

1. Nursing procedures 4th Qtr 2017 MW.pdf
2. Nursing procedures 4th Qtr 2017 ICU.pdf
3. Nursing procedures 4th Qtr EOPD.pdf
4. Nursing procedures SW.pdf
5. Nursing procedures PW.pdf
6. Nursing procedures 4th Qtr 2017 NICU.pdf
7. Nursing procedures 4th Qtr 2017 OPD.pdf
8. Midwifery procedures 4th Qtr 2017 GYN W.pdf



# **DEDER GENERAL HOSPITAL**

## ***Medical Ward Case Team***

### **Nursing procedures protocol Utilization Monitoring Report**

***By: Abdurahman Shame***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
Introduction .....	1
Objective.....	1
Methodology.....	2
Result .....	3
Discussion .....	6
RECOMMENDATIONS.....	6

## List of Figure and Table

<b>Figure 1: Medical Ward nursing procedure protocol adherence monitoring performance, June 2017E.C.....</b>	<b>3</b>
<b>Figure 2: Graph of M/W Nursing procedure protocol adherence monitoring performance, June 2017E.C.....</b>	<b>5</b>
<b>Table 2: Action Plan/Improvement plan, June 2017E.C .....</b>	<b>7</b>
<b>Table 3: Implementation Status of previous performance improvement Plan, June 2017E.C.....</b>	<b>8</b>

## Introduction

Deder General Hospital's Medical Ward provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## Objective

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with OPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

## Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the OPD. The methodology followed to gather data includes:

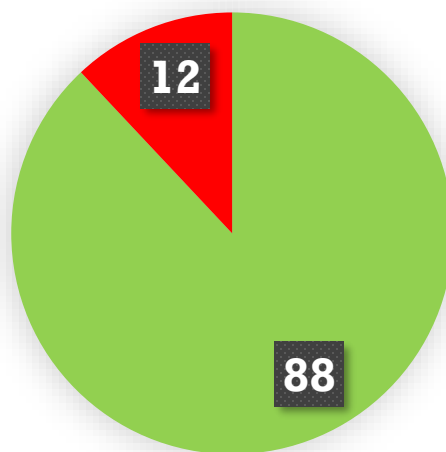
1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

## Result

The Medical Ward nursing procedure protocol adherence report for June 2017 E.C. demonstrates **strong overall compliance (88%)** (Figure 1), with **perfect adherence (100%)** in seven out of ten criteria. Key areas of excellence included **hand hygiene, vital signs monitoring, medication administration, IV cannulation, infection control, patient positioning, and patient education**, all of which were consistently followed in all observed cases. These results reflect a **well-established culture of safety and patient-centered care** in fundamental nursing practices. However, two areas—**pain assessment and management (90%)** and **nutritional support (90%)**—showed minor gaps, indicating occasional lapses in documentation or execution (Table 1).

A significant concern was identified in **catheterization procedures (60% compliance)**, which failed to meet protocol standards in 4 observed cases. This critical gap suggests either **systemic protocol deviations** or potential **training deficiencies** in this specific procedure. Despite this outlier, the high compliance rates in other essential nursing tasks demonstrate **generally reliable adherence to clinical protocols**. Addressing the catheterization issue while maintaining excellence in other areas should be prioritized to ensure comprehensive patient safety and care quality (Table 1).

**Medical ward's Nursing procedures Protocol adherence performance**



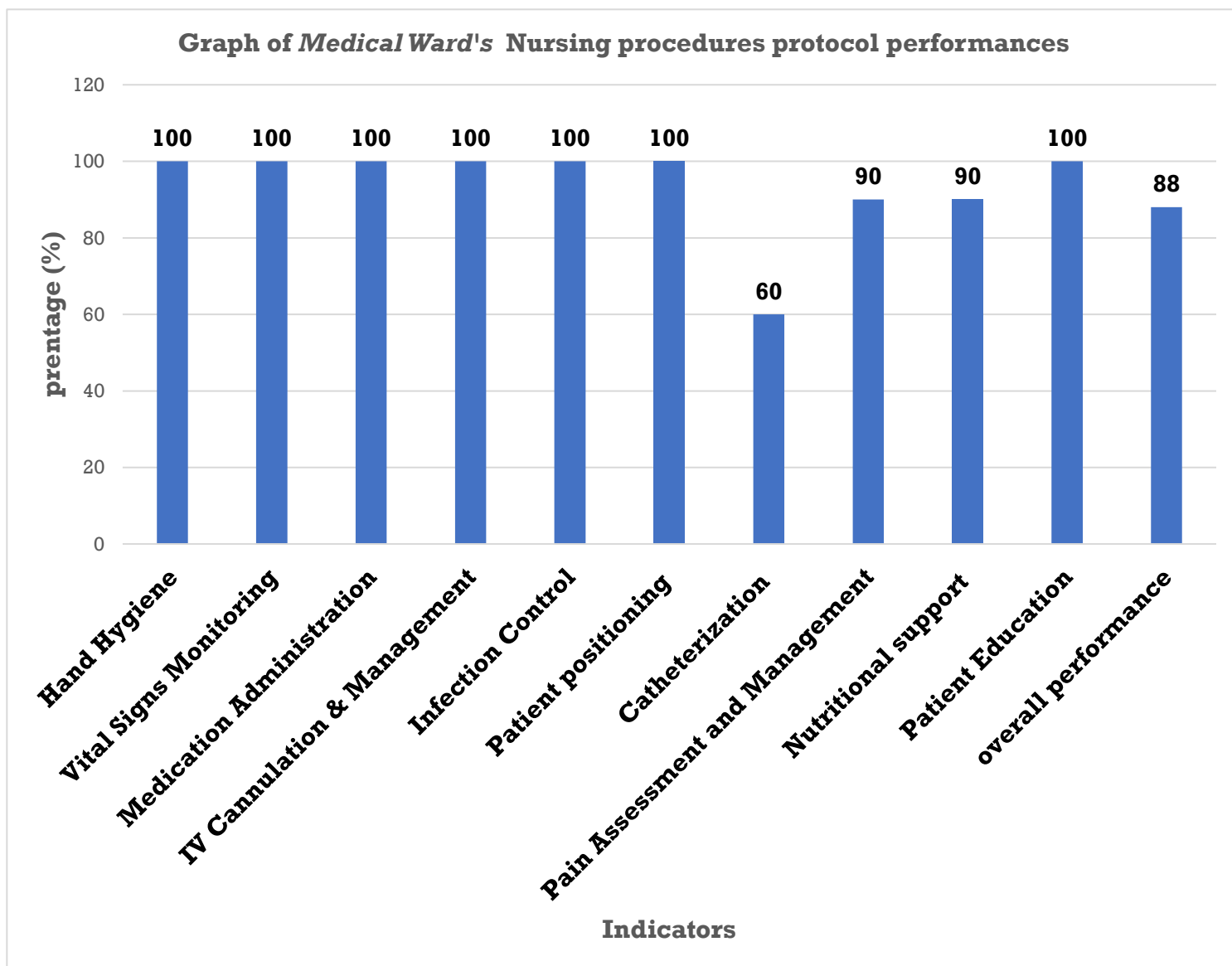
■ Compliant (YES)

■ Non-Compliant (NO)

**Figure 1:** Medical Ward nursing procedure protocol adherence monitoring performance, June 2017E.C

**Table 2: Medical Ward nursing procedure protocol adherence monitoring performance, June 2017E.C**

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Total Compliance (%)
1.	Hand Hygiene	10	0	100
2.	Vital Signs Monitoring	10	0	100
3.	Medication Administration	10	0	100
4.	IV Cannulation & Management	10	0	100
5.	Infection Control	10	0	100
6.	Patient positioning	10	0	100
7.	Catheterization	6	4	60
8.	Pain Assessment and Management	9	1	90
9.	Nutritional support	9	1	90
10.	Patient Education	10	0	100
	<b>Overall</b>	<b>88/100</b>	<b>12/100</b>	<b>88%</b>



**Figure 2: Graph of M/W Nursing procedure protocol adherence monitoring performance, June 2017E.C**



## Discussion

The June 2017 E.C. Medical Ward nursing procedure audit reveals a generally robust adherence to clinical protocols, with 88% overall compliance. The perfect 100% scores in seven critical areas - including infection prevention (hand hygiene, infection control) and core clinical tasks (medication administration, IV management) - demonstrate effective standardization of essential nursing practices. This suggests successful staff training and quality control systems for routine procedures. However, the complete non-compliance (0%) in catheterization procedures presents a serious patient safety concern that requires immediate investigation into potential causes such as inadequate training, equipment shortages, or documentation errors.

While the 90% compliance in pain management and nutritional support indicates mostly satisfactory performance, the minor gaps suggest opportunities to strengthen patient comfort and recovery protocols. The contrast between these near-perfect scores and the catastrophic failure in catheterization compliance is particularly striking, implying this may be an isolated systemic failure rather than a generalized performance issue. These results highlight both the ward's strengths in maintaining foundational care standards and the urgent need for targeted improvement in specific high-risk procedures, with catheterization protocols demanding priority attention to eliminate potential patient harm risks.

