

1. Round protocol monitoring 4th Qrtr 2017 report SW.pdf
2. Round protocol monitoring 4th Qrtr 2017 report MW.pdf
3. Round protocol monitoring 4th Qrtr 2017 report PEDI W.pdf
4. Round protocol monitoring 4th Qrtr 2017 report EM.pdf
5. Round protocol monitoring 4th Qrtr 2017 report ICU.pdf
6. Round protocol monitoring 4th Qrtr 2017 report NICU.pdf
7. Round protocol monitoring 4TH Qrtr 2017 report GYN W.pdf



# **DEDER GENERAL HOSPITAL**

## ***SURGICAL WARD CASE TEAM***

**Round Protocol Utilization Monitoring Report**

**By: Kalifa Jemal-S/W head**

***Report period: 4<sup>th</sup> quarter of 2017E.C***

***Deder, Oromia***

***June 2017EC***

## Table of Contents

List of figure and table.....	2
<b>Background.....</b>	3
<b>Aim.....</b>	3
<b>Objective.....</b>	3
<b>Methods.....</b>	4
<b>Study Period .....</b>	4
<b>Sample size .....</b>	4
<b>Audit frequency .....</b>	4
<b>RESULTS.....</b>	5
<b>DISCUSSION .....</b>	7
<b>RECOMMENDATIONS: .....</b>	7

## **List of figure and table**

<b>Figure 1: Surgical Ward Round Protocol adherence performance status, June 2017E.C .....</b>	5
--	---

<b>Table 1: Criteria and standards.....</b>	3
<b>Table 2: SW Round protocol adherence monitoring performance, June 2017E.C .....</b>	6
Table 3: Performance improvement plan, June 2017E.C .....	8
<b>Table 4: Implementation Report: Performance Improvement Plan, June 2017E.C .....</b>	8

## **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 3<sup>rd</sup> quarter of 2017

## Sample size

- ☛ Total sample size was 13

## Audit frequency

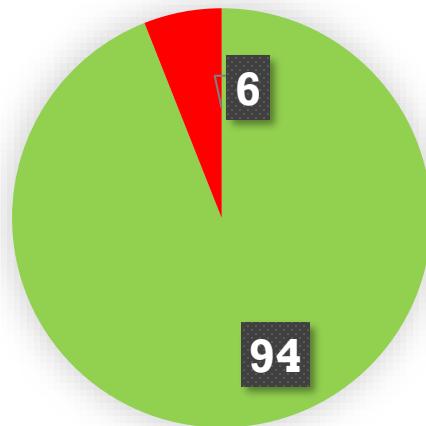
- ☛ Quarterly

## 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
	<b>Total Performance (Overall Compliance)</b>	<b>147/156</b>	<b>8/156</b>	<b>94%</b>

## 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
<b>Improve Specialist Consultation Process</b>	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
<b>Protected Rounding Time</b>	Post round schedules for team members	Department Head	Month 1	<b>Completed</b>	Round schedules finalized and displayed in all team workspaces by April 10.
	Follow attendance of team participation	Department Head	Month 1	<b>Ongoing</b>	Daily attendance logs initiated; 95% average participation recorded in May-June.
<b>Rounds Coordination Role</b>	Appoint dedicated rounds coordinator	Surgical Ward Head & Quality Team	Month 1	<b>Completed</b>	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!!**



# **DEDER GENERAL HOSPITAL**

***MEDICAL WARD CASE TEAM***

## **Round Protocol Utilization Monitoring Report**

**By: Abdurrahman Shame**

***Report period: 4<sup>th</sup> quarter of 2017E.C***

***Dader, Oromia***

***June 2017EC***

## Table of Contents

List of figure and table .....	i
<b>Background</b> .....	1
<b>Aim</b> .....	1
<b>Objective</b> .....	1
<b>Methods</b> .....	2
<b>Study Period</b> .....	2
<b>Sample size</b> .....	2
<b>Audit frequency</b> .....	2
<b>RESULTS</b> .....	3
<b>DISCUSSION</b> .....	5
<b>RECOMMENDATIONS:</b> .....	6

## List of figure and table

<b>Figure 1: Medical ward Round Protocol adherence performance status, June 2017EC</b> .....	4
--	---

<b>Table 1: Criteria and standards</b> .....	1
<b>Table 2: Medical Ward Round protocol adherence monitoring performance, June 2017EC</b> .....	4
Table 3: MW Round protocol monitoring performance improvement plan, June 2017EC .....	6
<b>Table 4: Implementation Status of Previous performance improvement plan, June 2017EC</b> .....	6

## **Background**

Since 2014 Deder General Hospital was having **round protocol** for use by clinical staff when the bad news/incidents happened.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

## **Aim**

The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to round 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 3<sup>rd</sup> quarter of 2017

