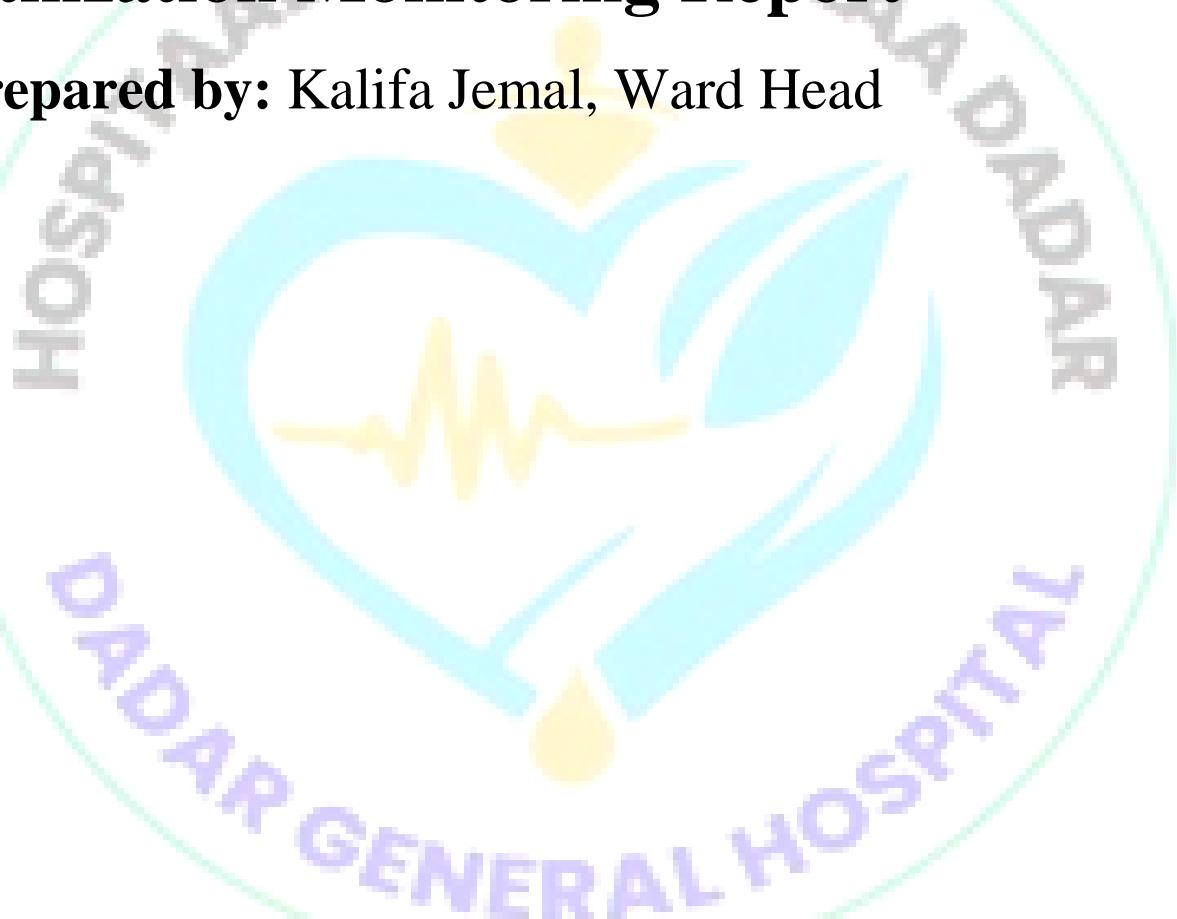


**DEDER GENERAL HOSPITAL**

**Surgical Ward Case Team**

**Discharge Planning Protocol  
Utilization Monitoring Report**

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**Location: Deder, Oromia**

**Date: JULY 2017 E.C**

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# 1. Introduction

This comprehensive report presents the monitoring and evaluation findings of the **Discharge Planning Protocol** implementation in the **Surgical Ward** of Deder General Hospital. The discharge process is a critical phase of patient care that directly influences outcomes such as recovery, adherence to medication, reduced readmissions, and overall patient satisfaction.

This assessment aimed to ensure that the protocol is not only being followed but internalized by the care team as part of standard clinical practice. The protocol covers essential discharge domains such as **early identification**, **team-based care coordination**, **patient and caregiver education**, **post-discharge follow-up arrangements**, **social and financial preparedness**, and **clear documentation**. Each of these elements contributes to a **safe, structured, and patient-centered transition** from hospital to home.

