



**Date: July 02, 2017E.C**

✉ **To:** Health Service Quality Unit

✉ **From:** Inpatient Department (IPD)

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

Dear Colleagues,

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

- ✉ **Pain Assessment Rate:** 93% (Target: ≥90%)
- ✉ **Pain Reassessment Rate:** 91% (Target: ≥90%)
- ✉ **Documentation Compliance:** 93% (Target: ≥90%)
- ✉ **Patient Satisfaction:** 95% (Target: ≥90%)
- ✉ **Audit Completion Rate:** 100% (Target: 100%)
- ✉ **Feedback Timeliness:** 95% (Target: ≥90%)

#### **Key Learnings & Challenges:**

Electronic documentation reduced data entry time by 25%, and the recognition program boosted staff morale. Checklist signing on night shifts remained a challenge, requiring further reinforcement.

We appreciate your support as we work toward full compliance in July.

**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: June 01-30, 2017**

# **DEDER GENERAL HOSPITAL**

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

### **1. PLAN**

#### **Aim Statement:**

Maintain  $\geq 90\%$  compliance with pain assessment, intervention, and reassessment, and enhance digital data tracking for faster feedback loops.

#### **Rationale:**

May results showed reassessment rate improved to 91%. June focused on consolidating these gains, piloting electronic monitoring, and strengthening checklist compliance.

#### **Interventions (What will we do?):**

- Monitor checklist compliance weekly.
- Pilot electronic documentation in 2 wards.
- Continue biweekly chart audits & feedback.
- Introduce recognition for wards achieving  $\geq 95\%$  compliance.

### **2. DO**

#### **Implementation Activities:**

- Conducted **2 audits per ward** (80 charts total).
- Piloted **electronic pain documentation** in medical & surgical wards.
- Shared run-charts during monthly pain forum and gave recognition certificates to top-performing ward.
- Conducted focused coaching for low-performing ward staff.

#### **Data Collection:** (Unchanged)

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### **3. STUDY**

#### **Results Summary:**

Indicator	Target	June Result	Status
Pain Assessment Rate	≥90%	94%	<span style="color: green;">✓ Achieved</span>
Pain Reassessment Rate	≥90%	92%	<span style="color: green;">✓ Achieved</span>
Documentation Compliance	≥90%	94%	<span style="color: green;">✓ Achieved</span>
Patient Satisfaction	≥90%	95%	<span style="color: green;">✓ Achieved</span>
Audit Completion Rate	100%	100%	<span style="color: green;">✓ Achieved</span>
Checklist Compliance	≥95%	93%	<span style="color: orange;">⚠ Slightly Below Target</span>

#### **Pain Management Audit Report**

**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	9/10	10/10	9/10	9/10
Peds	10/10	10/10	10/10	10/10	10/10
OBGYN	10/10	10/10	10/10	10/10	10/10
EOPD	9/10	9/10	9/10	10/10	9/10
NICU	10/10	9/10	10/10	10/10	8/10
OPD	10/10	10/10	10/10	10/10	10/10
ICU	9/10	9/10	9/10	10/10	9/10
<b>Total Compliance</b>	<b>94%</b>	<b>92%</b>	<b>94%</b>	<b>95%</b>	<b>93%</b>

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

### **Key Learnings:**

- Electronic documentation reduced data entry time by 25%.
- Recognition improved staff motivation and ward competition.
- Some staff still missed checklist signing on night shifts.

## **4. ACT**

### **What Worked?**

- Electronic documentation improved efficiency.
- Recognition program boosted morale and performance.

### **What Needs Adjustment?**

- Strengthen night-shift checklist compliance.

### **Next Steps:**

1. Continue expanding electronic documentation to all wards by July.
2. Conduct daily reminder for night-shift checklist signing.
3. Continue recognition program.