Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Oromia Health Bureau Deder General Hospital
+251-25-333 0450 hospitaalawaliigalaadadar@gmail.com 987

Date: *1 August 2017E.C*

To: Emergency Department Director and Triage Team

From: Quality Unit (QU)

Subject: Commendation on Exceptional Improvement in **July 2017E.C** Triage Compliance

Dear Emergency Department Team,

The Quality Unit is delighted to extend our warmest congratulations on the exceptional results achieved in July for the triage improvement initiative.

The turnaround from June to July is nothing short of remarkable. By addressing the key resource and training barriers identified last month, the department not only met but exceeded its primary goal, achieving an **82% triage compliance rate**. Furthermore, the electronic documentation rate soared to 96%, and protocol usage reached 98%.

This dramatic improvement is a direct result of the team's effective collaboration and the successful implementation of PDSA Cycle 5 (Resourcing) and Cycle 3 (Training). The installation of additional computers and the focused training session have clearly eliminated the major frustrations and bottlenecks, leading to a more efficient workflow and higher staff confidence.

You have demonstrated a powerful example of how targeted interventions, based on solid data, can rapidly transform a process. The gains made this month are a testament to the hard work and adaptability of every team member.

Our focus must now shift to sustaining these excellent results. The QU supports the plan to formalize the new resource level and training module as the standard of care.

Congratulations on this significant achievement.

Sincerely,

Abdi Tofik(BSc, MPH)

Quality Director

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Reporting Period: **July 01-30, 2017**

QI Team Lead: Dr. Frezer Girma-ED Director

HSQU Director: Abdi Tofik (BSc, MPH)

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

1. PLAN

Aim Statement: (Unchanged from June)

Rationale: (Unchanged from June)

Interventions (What will we do?):

- Continue all core interventions from the SOP.
- **Install two additional computers** at the triage station (PDSA Cycle 5).
- **Conduct "speed and accuracy" training** for triage nurses on the electronic system (PDSA Cycle 3).

2. DO

Implementation Activities (July 2017):

- **Week 1:** Additional computers installed. "Speed and accuracy" training conducted.
- **Week 2-4:** Monitored the impact on workflow and documentation times.

Data Collection: (Unchanged from June)

3. STUDY

Results Summary (July 2017):

Indicator	Target	July	Trend
Triage Compliance Rate	**>80%**	82%	✅ Target Met
Protocol Usage Rate	**100%**	98%	✅ Significant Improvement
Electronic Documentation Rate	**>95%**	96%	✅ Target Met

Key Learnings:

- The additional computers eliminated the queue for terminal access, significantly reducing frustration.
- The focused training helped nurses use shortcuts and templates within the system, cutting documentation time.
- Faster, more consistent triage led to better patient flow and higher satisfaction.

Challenges Observed:

- One of the new computers had a software issue that was resolved within 24 hours.

4. ACT

What Worked?

- ✅ Addressing the resource constraint (computers) was the most critical step.
- ✅ Targeted training effectively improved efficiency.

What Needs Adjustment?

- **None for the core process.** The system is now functioning as intended.

Next Steps (August 2017 Onward):

1. **Adopt the resource level and training** as the new standard.
2. **Focus on sustainability** and monitoring to ensure the gains are maintained.
3. **Reinforce the importance of patient reassessment** in the waiting area during monthly feedback.

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Triage Process Audit Report

Sample Size: 20 patients

Patient ID	Protocol Used? (Y/N)	Category Assigned Correctly? (Y/N)	Documented Electronically? (Y/N)	Time to Triage <5 min? (Y/N)	Overall Compliant? (Y/N)
236785	Y	Y	Y	Y	Y
343140	Y	Y	Y	Y	Y
011076	Y	Y	Y	Y	Y
343281	Y	Y	Y	N	N
331233	Y	Y	Y	Y	Y
343211	Y	Y	Y	Y	Y
342046	Y	Y	Y	Y	Y
342046	Y	Y	Y	Y	Y
343448	N (Skipped)	Y	Y	Y	N
343212	Y	Y	Y	Y	Y
343229	Y	Y	Y	Y	Y
343477	Y	Y	Y	Y	Y
009749	Y	Y	Y	Y	Y
343576	Y	Y	Y	Y	Y
343576	Y	Y	Y	Y	Y
343576	Y	Y	Y	N	N
343384	Y	Y	Y	Y	Y
037264	Y	Y	Y	Y	Y
343594	Y	Y	Y	Y	Y
343623	Y	Y	Y	Y	Y
% Compliance	**95%**	**100%**	**100%**	**90%**	**82%**

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SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Date of Feedback Session: July 31, 2017

Facilitator: Abdi Tofik-HSQD

Attendees

S/N	Full Name	Status	Role	Signature
13.	Dr. Frezer Girma	Emergency Director	Chairperson	
14.	Jabir Mohamed	Emergency Head	Secretary	
15.	Murad Amin	Staff	Deputy Secretary	
16.	Dachas Shamsadin	Staff	Member	
17.	Zabib Abrahim	Staff	Member	
18.	Alamudin Sufiyan	Staff	Member	
19.	Yosef Tesfaye	Staff	Member	
20.	Nuredin Yigezu	CEO	Member	
21.	Dr. Derese Gosa	CCD	Member	
22.	Abdi Tofik	Quality Director	Facilitator	
23.	Redwan Sharfuddin	Quality officer	Member	
24.	Murad Amin	Staff	Member	

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SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Summary of Monthly Audit Findings (from Annex 2):

- **Strengths:**
  - **Remarkable Turnaround:** Overall compliance jumped to 85%, exceeding the 80% target. This is a direct result of the interventions.
  - **Perfect Electronic Documentation (100%):** The installation of two additional computers completely eliminated the barrier to electronic entry.
  - **Excellent Protocol Adherence (95%):** The training refreshed knowledge and boosted confidence in using the protocol consistently.
  - **Improved Time-to-Triage (90%):** With faster documentation, nurses could clear the triage queue more quickly.
- **Areas for Improvement:**
  - **Minor Hiccups:** One computer had a temporary software issue. One case showed a protocol was skipped. These are considered minor outliers in an otherwise successful month.

Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
1. Formalize the successful resource level (number of computers) and training module as the new standard for the ED.	**ED Director / QI Team**	**15 August 2017**
2. Focus on sustainability: Continue monthly audits and feedback to ensure July's gains are maintained, not just **a one-time achievement.**	**HSQU Focal Person**	**Ongoing**