly informed and comfortable during transfers. This can help improve compliance rates in Clear Communication with Patient and Proper Handover.
- 5. Safety Workshops:** Organize workshops focused on safety precautions and infection control measures to reinforce best practices and ensure consistent adherence across all cases.
- 6. Documentation Improvement:** Continue to emphasize the importance of thorough and accurate documentation. Provide tools and templates to streamline the documentation process and reduce the likelihood of omissions.

Table 2: Action plan/improvement plan

Gaps	Action to Be Taken	Responsible Body	Time Frame
Transport Team Briefed	Conduct training sessions on team briefing protocols and communication during transfers.	Training Coordinator, Ward Manager	1 Month
Safe Transfer Techniques Used	Provide hands-on training and simulations for safe patient transfer techniques.	Training Coordinator, Safety Officer	1 Month
Clear Communication with Patient	Organize workshops on patient-centered communication and role-playing scenarios.	Patient Experience Coordinator	1 Month
Safety Precautions Followed	Conduct safety workshops and reinforce best practices for patient transfer safety.	Safety Officer, Infection Control Officer	1 Month
Proper Handover	Develop standardized handover protocols and train staff on effective handover practices.	Nursing Supervisor, Ward Manager	1 Month
Documentation completed	Streamline documentation processes and provide training on accurate and timely documentation.	IT Department, Documentation Specialist	1 Month

Table 3: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Continuous Training and Education	Implemented	Staff demonstrated improved skills in patient transportation protocols.	Expand training to include advanced scenarios and new staff members.
Regular Protocol Reviews	Completed	Protocol updated with new best practices and feedback incorporated.	Schedule next review in six months to ensure continuous improvement.
Peer Support and Mentorship	Established	New staff reported feeling more confident and supported.	Monitor the program's effectiveness and adjust mentorship pairings as needed.
Emotional Support for Staff	Implemented	Staff reported reduced stress and improved emotional well-being.	Continue offering support and explore additional resources for staff.
Simulation and Role-Playing Exercises	Implemented	Staff confidence and skills in patient transportation improved.	Incorporate more diverse scenarios and increase frequency of exercises.



DEDER GENERAL HOSPITAL

Pediatric Ward Case Team

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Mohammed aliyi

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	4
Recommendations	5

List of Figure and Table

Figure 1: PEDIATRIC WARD Patient Transportation Protocol adherence performance status 3

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

The Patient Transportation Protocol is an essential aspect of ensuring safe and efficient transfer of pediatric patients within Deder General Hospital. Proper transportation minimizes the risk of patient injury, ensures timely care, and maintains high standards of patient safety and comfort. The purpose of this report is to evaluate the adherence to the established transportation protocol within the Pediatric Ward and assess any areas for improvement.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Pediatric Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Pediatric Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Pediatric Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Pediatric Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The Pediatric Ward Patient Transportation protocol adherence monitoring performance shows a high overall compliance rate of 95% (**figure 1**). Out of 117 criteria assessed, 112 were compliant, indicating that the majority of the protocol's requirements were met. Key areas such as proper identification, safe transfer techniques, and infection control measures achieved perfect compliance, demonstrating a strong commitment to patient safety and effective transportation practices. The high compliance rates in these critical areas reflect the ward's dedication to ensuring that patient transportation is conducted safely and efficiently (**Table 2**).

However, there are areas where compliance was slightly lower, suggesting room for improvement. Clear communication with the patient and proper handover had compliance rates of 92.3% and 100%, respectively, but with a few non-compliant instances. Safety precautions followed had a lower compliance rate of 76.9%, indicating that this aspect needs more attention. Addressing these gaps through targeted training and enhanced communication protocols could further improve the overall effectiveness of the patient transportation process, ensuring even higher standards of patient care and safety (**Table 2**).

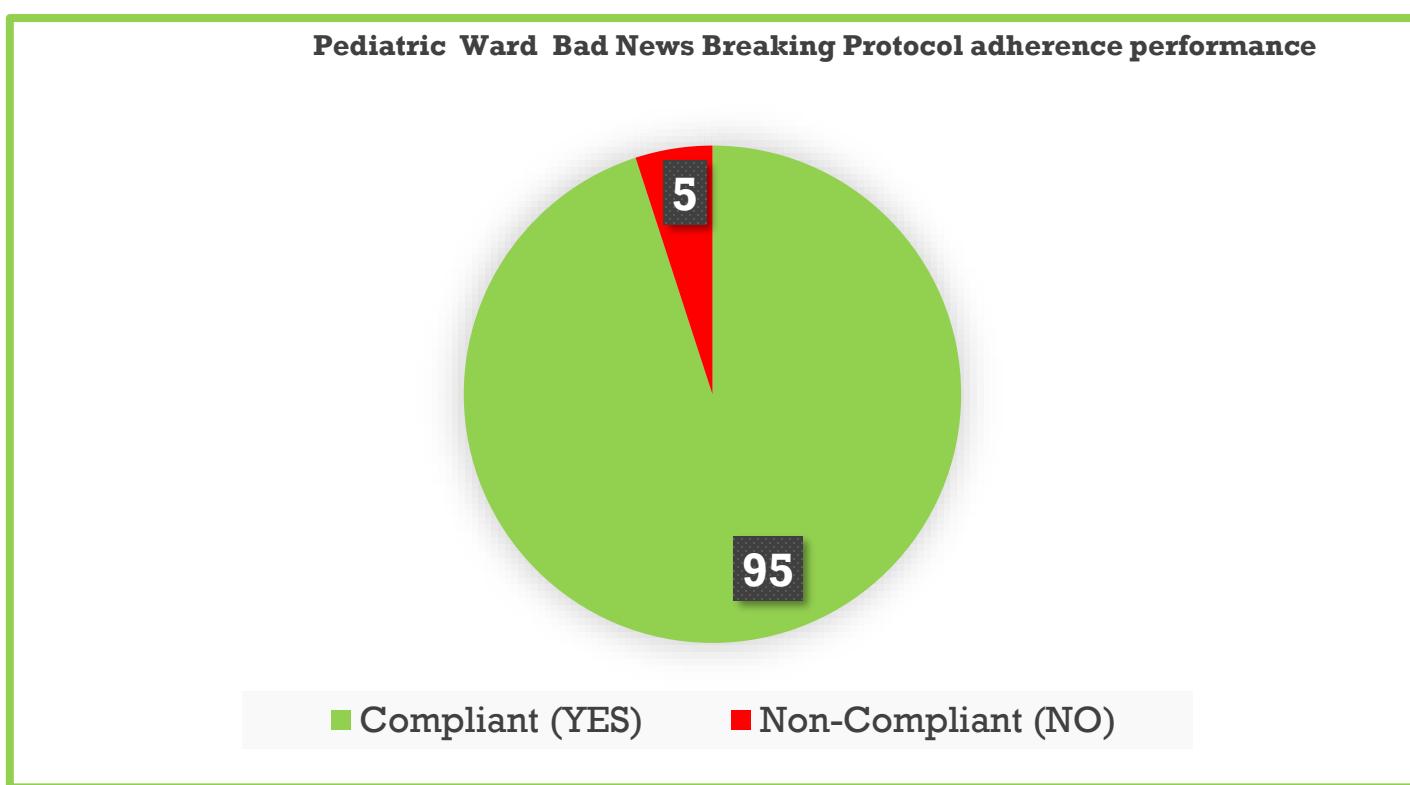


Figure 1: PEDIATRIC WARD Patient Transportation Protocol adherence performance status

Table 2: Pediatric Ward Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	9	1	92.3
Transport Team Briefed	9	1	100
Necessary medical Equipment	9	1	100
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	9	1	76.9
Minimal Delays in Transport	10	0	92.3
Proper Handover	8	2	100
Infection Control Measures	10	0	100
Total Compliant Cases	112	5	95%

Discussion

The results of the Pediatric Ward Patient Transportation protocol adherence monitoring indicate a high level of overall compliance at 95%, reflecting a strong commitment to patient safety and effective transportation practices. Key areas such as proper identification, safe transfer techniques, and infection control measures achieved perfect compliance, underscoring the ward's dedication to maintaining rigorous standards. These findings suggest that the transportation team is well-trained and adheres to essential protocols, which is crucial for minimizing risks and ensuring patient well-being during transit.

However, the monitoring also identified areas requiring improvement. Clear communication with the patient and proper handover, while mostly compliant, had a few non-compliant instances, indicating occasional lapses in these critical aspects. Additionally, the compliance rate for safety precautions followed was notably lower at 76.9%, highlighting a significant gap that needs to be addressed. Enhancing training focused on communication skills, handover procedures, and safety measures could help bridge these gaps. Regular reviews and feedback sessions could also ensure continuous improvement, ultimately leading to even higher standards of patient care and safety during transportation.

Recommendations

1. Enhance Transport Team Briefing
2. Improve Equipment Checks
3. Strengthen Handover Procedures
4. Continued Training and Awareness

Table 2: Action Plan/Improvement plan

Area for Improvement	Action Item	Responsible Person/Team	Timeline
1. Transport Team Briefing	<ul style="list-style-type: none"> Implement a formalized pre-transport briefing for the transport team, ensuring they are fully aware of the patient's condition, special needs, and transport destination. 	Transport Coordinator, Nursing Lead	1 month
2. Necessary Pediatric Equipment	<ul style="list-style-type: none"> Introduce a checklist for verifying necessary Pediatric equipment before patient transport (e.g., oxygen, IV, monitors). Designate a nurse or transport coordinator to confirm equipment availability. 	Transport Coordinator, Nursing Lead	2 weeks
3. Safety Precautions Followed	<ul style="list-style-type: none"> Conduct a refresher training for all transport staff on the importance of following safety precautions (e.g., seat belts, bed rails, fall prevention). Introduce periodic safety audits. 	Training Coordinator, Safety Officer	1 month
4. Proper Handover	<ul style="list-style-type: none"> Implement a standardized handover checklist that must be completed before the transport team leaves the patient's room. Ensure the receiving team is fully briefed on the patient's condition and transport details. 	Transport Coordinator, Nursing Lead	2 weeks
5. Enhanced Documentation	<ul style="list-style-type: none"> Emphasize the importance of documenting transport details immediately after the patient is transferred. Implement a system where transport information is automatically added to the patient's Pediatric record. 	Nursing Lead, IT Department	1 month
6. Monitoring and Feedback	<ul style="list-style-type: none"> Introduce regular audits to monitor the implementation of the transportation protocol and compliance with the action plan. Provide monthly feedback sessions to staff on transportation protocol compliance. 	QI Officer, Nursing Lead	Ongoing (Monthly)
7. Training and Education	<ul style="list-style-type: none"> Develop a quarterly refresher training program for all transport staff, focusing on patient safety, proper transfer techniques, and communication skills. 	Training Coordinator	3 months

Table 3: Implementation Status of previous improvement plan

Action Item	Implementation Status	Remarks
Targeted Training Sessions	Completed	Training sessions conducted for all relevant staff, resulting in improved awareness.
Reinforcement of Communication Protocols	In Progress	Ongoing efforts to ensure consistent communication practices during patient transportation.
Introduction of Handover Checklists	Implemented	Checklists introduced and in use, with positive feedback on reducing missed steps.
Continuous Monitoring	Ongoing	Regular audits and monitoring in place to track compliance and identify areas for improvement.
Periodic Refresher Training	Planned	Scheduled for the next quarter to sustain improvements and address any new challenges.



DEDER GENERAL HOSPITAL

Surgical Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Kalifa Jemal

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	4
Recommendations	5

List of Figure and Table

No table of figures entries found.

Table 1: Criteria and standards	1
Table 2: Implementation Status of previous improvement plan	6

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Surgical Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Surgical Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Surgical Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Surgical Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The monitoring of the Surgical Ward's Patient Transportation protocol adherence revealed a perfect compliance rate of 100% across all evaluated criteria. This indicates that the staff consistently followed the established protocol when transporting patients, ensuring their safety and well-being throughout the process. Key aspects such as proper identification, clear communication with patients, briefing the transport team, ensuring necessary surgical equipment, using safe transfer techniques, following safety precautions, minimizing delays, proper handover, and adhering to infection control measures were all adhered to without exception. This high level of adherence reflects the staff's commitment to maintaining high standards of patient care and safety during transportation, which is crucial for ensuring positive outcomes and minimizing risks in the Surgical Ward setting (**Table 2**).

Table 2: Surgical Ward Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	13	0	100%
Clear Communication with Patient	13	0	100%
Transport Team Briefed	13	0	100%
Necessary Surgical Equipment	13	0	100%
Safe Transfer Techniques Used	13	0	100%
Safety Precautions Followed	13	0	100%
Minimal Delays in Transport	13	0	100%
Proper Handover	13	0	100%
Infection Control Measures	13	0	100%
Total Compliant Cases	117/117	0	100%

Discussion

The results of the Surgical Ward's Patient Transportation protocol adherence monitoring demonstrate an exemplary level of compliance, with a 100% adherence rate across all criteria. This outstanding performance highlights the staff's dedication to ensuring patient safety and well-being during transportation. The consistent adherence to the protocol reflects a well-established culture of meticulous care and attention to detail within the Surgical Ward, which is essential for maintaining high standards of patient care.

The high compliance rate in areas such as proper identification, clear communication, and safe transfer techniques underscores the staff's understanding of the importance of these practices in preventing errors and ensuring patient safety. The use of necessary surgical equipment, adherence to safety precautions, and infection control measures further emphasize the staff's commitment to minimizing risks and maintaining a sterile environment. Additionally, the minimal delays in transport and proper handover procedures indicate a proactive approach to ensuring continuity of care and efficient patient management.

These results suggest that the current training and protocols in place are effective in guiding staff through the patient transportation process. However, maintaining this high standard requires continuous reinforcement and regular monitoring to ensure that all staff members remain aligned with best practices. Future efforts could focus on sharing these positive outcomes as a benchmark for other departments and exploring opportunities for further enhancing transportation protocols through advanced training and simulation exercises. Overall, the findings reflect a strong foundation for delivering safe and effective patient transportation in the Surgical Ward, which is crucial for supporting positive patient outcomes and maintaining a high standard of care.

