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DEDER GENERAL HOSPITAL

Medical Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

By: Abdurhaman Shame- Ward head

Deder, Oromia

June 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 for Medical Ward Discharge Planning in June 2017 E.C. was exceptionally high, achieving a **98.8%** compliance rate. This near-perfect score, calculated as 79 out of 80 criteria being met, indicates that discharge planning processes were consistently followed according to the established standards across the ward during this monitoring period.

While the vast majority of individual criteria demonstrated flawless 100% compliance – including Early Identification, Multidisciplinary Team Involvement, Patient Education, Post-Discharge Arrangements, Documentation, Follow-Up, and addressing Barriers – one specific area showed a minor deviation. Social and Financial Support achieved a slightly lower compliance rate of 90% (9 compliant vs. 1 non-compliant), representing the single instance of non-compliance captured in the overall score and highlighting a potential focus area for minor improvement despite the overwhelmingly positive overall results (Table 1).

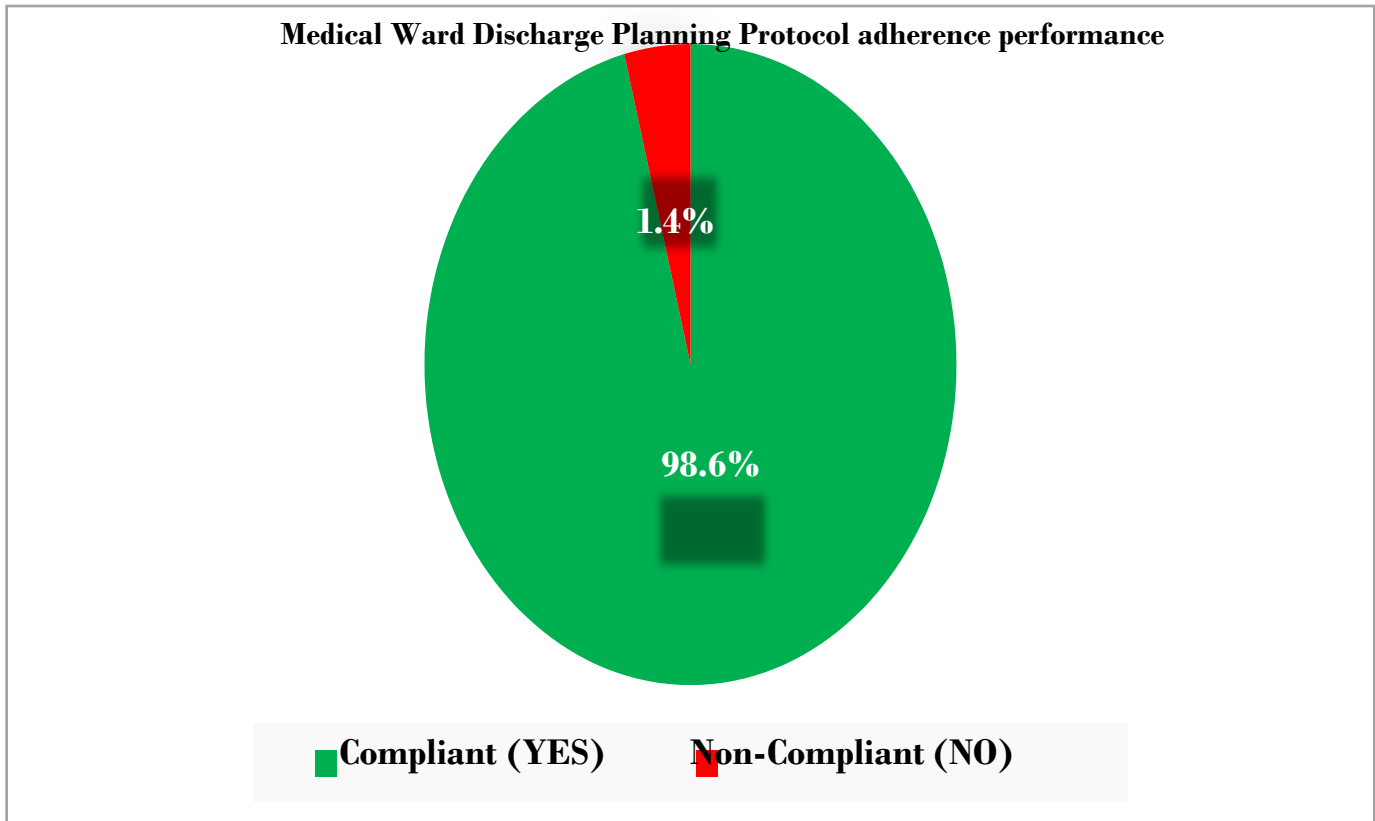


Figure 1: Medical Ward Discharge Planning monitoring performance, June 2017E.C

Table 1: Medical Ward Discharge Planning monitoring performance, June 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	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	79/80	1/80	98.8%

DISCUSSION

The exceptionally high overall compliance rate of 98.8% (79/80) for Medical Ward Discharge Planning in June 2017 E.C. demonstrates outstanding adherence to established protocols and represents a highly effective discharge process. This near-perfect performance indicates a system-wide commitment to structured discharge planning across all key criteria. The achievement of 100% compliance in seven out of eight specific criteria – including critical elements like Early Identification, Multidisciplinary Team Involvement, Patient Education, Post-Discharge Arrangements, Documentation, Follow-Up, and Barrier Resolution – strongly suggests that the ward has successfully embedded standardized, reliable processes into routine practice. This level of consistency is commendable and reflects a mature, well-functioning discharge system that minimizes process failures and likely contributes significantly to patient safety and continuity of care.

Despite the overall excellence, the single area of non-compliance warrants attention. Social and Financial Support achieved a 90% compliance rate (9/10), indicating that while this aspect is generally well-managed, there was one instance where arrangements for social or financial assistance were not fully compliant with the discharge planning standards. This minor deviation highlights a potential vulnerability compared to the otherwise flawless performance in other domains. While not detracting significantly from the overall success, it suggests this specific criterion might be