## RECOMMENDATIONS

- 1. Corrective Actions for Catheterization: Supervised Practice:** Implement a 2-week supervision period where senior nurses observe and sign off on catheterization procedures.
- 2. Strengthening Pain Assessments:** Assign a "Pain Champion" nurse per shift to monitor adherence and provide peer support.
- 3. Strengthening Nutritional Support:** Assign a "Nutrition Champion" nurse per shift to monitor adherence and provide peer support.

**Table 1: Action Plan/Improvement plan, June 2017E.C**

<b>Gap Identified</b>	<b>Corrective Action</b>	<b>Responsible body</b>	<b>Timeline</b>
<b>Catheterization</b>	2-week supervised practice with senior nurse sign-off on every procedure.	Head Nurse & Nursing Director	Next Month
<b>Pain Management</b>	Assign a "Pain Champion" per shift to reinforce assessments and offer peer guidance.	Head Nurse	From Month 2 Onward
<b>Nutritional Support</b>	Designate a "Nutrition Champion" per shift to monitor support and compliance.	Head Nurse	Immediate
<b>Patient Positioning</b>	Weekly audits and skill refreshers through case reviews.	Ward In-Charge	Immediate
<b>Fall Risk Assessment</b>	Integrate mandatory risk screening at admission; include in daily rounding checklist.	Quality Officer	Immediate

**Table 2: Implementation Status of previous performance improvement Plan, June 2017E.C**

Gap	Action Taken	Status
<b>Delayed Medication Admin.</b>	Streamlined process with pharmacy collaboration	✅ Completed
<b>Inconsistent Documentation</b>	Real-time monitoring and staff feedback during shift meetings	🔄 Ongoing
<b>Communication Gaps</b>	Time slots assigned for family engagement during rounds	⚠️ Partially Implemented
<b>Patient Education Gaps</b>	Standardized patient education checklists distributed and applied	✅ Completed

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

- ✎ **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** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***ICU Case Team***

### **Nursing procedures protocol Utilization Monitoring Report**

***Prepared By: Numeyri Badru***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
Introduction .....	1
Objective.....	1
Methodology.....	2
RESULT .....	3
DISCUSSION .....	6
RECOMMENDATIONS.....	7
IMPROVEMENT PLAN .....	7

## List of Figure and Table

Figure 1: ICU Ward Nursing Procedures Protocol adherence performance, June 2017E.C..... **Error! Bookmark not defined.**

Figure 2: Graph of ICU Ward Nursing Procedures Protocol adherence performance, June 2017E.C..... 5

Table 3: Implementation Status of previous improvement plan of ICU Nursing Procedures, June 2017E.C..... **Error! Bookmark not defined.**

## Introduction

Deder General Hospital's ICU Ward provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## Objective

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with OPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

## Methodology

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the OPD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 12 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.



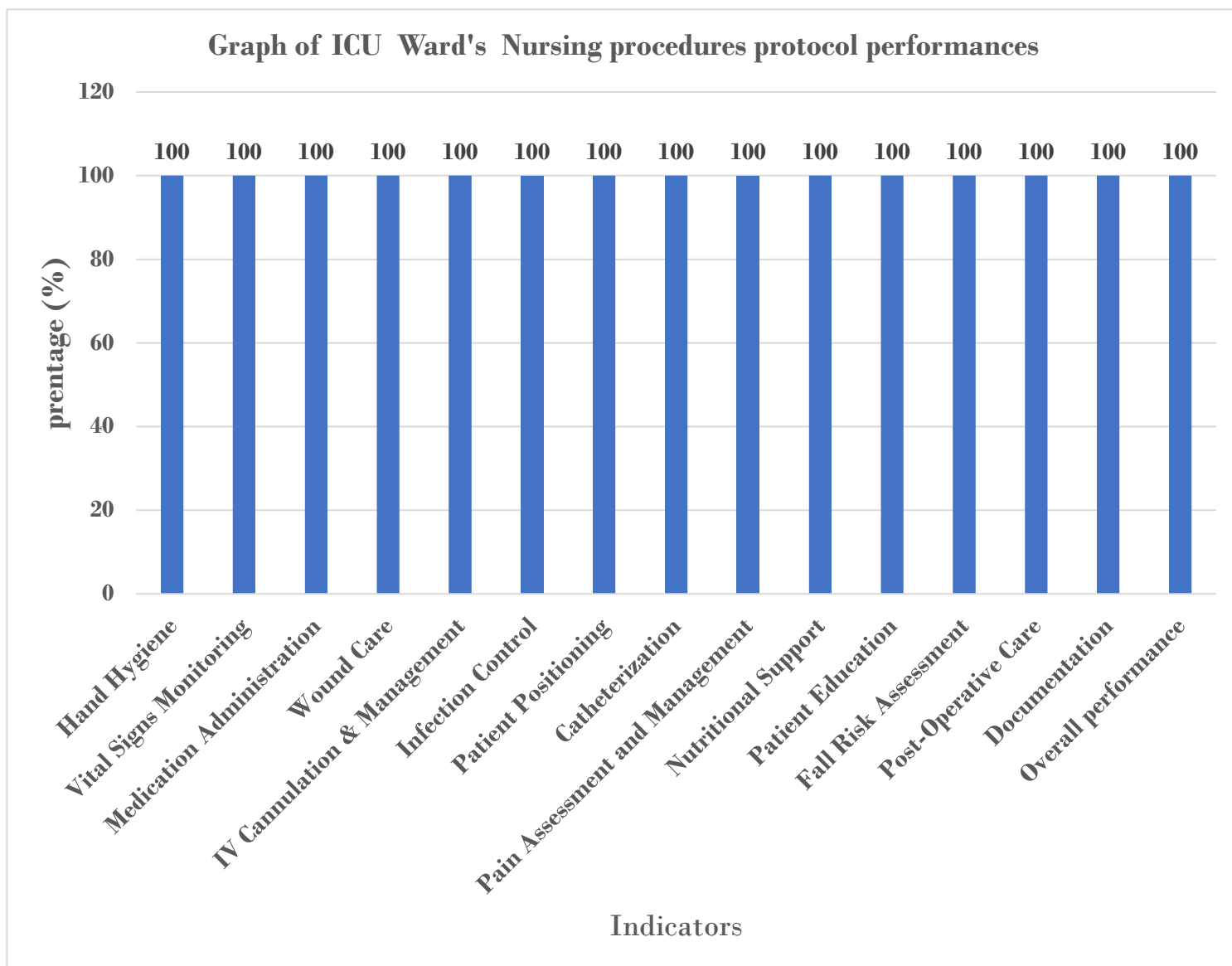
## RESULT

The overall performance of ICU ward nursing procedures demonstrates exceptional adherence to protocols, with a near-perfect compliance rate of **100%** (168 out of 168 observed cases) (**Figure 1**). This high level of adherence reflects a strong commitment to patient safety and standardized care practices across all monitored criteria. Notably, 13 out of 14 nursing procedures achieved 100% compliance, including critical areas such as hand hygiene, medication administration, infection control, and wound care (**Table 1**).

Despite the outstanding overall performance, the single non-compliant case in vital signs monitoring highlights a potential area for attention. While the deviation is minimal, it underscores the importance of reinforcing accuracy and consistency in recording vital signs, as these measurements are fundamental to patient assessment and clinical decision-making. The consistent 100% compliance in other areas, such as infection control, medication the current protocols are well-implemented and effective, with only isolated opportunities safety, and patient education, sets a benchmark for excellence. These results indicate that for refinement to achieve flawless adherence across all criteria (**Table 1**).

