

Deder General Hospital

Surgical Ward Round Protocol Monitoring Report

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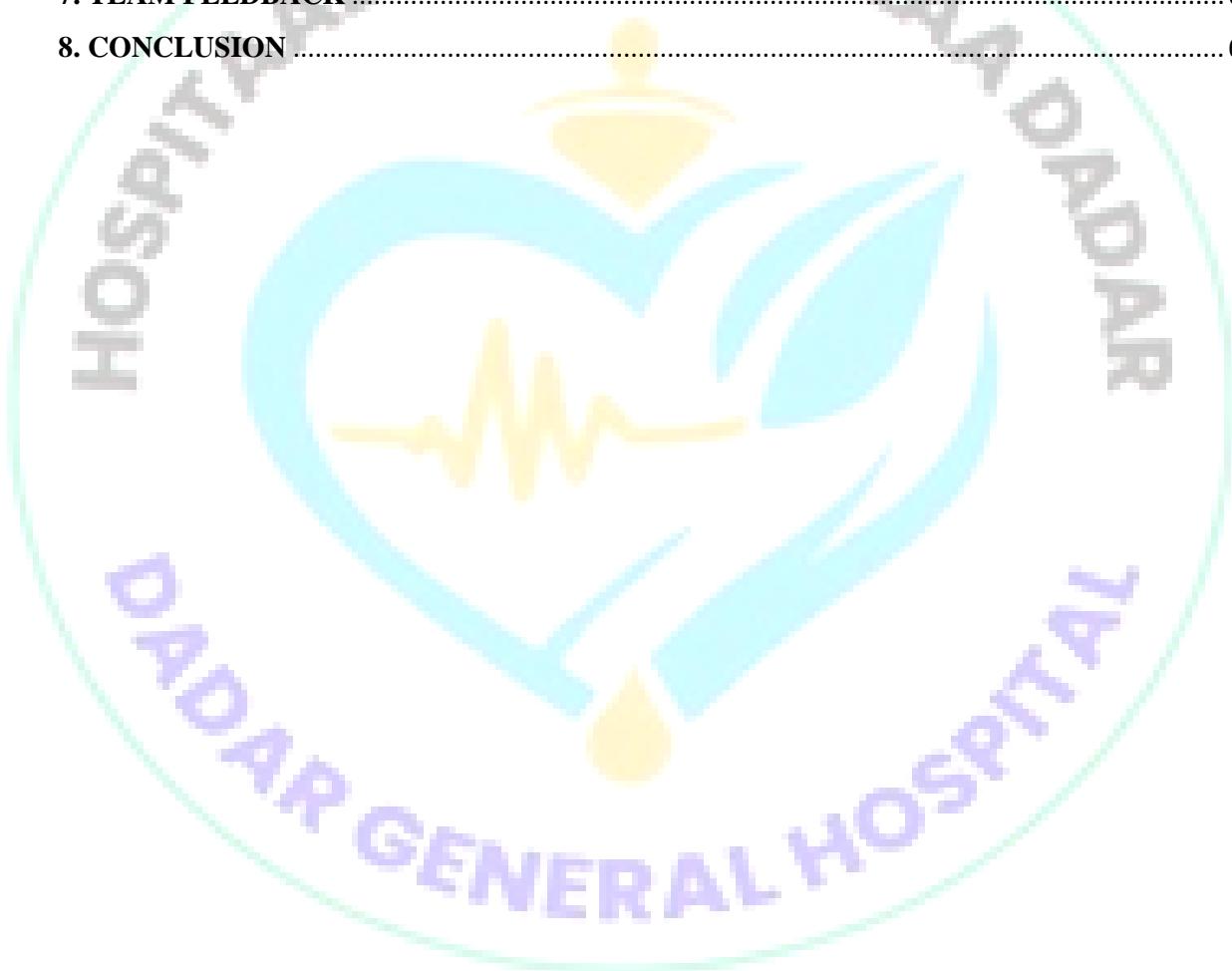
Date: 21/10/2017 E.C

DEDER, ETHIOPIA

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1. INTRODUCTION

Hospital ward rounds serve as a critical component of effective inpatient care, particularly in surgical wards where multidisciplinary coordination and prompt clinical decisions are essential. Conducted regularly, rounds allow healthcare teams to assess the patient's current condition, evaluate treatment effectiveness, coordinate care plans, and communicate with patients and families. Ensuring that rounds follow a structured protocol is essential to maintaining safety, efficiency, and quality in healthcare delivery.

This monitoring report presents the assessment findings of the **Surgical Ward Round Protocol** at **Deder General Hospital**, identifying strengths, pinpointing deviations, and offering actionable recommendations for improvement.

