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DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Bad News Breaking Protocol Utilization Monitoring Report

By: Kalifa Jemal-Surgical Ward head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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INTRODUCTION

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the Surgical Ward during the **3rd quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

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

- ☒ NO MAJOR GAP SEEN
- ☒ SUSTAIN CURRENT PERFORMANCE



DEDER GENERAL HOSPITAL

GYN/OBS Ward Case Team

Bad News Breaking Protocol Utilization Monitoring Report

By: Abdalla Mohammed-GYN/OBS Ward head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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INTRODUCTION

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the GYN/OBS Ward during the **3rd quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

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:** GYN/OBS 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 GYN/OBS 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 GYN/OBS Ward setting (**Table 2**).

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.	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 GYN/OBS 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 GYN/OBS record.	13	0	100
Overall	130/100	0	100%

DISCUSSION

The results of the GYN/OBS 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 GYN/OBS 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 GYN/OBS Ward, which is crucial for supporting families during some of the most challenging moments of their lives.

RECOMMENDATIONS

- ☒ NO MAJOR GAP SEEN
- ☒ SUSTAIN CURRENT PERFORMANCE



DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

Bad News Breaking Protocol Utilization Monitoring Report

By: Michael Aliyi-OPD head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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Introduction

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the Surgical Ward during the **3rd quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

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 OPD Bad News Breaking protocol adherence report for March 2017 E.C. demonstrates **high overall compliance (97%)** (Figure 1), with perfect adherence (100%) in six out of ten criteria. Key strengths included **preparation before meetings, compassionate introductions, clear language, sensitive communication, encouraging questions, discussing next steps, and documentation**, all of which were consistently followed in all 13 cases. Additionally, **emotional support offers and appropriate setting selection** showed near-perfect compliance at 92%, indicating strong protocol adherence in most critical aspects of delivering difficult news (Table 2).

However, two areas showed room for improvement: **providing time for information processing (85% compliance)** and **ensuring a private, interruption-free setting (92% compliance)**. These gaps suggest occasional lapses in creating optimal environments for patients and families to absorb distressing news. Despite these minor deviations, the overall performance reflects a **well-structured protocol with compassionate, patient-centered communication** as a standard practice. The high compliance rates across most variables indicate that staff are generally well-trained and attentive to the emotional needs of patients and families during challenging conversations (Table 2).

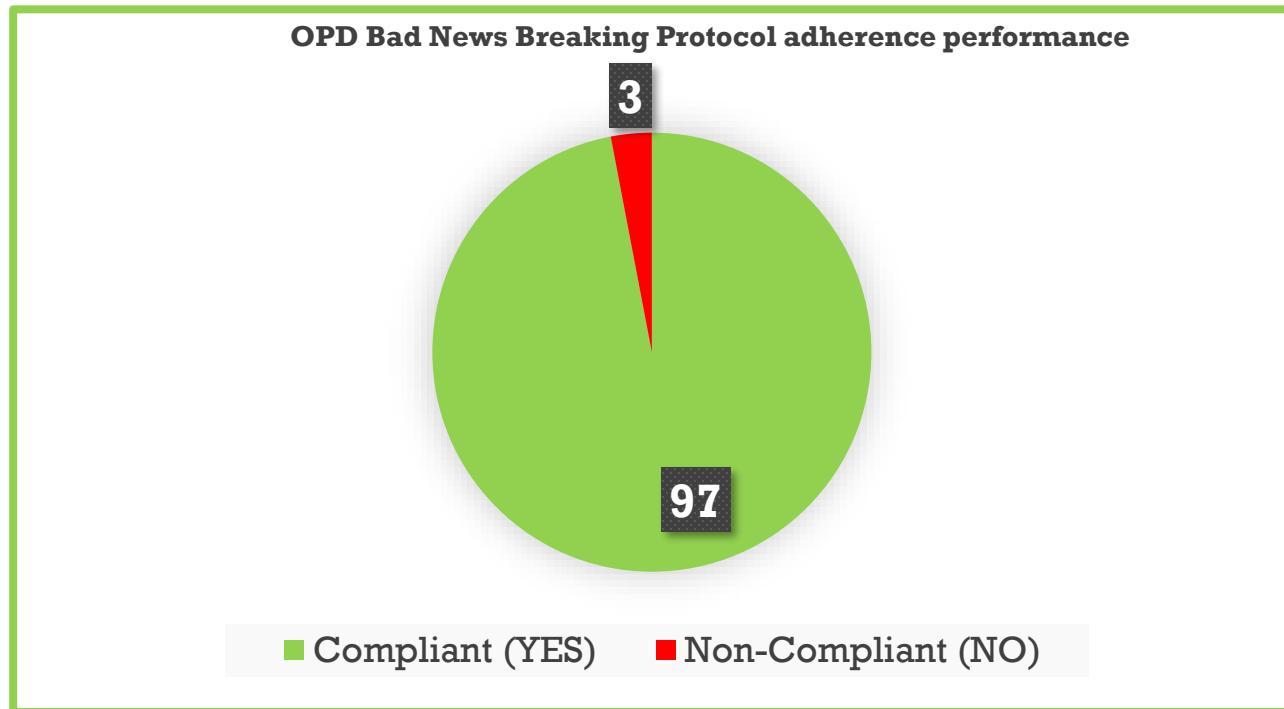


Figure 1: OPD Bad News Breaking protocol adherence monitoring performance, March 2017E.C

Table 2: OPD Bad News Breaking protocol adherence monitoring performance, March 2017E.C

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.	12	1	92
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.	11	2	85
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.	12	1	92
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.	13	0	100
Overall	126/13	4/130	97%

Discussion

The March 2017 E.C. OPD Bad News Breaking protocol adherence report reveals **strong overall performance (97% compliance)**, demonstrating that staff consistently follow critical communication protocols when delivering difficult news. The **perfect adherence (100%)** in six key areas—including preparation, compassionate introductions, clear language, sensitive communication, encouraging questions, and discussing next steps—highlights a well-established culture of **patient-centered, empathetic communication**. This suggests that training and institutional protocols have effectively standardized these best practices, ensuring patients and families receive bad news with clarity and support.

However, the **lower compliance in providing adequate processing time (85%) and selecting fully private settings (92%)** identifies opportunities for refinement. These gaps may stem from **environmental constraints** (e.g., limited private spaces) or **time pressures** in busy clinical settings. Addressing these issues—through dedicated quiet rooms, staff time-management training, or reminders about pacing—could further enhance patient experiences. The near-perfect offer of emotional support (92%) is commendable but could be strengthened by ensuring **immediate access** to counseling services. Overall, these results reflect a **mature, compassionate communication system** with minor logistical hurdles to resolve for optimal consistency.

RECOMMENDATIONS

- ☒ Conduct regular simulations focusing on Allowing silent pauses (e.g., counting to 10 before speaking again).
- ☒ Designate Private Communication Rooms

Table 2: Performance improvement plan, March 2017E.C

Identified Gap	Action to be taken	Responsible body	Timeline
Time for Processing	Train staff on allowing 10+ seconds of silence after delivering news.	Nursing Director & Quality Director	Month 1-2
Appropriate Setting	Designate 2 private rooms for bad news delivery with "Do Not Disturb" signs.	Facility Manager	Month 1

Table 3: The Implementation Status of Previous Performance improvement plan, March 2017E.C

Gap Identified	Action Taken	Status
Use of Clear and Simple Language	Training sessions conducted for staff on non-medical language usage.	Completed
Inconsistent Sensitive Communication	Sensitivity training completed; role-playing scenarios implemented.	Ongoing
Patient/Family Questions Not Fully Addressed	Active listening techniques integrated into staff meetings.	Partially Implemented
Follow-Up/Next Steps Not Fully Discussed	Standardized checklist for next steps introduced in EHR.	Completed



DEDER GENERAL HOSPITAL

Medical Ward CASE TEAM

Bad News Breaking Protocol Utilization Monitoring Report

By: Abdurrahman Shame

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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.

RESULTS

The overall performance of the Medical Ward Bad News Breaking protocol in March 2017 was highly effective, with a 97% compliance rate across all measured variables (figure 1). This near-perfect adherence indicates that staff consistently followed the established guidelines for delivering difficult news in a compassionate and structured manner. The protocol's strengths were particularly evident in areas such as preparation, privacy, emotional support, and documentation, all of which achieved 100% compliance. These results suggest a well-trained and disciplined team capable of handling sensitive situations with professionalism and empathy (Table 2).

Despite the strong overall performance, minor gaps were observed in three specific communication practices: compassionate introduction, use of clear language, and encouraging patient/family questions, each scoring 90% compliance. These slight deviations highlight opportunities for targeted improvements, such as reinforcing the importance of role clarification, simplifying language, and actively inviting questions. Addressing these areas could further enhance patient and family experiences during challenging conversations. Nevertheless, the high adherence rate underscores the protocol's successful implementation and the team's commitment to delivering bad news with sensitivity and care (Table 2).

Medical Ward Bad News Breaking Protocol adherence performance

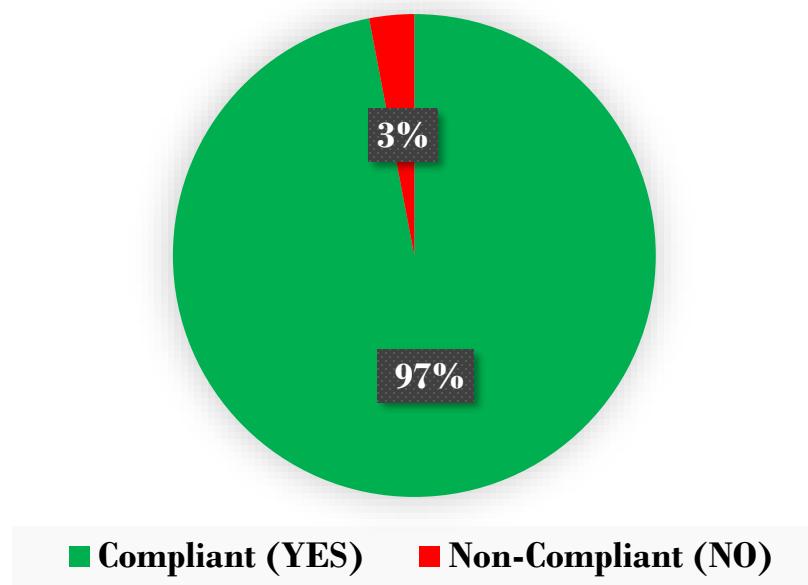


Figure 1: Medical Ward Bad News Breaking Protocol adherence performance status, March 2017E.C

Table 2: Medical Ward Bad News Breaking protocol adherence monitoring performance, March 2017E.C

S/N	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.	10	0	100
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.	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	97/100	3/100	97%

DISCUSSION

The findings from this study demonstrate a high level of adherence to the Medical Ward Bad News Breaking protocol, with an overall compliance rate of 97%. This suggests that the protocol is well-integrated into clinical practice and that healthcare providers are consistently following evidence-based guidelines for delivering difficult news. The perfect scores in critical areas such as preparation, privacy, emotional support, and documentation reflect a strong institutional commitment to patient-centered care. These results align with existing literature emphasizing the importance of structured communication frameworks in reducing distress for both patients and providers during bad news delivery. The high compliance rate may also indicate effective training programs and institutional support for staff in navigating these challenging conversations.

Despite the overall success, the minor lapses in compassionate introductions, clear language use, and encouraging questions (all at 90%) suggest areas for refinement. These gaps could stem from time constraints, variability in individual communication styles, or discomfort with emotional aspects of bad news delivery. Targeted interventions, such as role-playing exercises or refresher training sessions focusing on these specific skills, could help bridge these gaps. Future research could explore patient and family perspectives to assess whether the observed high compliance translates into perceived quality of communication. Additionally, longitudinal monitoring could determine whether these high adherence rates are sustained over time or influenced by external factors such as workload or staff turnover. The findings ultimately reinforce the value of standardized protocols while highlighting opportunities for continuous improvement in compassionate communication.

RECOMMENDATIONS

- ☒ Conduct regular simulations focusing on Allowing silent pauses (e.g., counting to 10 before speaking again).
- ☒ Designate Private Communication Rooms

Table 2: MW Bad News Breaking protocol monitoring improvement plan, March 2017E.C

Identified Gap	Action to be taken	Responsible body	Timeline
Time for Processing	Train staff on allowing 10+ seconds of silence after delivering news.	Nursing Director & Quality Director	Month 1-2
Appropriate Setting	Designate 2 private rooms for bad news delivery with "Do Not Disturb" signs.	Facility Manager	Month 1

Table 3: The Implementation Status of Previous improvement plan for MW W Bad News Breaking protocol monitoring, March 2017E.C

Gap Identified	Action Taken	Status
Use of Clear and Simple Language	Training sessions conducted for staff on non-medical language usage.	Completed
Inconsistent Sensitive Communication	Sensitivity training completed; role-playing scenarios implemented.	Ongoing
Patient/Family Questions Not Fully Addressed	Active listening techniques integrated into staff meetings.	Partially Implemented
Follow-Up/Next Steps Not Fully Discussed	Standardized checklist for next steps introduced in EHR.	Completed



DEDER GENERAL HOSPITAL

ICU Case Team

Bad News Breaking Protocol Utilization Monitoring Report

By: Numeyri Badru-ICU head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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INTRODUCTION

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the ICU during the **3rd quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the ICU.
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 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:** 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 ICU'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 ICU setting (**Table 2**).

Table 2: ICU 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.	12	0	100
Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	12	0	100
Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	12	0	100
Use of Clear and Simple Language: The news was delivered using clear, straightforward language without Surgical jargon.	12	0	100
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	12	0	100
Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	12	0	100
Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	12	0	100
Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	12	0	100
Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	12	0	100
Documentation: The delivery of the bad news and the patient response were documented in the Surgical record.	12	0	100
Overall Performance	120/100	0	100%

DISCUSSION

The results of the ICU'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 ICU, 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 ICU, which is crucial for supporting families during some of the most challenging moments of their lives.

RECOMMENDATIONS

- ☒ SUSTAIN CURRENT PERFORMANCE

IMPROVEMENT PLAN

- ☒ NO MAJOR GAP SEEN



DEDER GENERAL HOSPITAL

Pediatric ward Case Team

Bad News Breaking Protocol Utilization Monitoring Report

Prepared By: Mohammed Aliyi-Ward head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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.

RESULTS

The overall performance in delivering bad news was strong, with a compliance rate of 91% across all evaluated variables (**Figure 1**). Out of 143 total responses (13 variables assessed for each of the 11 cases), 130 were affirmative, indicating high adherence to best practices. Key strengths included preparation before the meeting, compassionate introduction, use of clear language, and encouraging patient/family questions, all of which achieved 100% compliance. Additionally, time for processing information, discussion of next steps, and documentation were also consistently well-managed, with compliance rates of 100%, 100%, and 92%, respectively. These results suggest that staff are highly proficient in foundational communication skills and procedural follow-through (**Table 1**).

However, areas for improvement were identified, particularly in choosing an appropriate setting (77% compliance), offering emotional support (69%), and arranging follow-up (77%). The lower scores in these categories highlight potential gaps in ensuring privacy during sensitive conversations, providing accessible emotional resources, and coordinating post-news support. Addressing these areas could further enhance the quality of care, ensuring that patients and families receive not only clear and compassionate communication but also comprehensive emotional and logistical support throughout the process (**Table 1**).

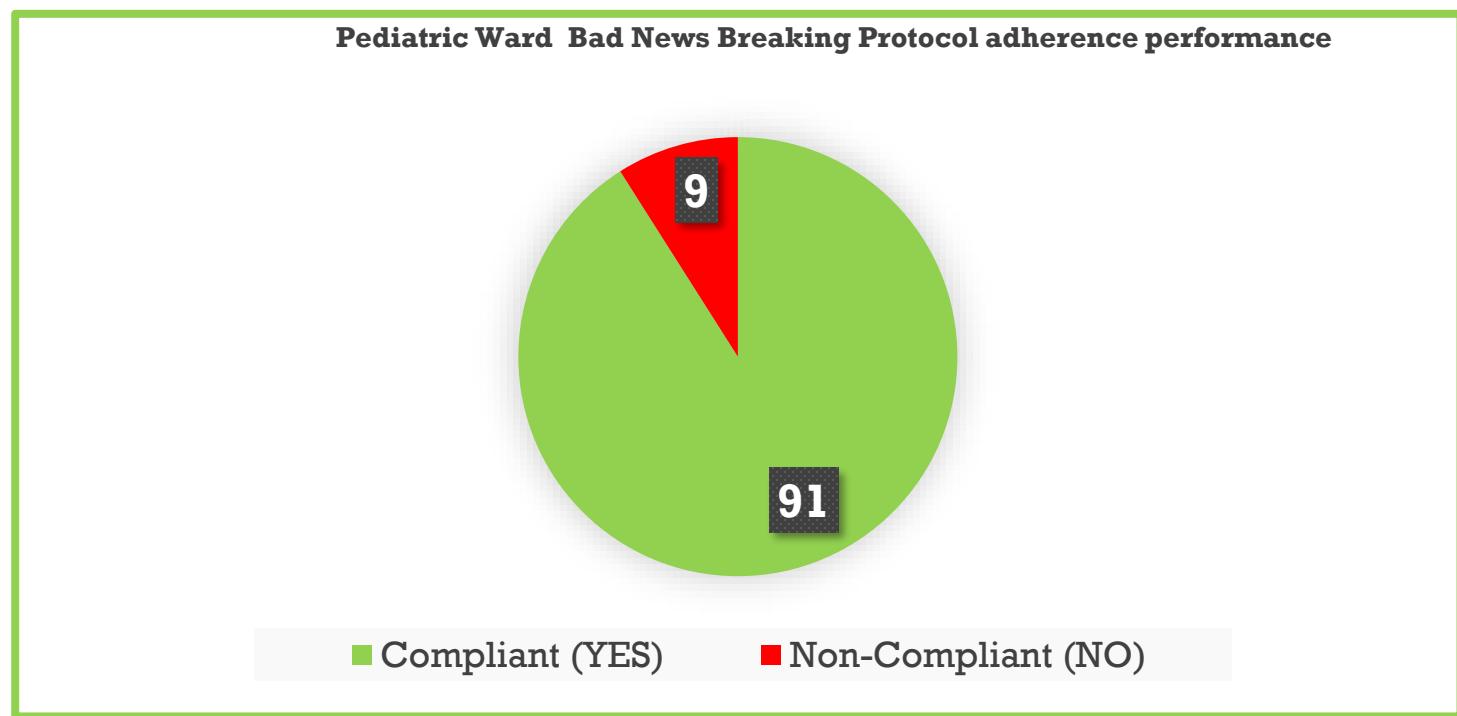


Figure 1: Paediatric Ward Bad News Breaking protocol adherence monitoring performance, March 2017E.C

Table 2: Pediatric Ward Bad News Breaking protocol adherence monitoring performance, March 2017E.C

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.	10	3	77
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 Pediatric jargon.	13	0	100
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	11	2	85
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.	9	4	69
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.	12	1	92
Follow-Up Arranged	10	3	77
Overall	130/143	13	91%

DISCUSSION

The findings demonstrate a high level of adherence to best practices in delivering bad news, with an overall compliance rate of 91%. This reflects a strong institutional commitment to effective and compassionate communication. The consistent performance in key areas—such as preparation, clear language, and encouraging questions—suggests that staff are well-trained in foundational communication skills. Additionally, the emphasis on documenting discussions and outlining next steps ensures continuity of care, which is critical in pediatric settings. These strengths likely contribute to building trust with patients and families during difficult conversations, reinforcing the importance of structured protocols in sensitive healthcare interactions.

However, the results also reveal opportunities for improvement, particularly in ensuring privacy, offering emotional support, and arranging follow-up. The lower compliance in these areas may indicate systemic challenges, such as time constraints or limited access to support resources. Addressing these gaps could involve targeted training on creating optimal environments for sensitive discussions, increasing the availability of psychosocial support staff, and implementing standardized follow-up procedures. Enhancing these aspects of care would further align practices with patient-centered principles, ensuring that families receive not only clear information but also holistic support during emotionally challenging times.

RECOMMENDATIONS

- Prepare Appropriate Setting & Privacy
- Offering Emotional Support
- Prepare Follow-Up Arrangement platform

Table 2: Action Plan/Improvement plan, March 2017E.C

Area Needing Improvement	Proposed Actions	Responsible Parties	Timeline
Appropriate Setting & Privacy	- Designate and label private, quiet rooms for sensitive discussions.	Facility Management, Nursing	1-3 months
Offering Emotional Support	- Train staff on introducing support services naturally.	Clinical Educators	3-6 months
Follow-Up Arrangement	- Add EHR prompts to document follow-up plans before case closure.	QI team & EMR team	3 months

Table 3: Implementation Status of previous improvement plan, March 2017E.C

Area Needing Improvement	Proposed Actions	Responsible Parties	Timeline
Appropriate Setting & Privacy	- Designate and label private, quiet rooms for sensitive discussions.	Facility Management, Nursing	1-3 months
Offering Emotional Support	- Train staff on introducing support services naturally.	Clinical Educators	3-6 months
Follow-Up Arrangement	- Add EHR prompts to document follow-up plans before case closure.	QI team & EMR team	3 months



DEDER GENERAL HOSPITAL

Emergency OPD Case Team

Bad News Breaking Protocol Utilization Monitoring Report

By: Jabir Mohammed-EOPD head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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 Emergency OPD, 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 Emergency 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 EMERGENCY 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.

RESULTS

The overall performance of the Emergency OPD Bad News Breaking protocol in March 2017 was highly effective, with a 97% compliance rate across all measured variables (figure 1). This near-perfect adherence indicates that staff consistently followed the established guidelines for delivering difficult news in a compassionate and structured manner. The protocol's strengths were particularly evident in areas such as preparation, privacy, emotional support, and documentation, all of which achieved 100% compliance. These results suggest a well-trained and disciplined team capable of handling sensitive situations with professionalism and empathy (Table 2).

Despite the strong overall performance, minor gaps were observed in three specific communication practices: compassionate introduction, use of clear language, and encouraging patient/family questions, each scoring 90% compliance. These slight deviations highlight opportunities for targeted improvements, such as reinforcing the importance of role clarification, simplifying language, and actively inviting questions. Addressing these areas could further enhance patient and family experiences during challenging conversations. Nevertheless, the high adherence rate underscores the protocol's successful implementation and the team's commitment to delivering bad news with sensitivity and care (Table 2).