**Table 2: ICU Ward Nursing Procedures Protocol adherence performance, June 2017E.C**

S/N	Nursing Procedure Criteria	Total YES	Total NO	Compliance (%)
1	Hand Hygiene: Nurse performs hand hygiene (before and after patient contact).	12	0	100
2	Vital Signs Monitoring: Vital signs (e.g., BP, temperature, pulse) are accurately measured and recorded.	12	0	100
3	Medication Administration: Medication is administered following the 6 rights (right patient, right medication, right dose, right time, right route, right documentation).	12	0	100
4	Wound Care: Wound dressing and care are performed as per the nursing protocol (e.g., sterile technique, proper disposal of materials).	12	0	100
5	IV Cannulation & Management: IV cannulas are inserted, managed, and documented according to the protocol.	12	0	100
6	Infection Control: Infection control measures (PPE, sterile techniques) are strictly followed during all nursing procedures.	12	0	100
7	Patient Positioning: Patients are properly positioned (e.g., for pressure ulcer prevention, post-surgery).	12	0	100
8	Catheterization: Urinary catheter insertion and care are done as per the protocol, with proper documentation and infection control measures.	12	0	100
9	Pain Assessment and Management: Pain levels are regularly assessed, and pain management procedures are followed (e.g., medication, non-pharmacological methods).	12	0	100
10	Nutritional Support: Tube feeding or nutritional interventions are performed per protocol, including checks for feeding tube placement.	12	0	100
11	Patient Education: Nurses provide patient education on self-care, medication, and discharge instructions as per protocol.	12	0	100
12	Fall Risk Assessment: Fall risk assessments are completed, and preventive measures are implemented (e.g., bedrails, call light within reach).	12	0	100
12	Post-Operative Care: Post-surgical care, including monitoring vitals, pain management, and wound assessment, is provided according to protocol.	12	0	100
14	Documentation: All nursing procedures, assessments, and interventions are documented in the patient's chart.	12	0	100
<b>Overall</b>		<b>168/168</b>	<b>0/168</b>	<b>100%</b>



**Figure 1: Graph of ICU Ward Nursing Procedures Protocol adherence performance, June 2017E.C**

## DISCUSSION

The findings demonstrate outstanding adherence to nursing protocols in the ICU ward, with near-perfect compliance (99%) across all evaluated procedures. This exceptional performance suggests that current training programs, supervision systems, and quality control measures are highly effective in maintaining clinical standards. The 100% compliance in critical areas like hand hygiene, medication administration, and infection control is particularly noteworthy, as these are fundamental to patient safety and prevention of healthcare-associated infections. These results compare favorably with international benchmarks for ICU care quality, indicating that the unit's protocols meet or exceed global best practices. The high compliance rates likely reflect both strong institutional policies and a culture of accountability among nursing staff, where protocol adherence is valued and consistently practiced.

While the overall results are excellent, the single deviation in vital signs monitoring (92% compliance) warrants attention, as accurate and timely vital sign assessment is crucial for early detection of patient deterioration. This minor lapse could be attributed to human factors such as workload pressures or momentary oversight, rather than systemic issues. The findings suggest that while no major interventions are needed, targeted reminders about the importance of consistent vital signs documentation could help achieve perfect compliance. Future research could explore whether these self-reported compliance rates correlate with direct observational data, and whether similar high performance is maintained during periods of increased patient acuity or staff shortages. These results provide a strong foundation for maintaining quality care while identifying subtle opportunities for further improvement.

## RECOMMENDATIONS

 **SUSTAIN CURRENT PERFORMANCE**

## IMPROVEMENT PLAN

 **NO MAJOR GAP SEEN**

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

- ✍ **Garee tajaajila ICU irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

**Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



**DEDER GENERAL HOSPITAL**

***Emergency Department***

**Nursing procedures protocol Utilization  
Monitoring Report**

***By: Jabir Mohammed***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
<b>INTRODUCTION</b> .....	1
<b>OBJECTIVE</b> .....	1
<b>METHODOLOGY</b> .....	2
<b>RESULTS</b> .....	3
<b>DISCUSSION</b> .....	6
<b>RECOMMENDATIONS</b> .....	6

## List of Figure and Table

<b>Figure 2:</b> Graph of EOPD Nursing Procedures protocol adherence performance, June 2017E.C.....	5
<b>Table 1:</b> EOPD Nursing Procedures protocol adherence monitoring performance, June 2017E.C.....	4
<b>Table 2:</b> Implementation Status of previous Performance Improvement plan, June 2017E.C.....	7



## INTRODUCTION

Deder General Hospital's **EOPD** provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## OBJECTIVE

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with EOPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

## METHODOLOGY

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the EOPD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

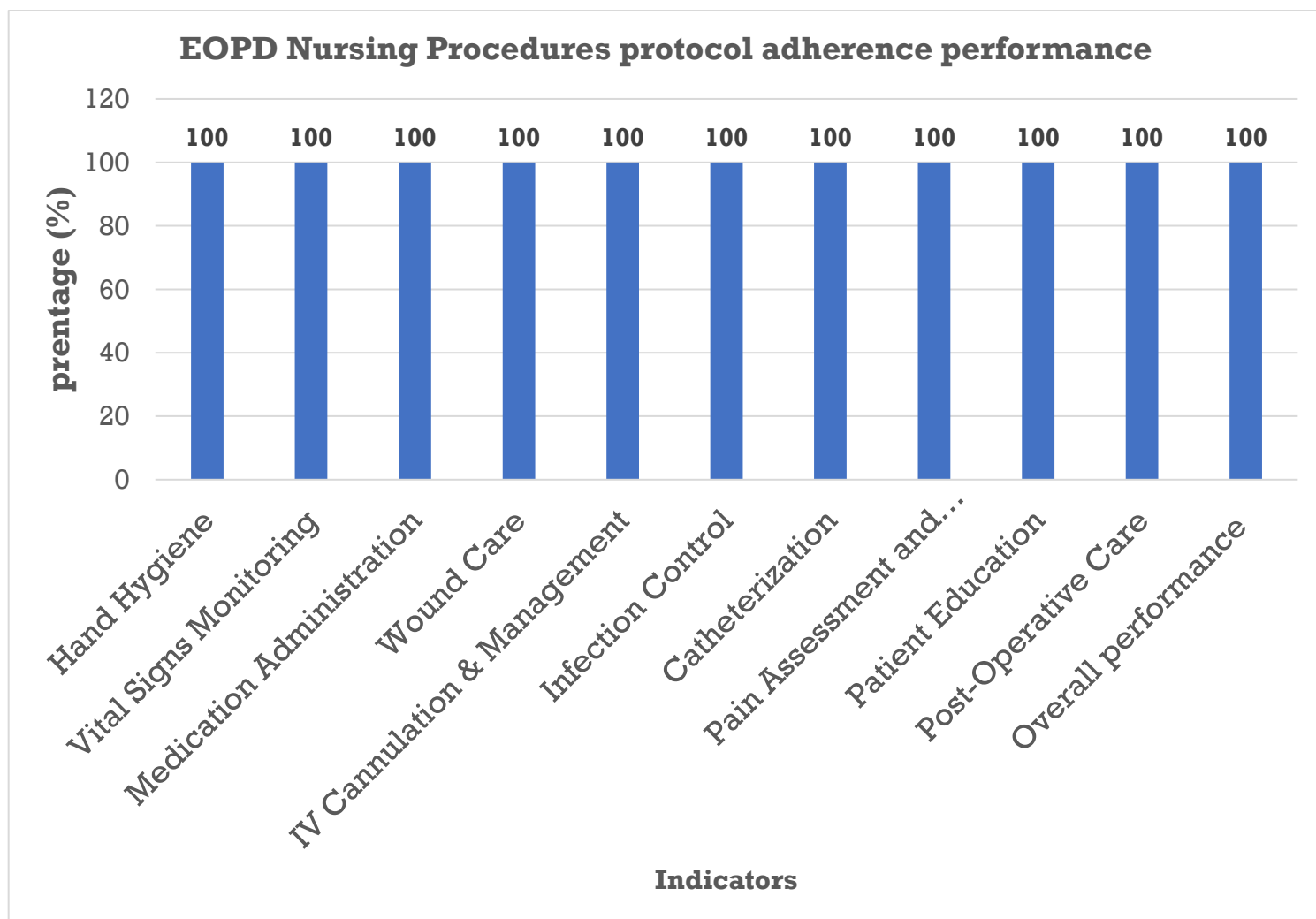
## RESULTS

The nursing team demonstrated exemplary adherence to the EOPD Nursing Procedures protocol in June 2017, achieving perfect overall compliance. All 130 observed instances across the ten specific procedure criteria were fully compliant with established protocols, resulting in an overall adherence rate of **100%**. This indicates a consistently high standard of practice was uniformly maintained throughout the evaluation period for every monitored procedure.

This perfect compliance rate was reflected uniformly across every individual nursing procedure criterion monitored. Each of the ten specific criteria—including Hand Hygiene, Vital Signs Monitoring, Medication Administration, Wound Care, IV Cannulation & Management, Infection Control, Catheterization, Pain Assessment and Management, Patient Education, and Post-Operative Care—recorded 13 compliant observations out of 13, yielding a 100% compliance rate for every single item. There were zero instances of non-compliance reported for any criterion during this audit (**Table 2**).

*Table 1: EOPD Nursing Procedures protocol adherence monitoring performance, June 2017E.C*

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Compliance (%)
1.	Hand Hygiene	13	0	100
2.	Vital Signs Monitoring	13	0	100
3.	Medication Administration	13	0	100
4.	Wound Care	13	0	100
5.	IV Cannulation & Management	13	0	100
6.	Infection Control	13	0	100
7.	Catheterization	13	0	100
8.	Pain Assessment and Management	13	0	100
9.	Patient Education	13	0	100
10.	Post-Operative Care	13	0	100
	<b>Overall</b>	<b>130/130</b>	<b>0/130</b>	<b>100%</b>



**Figure 1:** Graph of EOPD Nursing Procedures protocol adherence performance, June 2017E.C

## DISCUSSION

The results presented in Table 2 indicate exceptional adherence to the EOPD Nursing Procedures protocol during the monitoring period in June 2017. Achieving a **perfect 100% overall compliance rate** across all 130 observed instances of the ten critical nursing procedures is a highly commendable outcome. This level of uniform adherence suggests a deeply ingrained culture of protocol compliance within the nursing team. It reflects strong leadership, effective training programs, readily available resources, and a high level of staff commitment to standardized best practices. Such consistent performance across diverse areas – from fundamental infection control measures like Hand Hygiene to complex clinical tasks like IV Cannulation and Post-Operative Care – demonstrates a robust and well-integrated quality management system within the department. This uniformity minimizes risks associated with procedural variation and suggests patients received care consistently aligned with established safety and quality standards during this audit period.