## **Sample size**

- ☛ Total sample size was 10

## **Audit frequency**

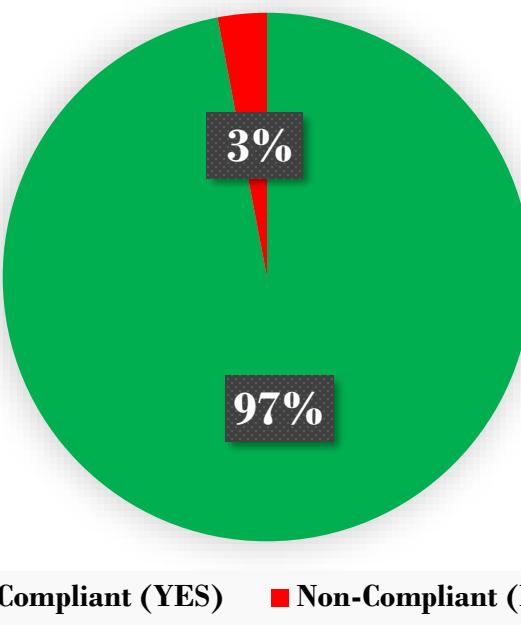
- ☛ Quarterly

## RESULTS

The Medical Ward Round protocol adherence monitoring for June 2017EC demonstrated high overall compliance, achieving a **97%** adherence rate across all criteria (**figure 1**). Out of the 12 evaluated criteria, 8 achieved perfect compliance (100%), including Scheduled Rounds Conducted on Time, Multidisciplinary Team Participation, Communication with Patient and Family, Care Plan Updated, Medication and Treatment Orders Reviewed, Documentation Completed, Clear Role Assignment During Rounds, and Patient Discharge Planning Discussed. These results indicate strong adherence to key aspects of the ward round protocol, particularly in areas involving teamwork, documentation, and patient communication (**Table 2**)

Four criteria showed slightly lower compliance at 90%, namely Patient Assessment Completed, Follow-Up Tasks Assigned, Patient Safety Measures Discussed, and Specialist Consultations Arranged (If Needed). The minor deviations in these areas suggest opportunities for improvement, particularly in ensuring consistent patient assessments and task assignments. Despite these minor gaps, the overall performance reflects a robust adherence to the ward round protocol, with nearly all criteria meeting or exceeding 90% compliance. The high overall score of 97% underscores the effectiveness of the current practices while highlighting specific areas for targeted enhancement (**Table 2**).

## Medical Ward Round Protocol adherence performance status



**Figure 1:** Medical ward Round Protocol adherence performance status, June 2017EC

**Table 2:** Medical Ward Round protocol adherence monitoring performance, June 2017EC

S/N	Round Criteria	Compliant (Y)	Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	10	0	100
2	Multidisciplinary Team Participation	10	0	100
3	Patient Assessment Completed	9	1	90
4	Communication with Patient and Family	10	0	100
5	Care Plan Updated	10	0	100
6	Medication and Treatment Orders Reviewed	10	0	100
7	Follow-Up Tasks Assigned	9	1	90%
8	Documentation Completed	10	0	100
9	Patient Safety Measures Discussed	9	1	90
10	Clear Role Assignment During Rounds	10	0	100
11	Specialist Consultations Arranged (If Needed)	9	1	90
12	Patient Discharge Planning Discussed (If Applicable)	10	0	100
<b>Overall Compliance</b>		<b>116/120</b>	<b>15</b>	<b>97%</b>

## **DISCUSSION**

The high adherence rate of 97% in the Medical Ward Round protocol for June 2017EC reflects a well-established and effective system for conducting ward rounds. The perfect compliance in eight out of twelve criteria, particularly in critical areas such as multidisciplinary team participation, communication with patients and families, and documentation, demonstrates a strong institutional commitment to structured and patient-centered care. These results suggest that the protocols in place are not only being followed but are also ingrained in the daily routines of the healthcare team. The consistency in these areas likely contributes to improved patient outcomes, streamlined workflows, and enhanced teamwork, which are essential for high-quality healthcare delivery.

However, the 90% compliance in four criteria—patient assessment, follow-up tasks, safety discussions, and specialist consultations—indicates minor but notable gaps. These areas may require targeted interventions, such as additional training or reminders, to ensure full adherence. For instance, the occasional lapse in patient assessments or follow-up tasks could lead to delays in care or overlooked details. Addressing these gaps could further elevate the quality of ward rounds, ensuring that all aspects of patient care are consistently prioritized. Overall, the findings underscore the success of current practices while identifying specific opportunities for refinement to achieve even higher standards of care.

## RECOMMENDATIONS:

- ☒ Improve Patient Assessment
- ☒ Strength Patient Safety
- ☒ Strength Monitoring & Evaluation

*Table 3: MW Round protocol monitoring performance improvement plan, June 2017EC*

<b>Area for Improvement</b>	<b>Action to be taken</b>	<b>Responsible body</b>	<b>Timeline</b>
Patient Assessment	Conduct Monthly audits.	Ward head Nurse	2 weeks
Patient Safety Discussions	Staff training on structured briefings.	Q Officers	3 weeks
Monitoring & Evaluation	Conduct Monthly audits.	Ward head Nurse	Ongoing

*Table 4: Implementation Status of Previous performance improvement plan, June 2017EC*