EOPD Bad News Breaking Protocol adherence performance

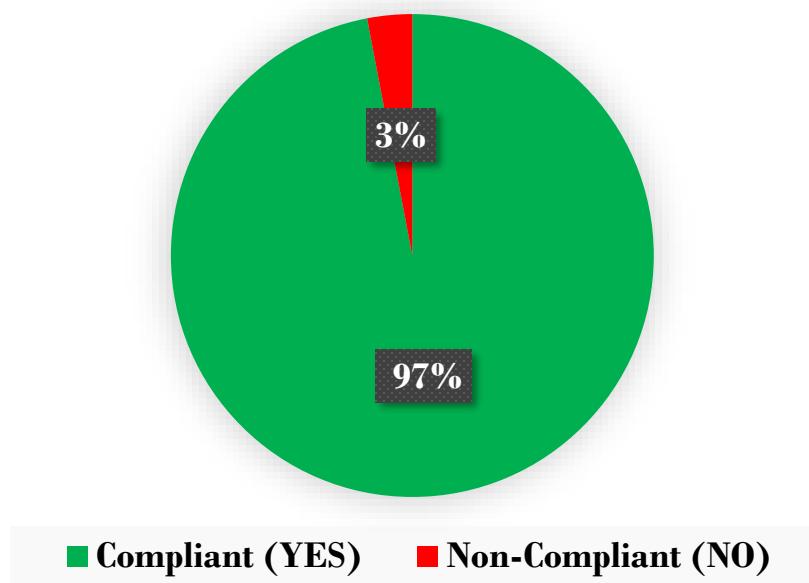


Figure 1: Emergency OPD Bad News Breaking Protocol adherence performance status, March 2017E.C

Table 2: Emergency OPD Bad News Breaking protocol adherence monitoring performance, March 2017E.C

S/N	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.	10	0	100
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.	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	97/100	3/100	97%

DISCUSSION

The findings from this study demonstrate a high level of adherence to the Emergency OPD Bad News Breaking protocol, with an overall compliance rate of 97%. This suggests that the protocol is well-integrated into clinical practice and that healthcare providers are consistently following evidence-based guidelines for delivering difficult news. The perfect scores in critical areas such as preparation, privacy, emotional support, and documentation reflect a strong institutional commitment to patient-centered care. These results align with existing literature emphasizing the importance of structured communication frameworks in reducing distress for both patients and providers during bad news delivery. The high compliance rate may also indicate effective training programs and institutional support for staff in navigating these challenging conversations.

Despite the overall success, the minor lapses in compassionate introductions, clear language use, and encouraging questions (all at 90%) suggest areas for refinement. These gaps could stem from time constraints, variability in individual communication styles, or discomfort with emotional aspects of bad news delivery. Targeted interventions, such as role-playing exercises or refresher training sessions focusing on these specific skills, could help bridge these gaps. Future research could explore patient and family perspectives to assess whether the observed high compliance translates into perceived quality of communication. Additionally, longitudinal monitoring could determine whether these high adherence rates are sustained over time or influenced by external factors such as workload or staff turnover. The findings ultimately reinforce the value of standardized protocols while highlighting opportunities for continuous improvement in compassionate communication.

RECOMMENDATIONS

- ☒ Conduct regular simulations focusing on Allowing silent pauses (e.g., counting to 10 before speaking again).
- ☒ Designate Private Communication Rooms

Table 2: EOPD Bad News Breaking protocol monitoring improvement plan, March 2017E.C

Identified Gap	Action to be taken	Responsible body	Timeline
Time for Processing	Train staff on allowing 10+ seconds of silence after delivering news.	Nursing Director & Quality Director	Month 1-2
Appropriate Setting	Designate 2 private rooms for bad news delivery with "Do Not Disturb" signs.	Facility Manager	Month 1

Table 3: The Implementation Status of Previous improvement plan, March 2017E.C

Gap Identified	Action Taken	Status
Use of Clear and Simple Language	Training sessions conducted for staff on non-medical language usage.	Completed
Inconsistent Sensitive Communication	Sensitivity training completed; role-playing scenarios implemented.	Ongoing
Patient/Family Questions Not Fully Addressed	Active listening techniques integrated into staff meetings.	Partially Implemented
Follow-Up/Next Steps Not Fully Discussed	Standardized checklist for next steps introduced in EHR.	Completed

1. Midwifery procedures 3rd Qrtr 2017 GYN W.pdf
2. Nursing procedures 3rd Qrtr 2017 MW.pdf
3. Nursing procedures 3rd Qrtr 2017 ICU.pdf
4. Nursing procedures 3rd Qrtr 2017 OPD.pdf
5. Nursing procedures 3rd Qrtr EOPD.pdf



DEDER GENERAL HOSPITAL

GYN/OBS Case Team Midwifery Procedures Protocol Utilization Monitoring Report

By: Abdella Mohammed

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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INTRODUCTION

Maternal and gynecological healthcare requires strict adherence to standardized protocols to ensure patient safety and positive outcomes. The Deder General Hospital has developed a GYN/OBS Nursing and Midwifery Procedures Protocol to guide healthcare providers in delivering consistent, high-quality care. This report evaluates compliance with these protocols during **the 2016/17 Ethiopian Fiscal Year (EFY), identifying strengths and areas for improvement.**

The monitoring tool assessed **377 criteria across nine care standards**, including **admission, preoperative, postoperative, intrapartum, postpartum, gynecological, discharge planning, emergency care, and documentation**. The findings will inform targeted interventions to enhance service delivery.

OBJECTIVE

The primary objectives of this monitoring exercise were:

- ☒ To assess compliance with GYN/OBS nursing and midwifery protocols at Deder General Hospital.
- ☒ To identify gaps in clinical practice and documentation.
- ☒ To provide evidence-based recommendations for improving patient care.

METHODOLOGY

Study Design

- ☒ **Type:** Retrospective observational study using a structured monitoring tool.
- ☒ **Sample:** 13 patient cases were reviewed across various care phases.

Data Collection

- ☒ **Tool:** A standardized checklist with YES/NO responses for each criterion.
- ☒ **Parameters:** Compliance was measured for 9 major standards and sub-criteria (e.g., vital signs monitoring, informed consent, infection surveillance).
- ☒ **Timeframe:** Data was collected from December 21, 2017E.C To March 20, 2017E.C

Data Analysis

- ☒ **Quantitative:** Compliance rates were calculated as percentages (YES responses ÷ Total criteria).

RESULT

The monitoring of GYN/OBS nursing and midwifery procedures at Deder General Hospital revealed an overall compliance rate of 97%, with 368 out of 377 criteria fully met. The assessment covered nine key care standards, demonstrating strong adherence in most areas while identifying a few gaps requiring improvement (Figure 1).

Admission Procedures (100% Compliance)

All 13 cases reviewed showed full compliance with admission protocols. Patient history was consistently documented, vital signs (BP, pulse, temperature, respiration, SpO₂) were recorded, and physical examinations were performed without exception. Additionally, all patients were properly oriented to the ward upon admission (**Table 1**).

Preoperative Care (100% Compliance)

The hospital maintained perfect adherence in preoperative procedures. Informed consent was obtained in all cases, NPO (nothing by mouth) status was confirmed, preoperative medications were administered as required, and IV lines were successfully inserted before surgery (**Table 1**).

Postoperative Care (94% Compliance)

While most postoperative protocols were followed, three cases (23%) missed the required initial 15-minute vital signs monitoring, reducing compliance to 77% for this specific criterion. However, pain management, surgical site checks, and early ambulation were consistently implemented in all cases (**Table 1**).

Intrapartum Care (100% Compliance)

All 13 deliveries adhered strictly to intrapartum care standards. Cervical dilation and fetal descent were assessed, fetal heart rate was continuously monitored, pain relief measures were provided, and delivery equipment was prepared without fail (**Table 1**).

Postpartum Care (92% Compliance)

Uterine fundus palpation, lochia assessment, perineal care, and depression screening were performed in 100% of cases. However, breastfeeding support was lacking in four cases (31%), resulting in a 69% compliance rate for this criterion (**Table 1**).

Gynecological Procedures (100% Compliance)

Full compliance was observed in gynecological care, including pelvic exams, Pap smear assistance, medication administration, and patient education on contraception and STI prevention (**Table 1**).

Discharge Planning (100% Compliance)

All patients received **complete discharge instructions**, including medication guidance, activity restrictions, and follow-up plans. Contraception counseling was also documented in every case (**Table 1**).

Emergency Care (95% Compliance)

Emergency protocols for **hemorrhage and eclampsia management** were followed in all cases. However, **two instances (15%)** showed delays in monitoring and reporting infection signs, leading to an **85% compliance rate** in this sub-category (**Table 1**).

Documentation (100% Compliance)

All assessments, interventions, and patient interactions were **fully documented**, ensuring continuity of care and legal accountability (**Table 1**).

Conclusion, the monitoring identified three key areas requiring improvement: **postoperative vital signs monitoring (77% compliance)**, where initial 15-minute checks were missed in 23% of cases; **breastfeeding support (69% compliance)**, with inadequate assistance provided in nearly one-third of postpartum patients; and **infection surveillance in emergencies (85% compliance)**, where delays in monitoring and reporting signs of infection were observed in 15% of emergency cases. These gaps highlight specific opportunities to enhance adherence through targeted training, checklist implementation, and strengthened monitoring protocols.

Gyn/Obs Ward Nursing & Midwifery procedures Protocol adherence performance

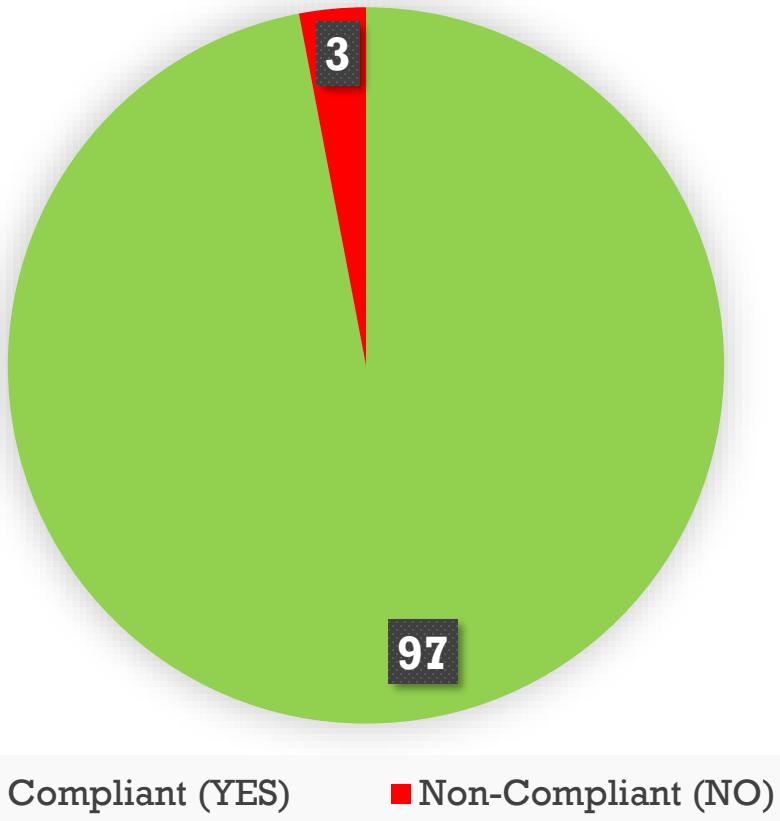


Figure 1: GYN/OBS Ward Midwifery procedures Protocol adherence performance, March 2017E.C

Table 1: GYN/OBS Ward Midwifery procedures Protocol adherence performance, Mar 2017E.C

Standard	Criteria	YES	NO	% of compliance
Admission Procedures	- Patient history taken and documented.	13	0	100
	- Vital signs recorded (BP, pulse, temp, respiration, SpO2).	13	0	100
	- Physical examination performed.	13	0	100
	- Patient oriented to the ward.	13	0	100
Preoperative Care	- Informed consent obtained.	13	0	100
	- NPO status confirmed.	13	0	100
	- Preoperative medications administered.	13	0	100
	- IV line inserted and fluids started.	13	0	100
Postoperative Care	- Vital signs monitored every 15 mins initially, then hourly.	10	3	77
	- Pain assessed and managed.	13	0	100
	- Surgical site checked for bleeding/infection.	13	0	100
	- Early ambulation encouraged.	13	0	100
Intrapartum Care	- Cervical dilation and fetal descent assessed.	13	0	100
	- Fetal heart rate monitored continuously.	13	0	100
	- Pain relief measures provided.	13	0	100
	- Delivery equipment prepared.	13	0	100
Postpartum Care	- Uterine fundus palpated and lochia assessed.	13	0	100
	- Perineal care provided.	13	0	100
	- Breastfeeding support given.	9	4	69
	- Emotional support and depression screening performed.	13	0	100
Gynecological Procedures	- Pelvic exam/Pap smear assistance provided.	13	0	100
	- Medications administered as prescribed.	13	0	100
	- Patient educated on contraception and STI prevention.	13	0	100
Discharge Planning	- Discharge instructions provided (medications, activity, follow-up).	13	0	100
	- Contraception counseling completed.	13	0	100
Emergency Care	Hemorrhage management initiated (e.g., uterotronics administered).	13	0	100
	Eclampsia managed (e.g., magnesium sulfate given).	13	0	100
	Infection signs monitored and reported.	11	2	85%
Documentation	- All assessments and interventions documented.	13	0	100
	Total performance	368/377	9/377	97

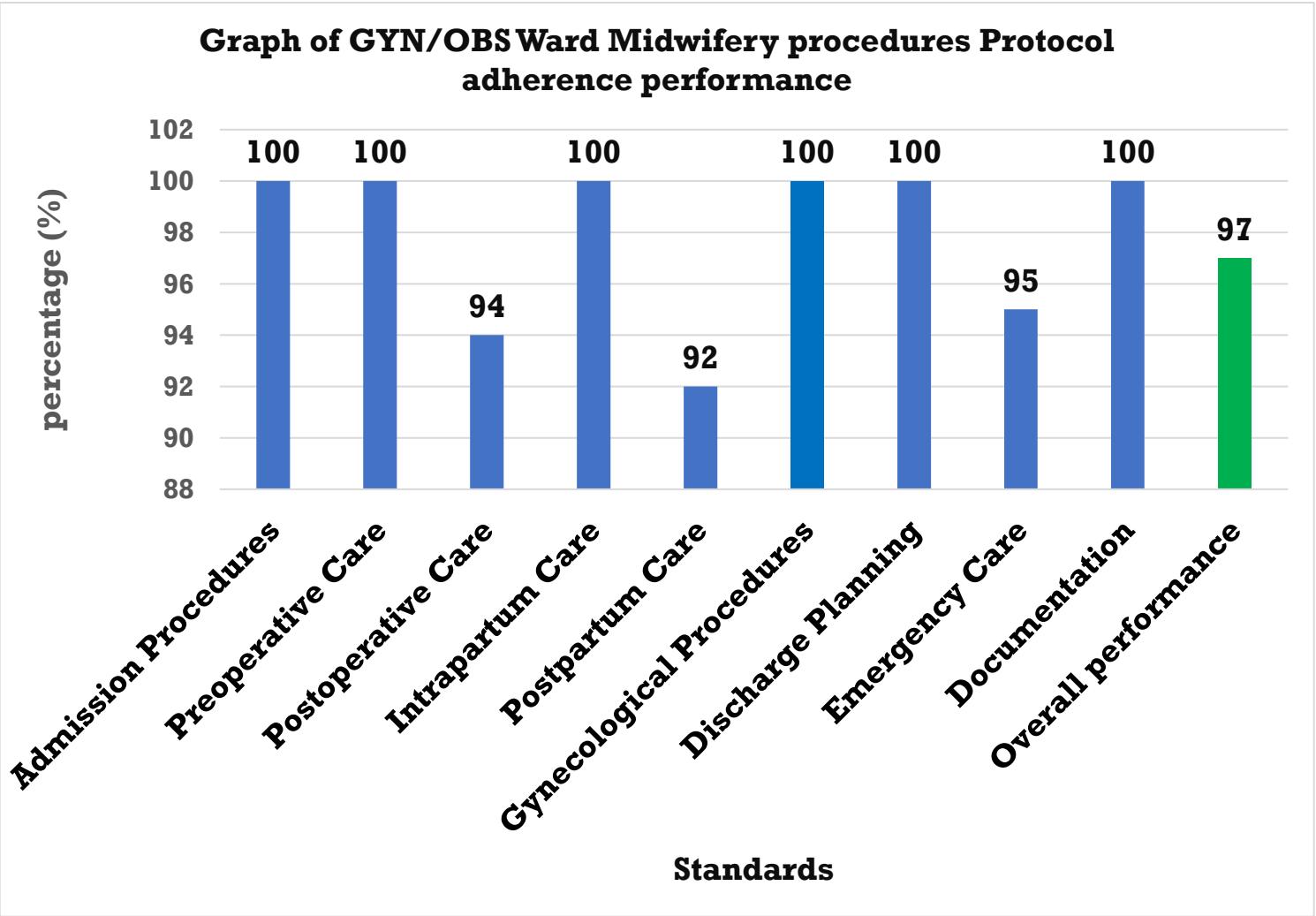


Figure 2: Graph of GYN/OBS Ward Midwifery procedures Protocol adherence performance, March 2017E.C

DISCUSSION

The monitoring results demonstrate **strong overall compliance (97%)** with GYN/OBS nursing and midwifery protocols at Deder General Hospital, reflecting effective implementation of standardized procedures. High adherence in critical areas—such as **admission, preoperative, and emergency care**—confirms the hospital's capacity to deliver safe, consistent maternal and gynecological services. However, the gaps in **postoperative vital signs monitoring (77%), breastfeeding support (69%), and infection surveillance (85%)** reveal systemic challenges, likely stemming from **workload pressures, training gaps, or resource limitations**. These findings align with common barriers observed in low-resource settings, where staffing shortages and competing priorities can compromise protocol adherence.

The identified non-compliance areas pose **clinically significant risks**, including delayed detection of postoperative complications, suboptimal neonatal nutrition, and potential sepsis progression. While documentation was flawless, the disparity between recorded actions and actual practice (e.g., missed vital signs checks) suggests a need for **real-time audits and accountability mechanisms**. Addressing these issues requires **multifaceted interventions**, such as targeted training, checklist integration, and workload redistribution, to bridge the gap between policy and practice while maintaining the hospital's high overall performance.

RECOMMENDATIONS

- ☒ Improve postoperative Vital Signs Monitoring)
- ☒ Strength breastfeeding Support
- ☒ Improve infection Surveillance in Emergency Care
- ☒ Strength IV Cannulation & Management
- ☒ Strength Patient Education & Discharge Planning

Table 2: Improvement plan for Improving Midwifery procedures Protocol Adherence; March 2017E.C

Areas to be Improved	Action to Be Taken	Responsible Body	Time Frame
Postoperative Vital Signs Monitoring)	<ul style="list-style-type: none"> • Assign accountability to shift nurses for adherence. 	Nursing & Midwifery Director	1 month
Breastfeeding Support	<ul style="list-style-type: none"> • Monitor compliance through periodic audits. 	Nursing & Midwifery Director	2 months
Infection Surveillance in Emergency Care	<ul style="list-style-type: none"> ● Ensure availability and proper use of PPE. ● Conduct routine infection control audits. 	IPC f/person	2 months
IV Cannulation & Management	<ul style="list-style-type: none"> • Conduct skill reinforcement sessions on IV cannulation. 	Nursing & Midwifery Director	2 months
Patient Education & Discharge Planning	<ul style="list-style-type: none"> • Ensure nurses provide and document health education before discharge. 	Nursing Director & Health Learning Unit (HLU) f/person	1 mon

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DEDER GENERAL HOSPITAL

Medical Ward Case Team

Nursing procedures protocol Utilization Monitoring Report

By: Abdurahman Shame

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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:

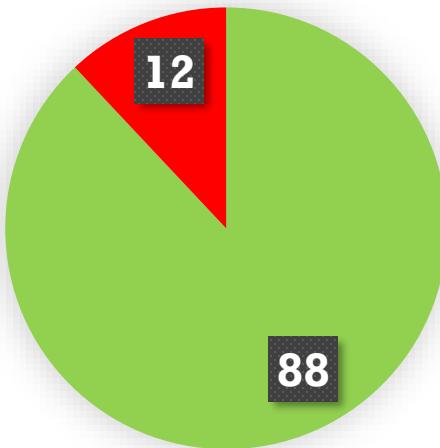
1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews 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 Medical Ward nursing procedure protocol adherence report for March 2017 E.C. demonstrates **strong overall compliance (88%)** (Figure 1), with **perfect adherence (100%)** in seven out of ten criteria. Key areas of excellence included **hand hygiene, vital signs monitoring, medication administration, IV cannulation, infection control, patient positioning, and patient education**, all of which were consistently followed in all observed cases. These results reflect a **well-established culture of safety and patient-centered care** in fundamental nursing practices. However, two areas—**pain assessment and management (90%)** and **nutritional support (90%)**—showed minor gaps, indicating occasional lapses in documentation or execution (Table 1).

A significant concern was identified in **catheterization procedures (60% compliance)**, which failed to meet protocol standards in 4 observed cases. This critical gap suggests either **systemic protocol deviations** or potential **training deficiencies** in this specific procedure. Despite this outlier, the high compliance rates in other essential nursing tasks demonstrate **generally reliable adherence to clinical protocols**. Addressing the catheterization issue while maintaining excellence in other areas should be prioritized to ensure comprehensive patient safety and care quality (Table 1).