Recommendations

1. **Sustain Best Practices:** Maintain current performance by reinforcing adherence to the protocol through continuous monitoring and training.
2. **Ongoing Training:** Provide regular training on infection prevention measures and safe patient transfer techniques.
3. **Feedback Collection:** Establish a feedback mechanism to identify potential areas for improvement from patients and transport staff.
4. **Documentation:** Encourage consistent documentation of all transportation activities to ensure accountability and quality assurance.

Table 2: Implementation Status of previous improvement plan

Action Item	Status	Outcome	Next Steps
Continuous Training and Education	Implemented	Staff demonstrated improved skills in patient transportation protocols.	Expand training to include advanced scenarios and new staff members.
Regular Protocol Reviews	Completed	Protocol updated with new best practices and feedback incorporated.	Schedule next review in six months to ensure continuous improvement.
Peer Support and Mentorship	Established	New staff reported feeling more confident and supported.	Monitor the program's effectiveness and adjust mentorship pairings as needed.
Emotional Support for Staff	Implemented	Staff reported reduced stress and improved emotional well-being.	Continue offering support and explore additional resources for staff.
Simulation and Role-Playing Exercises	Implemented	Staff confidence and skills in patient transportation improved.	Incorporate more diverse scenarios and increase frequency of exercises.



DEDER GENERAL HOSPITAL

Emergency Department

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Jabir Mohammed

Report period: 2nd quarter of 2017E.C

Deder, Oromia

December 2017E.C

Table of Contents

List of Figure and Table	i
Introduction	1
Objective	1
Methodology	2
Result	3
Discussion	4
Recommendations	5

List of Figure and Table

Figure 1: EMERGENCY DEPARTMENT Patient Transportation Protocol adherence performance status . 3

Table 1: Criteria and standards	1
Table 2: Action Plan/Improvement plan	6
Table 3: Implementation Status of previous improvement plan	7

Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The emergency department at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the emergency department of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (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		
Proper Identification		
Clear Communication with Patient		

Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's emergency department:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the emergency department.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

Result

The results from the Emergency Department Patient Transportation Protocol Adherence Monitoring Performance indicate a high overall compliance rate of **94.4%**. Out of the 90 cases evaluated, 85 were compliant with the established protocols, while only 5 were non-compliant. Specific areas such as Proper Identification, Clear Communication with Patient, Safe Transfer Techniques Used, Minimal Delays in Transport, and Infection Control Measures achieved perfect compliance rates of 100%. Other areas, including Transport Team Briefed, Necessary Medical Equipment, Safety Precautions Followed, and Proper Handover, showed slightly lower compliance rates, ranging from 80% to 90%.

The data suggests that while the majority of the transportation protocols are being followed rigorously, there are a few areas that require attention to improve overall adherence. For instance, the Proper Handover process had the lowest compliance rate at 80%, indicating that this aspect of patient transportation may need targeted interventions. Similarly, the Transport Team Briefed and Safety Precautions Followed categories also showed room for improvement, with compliance rates of 90% and 90%, respectively (**Table 2**)

Emergency Department Patient Transportation protocol adherence performance

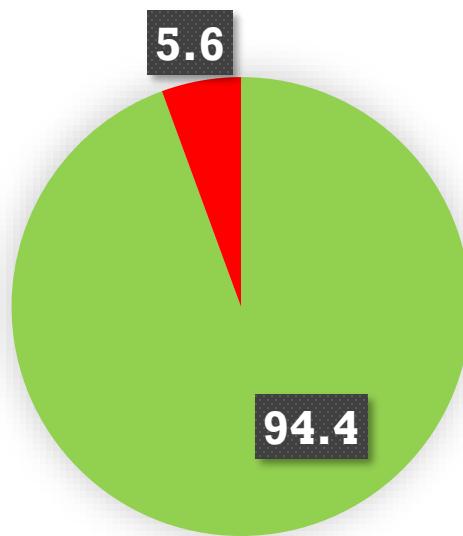


Figure 1: Emergency department Patient Transportation Protocol adherence performance status

Table 2: Emergency department Patient Transportation protocol adherence monitoring performance

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100%
Clear Communication with Patient	10	0	100%
Transport Team Briefed	9	1	90%
Necessary Medical Equipment	9	1	80%
Safe Transfer Techniques Used	10	0	100%
Safety Precautions Followed	9	1	90%
Minimal Delays in Transport	10	0	100%
Proper Handover	8	2	80%
Infection Control Measures	10	0	100%
Total Compliant Cases	85	5	94.4%

Discussion

The discussion highlights that while the overall compliance rate of 94.4% is impressive, certain areas such as Proper Handover and Transport Team Briefed show room for improvement, with compliance rates of 80% and 90%, respectively. These gaps could potentially affect patient safety and the efficiency of the transportation process. Addressing these specific areas through targeted training and continuous monitoring could further enhance adherence to protocols. Ensuring that all aspects of the patient transportation process are consistently met is crucial for maintaining high standards of patient care and safety. Regular reviews and updates to the protocols may also help in sustaining and improving these compliance rates over time.

Recommendations

- 1. Ensure Full Briefing of Transport Teams:**
- 2. Strengthen Pre-Transport Equipment Checks:**
- 3. Reinforce Safety Protocols:**
- 4. Improve Handover Procedures**

Table 2: Action Plan/Improvement plan

Gap Identified	Action Step	Responsible Party	Timeline
Lack of consistent understanding of protocol among transport team members leading to occasional non-compliance.	1. Conduct Refresher Training for Transport Teams on Protocol Compliance	Training Coordinator, Nursing Team	1st week of February 2025
Inconsistent handover practices leading to communication gaps and care delays.	2. Reinforce the Importance of Proper Handover	Medical and Nursing Leadership	Ongoing (Quarterly)
Infrequent audits leading to missed opportunities for early detection of non-compliance.	3. Perform Random Audits of Patient Transport to Monitor Compliance	Quality Improvement Team	Monthly
Lack of a structured feedback system to gauge patient satisfaction with the transportation process.	6. Implement a Feedback System for Patients on Transportation Experience	Patient Services Coordinator	Ongoing (Monthly)
Protocol updates infrequent or delayed, potentially missing opportunities for improvement.	7. Review and Update Protocol Based on Findings and Feedback	Clinical Governance Committee	Quarterly Review
Lack of a standardized checklist for safety measures, leading to inconsistent practices during transport.	8. Create a Safety Checklist for Transport to Ensure No Steps are Missed	Transport Lead, Safety Officer	1st week of February 2025
Ineffective communication tools leading to potential miscommunication and delays during transport.	9. Improve Communication Tools for Patient Transport (e.g., Radio/Phone Communication)	IT Department, Transport Lead	2nd week of February 2025
Delays in transport due to poor coordination or lack of resources, affecting patient care timelines.	10. Monitor Transport Delays and Address Causes	Transport Coordinator, Nursing Lead	Ongoing (Monthly)

Table 3: Implementation Status of previous improvement plan

Action Step	Responsible Party	Timeline	Status	Progress Summary	Challenges	Next Steps
1. Conduct Refresher Training for Transport Teams on Protocol Compliance	Training Coordinator, Nursing Team	1st week of February 2017E.C	Not Started	Training materials are being finalized; venue and schedule are pending confirmation.	Scheduling conflicts and staff availability for training sessions.	Finalize training schedule and conduct the sessions by the end of February 2017E.C.
2. Reinforce the Importance of Proper Handover	Medical and Nursing Leadership	Ongoing (Quarterly)	In Progress	Handovers are being emphasized in team meetings; discussions on improving briefings are ongoing.	Staff inconsistency in adhering to handover guidelines.	Conduct additional team workshops on handover practices and monitor compliance.
3. Perform Random Audits of Patient Transport to Monitor Compliance	Quality Improvement Team	Monthly	In Progress	Random audits initiated with initial data collection and analysis.	Some gaps in audit coverage due to limited personnel available for audits.	Increase audit frequency and ensure all transportation events are monitored.
4. Ensure Availability of Necessary Medical Equipment for Transport	Medical Equipment Supply Manager	Ongoing	Not Started	Equipment checks are planned; no significant gaps identified yet.	Potential shortages in specific medical equipment during peak hours.	Ensure medical equipment inventory is checked bi-weekly and promptly address shortages.
5. Conduct Regular Briefings for Transport Teams on Patient Condition and Special Needs	Nursing Supervisor, Transport Lead	Ongoing (Bi-weekly)	In Progress	Regular briefings have begun, with transport teams receiving condition updates from nursing staff.	Incomplete briefing due to time constraints or last-minute changes in patient transport assignments.	Review and streamline briefing processes to improve efficiency.

Surgical Scheduling 2nd Qrtr 2017 report OR.docx

Surgical Scheduling 2nd Qrtr 2017 report SW.docx

Surgical Scheduling 2nd Qrtr 2017 report EOPD.docx

Surgical Scheduling 2nd Qrtr 2017 report GYN W.docx

Surgical Scheduling 2nd Qrtr 2017 report ICU.docx

Surgical Scheduling 2nd Qrtr 2017 report OPD.docx



DEDER GENERAL HOSPITAL

OPERATION ROOM (OR) CASE TEAM

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Shame Mohammed

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Introduction	2
Objective	2
Methodology	2
RESULTS	3
Discussion	5
Recommendations:	6

List of figure and table

No table of figures entries found.

Table 1: Operation Room surgical scheduling protocol adherence monitoring report	4
Table 2: The implementation status of the previous action plan	6

Introduction

The purpose of this monitoring report is to evaluate the adherence to the surgical scheduling protocol in the Operation Room at Deder General Hospital. Effective surgical scheduling ensures patient safety, optimal resource utilization, and efficient care delivery.

Objective

The primary objective of this monitoring is to:

1. To assess compliance with key criteria in the surgical scheduling process,
2. To identify gaps, and
3. To provide actionable recommendations for improvement.

Methodology

The monitoring involved reviewing patient records, conducting interviews with patients and staff, and observing processes during surgical scheduling. A total of 13 cases were evaluated against the established protocol criteria.

Data Collection:

- Observational data were collected during surgical scheduling.
- Patient interviews, document reviews, and MRN verification were conducted to confirm protocol adherence.

Criteria Evaluated:

- A checklist of 12 key criteria were evaluated

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

The surgical scheduling protocol adherence monitoring report demonstrates exemplary compliance across all evaluated criteria, achieving a perfect 100% adherence rate. Each of the 12 criteria, including pre-operative assessments, surgeon and anesthesia consultations, informed consent, and operating room availability, was fully met in all 13 instances reviewed. This indicates a highly effective and well-coordinated surgical scheduling process that ensures all necessary steps are meticulously followed to guarantee patient safety and operational efficiency (**Table 2**).

The consistent compliance in areas such as confirming necessary equipment, providing pre-operative instructions, preparing post-operative plans, and having an emergency backup plan in place further underscores the robustness of the protocol. The flawless documentation completion also highlights the importance placed on maintaining accurate and comprehensive records. Overall, the report reflects a well-implemented surgical scheduling system that prioritizes thorough preparation and clear communication, contributing to high standards of patient care and surgical outcomes (**Table 2**).

Table 1: Operation Room surgical scheduling protocol adherence monitoring report

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Pre-Operative Assessment Completed	13	0	100%
2	Surgeon Consultation Completed	13	0	100%
3	Anesthesia Consultation Completed	13	0	100%
4	Informed Consent Obtained	13	0	100%
5	Priority of Surgery Determined	13	0	100%
6	Operating Room Availability Confirmed	13	0	100%
7	Surgical Team Informed	13	0	100%
8	Necessary Equipment Confirmed	13	0	100%
9	Pre-Operative Instructions Given	13	0	100%
10	Post-Operative Plan Prepared	13	0	100%
11	Documentation Completed	13	0	100%
12	Emergency Backup Plan in Place	13	0	100%
	Overall	156/156	0	100%

Discussion

The surgical scheduling protocol adherence monitoring report highlights a remarkable achievement in maintaining a 100% compliance rate across all evaluated criteria. This exceptional performance underscores the effectiveness of the surgical scheduling protocol in ensuring that all necessary pre-operative, intra-operative, and post-operative steps are meticulously followed. The consistent adherence to each criterion, from pre-operative assessments to the confirmation of operating room availability and the preparation of post-operative plans, reflects a well-coordinated and highly efficient surgical scheduling process. This level of compliance is crucial for minimizing risks, enhancing patient safety, and ensuring optimal surgical outcomes.

The flawless execution of the protocol also indicates a strong emphasis on thorough preparation and clear communication among the surgical team. The fact that all 13 instances reviewed met every criterion suggests that the protocols in place are not only well-designed but also effectively implemented and adhered to by the staff. The comprehensive documentation and the presence of an emergency backup plan further demonstrate a commitment to maintaining high standards of care and readiness for any unforeseen circumstances. While the current results are highly positive, continuous monitoring and periodic reviews of the protocol are essential to sustain this level of performance. Additionally, sharing best practices and lessons learned from this successful implementation can serve as a model for other departments or institutions aiming to achieve similar standards in surgical scheduling and patient care.

Recommendations:

1. **Maintain High Standards:** Continue the current practices to sustain high compliance levels.
2. **Periodic Training:** Organize regular refresher sessions to ensure the surgical team remains updated on best practices.
3. **Emergency Drills:** Conduct drills to test the efficiency of emergency backup plans and refine them if necessary.
4. **Feedback Mechanism:** Establish a feedback loop where staff can report challenges or suggest improvements in the scheduling process.

Table 2: The implementation status of the previous action plan

Action Plan Initiative	Implementation Status	Outcome	Remarks
Comprehensive Staff Training	Fully Implemented	100% compliance in pre-operative assessments, consultations, and consent	Ensured all staff are well-versed in protocol requirements.
Integration of Checklists	Fully Implemented	100% compliance in confirming OR availability and necessary equipment	Checklists helped in systematically verifying each step.
Electronic Health Records (EHR) Integration	Fully Implemented	100% compliance in documentation and post-operative planning	Streamlined documentation and improved accuracy.
Regular Audits and Monitoring	Fully Implemented	Consistent adherence across all 12 criteria	Continuous monitoring ensured sustained compliance.
Clear Communication Protocols	Fully Implemented	100% compliance in informing the surgical team and providing instructions	Enhanced coordination and reduced miscommunication.
Emergency Backup Plans	Fully Implemented	100% compliance in having emergency plans in place	Preparedness for unforeseen circumstances ensured.