<b>Area for Improvement</b>	<b>Action taken</b>	<b>Progress Status</b>
<b>Patient Assessment</b>	Refresher training conducted forward teams.	<b>Partially completed</b>
<b>Patient Safety Discussions</b>	Staff training on structured briefings.	<b>Partially completed</b>
<b>Monitoring &amp; Evaluation</b>	Conduct Monthly audits.	<b>Ongoing</b>



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- ❖ Garee tajaajila Medical 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!!**



# **DEDER GENERAL HOSPITAL**

***Pediatric Ward Case Team***

**Round Protocol Utilization Monitoring Report**

***Prepared By: Mohammed Aliyi***

***Report period: 4<sup>th</sup> quarter of 2017E.C***

***Deder, Oromia***

***June 2017EC***

## Table of Contents

List of figure and table .....	i
<b>BACKGROUND</b> .....	1
<b>AIM</b> .....	1
<b>OBJECTIVE</b> .....	1
<b>METHODS</b> .....	2
Study Period.....	2
Sample size.....	2
Audit frequency .....	2
<b>RESULTS</b> .....	3
<b>DISCUSSION</b> .....	5
<b>RECOMMENDATIONS:</b> .....	6

## List of figure and table

<b>Figure 1:</b> Paediatric Ward Round protocol adherence monitoring performance, June 2017E.C.....	4
---	---

<b>Table 1: Criteria and standards</b> .....	1
<b>Table 2:</b> Pediatric Ward Round protocol adherence monitoring performance, June 2017E.C .....	4
<b>Table 3:</b> Action plan/improvement plan, June 2017E.C.....	7
Table 4: Implementation Status of Previous performance improvement plan, June 2017E.C .....	7

## **BACKGROUND**

This report outlines the utilization of the pediatric 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 round 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 3<sup>rd</sup> quarter of 2017

### **Sample size**

- ❖ Total sample size was 13

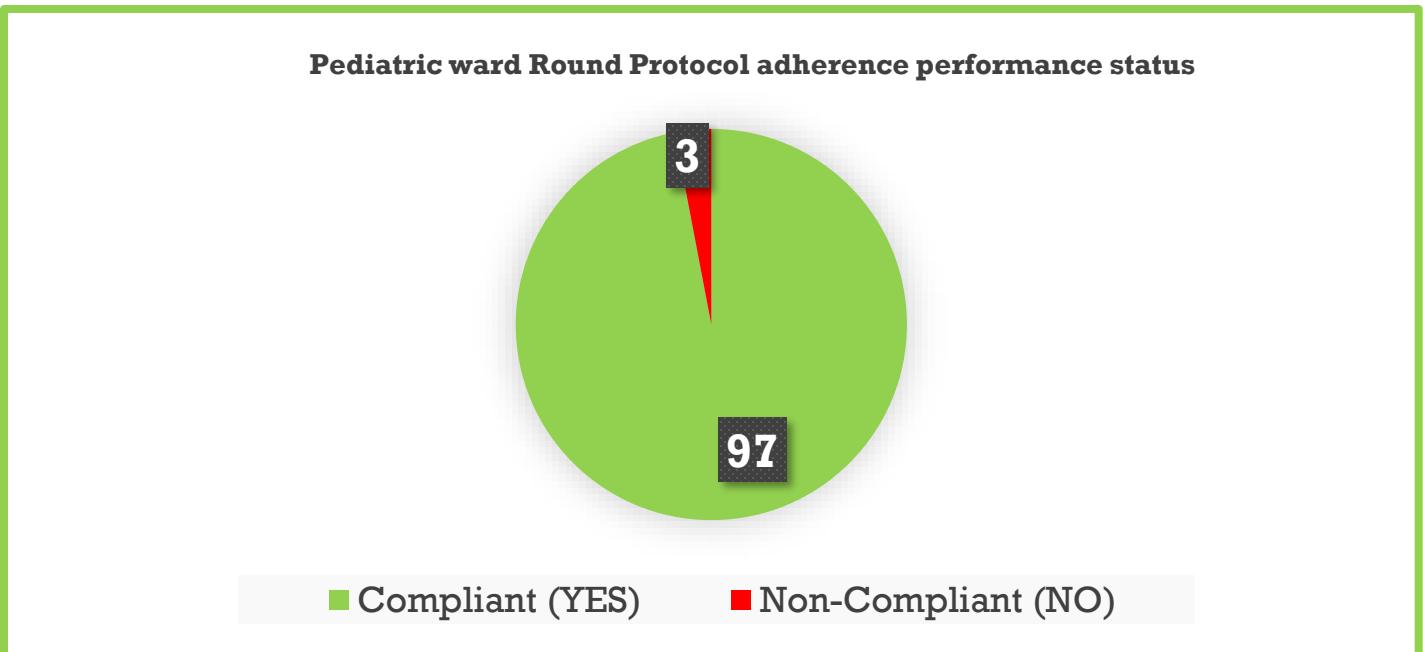
### **Audit frequency**

- ❖ Quarterly

## RESULTS

The Pediatric Ward Round protocol demonstrated exceptionally high adherence in June 2017 E.C., achieving an **overall compliance rate of 97% (figure 1)**. This impressive result signifies near-universal adherence to the established protocols, with 151 out of 156 monitored criteria met successfully across all rounds. The vast majority of individual criteria – specifically 10 out of the 12 monitored – achieved perfect 100% compliance. This indicates a consistently strong performance in core areas like conducting rounds on time, multidisciplinary team participation, comprehensive patient assessment, communication, safety discussions, documentation, task assignment, role clarity, arranging consultations, and discharge planning.