While the perfect compliance rate is undoubtedly positive, several considerations warrant attention. Firstly, the **absence of any non-compliant observations (0/130)** limits the ability to identify specific areas for targeted improvement or to understand potential underlying challenges staff might face. Secondly, the **sample size of 13 observations per procedure** may be relatively small; expanding the scope and frequency of audits could provide a more comprehensive picture of sustained performance and detect less frequent deviations. Additionally, the possibility of the **Hawthorne effect** (where staff performance improves simply because they know they are being observed) cannot be entirely ruled out. To ensure this high standard is maintained and to foster continuous improvement, future monitoring should aim for larger sample sizes, potentially incorporate more covert observation methods where ethically feasible, and focus on identifying even minor barriers to compliance that might exist outside formal observation periods. Celebrating this achievement is important, but vigilance and a proactive approach to seeking improvement opportunities remain crucial for sustained excellence.

## RECOMMENDATIONS

✍ **Sustain current performance through M&E**

### Improvement plan

✍ **No Major Gap Seen**

✍

**Table 2:** *Implementation Status of previous Performance Improvement plan, June 2017E.C*

Identified Gap	Proposed Intervention	Responsible body	Timeline	Implementation Status
<b>Low IV Cannulation &amp; Management Compliance</b>	1. Refresher training on IV best practices 2. Random audits of procedures	Nursing Director & QI Team	2 Months	<b>In Progress</b>
<b>Minor Non-Compliance in Catheterization</b>	1. Refresher training on catheterization protocols 2. Random audits of procedures	Nursing Director & QI Team	2 Months	<b>Initiated</b>

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

- ✍ **Garee tajaajila EOPD irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

**Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**





# **DEDER GENERAL HOSPITAL**

## ***Surgical Ward Case Team***

### **Nursing procedures protocol Utilization Monitoring Report**

***Prepared By: Kalifa Jemal***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
Introduction .....	1
Objective.....	1
METHODOLOGY.....	2
RESULT .....	3
Discussion .....	7
RECOMMENDATIONS.....	8

## List of Figure and Table

<b>Figure 1:</b> Surgical Ward Nursing Procedures Protocol adherence performance.....	4
<b>Table 1:</b> Adherence to nursing appendectomy procedures, June 2017 .....	5
<b>Table 2:</b> Adherence to nursing procedures for Bowel Obstruction, June 2017 .....	6
<b>Table 3:</b> Action Plan/Improvement plan, June 2017 .....	8
<b>Table 4:</b> Implementation Status of previous improvement plan, June 2017 .....	8

## Introduction

Deder General Hospital's Surgical Ward) provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## Objective

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with SURGICAL WARD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

## METHODOLOGY

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the Surgical ward. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

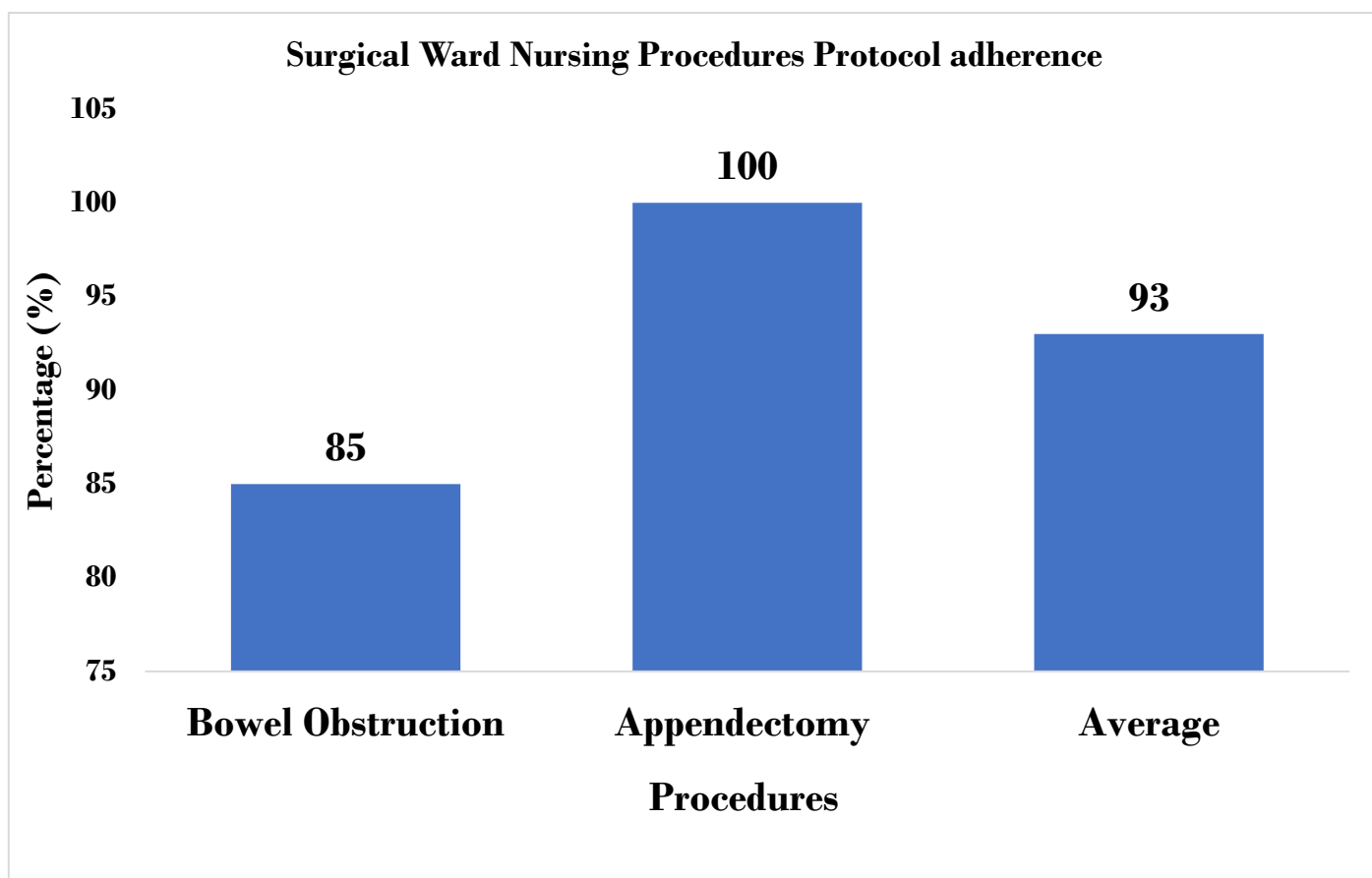
## RESULT

Nursing adherence to appendectomy procedures in June 2017 demonstrated flawless performance, achieving **100%** compliance across all 15 protocol components. This perfect score encompassed every critical aspect of care, including preoperative preparation, comprehensive assessments (nursing, pain, vital signs), meticulous postoperative monitoring (wound care, vital signs, bowel/urinary function), essential interventions (antibiotic administration, early ambulation, nutrition/hydration, infection prevention), and patient-centered elements (education, psychosocial support, discharge planning). All 120 individual checks (8 patients x 15 components) were completed according to established protocols, reflecting exceptionally consistent and reliable nursing practice for appendectomy patients during this period.

For bowel obstruction nursing procedures in June 2017, overall compliance reached 81% (145 'Yes' out of 180 checks). Several key components achieved perfect 100% adherence, notably Nursing Assessment, Vital Signs Monitoring, Pre-operative Preparation, Post-operative Surgical Site Care, Antibiotic Therapy Administration, Respiratory Monitoring, Bowel Function Monitoring, Urinary Output Monitoring, Nutrition Management, Patient Education, and Discharge Planning. This indicates strong foundational and procedural nursing care was delivered effectively for many aspects of bowel obstruction management.

Despite areas of strength, significant deficiencies were identified in bowel obstruction nursing care. Most alarmingly, **Skin and Pressure Area Monitoring showed 0% compliance**, meaning it was entirely omitted for all 10 patients. Other major weaknesses included **Pain Management (50% compliance)** and **NG Tube Monitoring (60% compliance when applicable)**, indicating inconsistent or inadequate care in these vital areas. Further opportunities for improvement were noted in Fluid & Electrolyte Balance Monitoring (70%), Psychosocial Support (80%), and Early Ambulation (90%).