more susceptible to contextual challenges (e.g., complex patient social circumstances, resource limitations, or coordination difficulties with external agencies). Targeted review of this specific non-compliant case could identify the root cause and inform strategies to further strengthen support mechanisms in this area, aiming to elevate this criterion to the same 100% standard consistently achieved elsewhere. Nevertheless, the data overwhelmingly portrays a discharge planning process operating at a very high level of performance and reliability.

RECOMMENDATIONS

- ✓ **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.

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

Area for Improvement	Proposed Action	Responsible Body	Timeline
Incomplete written instruction (symptom monitoring)	Ensure written handouts are consistently provided	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

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

Action Item	Progress Status
Standardized Discharge decision Checklist	• discharge decision Checklist developed and
Readmission Tracking System	• Readmission Tracking logbook developed
Post-Discharge Support	• High-risk patient referrals initiated

Guyyaa/ቀን/Date: ____/____/____

- ✍ **Garee tajaajila Medical Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Discharge Planning**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

By: Kalifa Jemal- Ward head

Deder, Oromia

June 2017E.C

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Table 1: Surgical Ward Discharge Planning monitoring performance, June 2017E.C**Error! Bookmark not defined.**

Table 2: Surgical Ward Discharge Planning monitoring performance, June 2017E.C4

Table 3: MW D/Planning monitoring performance improvement plan, June 2017E.C.....6

Table 4: Implementation status of previous performance improvement plan, June 2017E.C.....6

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 Surgical Ward achieved flawless discharge planning performance in June 2017 E.C., attaining a perfect overall compliance rate of 100%. This exceptional result signifies that all 80 criteria monitored across the eight key discharge planning components were fully met without a single instance of non-compliance. This perfect score represents the highest possible standard of adherence to discharge protocols during the monitoring period.

Detailed analysis of the individual criteria confirms comprehensive excellence across every measured aspect of the discharge process. All eight specific criteria – Early Identification, Multidisciplinary Team Involvement, Patient and Caregiver Education, Post-Discharge Care Arrangements, Social and Financial Support, Discharge Summary and Documentation, Follow-Up and Monitoring, and Barriers and Solutions – demonstrated 100% compliance, each with 10 compliant instances and zero non-compliant cases recorded. This consistent, top-tier performance across the board underscores the Surgical Ward's highly effective and reliably executed discharge planning system during June 2017 E.C (Table 1).