While overall performance was outstanding, two specific criteria showed room for enhancement. **Updating the Care Plan** had a compliance rate of 85% (11 compliant instances out of 13), falling short twice. More notably, **Reviewing Medication and Treatment Orders** was the area with the lowest adherence, achieving a 77% compliance rate (10 compliant instances out of 13), with three instances of non-compliance. These two areas represent the primary opportunities for focused improvement efforts to achieve even higher overall protocol adherence in the future (**Table 2**).



**Figure 1:** Paediatric Ward Round protocol adherence monitoring performance, June 2017E.C

**Table 2:** Pediatric Ward 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	100
3	Patient Assessment Completed	13	0	100
4	Communication with Patient and 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 During Rounds	13	0	100
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	<b>Overall Compliance</b>	<b>151/156</b>	<b>5/156</b>	<b>97%</b>

## DISCUSSION

The results demonstrate an exceptionally high level of adherence to the Pediatric Ward Round protocol in June 2017 E.C., with an **overall compliance rate of 97%**. This outstanding performance reflects a strong, well-established system where the core processes of ward rounds are consistently executed. Ten out of the twelve monitored criteria achieved perfect 100% compliance. This indicates remarkable consistency in essential areas such as conducting rounds punctually, ensuring full multidisciplinary team participation, completing thorough patient assessments, maintaining effective communication with patients and families, assigning follow-up tasks reliably, completing documentation, discussing patient safety measures, ensuring clear role assignment, arranging necessary specialist consultations, and addressing discharge planning when applicable. Such widespread adherence across these fundamental aspects suggests a deeply ingrained culture of protocol compliance and a high-functioning team within the pediatric ward.

Despite the overall excellence, the data identifies two specific areas requiring focused attention for improvement. The updating of the Care Plan (85% compliance) and, more significantly, the review of Medication and Treatment Orders (77% compliance) fell below the otherwise impeccable standard. These two criteria were solely responsible for all five recorded instances of non-compliance. The lower performance in Medication/Treatment Order review is particularly noteworthy, as this is a critical patient safety element. Potential contributing factors could include time pressures during complex rounds, communication lapses regarding treatment changes, or variations in documentation practices. Addressing these specific gaps – perhaps through targeted reminders, structured checklists within the rounding process, or focused team communication training – presents a clear opportunity to elevate an already high-performing system to near-perfect levels of adherence and further enhance patient safety and care quality. The high compliance in other safety-related areas (like discussing safety measures) is positive, but the medication review gap merits prioritized intervention.

## **RECOMMENDATIONS:**

- ☒ Enhance Medication/Treatment Order Review Process:
- ☒ Standardize & Streamline Care Plan Updates

**Table 3: Action plan/improvement plan, June 2017E.C**

Action Item	Responsible Party	Timeline
<b>Conduct Targeted Training Sessions:</b> <ul style="list-style-type: none"> <li>- Medication Review Process</li> <li>- Care Plan Update Protocol</li> </ul>	Lead Physician, Clinical Pharmacist, Nurse Director	Week 3-4

**Table 4: Implementation Status of Previous performance improvement plan, June 2017E.C**

Area Needing Improvement	Action Steps	Responsible body	Status	Remarks
<b>Multidisciplinary Team Participation</b>	<ul style="list-style-type: none"> <li>• Assigned dedicated round coordinator</li> <li>• Implemented attendance tracking system</li> </ul>	Head of Pediatrics & Nursing Director	Partially Implemented	Coordinator role established, but attendance tracking still being optimized
<b>Patient Safety Measures Discussed</b>	<ul style="list-style-type: none"> <li>• Conducted SBAR communication training for clinical staff</li> </ul>	QI team & Ward Physician	Fully Implemented	100% staff training completed; checklist integrated into rounds
<b>Care Plan Updated</b>	<ul style="list-style-type: none"> <li>• Implemented real-time EHR updates during rounds</li> <li>• Provided EMR refresher training</li> </ul>	QI team & EMR team	Partially Implemented	System deployed, but inconsistent usage noted in 30% of rounds
<b>Monitoring &amp; Sustainability</b>	<ul style="list-style-type: none"> <li>• Completed Q2 audit cycle</li> <li>• Established quarterly review protocol</li> </ul>	Quality Improvement team	Fully Implemented	Audit conducted June 15-20, 2017E.C; next review scheduled for September



Guyyaa/ቀን/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila Pedi 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!!**