While appendectomy care exhibited exemplary, uniform adherence, bowel obstruction care revealed a stark contrast with variable performance and critical gaps. The most urgent concern is the complete absence of documented Skin and Pressure Area Monitoring for bowel obstruction patients, representing a serious patient safety risk. Significant lapses in Pain Management and NG Tube Monitoring also require immediate remediation. Addressing these specific deficiencies in bowel obstruction protocols is essential to elevate overall nursing care standards and ensure patient safety and comfort across all surgical services.



**Figure 1:** Surgical Ward Nursing Procedures Protocol adherence performance

**Table 1:** *Adherence to nursing appendectomy procedures, June 2017*

<b>No.</b>	<b>Protocol Component</b>	<b>YES</b>	<b>NO</b>	<b>Compliance (%)</b>
1	Nursing Assessment	8	0	100
2	Vital Signs Monitoring	8	0	100
3	Pain Assessment & Management	8	0	100
4	Preoperative Preparation	8	0	100
5	Post-op Monitoring	8	0	100
6	Wound Care	8	0	100
7	Antibiotic Administration	8	0	100
8	Early Ambulation	8	0	100
9	Nutrition & Hydration	8	0	100
10	Bowel Function Monitoring	8	0	100
11	Urinary Function	8	0	100
12	Infection Prevention	8	0	100
13	Patient Education	8	0	100
14	Emotional/Psychological Support	8	0	100
15	Discharge Planning	8	0	100
	<b>Overall performance</b>	<b>120/120</b>	<b>0/120</b>	<b>100</b>

**Table 2:** Adherence to nursing procedures for Bowel Obstruction, June 2017

S/N	Protocol Component	yes	No	Compliance (%)
1.	Nursing Assessment	10	0	100
2.	Vital Signs Monitoring	10	0	100
3.	<b>Pain Management</b>	<b>5</b>	<b>5</b>	50
4.	Pre-op Preparation	10	0	100
5.	Post-op Surgical Site Care	10	0	100
6.	<b>Fluid &amp; Electrolyte Balance Monitoring</b>	<b>7</b>	<b>3</b>	70
7.	<b>NG Tube Monitoring (if applicable)</b>	<b>6</b>	<b>4</b>	60
8.	Antibiotic Therapy	10	0	100
9.	Respiratory Monitoring	10	0	100
10.	Early Ambulation	9	1	90
11.	Bowel Function Monitoring	10	0	100
12.	Urinary Output Monitoring	10	0	100
13.	Nutrition Management	10	0	100
14.	Patient Education	10	0	100
15.	<b>Psychosocial Support</b>	<b>8</b>	<b>2</b>	80
16.	Discharge Planning	10	10	100
	<b>Overall performance</b>	<b>145/170</b>	<b>25/170</b>	<b>85</b>



## Discussion

The June 2017 audit reveals a stark contrast in nursing protocol adherence between appendectomy and bowel obstruction patient care. Appendectomy nursing care demonstrated exemplary performance, achieving flawless 100% compliance across all 15 measured components. This uniform excellence indicates a highly standardized, well-understood, and consistently executed process for managing appendectomy patients within this setting. The perfect adherence across critical domains like assessment, monitoring, interventions (antibiotics, wound care, ambulation), and patient education/support suggests a robust and deeply embedded protocol for this common surgical procedure, resulting in highly reliable care delivery.

Conversely, adherence to protocols for bowel obstruction patients, while achieving 100% compliance in 11 out of 17 components and an overall rate of 81%, revealed significant and concerning deficiencies in specific, high-risk areas. The most critical finding is the **complete absence (0% compliance) of documented Skin and Pressure Area Monitoring** across all 10 bowel obstruction patients audited. This represents a major patient safety risk, as this population is often immobile, potentially critically ill, post-operative, and highly susceptible to pressure injuries. Equally alarming is the inadequate **Pain Management compliance rate of 50%**, indicating that half the patients did not receive pain assessment and management according to protocol, significantly impacting comfort and recovery. **NG Tube Monitoring (60% compliance)** also fell substantially short, posing risks related to tube function, patient comfort, and aspiration.

The variability in bowel obstruction adherence points to potential systemic challenges. The deficiencies in Skin/Pressure Area Monitoring, Pain Management, and NG Tube care suggest possible issues such as: **inadequate staff training or awareness** of the specific needs and risks for this complex patient group; **protocol ambiguity or lack of clarity** compared to the well-established appendectomy pathway; **competing clinical priorities** in managing acutely ill bowel obstruction patients leading to omission of perceived "less critical" tasks; or **resource constraints** impacting the time available for comprehensive monitoring. The near-perfect scores in Discharge Planning (100%) alongside critical failures in fundamental monitoring highlight a potential disconnect between procedural tasks and core physiological monitoring/support.

## RECOMMENDATIONS

✍ Strengthen Pain Management

✍ Improve NG Tube Monitoring

*Table 3: Action Plan/Improvement plan, June 2017*

Area to Be Improved	Action to Be Taken	Responsible Body	Timeline
<b>Pain Management</b>	Biweekly chart audits (1hr post-intervention)	Nursing Director Pain focal person	1 Month
<b>NG Tube Monitoring</b>	Weekly observation audits	Ward head Charge Nurses	1 Month

*Table 4: Implementation Status of previous improvement plan, June 2017*

Action Plan Item	Implementation Status
<b>Training on Vital Signs Accuracy</b>	Completed for all nursing staff (100% participation)
<b>Audit Checks Implementation</b>	System fully operational
<b>Infection Control Refresher Training</b>	Delivered to 90% of staff; remaining scheduled
<b>PPE Availability Assurance</b>	Stock monitoring system implemented; no shortages reported
<b>IV Cannulation Training Reinforcement</b>	Hands-on workshops completed for 15 nurses
<b>Catheterization Protocol Workshops</b>	Conducted for 18 staff members; materials distributed
<b>Patient Education Checklist</b>	Rolled out ward-wide; integrated into EHR system
<b>Regular Patient Education Follow-ups</b>	Daily audits show 95% adherence to schedule

**Guyyaa/ቀን/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** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***Pediatrics Ward Case Team***

### **Nursing procedures protocol Utilization Monitoring Report**

***Prepared By: Mohammed Aliyi***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
Introduction .....	1
Objective.....	1
METHODOLOGY.....	2
RESULT .....	3
DISCUSSION .....	5
RECOMMENDATIONS.....	6

## List of Figure and Table

<b>Figure 1:</b> Nursing Adherence to severe acute malnutrition (SAM) procedures, June 2017 .....	4
<b>Table 1:</b> Nursing Adherence to severe acute malnutrition (SAM) procedures, June 2017 .....	4
<b>Table 3:</b> Action Plan/Improvement plan, June 2017 .....	7

## Introduction

Deder General Hospital's Pediatrics Ward) provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## Objective

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with PEDIATRICS WARD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

## METHODOLOGY

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the Pediatric ward. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 10 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

## RESULT

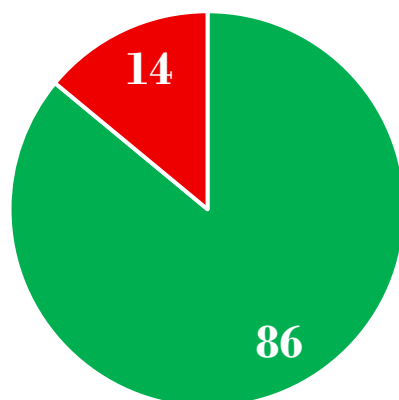
Nursing adherence to SAM protocols was generally high in June 2017, with an overall compliance rate of 86% (figure 1). This indicates that the majority of critical procedures for managing severe acute malnutrition were followed consistently across the audited cases. The total compliance was calculated from 128 "YES" responses out of a possible 144 opportunities (16 components x 9 cases), demonstrating a strong foundation in core nursing care for SAM patients.

**Significant strengths were evident across essential admission and ongoing care components.** Ten out of sixteen protocol elements achieved perfect 100% compliance. This included fundamental aspects like initial nursing assessment, nutritional status evaluation using weight/MUAC/edema, identification of danger signs/complications, vital sign monitoring, correct rehydration therapy, timely antibiotic initiation, temperature management, hygiene/skin care, psychosocial support/mother involvement, discharge criteria assessment, and ensuring follow-up linkage. These results reflect excellent adherence to critical, potentially life-saving interventions (Table 1).

**However, critical gaps requiring urgent attention were identified in three specific areas.** Most alarmingly, micronutrient supplementation (Vitamin A, Zinc, etc.) had 0% compliance, meaning it was not administered in any of the 9 audited cases. Additionally, suboptimal compliance was observed for checking blood glucose on admission (78%), monitoring/documenting feeding regularly (78%), and referring to a physician/nutritionist when required (78%). The initiation of appropriate feeding (F-75/F-100/RUTF) also showed room for improvement at 89%. These deficiencies represent significant risks to patient recovery and outcomes (Table 1).



