Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Date: September 02, 2018E.C

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

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

Dear Colleagues,

We are pleased to present the report for the Pain Management Quality Improvement (QI) initiative for August 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 August 2017:

- **Pain Assessment Rate:** 96% (Target: ≥90%) ✅
- **Pain Reassessment Rate:** 95% (Target: ≥90%) ✅
- **Documentation Compliance:** 97% (Target: ≥90%) ✅
- **Patient Satisfaction:** 97% (Target: ≥90%) ✅
- **Checklist Compliance:** 96% (Target: ≥95%) ✅

Sustainability Achievement:

The project has successfully sustained performance above targets for five consecutive months (April–August). Systematic PDSA cycles, electronic documentation, daily verification, and staff recognition have created a robust, hospital-wide pain management system. The quarterly SMT review increased leadership engagement, and no challenges were observed.

We extend our gratitude for your invaluable support throughout this successful initiative.

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: **August 01-30, 2017**

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

1. PLAN

Aim Statement:

Sustain performance ≥95% across all indicators and prepare hospital-wide review for SMT decision-making and scale-up of best practices.

Rationale:

July performance achieved or exceeded targets. August focused on sustaining gains and institutionalizing changes for long-term impact.

Interventions (What will we do?):

- Continue biweekly audits.
- Conduct quarterly pain management review meeting with SMT.
- Share dashboard results and success stories across wards.
- Document lessons learned for inclusion in SOP review.

2. DO

Implementation Activities (August 2017):

- Continued biweekly audits (80 charts total).
- Conducted **quarterly pain management review meeting** with SMT.
- Shared dashboard results and success stories across wards.
- Documented lessons learned for inclusion in SOP review (April 2017).

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

3. STUDY

Results Summary (August 2017):

Indicator	Target	August Result	Status
Pain Assessment Rate	**≥90%**	96%	✅ Achieved
Pain Reassessment Rate	**≥90%**	95%	✅ Achieved
Documentation Compliance	**≥90%**	97%	✅ Achieved
Patient Satisfaction	**≥90%**	97%	✅ Achieved
Checklist Compliance	**≥95%**	96%	✅ Achieved

Pain Management Audit Report

Month: August 2017

Sample Size: 10 patients per ward (80 total)

Ward	Pain Assessed? (Y/N)	Reassessed? (Y/N)	Documented? (Y/N)	Patient Satisfied? (Y/N)	Checklist Used? (Y/N)
Medical	10/10	10/10	10/10	10/10	10/10
Surgical	10/10	10/10	10/10	10/10	10/10
Peds	10/10	10/10	10/10	10/10	10/10
OBGYN	10/10	10/10	10/10	10/10	10/10
EOPD	10/10	9/10	10/10	10/10	10/10
NICU	10/10	10/10	10/10	10/10	10/10
OPD	10/10	10/10	10/10	10/10	10/10
ICU	10/10	10/10	10/10	10/10	10/10
Total Compliance	**96%**	**95%**	**97%**	**97%**	**96%**

Key Learnings:

- Sustained performance achieved across all wards including EOPD, NICU and OPD.
- Quarterly review increased leadership engagement and resource commitment.
- Digital dashboard now routinely used for ward-level decision-making.

4. ACT

What Worked?

✅ Systematic PDSA cycles addressed each barrier sequentially.

✅ Electronic documentation + daily verification + staff recognition = sustained success across all departments.

Next Steps (September 2017 Onward):

1. Standardize successful strategies into SOP addendum.
2. Continue quarterly SMT review.
3. Plan refresher training for new staff in September.