# **DEDER GENERAL HOSPITAL**

***Emergency Department***

## **Round Protocol Utilization Monitoring Report**

**By: Jabir Mohammed**

***Report period: 4<sup>th</sup> quarter of 2017E.C***

***Deder, Oromia***

***June 2017EC***

## Table of Contents

List of figure and table .....	i
<b>BACKGROUND</b> .....	1
<b>AIM</b> .....	1
<b>OBJECTIVE</b> .....	1
<b>METHODS</b> .....	1
Study Period.....	2
Sample size.....	2
Audit frequency .....	2
<b>RESULTS</b> .....	3
<b>DISCUSSION</b> .....	5
<b>RECOMMENDATIONS</b> .....	6

### **List of figure and table**

**Figure 1:** Emergency Department Round protocol adherence monitoring performance, June 2017EC  
..... **Error! Bookmark not defined.**

<b>Table 1: Criteria and standards</b> .....	1
<b>Table 2:</b> Emergency Department Round protocol adherence monitoring performance, June 2017EC..	4
<b>Table 3:</b> Performance improvement plan of ED Round Protocol monitoring, June 2017EC .....	6
Table 4: Implementation Status of previous performance improvement Plan, June 2017EC..... <b>Error!</b> <b>Bookmark not defined.</b>	

## **BACKGROUND**

This report outlines the utilization of the Emergency Department 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' round 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 2nd quarter of 2017

## Sample size

- ☛ Total sample size was 13

## Audit frequency

- ☛ Quarterly

## RESULTS

The Emergency Department demonstrated exceptional adherence to its Round protocol in June 2017EC, achieving **perfect 100% overall compliance**. This outstanding result is reflected in the total score of 156 out of a possible 156 compliance points across all 12 monitored criteria and all 13 rounds conducted during the month. Not a single instance of non-compliance was recorded for any criterion during any round.

This flawless overall performance was underpinned by consistent adherence across every individual criterion. All 12 specific requirements of the protocol, including timely conduct of rounds, multidisciplinary team participation, comprehensive patient assessment, communication, care plan updates, medication reviews, task assignment, documentation, safety discussions, role clarity, specialist consultation arrangements, and discharge planning, were met successfully in each of the 13 rounds monitored. This indicates a highly effective and uniformly implemented rounding process within the Emergency Department for the reporting period.

**Table 2: EOPD Department Round protocol adherence monitoring performance, June 2017EC**

S/N	Round Criteria	Compliant (Y)	Non-Compliant (N)	Total Performance (%)
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
	<b>Overall Compliance</b>	<b>156/156</b>	<b>0/1156</b>	<b>100%</b>

## DISCUSSION

The data presented for June 2017EC reveals an exceptional level of adherence to the Emergency Department Round protocol, achieving **100% compliance across all 12 monitored criteria for all 13 rounds conducted**. This perfect score signifies a remarkably high standard of operational discipline and process execution within the ED during the reporting period. It suggests that the multidisciplinary rounds were consistently conducted on schedule, involved the appropriate team members, and comprehensively addressed all critical aspects of patient care, including assessment, communication, care planning, medication review, safety, task assignment, documentation, and discharge planning. This level of uniformity indicates that the protocol is well-understood, effectively implemented, and rigorously followed by the ED team, potentially contributing significantly to patient safety, care coordination, and overall departmental efficiency.

While the achievement of 100% compliance is highly commendable, it warrants careful consideration. Such perfect results, while desirable, are uncommon in complex clinical environments like the ED. It is crucial to ensure that the monitoring process itself is robust and captures a true reflection of practice. Potential factors contributing to this outcome include exceptionally strong leadership, ingrained quality culture, effective training, or potentially a monitoring system focused primarily on documentation completeness rather than direct observation of practice depth. The absence of any non-compliance ("Compliant (N)" = 0 for all criteria) suggests either flawless execution or limitations in the measurement's ability to detect minor deviations or assess qualitative aspects like communication effectiveness or patient understanding. To sustain this high performance and validate its depth, future monitoring might consider incorporating random audits, direct observation, or patient/family feedback alongside documentation review. Continuous focus on maintaining this standard, identifying potential areas for qualitative improvement even within compliant processes, and ensuring the monitoring remains sensitive to detect any emerging issues will be essential moving forward.

## RECOMMENDATIONS

- ☒ Maintain current performance by regular M&E

**Table 3: Implementation Status of previous performance improvement Plan, June 2017EC**

Area for Improvement	Implementation Status	Key Outcomes
<b>Specialist Consultations</b>	<b>Fully Implemented</b>	Dedicated tracking system established by ED team
<b>Patient Safety Measures</b>	<b>Partially Implemented</b>	Monthly audits initiated but inconsistent documentation



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- ❖ Garee tajaajila EOP 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!!**