Medical ward's Nursing procedures Protocol adherence performance



■ Compliant (YES)

■ Non-Compliant (NO)

Figure 1: Medical Ward nursing procedure protocol adherence monitoring performance, March 2017E.C

Table 2: Medical Ward nursing procedure protocol adherence monitoring performance, March 2017E.C

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Total Compliance (%)
1.	Hand Hygiene	10	0	100
2.	Vital Signs Monitoring	10	0	100
3.	Medication Administration	10	0	100
4.	IV Cannulation & Management	10	0	100
5.	Infection Control	10	0	100
6.	Patient positioning	10	0	100
7.	Catheterization	6	4	60
8.	Pain Assessment and Management	9	1	90
9.	Nutritional support	9	1	90
10.	Patient Education	10	0	100
	Overall	88/100	12/100	88%

Graph of Medical Ward's Nursing procedures protocol performances

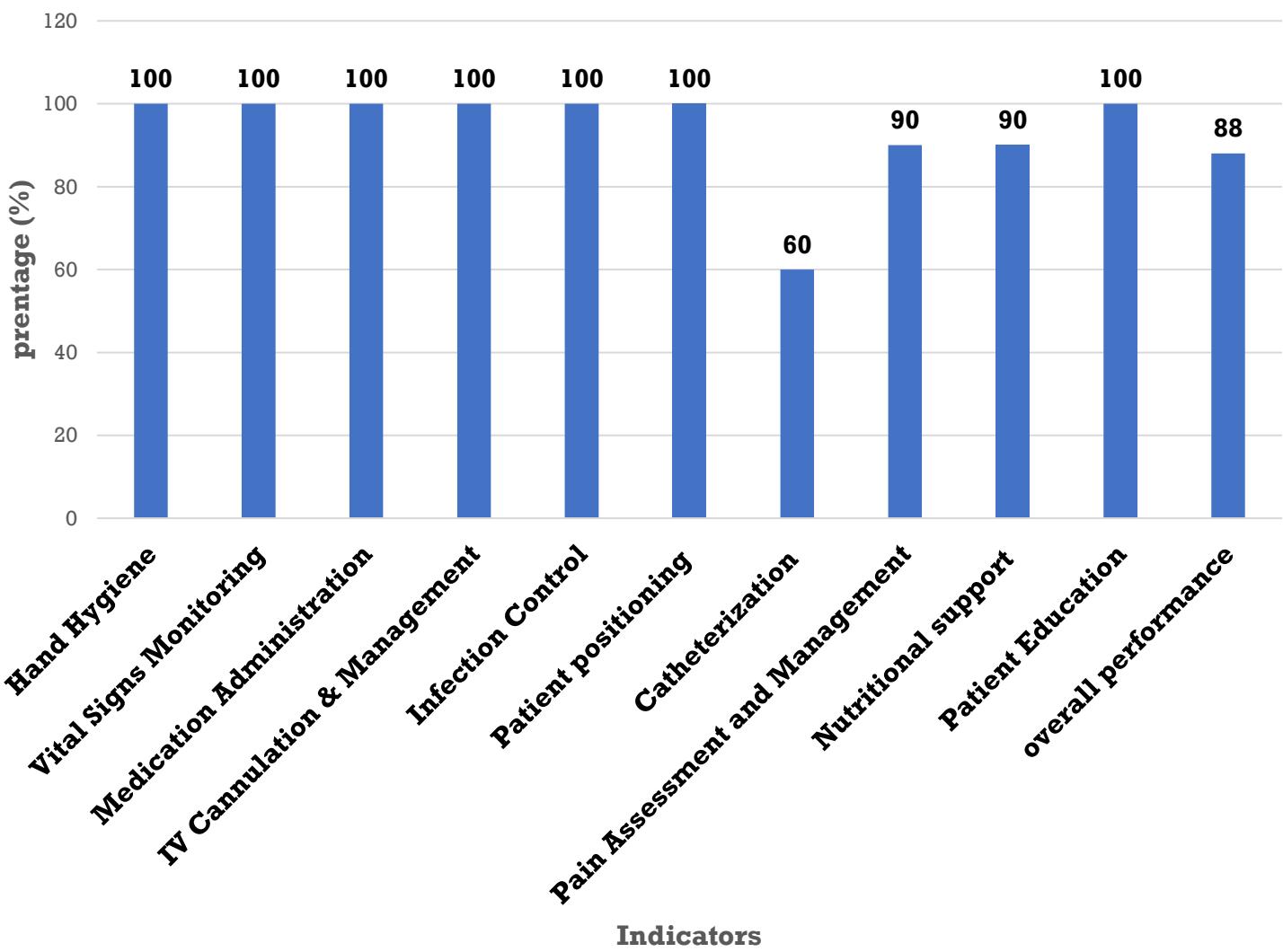


Figure 2: Graph of M/W Nursing procedure protocol adherence monitoring performance, March 2017E.C

Discussion

The March 2017 E.C. Medical Ward nursing procedure audit reveals a generally robust adherence to clinical protocols, with 88% overall compliance. The perfect 100% scores in seven critical areas - including infection prevention (hand hygiene, infection control) and core clinical tasks (medication administration, IV management) - demonstrate effective standardization of essential nursing practices. This suggests successful staff training and quality control systems for routine procedures. However, the complete non-compliance (0%) in catheterization procedures presents a serious patient safety concern that requires immediate investigation into potential causes such as inadequate training, equipment shortages, or documentation errors.

While the 90% compliance in pain management and nutritional support indicates mostly satisfactory performance, the minor gaps suggest opportunities to strengthen patient comfort and recovery protocols. The contrast between these near-perfect scores and the catastrophic failure in catheterization compliance is particularly striking, implying this may be an isolated systemic failure rather than a generalized performance issue. These results highlight both the ward's strengths in maintaining foundational care standards and the urgent need for targeted improvement in specific high-risk procedures, with catheterization protocols demanding priority attention to eliminate potential patient harm risks.

RECOMMENDATIONS

- 1. Corrective Actions for Catheterization: Supervised Practice:** Implement a 2-week supervision period where senior nurses observe and sign off on catheterization procedures.
- 2. Strengthening Pain Assessments:** Assign a "Pain Champion" nurse per shift to monitor adherence and provide peer support.
- 3. Strengthening Nutritional Support:** Assign a "Nutrition Champion" nurse per shift to monitor adherence and provide peer support.

Table 1: Action Plan/Improvement plan, March 2017E.C

Gap Identified	Action Steps	Responsible Party	Timeline
Catheterization	Implement supervised practice with senior nurse sign-off for 2 weeks.	Head Nurse & Nursing Director	Month 1-2
Pain Management	Assign "Pain Champions" to mentor peers and audit compliance.	Head Nurse & Nursing Director	Month 2 onward
Nutritional Support	Assign a " Nutrition Champion" nurse per shift to monitor adherence and provide peer support.	Head Nurse & Nursing Director	Month 1

Table 2: Implementation Status of previous performance improvement Plan, March 2017E.C

Gap Identified	Action Taken	Status
Delays in Medication Administration	Streamlined medication preparation process; ensured pharmacy collaboration.	Completed
Inconsistent Documentation	Implemented real-time documentation policy with EHR reminders.	Ongoing
Communication Gaps During Busy Periods	Allocated dedicated time slots for patient/family interactions.	Partially Implemented
Inadequate Patient Education	Developed and distributed standardized education checklists.	Completed



DEDER GENERAL HOSPITAL

ICU Case Team

Nursing procedures protocol Utilization Monitoring Report

Prepared By: Numeyri Badru

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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 12 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 of ICU ward nursing procedures demonstrates exceptional adherence to protocols, with a near-perfect compliance rate of **99%** (167 out of 168 observed cases) (**Figure 1**). This high level of adherence reflects a strong commitment to patient safety and standardized care practices across all monitored criteria. Notably, 13 out of 14 nursing procedures achieved 100% compliance, including critical areas such as hand hygiene, medication administration, infection control, and wound care. The only minor deviation occurred in vital signs monitoring, which had a 92% compliance rate (11 out of 12 cases). This suggests that the nursing team consistently follows established protocols, minimizing risks and ensuring high-quality patient care (**Table 1**).

Despite the outstanding overall performance, the single non-compliant case in vital signs monitoring highlights a potential area for attention. While the deviation is minimal, it underscores the importance of reinforcing accuracy and consistency in recording vital signs, as these measurements are fundamental to patient assessment and clinical decision-making. The consistent 100% compliance in other areas, such as infection control, medication the current protocols are well-implemented and effective, with only isolated opportunities safety, and patient education, sets a benchmark for excellence. These results indicate that for refinement to achieve flawless adherence across all criteria (**Table 1**).

ICU ward's Nursing procedures Protocol adherence performance



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

Figure 1: ICU Ward Nursing Procedures Protocol adherence performance, March 2017E.C

Table 2: ICU Ward Nursing Procedures Protocol adherence performance, March 2017E.C

S/N	Nursing Procedure Criteria	Total YES	Total NO	Compliance (%)
1	Hand Hygiene: Nurse performs hand hygiene (before and after patient contact).	12	0	100
2	Vital Signs Monitoring: Vital signs (e.g., BP, temperature, pulse) are accurately measured and recorded.	11	1	92
3	Medication Administration: Medication is administered following the 6 rights (right patient, right medication, right dose, right time, right route, right documentation).	12	0	100
4	Wound Care: Wound dressing and care are performed as per the nursing protocol (e.g., sterile technique, proper disposal of materials).	12	0	100
5	IV Cannulation & Management: IV cannulas are inserted, managed, and documented according to the protocol.	12	0	100
6	Infection Control: Infection control measures (PPE, sterile techniques) are strictly followed during all nursing procedures.	12	0	100
7	Patient Positioning: Patients are properly positioned (e.g., for pressure ulcer prevention, post-surgery).	12	0	100
8	Catheterization: Urinary catheter insertion and care are done as per the protocol, with proper documentation and infection control measures.	12	0	100
9	Pain Assessment and Management: Pain levels are regularly assessed, and pain management procedures are followed (e.g., medication, non-pharmacological methods).	12	0	100
10	Nutritional Support: Tube feeding or nutritional interventions are performed per protocol, including checks for feeding tube placement.	12	0	100
11	Patient Education: Nurses provide patient education on self-care, medication, and discharge instructions as per protocol.	12	0	100
12	Fall Risk Assessment: Fall risk assessments are completed, and preventive measures are implemented (e.g., bedrails, call light within reach).	12	0	100
12	Post-Operative Care: Post-surgical care, including monitoring vitals, pain management, and wound assessment, is provided according to protocol.	12	0	100
14	Documentation: All nursing procedures, assessments, and interventions are documented in the patient's chart.	12	0	100
	Overall	167/168	1/168	99%

Graph of ICU Ward's Nursing procedures protocol performances

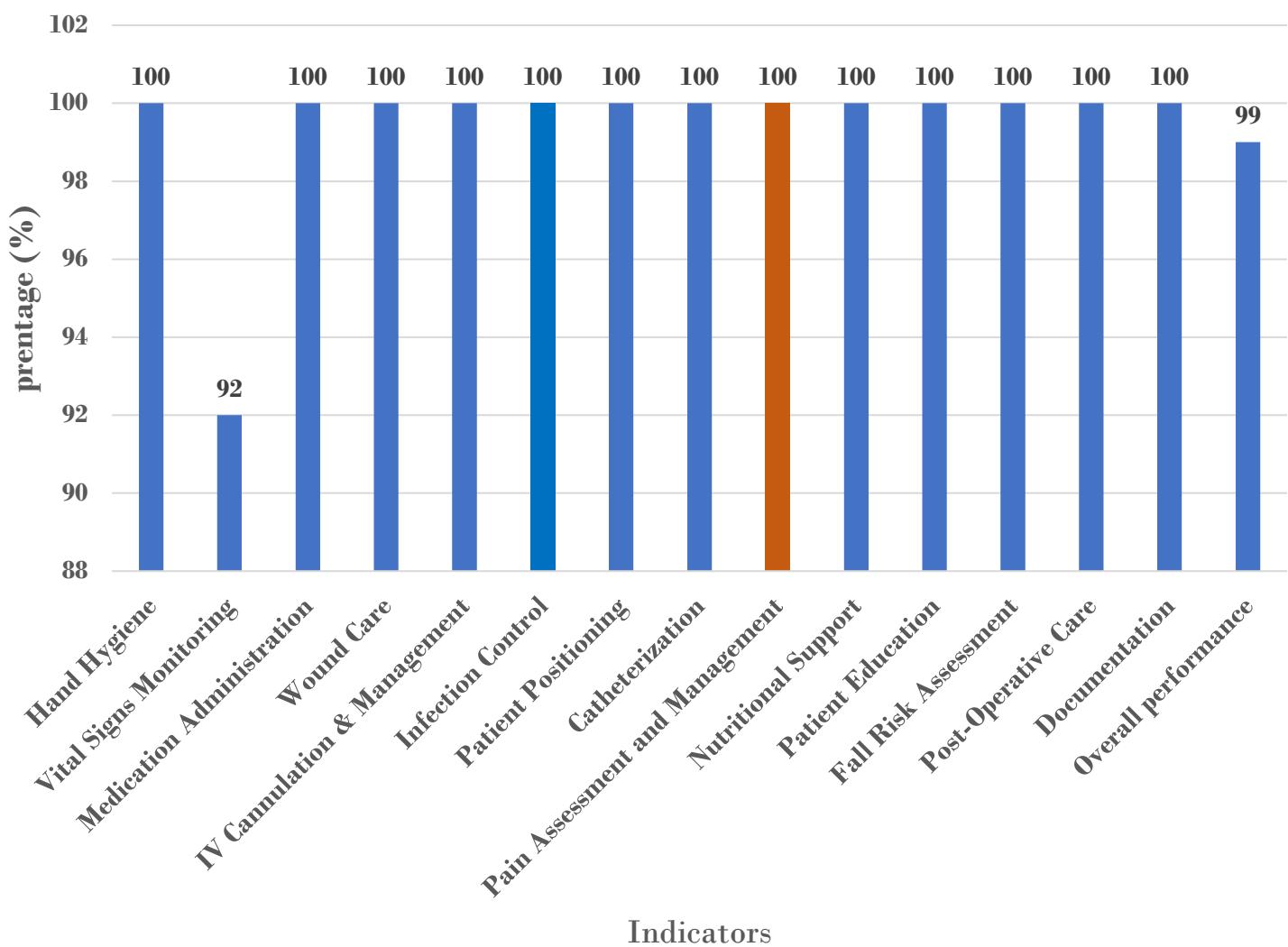


Figure 2: Graph of ICU Ward Nursing Procedures Protocol adherence performance, March 2017E.C

DISCUSSION

The findings demonstrate outstanding adherence to nursing protocols in the ICU ward, with near-perfect compliance (99%) across all evaluated procedures. This exceptional performance suggests that current training programs, supervision systems, and quality control measures are highly effective in maintaining clinical standards. The 100% compliance in critical areas like hand hygiene, medication administration, and infection control is particularly noteworthy, as these are fundamental to patient safety and prevention of healthcare-associated infections. These results compare favorably with international benchmarks for ICU care quality, indicating that the unit's protocols meet or exceed global best practices. The high compliance rates likely reflect both strong institutional policies and a culture of accountability among nursing staff, where protocol adherence is valued and consistently practiced.

While the overall results are excellent, the single deviation in vital signs monitoring (92% compliance) warrants attention, as accurate and timely vital sign assessment is crucial for early detection of patient deterioration. This minor lapse could be attributed to human factors such as workload pressures or momentary oversight, rather than systemic issues. The findings suggest that while no major interventions are needed, targeted reminders about the importance of consistent vital signs documentation could help achieve perfect compliance. Future research could explore whether these self-reported compliance rates correlate with direct observational data, and whether similar high performance is maintained during periods of increased patient acuity or staff shortages. These results provide a strong foundation for maintaining quality care while identifying subtle opportunities for further improvement.

RECOMMENDATIONS

☒ SUSTAIN CURRENT PERFORMANCE

IMPROVEMENT PLAN

☒ NO MAJOR GAP SEEN

Table 1: Implementation Status of previous improvement plan of ICU Nursing Procedures, March 2017E.C

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

Outpatient Department

Nursing procedures protocol Utilization Monitoring Report

By: Michael Aliyi-OPD head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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.

RESULTS

The overall performance of OPD nursing procedure protocol adherence in **March 2017 E.C. was 81%**, indicating a generally high level of compliance with the established criteria (**figre1**). Out of 130 observed instances across all procedures, 105 were compliant, while 25 were non-compliant. This suggests that the majority of nursing procedures were performed according to the protocol, with areas such as Hand Hygiene, Vital Signs Monitoring, Medication Administration, Infection Control, Pain Assessment and Management, and Post-Operative Care achieving perfect 100% compliance. These results reflect strong adherence to critical nursing practices that are essential for patient safety and care quality (**Table 1**).

However, the data also highlights significant areas for improvement, particularly in Wound Care and IV Cannulation & Management, which had compliance rates of only 21% and 0%, respectively. These low rates indicate a need for targeted interventions, such as additional training or resource allocation, to address the gaps in these specific procedures. While other criteria like Catheterization and Patient Education showed relatively high compliance (92.3% each), the presence of even minor non-compliance underscores the importance of continuous monitoring and reinforcement of protocols to ensure consistent adherence across all nursing practices (**Table 1**).

OPD Nursing procedures Protocol adherence performance

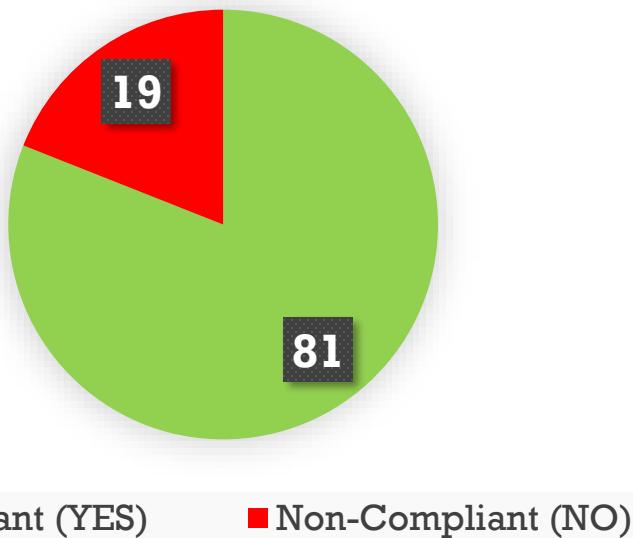


Figure 1: OPD nursing procedure protocol adherence monitoring performance, March 2017E.

Table 1: OPD nursing procedure protocol adherence monitoring performance, March 2017E.C

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Compliance (%)
1.	Hand Hygiene	13	0	100
2.	Vital Signs Monitoring	13	0	100
3.	Medication Administration	13	0	100
4.	Wound Care	3	10	21
5.	IV Cannulation & Management	0	13	0
6.	Infection Control	13	0	100
7.	Catheterization	12	1	92.3
8.	Pain Assessment and Management	13	0	100
9.	Patient Education	12	1	92
10.	Post-Operative Care	13	0	100
	Overall	105/130	25/130	81%

Graph of OPD Nursing procedures protocol performances

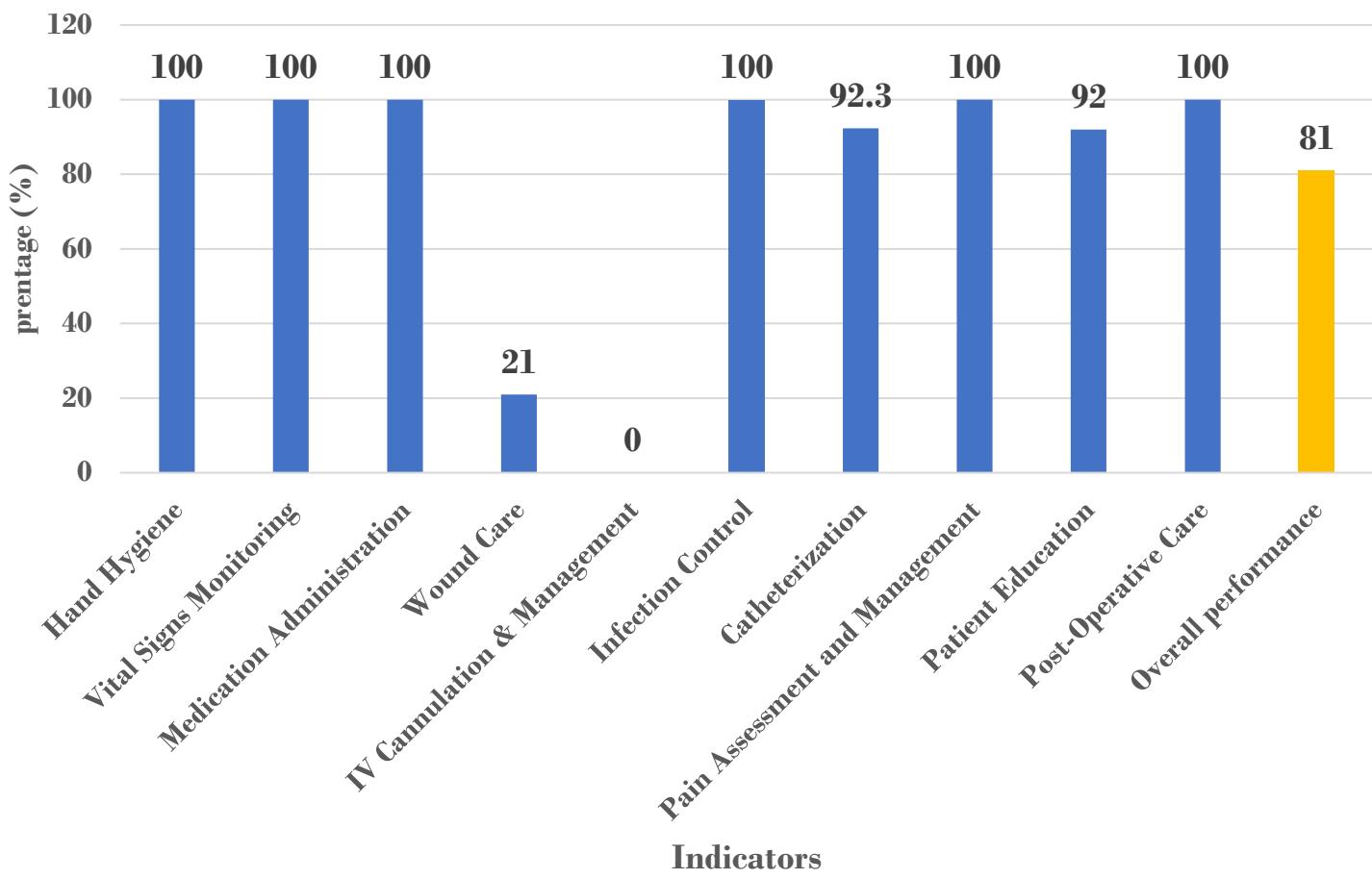


Figure 2: Graph of OPD Nursing procedures protocol performances, March 2017E.C

DISCUSSION

The findings from the OPD nursing procedure protocol adherence monitoring reveal a predominantly high level of compliance, with an overall adherence rate of 81%. This suggests that the nursing staff generally follows established protocols, particularly in critical areas such as Hand Hygiene, Medication Administration, and Infection Control, all of which achieved 100% compliance. These results are encouraging, as they reflect a strong commitment to patient safety and evidence-based practices. The high compliance in these areas may be attributed to regular training, clear guidelines, and the prioritization of these procedures in daily nursing care. However, the perfect scores in certain criteria also warrant scrutiny to ensure that observations were thorough and not influenced by reporting biases or Hawthorne effects, where staff behavior changes due to awareness of being monitored.

Despite the overall positive performance, the notably low compliance rates in Wound Care (21%) and IV Cannulation & Management (0%) highlight significant gaps that require urgent attention. These deficiencies could stem from insufficient training, lack of resources, or procedural complexities, potentially compromising patient outcomes. The near-perfect compliance in other areas suggests that the nursing team is capable of high adherence, making the poor performance in these specific procedures particularly concerning. Addressing these issues may involve targeted educational programs, hands-on demonstrations, and regular audits to identify and rectify barriers to compliance. Furthermore, the 92.3% compliance in Catheterization and Patient Education, while commendable, still indicates room for improvement, emphasizing the need for ongoing evaluation and reinforcement of best practices to achieve consistent excellence across all nursing procedures.