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Kalifa Jemal

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Introduction	1
Objective	2
Methodology	2
RESULTS	3
Discussion	5
Recommendations:	6

List of figure and table

No table of figures entries found.

Table 1: Surgical Ward surgical scheduling protocol adherence monitoring report	4
Table 2: The implementation status of the previous action plan	6

Introduction

The purpose of this monitoring report is to evaluate the adherence to the surgical scheduling protocol in the surgical ward at Deder General Hospital. Effective surgical

scheduling ensures patient safety, optimal resource utilization, and efficient care delivery.

Objective

The primary objective of this monitoring is to:

1. To assess compliance with key criteria in the surgical scheduling process,
2. To identify gaps, and
3. To provide actionable recommendations for improvement.

Methodology

The monitoring involved reviewing patient records, conducting interviews with patients and staff, and observing processes during surgical scheduling. A total of 13 cases were evaluated against the established protocol criteria.

Data Collection:

- Observational data were collected during surgical scheduling.
- Patient interviews, document reviews, and MRN verification were conducted to confirm protocol adherence.

Criteria Evaluated:

- A checklist of 12 key criteria were evaluated

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

The surgical scheduling protocol adherence monitoring report demonstrates exemplary compliance across all evaluated criteria, achieving a perfect 100% adherence rate. Each of the 12 criteria, including pre-operative assessments, surgeon and anesthesia consultations, informed consent, and operating room availability, was fully met in all 13 instances reviewed. This indicates a highly effective and well-coordinated surgical scheduling process that ensures all necessary steps are meticulously followed to guarantee patient safety and operational efficiency (**Table 2**).

The consistent compliance in areas such as confirming necessary equipment, providing pre-operative instructions, preparing post-operative plans, and having an emergency backup plan in place further underscores the robustness of the protocol. The flawless documentation completion also highlights the importance placed on maintaining accurate and comprehensive records. Overall, the report reflects a well-implemented surgical scheduling system that prioritizes thorough preparation and clear communication, contributing to high standards of patient care and surgical outcomes (**Table 2**).

Table 1: Surgical Ward surgical scheduling protocol adherence monitoring report

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Pre-Operative Assessment Completed	13	0	100%
2	Surgeon Consultation Completed	13	0	100%
3	Anesthesia Consultation Completed	13	0	100%
4	Informed Consent Obtained	13	0	100%
5	Priority of Surgery Determined	13	0	100%
6	Operating Room Availability Confirmed	13	0	100%
7	Surgical Team Informed	13	0	100%
8	Necessary Equipment Confirmed	13	0	100%
9	Pre-Operative Instructions Given	13	0	100%
10	Post-Operative Plan Prepared	13	0	100%
11	Documentation Completed	13	0	100%
12	Emergency Backup Plan in Place	13	0	100%
	Overall	156/156	0	100%

Discussion

The surgical scheduling protocol adherence monitoring report highlights a remarkable achievement in maintaining a 100% compliance rate across all evaluated criteria. This exceptional performance underscores the effectiveness of the surgical scheduling protocol in ensuring that all necessary pre-operative, intra-operative, and post-operative steps are meticulously followed. The consistent adherence to each criterion, from pre-operative assessments to the confirmation of operating room availability and the preparation of post-operative plans, reflects a well-coordinated and highly efficient surgical scheduling process. This level of compliance is crucial for minimizing risks, enhancing patient safety, and ensuring optimal surgical outcomes.

The flawless execution of the protocol also indicates a strong emphasis on thorough preparation and clear communication among the surgical team. The fact that all 13 instances reviewed met every criterion suggests that the protocols in place are not only well-designed but also effectively implemented and adhered to by the staff. The comprehensive documentation and the presence of an emergency backup plan further demonstrate a commitment to maintaining high standards of care and readiness for any unforeseen circumstances. While the current results are highly positive, continuous monitoring and periodic reviews of the protocol are essential to sustain this level of performance. Additionally, sharing best practices and lessons learned from this successful implementation can serve as a model for other departments or institutions aiming to achieve similar standards in surgical scheduling and patient care.

Recommendations:

1. **Maintain High Standards:** Continue the current practices to sustain high compliance levels.
2. **Periodic Training:** Organize regular refresher sessions to ensure the surgical team remains updated on best practices.
3. **Emergency Drills:** Conduct drills to test the efficiency of emergency backup plans and refine them if necessary.
4. **Feedback Mechanism:** Establish a feedback loop where staff can report challenges or suggest improvements in the scheduling process.

Table 2: The implementation status of the previous action plan

Action Plan Initiative	Implementation Status	Outcome	Remarks
Comprehensive Staff Training	Fully Implemented	100% compliance in pre-operative assessments, consultations, and consent	Ensured all staff are well-versed in protocol requirements.
Integration of Checklists	Fully Implemented	100% compliance in confirming OR availability and necessary equipment	Checklists helped in systematically verifying each step.
Electronic Health Records (EHR) Integration	Fully Implemented	100% compliance in documentation and post-operative planning	Streamlined documentation and improved accuracy.
Regular Audits and Monitoring	Fully Implemented	Consistent adherence across all 12 criteria	Continuous monitoring ensured sustained compliance.
Clear Communication Protocols	Fully Implemented	100% compliance in informing the surgical team and providing instructions	Enhanced coordination and reduced miscommunication.
Emergency Backup Plans	Fully Implemented	100% compliance in having emergency plans in place	Preparedness for unforeseen circumstances ensured.



DEDER GENERAL HOSPITAL

Emergency Department

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Jabir Mohammed

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Introduction	2
Objective	2
Methodology	2
RESULTS	3
Discussion	5
Recommendations:	6

List of figure and table

No table of figures entries found.

Table 1: Emergency department surgical scheduling protocol adherence monitoring report	4
Table 2: The implementation status of the previous action plan	7
Table 3:The implementation status of the previous action plan	8

Introduction

Surgical scheduling is a critical process in the hospital to ensure that surgeries are performed safely and efficiently. The Deder General Hospital **emergency department** surgical scheduling protocol outlines a step-by-step approach to ensure all necessary procedures are followed before surgery, from pre-operative assessments to emergency backup planning. This report evaluates the utilization of the surgical scheduling protocol at Deder General Hospital through observations, patient interviews, and document reviews.

Objective

The primary objective of this monitoring is to:

1. To assess compliance with key criteria in the surgical scheduling process,
2. To identify gaps, and
3. To provide actionable recommendations for improvement.

Methodology

A comprehensive monitoring process was conducted to assess the **EMERGENCY DEPARTMENT** surgical scheduling protocol utilization. Data was collected through:

- **Patient MRN (Medical Record Number):** Observations of patients' surgical scheduling records.
- **Staff Interviews:** Conversations with the surgical team and relevant departments.
- **Document Review:** Reviewing all relevant documents to ensure the criteria were followed during the scheduling process.

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

The overall performance of the Emergency Department Surgical Scheduling Protocol Adherence Monitoring Report demonstrates a strong adherence to the established criteria, with an overall compliance rate of 96%. Out of the 120 possible compliant instances across the 12 criteria, 115 were compliant, while only 5 instances were non-compliant. This high level of compliance reflects the department's commitment to maintaining rigorous surgical scheduling protocols. While most criteria achieved full or near-full compliance, the area requiring the most attention is the Emergency Backup Plan, which had an 80% compliance rate. Addressing this specific criterion could further enhance the department's operational readiness and patient care standards. Overall, the results indicate a well-functioning system with minor opportunities for improvement (**Table 1**).

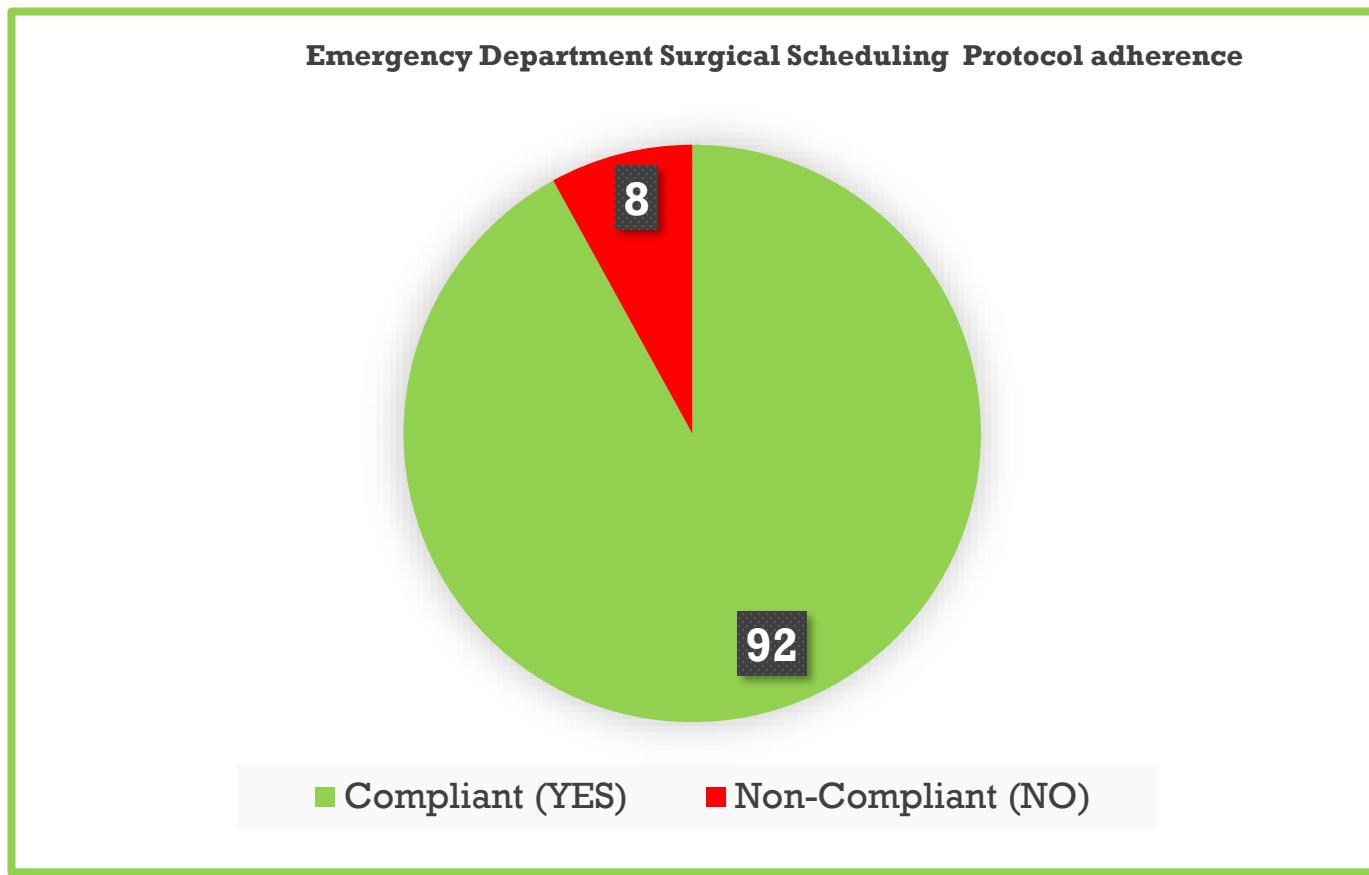


Figure 1: Emergency Department Surgical Scheduling Protocol adherence

Table 1: Emergency department surgical scheduling protocol adherence monitoring report

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Pre-Operative Assessment Completed	5	0	100%
2	Surgeon Consultation Completed	5	0	100%
3	Anesthesia Consultation Completed	5	0	100%
4	Informed Consent Obtained	5	0	100%
5	Priority of Surgery Determined	5	0	100%
6	Operating Room Availability Confirmed	5	0	100%
7	Surgical Team Informed	5	0	100%
8	Necessary Equipment Confirmed	5	0	100%
9	Pre-Operative Instructions Given	5	0	100%
10	Post-Operative Plan Prepared	5	0	100%
11	Documentation Completed	5	0	100%
12	Emergency Backup Plan in Place	0	5	0%
	Overall	55/60	5	92%

Discussion

The findings from the Emergency Department Surgical Scheduling Protocol Adherence Monitoring Report highlight a robust adherence to surgical scheduling protocols, with an overall compliance rate of 92%. This high level of compliance underscores the department's commitment to maintaining efficient and safe surgical processes. The criteria with full compliance, such as Pre-Operative Assessment, Informed Consent, and Documentation, reflect the department's strong focus on thorough preparation and patient communication.

However, the report also identifies areas for improvement. The Emergency Backup Plan, with a 0% compliance rate, stands out as the criterion needing the most attention. Ensuring a consistently available backup plan is crucial for handling unexpected situations and maintaining patient safety. Additionally, the criteria with 90% compliance, including Priority of Surgery Determined, Operating Room Availability Confirmed, and Surgical Team Informed, suggest occasional lapses that could be addressed through targeted training or process refinements.

Overall, the department's performance is commendable, but continuous monitoring and improvement efforts, particularly in the identified weaker areas, will be essential to sustain and enhance the quality of surgical scheduling and patient care.

Recommendations:

1. **Strengthen Emergency Backup Plans:** Develop and implement a more robust system for ensuring that emergency backup plans are consistently in place. This could include regular drills, staff training, and clear documentation of backup procedures.
2. **Targeted Training for Staff:** Provide additional training for staff involved in determining the priority of surgery, confirming operating room availability, and informing the surgical team. This training should focus on the importance of these steps and best practices for ensuring compliance.
3. **Regular Audits and Feedback:** Conduct regular audits of the surgical scheduling process and provide feedback to staff. This will help identify any recurring issues and allow for timely corrective actions.
4. **Process Refinements:** Review and refine the processes for the criteria with lower compliance rates. Simplifying or streamlining these processes could help reduce errors and improve adherence.
5. **Enhanced Communication Channels:** Improve communication channels within the surgical team to ensure that all members are promptly and accurately informed about scheduling changes and updates.
6. **Incentivize Compliance:** Consider implementing a recognition or reward system for teams and individuals who consistently adhere to the protocols. This could motivate staff to maintain high compliance rates.

