

# **DEDER GENERAL HOSPITAL**

## **ICU PATIENT TRANSPORTATION PROTOCOL UTILIZATION MONITORING REPORT**

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**JULY, 2017EC**

**DEDER, ETHIOPIA**

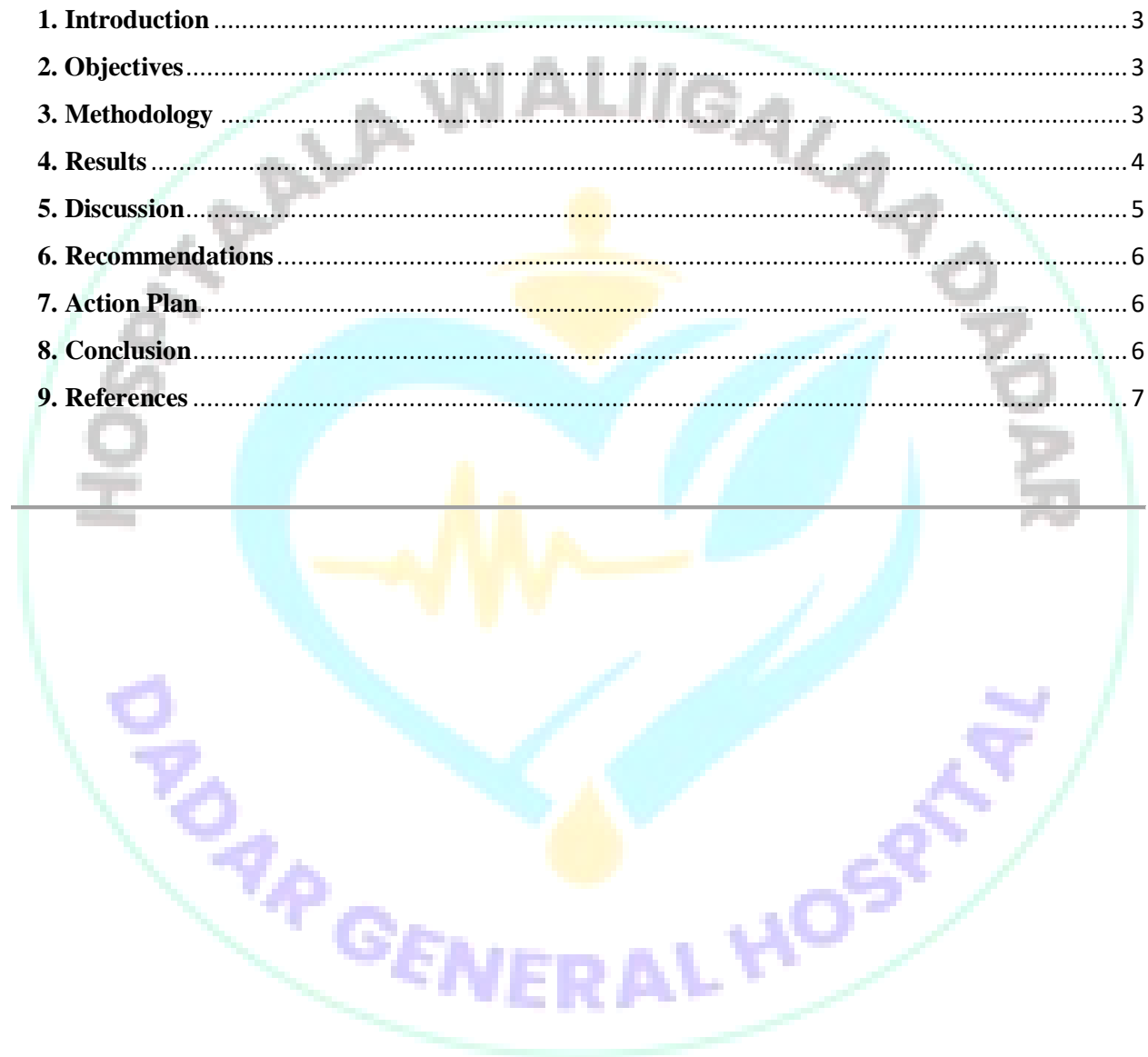
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# 1. Introduction

Safe and efficient patient transportation within and outside the ICU is a critical aspect of hospital operations, especially in emergency and high-dependency units like the Intensive Care Unit (ICU). Errors in this process can lead to adverse events, clinical deterioration, or delayed treatment. To ensure quality, timely, and safe patient transfers, strict adherence to standardized transportation protocols is required. This report presents a structured monitoring audit conducted in July 2017 E.C. to evaluate the performance of the ICU in complying with patient transportation standards.