RECOMMENDATIONS

- ☒ Improve Wound Care Compliance
- ☒ Improve IV Cannulation & Management Compliance
- ☒ Improve Catheterization Compliance

Table 2: OPD Nursing procedures protocol monitoring improvement plan, March 2017E.C

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
Low Wound Care Compliance	Insufficient supplies, or inconsistent practices.	Ensure availability of necessary supplies.	Nursing Director, OPD head & IPC f/P	2 Months
Low IV Cannulation & Management Compliance	Occasional lapses in sterile technique or documentation errors	Reinforce IV Cannulation best practices through refresher training and random audits.	Nursing Director & QI team	2 Months
Minor Non-Compliance in Catheterization	Occasional lapses in sterile technique or documentation errors.	Reinforce catheterization best practices through refresher training and random audits.	Nursing Director & QI team	2 Months

Table 3: Implementation Status of previous performance improvement plan, March 2017E.C

Gap Identified	Action taken	Status
Non-compliance in Vital Signs Monitoring	Implemented audit checks.	Completed: Audit checks initiated weekly.
Non-compliance in Infection Control	Provided refresher training on infection control protocols.	Completed: Refresher training conducted; PPE stock levels now monitored daily.
Non-compliance in IV Cannulation & Management	Reinforced training on IV cannulation techniques.	Ongoing with 0% compliance.
Non-compliance in Catheterization	Reinforced training on Catheterization.	Ongoing; documentation compliance improved



DEDER GENERAL HOSPITAL

Emergency Department

Nursing procedures protocol Utilization Monitoring Report

By: Jabir Mohammed

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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INTRODUCTION

Deder General Hospital's EOPD 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 EOPD 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 EOPD. The methodology followed to gather data includes:

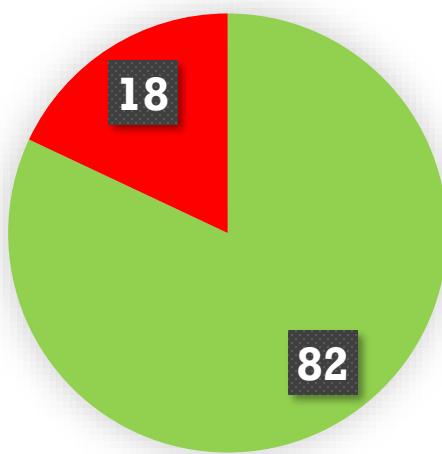
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4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on 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.

RESULTS

The overall performance of the EOPD Nursing Procedures protocol adherence in March 2017 E.C. was 82%, indicating a generally high level of compliance with the established criteria (**figure 1**). Out of 130 observed instances, 106 were compliant, while 24 were non-compliant. This suggests that the majority of nursing procedures were performed according to the protocol, reflecting a strong adherence to best practices in most areas (**Table 2**).

However, the data reveals significant disparities in compliance across specific procedures. While most criteria, such as Hand Hygiene, Vital Signs Monitoring, and Medication Administration, achieved perfect compliance (100%), two areas—Catheterization and Post-Operative Care—showed markedly lower adherence rates of just 8%. These outliers highlight potential gaps in training or protocol execution for these specific tasks, which may require targeted interventions to improve overall performance. Despite these challenges, the high compliance rates in the majority of procedures underscore a solid foundation of protocol adherence within the nursing team (**Table 2**).

Emergency Department Nursing procedures Protocol adherence performance



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

Figure 1: Emergency Department Nursing Procedures Protocol adherence performance, March 2017EC.

Table 2: EOPD Nursing Procedures protocol adherence monitoring performance, March 2017E.C

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Compliance (%)
1.	Hand Hygiene	13	0	100
2.	Vital Signs Monitoring	13	0	100
3.	Medication Administration	13	0	100
4.	Wound Care	13	0	100
5.	IV Cannulation & Management	13	0	100
6.	Infection Control	13	0	100
7.	Catheterization	1	12	8
8.	Pain Assessment and Management	13	0	100
9.	Patient Education	13	0	100
10.	Post-Operative Care	1	12	8
	Overall	106/130	24/130	82%

EOPD Nursing Procedures protocol adherence performance

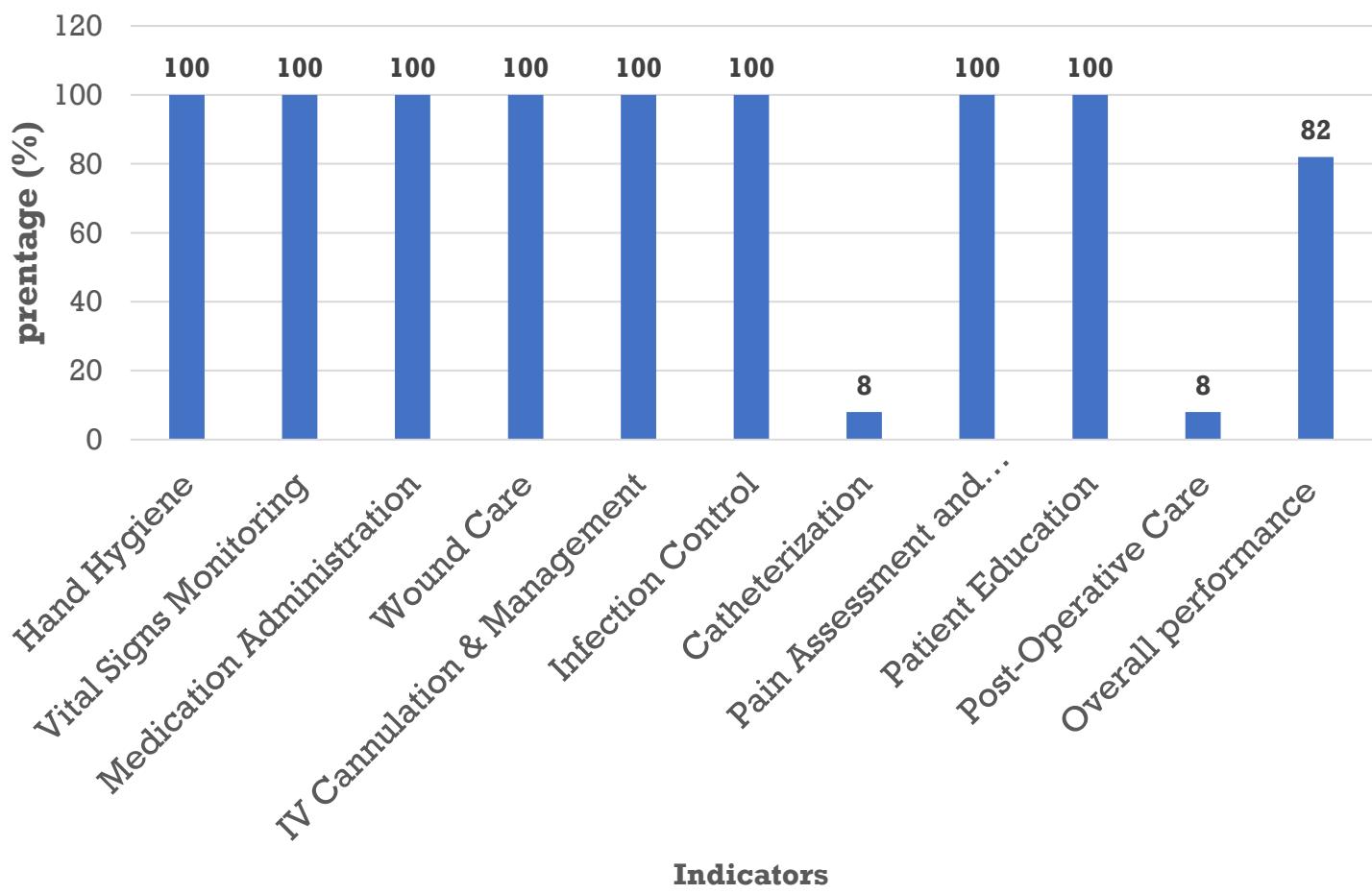


Figure 2: Graph of EOPD Nursing Procedures protocol adherence performance, March 2017E.C

DISCUSSION

The high overall compliance rate of 82% demonstrates that the nursing team at EOPD largely adhered to established protocols, reflecting a strong commitment to patient safety and quality care. Areas such as Hand Hygiene, Vital Signs Monitoring, and Medication Administration achieved perfect compliance (100%), indicating effective training and consistent application of best practices in these critical procedures. These results align with global healthcare standards, where adherence to basic nursing protocols significantly reduces medical errors and improves patient outcomes. The success in these areas may be attributed to routine monitoring, clear guidelines, and staff accountability.

However, the notably low compliance in Catheterization and Post-Operative Care (8% each) raises concerns and warrants further investigation. These gaps could stem from insufficient training, resource limitations, or procedural complexities unique to these tasks. Addressing these deficiencies is crucial, as both procedures are high-risk and directly impact patient recovery and infection rates. Future efforts should include targeted training programs, enhanced supervision, and regular audits to identify and rectify the root causes of non-compliance. By focusing on these weaker areas while maintaining high standards in others, the facility can achieve more consistent and comprehensive protocol adherence.

RECOMMENDATIONS

- **Improve IV Cannulation & Management Compliance**
- **Improve Catheterization Compliance**

Table 1: EOPD Nursing procedures protocol monitoring Performance Improvement plan March 2017E.C

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
Low IV Cannulation & Management Compliance	Occasional lapses in sterile technique or documentation errors	Reinforce IV Cannulation best practices through refresher training and random audits.	Nursing Director & QI team	2 Months
Minor Non-Compliance in Catheterization	Occasional lapses in sterile technique or documentation errors.	Reinforce catheterization best practices through refresher training and random audits.	Nursing Director & QI team	2 Months

Table 2: Implementation Status of previous Performance Improvement plan, March 2017E.C

Gap Identified	Action taken	Status
Hand Hygiene	Conducted training	Fully Implemented
Medication Administration	Provided refresher training	Fully Implemented
Wound Care	Provided refresher training	Fully Implemented

1. Patient transportation 3rd Qrtr 2017 report SW.pdf
2. Patient transportation 3rd Qrtr 2017 report GYNOBS W.pdf
3. Patient transportation 3rd Qrtr 2017 report MW.pdf
4. Patient transportation 3rd Qrtr 2017 report ICU.pdf
5. Patient transportation 3rd Qrtr 2017 report pedi W.pdf
6. Patient transportation 3rd Qrtr 2017 OPD.pdf
7. Patient transportation 3rd Qrtr 2017 EOPD.pdf



DEDER GENERAL HOSPITAL

Surgical Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Kalifa Jemal

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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 13 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

- ☒ Continue the current practices to sustain high Standards



DEDER GENERAL HOSPITAL

GYN/OBS Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Abdella Mohammed

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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 13 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 Gyn/Obs Ward exhibited outstanding performance in adhering to the Patient Transportation protocol during **March 2017 E.C.**, achieving a **flawless 100% compliance rate across all ten evaluated criteria**. Each of the 130 observed cases met the required standards, including proper patient identification, clear communication, safe transfer techniques, and thorough documentation. The absence of any non-compliant cases highlights the ward's commitment to maintaining high-quality patient care during transportation. This consistent adherence suggests effective training, strong teamwork, and a well-implemented protocol system, ensuring patient safety and operational efficiency (**Table 2**).

The results underscore the ward's ability to execute transportation procedures without delays, safety lapses, or documentation errors. The perfect scores in infection control, equipment readiness, and handover processes further reflect a robust system that prioritizes patient well-being. Such high performance sets a benchmark for other departments and demonstrates the effectiveness of current protocols. To sustain this level of excellence, ongoing monitoring and periodic reviews are recommended to address any potential challenges and maintain these exceptional standards.

Table 2: Gyn/Obs Ward Patient Transportation protocol adherence monitoring performance, Mar 2017E.C

Criteria	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
Documentation completed	13	0	100
Overall performance	130/130	0	100%

DISCUSSION

The findings from the Gyn/Obs Ward's Patient Transportation protocol adherence monitoring reveal a remarkable 100% compliance rate across all criteria, indicating a highly effective and well-implemented system. This level of consistency suggests that staff are thoroughly trained and consistently follow established protocols, which is critical for ensuring patient safety during transportation. The absence of non-compliant cases in areas such as infection control, proper handover, and documentation reflects a strong organizational culture that prioritizes precision and accountability. Such results are particularly noteworthy in a high-stakes environment like obstetrics and gynecology, where timely and safe patient transfers can significantly impact outcomes.

However, while the data demonstrates exceptional performance, it also raises questions about potential limitations, such as the sample size or the possibility of reporting bias. A perfect compliance rate over 130 cases may warrant further investigation to ensure that monitoring methods are rigorous and that no subtle deviations were overlooked. Additionally, maintaining this standard over time will require continuous quality improvement efforts, including regular training updates and feedback mechanisms. Future studies could explore the long-term sustainability of these results and examine whether similar performance is achievable in other wards or under varying conditions. This would help validate the robustness of the protocols and identify opportunities for broader institutional adoption.

RECOMMENDATIONS

- ☒ **Sustain Compliance Through Regular Training:** Implement periodic refresher training sessions for all staff involved in patient transportation to reinforce protocol adherence.

ACTION PLAN

- ☒ **NO MAJOR GAP SEEN**

Table 2: Implementation Status of previous improvement plan, March 2017E.C

Gaps	Action Taken	Responsible Body	Status	Remarks
Transport Team Briefed	Conducted training sessions on team briefing protocols and communication.	Training Coordinator, Ward Manager	Completed	Improved team coordination during transfers; feedback from staff was positive.
Safe Transfer Techniques	Provided hands-on training and simulations for safe patient transfers.	Training Coordinator, Safety Officer	Completed	Reduced incidents of transfer-related risks; staff demonstrated proficiency.
Proper Handover	Developed standardized handover protocols and trained staff on best practices.	Nursing Supervisor, Ward Manager	Completed	Handover errors decreased; consistency improved across shifts.
Documentation	Streamlined processes and provided training on accurate, timely documentation.	IT Department, Documentation Specialist	Completed	Reduced documentation errors; EHR integration improved efficiency.



DEDER GENERAL HOSPITAL

Medical Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

By: Abdurrahman Shame

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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:

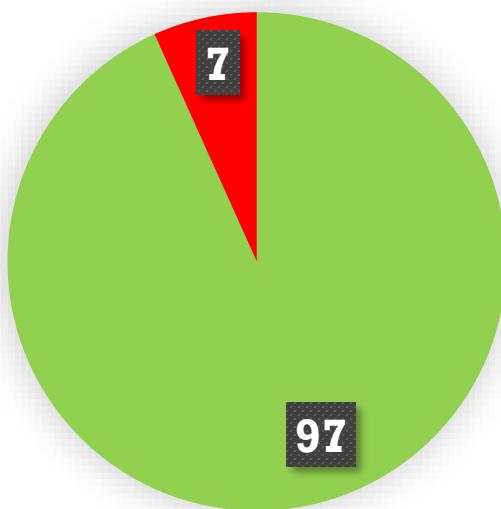
1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Medical Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation 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.

RESULTS

The Medical Ward Patient Transportation protocol adherence monitoring for March 2017 E.C demonstrated exceptional compliance, with an overall adherence rate of 97%. Out of the 90 recorded cases, 87 were compliant with the protocol, yielding an overall compliance rate of 97%. Specific criteria such as Proper Identification, Clear Communication with Patient, Transport Team Briefed, Safe Transfer Techniques Used, Safety Precautions Followed, and Proper Handover achieved perfect compliance rates of 100%. These findings indicate strong performance in critical areas of patient transportation, ensuring patient safety and effective communication during transfers (**Table 2**).

However, minor areas for improvement were identified. Criteria such as Necessary Medical Equipment, Minimal Delays in Transport, and Infection Control Measures had compliance rates of 90%, with one non-compliant case each out of 10. While these rates are still high, addressing these gaps could further enhance the protocol's effectiveness. The low number of non-compliant cases (3 out of 90) suggests that the transportation process is well-managed, but targeted interventions in the identified areas could help achieve near-perfect adherence across all criteria (**Table 2**).

Medical Ward Patient Transportation protocol adherence monitoring performance



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

Figure 1: Medical Ward Patient Transportation protocol adherence monitoring performance, March 2017E.C

Table 2: Medical Ward Patient Transportation protocol adherence monitoring performance, March 2017E.C

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	10	0	100
Transport Team Briefed	10	0	100
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	9	1	90
Proper Handover	10	0	100
Infection Control Measures	9	1	90
Total Compliant Cases	87/90	3/90	97

DISCUSSION

The findings from this study highlight an overall high level of adherence to the Medical Ward Patient Transportation protocol, with a 97% compliance rate across all evaluated criteria. This suggests that the established protocols are effectively implemented, particularly in critical areas such as patient identification, communication, and safety measures. The perfect compliance rates (100%) in six out of nine criteria reflect a strong institutional commitment to patient safety and standardized procedures. These results are encouraging, as they indicate that healthcare staff are consistently following best practices during patient transport, minimizing risks and ensuring smooth transitions between care settings.

Despite the high overall compliance, the study identified minor gaps in three areas: availability of necessary medical equipment, delays in transport, and infection control measures, each with a 90% compliance rate. These findings suggest opportunities for targeted quality improvement initiatives. For instance, ensuring that all transport teams are equipped with necessary medical devices and reinforcing infection control protocols could further enhance patient safety. Additionally, investigating the causes of transport delays may help streamline processes. Addressing these areas could elevate compliance to near-perfect levels, further optimizing patient care during transportation. Continuous monitoring and staff training may be beneficial in sustaining and improving these outcomes.

RECOMMENDATIONS

- ☒ Avail necessary Medical Equipment Missing
- ☒ Minimize delays in Transport
- ☒ Improve Infection prevention Control

Table 2: Action Plan/Improvement plan, March 2017E.C

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
Necessary Medical Equipment Missing	Inadequate checklist use, supply shortages	Implement a pre-transport equipment checklist; ensure regular stock audits	Nursing Director, ward head, & Biomedical engineer	1 month
Delays in Transport	Coordination issues, staffing gaps	Standardize transport scheduling; assign dedicated transport teams	Nursing Director & ward head	2 months
Infection Control Lapses	Inconsistent PPE use, hand hygiene compliance	Reinforce training on infection control; conduct random audits	ward head & IPC f/person	1 month

Table 3: Implementation Status of previous performance improvement plan, March 2017E.C

Area for Improvement	Action Item	Status
Safety Precautions Followed	Refresher training on patient transportation (seat belts, bed rails); periodic audits.	Completed – Training conducted
Proper Handover	Standardize handover checklist; ensure receiving team briefing.	Completed – Checklist integrated into workflow; no gaps reported.
Enhanced Documentation	Automate transport documentation in patient records.	In Progress – System under development; pilot phase initiated.
Monitoring and Feedback	Monthly audits and feedback sessions on protocol compliance.	Ongoing – Compliance improved
Training and Education	Quarterly refresher training on patient transportation protocol.	Completed – Training conducted



DEDER GENERAL HOSPITAL

ICU CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

By: Numeyri Badru-ICU head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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INTRODUCTION

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The ICU 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 ICU 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 ICU:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the ICU.
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.

RESULTS

The overall performance of ICU patient transportation protocol adherence in **March 2017** E.C. was highly satisfactory, with a total compliance rate of **92%** (Figure 1). Out of 117 observed cases, 109 were compliant with the protocols, while only 8 cases showed non-compliance. This indicates that the majority of transportation procedures were conducted in accordance with established guidelines, reflecting a strong commitment to patient safety and protocol adherence. Key areas such as Proper Identification, Necessary Medical Equipment, and Proper Handover achieved perfect compliance rates of 100%, demonstrating exceptional adherence to critical aspects of the transportation process (**Table 2**).

However, some areas exhibited minor deviations, with Clear Communication with Patient and Minimal Delays in Transport both recording compliance rates of 85%. These lower rates, though still relatively high, suggest opportunities for improvement in ensuring consistent communication and efficiency during transportation. Other categories, such as Transport Team Briefed, Safe Transfer Techniques Used, Safety Precautions Followed, and Infection Control Measures, all showed compliance rates of 92%, indicating near-universal adherence with occasional lapses. Addressing these minor gaps could further enhance the overall quality and safety of ICU patient transportation (**Table 2**).

ICU Patient Transportation protocol adherence monitoring performance

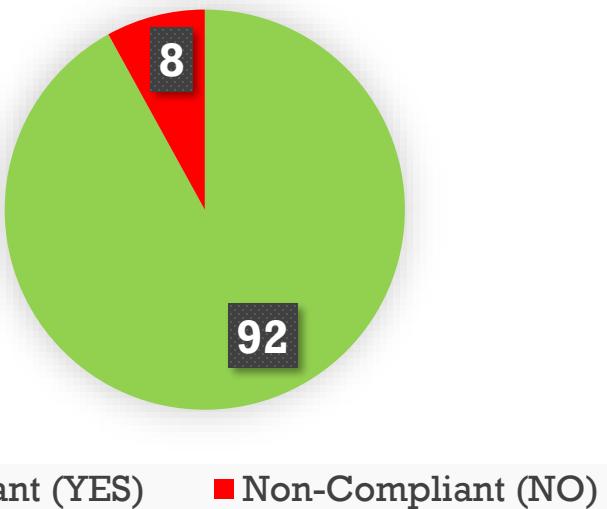


Figure 2: ICU Patient Transportation protocol adherence monitoring performance, March 2017E.C

Table 2: ICU Patient Transportation protocol adherence monitoring performance, March 2017E.C

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	13	0	100
Clear Communication with Patient	11	2	85
Transport Team Briefed	12	1	92
Necessary Medical Equipment	13	0	100
Safe Transfer Techniques Used	12	1	92
Safety Precautions Followed	12	1	92
Minimal Delays in Transport	11	2	85
Proper Handover	13	0	100
Infection Control Measures	12	1	92
Total Compliant Cases	109/117	8/90	92

DISCUSSION

The findings from the ICU Patient Transportation protocol adherence monitoring reveal a strong overall compliance rate of 92%, indicating that the majority of transportation procedures were conducted according to established guidelines. High compliance in critical areas such as proper identification, necessary medical equipment, and proper handover (all at 100%) suggests that these protocols are well-integrated into routine practice. Similarly, adherence to infection control measures, safe transfer techniques, and team briefing (all at 92%) reflects a commitment to patient safety during transport. However, the slightly lower compliance in clear communication with patients (85%) and minimal delays in transport (85%) highlights variability in performance, which may stem from situational factors such as time constraints or communication barriers. These results align with existing literature emphasizing the importance of standardized protocols in reducing errors and improving patient outcomes during ICU transfers.

The presence of non-compliant cases, though limited, underscores the need for targeted quality improvement initiatives. For instance, the 15% non-compliance in communication and transport delays could be addressed through enhanced training programs or streamlined workflows to minimize interruptions. Future studies could explore the root causes of these gaps, such as staffing shortages or unclear procedural expectations, to develop more effective solutions. The high overall adherence rate is encouraging and demonstrates the protocol's effectiveness, but continuous monitoring and iterative refinements will be essential to sustain and improve these standards. By focusing on the identified weaker areas, healthcare facilities can further optimize ICU patient transportation, ensuring both safety and efficiency.