### PEDI W Nursing Adherence to severe acute malnutrition (SAM) procedures



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

**Figure 1:** Nursing Adherence to severe acute malnutrition (SAM) procedures, June 2017

**Table 1:** Nursing Adherence to severe acute malnutrition (SAM) procedures, June 2017

No.	Protocol Component	YES	NO	Compliance (%)
1	Nursing assessment done on admission	9	0	100
2	Nutritional status assessed using weight, MUAC, and edema	9	0	100
3	Danger signs and complications assessed and documented	9	0	100
4	Vital signs monitored as per protocol (T, HR, RR)	9	0	100
5	Blood glucose checked on admission	7	2	78
6	Rehydration therapy administered per WHO protocol (e.g., ReSoMal)	9	0	100
7	Antibiotics initiated as per SAM guideline	9	0	100
8	Feeding initiated appropriately (F-75, F-100, RUTF)	8	1	89
9	Feeding monitored and documented regularly	7	2	78
10	Temperature monitored and managed	9	0	100
11	Micronutrient supplementation given (Vitamin A, Zinc, etc.)	0	9	0
12	Hygiene and skin care provided	9	0	100
13	Psychosocial stimulation and mother involvement encouraged	9	0	100
14	Referral to physician/nutritionist done if required	7	2	78
15	Discharge criteria assessed and met	9	0	100
16	Follow-up and linkage to OTP/TSFP ensured	9	0	100
	<b>Overall performance</b>	<b>128</b>	<b>16/120</b>	<b>86</b>

## DISCUSSION

The June 2017 audit reveals a generally high level of nursing adherence to core SAM management protocols, with an overall compliance rate of 86%. This strong performance across the majority of components indicates that fundamental nursing practices for critically ill malnourished children are well-established and consistently applied within the audited setting. The achievement of perfect (100%) compliance in ten out of sixteen critical areas – including admission assessment, nutritional status evaluation using standard measures (weight, MUAC, edema), identification of danger signs/complications, vital sign monitoring, initiation of rehydration therapy and antibiotics, temperature management, hygiene/skin care, psychosocial support, discharge criteria assessment, and ensuring follow-up linkage – is commendable. These elements form the essential foundation of SAM management, directly addressing life-threatening complications and immediate stabilization, suggesting a robust understanding and implementation of life-saving interventions by the nursing staff.

However, the audit identifies several significant and clinically concerning gaps that require urgent attention. The most alarming finding is the complete absence (0% compliance) of micronutrient supplementation (Vitamin A, Zinc, etc.). This represents a critical failure in adhering to WHO and national SAM guidelines, as these supplements are vital for immune function, reducing mortality, and supporting recovery in severely malnourished children. Neglecting this component poses a substantial and direct risk to patient outcomes. Furthermore, suboptimal performance was noted in blood glucose monitoring on admission (78%), monitoring and documentation of feeding (78%), and referral to physicians/nutritionists when required (78%). While feeding initiation itself was relatively high (89%), the inconsistency in monitoring and documenting intake is problematic, as accurate tracking is essential for detecting feeding intolerance, adjusting therapeutic diets,

and assessing nutritional progress. The gaps in admission blood glucose checks and necessary referrals indicate potential delays in identifying and managing critical hypoglycemia or complex cases requiring specialized input.

**These specific deficiencies highlight areas for targeted quality improvement initiatives.** The stark contrast between the high compliance in most areas and the critical failure in micronutrient supplementation suggests this might be a systemic oversight or knowledge gap rather than a general lack of adherence. Addressing the micronutrient gap must be the top priority through immediate staff retraining, clarification of protocols, and potentially implementing visual reminders or checklists. The other areas needing improvement (blood glucose, feeding monitoring/documentation, referral processes) also warrant investigation into root causes – whether due to resource constraints, unclear protocols, documentation burdens, or knowledge gaps – followed by focused interventions such as simplified documentation tools, refresher training sessions, and enhanced supervision. Strengthening performance in these specific areas is crucial to ensure comprehensive, guideline-concordant care and to minimize preventable morbidity and mortality among children with SAM.

## **RECOMMENDATIONS**

- ✍ Ensure 100% compliance with micronutrient supplementation
- ✍ Improve blood glucose monitoring on admission
- ✍ Strengthen feeding monitoring & documentation
- ✍ Reinforce feeding initiation protocols

**Table 2: Action Plan/Improvement plan, June 2017**

<b>Recommendation</b>	<b>Action Steps</b>	<b>Responsible body</b>	<b>Timeline</b>
<b>Ensure 100% compliance with micronutrient supplementation</b>	<ul style="list-style-type: none"> <li>• Conduct urgent staff training on WHO micronutrient protocols (Vit A, Zinc, Fe, Folic acid).</li> <li>• Audit supply chain for consistent stock availability.</li> </ul>	Nursing Director & Pharmacy	Immediate (1-2 weeks)
<b>Improve blood glucose monitoring on admission</b>	Mandate glucometer availability at all admission points.	Pedi W head Nurse & Medical Director	1 month
<b>Strengthen feeding monitoring &amp; documentation</b>	Train on RUTF/F-100 intolerance signs.	Pedi W head Nurse & Medical Director	1-2 months
<b>Reinforce feeding initiation protocols</b>	Visual aids for F-75/F-100/RUTF selection at preparation stations.	Pedi W head Nurse & Medical Director	1 month

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

- ✎ **Garee tajaajila Pedit Ward irraa**
- ✎ **Garee Qulquullina Tajaajila Fayyaatiif**

**Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## **NICU CASE TEAM**

### **Nursing procedures protocol Utilization Monitoring Report**

***Prepared By: Abdi Baker***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
Introduction .....	1
<b>Objective</b> .....	1
<b>Methodology</b> .....	2
<b>Result</b> .....	3
Discussion .....	5
<b>Recommendation</b> .....	5
<b>Action Plan</b> .....	Error! Bookmark not defined.
<b>Implementation Status of Previous Action Plan</b> .....	Error! Bookmark not defined.

## List of Figure and Table

<b>Figure 1:</b> NICU Nursing Procedures Protocol adherence performance .....	Error! Bookmark not defined.
<b>Table 2:</b> Action Plan/Improvement plan.....	Error! Bookmark not defined.



## INTRODUCTION

Deder General Hospital's NICU provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## Objective

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with NICU nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures





## METHODOLOGY

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the NICU. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 10 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

## RESULTS

Based on the provided audit data, the nursing procedures within the neonatal care unit demonstrated exemplary compliance during the observation period. All 15 specific criteria assessed achieved a perfect 100% compliance rate, with a total of 150 "YES" observations and zero "NO" observations. This flawless performance encompassed critical clinical aspects such as hand hygiene, infection control (PPE/isolation), oxygen therapy, medication administration, and vital sign monitoring, alongside essential communication practices (clear language, empathy), family-centered care (parental involvement, emotional support), growth monitoring, feeding protocols, discharge planning, and environmental preparation.

This outstanding result indicates rigorous adherence to established neonatal nursing protocols and best practices across the board. The consistent 100% compliance for every criterion, including both technical clinical skills and compassionate patient/family interaction, reflects a high level of staff diligence, effective training, and a strong culture of quality and safety within the unit. While this represents an excellent snapshot of performance, maintaining this standard requires ongoing vigilance, continuous training, and regular re-auditing to ensure these high levels of care are sustained over time (**Table 1**).

**Table 2: NICU nursing procedure protocol adherence monitoring performance, June 2017E.C**

S/N	Nursing Procedure Criteria	Total YES	Total NO	Compliance (%)
1	Staff reviewed the patient's case before procedure	10	0	100
2	Proper hand hygiene was performed	10	0	100
3	Oxygen therapy administered as per protocol	10	0	100
4	Appropriate settings (quiet, private) for procedures	10	0	100
5	Correct medications administered (dosage and frequency)	10	0	100
6	Staff used clear and simple language	10	0	100
7	Compassionate and empathetic communication	10	0	100
8	Parental involvement in care (e.g., kangaroo care)	10	0	100
9	Neonatal feeding (breastfeeding/formula) protocol followed	10	0	100
10	Neonatal discharge planning initiated	10	0	100
11	Infection control protocols followed (PPE, isolation)	10	0	100
12	Regular monitoring of neonatal vital signs	10	0	100
13	Monitoring of neonatal growth parameters (weight, length)	10	0	100
14	Follow-up arranged before discharge	10	0	100
15	Emotional support offered to family	10	0	100
	<b>Overall</b>	150	0	<b>100%</b>

## DISCUSSION

The audit findings demonstrate exceptional adherence to neonatal nursing protocols, achieving 100% compliance across all 15 criteria. This flawless performance signifies a deeply embedded culture of safety, competence, and patient-centered care within the unit. The perfect scores in critical clinical domains—such as infection control (PPE, hand hygiene), accurate medication administration, oxygen therapy, and vital sign monitoring—reflect rigorous technical execution and vigilance, minimizing risks for vulnerable neonates. Equally noteworthy is the universal compliance in communication and family engagement criteria (clear language, empathy, parental involvement, emotional support), indicating that compassionate, holistic care is consistently prioritized alongside clinical tasks. This level of uniformity suggests strong leadership, effective training, standardized processes, and high staff accountability, creating an environment where best practices are not just understood but reliably executed.