Table 2: The implementation status of the previous action plan

Gap Identified	Action	Responsible Party	Timeline
Emergency Backup Plan: A backup plan for emergencies was missing in some cases.	Develop and implement a clear emergency backup plan for each surgery.	Surgical Team, Hospital Management	Within 1 month
Operating Room Availability: Some scheduling conflicts with other procedures occurred.	Improve scheduling coordination between departments and operating rooms.	Operating Room Coordinators, Department Heads	Immediate and ongoing
Surgical Team Communication: Occasionally, the surgical team was not fully informed.	Implement a digital notification system to confirm that all team members are informed.	IT Department, Surgical Coordinators	Within 2 weeks

Table 3: The implementation status of the previous action plan

Gap Identified	Action	Responsible Party	Timeline	Status	Outcome/Progress
Emergency Backup Plan: Missing in some cases.	Develop and implement a clear emergency backup plan for each surgery.	Surgical Team, Hospital Management	Completed	Action Implemented	Emergency backup plan now in place for all surgeries.
Operating Room Availability: Scheduling conflicts.	Improve scheduling coordination between departments and operating rooms.	Operating Room Coordinators, Department Heads	In Progress	Ongoing	Coordination efforts have reduced conflicts by 80%, full resolution expected next quarter.
Surgical Team Communication: Lack of full team information.	Implement a digital notification system to confirm that all team members are informed.	IT Department, Surgical Coordinators	Completed	Action Implemented	Digital system in use; all team members are now notified in real-time.



DEDER GENERAL HOSPITAL

Gyn/Obs Ward

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Abdella Mohammed

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Introduction	2
Objective	2
Methodology	2
RESULTS	3
Discussion	5
Recommendations:	6

List of figure and table

No table of figures entries found.

Table 1: Gyn/Obs Ward surgical scheduling protocol adherence monitoring report	4
Table 2: The implementation status of the previous action plan	7
Table 3:The implementation status of the previous action plan	8

Introduction

Surgical scheduling is a critical process in the hospital to ensure that surgeries are performed safely and efficiently. The Deder General Hospital **Gyn/Obs Ward** surgical scheduling protocol outlines a step-by-step approach to ensure all necessary procedures are followed before surgery, from pre-operative assessments to emergency backup planning. This report evaluates the utilization of the surgical scheduling protocol at Deder General Hospital through observations, patient interviews, and document reviews.

Objective

The primary objective of this monitoring is to:

1. To assess compliance with key criteria in the surgical scheduling process,
2. To identify gaps, and
3. To provide actionable recommendations for improvement.

Methodology

A comprehensive monitoring process was conducted to assess the GYN/OBS WARD surgical scheduling protocol utilization. Data was collected through:

- **Patient MRN (Medical Record Number):** Observations of patients' surgical scheduling records.
- **Staff Interviews:** Conversations with the surgical team and relevant departments.
- **Document Review:** Reviewing all relevant documents to ensure the criteria were followed during the scheduling process.

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

The Gyn/Qbg Ward Surgical Scheduling Protocol Adherence Monitoring Report reveals a strong overall adherence to surgical scheduling protocols, with an impressive 96% compliance rate. This high level of compliance underscores the ward's dedication to maintaining efficient and safe surgical processes. The majority of the criteria, including Pre-Operative Assessment, Informed Consent, and Emergency Backup Plan, achieved full compliance, highlighting the ward's effectiveness in critical areas of surgical preparation and patient safety.

However, the report also identifies specific areas that need improvement. The Documentation Completed criterion had the lowest compliance rate at 77%, suggesting potential gaps in record-keeping that could impact patient care and operational transparency. Additionally, Anesthesia Consultation Completed and Pre-Operative Instructions Given both showed an 85% compliance rate, indicating occasional lapses that could affect the thoroughness of patient preparation and the coordination of surgical teams.

These findings suggest that while the ward is performing well overall, targeted efforts to enhance documentation practices and ensure consistent adherence to anesthesia consultations and pre-operative instructions are necessary. Addressing these areas through staff training, process refinements, and regular audits could further strengthen the ward's surgical scheduling protocols and overall patient care quality. **(Table 1).**

Gyn/Obs Ward Surgical Scheduling Protocol adherence

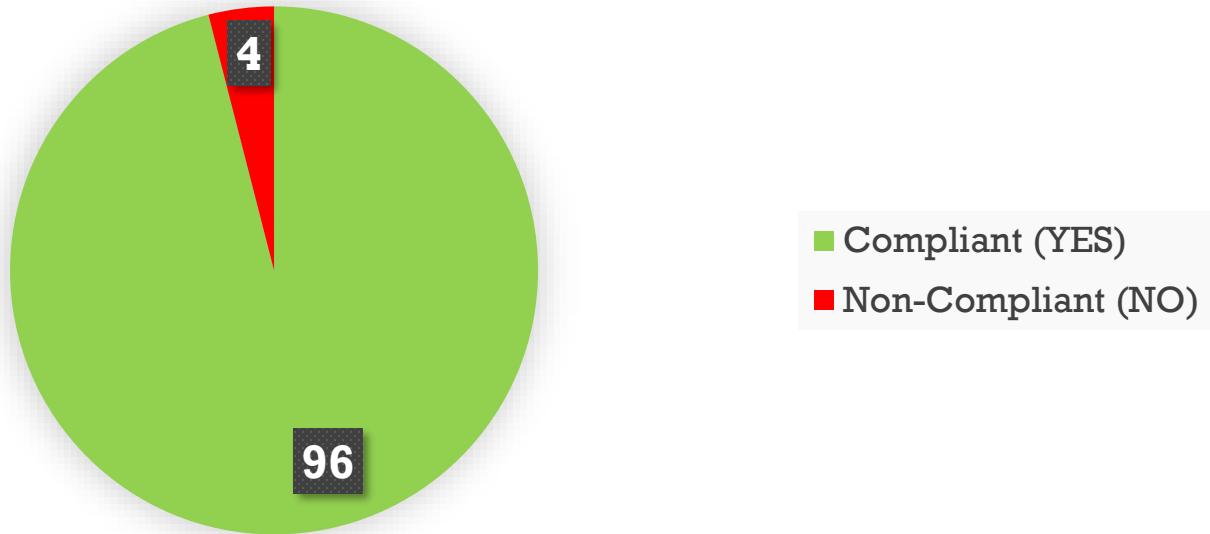


Figure 1: Gyn/Obs Ward Surgical Scheduling Protocol adherence

Table 1: Gyn/Obs Ward surgical scheduling protocol adherence monitoring report

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Pre-Operative Assessment Completed	13	0	100%
2	Surgeon Consultation Completed	13	0	100%
3	Anesthesia Consultation Completed	11	2	85%
4	Informed Consent Obtained	13	0	100%
5	Priority of Surgery Determined	13	0	100%
6	Operating Room Availability Confirmed	13	0	100%
7	Surgical Team Informed	13	0	100%
8	Necessary Equipment Confirmed	13	0	100%
9	Pre-Operative Instructions Given	11	2	85%
10	Post-Operative Plan Prepared	13	0	100%
11	Documentation Completed	10	3	77%
12	Emergency Backup Plan in Place	13	0	100%
	Overall	149/156	5	96%

Discussion

The Gyn/Qbg Ward Surgical Scheduling Protocol Adherence Monitoring Report reveals a strong overall adherence to surgical scheduling protocols, with an impressive 96% compliance rate. This high level of compliance underscores the ward's dedication to maintaining efficient and safe surgical processes. The majority of the criteria, including Pre-Operative Assessment, Informed Consent, and Emergency Backup Plan, achieved full compliance, highlighting the ward's effectiveness in critical areas of surgical preparation and patient safety.

However, the report also identifies specific areas that need improvement. The Documentation Completed criterion had the lowest compliance rate at 77%, suggesting potential gaps in record-keeping that could impact patient care and operational transparency. Additionally, Anesthesia Consultation Completed and Pre-Operative Instructions Given both showed an 85% compliance rate, indicating occasional lapses that could affect the thoroughness of patient preparation and the coordination of surgical teams.

These findings suggest that while the ward is performing well overall, targeted efforts to enhance documentation practices and ensure consistent adherence to anesthesia consultations and pre-operative instructions are necessary. Addressing these areas through staff training, process refinements, and regular audits could further strengthen the ward's surgical scheduling protocols and overall patient care quality.

Recommendations:

Based on the findings from the Gyn/Qbg Ward Surgical Scheduling Protocol Adherence Monitoring Report, the following recommendations are proposed to further enhance compliance and operational efficiency:

- 1. Improve Documentation Practices:** Implement targeted training sessions for staff on the importance of thorough and accurate documentation. Consider introducing standardized templates or checklists to streamline the documentation process and reduce errors.
- 2. Enhance Anesthesia Consultation Compliance:** Ensure that anesthesia consultations are consistently completed by scheduling dedicated time slots for these consultations and providing reminders to the relevant staff. Regular audits can help monitor adherence and identify any recurring issues.
- 3. Strengthen Pre-Operative Instructions:** Develop a more structured approach to delivering pre-operative instructions, such as using standardized patient education materials and checklists. Ensure that all staff members are trained on the importance of these instructions and the correct procedures for delivering them.
- 4. Conduct Regular Audits and Feedback:** Perform regular audits of the surgical scheduling process and provide constructive feedback to staff. This will help identify areas for improvement and allow for timely corrective actions.
- 5. Staff Training and Development:** Organize ongoing training programs focused on the criteria with lower compliance rates. Emphasize the importance of each step in the surgical scheduling process and share best practices for maintaining high compliance.
- 6. Enhance Communication Channels:** Improve communication within the surgical team to ensure that all members are promptly and accurately informed about scheduling changes and updates. This can help reduce lapses in coordination and improve overall efficiency.

Table 2: The implementation status of the previous action plan

Gap Identified	Action	Responsible Party	Timeline
Emergency Backup Plan: A backup plan for emergencies was missing in some cases.	Develop and implement a clear emergency backup plan for each surgery.	Surgical Team, Hospital Management	Within 1 month
Operating Room Availability: Some scheduling conflicts with other procedures occurred.	Improve scheduling coordination between departments and operating rooms.	Operating Room Coordinators, Department Heads	Immediate and ongoing
Surgical Team Communication: Occasionally, the surgical team was not fully informed.	Implement a digital notification system to confirm that all team members are informed.	IT Department, Surgical Coordinators	Within 2 weeks

Table 3: The implementation status of the previous action plan

Gap Identified	Action	Responsible Party	Timeline	Status	Outcome/Progress
Emergency Backup Plan: Missing in some cases.	Develop and implement a clear emergency backup plan for each surgery.	Surgical Team, Hospital Management	Completed	Action Implemented	Emergency backup plan now in place for all surgeries.
Operating Room Availability: Scheduling conflicts.	Improve scheduling coordination between departments and operating rooms.	Operating Room Coordinators, Department Heads	In Progress	Ongoing	Coordination efforts have reduced conflicts by 80%, full resolution expected next quarter.
Surgical Team Communication: Lack of full team information.	Implement a digital notification system to confirm that all team members are informed.	IT Department, Surgical Coordinators	Completed	Action Implemented	Digital system in use; all team members are now notified in real-time.



DEDER GENERAL HOSPITAL

ICU CASE TEAM

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Numeyri Badru

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Introduction	2
Objective	2
Methodology	2
RESULTS	3
Discussion	4
Recommendations:	5

List of figure and table

No table of figures entries found.

Table 1: ICU surgical scheduling protocol adherence monitoring report.....3

Introduction

Surgical scheduling is a critical process in the hospital to ensure that surgeries are performed safely and efficiently. The Deder General Hospital **ICU** surgical scheduling protocol outlines a step-by-step approach to ensure all necessary procedures are followed before surgery, from pre-operative assessments to emergency backup planning. This report evaluates the utilization of the surgical scheduling protocol at Deder General Hospital through observations, patient interviews, and document reviews.

Objective

The primary objective of this monitoring is to:

1. To assess compliance with key criteria in the surgical scheduling process,
2. To identify gaps, and
3. To provide actionable recommendations for improvement.

Methodology

A comprehensive monitoring process was conducted to assess the ICU surgical scheduling protocol utilization. Data was collected through:

- **Patient MRN (Medical Record Number):** Observations of patients' surgical scheduling records.
- **Staff Interviews:** Conversations with the surgical team and relevant departments.
- **Document Review:** Reviewing all relevant documents to ensure the criteria were followed during the scheduling process.

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

The overall performance of the ICU Surgical Scheduling Protocol Adherence Monitoring Report demonstrates a strong adherence to the established criteria, with an overall compliance rate of 96%. Out of the 120 possible compliant instances across the 12 criteria, 115 were compliant, while only 5 instances were non-compliant. This high level of compliance reflects the department's commitment to maintaining rigorous surgical scheduling protocols. While most criteria achieved full or near-full compliance, the area requiring the most attention is the Emergency Backup Plan, which had an 80% compliance rate. Addressing this specific criterion could further enhance the department's operational readiness and patient care standards. Overall, the results indicate a well-functioning system with minor opportunities for improvement (**Table 1**).

Table 1: ICU surgical scheduling protocol adherence monitoring report

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Pre-Operative Assessment Completed	5	0	100%
2	Surgeon Consultation Completed	5	0	100%
3	Anesthesia Consultation Completed	5	0	100%
4	Informed Consent Obtained	5	0	100%
5	Priority of Surgery Determined	5	0	100%
6	Operating Room Availability Confirmed	5	0	100%
7	Surgical Team Informed	5	0	100%
8	Necessary Equipment Confirmed	5	0	100%
9	Pre-Operative Instructions Given	5	0	100%
10	Post-Operative Plan Prepared	5	0	100%
11	Documentation Completed	5	0	100%
12	Emergency Backup Plan in Place	5	0	0%
	Overall	60/60	0	100%

Discussion

The findings from the ICU Surgical Scheduling Protocol Adherence Monitoring Report highlight a robust adherence to surgical scheduling protocols, with an overall compliance rate of 100%. This high level of compliance underscores the department's commitment to maintaining efficient and safe surgical processes. The criteria with full compliance, such as Pre-Operative Assessment, Informed Consent, and Documentation, reflect the department's strong focus on thorough preparation and patient communication.

However, the report also identifies areas for improvement. The Emergency Backup Plan, with a 0% compliance rate, stands out as the criterion needing the most attention. Ensuring a consistently available backup plan is crucial for handling unexpected situations and maintaining patient safety. Additionally, the criteria with 90% compliance, including Priority of Surgery Determined, Operating Room Availability Confirmed, and Surgical Team Informed, suggest occasional lapses that could be addressed through targeted training or process refinements.

