



DEDER GENERAL HOSPITAL

Pediatric Ward Case Team

Patient Transportation Protocol Utilization Monitoring Report

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Report period: 4th quarter of 2017E.C

Deder, Oromia

June 2017E.C

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INTRODUCTION

The Patient Transportation Protocol is an essential aspect of ensuring safe and efficient transfer of pediatric patients within Deder General Hospital. Proper transportation minimizes the risk of patient injury, ensures timely care, and maintains high standards of patient safety and comfort. The purpose of this report is to evaluate the adherence to the established transportation protocol within the Pediatric Ward and assess any areas for improvement.

OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Pediatric Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Pediatric Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

METHODOLOGY

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Pediatric Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Pediatric Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

RESULTS

Overall, the Pediatric Ward demonstrated strong adherence to the Patient Transportation protocol in June 2017 E.C., achieving a 96% compliance rate across monitored criteria. This high level of performance is reflected in 125 out of 130 protocol steps being successfully executed during 13 patient transfers. Eight of ten criteria – including critical safety elements like **Proper Identification, Necessary Medical Equipment, Safe Transfer Techniques, and Continuous Patient Monitoring** – achieved perfect 100% compliance. These results indicate robust systems for patient safety, equipment readiness, and communication during transport (**figure 1**).

While most protocol elements showed exemplary performance, two areas accounted for all non-compliant instances: Proper Handover (10/13 compliant) and Infection Control Measures (11/13 compliant). These represented the only deviations from full compliance, resulting in 3 and 2 non-compliant cases respectively. The 77% handover compliance suggests occasional gaps in information transfer between teams, while the 85% infection control rate indicates intermittent lapses in precautionary measures. Addressing these specific vulnerabilities could elevate the ward's near-excellent performance to exceptional levels, particularly as all other safety and communication protocols were flawlessly executed (**Table 2**).