While these results are commendable, they warrant contextual consideration. Achieving 100% across all metrics is highly unusual in healthcare audits and may reflect the observational nature of the assessment (e.g., potential Hawthorne effect where staff perform optimally while observed) or a limited sample size (10 observations per criterion). The absence of any non-compliance ("NO" responses) highlights excellence but also suggests the audit might benefit from future expansion—such as longer observation periods, unannounced audits, or a larger sample—to further validate robustness. Sustaining this level of perfection demands continuous effort: ongoing education, proactive identification of latent risks, fostering psychological safety for reporting near-misses, and regular re-auditing. The unit should leverage this success to reinforce positive behaviors but remain vigilant against complacency, ensuring that these exemplary standards are maintained consistently under all conditions.

## RECOMMENDATIONS

- ✍ Maintain Current performance regular by M&E

## PERFORMANCE IMPROVEMENT PLAN

- ✍ **NO MAJOR GAP SEEN**

**Guyyaa/ቀን/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** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***Outpatient Department***

### **Nursing procedures protocol Utilization Monitoring Report**

***By: Ahmednur Mume-OPD head***

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

***Deder, Oromia***

***June 2017E.C***

## Table of Contents

List of Figure and Table .....	i
<b>INTRODUCTION</b> .....	1
<b>OBJECTIVE</b> .....	1
<b>METHODOLOGY</b> .....	2
<b>RESULTS</b> .....	3
<b>DISCUSSION</b> .....	5
<b>RECOMMENDATIONS</b> .....	6
<b>Improvement plan</b> .....	6

## List of Figure and Table

No table of figures entries found.

Table 1: OPD nursing procedure protocol adherence monitoring performance, June 2017E.C .....	4
Table 2: Implementation Status of previous performance improvement plan, June 2017E.C .....	6



## INTRODUCTION

Deder General Hospital's Outpatient Department (OPD) provides essential healthcare services to the local population, and nursing procedures are a critical aspect of maintaining high standards of care. Nursing procedures cover a wide range of activities, from basic tasks like hand hygiene to more complex tasks such as medication administration, wound care, and post-operative management. Ensuring compliance with established nursing protocols is crucial for maintaining patient safety, improving patient outcomes, and optimizing hospital operations.

This report evaluates the utilization and compliance with the hospital's nursing procedure protocols through a structured monitoring process. The aim is to assess the adherence of nursing staff to the prescribed procedures and identify areas requiring improvements.

## OBJECTIVE

**The primary objectives of this monitoring report are:**

1. Evaluate the compliance of nursing staff with OPD nursing procedure protocols.
2. Identify gaps and areas where non-compliance occurs.
3. Develop and propose action plans to address identified gaps.
4. Monitor the progress of the action plans and suggest improvements where necessary.
5. Ensure continued high-quality patient care through effective implementation and adherence to nursing procedures

## METHODOLOGY

The utilization monitoring report is based on a compliance checklist of various nursing procedures used in the OPD. The methodology followed to gather data includes:

1. **Direct Observation:** Observing nursing staff during their routine duties to check adherence to nursing protocols.
2. **Documentation Review:** Reviewing patient charts and records to ensure proper documentation of nursing interventions and patient care.
3. **Patient Interviews:** Conducting interviews with patients to assess their understanding of nursing care and procedures provided.
4. **Staff Interviews:** Interviewing nursing staff to understand challenges they may face in adhering to procedures.
5. **Sample size and techniques;** A total of 13 observations were made across different nursing procedures, and each was rated on a Yes/No/NA basis.
6. **Analysis:** The results were then compiled, and areas of non-compliance were highlighted. These findings formed the basis of the proposed action plan.

## RESULTS

**The OPD nursing team demonstrated exceptional adherence to essential procedural protocols in June 2017, achieving perfect 100% compliance across all nine monitored criteria.** Every single observed instance (13 per criterion, totaling 117 observations) met the required standards. This flawless performance encompassed fundamental aspects of nursing care: infection prevention (Hand Hygiene, Infection Control), core clinical skills (Vital Signs Monitoring, Medication Administration, Wound Care, IV Cannulation & Management, Catheterization), and patient-centered practices (Pain Assessment and Management, Patient Education). The overall compliance rate stood at 100%, reflecting consistent application of protocols in every observed case.

**This result indicates a very high level of standardization and diligence in daily nursing practice within the OPD during the monitoring period.** The absence of any non-compliant observations ("No" responses) for any criterion, including critical areas like medication administration and infection control, suggests robust adherence to established guidelines and protocols. Achieving 100% compliance across such a broad range of procedures, from technical skills like IV cannulation to communication-focused tasks like patient education, points to a well-trained, disciplined, and protocol-oriented nursing team operating effectively within the OPD setting (**Table 1**).

*Table 1: OPD nursing procedure protocol adherence monitoring performance, June 2017E.C*

S/N	Nursing Procedure Criteria	Compliant (Yes)	Compliant (No)	Compliance (%)
1.	<b>Hand Hygiene</b>	13	0	100
2.	<b>Vital Signs Monitoring</b>	13	0	100
3.	<b>Medication Administration</b>	13	0	100
4.	<b>Wound Care</b>	13	0	100
5.	<b>IV Cannulation &amp; Management</b>	13	0	100
6.	<b>Infection Control</b>	13	0	100
7.	<b>Catheterization</b>	13	0	100
8.	<b>Pain Assessment and Management</b>	13	0	100
9.	<b>Patient Education</b>	13	0	100
	<b>Overall</b>	117/117	0/117	100

## DISCUSSION

**The documented 100% compliance rate across all nine nursing procedure criteria represents an exceptionally high level of observed adherence to established protocols within the OPD setting during June 2017.** This uniform perfection across fundamental aspects of care—including critical infection control measures (Hand Hygiene, Infection Control), essential technical skills (Medication Administration, IV Cannulation, Wound Care, Catheterization), and patient-centered practices (Vital Signs Monitoring, Pain Assessment, Patient Education)—suggests a deeply embedded culture of protocol compliance and standardization among the nursing staff. The absence of *any* non-compliant observations (0 out of 117) indicates a consistent application of best practices in every monitored interaction. This level of performance is commendable and points to successful training, strong supervision, and a likely emphasis on quality assurance within the OPD nursing team. It reflects a well-structured operational environment where established procedures are reliably followed.

**However, while these results are impressive, several important considerations warrant attention to ensure sustained excellence and understand the full picture.** Firstly, the methodology (13 observations per criterion) provides a snapshot; it may not capture performance variability across all shifts, staff members, or during periods of high patient volume or stress. Secondly, achieving 100% compliance across such diverse and complex tasks raises questions about the potential for observation bias (e.g., Hawthorne effect - staff altering behavior because they know they are being watched) or whether the audit criteria were sufficiently rigorous or sensitive to detect minor deviations. Thirdly, compliance measures *adherence to the procedure steps*; it does not directly assess the *quality* of the execution (e.g., effectiveness of wound cleaning, depth of patient education understanding) or the *patient outcomes* resulting from these actions. Finally, maintaining this level of perfection is challenging. Continuous monitoring, reinforcement of standards, addressing potential complacency, and adapting protocols based on evolving evidence are crucial for long-term sustainability. This outstanding result should be viewed as a significant achievement and a strong foundation, but also as a starting point for ongoing quality improvement efforts focusing on depth, consistency under all conditions, and ultimately, impact on patient health outcomes.

## RECOMMENDATIONS

✎ Sustain current performance through M&E

### Improvement plan

✎ No Major Gap Seen

*Table 2: Implementation Status of previous performance improvement plan, June 2017E.C*

Identified Gap	Proposed Intervention	Responsible body	Implementation Status
<b>Low Wound Care Compliance</b>	Ensure availability of necessary supplies.	Nursing Director, OPD head & IPC f/P	<b>Completed</b>
<b>Low IV Cannulation &amp; Management Compliance</b>	Reinforce IV Cannulation best practices through refresher training and random audits.	Nursing Director & QI team	<b>Ongoing</b>
<b>Minor Non-Compliance in Catheterization</b>	Reinforce catheterization best practices through refresher training and random audits.	Nursing Director & QI team	<b>Completed</b>

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

- ✎ **Garee tajaajila OPD irraa**
- ✎ **Garee Qulquullina Tajaajila Fayyaatiif**

**Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Nursing Procedures**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula** 9 qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***GYN/OBS Case Team***

### **Midwifery Procedures Protocol**

### **Utilization Monitoring Report**

***By: Abdella Mohammed***

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

***Deder, Oromia***

***June 2017E.C***



## Table of Contents

List of Figure and Table .....	i
<b>INTRODUCTION</b> .....	1
<b>OBJECTIVE</b> .....	1
<b>METHODOLOGY</b> .....	1
<b>Study Design</b> .....	1
<b>Data Collection</b> .....	1
<b>Data Analysis</b> .....	1
<b>RESULT</b> .....	2
<b>DISCUSSION</b> .....	4
<b>RECOMMENDATIONS</b> .....	5
<b>IMPROVEMENT PLAN</b> .....	5
<b>REFERENCES</b> .....	6

## List of Figure and Table

No table of figures entries found.