Table 1: Surgical Ward Discharge Planning monitoring performance, June 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	0/80	100%

DISCUSSION

The Surgical Ward's achievement of a perfect 100% compliance rate (80/80) in discharge planning for June 2017 E.C. represents an exceptional and commendable standard of performance. This flawless execution across all monitored criteria signifies not just high adherence, but the complete absence of identified deficiencies in the discharge process during this period. It demonstrates a highly effective system operating at its theoretical peak, where every assessed aspect of discharge planning met the required standards without exception. Such consistent perfection is rare in healthcare quality metrics and strongly indicates that the ward's discharge protocols were rigorously followed by all involved staff, directly contributing to enhanced patient safety, continuity of care, and reduced risk of post-discharge complications or readmissions.

The uniformity of excellence across all eight specific criteria – each scoring 100% – underscores a deeply embedded culture of thoroughness and reliability within the Surgical Ward's discharge planning process. Unlike scenarios where overall high scores mask weaker areas, this data reveals consistent strength in every domain: from the foundational steps of Early Identification and Multidisciplinary Team Involvement, through critical patient-centered activities like Education and Social/Financial Support, to the essential administrative and follow-up components of Documentation and Follow-Up/Monitoring. The absence of any non-compliance in "Barriers and Solutions" further suggests a proactive and effective approach to problem-solving. While celebrating this outstanding achievement, it is crucial to recognize the effort required to maintain such a high standard. Continuous vigilance, ongoing staff education, and sustained resource allocation will be necessary to ensure this level of performance is not only celebrated but also consistently replicated in future monitoring periods, solidifying it as the ward's operational norm rather than a peak accomplishment.

RECOMMENDATIONS

✂ Strength Discharge Summary and Documentation through M&E

Table 2: SW D/Planning monitoring performance improvement plan, June 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	Strengthen 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, June 2017E.C

Action Item	Progress Status
Standardized Discharge decision Checklist	• discharge decision Checklist developed and
Readmission Tracking System	• Readmission Tracking logbook developed
Post-Discharge Support	• High-risk patient referrals initiated
Regular Audits & Feedback	• 2 nd quarterly audit completed

Guyyaa/ቀን/Date: ____/____/____

- ✍ **Garee tajaajila Surgical Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Discharge Planning**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

NICU Discharge Planning Protocol Utilization Monitoring Report

By: Abdi Baker-NICU head

Report period: 4th Quarter of 2017E.C

June 2017E.C
Deder, Oromia

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Introduction

The Neonatal Intensive Care Unit (NICU) at Deder General Hospital plays a critical role in providing specialized care to newborns with complex medical needs. A well-structured discharge planning protocol is essential to ensure that neonates transition safely from hospital care to home, minimizing risks and promoting optimal health outcomes. This report evaluates the utilization of the NICU Discharge Planning Protocol through a structured monitoring tool, focusing on key compliance indicators.

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 primary objective of this report is to assess the adherence to the NICU Discharge Planning Protocol at Deder General Hospital. Specifically, the evaluation aims to:

1. Identify areas of strength and weakness in protocol implementation.
2. Highlight gaps in current practices.
3. Provide actionable recommendations to improve compliance and enhance the quality of care during the discharge process.



Methodology

Assessment Tool

A standardized monitoring tool was used to evaluate compliance with the NICU Discharge Planning Protocol. The tool included 10 key criteria, each assessed as "Compliant (Y)" or "Non-Compliant (N)." Data collection involved:

- Chart reviews of 10 randomly selected patients discharged within the last month.
- Observation of staff practices during the discharge process.
- Interviews with families to gather their perspectives on the discharge experience.

