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: May 02, 2017E.C

- **To:** Health Service Quality Unit
- **From:** Inpatient Department (IPD)

Subject: *Monthly Quality Improvement Report: Pain Management (**April 01-30, 2017**)*

Dear Colleagues,

We are pleased to present the report for the Pain Management Quality Improvement (QI) initiative for April 2017, marking the start of the sustained improvement phase for pain assessment, intervention, and reassessment.

This month, we conducted biweekly pain chart audits (80 charts total), delivered feedback within 72 hours, integrated pain assessment discussions into weekly ward forums, verified analgesic availability, and provided refresher training for 15 new nurses on pain documentation.

Key Results for April 2017:

- **Pain Assessment Rate:** 91% (Target: ≥90%) ✅
- **Pain Reassessment Rate:** 88% (Target: ≥90%) ⚠️
- **Documentation Compliance:** 92% (Target: ≥90%) ✅
- **Patient Satisfaction:** 94% (Target: ≥90%) ✅
- **Audit Completion Rate:** 100% (Target: 100%) ✅
- **Feedback Timeliness:** 93% (Target: ≥90%) ✅

Key Learnings & Challenges:

Early feedback improved adherence, but reassessment delays during night shifts due to staff shortages were noted. Documentation errors in EOPD and NICU were corrected through mentoring. Weekly stock checks prevented analgesic shortages.

We look forward to your continued support as we address these challenges in May.

Sincerely,

Dr. Dawit Seifu-Team leader

DEDER GENERAL HOSPITAL

Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT

QI Team Lead: **Dr. Dawit Seifu-IPD Director**

Facilitator: **Abdi Tofik (BSc, MPH)-HSQ Director**

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

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Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT

1. PLAN

Aim Statement:

By August 2017, sustain **≥90% compliance with pain assessment, intervention, and reassessment** for all admitted patients through **standardized SOP implementation, biweekly audits, and monthly pain forums**, while maintaining **≥90% patient satisfaction**.

Rationale:

March 2017 data showed pain assessment compliance improved to 89%, but sustaining performance above target requires continuous monitoring, training, and feedback. Integration into ward rounds and forums was identified as a critical driver.

Predicted Change:

- Pain assessment and reassessment compliance ≥90%
- Documentation completeness ≥90%
- Timely feedback within 72 hrs of audit
- Improved patient satisfaction (≥90%)

Interventions (What will we do?):

- Conduct **biweekly pain chart audits** per ward (10 random patient charts per audit).
- Provide **feedback to staff within 72 hrs** of audit findings.
- Hold **monthly pain management forum** with ward representatives.
- Update **dashboard** and present results at clinical forum.
- Track **drug availability weekly**.

Measures:

- **Primary:** Pain Assessment Rate (%), Pain Reassessment Rate (%)
- **Process:** Documentation Compliance (%), Audit Completion Rate (%), Feedback Timeliness (%)
- **Outcome:** Patient Satisfaction (%)

Roles & Responsibilities:

- **Quality Director:** Oversight, monthly review.
- **Ward Heads:** Integration of pain assessment in daily rounds.
- **Pain Focal Persons:** Data collection & dashboard update.
- **Nurses/Physicians:** Pain assessment, documentation, and reassessment.
- **Pharmacy Head:** Weekly analgesics stock report.

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Implementation Activities

- Conducted **2 pain chart audits** per ward (total 80 charts reviewed hospital-wide).
- Delivered structured feedback to ward staff within 72 hrs of each audit.
- Integrated pain assessment discussion into weekly ward forum agendas.
- Verified analgesic availability and addressed minor stock delay (resolved within 48 hrs).
- Refresher training provided for 15 newly assigned nurses on pain documentation.

Data Collection:

- Pain assessment/reassessment rates extracted from charts.
- Patient satisfaction data collected through exit interviews (n=50).
- Feedback logs completed and archived.

Tools Used:

- Pain Audit Form
- Dashboard (Traffic Light System)
- Meeting Minutes Template
- Corrective Action Log

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Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT

3. STUDY

Results Summary:

Indicator	Target	April Result	Status
Pain Assessment Rate	**≥90%**	91%	✅ Achieved
Pain Reassessment Rate	**≥90%**	88%	⚠️ Needs Improvement
Documentation Compliance	**≥90%**	92%	✅ Achieved
Patient Satisfaction	**≥90%**	94%	✅ Achieved
Audit Completion Rate	**100%**	100%	✅ Achieved
Feedback Timeliness	**≥90%**	93%	✅ Achieved

Pain Management Audit Report

Sample Size: 10 patients per ward (80 total)

Ward	Pain Assessed? (Y/N)	Reassessed? (Y/N)	Documented? (Y/N)	Patient Satisfied? (Y/N)
Medical	10/10	9/10	10/10	10/10
Surgical	9/10	8/10	9/10	9/10
Peds	10/10	9/10	10/10	10/10
OBGYN	9/10	9/10	10/10	9/10
EOPD	10/10	8/10	9/10	10/10
NICU	9/10	8/10	9/10	9/10
OPD	10/10	9/10	10/10	10/10
ICU	9/10	8/10	9/10	9/10
Total Compliance	**91%**	**88%**	**92%**	**94%**

Key Learnings:

- Early feedback improved adherence to reassessment but still slightly below target (88%).
- New nurses reported better confidence after refresher training.
- Weekly stock check prevented analgesic shortages.

Challenges Observed:

- Reassessment delays during night shifts identified (cause: staff shortage).
- Documentation errors in EOPD and NICU wards corrected through one-on-one mentoring.

4. ACT

What Worked?

✅ Structured biweekly audits and quick feedback loop.

✅ Integration of pain management into ward forum agenda.

✅ Timely training and resource allocation.

What Needs Adjustment?

✍ Strengthen night shift coverage and monitoring for pain reassessment.

✍ Introduce checklist reminder for reassessment during handovers.

Next Steps (May 2017 Onward):

1. Implement handover checklist in all wards.
2. Pilot electronic pain chart entry for faster monitoring.
3. Review reassessment performance mid-May and scale successful changes.