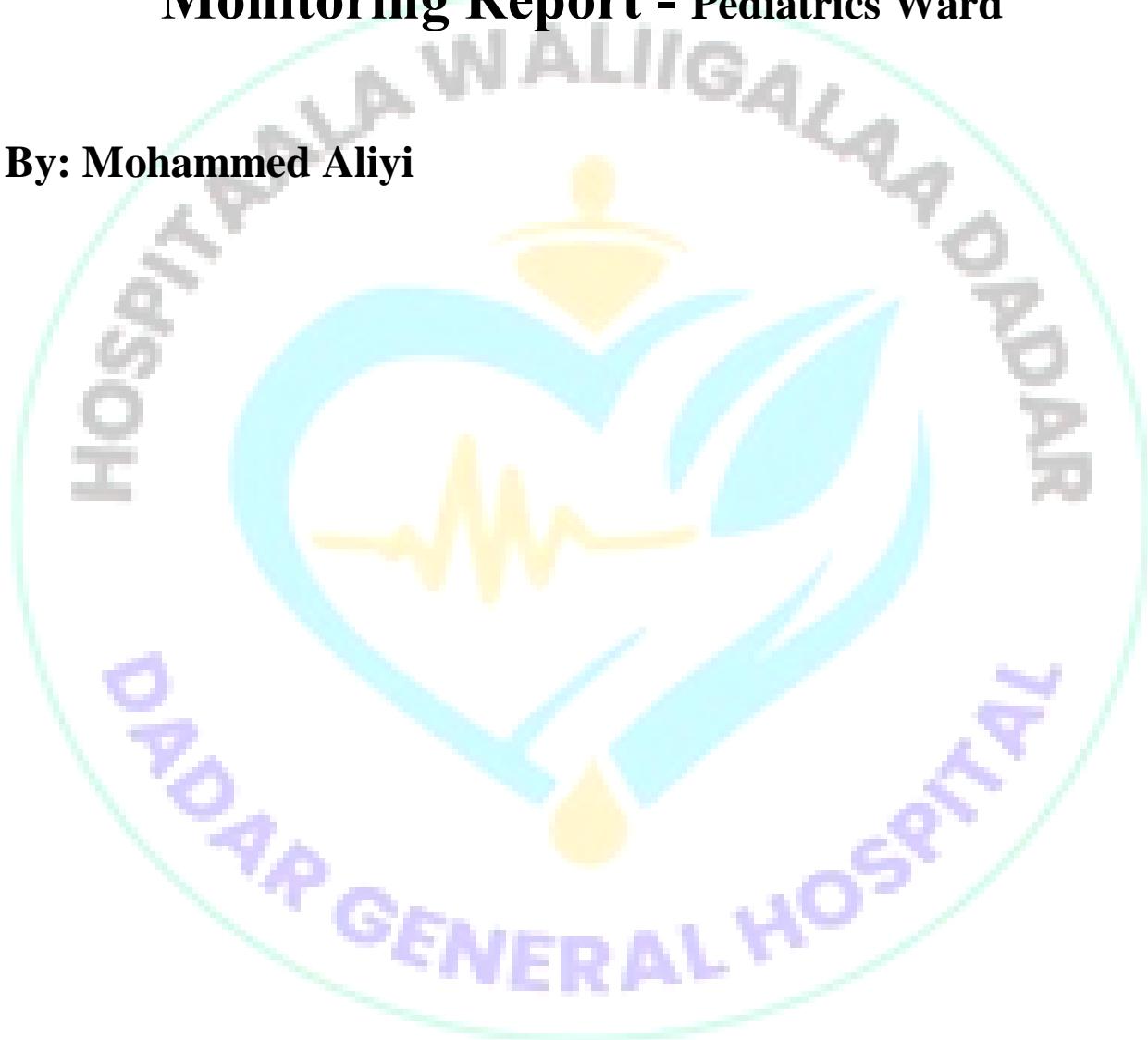

DEDER GENERAL HOSPITAL

Pediatric Ward Round Protocol Adherence

Monitoring Report - Pediatrics Ward

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DEDER, OROMIA

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1. BACKGROUND

The pediatric ward at Deder General Hospital plays a crucial role in delivering structured, teambased inpatient care to children. Ward rounds are a key daily activity designed to ensure thorough patient assessment, collaborative decision-making, timely intervention, and continuous communication between healthcare providers and families.

To optimize these rounds, the hospital has implemented a **Pediatric Ward Round Protocol**, which outlines clear expectations for timing, documentation, team participation, and patient engagement. This report presents the findings of a quarterly audit aimed at monitoring adherence to this protocol and identifying areas of excellence and improvement.

2. AIM

The primary aim of this monitoring exercise is to ensure that the pediatric care team follows the hospital's **standard ward round protocol**, thereby promoting consistent, safe, and patient-centered care.

3. OBJECTIVES

- To assess the level of adherence to all components of the ward round protocol
- To identify strengths and gaps in current practice
- To understand the practical barriers to full compliance
- To recommend evidence-based and practical actions for protocol improvement
- To support clinical governance and sustainable quality assurance

4. MONITORED CRITERIA

Twelve protocol indicators were evaluated during the audit. These indicators reflect the critical components of safe and effective ward rounds, including punctuality, communication, clinical decision-making, and documentation.