Data Collection

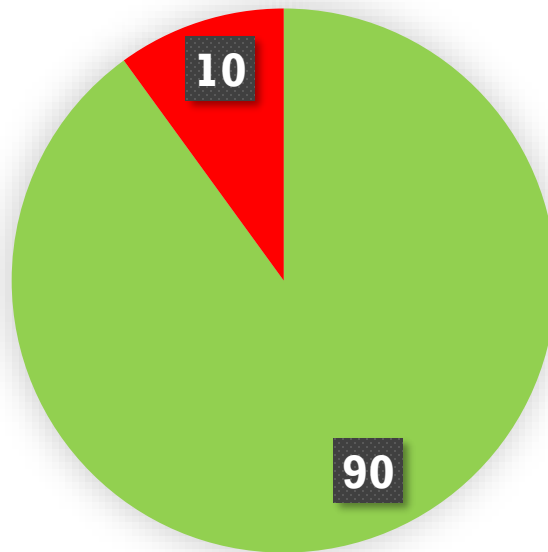
- **Charts Reviewed:** 10 charts were analyzed, identified by unique patient IDs: 336132, 256883, 256277, 256443, 256542, 256460, 256931, 256793, 256445.
- **Observation:** Direct observation of staff interactions during discharge procedures.
- **Patient Interviews:** Families were interviewed to confirm the provision of education, instructions, and feedback opportunities.

RESULT

The NICU discharge planning process demonstrated exceptionally high compliance for the majority of monitored variables during June 2017 E.C. Six out of the eight specific variables achieved perfect 100% compliance. This indicates consistent adherence to critical discharge elements, including confirming neonates met discharge criteria, involving a multidisciplinary team, providing family education, scheduling follow-up appointments (listed twice, suggesting possible sub-categories or a data entry duplication), and completing discharge summaries. The flawless performance across these core components reflects a robust and well-executed standard discharge process.

However, two areas showed significant room for improvement, bringing the overall performance down slightly. Post-discharge follow-up contact compliance was notably lower at 70% (7 Yes, 3 No). More critically, feedback collection from families post-discharge had the lowest compliance rate of just 50% (5 Yes, 5 No). Despite these deficiencies in post-discharge activities, the aggregate performance across all monitored elements remained strong. The total calculated compliance, based on 72 compliant instances out of 80 total observations, was **90%**. This highlights that while the core discharge process is highly reliable, enhancing follow-up contact and systematically collecting family feedback are key areas requiring attention to further optimize discharge planning outcomes (**Table 1**).

NICU discharge planning Protocol adherence performance



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

Figure 1: NICU Discharge Planning monitoring performance, June 2017E.C

Table 1: NICU Discharge Planning monitoring performance, June 2017E.C

S/N	Variables	Compliance YES (#)	Compliance NO(#)	Total Compliance performance (%)
1.	Neonate Meets Discharge Criteria	10	0	100
2.	Multidisciplinary Team Involvement	10	0	100
3.	Family Education	10	0	100
4.	Follow-Up Appointments Scheduled	10	0	100
5.	Follow-Up Appointments Scheduled	10	0	100
6.	Discharge Summary Completion	10	0	100
7.	Post-Discharge Follow-Up Contact	7	3	70
8.	Feedback Collection	5	5	50
9.	Total performance	72/80	8/80	90%

DISCUSSION

The June 2017 E.C. monitoring data reveals a **highly effective core discharge planning process** within the NICU, evidenced by perfect (100%) compliance across six critical variables. The consistent achievement in ensuring neonates meet discharge criteria, involving a multidisciplinary team, providing comprehensive family education, scheduling follow-up appointments, and completing discharge summaries demonstrates a strong foundation in essential discharge protocols. This level of adherence suggests standardized procedures are well-established and effectively followed by staff for these fundamental components, minimizing risks associated with premature discharge and ensuring continuity of care information. The flawless performance in these areas is commendable and forms a solid basis for safe patient transitions out of the NICU.

However, the data highlights **two significant vulnerabilities in the post-discharge phase**, impacting the otherwise excellent overall performance (90%). The 70% compliance rate for post-discharge follow-up contact indicates a notable gap in ensuring planned check-ins with families occur after the neonate leaves the unit. This lapse carries clinical risk, potentially delaying the identification of complications or feeding difficulties that require intervention. More critically, the 50% compliance rate for feedback collection represents a major missed opportunity. Systematically gathering family experiences and insights post-discharge is crucial for evaluating the effectiveness of education, identifying unmet needs, understanding challenges faced at home, and driving quality improvement initiatives. The absence of reliable feedback mechanisms hinders the unit's ability to learn from families' lived experiences and adapt its processes to better meet their needs. Addressing these specific weaknesses in follow-up execution and feedback collection is essential to elevate the discharge planning process from good to excellent, ensuring comprehensive support extends effectively beyond the hospital walls and truly optimizes long-term neonatal outcomes and family satisfaction.