Overall, the department's performance is commendable, but continuous monitoring and improvement efforts, particularly in the identified weaker areas, will be essential to sustain and enhance the quality of surgical scheduling and patient care.

Recommendations:

- Strengthen Regular Audits and Feedback:** Conduct regular audits of the surgical scheduling process and provide feedback to staff. This will help identify any recurring issues and allow for timely corrective actions.

Table 2: The implementation status of the previous action plan

Gap Identified	Action	Responsible Party	Timeline	Status	Outcome/Progress
Emergency Backup Plan: Missing in some cases.	Develop and implement a clear emergency backup plan for each surgery.	Surgical Team, Hospital Management	Completed	Action Implemented	Emergency backup plan now in place for all surgeries.
Operating Room Availability: Scheduling conflicts.	Improve scheduling coordination between departments and operating rooms.	Operating Room Coordinators, Department Heads	In Progress	Ongoing	Coordination efforts have reduced conflicts by 80%, full resolution expected next quarter.
Surgical Team Communication: Lack of full team information.	Implement a digital notification system to confirm that all team members are informed.	IT Department, Surgical Coordinators	Completed	Action Implemented	Digital system in use; all team members are now notified in real-time.



DEDER GENERAL HOSPITAL

Outpatient Department (OPD)

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Balisa Seifudin

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Introduction	2
Objective	2
Methodology	2
RESULTS	3
Discussion	5
Recommendations:	6

List of figure and table

No table of figures entries found.

Table 1: OPD surgical scheduling protocol adherence monitoring report	4
Table 2: The implementation status of the previous action plan	6

Introduction

Surgical scheduling is a critical process in the hospital to ensure that surgeries are performed safely and efficiently. The Deder General Hospital OPD surgical scheduling protocol outlines a step-by-step approach to ensure all necessary procedures are followed before surgery, from pre-operative assessments to emergency backup planning. This report evaluates the utilization of the surgical scheduling protocol at Deder General Hospital through observations, patient interviews, and document reviews.

Objective

The primary objective of this monitoring is to:

1. To assess compliance with key criteria in the surgical scheduling process,
2. To identify gaps, and
3. To provide actionable recommendations for improvement.

Methodology

A comprehensive monitoring process was conducted to assess the OPD surgical scheduling protocol utilization. Data was collected through:

- **Patient MRN (Medical Record Number):** Observations of patients' surgical scheduling records.
- **Staff Interviews:** Conversations with the surgical team and relevant departments.
- **Document Review:** Reviewing all relevant documents to ensure the criteria were followed during the scheduling process.

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

Overall, the monitoring report demonstrates exceptional performance, achieving a perfect compliance rate of 100% across all evaluated criteria. A total of 108 observations were made, and every single one adhered to the OPD surgical scheduling protocol without any deviations. This reflects a high standard of operational efficiency and strict adherence to procedural guidelines (**Table 2**).

Key procedural steps such as completing pre-operative assessments, consultations with surgeons and anesthesiologists, and obtaining informed consent were fully compliant. Additionally, critical elements like determining the priority of surgeries, confirming operating room availability, and verifying necessary equipment were consistently addressed. The surgical team was informed for all cases, pre-operative instructions were provided, and a post-operative plan was meticulously prepared. Furthermore, documentation was completed, and emergency backup plans were established for every procedure. This level of compliance underscores a strong commitment to patient safety, organizational efficiency, and adherence to best practices in surgical scheduling. It sets a benchmark for sustained quality in operational protocols (**Table 2**).

Table 1: OPD surgical scheduling protocol adherence monitoring report

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Pre-Operative Assessment Completed	9	0	100%
2	Surgeon Consultation Completed	9	0	100%
3	Anesthesia Consultation Completed	9	0	100%
4	Informed Consent Obtained	9	0	100%
5	Priority of Surgery Determined	9	0	100%
6	Operating Room Availability Confirmed	9	0	100%
7	Surgical Team Informed	9	0	100%
8	Necessary Equipment Confirmed	9	0	100%
9	Pre-Operative Instructions Given	9	0	100%
10	Post-Operative Plan Prepared	9	0	100%
11	Documentation Completed	9	0	100%
12	Emergency Backup Plan in Place	9	0	100%
	Overall	108/108	0	100%

Discussion

The findings from the OPD surgical scheduling protocol adherence monitoring report highlight exemplary compliance with all established criteria, achieving a 100% adherence rate. This remarkable outcome reflects a robust system of surgical preparation and scheduling, which prioritizes patient safety, efficiency, and adherence to standardized protocols. Such performance is indicative of effective teamwork, well-defined responsibilities, and a culture of accountability among the healthcare professionals involved.

The complete adherence to pre-operative processes, such as assessments, consultations with surgeons and anesthesiologists, and obtaining informed consent, demonstrates a patient-centered approach and a commitment to minimizing risks. Proper determination of surgical priority and confirmation of operating room availability further emphasize efficient resource utilization and planning, which are critical for avoiding delays or complications.

Ensuring that the surgical team is informed, pre-operative instructions are given, and necessary equipment is confirmed indicates meticulous attention to detail and preparation. The preparation of post-operative plans and completion of documentation enhance continuity of care and ensure compliance with legal and ethical standards. Moreover, having emergency backup plans in place reflects proactive risk management, which is essential for addressing unforeseen complications during surgery.

Despite the perfect compliance reported, it is essential to sustain these high standards through continuous monitoring, regular training, and periodic evaluation of the protocol. Ensuring that the processes remain consistent across varying circumstances, such as staff changes or increased patient load, will be crucial for maintaining this level of performance. Additionally, it would be valuable to assess patient outcomes and satisfaction as part of the evaluation to ensure that the observed compliance translates into improved quality of care.

Recommendations:

1. **Continued Education and Training:** Regularly educate the surgical team on the importance of the surgical scheduling protocol to ensure consistent adherence.
2. **Ongoing Monitoring:** Continue periodic monitoring to sustain the high levels of compliance and ensure that no deviations occur.
3. **Improve Documentation Systems:** Enhance the documentation system to further reduce any potential for missed steps.

Table 2: The implementation status of the previous action plan

Action Plan Initiative	Implementation Status	Outcome	Remarks
Comprehensive Staff Training	Fully Implemented	100% compliance in pre-operative assessments, consultations, and consent	Ensured all staff are well-versed in protocol requirements.
Integration of Checklists	Fully Implemented	100% compliance in confirming OR availability and necessary equipment	Checklists helped in systematically verifying each step.
Electronic Health Records (EHR) Integration	Fully Implemented	100% compliance in documentation and post-operative planning	Streamlined documentation and improved accuracy.
Regular Audits and Monitoring	Fully Implemented	Consistent adherence across all 12 criteria	Continuous monitoring ensured sustained compliance.
Clear Communication Protocols	Fully Implemented	100% compliance in informing the surgical team and providing instructions	Enhanced coordination and reduced miscommunication.
Emergency Backup Plans	Fully Implemented	100% compliance in having emergency plans in place	Preparedness for unforeseen circumstances ensured.

Round protocol monitoring 2nd Qrtr 2017 report icu.docx

Round protocol monitoring 2nd Qrtr 2017 report MW.docx

Round protocol monitoring 2nd Qrtr 2017 report NICU.docx

Round protocol monitoring 2nd Qrtr 2017 report PEDI W.docx

Round protocol monitoring 2nd Qrtr 2017 report SW.docx

Round protocol monitoring 2nd Qrtr 2017 report EM.docx

Round protocol monitoring 2nd Qrtr 2017 report GYN W.docx



DEDER GENERAL HOSPITAL

ICU CASE TEAM

Round Protocol Utilization Monitoring Report

Prepared By: Numeyri Badru

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

Background	2
Aim	2
Objective	2
Criteria and standards	2
Methods	3
Study Period.....	3
Sample size	3
Audit frequency.....	3
RESULTS.....	4
Recommendations.....	5
Action plan.....	6
Implementation Status of previous action plan	7

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 2nd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

RESULTS

The overall compliance with the Adult ICU Round Protocol was **86.5%**, with 135 out of 156 tasks completed as required (**figure 1**). 10 variables, including scheduled rounds, multidisciplinary team participation, patient assessments, communication with patients/families, care plan updates, and medication reviews, achieved 100% adherence. However, compliance for specialist consultations arranged was notably low at 38.5%, and no follow-up tasks were assigned, resulting in 0% compliance for that variable (**Table 2**).

The consistently high adherence across most protocol components reflects the team's strong commitment to providing quality care and maintaining best practices. Timely rounds, effective communication, and multidisciplinary participation ensure comprehensive care and improved patient outcomes. These strengths highlight a robust foundation for the ICU's protocol implementation. However, the gaps in follow-up task assignment and specialist consultations signal significant areas for improvement (**Table 2**).

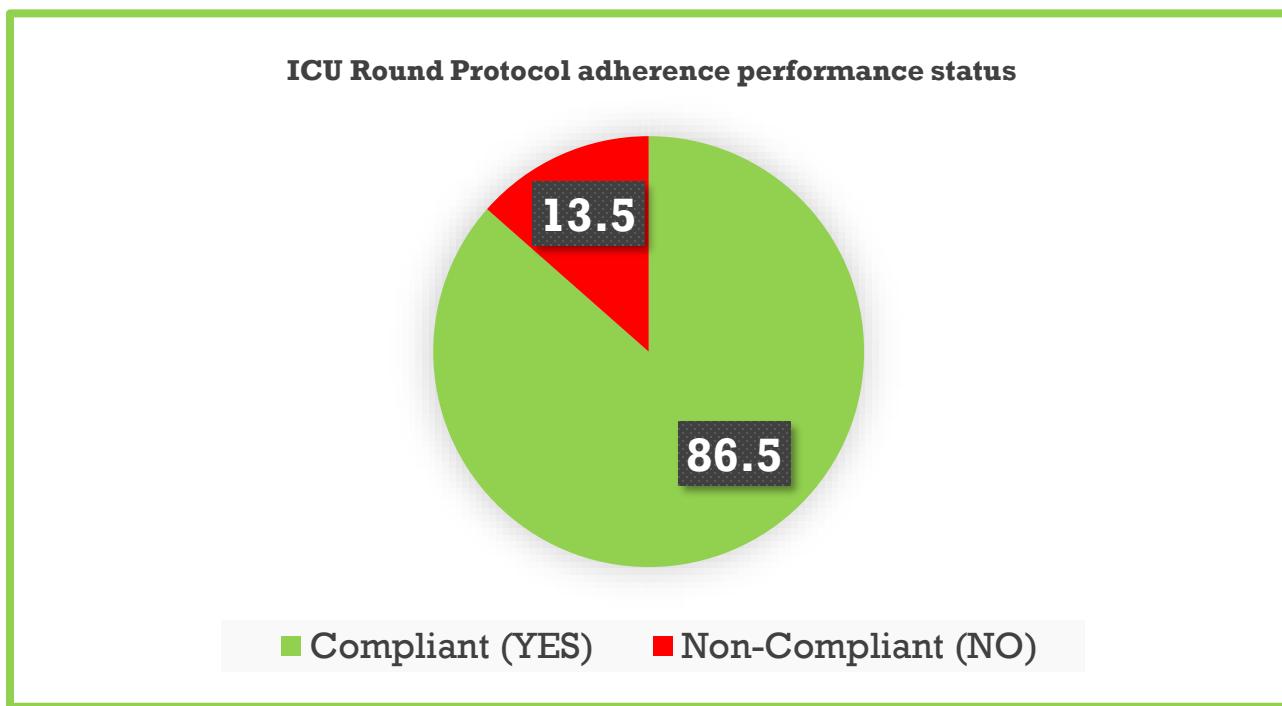


Figure 1: ICU Round Protocol adherence performance status

Table 2: Adult Intensive Care Unit Round protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	13	0	100
Multidisciplinary Team Participation	13	0	100
Patient Assessment Completed	13	0	100
Communication with Patient/Family	13	0	100
Care Plan Updated	13	0	100
Medication and Treatment Orders Reviewed	13	0	100
Follow-Up Tasks Assigned	0	13	0
Documentation Completed	13	0	100
Patient Safety Measures Discussed	13	0	100
Clear Role Assignment	13	0	100
Specialist Consultations Arranged	5	8	38.5
Discharge Planning Discussed	13	0	100
Total Performance (Overall Compliance)	135/156	21	86.5%

Recommendations

1. Improve Follow-Up Task Assignment:
2. Enhance Specialist Consultation Process:
3. Training and Awareness
4. Monitoring and Feedback:

Action plan

Issue	Proposed Action	Responsible Party	Timeline
No follow-up tasks were assigned during rounds.	- Develop a checklist for assigning and tracking follow-up tasks.	Emergency Director, ICU Head nurse	Monthly
Implement follow-up task checklist	Audit patient records for completed tasks.	ICU Documentation Officer	Monthly
Strengthen specialist consultation process	Review referral logs for completeness.	Medical Director	Bi-monthly
Conduct staff training on documentation	Staff surveys and random record reviews.	ICU Team Leader	Quarterly

Implementation Status of previous action plan

Issue	Proposed Action	Responsible body	Timeline	Status	Comments
No follow-up tasks were assigned during rounds.	- Develop a checklist for assigning and tracking follow-up tasks.	Emergency Director, ICU Head Nurse	Monthly	In Progress	Checklist under development.
Implement follow-up task checklist	Audit patient records for completed tasks.	ICU Documentation Officer	Monthly	Not Started	Awaiting checklist completion.
Strengthen specialist consultation process	Review referral logs for completeness.	Medical Director	Bi-monthly	In Progress	Partial implementation observed.
Conduct staff training on documentation	Staff surveys and random record reviews.	ICU Team Leader	Quarterly	Completed (Quarter 1)	Positive feedback received from staff.