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## 2. Objectives

The specific goals of this monitoring activity were:

1. To verify complete adherence to each component of the discharge planning protocol.
  2. To evaluate the improvements made since the last assessment period.
  3. To highlight strengths and best practices that can be scaled or replicated across other units.
  4. To ensure patient preparedness and satisfaction at the point of discharge.
  5. To monitor the sustainability of changes previously implemented through improvement plans.
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## 3. Methodology

The assessment was carried out using a **structured checklist**, comprising **40 key performance indicators** grouped under eight main categories:

- 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
- Barriers and Solutions

Each item was rated as:

- **1 = Compliant**
- **0 = Non-Compliant**

Feedback was also collected through **post-discharge interviews** with 10 randomly selected patients to assess their **level of understanding, readiness, and satisfaction** regarding their transition from inpatient to home care.

## 4. Results

The results of the JULY 2017 E.C. assessment reveal **perfect compliance (100%)** across all 40 indicators. This signifies that **every step of the discharge planning process was executed thoroughly and without deviation**.

Previously identified gaps in **Discharge Summary and Documentation** as well as **Barriers and Solutions** were successfully closed. The team demonstrated **not only compliance** but also **internalized accountability** and systemic coordination.

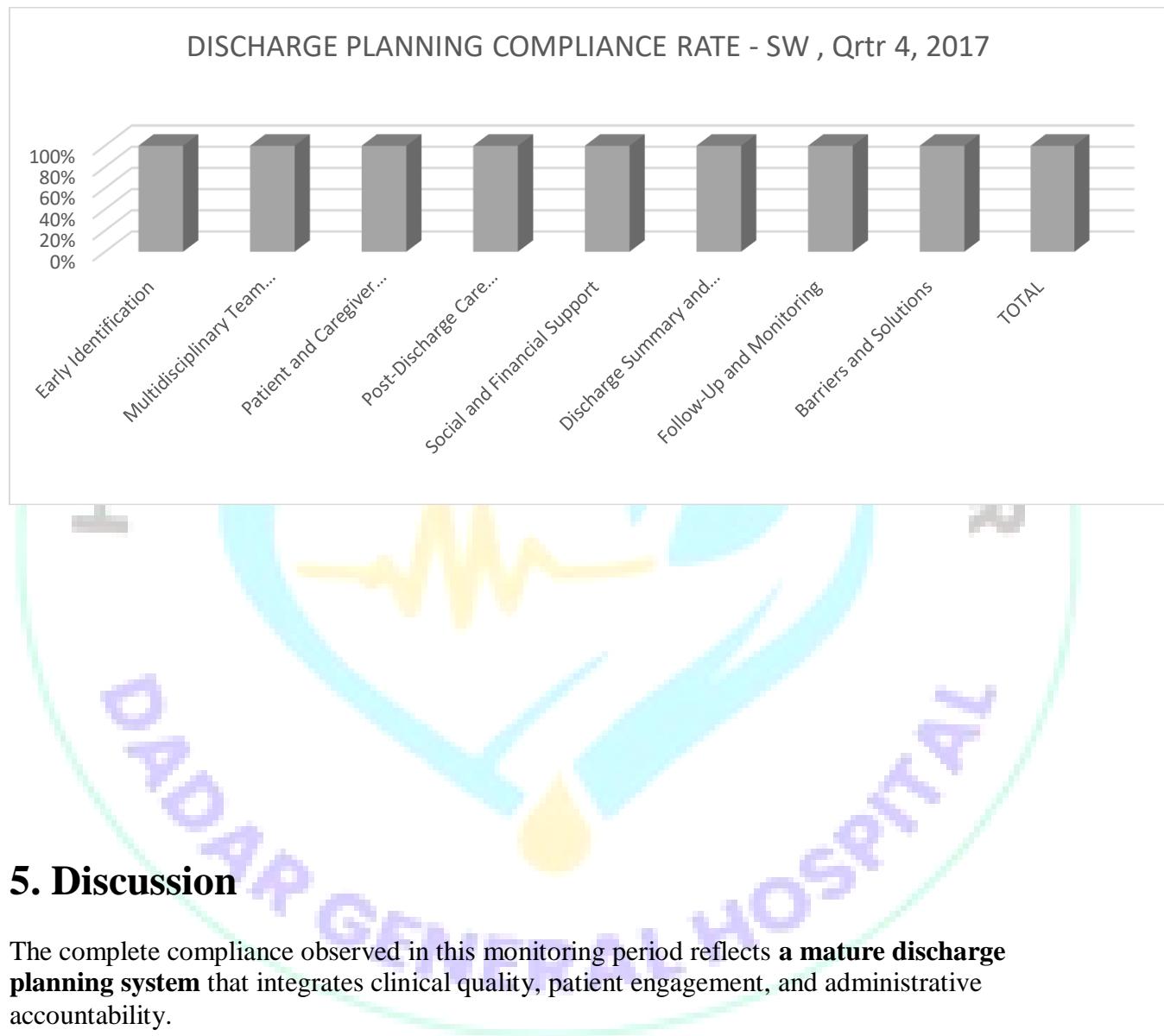
This improvement represents a **significant leap forward** from the last monitoring period where a 75% compliance rate was reported. The team's commitment to excellence and collaborative learning is evident in this outcome.