RECOMMENDATIONS

- ☒ Avail necessary Medical Equipment Missing
- ☒ Minimize delays in Transport
- ☒ Improve Infection prevention Control

Table 2: Action Plan/Improvement plan, March 2017E.C

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
Necessary Medical Equipment Missing	Inadequate checklist use, supply shortages	Implement a pre-transport equipment checklist; ensure regular stock audits	Nursing Director, ward head, & Biomedical engineer	1 month
Delays in Transport	Coordination issues, staffing gaps	Standardize transport scheduling; assign dedicated transport teams	Nursing Director & ward head	2 months
Infection Control Lapses	Inconsistent PPE use, hand hygiene compliance	Reinforce training on infection control; conduct random audits	ward head & IPC f/person	1 month

Table 3: Implementation Status of previous performance improvement plan, March 2017E.C

Area for Improvement	Action Item	Status
Safety Precautions Followed	Refresher training on patient transportation (seat belts, bed rails); periodic audits.	Completed – Training conducted
Proper Handover	Standardize handover checklist; ensure receiving team briefing.	Completed – Checklist integrated into workflow; no gaps reported.
Enhanced Documentation	Automate transport documentation in patient records.	In Progress – System under development; pilot phase initiated.
Monitoring and Feedback	Monthly audits and feedback sessions on protocol compliance.	Ongoing – Compliance improved
Training and Education	Quarterly refresher training on patient transportation protocol.	Completed – Training conducted



DEDER GENERAL HOSPITAL

Pediatric Ward Case Team

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Mohammed aliyi

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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.

RESULTS

The overall performance of the Pediatric Ward Patient Transportation protocol adherence in March 201E.C was strong, with a total compliance rate of 92% (figure 1). Out of 130 observed cases, 119 were compliant with the protocols, while only 11 cases were non-compliant. Key areas such as Proper Identification, Clear Communication with Patient, Necessary Medical Equipment, Proper Handover, and Infection Control Measures achieved perfect compliance rates of 100%. These results indicate that the staff consistently followed critical safety and procedural guidelines during patient transportation (Table 2).

However, some areas showed room for improvement. Transport Team Briefed and Monitor Patient's Condition had lower compliance rates of 77% and 69%, respectively, highlighting potential gaps in communication and continuous patient monitoring during transport. While Safe Transfer Techniques Used, Safety Precautions Followed, and Minimal Delays in Transport performed well with rates above 85%, addressing the weaker areas could further enhance overall protocol adherence and patient safety. Targeted training or process adjustments may be beneficial to ensure consistent performance across all metrics (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).

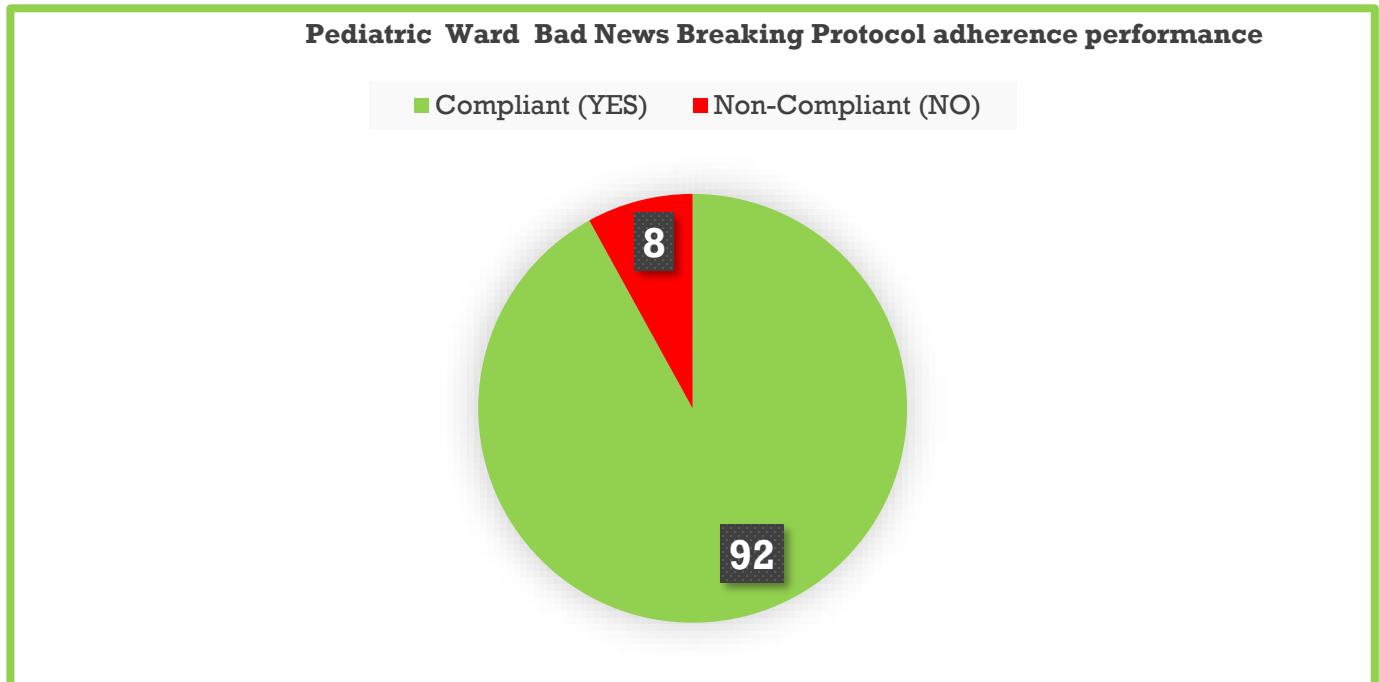


Figure 1: Pediatric Ward Patient Transportation protocol adherence monitoring performance, March 201E.C

Table 2: Pediatric Ward Patient Transportation protocol adherence monitoring performance, March 201E.C

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	10	3	77
Necessary medical Equipment	13	0	100
Safe Transfer Techniques Used	12	1	92
Monitor patient's condition	9	4	69
Safety Precautions Followed	11	2	85
Minimal Delays in Transport	12	1	92
Proper Handover	13	0	100
Infection Control Measures	13	0	100
Total Compliant Cases	119/130	11/130	92%

DISCUSSION

The high overall compliance rate of 92% demonstrates that the Pediatric Ward staff generally adhered well to the patient transportation protocols in March 201E.C. The perfect scores in critical areas such as Proper Identification, Infection Control Measures, and Proper Handover reflect a strong commitment to patient safety and procedural accuracy. These results suggest that the existing protocols are effective and that staff are well-trained in essential aspects of transportation, minimizing risks during patient transfers. The high performance in these areas likely contributes to reducing errors and ensuring smooth transitions between care settings.

However, the lower compliance rates in Transport Team Briefed (77%) and Monitor Patient's Condition (69%) indicate specific areas requiring attention. These gaps may stem from communication breakdowns, time constraints, or insufficient emphasis on continuous monitoring during transport. Addressing these issues could involve reinforcing team briefings, implementing checklists, or providing additional training on real-time patient assessment. Improving these aspects would not only elevate overall compliance but also enhance patient outcomes by ensuring consistent vigilance and coordination throughout the transportation process.

Recommendations

1. Enhance Transport Team Briefing
2. Monitor Patient's Condition during transportation

Table 2: Action Plan/Improvement plan, March 201E.C

Area Needing Improvement	Proposed Action	Responsible body	Timeline
Transport Team Briefing	Implement a standardized pre-transport checklist and conduct briefings before every transfer.	Charge Nurses / Transport Team	1 month
Monitor Patient's Condition	Introduce mandatory vital sign checks (pre-transport, during transport, upon arrival).	Transport Team (Nurses & Aides)	Immediately

Table 3: Implementation Status of previous improvement plan, March 201E.C

Area for Improvement	Action Item	Status
Transport Team Briefing	Implement formalized pre-transport briefings.	Partially Implemented
Necessary Pediatric Equipment	Introduce pre-transport equipment checklist.	Fully Implemented
Safety Precautions Followed	Refresher training on safety measures (seat belts, bed rails).	In Progress
Proper Handover	Standardized handover checklist.	Fully Implemented
Monitoring and Feedback	Monthly audits and feedback sessions.	Implemented



DEDER GENERAL HOSPITAL

Outpatient Department

Patient Transportation Protocol Utilization Monitoring Report

Prepared By: Michael Aliyi-OPD head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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 overall performance of OPD patient transportation protocol adherence in March 2017 E.C. demonstrated exceptional compliance, achieving a perfect 100% adherence rate across all monitored criteria. Out of 117 observed instances, every case met the established standards for patient transportation, including proper identification, clear communication, equipment readiness, safety measures, and infection control. This flawless performance reflects a well-implemented protocol, thorough staff training, and a strong institutional commitment to patient safety during transportation. The consistency in compliance across all criteria suggests that the transportation team is highly proficient and adheres rigorously to established guidelines, ensuring minimal risks and optimal care for patients during transit (**Table 2**).

Despite the outstanding overall performance, maintaining this level of excellence requires continuous monitoring and reinforcement. While no non-compliance was recorded, periodic refresher training and unannounced audits could help sustain these high standards. Additionally, expanding the monitoring scope to include patient feedback or more complex transport scenarios might provide further insights into potential areas for improvement. The current results set a benchmark for excellence, but ongoing vigilance is essential to ensure that these protocols remain effective and adaptable to any emerging challenges in patient transportation (**Table 2**).

Table 2: OPD Patient Transportation protocol adherence monitoring performance, March 2017E.C

Criteria	(Yes) #	(No) #	Compliance (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary Medical 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	0	100%

DISCUSSION

The exemplary 100% compliance rate across all patient transportation protocols in the OPD reflects a highly effective system with clearly defined procedures and well-trained staff. This level of adherence suggests that the transportation team consistently prioritizes patient safety, communication, and infection control, which are critical for minimizing risks during patient transfers. The uniformity in compliance—from proper identification to safe handover—indicates that these protocols are deeply ingrained in daily practice, likely due to comprehensive training programs, strong leadership, and a culture of accountability. Such results are particularly commendable given the potential complexities of patient transportation, where lapses could lead to delays, errors, or safety incidents. The data underscores the success of current practices but also raises questions about whether observational biases (e.g., Hawthorne effect) or limited sample sizes might have influenced the perfect scores, warranting further investigation to validate these findings.

While the results are impressive, sustaining this level of performance requires proactive measures to prevent complacency. For instance, introducing periodic scenario-based drills or unannounced audits could help identify latent gaps not captured in routine observations. Additionally, expanding monitoring to include patient perspectives—such as comfort during transport or clarity of communication—could provide a more holistic view of service quality. The absence of non-compliance does not necessarily mean there is no room for improvement; rather, it presents an opportunity to refine protocols further, such as integrating new safety technologies or streamlining workflows to enhance efficiency. Continuous education and feedback loops for staff will be essential to maintain this standard, especially as patient volumes or transport complexities increase. Ultimately, these findings should serve as both a validation of current practices and a catalyst for ongoing excellence in patient transportation services.

RECOMMENDATIONS

- ❖ Sustaining the current performance through regular M & E

IMPROVEMENT PLAN

- ❖ NO MAJOR GAP SEEN

Table 2: Implementation Status of previous improvement plan, March 2017E.C

Gap Identified	Action Taken	Implementation Status
Inconsistent equipment availability	Conducted training sessions on pre-transport equipment checks.	Fully Completed: Training completed for all transport staff; daily equipment audits initiated.
Incomplete patient identification	Reinforced wristband uses and double-check protocols.	Fully Completed: Standardized identification process implemented; random audits conducted.
Communication gaps with transport team	Established pre-transport briefing checklist.	Fully Completed: Checklist integrated into all ERM
Proper handover issues	Developed standardized handover template for receiving teams.	Fully Completed: Template adopted hospital.



DEDER GENERAL HOSPITAL

Emergency OPD Case Team

Patient Transportation Protocol Utilization Monitoring Report

By: Jabir Mohammed

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017E.C

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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.

RESULTS

The overall performance of the Emergency Department's Patient Transportation Protocol adherence in March 2017 E.C. was exemplary, achieving a 100% compliance rate across all monitored categories. Each of the nine evaluated criteria, including Proper Identification, Clear Communication with Patient, and Safe Transfer Techniques Used, demonstrated perfect adherence, with all 13 cases reviewed meeting the required standards. The total compliant cases amounted to 117 out of 117, reflecting a flawless execution of the transportation protocol. This uniform compliance underscores the department's commitment to maintaining high standards of patient care and safety during transportation (**Table 2**).

The consistency in adherence to infection control measures, minimal delays, and proper handover further highlights the department's efficiency and attention to detail. The absence of non-compliant cases in any category suggests robust training and effective implementation of the transportation protocol. Such performance not only ensures patient safety but also contributes to the smooth operation of the Emergency Department, reinforcing trust in its processes. The results set a strong benchmark for future evaluations and demonstrate the department's dedication to continuous improvement in patient care (**Table 2**)

Table 2: Emergency department Patient Transportation protocol adherence monitoring performance, March 2017E.C

Criteria	(Yes) #	(No) #	Compliance (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary Medical 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	0/117	100%

DISCUSSION

The findings from the Emergency Department's Patient Transportation Protocol adherence monitoring in March 2017 E.C. reveal an outstanding level of compliance, with all 13 cases reviewed meeting every criterion without exception. This 100% adherence rate across all categories—ranging from proper identification to infection control measures—suggests a highly effective protocol implementation and a strong culture of accountability among staff. Such uniformity in performance is rare and indicates that the department has successfully embedded these standards into daily practice. The results likely reflect rigorous training programs, clear guidelines, and consistent oversight, all of which contribute to minimizing risks during patient transport.

However, while the data presents an ideal scenario, it may also warrant further investigation to ensure there are no gaps in reporting or potential biases in case selection. For instance, the absence of any non-compliant cases could raise questions about whether the sample was representative of all transport scenarios, including high-risk or complex cases. Future monitoring could benefit from expanding the sample size or incorporating real-time audits to validate these results. Nevertheless, the current findings serve as a strong foundation for best practices and highlight the department's commitment to patient safety. Continuous evaluation and targeted improvements can help sustain this high standard and address any emerging challenges.

RECOMMENDATIONS

☒ To sustain current status, Conduct regular monitoring and evaluation

IMPROVEMENT PLAN

☒ **NO MAJOR GAP SEEN**

Table 2: Implementation Status of previous improvement plan, March 2017E.C

Gap Identified	Action taken	Status
Lack of consistent understanding of protocol among transport team members	Conducted Refresher Training for Transport Teams	Completed
Inconsistent handover practices	Reinforced Importance of Proper Handover	Completed
Infrequent audits leading to missed non-compliance	Performed Random Audits of Patient Transport	Completed
Protocol updates delayed	Reviewed and Updated Protocol	Completed
Delays in transport due to coordination issues	Monitored Transport Delays and Address Causes	Completed

1. Surgical Scheduling 3rd Qrtr 2017 report SW.docx
2. Surgical Scheduling 3rd Qrtr 2017 report GYN W.docx
3. Surgical Scheduling 3rd Qrtr 2017 report OPD.docx
4. Surgical Scheduling 3rd Qrtr 2017 report EOPD.docx
5. Surgical Scheduling 3rd Qrtr 2017 report ICU.docx
6. Surgical Scheduling 2nd Qrtr 2017 report OR.docx



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Kalifa Jemal

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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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:

- Continue the current practices to sustain high Standards.



DEDER GENERAL HOSPITAL

GYN/OBS WARD

Surgical Scheduling Protocol Utilization Monitoring Report

Prepared By: Abdella Mohammed

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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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/Obs Ward demonstrated exceptional adherence to the Surgical Scheduling Protocol in March 2017 E.C., achieving near-perfect compliance with an overall rate of **99%** (**Figure 1**). Eleven out of twelve criteria, including pre-operative assessments, informed consent, and surgical team communication, showed flawless 100% compliance across all 13 observed cases. This reflects a highly efficient and well-coordinated system for surgical scheduling, ensuring patient safety and operational readiness. The consistent performance in critical areas such as anesthesia consultations, equipment confirmation, and post-operative planning underscores the ward's commitment to maintaining rigorous standards in surgical care (**Table 1**). However, one criterion—**Emergency Backup Plan in Place**—recorded a lower compliance rate of **85%** (11 compliant cases out of 13), indicating a minor gap in preparedness for unforeseen circumstances. While this did not significantly impact the overall performance, it highlights an area for targeted improvement. The two non-compliant cases suggest occasional lapses in contingency planning, which could be addressed through staff training and protocol reinforcement. Despite this, the ward's near-perfect compliance rate sets a strong benchmark for surgical scheduling efficiency and reliability (**Table 1**).

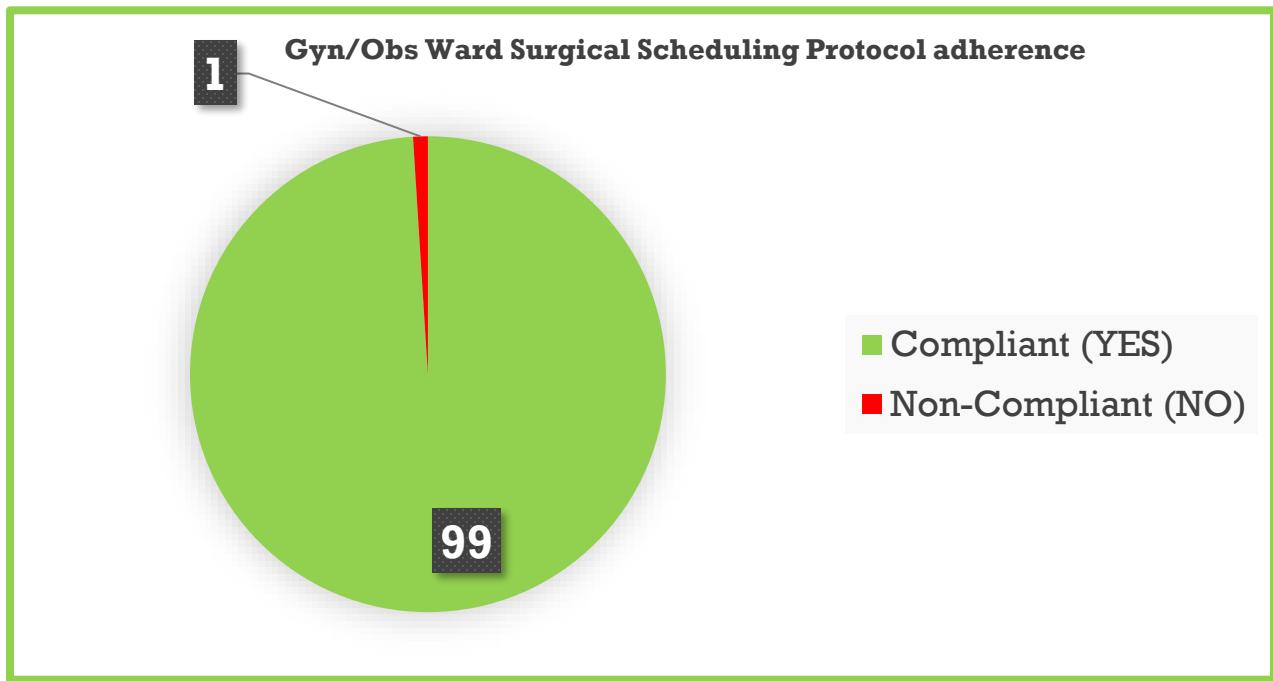


Figure 1: Gyn/Obs Ward Surgical Scheduling Protocol adherence, March 2017E.C

Table 1: Gyn/Obs Ward surgical scheduling protocol adherence monitoring report, March 2017E.C

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	11	2	85
	Overall	154/156	2/156	99%

DISCUSSION

The findings from the Gyn/Obs Ward's surgical scheduling protocol adherence monitoring reveal an impressively high compliance rate of 99%, demonstrating the effectiveness of current systems and staff commitment to patient safety. The perfect 100% adherence across 11 of 12 criteria—including critical steps like pre-operative assessments, informed consent, and surgical team communication—reflects a well-structured and consistently followed protocol. This level of performance is particularly significant in obstetrics and gynecology, where timely and accurate surgical scheduling directly impacts patient outcomes. The results suggest that standardized workflows, clear role definitions, and staff training have successfully minimized errors in these areas.

However, the 85% compliance rate for **Emergency Backup Plan in Place** warrants attention. While the overall performance remains strong, the two non-compliant cases indicate a potential vulnerability in contingency planning. This gap could arise from occasional oversight, resource constraints, or insufficient staff awareness of emergency protocols. Addressing this issue is crucial, as unforeseen complications in surgical settings require immediate and coordinated responses. Further investigation into the root causes—such as staff workload, clarity of protocols, or availability of backup resources—could help tailor interventions. For instance, regular drills, visual reminders in work areas, or simplified backup plan documentation might improve adherence.

Recommendations:

1. **Strengthen Emergency Preparedness Compliance:** Conduct focused discussion sessions on emergency backup with all surgical staff
2. **Address Root Causes of Non-Compliance:** Investigate the specific reasons behind the non-compliant emergency backup cases

Table 2: performance improvement plan, March 2017E.C.

Action Item	Activities	Responsible Party	Timeline
Emergency Preparedness Training	<ul style="list-style-type: none"> - Conduct interactive workshops on backup protocols. - Simulate emergency scenarios. 	Training Coordinator Surgical Team Leads	Month 1
Root-Cause Analysis	<ul style="list-style-type: none"> - Interview staff involved in non-compliant cases. - Audit resource availability and workflow gaps. 	Quality Improvement Committee	Month 1

Table 3:The implementation status of the previous action plan, March 2017E.C

Gap Identified	Action Taken	Status
Emergency Backup Plan Missing	Developing standardized emergency backup templates for all surgeries.	Partially Implemented
Operating Room Availability	Implemented shared scheduling calendar across departments.	Fully Implemented
Surgical Team Communication	Implemented pre-operative conference checklist.	Fully Implemented



DEDER GENERAL HOSPITAL

Outpatient Department (OPD)

Surgical Scheduling Protocol Utilization Monitoring Report

By: Michael Aliyi-OPD head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017EC

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Table 1: OPD surgical scheduling protocol adherence monitoring report, March 2017E.C3

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

The overall performance of the OPD surgical scheduling protocol in March 2017 E.C. was exemplary, achieving **100% compliance** across all 12 criteria. A total of **156 out of 156** required protocol steps were completed without any non-compliance, demonstrating flawless adherence to established surgical scheduling standards (**Table 2**).

Breaking down the results, each of the 13 cases reviewed fully met every criterion, including critical steps such as pre-operative assessments, informed consent, surgical team coordination, and emergency preparedness. This uniformity highlights the consistency and reliability of the process (**Table 2**).

The **perfect compliance rate** suggests robust institutional protocols, effective staff training, and a strong commitment to patient safety and operational efficiency. The absence of gaps in documentation, equipment readiness, or post-operative planning further reinforces the system's thoroughness (**Table 2**).

Table 1: OPD surgical scheduling protocol adherence monitoring report, March 2017E.C

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	0/156	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:

- Continue the current practices to sustain high Standards.

IMPROVEMENT PLAN:



DEDER GENERAL HOSPITAL

EMERGENCY OPD

Surgical Scheduling Protocol Utilization Monitoring Report

By: Jabir Mohammed

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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INTRODUCTION

Surgical scheduling is a critical process in the hospital to ensure that surgeries are performed safely and efficiently. The Deder General Hospital **Emergency 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 **EMERGENCY 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

The Emergency OPD demonstrated exceptional adherence to the Surgical Scheduling Protocol in March 2017 E.C., achieving near-perfect compliance with an overall rate of **99%** (**Figure 1**). Eleven out of twelve criteria, including pre-operative assessments, informed consent, and surgical team communication, showed flawless 100% compliance across all 13 observed cases. This reflects a highly efficient and well-coordinated system for surgical scheduling, ensuring patient safety and operational readiness. The consistent performance in critical areas such as anesthesia consultations, equipment confirmation, and post-operative planning underscores the ward's commitment to maintaining rigorous standards in surgical care (**Table 1**).

