



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

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June 2017E.C

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Introduction

This report evaluates the utilization of the discharge planning protocol in the Surgical Ward at Deder General Hospital. The assessment focuses on compliance with key criteria outlined in the protocol, including early identification, multidisciplinary team involvement, patient and caregiver education, post-discharge care arrangements, social and financial support, discharge summary documentation, follow-up and monitoring, and barriers and solutions.

The goal is to ensure that the discharge process is efficient, patient-centered, and compliant with hospital standards, thereby enhancing patient satisfaction and reducing readmission rates.

Discharge planning involves multiple steps, including ensuring the neonate meets discharge criteria, involving multidisciplinary teams, educating families, completing documentation, scheduling follow-up appointments, and providing necessary instructions for emergency care. The effectiveness of these processes directly impacts patient safety, family preparedness, and overall satisfaction.

Objective

The objectives of this monitoring report are:

1. To assess compliance with the discharge planning protocol.
2. To identify areas of strength and opportunities for improvement.
3. To provide recommendations for enhancing the effectiveness of the discharge process.

Methodology

Assessment Tool

A checklist-based approach was used to evaluate compliance with 40 criteria across eight key areas of the discharge planning protocol. Each criterion was scored as “Compliant (1)” or “Non-Compliant (0).” Additionally, post-discharge feedback from ten patients was collected to assess their satisfaction and understanding of the discharge process.

RESULT

The Surgical Ward achieved flawless discharge planning performance in June 2017 E.C., attaining a perfect overall compliance rate of 100%. This exceptional result signifies that all 80 criteria monitored across the eight key discharge planning components were fully met without a single instance of non-compliance. This perfect score represents the highest possible standard of adherence to discharge protocols during the monitoring period.

Detailed analysis of the individual criteria confirms comprehensive excellence across every measured aspect of the discharge process. All eight specific criteria – 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, and Barriers and Solutions – demonstrated 100% compliance, each with 10 compliant instances and zero non-compliant cases recorded. This consistent, top-tier performance across the board underscores the Surgical Ward's highly effective and reliably executed discharge planning system during June 2017 E.C (Table 1).

Table 1: Surgical Ward Discharge Planning monitoring performance, June 2017E.C

Criteria	Compliant (1)	Non- Compliant (0)	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
Overall performance	80/80	0/80	100%

DISCUSSION

The Surgical Ward's achievement of a perfect 100% compliance rate (80/80) in discharge planning for June 2017 E.C. represents an exceptional and commendable standard of performance. This flawless execution across all monitored criteria signifies not just high adherence, but the complete absence of identified deficiencies in the discharge process during this period. It demonstrates a highly effective system operating at its theoretical peak, where every assessed aspect of discharge planning met the required standards without exception. Such consistent perfection is rare in healthcare quality metrics and strongly indicates that the ward's discharge protocols were rigorously followed by all involved staff, directly contributing to enhanced patient safety, continuity of care, and reduced risk of post-discharge complications or readmissions.

The uniformity of excellence across all eight specific criteria – each scoring 100% – underscores a deeply embedded culture of thoroughness and reliability within the Surgical Ward's discharge planning process. Unlike scenarios where overall high scores mask weaker areas, this data reveals consistent strength in every domain: from the foundational steps of Early Identification and Multidisciplinary Team Involvement, through critical patient-centered activities like Education and Social/Financial Support, to the essential administrative and follow-up components of Documentation and Follow-Up/Monitoring. The absence of any non-compliance in "Barriers and Solutions" further suggests a proactive and effective approach to problem-solving. While celebrating this outstanding achievement, it is crucial to recognize the effort required to maintain such a high standard. Continuous vigilance, ongoing staff education, and sustained resource allocation will be necessary to ensure this level of performance is not only celebrated but also consistently replicated in future monitoring periods, solidifying it as the ward's operational norm rather than a peak accomplishment.

RECOMMENDATIONS

✂ Strength Discharge Summary and Documentation through M&E

Table 2: SW D/Planning monitoring performance improvement plan, June 2017E.C

Area for Improvement	Action to be taken	Responsible body	Timeline
Discharge Summary and Documentation	Orient staff on proper documentation procedures. Conduct weekly audits to monitor compliance.	Ward head	1 month
Barriers and Solutions	Strengthen a multidisciplinary team round to identify common discharge barriers.	Multidisciplinary team round Team & Ward head	1 month

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

Action Item	Progress Status
Standardized Discharge decision Checklist	• discharge decision Checklist developed and
Readmission Tracking System	• Readmission Tracking logbook developed
Post-Discharge Support	• High-risk patient referrals initiated
Regular Audits & Feedback	• 2 nd quarterly audit completed

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

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Discharge Planning**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!