**Table 1: Compliance by Criteria (JULY 2017 E.C.)**

Discharge Planning Component	Compliant	Non-Compliant	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%
<b>TOTAL</b>	<b>80</b>	<b>0</b>	<b>100%</b>

**Figure 1: Surgical Ward Discharge Planning – Compliance Performance (JULY 2017 E.C.)**

- Compliant (YES): 100%
- Non-Compliant (NO): 0%



## 5. Discussion

The complete compliance observed in this monitoring period reflects a **mature discharge planning system** that integrates clinical quality, patient engagement, and administrative accountability.

The **zero-gap performance** across all categories reflects:

- Effective staff orientation and refresher training
- Robust teamwork across disciplines
- Leadership oversight and regular performance audits
- Timely identification of patient needs and discharge barriers
- High engagement of patients and families

A notable improvement was seen in areas previously identified as weak points:

- **Discharge Summary and Documentation:** Staff have adopted standardized templates and complete all forms in a timely and consistent manner.
- **Barriers and Solutions:** Weekly multidisciplinary rounds now include a discussion of social, transport, and home-based challenges, with immediate resolution plans created before discharge.

The patient interviews showed:

- 100% of respondents felt well-informed at discharge
- 90% reported they received follow-up instructions in a clear and understandable manner
- 100% expressed satisfaction with the coordination of their discharge process

## 6. Recommendations

To sustain this outstanding performance, the following actions are recommended:

- ✓ **Institutionalize documentation tools:** Continue using and refining templates to maintain consistency.
- ✓ **Quarterly refresher training:** Regular updates for staff on discharge procedures and patient communication.
- ✓ **Scale successful practices:** Share the ward's process with other departments to replicate outcomes.
- ✓ **Continuous patient feedback:** Implement a formal mechanism to gather patient insights post-discharge.
- ✓ **Digital tracking:** Transition from paper to electronic discharge planning checklists for real-time monitoring.

**Table 2: Ongoing Quality Assurance Actions**

Focus Area	Ongoing Action	Responsible Body	Frequency
Documentation Quality	Maintain and audit discharge summary templates	Ward Head & Quality Team	Monthly
Barrier Management	Weekly multidisciplinary review of discharge cases	MDT & Ward Head	Weekly

Focus Area	Ongoing Action	Responsible Body	Frequency
Follow-up Monitoring	Calls or visits to high-risk discharged patients	Assigned Nurse/Clerk	Weekly
Feedback Collection	Exit interviews and suggestion box review	Quality Office	Continuous

**Table 3: Status of Previous Improvement Plan**

Action Item	Status
Standardized Discharge Checklist	Fully developed and in regular use
Readmission Tracking Logbook	Functional and maintained
High-Risk Patient Referral System	Implemented and active
Second Quarterly Audit	Completed and reviewed

## 7. Conclusion

The JULY 2017 E.C. monitoring report confirms that the **Surgical Ward at Deder General Hospital has achieved full protocol adherence** in all aspects of discharge planning. This reflects a **well-coordinated, patient-centered approach** backed by strong leadership and active teamwork. Sustained focus on education, communication, and documentation has created a resilient system that is delivering high-quality care consistently.

This achievement can serve as a **benchmark for other departments** and even similar facilities within the region aiming to enhance their discharge planning process.

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