However, one criterion—**Emergency Backup Plan in Place**—recorded a lower compliance rate of **85%** (11 compliant cases out of 13), indicating a minor gap in preparedness for unforeseen circumstances. While this did not significantly impact the overall performance, it highlights an area for targeted improvement. The two non-compliant cases suggest occasional lapses in contingency planning, which could be addressed through staff training and protocol reinforcement. Despite this, the ward's near-perfect compliance rate sets a strong benchmark for surgical scheduling efficiency and reliability (**Table 1**).

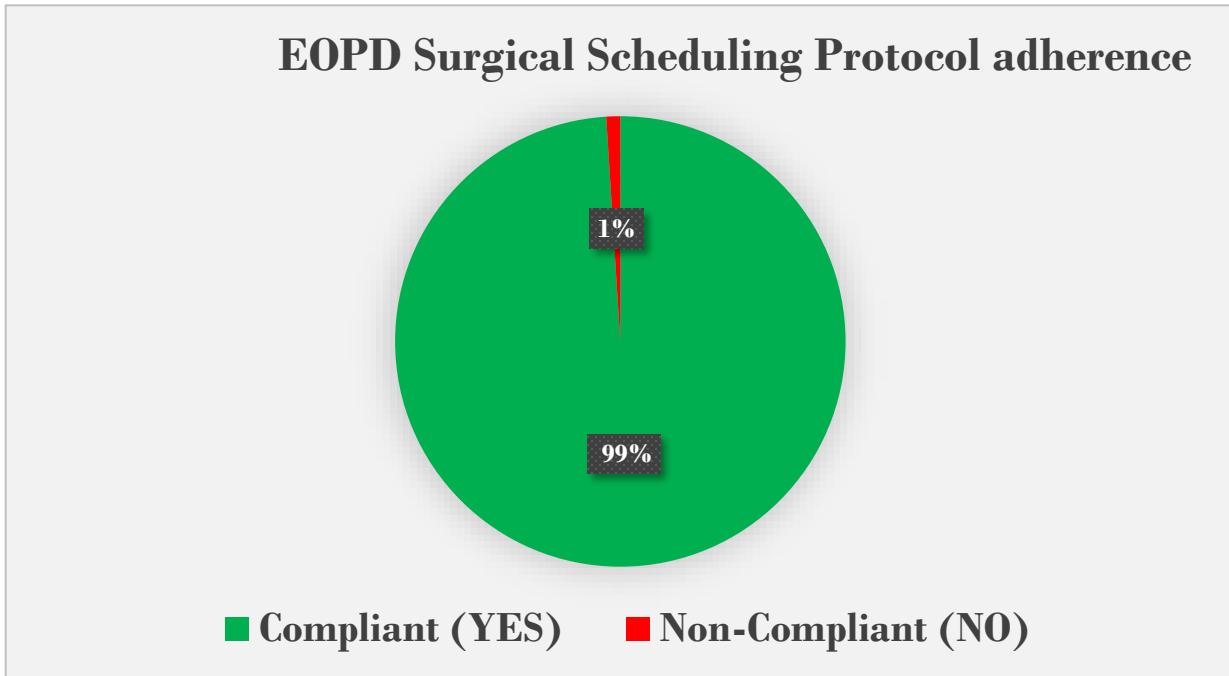


Figure 1: Emergency OPD Surgical Scheduling Protocol adherence, March 2017E.C

Table 1: Emergency OPD surgical scheduling protocol adherence monitoring report, March 2017E.C

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	11	2	85
	Overall	154/156	2/156	99%

DISCUSSION

The findings from the Emergency OPD's surgical scheduling protocol adherence monitoring reveal an impressively high compliance rate of 99%, demonstrating the effectiveness of current systems and staff commitment to patient safety. The perfect 100% adherence across 11 of 12 criteria—including critical steps like pre-operative assessments, informed consent, and surgical team communication—reflects a well-structured and consistently followed protocol. This level of performance is particularly significant in obstetrics and gynecology, where timely and accurate surgical scheduling directly impacts patient outcomes. The results suggest that standardized workflows, clear role definitions, and staff training have successfully minimized errors in these areas.

However, the 85% compliance rate for **Emergency Backup Plan in Place** warrants attention. While the overall performance remains strong, the two non-compliant cases indicate a potential vulnerability in contingency planning. This gap could arise from occasional oversight, resource constraints, or insufficient staff awareness of emergency protocols. Addressing this issue is crucial, as unforeseen complications in surgical settings require immediate and coordinated responses. Further investigation into the root causes—such as staff workload, clarity of protocols, or availability of backup resources—could help tailor interventions. For instance, regular drills, visual reminders in work areas, or simplified backup plan documentation might improve adherence.

RECOMMENDATIONS:

1. **Strengthen Emergency Preparedness Compliance:** Conduct focused discussion sessions on emergency backup with all surgical staff
2. **Address Root Causes of Non-Compliance:** Investigate the specific reasons behind the non-compliant emergency backup cases

Table 2: performance improvement plan, March 2017E.C.

Action Item	Activities	Responsible Party	Timeline
Emergency Preparedness Training	- Conduct interactive workshops on backup protocols. - Simulate emergency scenarios.	Training Coordinator Surgical Team Leads	Month 1
Root-Cause Analysis	- Interview staff involved in non-compliant cases. - Audit resource availability and workflow gaps.	Quality Improvement Committee	Month 1

Table 3:The implementation status of the previous action plan, March 2017E.C

Gap Identified	Action Taken	Status
Emergency Backup Plan Missing	Developing standardized emergency backup templates for all surgeries.	Partially Implemented
Operating Room Availability	Implemented shared scheduling calendar across departments.	Fully Implemented
Surgical Team Communication	Implemented pre-operative conference checklist.	Fully Implemented



DEDER GENERAL HOSPITAL

INTENSIVE CARE UNIT (ICU)

Surgical Scheduling Protocol Utilization Monitoring Report

By: Numeyri Badru

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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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:

- ❖ To assess compliance with key criteria in the surgical scheduling process,
- ❖ To identify gaps, and
- ❖ 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.
- ❖ Total "Yes" and "No" counts were calculated for each criterion, and compliance percentages were determined.

RESULTS

The ICU surgical scheduling protocol adherence monitoring report for March 2017E.C demonstrates **exceptional compliance (100%)** across all evaluated criteria. Each of the 12 protocol steps—including pre-operative assessments, surgeon and anesthesia consultations, informed consent, and operating room logistics—was fully adhered to in all five cases reviewed. This perfect score reflects a **highly standardized and well-executed surgical scheduling process**, ensuring patient safety, thorough preparation, and clear communication among the surgical team. Notably, critical elements like equipment confirmation, post-operative planning, and documentation were consistently completed, indicating robust systemic protocols and staff discipline (**Table 1**).

The results reflect a robust system where all necessary steps—from pre-operative preparations to emergency backup plans—were meticulously executed. The absence of non-compliant cases suggests strong adherence to protocols by the surgical team, effective communication, and thorough documentation. Such high compliance levels are critical for patient safety and operational efficiency in the ICU, underscoring the department's commitment to maintaining rigorous standards in surgical scheduling.

Table 1: ICU surgical scheduling protocol monitoring report, March 2017E.C

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	100%
	Overall	60/60	0	100%

DISCUSSION

The findings from the ICU surgical scheduling protocol adherence report highlight a highly efficient and well-organized system, as evidenced by the 100% compliance rate across all criteria. This level of adherence suggests that the protocols in place are not only clearly defined but also effectively communicated and consistently followed by the surgical team. The absence of non-compliant cases indicates strong institutional discipline, which is crucial for minimizing risks and ensuring patient safety in a high-stakes environment like the ICU. Such results are particularly noteworthy, as they reflect a culture of accountability and attention to detail, which are essential for successful surgical outcomes.

However, while the perfect compliance rate is commendable, it may also warrant further investigation to ensure that the data accurately reflects real-world practices. For instance, the possibility of reporting bias or oversight in documentation should be considered. Continuous monitoring and periodic audits could help maintain this high standard and identify any potential areas for improvement. Additionally, exploring the factors contributing to this success—such as staff training, leadership support, or technological aids—could provide valuable insights for other departments aiming to achieve similar results. Sustaining this level of performance will require ongoing commitment and adaptability to address any emerging challenges in the dynamic healthcare environment.

RECOMMENDATIONS

- ❑ Maintain current performance through regular **monitoring and evaluation**

ACTION PLAN/PERFORMANCE IMPROVEMENT PLAN

- ❑ No Major gap seen



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

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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.

1. Round protocol monitoring 2nd Qrtr 2017 report GYN W.pdf
2. Round protocol monitoring 3rd Qrtr 2017 report SW.pdf
3. Round protocol monitoring 3rd Qrtr 201 report MW.pdf
4. Round protocol monitoring 3rd Qrtr 2017 report PEDI W.pdf
5. Round protocol monitoring 3rd Qrtr 2017 report EM.pdf
6. Round protocol monitoring 3rd Qrtr 2017 report ICU.pdf



DEDER GENERAL HOSPITAL

GYN Case Team

Round Protocol Utilization Monitoring Report

Prepared By: Abdalla Mohammed

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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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 3rd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

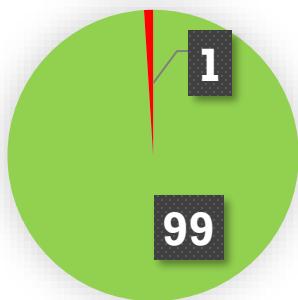
RESULTS

The GYN Round protocol adherence monitoring for March 2017 E.C. demonstrated exceptional performance, with an overall compliance rate of 99%. Ten out of twelve criteria achieved perfect 100% adherence, including timely rounds, comprehensive patient assessments, updated care plans, and thorough documentation. This reflects a well-structured rounding system that prioritizes patient safety, effective communication, and continuity of care. The consistent compliance in critical areas such as medication reviews, follow-up task assignments, and discharge planning underscores the team's commitment to maintaining high clinical standards during multidisciplinary rounds (**Table 2**).

However, the criterion for **Multidisciplinary Team Participation** showed a lower compliance rate of 85% (11 compliant cases out of 13), indicating occasional gaps in full team engagement. While this did not significantly impact overall performance, the two non-compliant cases suggest opportunities to reinforce attendance protocols or address scheduling conflicts among team members. Despite this minor deviation, the near-perfect adherence across other criteria highlights the robustness of the rounding process and its effectiveness in delivering patient-centered care (**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**).

Gyn ward Round Protocol adherence performance status



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

Figure 1: GYN ward Round Protocol adherence performance status, March 2017E.C

Table 2: GYN Round protocol adherence monitoring performance, March 2017E.C

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100
2	Multidisciplinary Team Participation	11	2	85
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	13	0	100
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	Total Performance (Overall Compliance)	154/156	2/156	99%

Discussion

The results of the GYN Round protocol adherence monitoring demonstrate an exceptionally high level of compliance (99%) with established rounding standards, reflecting a well-implemented and effective rounding system. The perfect 100% compliance in 11 of 12 criteria including critical elements like patient assessment, care plan updates, and medication reviews indicates strong adherence to patient safety protocols and clinical best practices. This performance is particularly noteworthy in obstetrics/gynecology care, where comprehensive and timely rounds are essential for managing complex patient conditions and ensuring continuity of care.

The single area of underperformance - Multidisciplinary Team Participation at 85% - warrants focused attention. While this did not substantially impact overall compliance, the two non-compliant cases suggest potential systemic issues such as competing clinical priorities, scheduling conflicts, or unclear role expectations during rounds. This gap presents an opportunity to enhance interprofessional collaboration, which is particularly crucial in obstetrics where complex cases often require input from multiple specialties. The findings suggest that while technical aspects of rounding (documentation, assessments) are well-established, the human factors of team coordination may require reinforcement.

Recommendations:

- 1. Improve Team Participation:** Ensure all necessary team members join rounds consistently.
- 2. Monitor Compliance:** Regularly review and address areas with lower compliance.

Table 3: Performance improvement plan, March 2017E.C

Action Item	Activities	Responsible body	Timeline
Protected Rounding Time	<ul style="list-style-type: none">Post round schedules for team membersFollow attendance of team participations	<ul style="list-style-type: none">Department head	Month 1
Rounds Coordination Role	<ul style="list-style-type: none">Appoint dedicated rounds coordinator	<ul style="list-style-type: none">OB/GYN seniorQuality Team	Month 1



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

Round Protocol Utilization Monitoring Report

By: Kalifa Jemal-S/W head

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017EC

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Background

This report outlines the utilization of the **Surgical 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 3rd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

- ☛ Quarterly

RESULTS

The Surgical Ward round protocol adherence monitoring for **March 2017 E.C.** demonstrated exceptional performance, with an overall compliance rate of **99%**. Ten out of twelve criteria achieved perfect 100% adherence, including timely rounds, comprehensive patient assessments, updated care plans, and thorough documentation. This reflects a well-structured rounding system that prioritizes patient safety, effective communication, and continuity of care. The consistent compliance in critical areas such as medication reviews, follow-up task assignments, and discharge planning underscores the team's commitment to maintaining high clinical standards during multidisciplinary rounds (**Table 2**).

However, the criterion for **Multidisciplinary Team Participation** showed a lower compliance rate of **85%** (11 compliant cases out of 13), indicating occasional gaps in full team engagement. While this did not significantly impact overall performance, the two non-compliant cases suggest opportunities to reinforce attendance protocols or address scheduling conflicts among team members. Despite this minor deviation, the near-perfect adherence across other criteria highlights the robustness of the rounding process and its effectiveness in delivering patient-centered care (**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**).

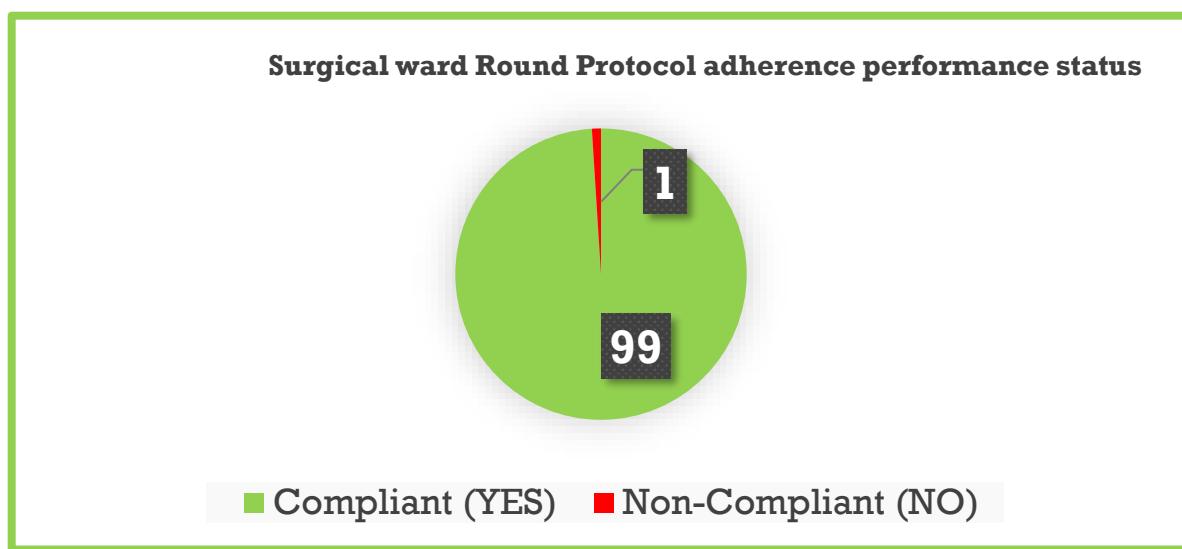


Figure 1: Surgical Ward Round Protocol adherence performance status, March 2017E.C

Table 2: Surgical Ward Round protocol adherence monitoring performance, March 2017E.C

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100
2	Multidisciplinary Team Participation	11	2	85
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	13	0	100
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	Total Performance (Overall Compliance)	154/156	2/156	99%

DISCUSSION

The results of the Surgical Ward round protocol adherence monitoring demonstrate an exceptionally high level of compliance (99%) with established rounding standards, reflecting a well-implemented and effective rounding system. The perfect 100% compliance in 11 of 12 criteria including critical elements like patient assessment, care plan updates, and medication reviews indicates strong adherence to patient safety protocols and clinical best practices. This performance is particularly noteworthy in obstetrics/Surgical Ward ecology care, where comprehensive and timely rounds are essential for managing complex patient conditions and ensuring continuity of care.

The single area of underperformance - Multidisciplinary Team Participation at 85% - warrants focused attention. While this did not substantially impact overall compliance, the two non-compliant cases suggest potential systemic issues such as competing clinical priorities, scheduling conflicts, or unclear role expectations during rounds. This gap presents an opportunity to enhance interprofessional collaboration, which is particularly crucial in obstetrics where complex cases often require input from multiple specialties. The findings suggest that while technical aspects of rounding (documentation, assessments) are well-established, the human factors of team coordination may require reinforcement.

RECOMMENDATIONS:

1. **Improve Team Participation:** Ensure all necessary team members join rounds consistently.
2. **Monitor Compliance:** Regularly review and address areas with lower compliance.

Table 3: Performance improvement plan, March 2017E.C

Action Item	Activities	Responsible body	Timeline
Protected Rounding Time	<ul style="list-style-type: none">• Post round schedules for team members• Follow attendance of team participations	<ul style="list-style-type: none">• Department head	Month 1
Rounds Coordination Role	<ul style="list-style-type: none">• Appoint dedicated rounds coordinator	<ul style="list-style-type: none">• Surgical Ward head• Quality Team	Month 1



DEDER GENERAL HOSPITAL

MEDICAL WARD CASE TEAM

Round Protocol Utilization Monitoring Report

By: Abdurrahman Shame Badru

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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Background

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

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

Aim

The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to round 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 3rd quarter of 2017

Sample size

- ☛ Total sample size was 10

Audit frequency

- ☛ Quarterly

RESULTS

The Medical Ward Round protocol adherence monitoring for March 2017EC demonstrated high overall compliance, achieving a **97%** adherence rate across all criteria (**figure 1**). Out of the 12 evaluated criteria, 8 achieved perfect compliance (100%), including Scheduled Rounds Conducted on Time, Multidisciplinary Team Participation, Communication with Patient and Family, Care Plan Updated, Medication and Treatment Orders Reviewed, Documentation Completed, Clear Role Assignment During Rounds, and Patient Discharge Planning Discussed. These results indicate strong adherence to key aspects of the ward round protocol, particularly in areas involving teamwork, documentation, and patient communication (**Table 2**)

Four criteria showed slightly lower compliance at 90%, namely Patient Assessment Completed, Follow-Up Tasks Assigned, Patient Safety Measures Discussed, and Specialist Consultations Arranged (If Needed). The minor deviations in these areas suggest opportunities for improvement, particularly in ensuring consistent patient assessments and task assignments. Despite these minor gaps, the overall performance reflects a robust adherence to the ward round protocol, with nearly all criteria meeting or exceeding 90% compliance. The high overall score of 97% underscores the effectiveness of the current practices while highlighting specific areas for targeted enhancement (**Table 2**).

Medical Ward Round Protocol adherence performance status

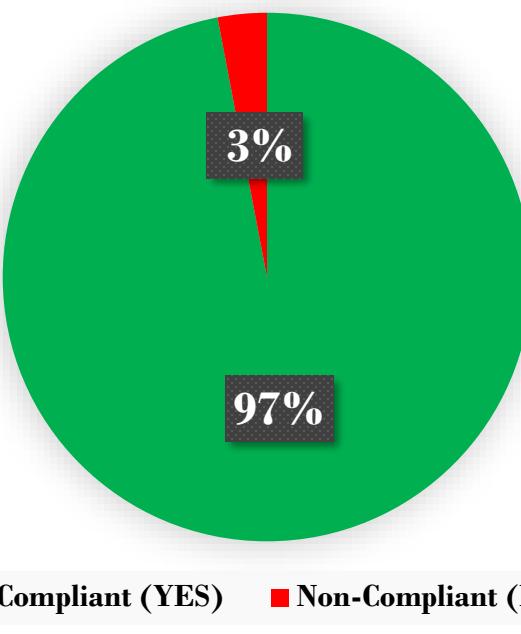


Figure 1: Medical ward Round Protocol adherence performance status, March 2017EC

Table 2: Medical Ward Round protocol adherence monitoring performance, March 2017EC

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	10	0	100
2	Multidisciplinary Team Participation	10	0	100
3	Patient Assessment Completed	9	1	90
4	Communication with Patient and Family	10	0	100
5	Care Plan Updated	10	0	100
6	Medication and Treatment Orders Reviewed	10	0	100
7	Follow-Up Tasks Assigned	9	1	90%
8	Documentation Completed	10	0	100
9	Patient Safety Measures Discussed	9	1	90
10	Clear Role Assignment During Rounds	10	0	100
11	Specialist Consultations Arranged (If Needed)	9	1	90
12	Patient Discharge Planning Discussed (If Applicable)	10	0	100
Overall Compliance		116/120	15	97%

DISCUSSION

The high adherence rate of 97% in the Medical Ward Round protocol for March 2017EC reflects a well-established and effective system for conducting ward rounds. The perfect compliance in eight out of twelve criteria, particularly in critical areas such as multidisciplinary team participation, communication with patients and families, and documentation, demonstrates a strong institutional commitment to structured and patient-centered care. These results suggest that the protocols in place are not only being followed but are also ingrained in the daily routines of the healthcare team. The consistency in these areas likely contributes to improved patient outcomes, streamlined workflows, and enhanced teamwork, which are essential for high-quality healthcare delivery.

However, the 90% compliance in four criteria—patient assessment, follow-up tasks, safety discussions, and specialist consultations—indicates minor but notable gaps. These areas may require targeted interventions, such as additional training or reminders, to ensure full adherence. For instance, the occasional lapse in patient assessments or follow-up tasks could lead to delays in care or overlooked details. Addressing these gaps could further elevate the quality of ward rounds, ensuring that all aspects of patient care are consistently prioritized. Overall, the findings underscore the success of current practices while identifying specific opportunities for refinement to achieve even higher standards of care.

