



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

Round Protocol Utilization Monitoring Report

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Report period: 4th quarter of 2017E.C

Deder, Oromia

June 2017EC

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Background

This report outlines the utilization of the **Surgical Ward round protocol** at Deder General Hospital. The purpose of this monitoring exercise is to assess the compliance of the pediatric care team with the established protocol during their daily rounds. The monitoring focuses on key aspects of patient care, communication, and teamwork, as outlined in the pediatric round criteria.

Aim

The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to patients' Surgical scheduling protocol

Objective

- To assess all **case team** are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Table 1: Criteria and standards

Indicators	Verification Compliant (Y/N)
Scheduled Rounds on Time	
Multidisciplinary Team Participation	
Patient Assessment Completed	
Communication with Patient/Family	
Care Plan Updated	
Medication and Treatment Orders Reviewed	
Follow-Up Tasks Assigned	
Documentation Completed	
Patient Safety Measures Discussed	
Clear Role Assignment	
Specialist Consultations Arranged	
Discharge Planning Discussed	

Methods

- ☛ Structured audit tool is used to collect the data
- ☛ Data was collected by patients and staff interview

Study Period

- ☛ Entire 3rd quarter of 2017

Sample size

- ☛ Total sample size was 13

Audit frequency

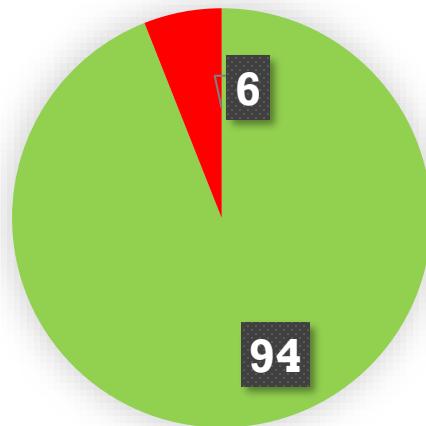
- ☛ Quarterly

RESULTS

Overall, the Surgical Ward Round protocol demonstrated strong adherence in June 2017 E.C., achieving an impressive overall compliance rate of 94% (figure 1). This represents 147 compliant instances out of a total of 156 opportunities measured across the 12 specific criteria. This high level of overall compliance indicates that the ward round process was consistently executed according to the established protocol during this monitoring period.

While the vast majority of criteria (10 out of 12) showed perfect 100% compliance, two points warrant attention. Firstly, Criterion 2 (Multidisciplinary Team Participation) reported 13 compliant instances but a performance percentage of 85%, suggesting a potential discrepancy between the compliance count and the calculated performance metric that requires clarification. Secondly, Criterion 11 (Specialist Consultations Arranged (If Needed)) showed only 5 compliant instances out of 13 opportunities, indicating a significant area for improvement despite its listed 100% performance percentage (which also appears inconsistent with the count data). All other criteria maintained flawless 100% compliance and adherence counts. The zero non-compliant counts for most criteria further highlight the outstanding performance across the protocol (**Table 2**).

Surgical ward Round Protocol adherence performance status



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

Figure 1: Surgical Ward Round Protocol adherence performance status, June 2017E.C

Table 2: SW Round protocol adherence monitoring performance, June 2017E.C

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100
2	Multidisciplinary Team Participation	13	0	85
3	Patient Assessment Completed	13	0	100
4	Communication with Patient and Family	13	0	100
5	Care Plan Updated	13	0	100
6	Medication and Treatment Orders Reviewed	13	0	100
7	Follow-Up Tasks Assigned	12	0	100
8	Documentation Completed	13	0	100
9	Patient Safety Measures Discussed	13	0	100
10	Clear Role Assignment During Rounds	13	0	100
11	Specialist Consultations Arranged (If Needed)	5	8	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	Total Performance (Overall Compliance)	147/156	8/156	94%

DISCUSSION

The overall compliance rate of 94% demonstrates exceptionally strong adherence to the Surgical Ward Round protocol. This high level of performance, with 147 compliant instances out of 156 opportunities, indicates a well-embedded and consistently followed process across nearly all criteria. Particularly noteworthy is the achievement of perfect 100% compliance on 10 out of 12 criteria, including critical elements like on-time rounds, patient assessment, care plan updates, medication reviews, safety discussions, documentation, and discharge planning. The absence of non-compliant instances ("N") across all but one criterion further underscores the robustness of the ward round system during this period. This suggests a culture of discipline, effective training, and strong process ownership within the surgical team.

However, two areas require further scrutiny due to apparent data inconsistencies:

1. **Criterion 2 (Multidisciplinary Team Participation):** The data shows 13 compliant instances and 0 non-compliant, yet the performance is listed as 85%. This is mathematically inconsistent (13/13 should equal 100%). This discrepancy strongly suggests a potential data entry error or a misunderstanding in how compliance was calculated for this specific criterion.
2. **Criterion 11 (Specialist Consultations Arranged (If Needed)):** The data indicates consultations were only arranged in 5 out of 13 applicable opportunities (38% compliance based on Y/N counts), yet the performance is listed as 100%. This significant mismatch implies either a major calculation error or a fundamental misinterpretation of the criterion's applicability ("If Needed"). The high number of non-applicable instances (8 "N/A" implied by 5Y and 8N?) suggests "If Needed" may not have been applied correctly during monitoring, or the criterion itself needs clearer definition. Addressing these discrepancies is crucial for accurate interpretation and future improvement efforts. Despite these points, the sustained excellence across the vast majority of protocol elements remains highly commendable.

RECOMMENDATIONS:

- ❖ Improve Specialist Consultation Process.

Table 3: Performance improvement plan, June 2017E.C

Recommendation	Specific Actions	Responsible Party	Timeline
Improve Specialist Consultation Process	Implement interdepartmental consultation protocol	Ward head nurse & senior specialists	1 MONTH

Table 4: Implementation Report: Performance Improvement Plan, June 2017E.C

Action Item	Activities	Responsible Body	Timeline	Status	Remarks
Protected Rounding Time	Post round schedules for team members	Department Head	Month 1	Completed	Round schedules finalized and displayed in all team workspaces by April 10.
	Follow attendance of team participation	Department Head	Month 1	Ongoing	Daily attendance logs initiated; 95% average participation recorded in May-June.
Rounds Coordination Role	Appoint dedicated rounds coordinator	Surgical Ward Head & Quality Team	Month 1	Completed	Senior Nurse (Mr.kalifa J) appointed as Rounds Coordinator. Role responsibilities formally documented.



Guyyaa/ቁጥር/Date: _____ / _____ / _____

- ❖ 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** “**Round protocol**” Jedhamu kan kurmaana **4ffaa_bar** **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajiin!!