

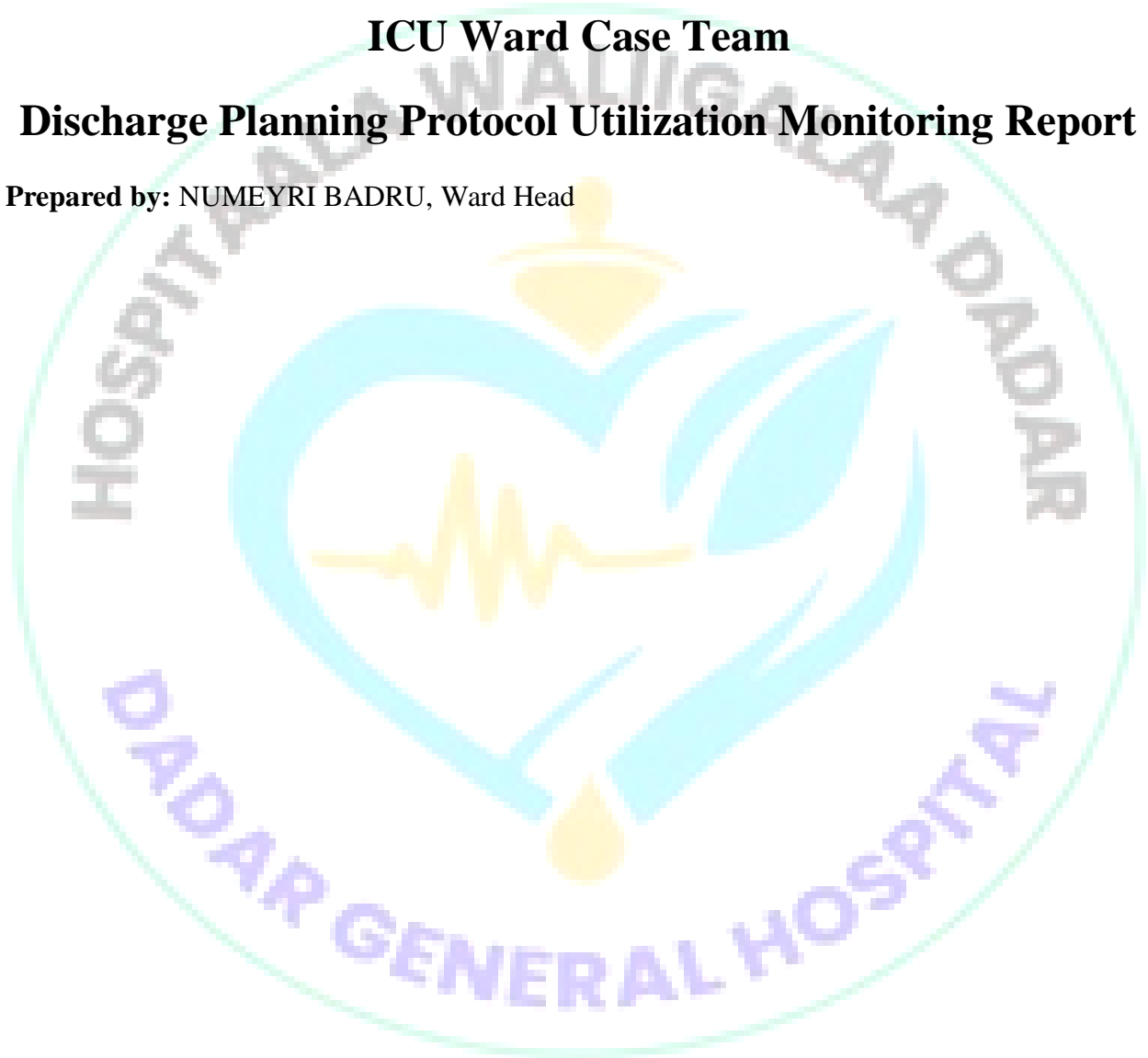
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# **DEDER GENERAL HOSPITAL**

**ICU Ward Case Team**

## **Discharge Planning Protocol Utilization Monitoring Report**

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**Location:** Deder, Oromia

**Date:** July 2017 E.C

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# 1. Introduction

Discharge planning is a coordinated and systematic process intended to facilitate the transition of patients from hospital care to their homes or other care settings. Within the **ICU**, where patients are often critically ill or medically complex, effective discharge planning is vital to ensuring patient safety, continuity of care, and reduced risk of readmission.