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## 2. Objectives

### 2.1 General Objective

To assess the level of compliance with patient transportation protocols in the ICU and ensure safe, efficient, and standardized inter- and intra-hospital transfers.

### 2.2 Specific Objectives

- To evaluate adherence to transportation checklist items such as identification, communication, equipment readiness, and handover practices.
  - To detect gaps or risk areas in current transportation processes.
  - To promote consistent best practices across all patient transfer scenarios.
  - To inform improvement strategies that enhance patient safety and reduce transportation-related risks.
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## 3. Methodology

### 3.1 Study Design

A cross-sectional audit based on direct observation and patient chart review.

### 3.2 Study Area and Period

- **Study Area:** ICU, Deder General Hospital
- **Study Period:** JUNE 8 - JULY 8 2017 E.C.

### 3.3 Study Population

Patients transferred from the ICU to diagnostic, surgical, or other clinical departments during the audit period.

### 3.4 Inclusion and Exclusion Criteria

#### Inclusion:

- Patients transported from the ICU for treatment, procedures, or investigations during the observation day.

#### Exclusion:

- Patient transports that occurred without nursing staff involvement.
- Emergency transports without prior documentation.

### 3.5 Sampling Technique and Sample Size

- **Sampling Technique:** Purposive sampling of all patient transports in the study period
- **Sample Size:** 13 patient transports observed

### 3.6 Data Collection Tools and Procedure

- Structured Patient Transportation Compliance Checklist.
- Direct observation by a trained quality audit team.
- Interviews with transport staff and patients (where appropriate).

### 3.7 Data Analysis

Responses were recorded as Yes (Compliant = 1) or No (Non-Compliant = 0). Compliance rates were calculated per item and summarized. A total of 13 patient charts were reviewed, and all 13 were found to have complete and accurate documentation of transportation protocols.

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## 4. Results

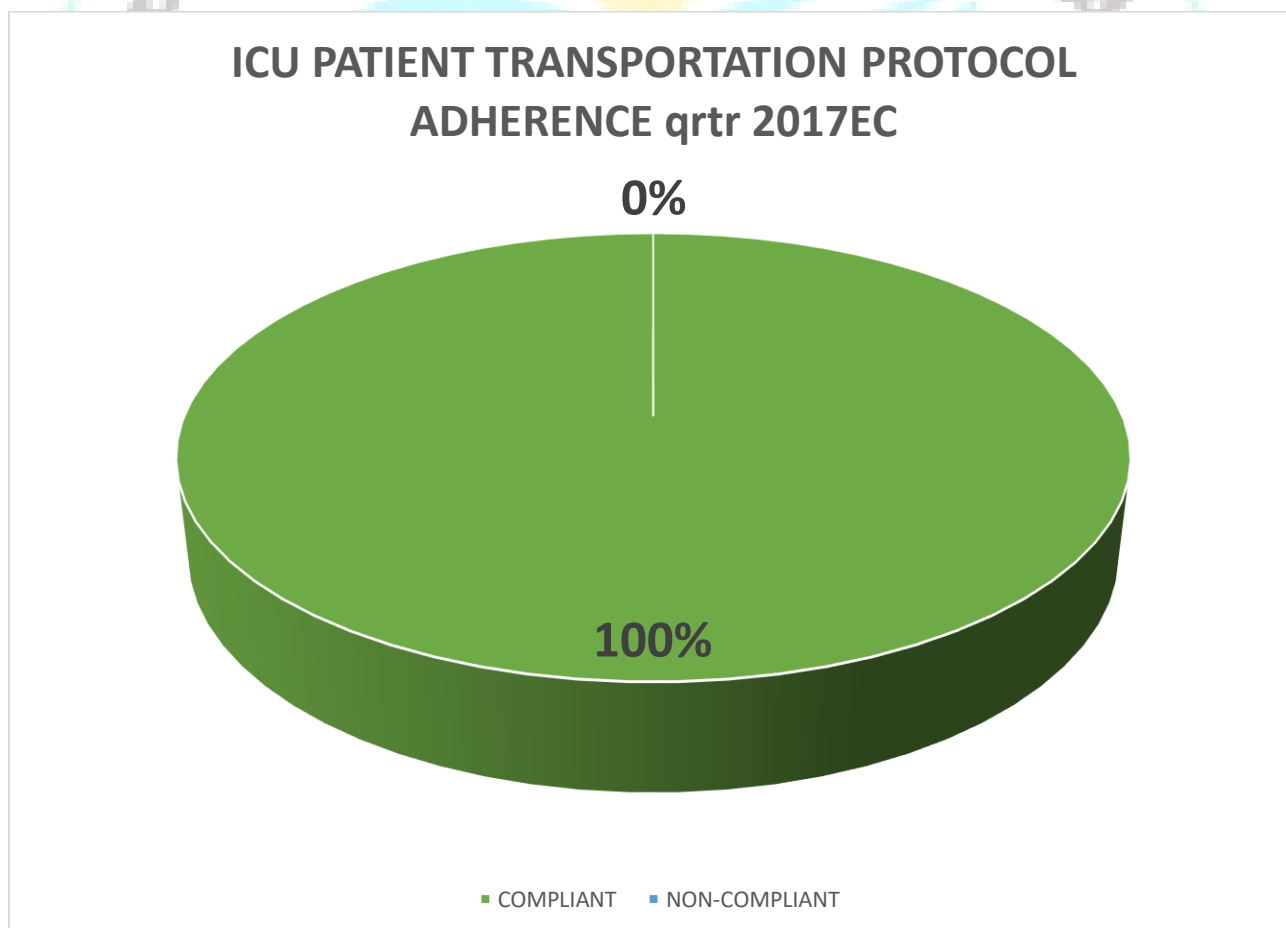
All 13 patient charts demonstrated complete adherence to transportation protocol standards, resulting in 100% compliance across all indicators.