# **DEDER GENERAL HOSPITAL**

## ***ICU CASE TEAM***

### **Round Protocol Utilization Monitoring Report**

**By: Numeyri Badru**

***Report period: 4<sup>th</sup> Quarter of 2017E.C***

***Deder, Oromia***

***June 2017EC***

## TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	1
<b>AIM.....</b>	1
<b>OBJECTIVE.....</b>	1
<b>Criteria and standards .....</b>	1
<b>METHODOLOGYS .....</b>	2
<b>Study Period.....</b>	2
<b>Sample size.....</b>	2
<b>Audit frequency .....</b>	2
<b>RESULTS.....</b>	3
<b>DISCUSSION.....</b>	4
<b>RECOMMENDATION .....</b>	5
<b>IMPROVEMENT PLAN.....</b>	5
No table of figures entries found.	
<b>Table 1: ICU Round protocol adherence monitoring performance, June 2017EC .....</b>	4
<b>Table 2: Implementation Status of previous performance improvement Plan, June 2017EC.....</b>	5

## INTRODUCTION

The Round Protocol Utilization Monitoring Report for the ICU department at Deder General Hospital aims to assess the adherence to established clinical protocols during patient care rounds. This report covers the monitoring period of June 2025 and presents an analysis of the key aspects of round protocol adherence, patient assessment, multidisciplinary team participation, and documentation quality. The purpose of this report is to identify strengths and areas for improvement in order to optimize care delivery and ensure patient safety in the ICU.

## AIM

- ❖ The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to round 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

## 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	

## **METHODOLOGYS**

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

### **Study Period**

- ❖ Entire 3<sup>rd</sup> Quarter of 2017E.C

### **Sample size**

- ❖ Total sample size was 13

### **Audit frequency**

- ❖ Quarterly

## RESULTS

The ICU Round Protocol Adherence Monitoring for June 2017EC demonstrated **perfect compliance (100%)** across all measured variables, indicating exemplary adherence to clinical and operational standards. Key areas such as scheduled rounds, multidisciplinary team participation, patient assessments, and documentation were consistently executed without deviations. This high level of performance reflects a well-structured protocol, effective teamwork, and rigorous accountability, ensuring comprehensive patient care and safety throughout the ICU (**Table 2**).

The results also highlight the ICU's strength in **communication and care continuity**, with 100% compliance in family/patient communication, care plan updates, and discharge planning. The absence of gaps in follow-up tasks, medication reviews, and role assignments further underscores the unit's efficiency in maintaining systematic workflows. Such uniformity suggests robust training, clear protocols, and a culture of diligence, all of which contribute to optimal patient outcomes and operational excellence (**Table 2**).

**Table 1: ICU Round protocol adherence monitoring performance, June 2017EC**

Variable	Yes	No	% Compliance
Scheduled Rounds on Time	13	0	100
Multidisciplinary Team Participation	13	0	100
Patient Assessment Completed	13	0	100
Communication with Patient/Family	13	0	100
Care Plan Updated	13	0	100
Medication and Treatment Orders Reviewed	13	0	100
Follow-Up Tasks Assigned	13	0	100
Documentation Completed	13	0	100
Patient Safety Measures Discussed	13	0	100
Clear Role Assignment	13	0	100
Specialist Consultations Arranged	13	0	100
Discharge Planning Discussed	13	0	100
Total Performance (Overall Compliance)	156/156	0	100%

## DISCUSSION

The ICU Round Protocol Adherence Monitoring results for June 2017EC reflect an exemplary standard of care, with **100% compliance** across all measured variables. This outstanding performance demonstrates the ICU team's strong commitment to structured workflows, multidisciplinary collaboration, and patient-centered care. The consistency in timely rounds, thorough documentation, and clear role assignments suggests that the unit has successfully embedded standardized protocols into daily practice. Such high adherence likely contributes to improved patient outcomes, reduced errors, and enhanced communication among healthcare providers. The results align with evidence showing that systematic rounding protocols enhance care coordination and patient safety in critical care settings.

However, while the data indicates flawless compliance, it is important to consider whether **self-reporting or observational biases** may have influenced the results. Future audits could benefit from unannounced observations or patient/family feedback to validate these findings. Additionally, sustaining this level of performance requires continuous monitoring, as complacency could lead to gradual declines in adherence. Opportunities for further improvement might include integrating real-time electronic documentation checks or periodic refresher training to reinforce best practices. Overall, the ICU's performance sets a benchmark for protocol adherence, but ongoing evaluation remains essential to maintain this standard and address any emerging gaps.

## RECOMMENDATION

☒ **To maintain the current status, conduct regular M & E**

## IMPROVEMENT PLAN

☒ **No major gap seen**

**Table 2:** Implementation Status of previous performance improvement Plan, June 2017EC

Area Improved	Implementation Status
Patient Assessment Completion	Fully implemented – Quarterly refresher training initiated. Compliance improved
Documentation Completion	Partially implemented – Electronic documentation system started.
Arranging Specialist Consultations	Minimal progress – Consultation request & response integrated with EMR, but consultation rate remains low
Training and Education	Ongoing – Quarterly sessions started
Monitoring and Feedback	Active – Monthly reviews instituted, with compliance shared in staff meetings.