RECOMMENDATIONS:

- ☒ Improve Patient Assessment
- ☒ Strength Patient Safety
- ☒ Strength Monitoring & Evaluation

Table 3: MW Round protocol monitoring performance improvement plan, March 2017EC

Area for Improvement	Action to be taken	Responsible body	Timeline
Patient Assessment	Conduct Monthly audits.	Ward head Nurse	2 weeks
Patient Safety Discussions	Staff training on structured briefings.	Q Officers	3 weeks
Monitoring & Evaluation	Conduct Monthly audits.	Ward head Nurse	Ongoing

Table 4: Implementation Status of Previous performance improvement plan, March 2017EC

Area for Improvement	Action taken	Progress Status
Patient Assessment	Refresher training conducted forward teams.	Partially completed
Patient Safety Discussions	Staff training on structured briefings.	Partially completed
Monitoring & Evaluation	Conduct Monthly audits.	Ongoing



DEDER GENERAL HOSPITAL

Pediatric Ward Case Team

Round Protocol Utilization Monitoring Report

Prepared By: Mohammed Aliyi

Report period: 3rd quarter of 2017E.C

Deder, Oromia

March 2017EC

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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' round 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 3rd quarter of 2017

Sample size

- ❖ Total sample size was 13

Audit frequency

- ❖ Quarterly

RESULTS

The overall performance of the Pediatric Ward Round protocol adherence in **March 2017 E.C.** was strong, with an overall compliance rate of 89% (**figure 1**). Out of 156 total criteria assessed across 12 categories, 139 were compliant (Y), while only 17 were non-compliant (N). This high level of adherence indicates that the ward rounds were generally conducted efficiently and according to established protocols. Key areas such as Scheduled Rounds Conducted on Time, Medication and Treatment Orders Reviewed, Documentation Completed, and several others achieved perfect 100% compliance, demonstrating excellence in these critical aspects of patient care (**Table 2**).

However, some areas showed room for improvement. Multidisciplinary Team Participation had the lowest compliance rate at 61.5%, suggesting that not all required team members were consistently present during rounds. Other criteria like Patient Safety Measures Discussed and Care Plan Updated also had lower compliance rates (77% each), indicating potential gaps in these processes. Addressing these specific areas could further enhance the effectiveness of the ward rounds and ensure even higher standards of patient care and teamwork in the future (**Table 2**).

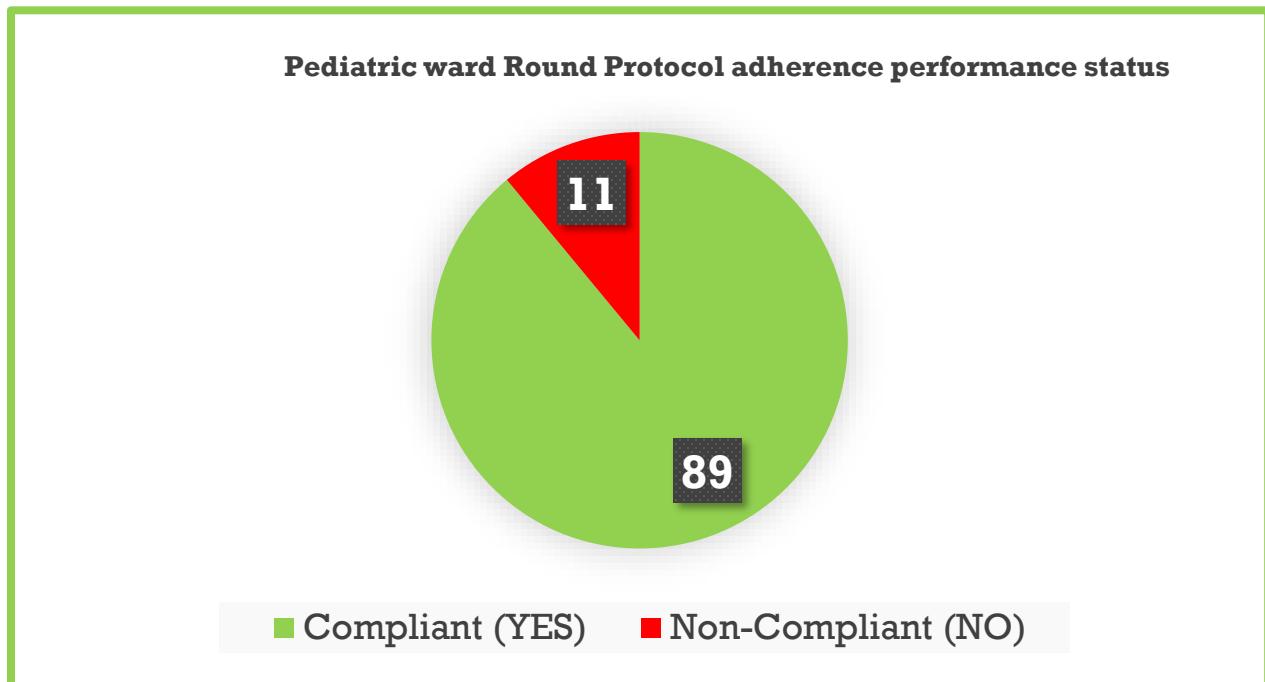


Figure 1: Paediatric Ward Round protocol adherence monitoring performance, March 2017E.C

Table 2: Pediatric Ward Round protocol adherence monitoring performance, March 2017E.C

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100
2	Multidisciplinary Team Participation	8	5	61.5
3	Patient Assessment Completed	11	2	85
4	Communication with Patient and Family	11	2	85
5	Care Plan Updated	10	3	77
6	Medication and Treatment Orders Reviewed	13	0	100
7	Follow-Up Tasks Assigned	11	2	85
8	Documentation Completed	13	0	100
9	Patient Safety Measures Discussed	10	3	77
10	Clear Role Assignment During Rounds	13	0	100
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	Overall Compliance	139/156	17/156	89%

DISCUSSION

The findings from the Pediatric Ward Round protocol adherence monitoring in March 2017 E.C. reveal a high overall compliance rate of 89%, indicating strong adherence to established ward round procedures. The consistent 100% compliance in key areas such as **Scheduled Rounds Conducted on Time**, **Medication and Treatment Orders Reviewed**, **Documentation Completed**, and **Specialist Consultations Arranged** reflects effective institutional protocols and staff commitment to structured patient care. These results suggest that essential aspects of clinical rounds—timeliness, medication safety, documentation, and specialist involvement—are well-maintained, contributing to reliable and systematic patient management.

However, the lower compliance in **Multidisciplinary Team Participation (61.5%)** highlights a potential gap in collaborative care, possibly due to scheduling conflicts or unclear role expectations. Similarly, areas like **Patient Safety Measures Discussed and Care Plan Updated** (both 77%) indicate opportunities for improvement in ensuring consistent safety discussions and dynamic care planning. Addressing these gaps—through structured team coordination, regular training, or checklist-based reminders—could further enhance the quality of ward rounds. Future assessments should explore underlying causes for non-compliance and implement targeted interventions to strengthen multidisciplinary engagement and safety protocols. Overall, while performance is commendable, focused improvements in teamwork and care continuity could elevate pediatric care standards even further.

RECOMMENDATIONS:

1. Multidisciplinary Team Participation
2. Patient Safety Measures Discussed
3. Care Plan Updated
4. Monitoring & Sustainability

Table 3: Action plan/improvement plan, March 2017E.C

Area Needing Improvement	Action Steps	Responsible Party	Timeline
Multidisciplinary Team Participation	Assign a round coordinator. Introduce attendance tracking.	Head of Pediatrics & Nursing Director	2 months
Patient Safety Measures Discussed	Train staff on SBAR communication.	QI team & Ward Physician	2 months
Care Plan Updated	Mandate real-time EHR updates during rounds.	QI team & EMR team	Ongoing, with quarterly reviews
Monitoring & Sustainability	Conduct quarterly audit	Quality Improvement team	Ongoing, with quarterly reviews

Table 4: Implementation Status of Previous performance improvement plan, March 2017E.C

Recommendations	Action taken	Status
Enhance Multidisciplinary Team Participation	Scheduled rounds at convenient times for all team members.	Partially Implemented – Improved attendance but still inconsistent.
Strengthen Discharge Planning	Discharge planning added as a fixed agenda item in rounds.	Fully Implemented – Consistent discussion observed.
Optimize Scheduling	Shared round schedule for coordination.	Partially Implemented – schedule adopted but not universally followed.
Enhance Communication	Pre-round meetings to clarify roles initiated.	Implemented – Improved role clarity and teamwork.
Provide Regular Training	Quarterly training sessions on multidisciplinary care launched.	In Progress – second session conducted;
Monitor Compliance	Monthly compliance reviews initiated by Quality Assurance Team.	Implemented – Regular reviews identify gaps promptly.



DEDER GENERAL HOSPITAL

Emergency Department

Round Protocol Utilization Monitoring Report

By: Jabir Mohammed

Report period: 3rd quarter of 2017E.C

Dader, Oromia

March 2017EC

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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' round 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 Emergency Department Round protocol adherence in March 2017EC was strong, with an overall compliance rate of 89% (**figure 1**). This indicates that the majority of the round criteria were consistently met, demonstrating a high level of adherence to the established protocols. Notably, eight out of the twelve criteria achieved perfect compliance (100%), including scheduled rounds conducted on time, multidisciplinary team participation, patient assessment completion, and documentation. These results reflect a well-organized and efficient rounding process, with clear role assignments and thorough patient care updates (**Table 2**).

However, the data also highlights areas needing improvement. Specialist consultations arranged (if needed) and patient safety measures discussed had notably lower compliance rates of 23% and 77%, respectively. Additionally, patient discharge planning, while better at 69%, still fell below the ideal standard. These gaps suggest potential challenges in coordinating specialist involvement and ensuring consistent focus on safety and discharge planning during rounds. Addressing these specific areas could further enhance the overall effectiveness and quality of the Emergency Department Round protocol (Table 2).

Emergency Department Round Protocol adherence performance status

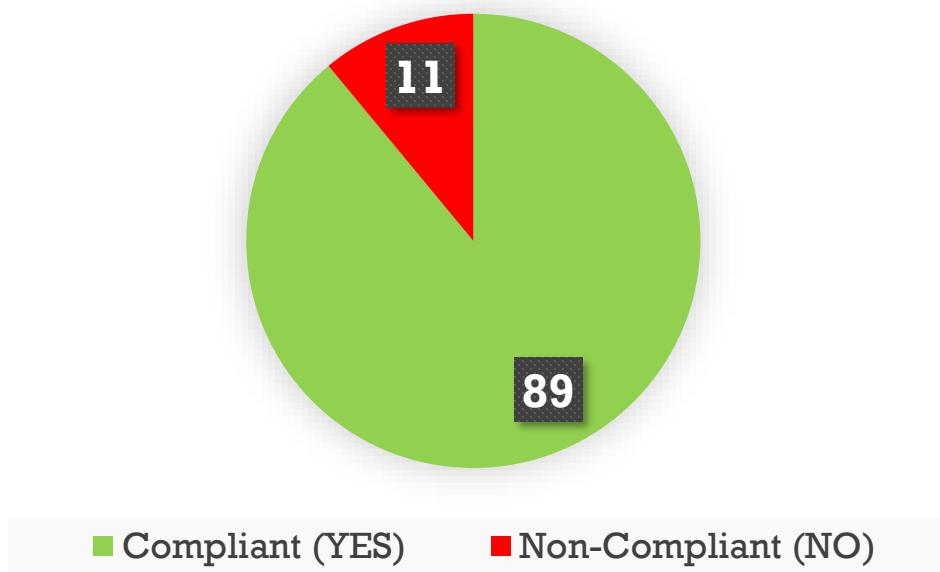


Figure 1: Emergency Department Round protocol adherence monitoring performance, March 2017EC

Table 2: Emergency Department Round protocol adherence monitoring performance, March 2017EC

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	10	3	77
10	Clear Role Assignment During Rounds	13	0	100
11	Specialist Consultations Arranged (If Needed)	3	10	23
12	Patient Discharge Planning Discussed (If Applicable)	9	4	69
	Overall Compliance	139/156	17/1156	89%

DISCUSSION

The high overall compliance rate of 89% in the Emergency Department Round protocol adherence for March 2017EC reflects a robust and well-implemented system, with the majority of criteria being consistently met. The perfect scores in key areas such as multidisciplinary team participation, timely rounds, and documentation completion suggest strong teamwork and organizational efficiency. These results indicate that the department has successfully integrated structured protocols into daily practice, ensuring comprehensive patient assessments, clear communication, and updated care plans. The consistent adherence to these standards likely contributes to improved patient outcomes and streamlined workflows within the emergency department.

Despite these strengths, the lower compliance rates in specialist consultations (23%) and patient safety discussions (77%) reveal critical areas for improvement. The low rate of arranged specialist consultations may point to systemic barriers, such as limited specialist availability or communication gaps between teams. Similarly, the occasional lapses in discussing safety measures and discharge planning (69%) suggest opportunities to reinforce these priorities during rounds. Addressing these gaps—through targeted training, better resource allocation, or process refinements—could further elevate the quality of care. Enhancing these aspects would not only improve protocol adherence but also ensure a more holistic and patient-centered approach in emergency department rounds.

RECOMMENDATIONS

- ☒ Specialist Consultations
- ☒ Patient Safety Measures Discussed
- ☒ Monitoring & Sustainability

Table 3: Performance improvement plan of ED Round Protocol monitoring, March 2017EC

Area for Improvement	Action to be taken	Responsible Party	Timeline
Specialist Consultations	Assign a team member to track consultations.	ED head Nurse & ED Director	1 month
Patient Safety Measures Discussed	Monthly audits with feedback.	ED head Nurse & ED Director	1 month
Monitoring & Sustainability	Recognize high-performing teams.	ED Director, head Nurse, & QI Team	1 month

Table 4: Implementation Status of previous performance improvement Plan, March 2017EC

Area Improved	Implementation Status
Patient Assessment Completion	Fully implemented – Quarterly refresher training initiated. Compliance improved
Documentation Completion	Partially implemented – Electronic documentation system started.
Arranging Specialist Consultations	Minimal progress – Consultation request & response integrated with EMR, but consultation rate remains low
Training and Education	Ongoing – Quarterly sessions started
Monitoring and Feedback	Active – Monthly reviews instituted, with compliance shared in staff meetings.



DEDER GENERAL HOSPITAL

ICU CASE TEAM

Round Protocol Utilization Monitoring Report

By: Numeyri Badru

Report period: 3rd Quarter of 2017E.C

Deder, Oromia

March 2017EC

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INTRODUCTION

The Round Protocol Utilization Monitoring Report for the ICU department at Deder General Hospital aims to assess the adherence to established clinical protocols during patient care rounds. This report covers the monitoring period of March 2025 and presents an analysis of the key aspects of round protocol adherence, patient assessment, multidisciplinary team participation, and documentation quality. The purpose of this report is to identify strengths and areas for improvement in order to optimize care delivery and ensure patient safety in the ICU.

AIM

- ❖ The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to round 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	

METHODOLOGYS

- ❖ Structured audit tool is used to collect the data
- ❖ Data was collected by patients and staff interview

Study Period

- ❖ Entire 3rd Quarter of 2017E.C

Sample size

- ❖ Total sample size was 13

Audit frequency

- ❖ Quarterly

RESULTS

The ICU Round Protocol Adherence Monitoring for March 2017EC demonstrated **perfect compliance (100%)** across all measured variables, indicating exemplary adherence to clinical and operational standards. Key areas such as scheduled rounds, multidisciplinary team participation, patient assessments, and documentation were consistently executed without deviations. This high level of performance reflects a well-structured protocol, effective teamwork, and rigorous accountability, ensuring comprehensive patient care and safety throughout the ICU (**Table 2**).

The results also highlight the ICU's strength in **communication and care continuity**, with 100% compliance in family/patient communication, care plan updates, and discharge planning. The absence of gaps in follow-up tasks, medication reviews, and role assignments further underscores the unit's efficiency in maintaining systematic workflows. Such uniformity suggests robust training, clear protocols, and a culture of diligence, all of which contribute to optimal patient outcomes and operational excellence (**Table 2**).

Table 1: ICU Round protocol adherence monitoring performance, March 2017EC

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	13	0	100
Documentation Completed	13	0	100
Patient Safety Measures Discussed	13	0	100
Clear Role Assignment	13	0	100
Specialist Consultations Arranged	13	0	100
Discharge Planning Discussed	13	0	100
Total Performance (Overall Compliance)	156/156	0	100%

DISCUSSION

The ICU Round Protocol Adherence Monitoring results for March 2017EC reflect an exemplary standard of care, with **100% compliance** across all measured variables. This outstanding performance demonstrates the ICU team's strong commitment to structured workflows, multidisciplinary collaboration, and patient-centered care. The consistency in timely rounds, thorough documentation, and clear role assignments suggests that the unit has successfully embedded standardized protocols into daily practice. Such high adherence likely contributes to improved patient outcomes, reduced errors, and enhanced communication among healthcare providers. The results align with evidence showing that systematic rounding protocols enhance care coordination and patient safety in critical care settings.

However, while the data indicates flawless compliance, it is important to consider whether **self-reporting or observational biases** may have influenced the results. Future audits could benefit from unannounced observations or patient/family feedback to validate these findings. Additionally, sustaining this level of performance requires continuous monitoring, as complacency could lead to gradual declines in adherence. Opportunities for further improvement might include integrating real-time electronic documentation checks or periodic refresher training to reinforce best practices. Overall, the ICU's performance sets a benchmark for protocol adherence, but ongoing evaluation remains essential to maintain this standard and address any emerging gaps.

RECOMMENDATION

☒ **To maintain the current status, conduct regular M & E**

IMPROVEMENT PLAN

☒ **No major gap seen**

Table 2: Implementation Status of previous performance improvement Plan, March 2017EC

Area Improved	Implementation Status
Patient Assessment Completion	Fully implemented – Quarterly refresher training initiated. Compliance improved
Documentation Completion	Partially implemented – Electronic documentation system started.
Arranging Specialist Consultations	Minimal progress – Consultation request & response integrated with EMR, but consultation rate remains low
Training and Education	Ongoing – Quarterly sessions started
Monitoring and Feedback	Active – Monthly reviews instituted, with compliance shared in staff meetings.

1. Discharge_Planning Report_3rd Qrtr 2017 GYN W.pdf
2. Discharge_Planning Report_3rd Qrtr 2017 MW.pdf
3. Discharge_Planning Report_3rd Qrtr 2017 SW.pdf
4. Discharge_Planning Report_3rd Qrtr 2017 Pedi W.pdf



DEDER GENERAL HOSPITAL

GYN/OBS WARD

Discharge planning protocol

Utilization Monitoring Report

By: Abdella Mohammed- Ward head

Deder, Oromia

March 2017E.C

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Introduction

This report evaluates the utilization of the discharge planning protocol in the Gyn/Obs Ward at Deder General Hospital. The assessment focuses on compliance with key criteria outlined in the protocol, including early identification, multidisciplinary team involvement, patient and caregiver education, post-discharge care arrangements, social and financial support, discharge summary documentation, follow-up and monitoring, and barriers and solutions.

The goal is to ensure that the discharge process is efficient, patient-centered, and compliant with hospital standards, thereby enhancing patient satisfaction and reducing readmission rates.

Discharge planning involves multiple steps, including ensuring the neonate meets discharge criteria, involving multidisciplinary teams, educating families, completing documentation, scheduling follow-up appointments, and providing necessary instructions for emergency care. The effectiveness of these processes directly impacts patient safety, family preparedness, and overall satisfaction.

Objective

The objectives of this monitoring report are:

1. To assess compliance with the discharge planning protocol.
2. To identify areas of strength and opportunities for improvement.
3. To provide recommendations for enhancing the effectiveness of the discharge process.

Methodology

Assessment Tool

A checklist-based approach was used to evaluate compliance with 40 criteria across eight key areas of the discharge planning protocol. Each criterion was scored as “Compliant (1)” or “Non-Compliant (0).” Additionally, post-discharge feedback from ten patients was collected to assess their satisfaction and understanding of the discharge process.

RESULT

The GYN/OBS Ward achieved outstanding results in discharge planning adherence for March 2017 E.C., demonstrating perfect 100% compliance across all eight monitored criteria. Each of the ten evaluated cases showed complete adherence to protocols, including early identification of discharge needs, effective multidisciplinary collaboration, thorough patient and caregiver education, and well-coordinated post-discharge care arrangements. The flawless performance in social and financial support assessments, comprehensive documentation, and follow-up planning highlights the ward's commitment to patient safety and continuity of care. These results reflect a well-structured discharge process that effectively addresses all critical aspects of patient transition from hospital to home or other care settings (**Table 1**).

The consistent excellence across all criteria suggests that the ward's discharge planning protocols are both comprehensive and effectively implemented. The perfect scores in multidisciplinary team involvement and barrier resolution indicate strong interprofessional collaboration and proactive problem-solving approaches. While these results are commendable, sustaining this high level of performance will require continued monitoring, especially as patient volumes or care complexities may change. The ward's current discharge planning system serves as an exemplary model that could be shared with other departments to improve hospital-wide discharge processes and patient outcomes (**Table 1**).

Table 1: GYN/OBS WARD Discharge Planning monitoring performance, March 2017E.C

Criteria	Compliant (1)	Non-Compliant (0)	Compliance rate (%)
Early Identification	10	0	100
Multidisciplinary Team Involvement	10	0	100
Patient and Caregiver Education	10	0	100
Post-Discharge Care Arrangements	10	0	100
Social and Financial Support	10	0	100
Discharge Summary and Documentation	10	0	100
Follow-Up and Monitoring	10	0	100
Barriers and Solutions	10	0	100
Overall performance	80/80	0	100

DISCUSSION

The GYN/OBS Ward's perfect 100% compliance in discharge planning reflects an exceptionally well-implemented and sustainable system. The consistent adherence across all criteria—from early identification of discharge needs to post-discharge follow-up—demonstrates a culture of thoroughness and patient-centered care. Particularly noteworthy is the 100% compliance in multidisciplinary team involvement and barrier resolution, which suggests strong interprofessional collaboration and proactive problem-solving. These results align with evidence showing that comprehensive discharge planning reduces readmissions and improves patient outcomes, especially in obstetrics where post-discharge complications can carry significant risks. The flawless documentation rate further indicates robust administrative processes supporting clinical excellence.

RECOMMENDATIONS

- ☒ Maintain Current Standards Through Regular Audits

PERFORMANCE IMPROVEMENT PLAN

- ☒ No major gap seen

Table 2: Implementation status previous performance improvement plan, March 2017E.C

Action Item	Progress Status
Standardized Discharge decision Checklist	<ul style="list-style-type: none">• discharge decision Checklist developed and
Readmission Tracking System	<ul style="list-style-type: none">• Readmission Tracking logbook developed
Post-Discharge Support	<ul style="list-style-type: none">• High-risk patient referrals initiated
Regular Audits & Feedback	<ul style="list-style-type: none">• 2nd quarterly audit completed



DEDER GENERAL HOSPITAL

Medical Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

By: Abdurhaman Shame- Ward head

Deder, Oromia

March 2017E.C

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Introduction

This report evaluates the utilization of the discharge planning protocol in the Medical Ward at Deder General Hospital. The assessment focuses on compliance with key criteria outlined in the protocol, including early identification, multidisciplinary team involvement, patient and caregiver education, post-discharge care arrangements, social and financial support, discharge summary documentation, follow-up and monitoring, and barriers and solutions.

The goal is to ensure that the discharge process is efficient, patient-centered, and compliant with hospital standards, thereby enhancing patient satisfaction and reducing readmission rates.

Discharge planning involves multiple steps, including ensuring the neonate meets discharge criteria, involving multidisciplinary teams, educating families, completing documentation, scheduling follow-up appointments, and providing necessary instructions for emergency care. The effectiveness of these processes directly impacts patient safety, family preparedness, and overall satisfaction.