### 4.1 Transportation Compliance Table – ICU, July 2017 E.C.

S/N	Transportation Criteria	Compliant (1)	Non-Compliant (0)	Compliance (%)
1	Proper Identification before Transport	13	0	100%

2	Clear Communication with Patient	13	0	100%
3	Transport Team Briefed on Patient Condition	13	0	100%
4	Necessary Medical Equipment Checked and Available	13	0	100%
5	Safe Transfer Techniques Used	13	0	100%
6	Safety Precautions (bedrails, belts, etc.) Followed	13	0	100%
7	Minimal Delays in Transport	13	0	100%
8	Proper Handover Given at Destination	13	0	100%
9	Infection Control Measures Followed	13	0	100%
	<b>Overall Compliance</b>	<b>117</b>	<b>0</b>	<b>100%</b>

#### 4.2 Visual Summary (Bar Chart)



## 5. Discussion

The July 2017 E.C. audit of ICU patient transportation at Deder General Hospital reveals a flawless execution of standard protocols. All observed transportation events fully adhered to best practices, including identity confirmation, team communication, equipment preparation, and infection control.

The ICU team demonstrated high levels of coordination and patient-centered care. Communication was clear, handovers were smooth, and no delays or safety incidents were reported. Importantly, all 13 patient transports were conducted with appropriate medical equipment and had their documentation thoroughly completed, confirming the department's commitment to excellence.

These results suggest a strong institutional culture of safety and an effective training and accountability structure within the ICU. Sustaining this performance will require ongoing attention, routine monitoring, and staff recognition.

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## 6. Recommendations

1. Recognize the ICU transport team for their excellent performance.
  2. Encourage knowledge sharing between ICU and other departments.
  3. Continue patient and staff feedback collection to enhance safety culture.
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## 7. Action Plan

Objective	Action Step	Responsible Party	Timeline
1. Continue Monthly Monitoring	Conduct monthly audits of ICU transportation protocol	Head Nurse, QI Team	Monthly
2. Sustain Performance Excellence	Recognize team, promote shared learning hospital-wide	Hospital Director	Ongoing

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## 8. Conclusion

The ICU transport protocol monitoring audit for July 2017 E.C. demonstrates full (100%) compliance across all assessed areas. The findings highlight a mature safety culture, effective teamwork, and excellent protocol integration within the ICU.

All 13 patient charts reviewed were complete and confirmed adherence to protocol standards, both in documentation and actual practice. Maintaining this level of excellence requires deliberate efforts, including regular supervision, data feedback, and institutional appreciation. The ICU's success should serve as a benchmark for other units.

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## 9. References

1. Ethiopian Ministry of Health. (2020). *Patient Transfer Guidelines and Protocols*.
2. WHO. (2017). *Safe Intra-hospital Transport of Critically Ill Patients*.
3. Institute for Healthcare Improvement (IHI). (2021). *Framework for Safe Patient Handover*.
4. Deder General Hospital QI Committee. (2016 E.C.). *Internal Transport Safety Manual*.