2. METHODOLOGY

2.1 Study Area

The study was conducted in the Surgical Ward of Deder General Hospital, a public healthcare facility located in Eastern Ethiopia.

2.2 Study Period

The monitoring was conducted on **21/10/2017 E.C.**, corresponding to **July 2024**.

2.3 General Objective

To evaluate the compliance of the Surgical Ward staff with the established ward round protocol.

2.4 Specific Objectives

- To assess whether all critical steps of the round protocol are being followed.
- To identify any deviations or barriers to protocol compliance.
- To develop recommendations for improving the quality of ward rounds.

2.5 Inclusion Criteria

- Patients present in the surgical ward at the time of routine ward rounds.
- Round sessions involving the standard surgical care team.

2.6 Exclusion Criteria

- Patients in critical condition where observation could interfere with care.
- Rounds not involving surgical patients (e.g., overflow cases).

2.7 Significance of the Monitoring

This assessment provides an evidence-based foundation for improving clinical coordination, patient safety, and the overall quality of care in the Surgical Ward. It serves as a basis for ongoing audits, training, and hospital quality improvement initiatives.

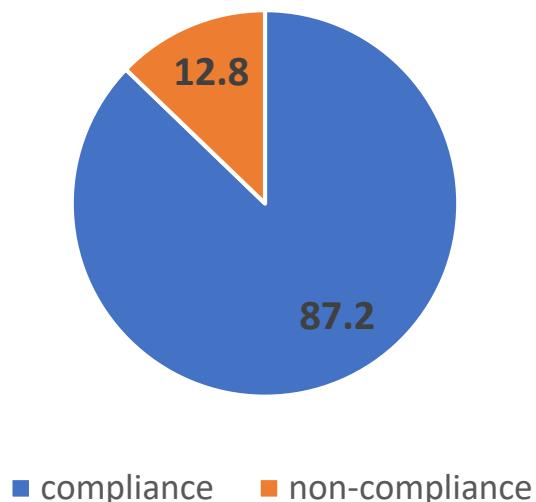
3. RESULTS

Out of a total of **156 assessment points** (**12 criteria** for **13 patients**), **136** were compliant, and **20** were non-compliant, giving an overall compliance rate of **87.2%**.

S/N	Round Protocol Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance %
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	12	1	92.3%
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)	5	8	38.5%
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100%

Piechart: Surgical Ward Round Protocol Monitoring Report

Surgical Ward Round Protocol Monitoring Report, 2017ec



4. DISCUSSION

The Surgical Ward demonstrated strong adherence to the established round protocol, particularly in critical domains such as punctuality, patient assessment, documentation, multidisciplinary involvement, and communication. These results indicate a well-structured and disciplined approach to daily surgical care.

However, weaknesses were identified in two key areas:

- **Specialist Consultations (38.5% compliance):** Many required consultations were either not arranged or not documented.
- **Follow-Up Task Assignment (92.3% compliance):** One case lacked proper delegation of follow-up actions.

These gaps may result from workflow inefficiencies or unclear role distribution.

5. RECOMMENDATIONS

1. **Improve Specialist Consultation Process**
 - Utilizing formal consultation request protocol.
 - Assign a responsible staff member to track pending consultations.

2. **Ensure Clear Follow-Up Task Delegation**
 - o Utilize a standardized checklist during rounds.
 - o Use ward communication boards or shared logs for visibility.
3. **Enhance Documentation Practice**
 - o Require documentation of all planned actions, referrals, and task ownership in the patient record.
4. **Regular Monitoring and Feedback**
 - o Monthly compliance audits.
 - o Debriefing sessions with round teams to review and reinforce expectations.

6. ACTION PLAN

Area for Improvement	Proposed Actions	Responsible Team	Timeline
Specialist Consultations	Utilizing consultation formats	Ward head, specialists	immediately
Follow-Up Task Assignment	Introduce followup checklist	Nurses	Immediate
Monthly Monitoring	Initiate structured monthly audits and reviews	Quality Improvement Unit	Continuous

7. TEAM FEEDBACK

Strengths:

- High level of team coordination and punctuality.
- Consistent documentation and communication with patients.

Suggestions:

- Assign dedicated staff to manage post-round responsibilities.
- Digitize rounds checklists for easier tracking.

8. CONCLUSION

The Surgical Ward of Deder General Hospital exhibits strong adherence to standardized ward round protocols, ensuring quality, safe, and timely care. While the overall performance is commendable, addressing the gaps in specialist referrals and follow-up assignment will further enhance care continuity and patient outcomes. Sustained efforts in staff training, monitoring, and interdepartmental collaboration will ensure continuous improvement.

