

DEDER GENERAL HOSPITAL

ICU ROUND PROTOCOL UTILIZATION MONITORING REPORT

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JULY 2017EC

DEDER, ETHIOPIA

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1. Introduction

Clinical rounding is a foundational component of high-quality inpatient care. Particularly in intensive care units (ICUs), where patient conditions are often complex and unstable, timely and structured rounds ensure coordinated decision-making and patient-centered care. Rounds provide opportunities for interdisciplinary collaboration, clinical decision-making, and patient and family engagement.

Effective rounds minimize errors, reduce hospital stay durations, and promote continuity of care by synchronizing team efforts around a shared care plan. This report presents the findings from a protocol monitoring audit conducted in the ICU of Deder General Hospital in July 2017 E.C. to evaluate compliance with the hospital's round protocol.

2. Objectives

2.1 General Objective

To evaluate the adherence of ICU clinical staff to the established hospital rounding protocol.

2.2 Specific Objectives

- To assess the timeliness and completeness of scheduled rounds.
 - To evaluate multidisciplinary team participation in ICU rounds.
 - To determine the consistency in updating care plans and documenting round outcomes.
 - To identify areas for improvement in communication, coordination, and role clarity during rounds.
 - To ensure patient safety risks are discussed and mitigated during rounds.
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3. Methodology

3.1 Study Design

Descriptive cross-sectional audit based on observation, patient interviews, and medical record reviews.

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 admitted to the ICU and observed during clinical rounds on the audit date.

3.4 Inclusion and Exclusion Criteria

Inclusion:

- All ICU patients present during the scheduled audit round.

Exclusion:

- Emergency cases where rounds were interrupted or incomplete.

3.5 Sampling Technique and Sample Size

- **Sampling Technique:** Purposive sampling.
- **Sample Size:** 13 patient records observed. (MRNs: 341440, 001954, 138391, 342390, 342689, 342339, 343007, 343043, 343243, 340580, 34343280)

3.6 Data Collection Tools and Procedure

- Structured Round Protocol Compliance Checklist.
- Data collectors included trained clinical audit personnel.
- Data collected through direct observation, patient and staff interviews, and medical record review.

3.7 Data Analysis

Compliance was recorded as Yes (1) or No (0). Aggregated compliance percentages were calculated and analyzed to assess trends. A perfect compliance score was recorded when all elements of the checklist were met.

4. Results

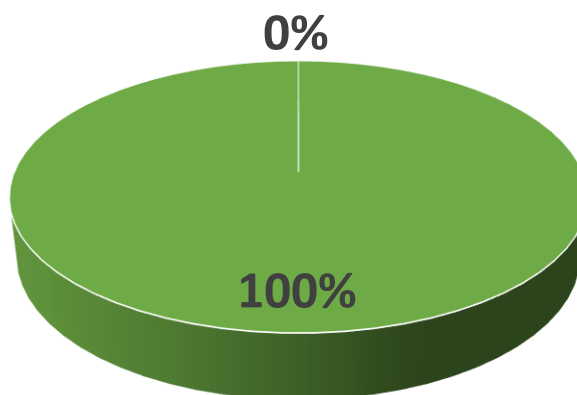
4.1 Round Compliance Table – ICU, July 2017 E.C.

S/N	Round Criteria	Compliant (1)	Non- Compliant (0)	Compliance (%)
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1	Scheduled Rounds Conducted on Time	13	0	100%
2	Multidisciplinary Team Participation	13	0	100%
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	13	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)	13	0	100%
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100%
	Overall Compliance	156	0	100%

PIECHART

ICU ROUND PROTOCOL ADHERENCE qrtr 4TH JULY 2017EC



5. Discussion

The ICU round protocol monitoring audit at Deder General Hospital demonstrates outstanding performance, with full compliance recorded across all 12 assessed domains. This high standard reflects strong leadership, structured clinical routines, and well-trained multidisciplinary teams.

Timely rounds were observed with full participation from physicians, nurses, and pharmacists. Care plans were not only reviewed but also dynamically adjusted in response to changes in patient status. Patient and family engagement during rounds was consistent, ensuring that clinical decisions were well-understood and collaboratively implemented.

Documentation was thorough and immediate, supporting continuity of care. The inclusion of patient safety discussions during rounds further underscores the unit's commitment to high-reliability care. This exceptional performance positions the ICU as a model of excellence within the hospital.

Nevertheless, maintaining this performance requires ongoing supervision, motivational strategies, and continuous professional development.

6. Recommendations

1. Institutionalize the ICU's rounding framework as a best-practice model for other wards.
2. Continue reinforcing the importance of interdisciplinary communication during rounds.
3. Expand training on structured rounding to junior clinicians and new hires.
4. Conduct quarterly audits and peer review to maintain high performance.
5. Capture patient feedback post-rounds to refine care planning and discharge education.

7. Action Plan

Objective	Action Step	Responsible Party	Timeline
1. Continue Monthly Monitoring	Conduct monthly audits of ICU rounding protocols	Head Nurse, QI Team	Monthly
2. Sustain Performance Excellence	Reward team, conduct hospital-wide knowledge sharing	Hospital Director	Ongoing

8. Conclusion

The ICU round protocol audit for July 2017 E.C. reflects exceptional adherence to hospital standards. The high performance across all indicators confirms the ICU's leadership in patient-centered and protocol-driven care.

By institutionalizing this success through continued audits, team recognition, and training dissemination, Deder General Hospital can ensure that ICU excellence drives broader improvements across clinical services.

9. References

1. Ethiopian Ministry of Health. (2020). *Hospital Patient Rounds Protocol*.
2. World Health Organization. (2021). *Patient-Centered Rounds in Critical Care*.
3. Institute for Healthcare Improvement (IHI). (2019). *Best Practices for Interdisciplinary Rounds*.
4. Deder General Hospital QI Office. (2016 E.C.). *Internal Rounding Manual*.

