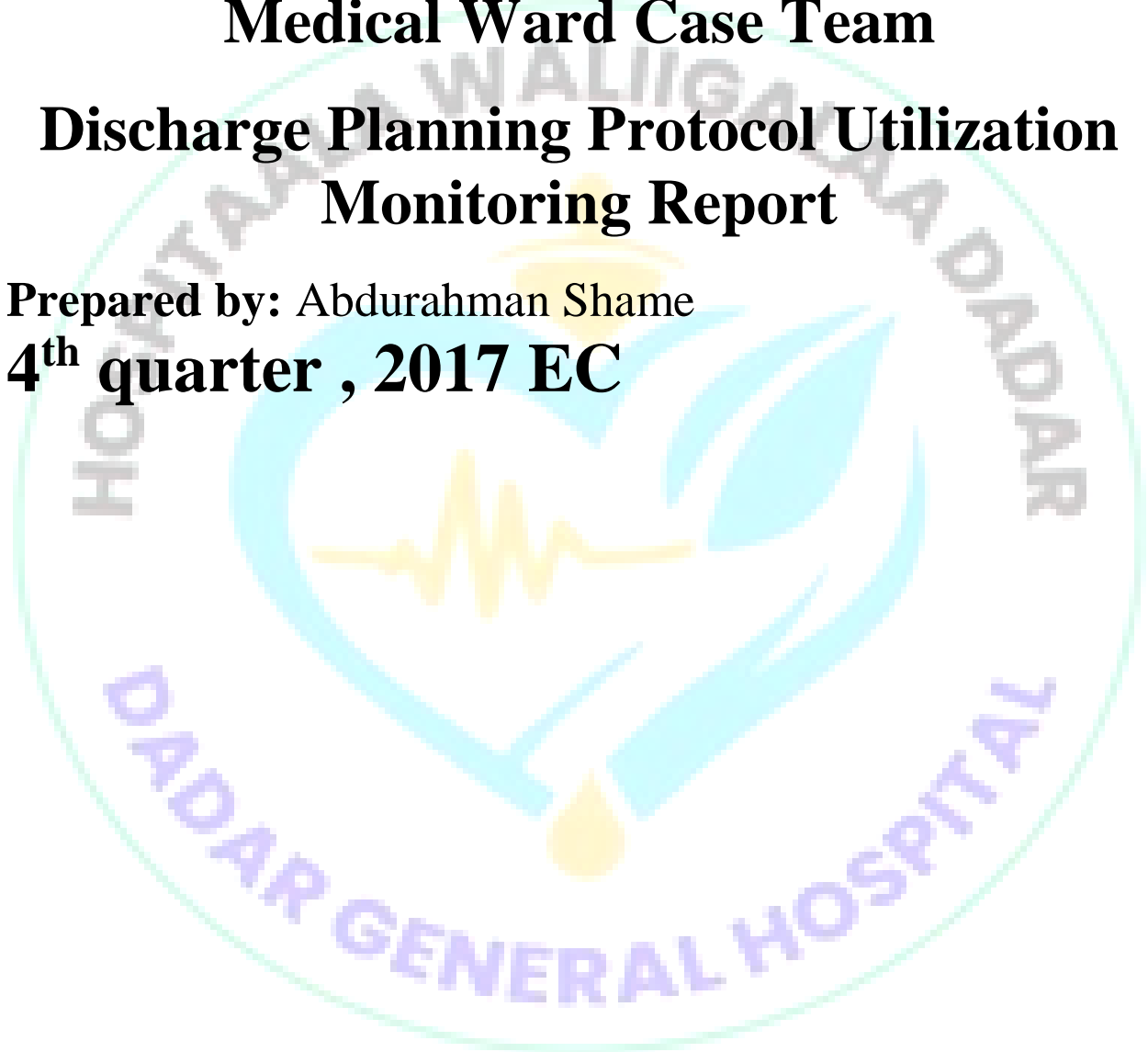

DEDER GENERAL HOSPITAL

Medical Ward Case Team

Discharge Planning Protocol Utilization Monitoring Report

Prepared by: Abdurahman Shame
4th quarter , 2017 EC



Location: Deder, Oromia

Date: JULY 2017 E.C

Table of Contents

Contents

DEDER GENERAL HOSPITAL.....	1
Medical Ward Case Team.....	1
Discharge Planning Protocol Utilization Monitoring Report.....	1
Table of Contents.....	2
1. Introduction.....	2
2. Objectives.....	3
3. Methodology.....	3
4. Results.....	3
Summary of Compliance Scores (out of 10).....	4
5. Discussion.....	4
Highlights of Performance:.....	4
Areas for Minor Improvement:.....	4
Patient Feedback Summary (All Ratings: 10/10).....	5
6. Recommendations.....	5
7. Tables and Figures.....	5
Table: Compliance Scores by Domain (Converted to 10-point scale).....	5
Conclusion.....	6