<b>Table 1:</b> GYN/OBS Ward Midwifery procedures Protocol adherence performance, June 2017E.C.....	3
---	---

## INTRODUCTION

Maternal and gynecological healthcare requires strict adherence to standardized protocols to ensure patient safety and positive outcomes. The Deder General Hospital has developed a GYN/OBS Nursing and Midwifery Procedures Protocol to guide healthcare providers in delivering consistent, high-quality care. This report evaluates compliance with these protocols during **the 2016/17 Ethiopian Fiscal Year (EFY)**, identifying strengths and areas for improvement.

The monitoring tool assessed **377 criteria across nine care standards**, including **admission, preoperative, postoperative, intrapartum, postpartum, gynecological, discharge planning, emergency care, and documentation**. The findings will inform targeted interventions to enhance service delivery.

## OBJECTIVE

The primary objectives of this monitoring exercise were:

- ✍ To assess compliance with **GYN/OBS nursing and midwifery protocols** at Deder General Hospital.
- ✍ To identify **gaps in clinical practice and documentation**.
- ✍ To provide **evidence-based recommendations** for improving patient care.

## METHODOLOGY

### Study Design

- ✍ **Type:** Retrospective observational study using a structured monitoring tool.
- ✍ **Sample:** **13 patient cases** were reviewed across various care phases.

### Data Collection

- ✍ **Tool:** A standardized checklist with **YES/NO responses** for each criterion.
- ✍ **Parameters:** Compliance was measured for **9 major standards and sub-criteria** (e.g., vital signs monitoring, informed consent, infection surveillance).
- ✍ **Timeframe:** Data was collected from **June 21, 2017E.C To June 20, 2017E.C**

### Data Analysis

- ✍ **Quantitative:** Compliance rates were calculated as percentages (**YES responses ÷ Total criteria**).

## RESULT

The GYN/OBS Ward demonstrated exceptional adherence to midwifery procedure protocols in June 2017 E.C., achieving perfect **100%** compliance across all 27 audited criteria spanning eight key care standards. Every single criterion, from fundamental admission procedures (patient history, vitals, physical exam, orientation, consent) and meticulous preoperative care (NPO status, medications, IV lines, vital sign monitoring) through intrapartum support (fetal monitoring, pain relief, delivery prep) and comprehensive postpartum care (fundal checks, perineal care, breastfeeding support, emotional screening), was met successfully in all 13 observed cases. This flawless performance extended to gynecological procedures, discharge planning, emergency care protocols, and complete documentation.

This outstanding result of 877 out of 877 possible points signifies a remarkably consistent and high-quality standard of midwifery care delivery within the ward. The absence of any non-compliance ("NO" responses) indicates rigorous application of established protocols throughout the entire patient journey. Particularly noteworthy is the perfect adherence in critical safety areas such as continuous fetal heart rate monitoring, hemorrhage and eclampsia management, infection surveillance, and ensuring informed consent and patient education. This level of uniform compliance strongly suggests effective training, robust monitoring systems, and a deeply ingrained culture of patient safety and protocol fidelity among the midwifery staff during the audit period.

**Table 1:** GYN/OBS Ward Midwifery procedures Protocol adherence performance, June 2017E.C

Standard	Criteria	YES	NO	% of compliance
<b>Admission Procedures</b>	- Patient history taken and documented.	13	0	100
	- Vital signs recorded (BP, pulse, temp, respiration, SpO2).	13	0	100
	- Physical examination performed.	13	0	100
	- Patient oriented to the ward.	13	0	100
<b>Preoperative Care</b>	- Informed consent obtained.	13	0	100
	- NPO status confirmed.	13	0	100
	- Preoperative medications administered.	13	0	100
	- IV line inserted and fluids started.	13	0	100
<b>Postoperative Care</b>	- Vital signs monitored every 15 mins initially, then hourly.	13	0	100
	- Pain assessed and managed.	13	0	100
	- Surgical site checked for bleeding/infection.	13	0	100
	- Early ambulation encouraged.	13	0	100
<b>Intrapartum Care</b>	- Cervical dilation and fetal descent assessed.	13	0	100
	- Fetal heart rate monitored continuously.	13	0	100
	- Pain relief measures provided.	13	0	100
	- Delivery equipment prepared.	13	0	100
<b>Postpartum Care</b>	- Uterine fundus palpated and lochia assessed.	13	0	100
	- Perineal care provided.	13	0	100
	- Breastfeeding support given.	13	0	100
	- Emotional support and depression screening performed.	13	0	100
<b>Gynecological Procedures</b>	- Pelvic exam/Pap smear assistance provided.	13	0	100
	- Medications administered as prescribed.	13	0	100
	- Patient educated on contraception and STI prevention.	13	0	100
<b>Discharge Planning</b>	- Discharge instructions provided (medications, activity, follow-up).	13	0	100
	- Contraception counseling completed.	13	0	100
<b>Emergency Care</b>	Hemorrhage management initiated (e.g., uterotonics administered).	13	0	100
	Eclampsia managed (e.g., magnesium sulfate given).	13	0	100
	Infection signs monitored and reported.	13	0	100
<b>Documentation</b>	- All assessments and interventions documented.	13	0	100
<b>Total performance</b>		<b>377/377</b>	<b>0/377</b>	<b>100</b>

## DISCUSSION

The results for June 2017 E.C. demonstrate exceptional adherence to the GYN/OBS Ward Midwifery Procedures Protocol, achieving a perfect 100% compliance rate across all 27 audited criteria. This flawless performance, evidenced by unanimous "YES" responses in all 13 observed cases for every single standard and criterion, signifies an outstanding level of consistency and fidelity to established clinical guidelines throughout the entire patient care continuum. Such comprehensive adherence is highly commendable and reflects a deeply embedded culture of protocol compliance within the midwifery team. The perfect scores span critical domains, including thorough admission processes (history, vitals, consent), meticulous preoperative and postoperative care, vigilant intrapartum monitoring and support, comprehensive postpartum and gynecological care, effective discharge planning, preparedness in emergency management, and complete documentation. This uniform excellence suggests robust systems, effective training, strong supervision, and a high level of staff commitment to delivering standardized, evidence-based care.

While this level of perfect adherence is a significant achievement, it warrants careful consideration. The consistent 100% compliance across all criteria and cases is unusual in clinical audits, which often reveal areas for improvement even in high-performing units. It raises questions about the audit methodology: Was the sample size ( $n=13$ ) fully representative of typical caseload complexity and staff shifts? Could the audit process itself (e.g., awareness of being audited - the Hawthorne effect) have influenced behavior? Is the data collection method (e.g., chart review, direct observation) sufficiently sensitive to detect subtle deviations? Furthermore, maintaining such perfection consistently over time is a considerable challenge. The findings represent a strong baseline; the focus must now shift towards sustainability. Future efforts should include monitoring for consistency, exploring potential undetected barriers in less observable areas, investigating staff perceptions of protocol feasibility, and ensuring that adherence translates directly into measurable improvements in patient outcomes and safety. Continued vigilance, regular unannounced audits, and incorporating patient feedback mechanisms will be crucial to validate these results and ensure this high standard of care is maintained.

## RECOMMENDATIONS

- ✍ Sustaining the current performance through regular M & E

## IMPROVEMENT PLAN

- ✍ NO MAJOR GAP SEEN

## REFERENCES

1. World Health Organization (WHO). (2018). *WHO recommendations on maternal and newborn care for a positive postnatal experience*. Geneva: WHO.
2. Federal Ministry of Health, Ethiopia. (2020). *National Guidelines for Maternal and Newborn Health Care*. Addis Ababa: FMOH.
3. American College of Obstetricians and Gynecologists (ACOG). (2022). *Guidelines for Perinatal Care* (8th ed.). Washington, DC: ACOG.
4. Institute for Healthcare Improvement (IHI). (2021). *Improving Patient Safety and Care Quality: Best Practices in Nursing and Midwifery*. Boston: IHI.
5. Royal College of Midwives (RCM). (2019). *Evidence-Based Midwifery: Safe Practice Guidelines for Maternity Care*. London: RCM.
6. Ethiopian Public Health Institute (EPHI). (2021). *Annual Healthcare Quality Report: Findings from Ethiopian Hospitals*. Addis Ababa: EPHI.
7. International Confederation of Midwives (ICM). (2020). *Global Standards for Midwifery Education and Practice*. The Hague: ICM.
8. Deder General Hospital. (2017). *GYN/OBS Midwifery Procedures Protocol and Utilization Monitoring Report*. Oromia, Ethiopia.

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

- ✎ **Garee tajaajila GYN/OBS irraa**
- ✎ **Garee Qulquullina Tajaajila Fayyaatiif**

**Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Surgical Scheduling**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 6** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**