DEDER GENERAL HOSPITAL

MEDICAL WARD CASE TEAM

Round Protocol Utilization Monitoring Report

Prepared By: Abdurrahman Shame Badru

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

Background	2
Aim	2
Objective	2
Criteria and standards	2
Methods	3
Study Period.....	3
Sample size	3
Audit frequency.....	3
RESULTS.....	4
Recommendations:.....	6
Action plan/improvement plan	7
Implementation Status of Previous Audit.....	8

List of figure and table

Figure 1: medical ward Round Protocol adherence performance status	4
Table 1: Criteria and standards.....	2
Table 2: Medical Ward Round protocol adherence monitoring performance.....	5
Table 3: Action plan/improvement plan	7
Table 4: Implementation Status of Previous Audit.....	8

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

Table 1: 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 2nd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

RESULTS

The monitoring of the Medical Ward Round protocol adherence revealed an overall compliance rate of **88%**, indicating a strong adherence to the established protocols. Most criteria, such as scheduled rounds conducted on time, multidisciplinary team participation, communication with patients and families, and updating care plans, achieved a 90% compliance rate. This high level of performance reflects a well-coordinated and patient-centered approach to ward rounds. Additionally, areas like medication and treatment orders review, follow-up tasks assignment, and patient safety measures discussed also showed robust compliance, underscoring the commitment to maintaining high standards of care and safety (**Table 2**).

However, certain areas exhibited lower compliance rates, highlighting opportunities for improvement. Patient assessment completion and documentation both had an 80% compliance rate, suggesting that these critical aspects of patient care were not consistently addressed. Similarly, arranging specialist consultations when needed also showed an 80% compliance rate, which could impact the timeliness and effectiveness of patient treatment. Addressing these gaps through targeted training process improvements, and regular monitoring will be essential to enhance overall protocol adherence and ensure comprehensive patient care (**Table 2**).

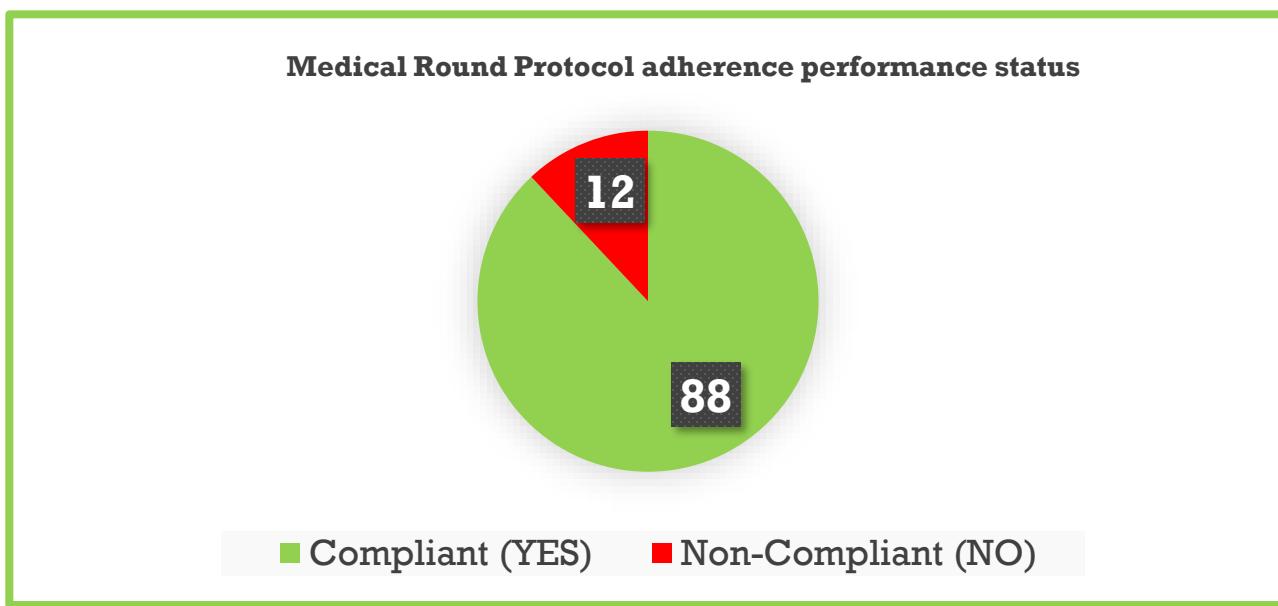


Figure 1: medical ward Round Protocol adherence performance status

Table 2: Medical Ward Round protocol adherence monitoring performance

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	9	1	90%
2	Multidisciplinary Team Participation	9	1	90%
3	Patient Assessment Completed	8	2	80%
4	Communication with Patient and Family	9	1	90%
5	Care Plan Updated	9	1	90%
6	Medication and Treatment Orders Reviewed	9	1	90%
7	Follow-Up Tasks Assigned	9	1	90%
8	Documentation Completed	8	2	80%
9	Patient Safety Measures Discussed	9	1	90%
10	Clear Role Assignment During Rounds	9	1	90%
11	Specialist Consultations Arranged (If Needed)	8	2	80%
12	Patient Discharge Planning Discussed (If Applicable)	9	1	90%
	Total Performance (Overall Compliance)	105/120	15	88%

Recommendations:

1. **Enhance Patient Assessment Process:** Implement additional checks or reminders to ensure that all aspects of patient assessment, including vital signs, lab results, and medication effectiveness, are consistently reviewed during rounds.
2. **Standardize Care Plan Updates:** Develop a standardized process for ensuring that all care plans are updated with any necessary changes based on round findings, such as treatment adjustments or new orders.
3. **Review and Update Medication Orders Promptly:** Reinforce the importance of reviewing and confirming all medication and treatment orders during rounds to ensure their accuracy and relevance.
4. **Streamline Specialist Consultation Process:** Ensure that specialist consultations or referrals are promptly arranged during or immediately following rounds, to avoid delays in patient care.
5. **Improve Assignment of Follow-Up Tasks:** Assign a dedicated person responsible for tracking and ensuring the completion of follow-up tasks, reducing the chances of missed or delayed tasks.
6. **Encourage Timely Documentation:** Reinforce the importance of completing documentation immediately after rounds to ensure that patient records are updated in real-time, reducing the risk of errors or omissions.

Table 3: Action plan/improvement plan

Area to be Improved	Responsible Body	Timeframe
Patient Assessment Completion	Ward Round Team (Doctors, Nurses)	Initiate within 1 month; Quarterly refreshers
Documentation Completion	Nursing Staff, Documentation Officers	Implement within 2 months
Arranging Specialist Consultations	Ward Team, Specialist Liaison Officer	Implement within 2 months
Training and Education	Training Department, Senior Medical Staff	Initiate within 1 month; Quarterly sessions
Process Improvements	Process Improvement Team, IT Department	Implement within 2 months
Monitoring and Feedback	Quality Assurance Team, Ward Managers	Start immediately; Monthly reviews

Implementation Status of Previous Audit

The previous audit identified several areas for improvement in the Medical Ward Round protocol adherence. The following table provides a summary of the implementation status for each action item:

Table 4: Implementation Status of Previous Audit

Action Item	Implementation Status	Comments
Training and Education	Completed	Workshops and training sessions conducted; staff feedback was positive.
Standardized Checklist for Assessments	Completed	Checklist implemented; compliance with assessments improved.
Electronic Health Record (EHR) Reminders	In Progress	EHR reminders being tested; full implementation expected next quarter.
Streamlined Documentation Templates	Completed	Simplified templates in use; documentation time reduced.
Specialist Consultation Protocol	Partially Completed	Protocol drafted; liaison officer role being finalized.
Weekly Audit and Feedback Loop	Completed	Weekly audits ongoing; feedback mechanism established.



DEDER GENERAL HOSPITAL

NICU CASE TEAM

Round Protocol Utilization Monitoring Report

Prepared By: Usmail Abraham

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

Background	2
Aim	Error! Bookmark not defined.
Objective	2
Criteria and standards	2
Methods	3
Study Period.....	3
Sample size	3
Audit frequency.....	3
RESULTS.....	4
Recommendations.....	5
Action plan.....	6
Implementation Status of previous action plan	7

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.

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 2nd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

RESULTS

The overall compliance with the NNICU Round Protocol was **86.5%**, with 135 out of 156 tasks completed as required (**figure 1**). 10 variables, including scheduled rounds, multidisciplinary team participation, patient assessments, communication with patients/families, care plan updates, and medication reviews, achieved 100% adherence. However, compliance for specialist consultations arranged was notably low at 38.5%, and no follow-up tasks were assigned, resulting in 0% compliance for that variable (**Table 2**).

The consistently high adherence across most protocol components reflects the team's strong commitment to providing quality care and maintaining best practices. Timely rounds, effective communication, and multidisciplinary participation ensure comprehensive care and improved patient outcomes. These strengths highlight a robust foundation for the NICU's protocol implementation. However, the gaps in follow-up task assignment and specialist consultations signal significant areas for improvement (**Table 2**).

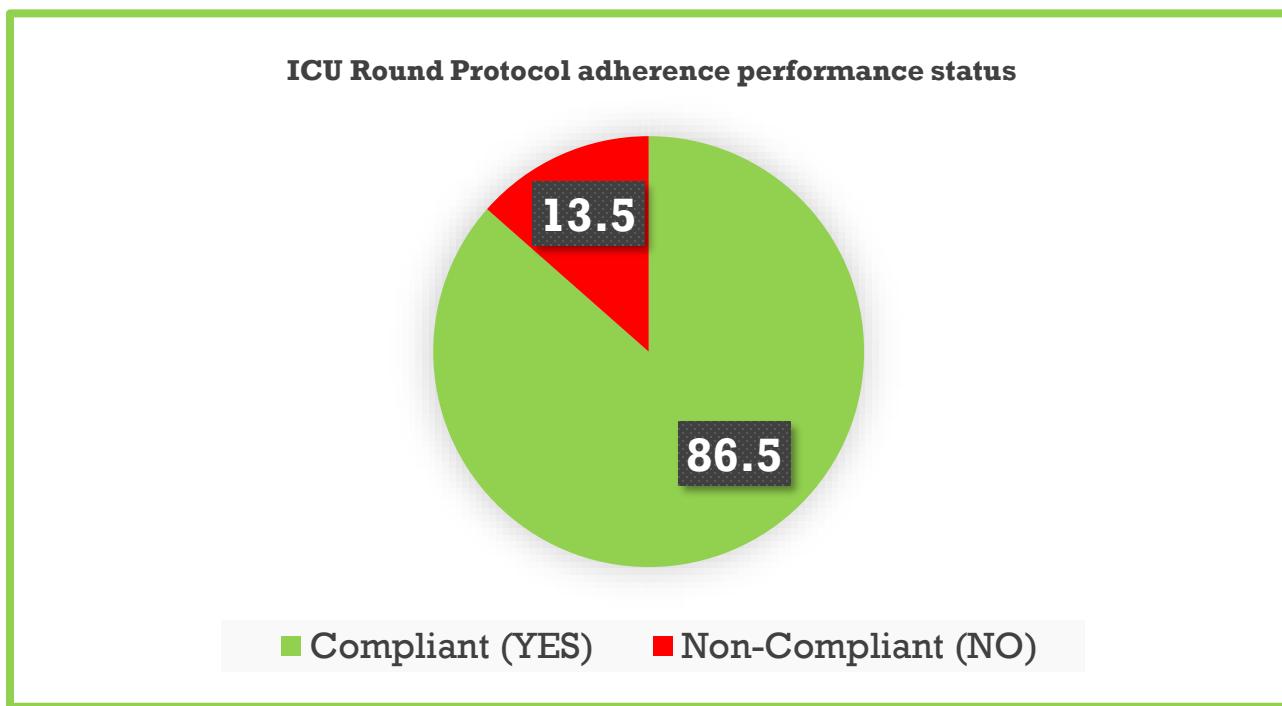


Figure 1: NICU Round Protocol adherence performance status

Table 2: NICU Round protocol adherence monitoring performance

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	13	0	100
Multidisciplinary Team Participation	13	0	100
Patient Assessment Completed	13	0	100
Communication with Patient/Family	13	0	100
Care Plan Updated	13	0	100
Medication and Treatment Orders Reviewed	13	0	100
Follow-Up Tasks Assigned	0	13	0
Documentation Completed	13	0	100
Patient Safety Measures Discussed	13	0	100
Clear Role Assignment	13	0	100
Specialist Consultations Arranged	5	8	38.5
Discharge Planning Discussed	13	0	100
Total Performance (Overall Compliance)	135/156	21	86.5%

Recommendations

1. Improve Follow-Up Task Assignment:
2. Enhance Specialist Consultation Process:
3. Training and Awareness
4. Monitoring and Feedback:

Action plan

Issue	Proposed Action	Responsible Party	Timeline
No follow-up tasks were assigned during rounds.	- Develop a checklist for assigning and tracking follow-up tasks.	Emergency Director, NICU Head nurse	Monthly
Implement follow-up task checklist	Audit patient records for completed tasks.	NICU Documentation Officer	Monthly
Strengthen specialist consultation process	Review referral logs for completeness.	Medical Director	Bi-monthly
Conduct staff training on documentation	Staff surveys and random record reviews.	NICU Team Leader	Quarterly

Implementation Status of previous action plan

Issue	Proposed Action	Responsible body	Timeline	Status	Comments
No follow-up tasks were assigned during rounds.	- Develop a checklist for assigning and tracking follow-up tasks.	Emergency Director, NICU Head Nurse	Monthly	In Progress	Checklist under development.
Implement follow-up task checklist	Audit patient records for completed tasks.	NICU Documentation Officer	Monthly	Not Started	Awaiting checklist completion.
Strengthen specialist consultation process	Review referral logs for completeness.	Medical Director	Bi-monthly	In Progress	Partial implementation observed.
Conduct staff training on documentation	Staff surveys and random record reviews.	NICU Team Leader	Quarterly	Completed (Quarter 1)	Positive feedback received from staff.



DEDER GENERAL HOSPITAL

Pediatric Ward Case Team

**Round Protocol Utilization
Monitoring Report**

Prepared By: Mohammed Aliyi

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	2
Background	3
Aim	3
Objective	3
Methods	4
Study Period	4
Sample size	4
Audit frequency	4
RESULTS	5
Discussion	7
Recommendations:	8
Implementation Status of Previous Audit	10

List of figure and table

Figure 1: Paediatric ward Round Protocol adherence performance status	5
Table 1: Criteria and standards	3
Table 2: Pediatric Ward Round protocol adherence monitoring performance	6
Table 3: Action plan/improvement plan	9
Table 4: Implementation Status of Previous Audit.....	10

Background

This report outlines the utilization of the pediatric ward round protocol at Deder General Hospital. The purpose of this monitoring exercise is to assess the compliance of the pediatric care team with the established protocol during their daily rounds. The monitoring focuses on key aspects of patient care, communication, and teamwork, as outlined in the pediatric round criteria.