Indicator Areas
Scheduled Rounds Conducted 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
Patient Discharge Planning Discussed

5. METHODOLOGY

- **Tool Used:** A structured checklist based on the hospital's Pediatric Ward Round Protocol
- **Data Collection:**
 - Direct observation of rounds
 - Review of documentation and patient charts
 - Brief interviews with ward staff and caregivers
- **Audit Period:** JULY 2017 E.C. (entire 3rd quarter)
- **Sample Size:** 13 randomly selected ward rounds
- **Frequency:** Quarterly monitoring cycle
- **Assessment Method:** Each item was scored as **Compliant (Yes)** or **Non-Compliant (No)**

6. RESULTS

The audit revealed **very high adherence** to the pediatric ward round protocol, with a **total compliance rate of 96.2%** (150 out of 156 indicators met). Ten out of twelve indicators demonstrated **100% compliance**, while only two categories showed any gaps.

High-Performing Areas (100% Compliance)

The team consistently and reliably performed in the following categories:

- Rounds conducted on time
- Full participation of required team members
- Clear communication with patients and families
- Timely documentation
- Role assignments and specialist consultations
- Discharge planning discussions
- Patient safety measures
- Follow-up task assignment

These results indicate that the ward has effectively institutionalized key components of quality patient care during rounds.

Areas with Identified Gaps

1. **Care Plan Updated – 85% (11/13 rounds compliant)**
 - o In two instances, care plans were not updated during the ward round. This could lead to delays in care implementation, missed interventions, or lack of clarity for the oncoming team.
2. **Medication and Treatment Orders Reviewed – 77% (10/13 rounds compliant)**
 - o Three rounds lacked full review or verification of medication charts and treatment orders. This poses potential risks for medication errors or missed adjustments based on patient status.

Figure 1: Overall Ward Round Protocol Compliance – JULY 2017 E.C.



Table 1: Compliance by Indicator

#	Protocol Indicator	Compliant (Y)	Non-Compliant (N)	Compliance Rate
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/Family	13	0	100%
5	Care Plan Updated	11	2	85%
6	Medication and Treatment Orders Reviewed	10	3	77%
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	13	0	100%
11	Specialist Consultations Arranged	13	0	100%
12	Discharge Planning Discussed	13	0	100%
	Total	150	6	96.2%

7. DISCUSSION

The audit findings confirm that the Pediatric Ward is operating with a **high degree of structure, accountability, and clinical rigor** during its daily rounds. The fact that 10 out of 12 components were met consistently in every round reflects a culture of reliability and strong institutional protocol adherence.

However, the two areas that fell short—**care plan updates** and **medication reviews**—are **clinically sensitive elements**. These are not administrative oversights; they directly influence patient outcomes. For example:

- **Delayed or missing care plan updates** can affect continuity of care, especially during handovers.
- **Missed medication review** increases the risk of errors such as omitted doses, wrong frequencies, or failure to adjust treatment based on clinical changes.

To maintain excellence, it is critical that these gaps be addressed promptly with both individual accountability and system-level reinforcement.

8. RECOMMENDATIONS

1. **Ensure Real-Time Care Plan Updates**
 - Assign one team member (e.g., lead nurse or case manager) to update plans **during rounds**
 - Use **EHR prompts** or structured templates to enforce standardization
2. **Reinforce Medication and Treatment Review Protocols**
 - Allocate responsibility for verifying all orders to a **designated clinician** (doctor or pharmacist)

- Add a **medication check column** to the round checklist
 - Conduct **brief pre-round reviews** of prescriptions
3. **Sustain High Performance in All Other Indicators**
- Recognize and reinforce high-performing areas through team appreciation
 - Continue structured round timing, full documentation, and team role clarity
4. **Support Continuous Monitoring and Feedback**
- Maintain **quarterly audits**
 - Provide individualized feedback where applicable
 - Integrate audit findings into staff performance reviews and QI meetings

Table 2: Action Plan for Identified Gaps

Area Needing Improvement	Action Steps	Responsible Team	Timeline
Care Plan Updated	Assign point person for live updates; integrate into round checklist	Ward Head, EMR Officer	1 month
Medication and Treatment Orders Reviewed	Include pharmacist or nurse in order review; use checklist item	QI Team, Pharmacist, Physicians	Immediate
Sustained Monitoring	Quarterly audit with corrective tracking reports	Quality Improvement (QI) Team	Ongoing

9. STATUS OF PREVIOUS ACTION PLAN (Review)

Previous Recommendation	Action Taken	Status
Improve Multidisciplinary Participation	All team members assigned fixed round slots	Fully Implemented
Include Discharge Planning in Rounds	Added as fixed agenda item	Fully Implemented
Clarify Team Roles	Pre-round briefing initiated	Fully Implemented
Initiate Staff Training	2 training sessions conducted in the past 6 months	In Progress
Monitor Compliance	Monthly reviews initiated by QI unit	Ongoing

10. CONCLUSION

This quarter's audit confirms that the Pediatric Ward at Deder General Hospital is delivering high-quality, structured ward rounds in line with institutional standards. The **96.2% compliance**

rate is commendable and highlights strong teamwork, communication, and commitment to patient-centered care.

The minor lapses observed in **care plan updating** and **medication review** are manageable with focused interventions and structured delegation. Addressing these areas will allow the ward to achieve **full 100% compliance** in the next audit cycle and strengthen patient safety and continuity of care.

