



# **DEDER GENERAL HOSPITAL**

## **Emergency Department**

### **Interdepartmental Consultation Protocol**

### **Monitoring Report**

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**Report Period:** 4<sup>th</sup> Quarter of 2017E.C

***Deder, Oromia***  
**June 2017E.C**

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## INTRODUCTION

In simple terms a consult is a request made from one physician or provider to another physician or provider to give an opinion or advice on a specific patient. A consultation is usually sought when a physician or provider with primary responsibility for a patient recognizes conditions or situations that are beyond his or her training or expertise. An effective consult should always be performed with the patient's best interest in a positive impact on the patient's Care. Open communication between the referring physician or provider and the consult provider is essential for effective consultation

Since 2015 Deder General Hospital was having **Interdepartmental consultation protocol** for use by clinical staff when the consultation needed.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

## OBJECTIVES

### General objective

- To give appropriate, comprehensive and quality of care for patients

### Specific objectives

- To assess the quality of documentation and clarity in consultation requests.
- To determine timeliness and responsiveness of the consulting departments.
- To evaluate whether consultations lead to improved patient care.
- To identify areas needing improvement for better interdisciplinary collaboration.

## METHODOLGY

- A total of **10 patient medical records (MRNs: 339996, 340713, 340720, 341400, 342199, 343695, 343106, 343105, 343183, 343776)** were selected.
- Each case was assessed using a structured checklist of **16 consultation performance indicators** under **6 main categories**. Responses were categorized as **Yes, No, or Not Applicable (NA)**.
- Compliance rates were calculated accordingly.

**Table 1:Verification Criteria**

Criteria	Verification Criteria
<b>1. Consultation Request Process</b>	
1.1	Was the consultation request properly documented?
1.2	Was the consultation request clear and detailed?
1.3	Was the request sent through the appropriate channel (e.g., electronic or paper)?
1.4	Did the requesting department clearly state the reason for consultation?
<b>2. Timeliness of Consultation</b>	
2.1	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)
2.2	If urgent, was the consultation responded to within the specified urgent response time?
<b>3. Quality of Response</b>	
3.1	Was the consultation addressed by the appropriate specialist or department?
3.2	Was the response to the consultation complete and thorough?
3.3	Did the consulting department provide actionable recommendations?
3.4	Were diagnostic tests or additional investigations recommended where necessary?
3.5	Was there clear communication regarding the next steps or follow-up?
<b>4. Collaboration and Communication</b>	
4.1	Was there an opportunity for discussion between departments following the consultation?
4.2	Were there any issues of miscommunication between departments?
<b>5. Outcome of Consultation</b>	
5.1	Was the patient's issue resolved or improved as a result of the consultation?
5.2	Were follow-up actions or another consultation required?
5.3	Was patient care improved as a result of the consultation?

## **RESULTS**

The Emergency Department's interdepartmental consultation protocol demonstrated **exemplary overall performance** in June 2017EC, achieving a near-perfect **99.4% compliance rate** across all monitored components. This exceptional result is underscored by the fact that **179 out of 180** audited items met the required standards. Five out of the six key components – Consultation Request Process, Timeliness of Consultation, Quality of Response, Collaboration and Communication, and Overall Satisfaction – achieved flawless **100% compliance**, indicating highly effective and consistent adherence to the protocol in these critical areas.

While the overall performance was outstanding, a **single area for minor improvement** was identified within the "Outcome of Consultation" component. This component recorded **96.7% compliance (29 out of 30 items)**, meaning one item did not meet the expected standard. Despite this isolated lapse, the remarkably high compliance rate across all other aspects and the exceptional total performance confirm a robust and well-functioning interdepartmental consultation system within the Emergency Department during the monitoring period (**Table 1**).

**Table 2:** Emergency Department Interdepartmental consultation protocol monitoring, June, 2017EC

<b>Component</b>	<b>Total Items</b>	<b>YES</b>	<b>NO</b>	<b>Compliance %</b>
1. Consultation Request Process	4	40	0	100%
2. Timeliness of Consultation	2	20	0	100%
3. Quality of Response	5	50	0	100%
4. Collaboration and Communication	2	20	0	100%
5. Outcome of Consultation	3	29	1	96.7%
6. Overall Satisfaction	2	20	0	100%
<b>Total (excluding NA entries)</b>	<b>18</b>	<b>179</b>	<b>1</b>	<b>99.4%</b>

## DISCUSSION

The results demonstrate an exceptionally high level of compliance (**99.4%**) with the Emergency Department's Interdepartmental Consultation Protocol during June 2017EC. This near-perfect adherence across 18 audited items signifies a robust and reliably functioning system. The achievement of 100% compliance in five out of the six core components – **Consultation Request Process, Timeliness, Quality of Response, Collaboration/Communication, and Overall Satisfaction** – is particularly noteworthy. This indicates that the fundamental processes for initiating, responding to, and communicating about consultations are consistently executed according to protocol standards. The flawless performance in collaboration and satisfaction further suggests that the interactions between the Emergency Department and consulting services are effective and well-received, fostering a positive interdisciplinary working environment critical for patient care efficiency.

While the overall performance was outstanding, the results identify a single, specific area for potential refinement: the **Outcome of Consultation** component. This component showed a slight dip in compliance (96.7%), accounting for the only non-conformance (1 out of 180 items) in the entire audit. Although the impact on the overall result is minimal, this isolated instance warrants focused attention. Investigating the specific reason behind this single "NO" response within the Outcome category is crucial. Understanding whether it relates to documentation completeness, the clarity of the consultation resolution for patient management, or another factor specific to outcome expectations will guide targeted process improvement efforts. Addressing this minor deviation can further strengthen an already highly effective consultation system, ensuring that the final step in the consultation pathway – achieving a clear and actionable outcome – matches the excellence demonstrated in the preceding steps.

## RECOMMENDATIONS

### 1. Case Review of the One Unresolved Outcome

- Conduct clinical audit to determine if process, communication, or medical complexity was the cause.

### 2. Sustain Excellence in Documentation and Communication

- Recognize and reinforce current practices with all staff members.

### 3. Enhance Monitoring for Critical Outcomes

- Implement short case reviews for consultations leading to unresolved outcomes to continuously improve.

### 4. Introduce Follow-Up Protocols

- Standardize follow-up actions for consultations with complex or chronic cases.

**Table 3:** Performance improvement plan, June 2017E.C

S/ N	Gap Identified	Action to be Taken	Due Date	Responsible Person
1	<b>One unresolved patient case</b>	Conduct detailed case review	Within 1 week	Medical Director & ED Team
2	<b>No formal follow-up tracking after consults</b>	Develop consultation follow-up checklist	2 weeks	ED Coordinator
3	<b>NA entries for diagnostics/miscommunication</b>	Continue using “NA” with justification when appropriate	Ongoing	All Units

**Table 4: Implementation Status of previous Performance improvement plan, June 2017E.C**

S/N	Gap Identified	Action to be Taken	Responsible Person	Due Date	Status
1	<b>One unresolved patient case</b>	Conduct detailed case review	Medical Director, ED Team	1 week	Completed
2	<b>No formal follow-up tracking after consults</b>	Develop consultation follow-up checklist	ED Coordinator	2 weeks	In Progress
3	<b>NA entries in diagnostics/miscommunication</b>	Continue using NA with justification when applicable	All Units	Ongoing	Ongoing



Guyyaa/ቁጥር/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila EOP irraa
- ❖ Garee Qulquullina Tajaajila Fayyaatiif

**Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Interdepartmental Consultation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 9** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajiin!!**