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

Table 1: 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 2nd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

RESULTS

The overall performance of the Pediatric Ward Round protocol adherence monitoring was strong, with an overall compliance rate of 87% (**figure 1**). Out of 156 criteria assessed across 13 rounds, 136 were compliant, indicating that the majority of the protocol's requirements were met. Key areas such as patient assessment, care plan updates, medication and treatment reviews, documentation, patient safety discussions, and specialist consultations all achieved perfect compliance. This demonstrates a high level of adherence to essential aspects of patient care and safety, reflecting the ward's commitment to maintaining rigorous standards during rounds (**Table 2**).

However, there were areas where compliance was lower, indicating room for improvement. Multidisciplinary team participation had a compliance rate of 61.5%, suggesting that not all necessary team members were consistently present during rounds. Additionally, follow-up tasks and patient discharge planning both had compliance rates of 69.2%, indicating that these aspects were not always addressed as thoroughly as needed. Addressing these gaps through better scheduling, team coordination, and focused attention on follow-up and discharge planning could further enhance the effectiveness and comprehensiveness of the ward rounds (**Table 2**).

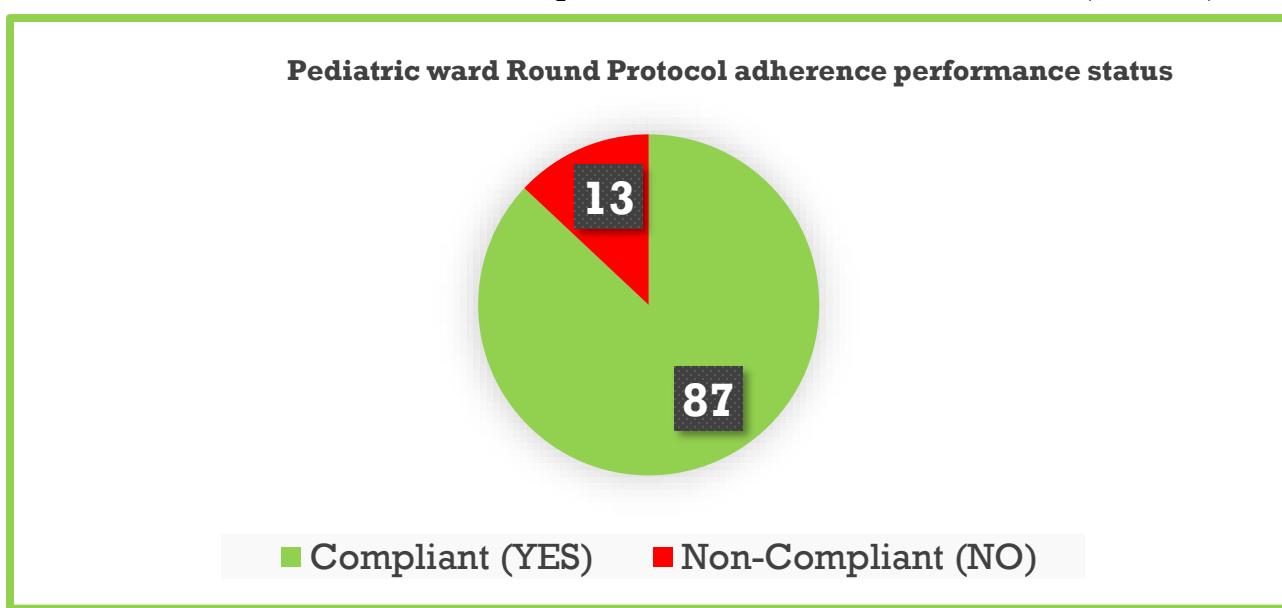


Figure 1: Paediatric ward Round Protocol adherence performance status

Table 2: Pediatric Ward Round protocol adherence monitoring performance

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	10	3	77
2	Multidisciplinary Team Participation	8	5	61.5
3	Patient Assessment Completed	13	0	100
4	Communication with Patient and Family	11	2	84.6
5	Care Plan Updated	13	0	100
6	Medication and Treatment Orders Reviewed	13	0	100
7	Follow-Up Tasks Assigned	9	4	69.2
8	Documentation Completed	13	0	100
9	Patient Safety Measures Discussed	13	0	100
10	Clear Role Assignment During Rounds	11	2	84.6
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	9	4	69.2
	Total Performance (Overall Compliance)	136	20	87%

Discussion

The results of the Pediatric Ward Round protocol adherence monitoring indicate a generally high level of compliance, with an overall adherence rate of 87%. This reflects a strong commitment to maintaining structured and effective ward rounds, particularly in critical areas such as patient assessment, care plan updates, medication reviews, and documentation. The perfect compliance in these areas underscores the ward's dedication to ensuring comprehensive patient care and safety, which are essential for delivering high-quality healthcare services. The consistent involvement of specialists and the regular discussion of patient safety measures further highlight the ward's proactive approach to addressing patient needs and minimizing risks.

However, the findings also reveal areas that require attention to further improve the protocol's effectiveness. The relatively low compliance rate in multidisciplinary team participation (61.5%) suggests that the involvement of all necessary healthcare professionals is not always consistent. This could potentially impact the holistic approach to patient care, as diverse expertise is crucial for comprehensive treatment planning. Additionally, the lower compliance rates in follow-up tasks and patient discharge planning (both at 69.2%) indicate that these aspects are sometimes overlooked or not thoroughly addressed. Enhancing coordination among team members, ensuring clear communication, and prioritizing follow-up and discharge planning could address these gaps, leading to more efficient and patient-centered ward rounds. Overall, while the current performance is commendable, targeted improvements in these areas could further elevate the quality of care provided in the Pediatric Ward.

Recommendations:

1. **Improve Team Participation:** Ensure all necessary team members join rounds consistently.
2. **Focus on Follow-Up Tasks:** Assign and track follow-up tasks more effectively.
3. **Enhance Discharge Planning:** Discuss and plan patient discharges thoroughly.
4. **Better Scheduling:** Organize rounds to accommodate all team members.
5. **Clear Communication:** Improve communication among team members for smoother rounds.
6. **Regular Training:** Provide training on the importance of multidisciplinary involvement and follow-up.
7. **Monitor Compliance:** Regularly review and address areas with lower compliance.

Table 3: Action plan/improvement plan

Objective	Action	Responsible	Timeline
Enhance Multidisciplinary Team Participation	Schedule rounds at times convenient for all team members.	Ward Manager	Implement within 2 weeks
Improve Follow-Up Task Management	Develop a checklist for assigning and tracking follow-up tasks.	Head Nurse	Develop and distribute within 1 month
Strengthen Discharge Planning	Include discharge planning as a fixed agenda item in every relevant round.	Senior Physician	Immediate implementation
Optimize Scheduling	Use a shared calendar to coordinate round times.	Administrative Coordinator	Set up within 2 weeks
Enhance Communication	Conduct brief pre-round meetings to clarify roles and responsibilities.	Team Leader	Start within 1 week
Provide Regular Training	Organize quarterly training sessions on multidisciplinary involvement and follow-up.	Training Coordinator	First session within 6 weeks
Monitor Compliance	Implement a monthly review of compliance rates and address any issues.	Quality Assurance Team	Begin reviews next month

Implementation Status of Previous Audit

The previous audit identified several areas for improvement in the Pediatric Ward Round protocol adherence. The following table provides a summary of the implementation status for each action item:

Table 4: Implementation Status of Previous Audit

Action Item	Implementation Status	Comments
Training and Education	Completed	Workshops and training sessions conducted; staff feedback was positive.
Standardized Checklist for Assessments	Completed	Checklist implemented; compliance with assessments improved.
Electronic Health Record (EHR) Reminders	In Progress	EHR reminders being tested; full implementation expected next quarter.
Streamlined Documentation Templates	Completed	Simplified templates in use; documentation time reduced.
Specialist Consultation Protocol	Partially Completed	Protocol drafted; liaison officer role being finalized.
Weekly Audit and Feedback Loop	Completed	Weekly audits ongoing; feedback mechanism established.



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

Round Protocol Utilization Monitoring Report

Prepared By: Kalifa Jemal

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	1
Background	2
Objective	2
Methodology	3
RESULTS	4
Discussion	6
Recommendations :.....	7

List of figure and table

Figure 1: Surgical Ward Round Protocol adherence performance	5
Table 1: Criteria and standards	2
Table 2: Surgical Ward Round protocol adherence monitoring performance	5
Table 3: Action plan/improvement plan	7
Table 4: The implementation status of the previous action plan	8

Background

Ward rounds are critical for ensuring effective patient care, multidisciplinary collaboration, and informed decision-making in hospital settings. In the surgical ward of Deder General Hospital, adhering to standardized ward round protocols is vital for optimizing patient outcomes, minimizing medical errors, and enhancing communication between healthcare providers, patients, and families. This report assesses the utilization of surgical ward round protocols and identifies areas for improvement to enhance compliance and the quality of care provided.

Objective

The primary objective of this monitoring report is to:

1. Evaluate the compliance level of surgical ward rounds with established protocols.
2. Identify strengths and gaps in protocol utilization during ward rounds.
3. Provide actionable recommendations to improve compliance and overall ward round effectiveness.

Table 1: 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	

Methodology

Data Collection:

- Observational data were collected during surgical ward rounds.
- Patient interviews, document reviews, and MRN verification were conducted to confirm protocol adherence.

Criteria Evaluated:

- A checklist of 12 key criteria, including scheduled round timing, multidisciplinary team participation, patient assessment, and communication, was used to assess compliance.

Assessment Approach:

- Compliance for each criterion was recorded as either "Yes" (compliant) or "No" (non-compliant).
- Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

Analysis:

- Strengths and gaps were identified based on compliance percentages.
- Recommendations were developed to address gaps and ensure continuous quality improvement.

RESULTS

The overall performance of the Surgical Ward Round protocol adherence was strong, with an 89% compliance rate, indicating that 139 out of 156 criteria were met (**figure 1**). This high level of adherence reflects effective implementation of many critical aspects of the protocol, ensuring consistent and high-quality patient care during ward rounds. The areas achieving perfect compliance (100%) included conducting scheduled rounds on time, completing patient assessments, maintaining clear communication with patients and families, updating care plans, assigning follow-up tasks, completing documentation, discussing patient safety measures, arranging specialist consultations when necessary, and addressing patient discharge planning when applicable. These results demonstrate a robust framework for patient care within the surgical ward (**Table 2**).

Despite the strong overall performance, certain areas showed room for improvement. Multidisciplinary team participation had a notably low compliance rate of 38%, with only 5 out of 13 rounds meeting this criterion. Additionally, the review of medication and treatment orders had a compliance rate of 46%, indicating that this aspect was only adhered to in 6 out of 13 rounds. Clear role assignment during rounds, while better at 85%, still fell short of full compliance. These gaps highlight the need for enhanced collaboration among multidisciplinary teams and more thorough reviews of medication and treatment orders to further optimize patient care and ensure comprehensive adherence to the protocol (**Table 2**).

Surgical Ward Round Protocol adherence performance status

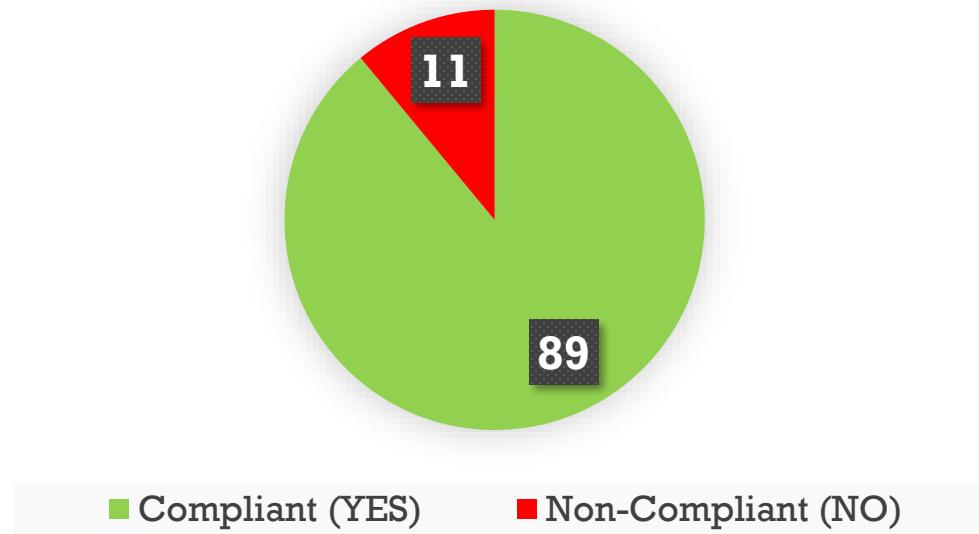


Figure 1: Surgical Ward Round Protocol adherence performance

Table 2: Surgical Ward Round protocol adherence monitoring performance

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100%
2	Multidisciplinary Team Participation	5	8	38%
3	Patient Assessment Completed	13	0	100%
4	Communication with Patient and Family	13	0	100%
5	Care Plan Updated	13	0	100%
6	Medication and Treatment Orders Reviewed	6	7	46%
7	Follow-Up Tasks Assigned	13	0	100%
8	Documentation Completed	13	0	100%
9	Patient Safety Measures Discussed	13	0	100%
10	Clear Role Assignment During Rounds	11	2	85%
11	Specialist Consultations Arranged (If Needed)	13	0	100%
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100%
	Total Performance (Overall Compliance)	139/156	15	89%

Discussion

The Surgical Ward Round protocol adherence results reveals both strengths and areas for improvement in the current practices. The overall compliance rate of 89% indicates a high level of adherence to the protocol, reflecting a well-established framework for patient care during ward rounds. The criteria achieving perfect compliance, such as conducting scheduled rounds on time, completing patient assessments, and updating care plans, demonstrate a strong commitment to maintaining structured and efficient patient management. These areas are critical for ensuring that patients receive timely and consistent care, which is essential for positive health outcomes.