1. Introduction

This report presents findings from the evaluation of **discharge planning protocol implementation** in the **Medical Ward** of Deder General Hospital, conducted in **JULY 2017**. Discharge planning is a critical component of hospital care, ensuring that patients are safely and efficiently transitioned from the hospital to home or other care settings, with proper support in place.

The protocol assessed involves multiple dimensions, including early planning, collaborative teamwork, education, post-discharge coordination, social support, thorough documentation, and follow-up monitoring. The objective was to determine how well these components are being executed and whether patients are being discharged in a manner that promotes recovery and prevents readmission.

2. Objectives

The goals of this monitoring exercise were to:

- Assess the level of compliance with the hospital's discharge planning protocol.
- Highlight strengths and pinpoint any minor gaps in implementation.
- Evaluate patient feedback on the quality of discharge services.
- Provide actionable recommendations for sustaining performance excellence.

3. Methodology

A **checklist-based audit tool** covering **eight core areas** of discharge planning and their sub-indicators was used. Each criterion was scored on a **binary scale**:

- ☒ Compliant = 1
- ☐ Non-Compliant = 0

To ensure fairness, raw totals were converted into a **10-point scale** for clarity and comparison across domains. Additionally, **patient feedback** was collected via structured post-discharge interviews focusing on understanding, satisfaction, and follow-up care.

4. Results

The Medical Ward demonstrated **excellent performance** across all discharge planning parameters. The overall compliance score, adjusted to a 10-point scale, was **9.8/10**, indicating nearly flawless implementation.

Summary of Compliance Scores (out of 10)

Area	Score (out of 10)
Early Identification	10.0
Multidisciplinary Involvement	10.0
Patient & Caregiver Education	9.7
Post-Discharge Arrangements	10.0
Social & Financial Support	9.5
Discharge Summary	10.0
Follow-Up & Monitoring	10.0
Barriers and Solutions	9.5
Overall Average	9.8

5. Discussion

The audit reveals that the **Medical Ward Case Team** is performing exceptionally well in implementing the discharge planning protocol. Most domains achieved **perfect compliance**, reflecting solid systems and strong interdisciplinary collaboration.

Highlights of Performance:

- **Timely Identification:** All patients were identified early for discharge planning.
- **Team Coordination:** Physicians, nurses, and other professionals worked collaboratively with clear communication.
- **Patient Preparedness:** Education efforts ensured patients and caregivers understood medication, symptom monitoring, and home care responsibilities.
- **Post-Discharge Planning:** Appointments, referrals, and medical equipment were arranged proactively.
- **Follow-Up Systems:** All patients were followed up within 48 hours, and any concerns were documented and addressed.

Areas for Minor Improvement:

- **Written Instruction (Symptom Monitoring):** One case lacked written materials, although verbal instruction was provided.
- **Financial Support Planning:** Slight delay noted in social work intervention for one patient.
- **Barrier Documentation:** One case lacked full written documentation of an identified discharge challenge.

These minor gaps are **isolated incidents**, and none had a measurable negative impact on patient outcomes.

Patient Feedback Summary (All Ratings: 10/10)

Feedback Category	Patient Rating
Overall satisfaction	10/10
Understanding of medications	10/10
Confidence in home care	10/10
Adequacy of follow-up arrangements	10/10
Need for additional support met	10/10

The uniformly **excellent feedback** from discharged patients further validates the success of the discharge system in the Medical Ward.