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- ❖ Garee tajaajila ICU 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!!**



# **DEDER GENERAL HOSPITAL**

***NICU CASE TEAM***

## **Round Protocol Utilization Monitoring Report**

***By: Abdi Baker***

***Report period: 4<sup>th</sup> Quarter of 2017E.C***

***Deder, Oromia***

***June 2017EC***

## TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	1
<b>AIM</b> .....	1
<b>OBJECTIVE</b> .....	1
<b>Criteria and standards</b> .....	1
<b>METHODOLOGYS</b> .....	2
<b>Study Period</b> .....	2
<b>Sample size</b> .....	2
<b>Audit frequency</b> .....	2
<b>RESULTS</b> .....	3
<b>DISCUSSION</b> .....	5
<b>RECOMMENDATION</b> .....	6
<b>IMPROVEMENT PLAN</b> .....	6
No table of figures entries found.	
Table 1: NICU Round protocol adherence monitoring performance, June 2017EC .....	4

## INTRODUCTION

The Round Protocol Utilization Monitoring Report for the NICU department at Deder General Hospital aims to assess the adherence to established clinical protocols during patient care rounds. This report covers the monitoring period of June 2025 and presents an analysis of the key aspects of round protocol adherence, patient assessment, multidisciplinary team participation, and documentation quality. The purpose of this report is to identify strengths and areas for improvement in order to optimize care delivery and ensure patient safety in the NICU.

## AIM

- ❖ The overall aim of this audit is to ensure that **Deder General Hospital staffs** have a working knowledge and adherence to round 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

## 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	

## **METHODOLOGYS**

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

### **Study Period**

- ❖ Entire 4<sup>th</sup> Quarter of 2017E.C

### **Sample size**

- ❖ Total sample size was 10

### **Audit frequency**

- ❖ Quarterly

## **RESULTS**

The NICU Round Protocol Adherence Monitoring for June 2017EC demonstrated **perfect compliance (100%)** across all measured variables, indicating exemplary adherence to clinical and operational standards. Key areas such as scheduled rounds, multidisciplinary team participation, patient assessments, and documentation were consistently executed without deviations. This high level of performance reflects a well-structured protocol, effective teamwork, and rigorous accountability, ensuring comprehensive patient care and safety throughout the NICU (**Table 2**).

The results also highlight the NICU's strength in **communication and care continuity**, with 100% compliance in family/patient communication, care plan updates, and discharge planning. The absence of gaps in follow-up tasks, medication reviews, and role assignments further underscores the unit's efficiency in maintaining systematic workflows. Such uniformity suggests robust training, clear protocols, and a culture of diligence, all of which contribute to optimal patient outcomes and operational excellence (**Table 2**).

*Table 1: NICU Round protocol adherence monitoring performance, June 2017EC*

<b>Variable</b>	<b>Yes</b>	<b>No</b>	<b>% Compliance</b>
Scheduled Rounds on Time	10	0	100
Multidisciplinary Team Participation	10	0	100
Patient Assessment Completed	10	0	100
Communication with Patient/Family	10	0	100
Care Plan Updated	10	0	100
Medication and Treatment Orders Reviewed	10	0	100
Follow-Up Tasks Assigned	10	0	100
Documentation Completed	10	0	100
Patient Safety Measures Discussed	10	0	100
Clear Role Assignment	10	0	100
Specialist Consultations Arranged	10	0	100
Discharge Planning Discussed	10	0	100
Total Performance (Overall Compliance)	120/120	0/120	100%

## DISCUSSION

The NICU Round Protocol Adherence Monitoring results for June 2017EC reflect an exemplary standard of care, with **100% compliance** across all measured variables. This outstanding performance demonstrates the NICU team's strong commitment to structured workflows, multidisciplinary collaboration, and patient-centered care. The consistency in timely rounds, thorough documentation, and clear role assignments suggests that the unit has successfully embedded standardized protocols into daily practice. Such high adherence likely contributes to improved patient outcomes, reduced errors, and enhanced communication among healthcare providers. The results align with evidence showing that systematic rounding protocols enhance care coordination and patient safety in critical care settings.

However, while the data indicates flawless compliance, it is important to consider whether **self-reporting or observational biases** may have influenced the results. Future audits could benefit from unannounced observations or patient/family feedback to validate these findings. Additionally, sustaining this level of performance requires continuous monitoring, as complacency could lead to gradual declines in adherence. Opportunities for further improvement might include integrating real-time electronic documentation checks or periodic refresher training to reinforce best practices. Overall, the NICU's performance sets a benchmark for protocol adherence, but ongoing evaluation remains essential to maintain this standard and address any emerging gaps.