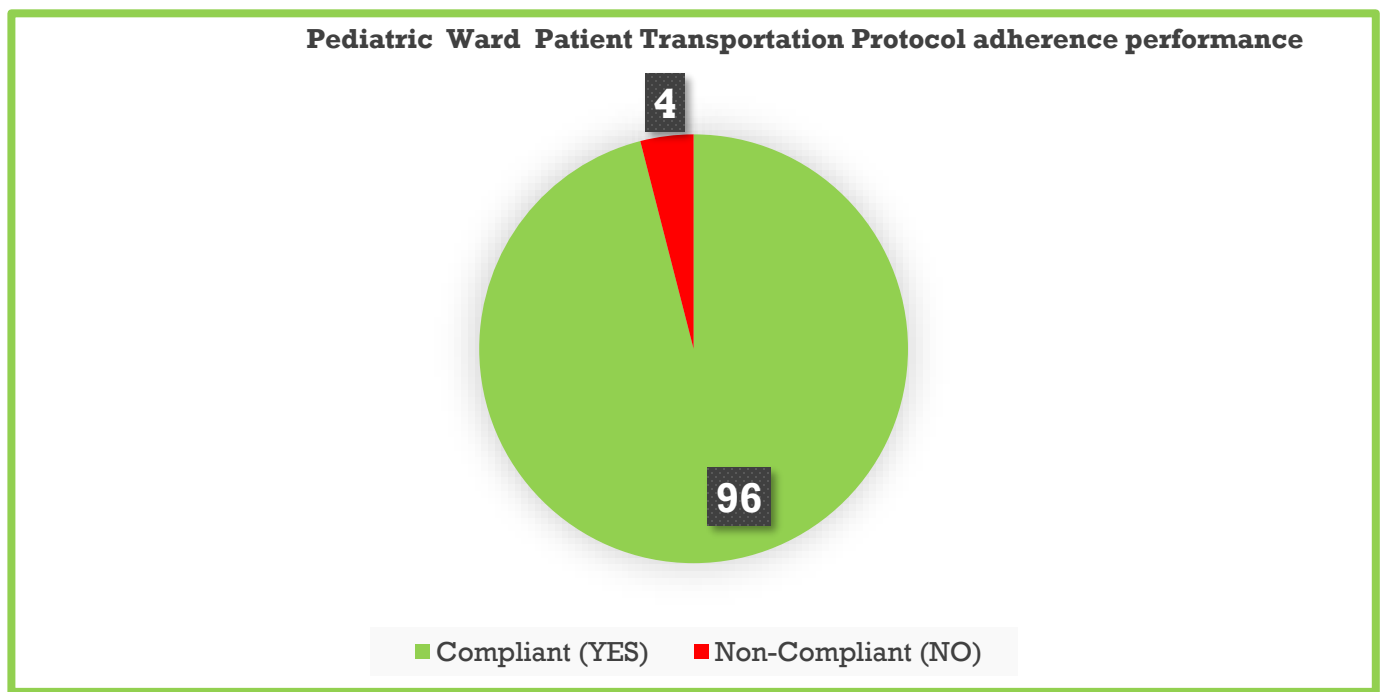


Figure 1: Pediatric Ward Patient Transportation protocol adherence monitoring performance, June 201E.C

Table 2: Pediatric Ward Patient Transportation protocol adherence monitoring performance, June 201E.C

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary medical Equipment	13	0	100
Safe Transfer Techniques Used	13	0	100
Monitor patient's condition	13	0	100
Safety Precautions Followed	13	0	100
Minimal Delays in Transport	13	0	100
Proper Handover	10	3	100
Infection Control Measures	11	2	100
Total Compliant Cases	125/130	5/130	96%

DISCUSSION

The Pediatric Ward achieved **strong overall compliance (96%)** with the Patient Transportation Protocol in June 2017 E.C., reflecting effective implementation of critical safety practices. Eight of ten criteria demonstrated **perfect 100% adherence**, including high-risk domains like *Safe Transfer Techniques*, *Continuous Patient Monitoring*, and *Necessary Medical Equipment*. This excellence in core safety measures—particularly given the unique challenges of pediatric transport (e.g., variable patient sizes, developmental needs)—signifies robust procedural discipline. The flawless execution of *Clear Communication* and *Minimal Delays* further highlights a patient-centered approach, ensuring families remain informed and transfers occur efficiently. These strengths align with the hospital's broader safety goals and suggest successful protocol internalization among staff.

However, two areas require urgent attention: **Proper Handover (77% compliance)** and **Infection Control Measures (85% compliance)**. The handover gap (3 failures in 13 cases) risks critical information loss during care transitions, while inconsistent infection control (2 lapses) exposes vulnerable pediatric patients to preventable harm. These deficiencies—though isolated—stand in stark contrast to otherwise exemplary performance. Root causes may include:

RECOMMENDATIONS

1. Proper Handover
2. Infection Control
3. Sustainability

Table 2: Action Plan/Improvement plan, June 201E.C

Area for Improvement	Action Item	Responsible body	Timeline
Proper Handover	Implement pediatric SBAR handover tool	Head Nurses	2-4 weeks
Infection Control	PPE "buddy system" rollout	Head Nurses	Immediate 1 month 6 weeks

Table 3: Implementation Status of previous improvement plan, June 201E.C

Area Needing Improvement	Proposed Action	Responsible Body	Timeline	Status
Transport Team Briefing	Implement standardized pre-transport checklist and conduct briefings before transfers	Charge Nurses / Transport Team	1 month	Fully Implemented
Monitor Patient's Condition	Introduce mandatory vital sign checks (pre-transport, during transport, upon arrival)	Transport Team (Nurses & Aides)	Immediately	Fully Implemented

Guyyaa/ቀን/Date: ____/____/____



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

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!

Guyyaa/ቀን/Date: ____/____/____



-  **Garee tajaajila Daddeebi'anii yaalamuu/OPDt irraa**
-  **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon “PUD”** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!

Guyyaa/ቀን/Date: ____/____/____

-  **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**
-  **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Asthma"** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!

Guyyaa/ቀን/Date: ____/____/____

✍ **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**

✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Renal Disease"** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!

Guyyaa/ቀን/Date: ____/____/____

✎ **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**

✎ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Asthma"** Jedhamu kan **ji'a 8ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!