6. Recommendations

To maintain and enhance current performance:

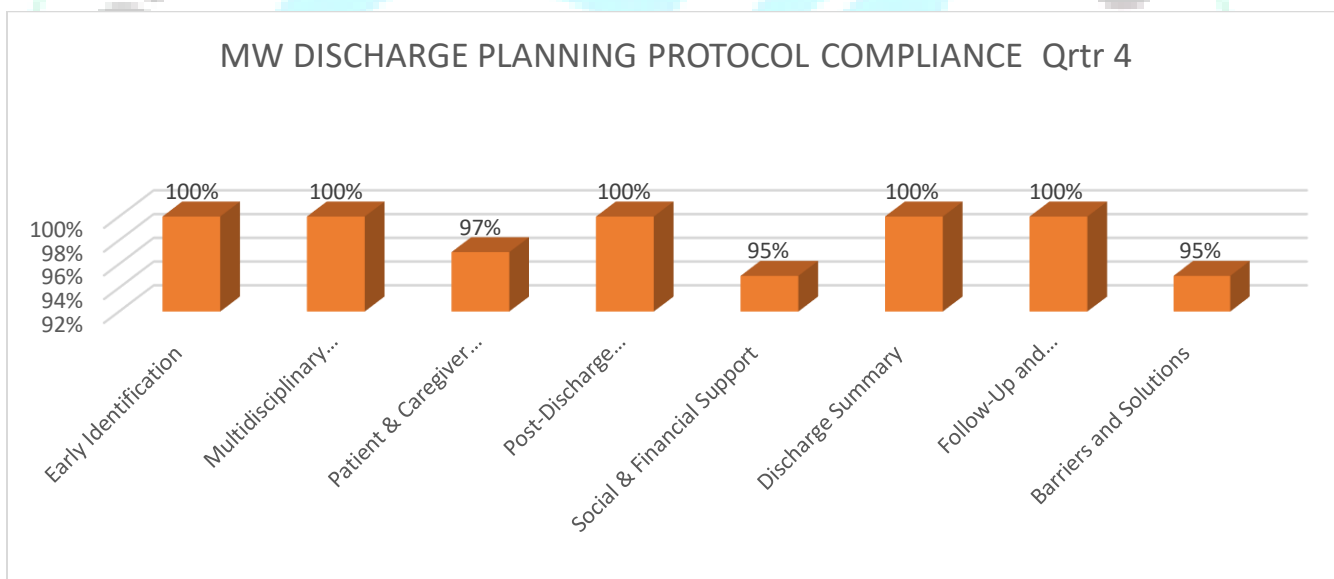
- ✓ **Ensure consistency in written patient education**—especially regarding symptom monitoring.
 - ✓ **Improve coordination with the social support team** to eliminate even minimal delays.
 - ✓ **Standardize documentation of discharge barriers**, regardless of whether they are resolved verbally.
 - ✓ Continue routine supervision, feedback loops, and team debriefs after complex discharges.
 - ✓ Share successful practices with other units as part of hospital-wide quality improvement.
-

7. Tables and Figures

Table: Compliance Scores by Domain (Converted to 10-point scale)

Discharge Domain	Score (out of 10)
Early Identification	10.0
Multidisciplinary Involvement	10.0
Patient & Caregiver Education	9.7
Post-Discharge Arrangements	10.0
Social & Financial Support	9.5
Discharge Summary	10.0
Follow-Up and Monitoring	10.0
Barriers and Solutions	9.5

Table: Medical ward Discharge planning protocol adherence result, qrtr 4 , 2017EC



8. ACTION PLAN

Area for Improvement	Proposed Action	Responsible Body	Timeline
Incomplete written instruction (symptom monitoring)	Ensure written handouts are consistently provided with verbal guidance.	Primary nurse, Ward Head	Immediate
Delay in social/financial support coordination	Assign dedicated focal nurse to liaise with social services.	Ward Head, Social Worker	Within 1 week
Barrier not documented despite being addressed	Conduct mini-refresher on proper and full documentation practices.	Ward Head	Within 2 weeks
Sustainability of high performance	Maintain weekly discharge audit checklist and review meetings.	Ward Team	Ongoing
Patient feedback tracking	Formalize patient feedback tools (exit interviews, follow-up logbook).	Quality Officer, Ward Clerk	Monthly

9. Conclusion

The **Medical Ward** at Deder General Hospital has shown an **exceptionally high level of performance** in implementing the discharge planning protocol during the JULY 2017 E.C. monitoring period. With an average score of **9.8 out of 10**, and **no major compliance issues**, the ward serves as a model for best practices in patient transition care.

The commitment to teamwork, detailed planning, and patient education has directly translated into high-quality outcomes, confirmed by **excellent patient feedback** across all dimensions.