## **RECOMMENDATION**

- ☞ **To maintain the current status, conduct regular M & E**
- IMPROVEMENT PLAN**
- ☞ **No major gap seen**



Guyyaa/ቁጥር/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila NICU 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!!**



# **DEDER GENERAL HOSPITAL**

***GYN Case Team***

## **Round Protocol Utilization Monitoring Report**

***Prepared By: Abdalla Mohammed***

***Report period: 4<sup>th</sup> quarter of 2017E.C***

***Dader, Oromia***

***June 2017EC***

## Table of Contents

List of figure and table .....	2
<b>Background .....</b>	<b>3</b>
<b>Aim .....</b>	<b>3</b>
<b>Objective .....</b>	<b>3</b>
<b>Methods.....</b>	<b>4</b>
<b>Study Period.....</b>	<b>4</b>
<b>Sample size.....</b>	<b>4</b>
<b>Audit frequency .....</b>	<b>4</b>
<b>RESULTS.....</b>	<b>5</b>
<b>DISCUSSION.....</b>	<b>7</b>
<b>RECOMMENDATIONS .....</b>	<b>8</b>
<b>IMPROVEMENT PLAN .....</b>	<b>8</b>

## **List of figure and table**

**Figure 1: GYN ward Round Protocol adherence performance status, June 2017E.CError! Bookmark not defined.**

<b>Table 1: Criteria and standards .....</b>	<b>3</b>
<b>Table 2: GYN Round protocol adherence monitoring performance, June 2017E.C .....</b>	<b>6</b>
<b>Table 3: Implementation Report: GYN Round Protocol Improvement Plan, June 2017E.C .....</b>	<b>8</b>

## Background

This report outlines the utilization of the GYN 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 4<sup>th</sup> quarter of 2017

## **Sample size**

- ☛ Total sample size was 13

## **Audit frequency**

- ☛ Quarterly

## RESULTS

Based on the June 2017 E.C. monitoring report for the GYN Round protocol, the results demonstrate perfect adherence across all twelve specified criteria. Each essential component of the gynecological ward rounds process – including Scheduled Rounds Conducted on Time, Multidisciplinary Team Participation, Patient Assessment, Communication with Patient/Family, Care Plan Updates, Medication/Treatment Review, Follow-Up Task Assignment, Documentation, Patient Safety Discussions, Clear Role Assignment, Arrangement of Specialist Consultations (if needed), and Discharge Planning Discussions (if applicable) – was fully compliant ("Yes") in all 13 rounds audited. This yielded a 100% compliance rate for every individual criterion during the reporting period (**Table 2**).

Overall, the protocol adherence was flawless. The total number of compliant instances reached 156 out of 156 (calculated as 13 rounds x 12 criteria), with zero non-compliant instances recorded. Consequently, the overall compliance rate for the GYN Round protocol was 100% for June 2017 E.C. This indicates that the established multidisciplinary procedures for conducting comprehensive, safe, and patient-centered gynecological ward rounds were rigorously and consistently followed in every single round monitored that month (**Table 2**).

**Table 2: GYN 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	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
	<b>Total Performance (Overall Compliance)</b>	<b>156/156</b>	<b>0/156</b>	<b>100%</b>

## DISCUSSION

The June 2017 E.C. GYN Round protocol adherence monitoring report demonstrates **exceptional and consistent performance**, achieving 100% compliance across all twelve criteria for all 13 rounds observed. This flawless adherence indicates that the multidisciplinary ward round process within the gynecology service was executed rigorously according to protocol throughout the audit period. Key aspects essential for high-quality, patient-centered care – including punctual rounds, full team participation, comprehensive patient assessment, clear communication with patients/families, timely updates to care plans and medication orders, robust safety discussions, effective task assignment, meticulous documentation, and proactive discharge planning – were uniformly met. This level of consistency strongly suggests a well-established and ingrained rounding culture, effective leadership, and a shared commitment among the multidisciplinary team (including physicians, nurses, pharmacists, and potentially others) to structured and thorough patient reviews. Such reliability is fundamental for patient safety, care coordination, and efficient service delivery.

However, while these results are highly commendable and set a remarkable benchmark, achieving perfect scores across all metrics for all observed rounds warrants careful consideration within the context of quality assurance. A 100% compliance rate is statistically unusual in complex clinical processes involving multiple team members and dynamic patient situations. Several factors could contribute to this outcome:

**(1) Sample Size and Representativeness:** Monitoring 13 rounds provides a snapshot but may not capture variations occurring during higher acuity periods, staff shortages, or less routine cases.

**(2) Observation Effect (Hawthorne Effect):** The knowledge of being audited may have influenced team behavior towards heightened adherence during the observed rounds.

## RECOMMENDATIONS

- ☒ Sustaining the current performance through regular M & E

## IMPROVEMENT PLAN

- ☒ NO MAJOR GAP SEEN

*Table 3: Implementation Report: GYN Round Protocol Improvement Plan, June 2017E.C*

Action Item	Activities Performed	Responsible Body	Timeline	Status
Protected Rounding Time	<ul style="list-style-type: none"><li>Published formal rounding schedule distributed to all team members</li><li>Implemented mandatory attendance tracking system</li><li>Conducted 3 team briefings to emphasize importance</li></ul>	Department Head	Month 1	Completed
Rounds Coordination Role	<ul style="list-style-type: none"><li>Appointed Sr. Nurse Alemnesh Bekele as dedicated rounds coordinator</li><li>Developed coordinator checklist including:<ul style="list-style-type: none"><li>- Pre-round team confirmation</li><li>- Role assignment protocol</li><li>- Timekeeping system</li></ul></li></ul>	OB/GYN Senior Team + Quality Team	Month 1	Completed



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- ❖ Garee tajaajila Gyn 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!!**