RECOMMENDATIONS

✎ **Implement Post-Discharge Follow-Up Calls:**

✎ **Introduce Family Feedback Mechanisms:**

Table 2: Performance Improvement plan, June 2017E.C

Gaps	Action to be taken	Responsible body	Time line
Lack of post-discharge follow-up contacts	Implement Post-Discharge Follow-Up Calls	NICU Staff	Within 2 months
No mechanism for collecting family feedback	Introduce Family Feedback Mechanisms	Administrative Staff	Within 3 months

Table 3: Implementation status of previous Performance Improvement plan, June 2017E.C

S/N	Action Plan Focus Area	Implementation Status	Remarks
2.	Multidisciplinary Team Involvement	Fully Implemented	Enhanced communication and teamwork among healthcare providers have been successful.
3.	Family Education	Fully Implemented	Educational materials and family engagement strategies have been well-received.

Guyyaa/ቀን/Date: ____/____/____

- ✍ **Garee tajaajila NICU irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Discharge Planning**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Pediatrics Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

By: Mohammed Aliyi- Ward head

Report Period: 4th Quarter of 2017E.C

Deder, Oromia

June 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 Pediatrics Ward demonstrated exemplary performance in its Discharge Planning processes during June 2017, achieving **perfect 100% compliance** across all monitored criteria. With all 80 applicable criteria met (80/80), the ward exhibited flawless execution in every aspect of discharge planning, reflecting a highly reliable and systematically integrated approach to patient transitions out of the hospital. This exceptional result underscores a consistently robust adherence to protocols and a commitment to comprehensive discharge coordination.

This outstanding overall compliance was driven by uniform excellence in all eight specific domains. The ward attained perfect 100% scores in **Early Identification** of discharge needs, **Multidisciplinary Team Involvement**, **Patient and Caregiver Education**, **Post-Discharge Care Arrangements**, **Social and Financial Support** coordination, **Discharge Summary and Documentation**, **Follow-Up and Monitoring** plans, and proactive identification of **Barriers and Solutions**. The absence of any non-compliant instances (0/80) across such diverse and critical components confirms a deeply embedded culture of thoroughness and patient-centered care, ensuring safe and well-supported discharges for all pediatric patients. This level of consistency highlights operational excellence and minimizes risks associated with care transitions (**Table 1**).

Table 1: Pediatrics Ward Discharge Planning monitoring performance, June 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	0/80	100%

DISCUSSION

The Pediatrics Ward demonstrated **exceptional excellence** in discharge planning during June 2017, achieving a flawless **100% compliance rate** across all 80 monitored criteria. This perfect score reflects a deeply embedded, highly reliable system for managing patient transitions out of the hospital. The absence of any non-compliant instances indicates rigorous adherence to established protocols and consistent execution of best practices at every stage—from early identification of discharge needs through to post-discharge follow-up. Such uniform excellence across all eight domains suggests robust process integration and a strong institutional commitment to seamless care coordination.

The perfect scores in **Early Identification, Multidisciplinary Team Involvement, Patient/Caregiver Education, and Social/Financial Support** highlight a culture prioritizing proactive, holistic, and patient-centered care. Success in **Barriers and Solutions** further indicates effective preemptive problem-solving, while 100% compliance in **Discharge Documentation and Follow-Up Monitoring** ensures continuity and accountability. This exemplary performance sets a benchmark for operational excellence, directly contributing to enhanced patient safety, reduced readmission risks, and optimized resource use. Sustaining this level of reliability requires continuous monitoring, but these results affirm the ward's discharge process as a model of systematic efficiency and clinical thoroughness.

RECOMMENDATIONS

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

ACTION PLAN/PERFORMANCE IMPROVEMENT PLAN

- ✎ No Major gap seen

Guyyaa/ቀን/Date: ____/____/____

- ✍ **Garee tajaajila Pedit Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Discharge Planning**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

GYN/OBS WARD

Discharge planning protocol Utilization

Monitoring Report

By: Abdella Mohammed- Ward head

Report period: 4th quarter of 2017E.C

Deder, Oromia

June 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 June 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, June 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**

Guyyaa/ቀን/Date: ____/____/____

- ✍ **Garee tajaajila GYN Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Discharge Planning**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!