



DEDER GENERAL HOSPITAL

Medical Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

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INTRODUCTION

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Medical Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Medical 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 Medical 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 Medical Ward:

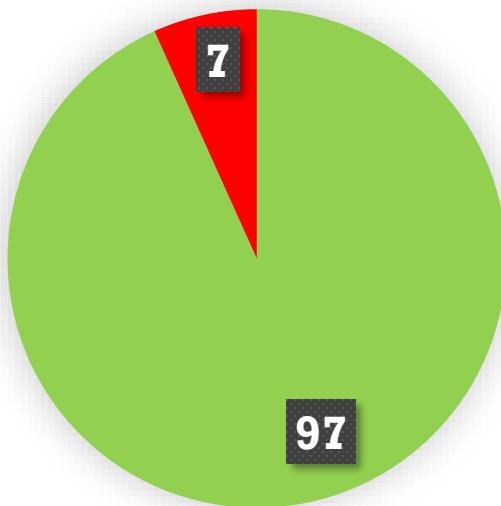
1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Medical Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation 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

The Medical Ward Patient Transportation protocol adherence monitoring for June 2017 E.C demonstrated exceptional compliance, with an overall adherence rate of 97%. Out of the 90 recorded cases, 87 were compliant with the protocol, yielding an overall compliance rate of 97%. Specific criteria such as Proper Identification, Clear Communication with Patient, Transport Team Briefed, Safe Transfer Techniques Used, Safety Precautions Followed, and Proper Handover achieved perfect compliance rates of 100%. These findings indicate strong performance in critical areas of patient transportation, ensuring patient safety and effective communication during transfers (**Table 2**).

However, minor areas for improvement were identified. Criteria such as Necessary Medical Equipment, Minimal Delays in Transport, and Infection Control Measures had compliance rates of 90%, with one non-compliant case each out of 10. While these rates are still high, addressing these gaps could further enhance the protocol's effectiveness. The low number of non-compliant cases (3 out of 90) suggests that the transportation process is well-managed, but targeted interventions in the identified areas could help achieve near-perfect adherence across all criteria (**Table 2**).

Medical Ward Patient Transportation protocol adherence monitoring performance



■ Compliant (YES) ■ Non-Compliant (NO)

Figure 1: Medical Ward Patient Transportation protocol adherence monitoring performance, June 2017E.C

Table 2: Medical Ward Patient Transportation protocol adherence monitoring performance, June 2017E.C

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	10	0	100
Transport Team Briefed	10	0	100
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	9	1	90
Proper Handover	10	0	100
Infection Control Measures	9	1	90
Total Compliant Cases	87/90	3/90	97

DISCUSSION

The findings from this study highlight an overall high level of adherence to the Medical Ward Patient Transportation protocol, with a 97% compliance rate across all evaluated criteria. This suggests that the established protocols are effectively implemented, particularly in critical areas such as patient identification, communication, and safety measures. The perfect compliance rates (100%) in six out of nine criteria reflect a strong institutional commitment to patient safety and standardized procedures. These results are encouraging, as they indicate that healthcare staff are consistently following best practices during patient transport, minimizing risks and ensuring smooth transitions between care settings.

Despite the high overall compliance, the study identified minor gaps in three areas: availability of necessary medical equipment, delays in transport, and infection control measures, each with a 90% compliance rate. These findings suggest opportunities for targeted quality improvement initiatives. For instance, ensuring that all transport teams are equipped with necessary medical devices and reinforcing infection control protocols could further enhance patient safety. Additionally, investigating the causes of transport delays may help streamline processes. Addressing these areas could elevate compliance to near-perfect levels, further optimizing patient care during transportation. Continuous monitoring and staff training may be beneficial in sustaining and improving these outcomes.

RECOMMENDATIONS

- ☒ Avail necessary Medical Equipment Missing
- ☒ Minimize delays in Transport
- ☒ Improve Infection prevention Control

Table 2: Action Plan/Improvement plan, June 2017E.C

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
Necessary Medical Equipment Missing	Inadequate checklist use, supply shortages	Implement a pre-transport equipment checklist; ensure regular stock audits	Nursing Director, ward head, & Biomedical engineer	1 month
Delays in Transport	Coordination issues, staffing gaps	Standardize transport scheduling; assign dedicated transport teams	Nursing Director & ward head	2 months
Infection Control Lapses	Inconsistent PPE use, hand hygiene compliance	Reinforce training on infection control; conduct random audits	ward head & IPC f/person	1 month

Table 3: Implementation Status of previous performance improvement plan, June 2017E.C

Area for Improvement	Action Item	Status
Safety Precautions Followed	Refresher training on patient transportation (seat belts, bed rails); periodic audits.	Completed – Training conducted
Proper Handover	Standardize handover checklist; ensure receiving team briefing.	Completed – Checklist integrated into workflow; no gaps reported.
Enhanced Documentation	Automate transport documentation in patient records.	In Progress – System under development; pilot phase initiated.
Monitoring and Feedback	Monthly audits and feedback sessions on protocol compliance.	Ongoing – Compliance improved
Training and Education	Quarterly refresher training on patient transportation protocol.	Completed – Training conducted



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- ☞ Garee tajaajila Medical 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 wajiin!!