When poorly executed, discharge planning may lead to adverse events, treatment non-adherence, and increased healthcare costs (Waring et al., 2014; Forster et al., 2008). This report evaluates the implementation of discharge planning within the ICU at Deder General Hospital during the defined study period.

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## 2. Objectives

### 2.1. General Objective

- To ensure that ICU patients safely transition from hospital care to home or another care setting, supported by appropriate resources and coordinated services.

### 2.2. Specific Objectives

- To improve clinical outcomes and recovery of ICU patients.
  - To reduce unnecessary readmissions and healthcare costs.
  - To strengthen multidisciplinary care coordination at discharge.
  - To enhance patient and caregiver satisfaction with discharge preparation.
  - To identify and address barriers affecting discharge quality.
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## 3. Methodology

This assessment focuses on evaluating adherence to Deder General Hospital's discharge planning protocol in the **ICU Ward**, as part of a broader review conducted across six clinical wards.

### 3.1. Study Period

- June 8 – July 8, 2017 E.C.

### 3.2. Study Area

- Intensive Care Unit (ICU), Deder General Hospital

### 3.3. Sample Size

- 10 patients discharged from the ICU were selected, forming part of a 60-patient sample across all wards.

### 3.4. Data Collection Process and Tools

- Data collection involved chart reviews, interviews with patients and caregivers, and verification of documentation using the **60-point Discharge Planning Protocol Implementation and Adherence Monitoring Tool**. Scores were recorded as Compliant (1) or Non-Compliant (0), then converted to a 10-point scale.

## 4. Results

### 4.1. Ward-Level Findings: ICU Ward

Discharge Planning Domain	Score (out of 10)
Early Identification	10.0
Multidisciplinary Involvement	10.0
Patient and Caregiver Education	9.7
Post-Discharge Arrangements	10.0
Social and Financial Support	0.0
Discharge Summary and Documentation	8.0
Follow-Up and Monitoring	10.0
Barriers and Solutions	9.5
<b>Overall Compliance Score</b>	<b>8.6 / 10</b>

**Graph: ICU ward discharge planning compliance graph, qrtr 4 2017EC**



### Patient Feedback Summary (Post-Discharge)

Feedback Indicator	Rating
Overall satisfaction with discharge process	10/10
Understanding of medication instructions	10/10
Confidence in managing care at home	10/10
Adequacy of follow-up arrangements	10/10
Availability of additional support as needed	10/10

## 5. Areas Requiring Improvement

- **No social or financial assessments** were conducted for ICU patients during the study period.
- Some **discharge summaries were incomplete**, lacking essential details like medication instructions and follow-up plans.
- **Written symptom monitoring guidance** was missing in one case.

## 6. Recommendations

1. Integrate **routine social and financial assessments** into the ICU discharge checklist.
2. Enforce use of **standardized discharge summary templates** that include medications and follow-up arrangements.
3. Ensure every patient receives **both verbal and written symptom-monitoring instructions**.
4. Maintain the current strengths in early identification, MDT involvement, and post-discharge follow-up.

## 7. Action Plan

Area for Improvement	Action	Responsible Body	Timeline
No social/financial assessments	Assign social worker to ICU discharges and conduct screening	Ward Head, Social Work Team	Within 2 weeks
Incomplete discharge summaries	Staff orientation on discharge summary template	ICU Case Team, Quality Office	Within 1 week
Lack of written symptom instructions	Prepare and distribute standard written symptom guides	ICU Nurses	Immediate
Feedback tracking	Implement and review feedback form post-discharge	Ward Clerk, Quality Department	Monthly
Performance sustainability	Weekly case review meetings on ICU discharges	ICU Multidisciplinary Team	Ongoing