Objective

The objectives of this monitoring report are:

1. To assess compliance with the discharge planning protocol.
2. To identify areas of strength and opportunities for improvement.
3. To provide recommendations for enhancing the effectiveness of the discharge process.

Methodology

Assessment Tool

A checklist-based approach was used to evaluate compliance with 40 criteria across eight key areas of the discharge planning protocol. Each criterion was scored as “Compliant (1)” or “Non-Compliant (0).” Additionally, post-discharge feedback from ten patients was collected to assess their satisfaction and understanding of the discharge process.

RESULT

The overall performance of the discharge planning monitoring for **March 2017 E.C** was excellent, achieving a **96% compliance rate** (figure 1). Out of 80 total evaluations, 77 were compliant, while only three fell short of the standards. This high level of adherence reflects a well-structured and effectively implemented discharge planning process, ensuring that most critical aspects of patient care transitions were met (**Table 1**).

Breaking down the results, five out of eight criteria—Early Identification, Multidisciplinary Team Involvement, Discharge Summary and Documentation, Follow-Up and Monitoring, and Barriers and Solutions—achieved perfect 100% compliance. The remaining three criteria—Patient and Caregiver Education, Post-Discharge Care Arrangements, and Social and Financial Support—scored slightly lower at 90%, indicating minor gaps that could be addressed to further enhance the discharge process. Despite these small discrepancies, the overall performance demonstrates a strong commitment to patient-centered care and systematic discharge planning (**Table 1**).

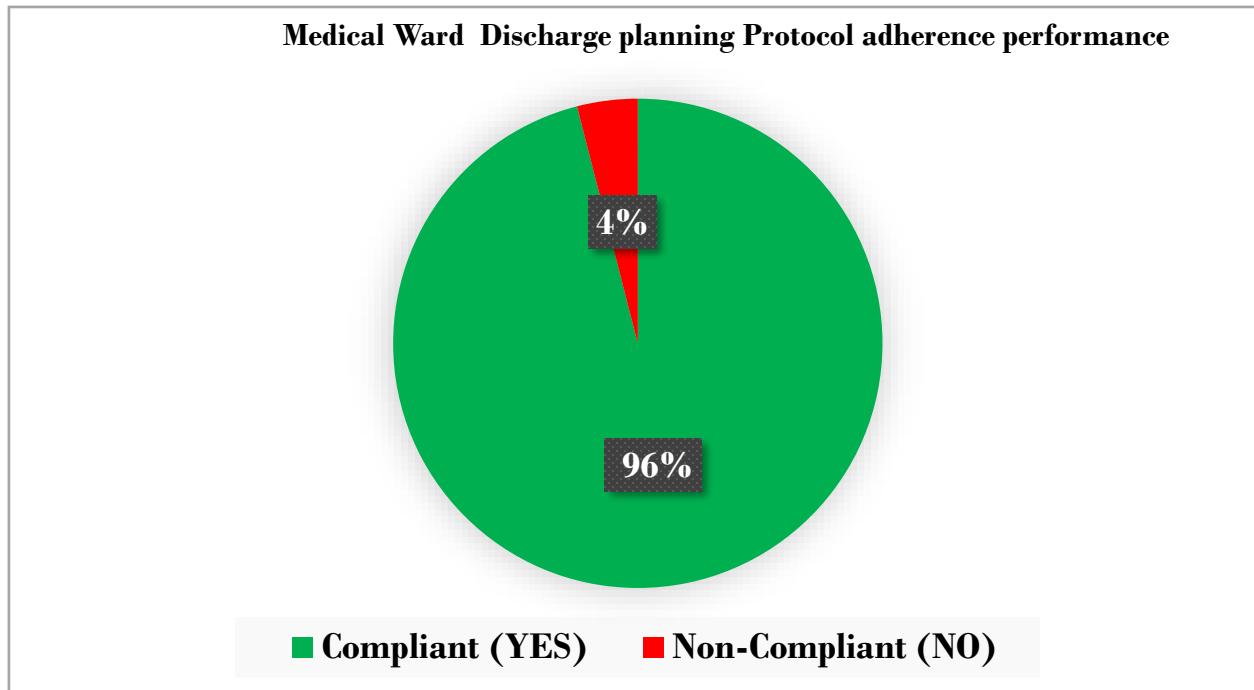


Figure 1: Medical Ward Discharge Planning monitoring performance, March 2017E.C

Table 1: Medical Ward Discharge Planning monitoring performance, March 2017E.C

Criteria	Compliant (1)	Non-Compliant (0)	Compliance rate (%)
Early Identification	10	0	100
Multidisciplinary Team Involvement	10	0	100
Patient and Caregiver Education	9	1	90
Post-Discharge Care Arrangements	9	1	90
Social and Financial Support	9	1	90
Discharge Summary and Documentation	10	0	100
Follow-Up and Monitoring	10	0	100
Barriers and Solutions	10	0	100
Overall performance	77/80	3/80	96%

DISCUSSION

The findings from the March 2017 E.C discharge planning monitoring report indicate a highly effective system, with an overall compliance rate of 96%. This suggests that the majority of discharge processes were executed according to established protocols, ensuring smooth transitions for patients. The perfect 100% compliance in key areas such as **Early Identification, Multidisciplinary Team Involvement, Discharge Documentation, Follow-Up, and Barrier Solutions** underscores the program's strength in structured planning and interdisciplinary collaboration. These elements are critical for reducing readmission risks and improving patient outcomes, aligning with best practices in discharge planning.

However, the slight gaps in **Patient and Caregiver Education, Post-Discharge Care Arrangements, and Social and Financial Support** (each at 90%) suggest areas for refinement. These criteria are essential for long-term patient adherence to care plans and overall recovery. The non-compliance in these areas may stem from time constraints, resource limitations, or inconsistent patient engagement strategies. Addressing these issues—through enhanced staff training, standardized educational materials, or stronger partnerships with community support services—could further optimize discharge outcomes. Overall, the results demonstrate a robust system with minor opportunities for improvement to achieve near-perfect compliance.

RECOMMENDATIONS

- ☒ Strengthen Patient and Caregiver Education
- ☒ Enhance Post-Discharge Care Coordination
- ☒ Optimize Social and Financial Support Systems
- ☒ Compliance in Strong Areas
- ☒ Monitor and Evaluate Improvements

Table 2: MW D/Planning monitoring performance improvement plan, March 2017E.C

Recommendation	Action to be taken	Responsible Party	Timeline
Strengthen Patient and Caregiver Education	Train staff on teach-Back Method to confirm patient understanding.	Ward head & QI tam	1 month
Enhance Post-Discharge Care Coordination	Audit Discharge Documentation	Ward head	3 weeks
Optimize Social and Financial Support Systems	Add screening checklist to EMR for admission.	Social Work + EMR Team	3 weeks

Table 3: Implementation status of previous performance improvement plan, March 2017E.C

Action Item	Progress Status
Standardized Discharge decision Checklist	<ul style="list-style-type: none"> discharge decision Checklist developed and
Readmission Tracking System	<ul style="list-style-type: none"> Readmission Tracking logbook developed
Post-Discharge Support	<ul style="list-style-type: none"> High-risk patient referrals initiated
Regular Audits & Feedback	<ul style="list-style-type: none"> 2nd quarterly audit completed



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

By: Kalifa Jemal- Ward head

Deder, Oromia

March 2017E.C

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Introduction

This report evaluates the utilization of the discharge planning protocol in the Surgical Ward at Deder General Hospital. The assessment focuses on compliance with key criteria outlined in the protocol, including early identification, multidisciplinary team involvement, patient and caregiver education, post-discharge care arrangements, social and financial support, discharge summary documentation, follow-up and monitoring, and barriers and solutions.

The goal is to ensure that the discharge process is efficient, patient-centered, and compliant with hospital standards, thereby enhancing patient satisfaction and reducing readmission rates.

Discharge planning involves multiple steps, including ensuring the neonate meets discharge criteria, involving multidisciplinary teams, educating families, completing documentation, scheduling follow-up appointments, and providing necessary instructions for emergency care. The effectiveness of these processes directly impacts patient safety, family preparedness, and overall satisfaction.

Objective

The objectives of this monitoring report are:

1. To assess compliance with the discharge planning protocol.
2. To identify areas of strength and opportunities for improvement.
3. To provide recommendations for enhancing the effectiveness of the discharge process.

Methodology

Assessment Tool

A checklist-based approach was used to evaluate compliance with 40 criteria across eight key areas of the discharge planning protocol. Each criterion was scored as “Compliant (1)” or “Non-Compliant (0).” Additionally, post-discharge feedback from ten patients was collected to assess their satisfaction and understanding of the discharge process.

RESULT

The overall performance of **Surgical Ward Discharge Planning** in March 2017 E.C. was 75%, indicating a generally compliant process (figure 1). Out of a total of 80 possible compliance points across all criteria, 60 were achieved, while 20 points were lost due to non-compliance. This suggests that while the majority of discharge planning activities were performed effectively, there were specific areas requiring improvement to achieve full compliance (Table 1).

The compliance rate was 100% for most criteria, including Early Identification, Multidisciplinary Team Involvement, Patient and Caregiver Education, Post-Discharge Care Arrangements, Social and Financial Support, and Follow-Up and Monitoring. However, two criteria—Discharge Summary and Documentation, and Barriers and Solutions had a 0% compliance rate, highlighting significant gaps in these areas. Addressing these deficiencies would be crucial to enhancing the overall effectiveness of the discharge planning process (Table 1).

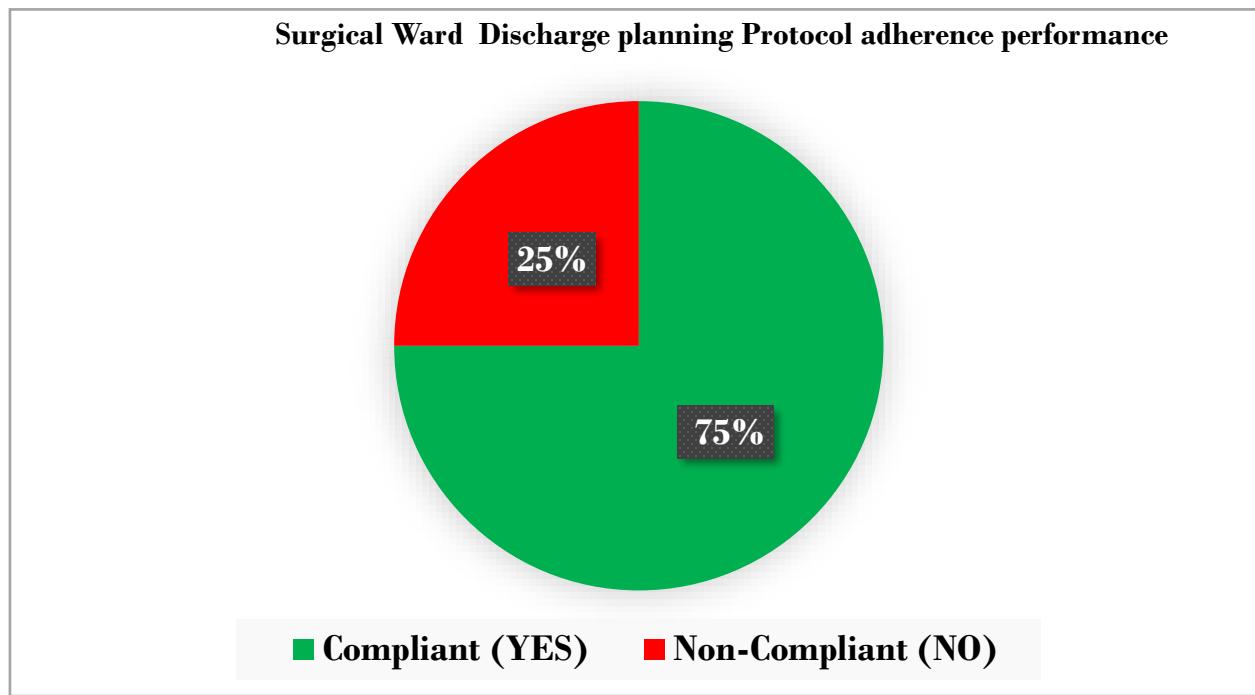


Figure 1: Surgical Ward Discharge Planning monitoring performance, March 2017E.C

Table 1: Surgical Ward Discharge Planning monitoring performance, March 2017E.C

Criteria	Compliant (1)	Non-Compliant (0)	Compliance rate (%)
Early Identification	10	0	100
Multidisciplinary Team Involvement	10	0	100
Patient and Caregiver Education	10	0	100
Post-Discharge Care Arrangements	10	0	100
Social and Financial Support	10	0	100
Discharge Summary and Documentation	0	10	0
Follow-Up and Monitoring	10	0	100
Barriers and Solutions	0	10	0
Overall performance	60/80	20/80	75%

DISCUSSION

The findings from the Surgical Ward Discharge Planning monitoring performance in March 2017 E.C. reveal a generally strong adherence to discharge protocols, with an overall compliance rate of 75%. High compliance rates in key areas such as Early Identification, Multidisciplinary Team Involvement, and Patient and Caregiver Education demonstrate effective teamwork and proactive patient care. However, the absence of compliance in Discharge Summary and Documentation, as well as Barriers and Solutions, suggests systemic issues in documentation practices and problem-solving processes. These gaps could hinder continuity of care and patient outcomes post-discharge, emphasizing the need for targeted interventions.

The 100% compliance in six out of eight criteria indicates that the ward excels in patient education, multidisciplinary collaboration, and post-discharge support. Yet, the complete non-compliance in documentation and addressing barriers points to potential shortcomings in administrative processes or resource allocation. Improving these areas, such as implementing standardized documentation tools and regular staff training on identifying and resolving discharge barriers, could elevate the overall performance. Addressing these weaknesses would not only enhance compliance rates but also ensure a more seamless transition for patients from hospital to home, ultimately improving the quality of care.

RECOMMENDATIONS

- ☒ Strength Discharge Summary and Documentation
- ☒ Identify Barriers and Solutions

Table 2: SWD/Planning monitoring performance improvement plan, March 2017E.C

Area for Improvement	Action to be taken	Responsible body	Timeline
Discharge Summary and Documentation	Orient staff on proper documentation procedures. Conduct weekly audits to monitor compliance.	Ward head	1 month
Barriers and Solutions	Strength a multidisciplinary team round to identify common discharge barriers.	Multidisciplinary team round Team & Ward head	1 month

Table 3: Implementation status of previous performance improvement plan, March 2017E.C

Action Item	Progress Status
Standardized Discharge decision Checklist	<ul style="list-style-type: none"> • discharge decision Checklist developed and
Readmission Tracking System	<ul style="list-style-type: none"> • Readmission Tracking logbook developed
Post-Discharge Support	<ul style="list-style-type: none"> • High-risk patient referrals initiated
Regular Audits & Feedback	<ul style="list-style-type: none"> • 2nd quarterly audit completed



DEDER GENERAL HOSPITAL

Pediatrics Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

By: Mohammed Aliyi- Ward head

Deder, Oromia

March 2017E.C

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Introduction

This report evaluates the utilization of the discharge planning protocol in the Pediatrics Ward at Deder General Hospital. The assessment focuses on compliance with key criteria outlined in the protocol, including early identification, multidisciplinary team involvement, patient and caregiver education, post-discharge care arrangements, social and financial support, discharge summary documentation, follow-up and monitoring, and barriers and solutions.

The goal is to ensure that the discharge process is efficient, patient-centered, and compliant with hospital standards, thereby enhancing patient satisfaction and reducing readmission rates.

Discharge planning involves multiple steps, including ensuring the neonate meets discharge criteria, involving multidisciplinary teams, educating families, completing documentation, scheduling follow-up appointments, and providing necessary instructions for emergency care. The effectiveness of these processes directly impacts patient safety, family preparedness, and overall satisfaction.

OBJECTIVE

The objectives of this monitoring report are:

1. To assess compliance with the discharge planning protocol.
2. To identify areas of strength and opportunities for improvement.
3. To provide recommendations for enhancing the effectiveness of the discharge process.

METHODOLOGY

Assessment Tool

A checklist-based approach was used to evaluate compliance with 40 criteria across eight key areas of the discharge planning protocol. Each criterion was scored as “Compliant (1)” or “Non-Compliant (0).” Additionally, post-discharge feedback from ten patients was collected to assess their satisfaction and understanding of the discharge process.

RESULT

The overall performance of the Pediatrics Ward Discharge Planning monitoring for March 2017 E.C. was excellent, achieving a 90% compliance rate (**figure 1**). With 72 out of 80 criteria met, the ward demonstrated strong adherence to discharge planning protocols. Key areas such as Post-Discharge Care Arrangements, Discharge Summary and Documentation, and Barriers and Solutions achieved perfect 100% compliance, indicating robust systems in place for these critical components. The high scores in Early Identification, Multidisciplinary Team Involvement, and Follow-Up and Monitoring (all at 90%) further highlight the ward's commitment to thorough and coordinated discharge processes (**Table 1**).

However, there were areas needing improvement, particularly Social and Financial Support, which had the lowest compliance rate at 70%. Patient and Caregiver Education also lagged slightly at 80%, suggesting a need for enhanced efforts in these domains. Addressing these gaps could further elevate the ward's performance, ensuring comprehensive support for all patients and caregivers. Overall, the Pediatrics Ward's discharge planning system is highly effective, with minor refinements required to achieve universal excellence (**Table 1**).

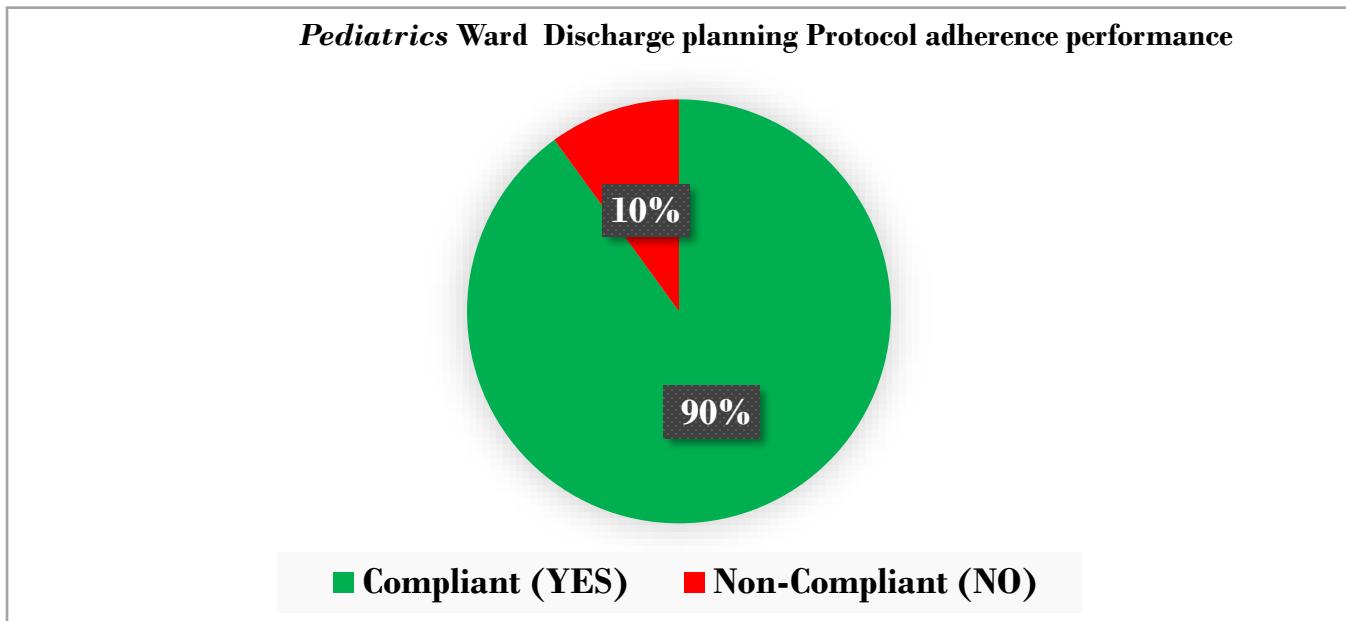


Figure 1: Pediatrics Ward Discharge Planning monitoring performance, March 2017E.C

Table 1: Pediatrics Ward Discharge Planning monitoring performance, March 2017E.C

Criteria	Compliant (1)	Non-Compliant (0)	Compliance rate (%)
Early Identification	9	1	90
Multidisciplinary Team Involvement	9	1	90
Patient and Caregiver Education	8	2	80
Post-Discharge Care Arrangements	10	0	100
Social and Financial Support	7	3	70
Discharge Summary and Documentation	10	0	100
Follow-Up and Monitoring	9	1	90
Barriers and Solutions	10	0	100
Overall performance	72/80	8/80	90%

DISCUSSION

The Pediatrics Ward's discharge planning performance for March 2017 E.C. reflects a well-structured and effective system, as evidenced by the high overall compliance rate of 90%. The perfect scores in critical areas such as Post-Discharge Care Arrangements, Discharge Summary and Documentation, and Barriers and Solutions indicate that the ward has strong protocols in place to ensure continuity of care and address potential challenges. The consistently high performance in Early Identification, Multidisciplinary Team Involvement, and Follow-Up and Monitoring further underscores the ward's commitment to a collaborative and proactive approach to discharge planning. These results suggest that the ward is successfully meeting its objectives in facilitating smooth transitions for patients and caregivers.

Despite these strengths, the lower compliance rates in Social and Financial Support (70%) and Patient and Caregiver Education (80%) highlight areas for improvement. These gaps may indicate challenges in addressing the socioeconomic needs of patients or in delivering comprehensive education to caregivers. Enhancing support in these areas could further optimize patient outcomes and reduce the risk of post-discharge complications. Targeted interventions, such as increased resource allocation for financial assistance or improved educational materials, could help bridge these gaps. Overall, the findings demonstrate a highly effective discharge planning system, with opportunities for refinement to ensure equitable and holistic care for all patients.

RECOMMENDATIONS

- ☒ Strengthen Patient and Caregiver Education
- ☒ Optimize Social and Financial Support Systems
- ☒ Optimize Early Identification of barriers and solutions

Table 2: Pediatrics Ward D/Planning monitoring improvement plan, March 2017E.C

Area needs to be Improved	Identified Issue	Proposed Action	Responsible body	Timeline
Social and Financial Support	Limited resources or awareness of available financial aid for patients/caregivers	Collaborate with social workers to assess patient needs.	Social Worker & Ward head	Ongoing
Patient and Caregiver Education	Inconsistent or insufficient education on post-discharge care	Implement teach-back method to confirm understanding.	Ward head & Nursing Director	1 month
Early Identification)	Potential delays in identifying high-risk patients	Conduct daily multidisciplinary rounds for early planning.	Ward Physicians, Nurses, Case Managers	Ongoing

Table 3: Implementation status of previous performance improvement plan, March 2017E.C

Action Item	Progress Status
Standardized Discharge decision Checklist	<ul style="list-style-type: none"> • Discharge decision Checklist developed and
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