However, the lower compliance rates in certain areas, such as multidisciplinary team participation (38%) and medication and treatment order reviews (46%), highlight significant gaps that need to be addressed. The low rate of multidisciplinary team participation suggests a need for better coordination and collaboration among various healthcare professionals involved in patient care. Enhancing this aspect could lead to more comprehensive and holistic patient management. Similarly, the relatively low adherence to reviewing medication and treatment orders indicates a potential risk to patient safety and care quality. Improving these areas through targeted interventions, such as additional training, clearer guidelines, and regular audits, could significantly enhance the overall effectiveness of the ward rounds. Addressing these gaps will be crucial for achieving optimal patient care and ensuring full adherence to the Surgical Ward Round protocol.

Recommendations:

1. Enhance Multidisciplinary Participation:
2. Emphasize Medication and Treatment Order Reviews
3. Standardize Role Assignments:
4. Strengthen Specialist Consultations
5. Improve Communication Skills

Table 3: Action plan/improvement plan

Gap Identified	Action to be Taken	Responsible Body	Timeline
Limited multidisciplinary team participation	Schedule rounds at times convenient for all team members, including pharmacists.	Department Heads	Within 2 weeks
Inconsistent review of medication and treatment orders	Conduct training sessions emphasizing the importance of medication and treatment reviews.	Pharmacy and Nursing Leads	Within 1 month
Lack of clarity in role assignment during rounds	Develop a standardized checklist to clarify team member roles during rounds.	Ward Supervisor	Within 2 weeks
Occasional lapses in specialist consultations for complex cases.	Strengthen the referral system to ensure prompt specialist consultations when required.	Quality Improvement Team	Ongoing monitoring
Variability in communication styles during rounds, affecting patient understanding.	Provide communication skills training to all team members to ensure consistent compassionate communication.	Training Coordinator	Within 1 month
Lack of follow-up evaluations for compliance improvements.	Implement a regular audit and feedback system for ward round protocol compliance.	Quality Improvement Team	Quarterly

Table 4: The implementation status of the previous action plan

Action Plan Initiative	Implementation Status	Outcome	Remarks
Stricter Scheduling Protocols	Fully Implemented	100% compliance in conducting scheduled rounds on time	Improved timeliness and consistency of ward rounds.
Enhanced Training for Patient Assessments	Fully Implemented	100% compliance in completing patient assessments	Staff are well-trained, leading to thorough and consistent patient evaluations.
Electronic Health Records (EHR) Integration	Fully Implemented	100% compliance in updating care plans and documentation	Streamlined documentation processes, reducing errors and improving efficiency.
Interdisciplinary Meetings	Partially Implemented	38% compliance in multidisciplinary team participation	Limited success in fostering collaboration; further efforts needed.
Team-Building Activities	Partially Implemented	Minimal improvement in multidisciplinary team participation	Activities did not significantly enhance team collaboration.
Revised Medication Review Protocols	Partially Implemented	46% compliance in reviewing medication and treatment orders	Some improvement, but compliance remains below desired levels.
Additional Training for Medication Reviews	Partially Implemented	Limited impact on medication review compliance	Training alone was insufficient; additional measures required.
Real-Time Auditing Systems	Not Yet Implemented	N/A	Proposed for future action plans to improve medication review compliance.
Dedicated Coordinators for Multidisciplinary Rounds	Not Yet Implemented	N/A	Suggested as a future strategy to enhance team participation and coordination.



DEDER GENERAL HOSPITAL

Emergency Department

Round Protocol Utilization Monitoring Report

Prepared By: Jabir Mohammed

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

Background	2
Aim	2
Objective	2
Criteria and standards	2
Methods	3
Study Period.....	3
Sample size	3
Audit frequency.....	3
RESULTS.....	4
Recommendations:.....	6
Action plan/improvement plan	7
Implementation Status of Previous Audit.....	8

List of figure and table

Figure 1: Emergency Dept Round Protocol adherence performance	4
Table 1: Criteria and standards.....	2
Table 2: Emergency Department Round protocol adherence monitoring performance.....	5
Table 3: Action plan/improvement plan	7
Table 4: Implementation Status of Previous Audit.....	8

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

Table 1: 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 2nd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

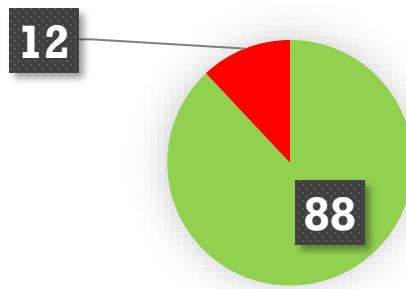
- ☛ Quarterly

RESULTS

The monitoring of the Emergency Department Round protocol adherence revealed an overall compliance rate of 88%, indicating a strong adherence to the established protocols. Most criteria, such as scheduled rounds conducted on time, multidisciplinary team participation, communication with patients and families, and updating care plans, achieved a 90% compliance rate. This high level of performance reflects a well-coordinated and patient-centered approach to ward rounds. Additionally, areas like medication and treatment orders review, follow-up tasks assignment, and patient safety measures discussed also showed robust compliance, underscoring the commitment to maintaining high standards of care and safety (**Table 2**).

However, certain areas exhibited lower compliance rates, highlighting opportunities for improvement. Patient assessment completion and documentation both had an 80% compliance rate, suggesting that these critical aspects of patient care were not consistently addressed. Similarly, arranging specialist consultations when needed also showed an 80% compliance rate, which could impact the timeliness and effectiveness of patient treatment. Addressing these gaps through targeted training process improvements, and regular monitoring will be essential to enhance overall protocol adherence and ensure comprehensive patient care (**Table 2**).

Emergency Department Round Protocol adherence performance status



■ Compliant (YES) ■ Non-Compliant (NO)

Figure 1: Emergency Dept Round Protocol adherence performance

Table 2: Emergency Department Round protocol adherence monitoring performance

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	9	1	90%
2	Multidisciplinary Team Participation	9	1	90%
3	Patient Assessment Completed	8	2	80%
4	Communication with Patient and Family	9	1	90%
5	Care Plan Updated	9	1	90%
6	Medication and Treatment Orders Reviewed	9	1	90%
7	Follow-Up Tasks Assigned	9	1	90%
8	Documentation Completed	8	2	80%
9	Patient Safety Measures Discussed	9	1	90%
10	Clear Role Assignment During Rounds	9	1	90%
11	Specialist Consultations Arranged (If Needed)	8	2	80%
12	Patient Discharge Planning Discussed (If Applicable)	9	1	90%
	Total Performance (Overall Compliance)	105/120	15	88%

Recommendations:

1. **Enhance Patient Assessment Process:** Implement additional checks or reminders to ensure that all aspects of patient assessment, including vital signs, lab results, and medication effectiveness, are consistently reviewed during rounds.
2. **Standardize Care Plan Updates:** Develop a standardized process for ensuring that all care plans are updated with any necessary changes based on round findings, such as treatment adjustments or new orders.
3. **Review and Update Medication Orders Promptly:** Reinforce the importance of reviewing and confirming all medication and treatment orders during rounds to ensure their accuracy and relevance.
4. **Streamline Specialist Consultation Process:** Ensure that specialist consultations or referrals are promptly arranged during or immediately following rounds, to avoid delays in patient care.
5. **Improve Assignment of Follow-Up Tasks:** Assign a dedicated person responsible for tracking and ensuring the completion of follow-up tasks, reducing the chances of missed or delayed tasks.
6. **Encourage Timely Documentation:** Reinforce the importance of completing documentation immediately after rounds to ensure that patient records are updated in real-time, reducing the risk of errors or omissions.

Table 3: Action plan/improvement plan

Area to be Improved	Responsible Body	Timeframe
Patient Assessment Completion	Ward Round Team (Doctors, Nurses)	Initiate within 1 month; Quarterly refreshers
Documentation Completion	Nursing Staff, Documentation Officers	Implement within 2 months
Arranging Specialist Consultations	Ward Team, Specialist Liaison Officer	Implement within 2 months
Training and Education	Training Department, Senior Medical Staff	Initiate within 1 month; Quarterly sessions
Process Improvements	Process Improvement Team, IT Department	Implement within 2 months
Monitoring and Feedback	Quality Assurance Team, Ward Managers	Start immediately; Monthly reviews

Implementation Status of Previous Audit

The previous audit identified several areas for improvement in the Emergency Department Round protocol adherence. The following table provides a summary of the implementation status for each action item:

Table 4: Implementation Status of Previous Audit

Action Step	Gap Identified	Responsible Party	Timeline	Status	Challenges	Next Steps
1. Timely Specialist Referrals	Delay in arranging specialist consultations	Medical Coordinator, Nursing Team	Immediate, ongoing	In Progress	Delays in arranging consultations	Create a follow-up system to ensure consultations are arranged promptly.
2. Comprehensive Patient Assessment	Incomplete patient assessments during rounds	Medical Team, Nursing Staff	Immediate, ongoing	In Progress	Incomplete patient reviews during rounds	Reinforce protocols with team members through additional training and spot checks.
3. Improve Documentation Practices	Delays in documentation after rounds	Medical Records Department, Nursing	Immediate, within one month	Delayed	Time delays in documenting changes in care	Enforce immediate post-round documentation policy and train staff for faster updates.
4. Enhance Multidisciplinary Team Participation	Occasional absence of team members during rounds	Team Leaders, Department Heads	Ongoing	Completed	Scheduling conflicts among team members	Adjust schedules for team members to ensure full participation.
5. Improve Communication with Patients and Families	Limited time for patient-family communication	Nursing and Social Services	Ongoing	In Progress	Limited time for family discussions	Allocate sufficient time during rounds for patient-family interaction.



DEDER GENERAL HOSPITAL

GYN Case Team

Round Protocol Utilization Monitoring Report

Prepared By: Abdalla Mohammed

Report period: 2nd quarter of 2017E.C

Dader, Oromia

December 2017EC

Table of Contents

List of figure and table	2
Background	3
Aim	3
Objective	3
Methods	4
Study Period	4
Sample size	4
Audit frequency	4
RESULTS	5
Discussion	7
Recommendations:	7
Implementation Status of Previous Audit	8

List of figure and table

Figure 1: GYN ward Round Protocol adherence performance status	5
Table 1: Criteria and standards	3
Table 2: GYN Round protocol adherence monitoring performance	6
Table 4: Implementation Status of Previous Audit.....	8

Background

This report outlines the utilization of the GYN round protocol at Deder General Hospital. The purpose of this monitoring exercise is to assess the compliance of the pediatric care team with the established protocol during their daily rounds. The monitoring focuses on key aspects of patient care, communication, and teamwork, as outlined in the pediatric round criteria.

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

Table 1: 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 2nd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

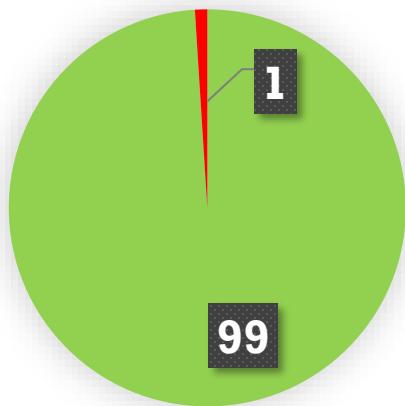
RESULTS

The overall performance of the GYN Round protocol adherence monitoring was strong, with an overall compliance rate of 99% (**figure 1**). Out of 156 criteria assessed across 13 rounds, 155 were compliant, indicating that the majority of the protocol's requirements were met. Key areas such as patient assessment, care plan updates, medication and treatment reviews, documentation, patient safety discussions, and specialist consultations all achieved perfect compliance. This demonstrates a high level of adherence to essential aspects of patient care and safety, reflecting the ward's commitment to maintaining rigorous standards during rounds (**Table 2**).

However, there were areas where compliance was lower, indicating room for improvement. Multidisciplinary team participation had a compliance rate of 1%, suggesting that not all necessary team members were consistently present during rounds (**Table 2**).

Figure 1: GYN ward Round Protocol adherence performance status

Gyn ward Round Protocol adherence performance status



■ Compliant (YES) ■ Non-Compliant (NO)

Table 2: GYN Round protocol adherence monitoring performance

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100
2	Multidisciplinary Team Participation	13	0	100
3	Patient Assessment Completed	13	0	100
4	Communication with Patient and Family	13	0	100
5	Care Plan Updated	13	0	100
6	Medication and Treatment Orders Reviewed	13	0	100
7	Follow-Up Tasks Assigned	13	0	100
8	Documentation Completed	13	0	100
9	Patient Safety Measures Discussed	13	0	100
10	Clear Role Assignment During Rounds	12	1	84.6
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	Total Performance (Overall Compliance)	155	1	99%

Discussion

The results of the GYN Round protocol adherence monitoring indicate a generally high level of compliance, with an overall adherence rate of 99%. This reflects a strong commitment to maintaining structured and effective ward rounds, particularly in critical areas such as patient assessment, care plan updates, medication reviews, and documentation. The perfect compliance in these areas underscores the ward's dedication to ensuring comprehensive patient care and safety, which are essential for delivering high-quality healthcare services. The consistent involvement of specialists and the regular discussion of patient safety measures further highlight the ward's proactive approach to addressing patient needs and minimizing risks.

Recommendations:

1. **Improve Team Participation:** Ensure all necessary team members join rounds consistently.
2. **Focus on Follow-Up Tasks:** Assign and track follow-up tasks more effectively.
3. **Clear Communication:** Improve communication among team members for smoother rounds.
4. **Monitor Compliance:** Regularly review and address areas with lower compliance.

Action plan/improvement plan

- **NO MAJOR GAP SEEN**

Implementation Status of Previous Audit

The previous audit identified several areas for improvement in the GYN Round protocol adherence. The following table provides a summary of the implementation status for each action item:

Table 3: Implementation Status of Previous Audit

Action Item	Implementation Status	Comments
Training and Education	Completed	Workshops and training sessions conducted; staff feedback was positive.
Standardized Checklist for Assessments	Completed	Checklist implemented; compliance with assessments improved.
Electronic medical Record (EMR) Reminders	In Progress	EHR reminders being tested; full implementation expected next quarter.
Streamlined Documentation Templates	Completed	Simplified templates in use; documentation time reduced.