Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Oromia Health Bureau Deder General Hospital

📞 +251-25-333 0450   🌐 hospitaalawaliigalaadadar@gmail.com   ✉ 987

Date: *1 July 2017E.C*

✎ **To:** Emergency Department Director and Triage Team

✎ **From:** Quality Unit (QU)

Subject: Recognition of Efforts and Key Learnings from **June 2017E.C** Triage Improvement Initiative

Dear Emergency Department Team,

This letter summarizes the QU's review of the **first month of the PDSA initiative**, *"Sustaining Improvement in Emergency Department Triage Care."*
We wish to first acknowledge the significant effort and commitment demonstrated by the entire ED team in launching the new standardized triage protocol and electronic documentation system in June. The high protocol awareness **(85%)** and correct category assignment **(90%)** are clear indicators that the initial training was effective and that staff have a strong clinical understanding of the process.

However, the data for June indicates several challenges that prevented the department from meeting its target compliance rate of >80%. The overall compliance rate was **65%,** primarily due to:

✎ A low electronic documentation rate **(70%).**

✎ An unacceptable time-to-triage within 5 minutes **(55%).**

These findings point to systemic barriers, notably the inadequate number of functioning computers at the triage station and workflow difficulties during peak hours, rather than a lack of staff effort.

The QU fully supports the action plan developed in your feedback session. We endorse the escalation of the resource issue to Hospital Administration and the planning of focused "speed and accuracy" training.

This first month has provided invaluable data. The challenges identified are not failures, but critical learnings that will guide our improvement efforts in July.

Sincerely,

Abdi Tofik

Quality Director

DEDER GENERAL HOSPITAL
SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Reporting Period: **June 01-30, 2017**

QI Team Lead: Dr. Frezer Girma-ED Director

HSQU Director: Abdi Tofik (BSc, MPH)

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1. PLAN

Aim Statement:

By August 2017, sustain a **triage compliance rate of >80%** for five consecutive months through **standardized protocols, electronic documentation, and monthly audit-feedback cycles**, while maintaining **patient satisfaction above 70%**.

Rationale:

Effective triage is critical for patient safety and ED flow. Previous practice was inconsistent, leading to delays. *Standardization, electronic tracking, and continuous feedback* were identified as key drivers for sustainable improvement.

Predicted Change:

✎ Consistent triage compliance >80%

✎ Reduced time to initial assessment

✎ Improved patient flow and prioritization

Interventions (What will we do?):

✎ Implement the **standardized triage protocol** (e.g., ETAT/ESI) for all patients.

✎ Use the **electronic triage documentation system** as the primary recording tool.

✎ Conduct **monthly audits** of 20 patient charts using the Triage Process Audit Tool (**Annex 2**).

✎ Hold **monthly feedback sessions** with ED staff to discuss findings and solutions.

✎ Review performance in **monthly ED performance review meetings**.

Measures:

✎ **Primary:** Triage Compliance Rate (%)

✎ **Process:** Protocol Usage Rate (%), Electronic Documentation Rate (%)

✎ **Balancing:** Patient Satisfaction Rate (%)

Roles & Responsibilities:

✎ **ED Director:** Overall accountability, chairs monthly reviews.

✎ **Triage Nurses/Staff:** Conduct assessments, assign categories, document electronically.

✎ **ED Physicians:** Adhere to triage priorities for patient management.

✎ **HSQU Focal Person:** Conducts audits, compiles data, facilitates feedback sessions.

2. DO

Implementation Activities (June 2017E.C):

✎ **Week 1-2:** Launched the new SOP with full staff training on the triage protocol and electronic system. **PDSA Cycle 1 (Standardization):** Focused on updating and communicating triage policies.

✎ **Week 3-4:** Commenced first monthly audit. Monitored initial adoption of the electronic system and protocol.

Data Collection:

✎ Triage compliance data collected via monthly chart audits.

✎ Patient satisfaction data collected through short exit surveys.

✎ System usage data extracted from the electronic triage system logs.

Tools Used:

✎ Triage Process Audit Tool (Annex 2)
✎ Monthly Audit & Feedback Log (Annex 3)
✎ QI Team Monitoring Tool (Annex 4)

3. STUDY

Results Summary

Indicator	Target	June	Trend
Triage Compliance Rate	**>80%**	68%	⚠ Below Target
Protocol Usage Rate	**100%**	90%	⚠ Needs Improvement
Electronic Documentation Rate	**>95%**	85%	⚠ Needs Focus

Key Learnings:

✎ Staff understand the protocol but application is slow, especially during peak hours.

✎ Resistance to the electronic system due to perceived time consumption; some staff revert to paper.

✎ Patient dissatisfaction is linked to perceived waiting times despite attempts to triage quickly.

Challenges Observed:

✎ Inadequate number of functioning computers at the triage station.

✎ High patient volume leads to rushing and protocol shortcuts.

4. ACT

What Worked?

✅ Policy awareness is high after initial training.

✅ The protocol itself is considered clinically sound.

What Needs Adjustment?

✎ **Resources:** Need additional computers/tablets at the triage station.

✎ **Workflow:** Need to streamline the electronic documentation process to make it faster.

Next Steps (July 2017 Onward):

1. **PDSA Cycle 5 (Resourcing):** Work with Hospital Admin to install two additional computers at the triage station.
2. **PDSA Cycle 3 (Training):** Conduct a focused "speed and accuracy" training session for triage nurses on using the electronic system efficiently.

Triage Process Audit Report

Patient ID	Protocol Used? (Y/N)	Category Assigned Correctly? (Y/N)	Documented Electronically? (Y/N)	Time to Triage <5 min? (Y/N)	Overall Compliant? (Y/N)
236785	Y	Y	N (Incorrect)	N	N
343140	Y	Y	Y	Y	Y
011076	N (Skipped)	Y	Y	N	N
343281	Y	Y	Y	Y	Y
331233	Y	N (Incorrect)	Y	Y	N
343211	Y	Y	Y	Y	Y
342046	Y	Y	N (Incorrect)	N	N
342046	Y	Y	Y	Y	Y
343448	Y	Y	Y	N	N
343212	N (Skipped)	Y	Y	Y	N
343229	Y	Y	Y	Y	Y
343477	Y	Y	Y	Y	Y
009749	Y	Y	Y	N	N
343576	Y	Y	Y	Y	Y
343576	Y	Y	N (Incorrect)	Y	N
343576	Y	Y	Y	Y	Y
343384	Y	Y	Y	Y	Y
037264	N (Skipped)	N (Incorrect)	Y	N	N
343594	Y	Y	Y	Y	Y
343623	Y	Y	Y	N	N
%Compliance	85%	90%	70%	55%	65%

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Annex 3: Monthly Audit & Feedback

Month: June 2017

Date of Feedback Session: June 30, 2017

Facilitator: Abdi Tofik-HSQD

Attendees

S/N	Full Name	Status	Role	Signature
1.	Dr. Frezer Girma	Emergency Director	Chairperson	
2.	Jabir Mohamed	Emergency Head	Secretary	
3.	Murad Amin	Staff	Deputy Secretary	
4.	Dachas Shamsadin	Staff	Member	
5.	Zabib Abrahim	Staff	Member	
6.	Alamudin Sufiyan	Staff	Member	
7.	Yosef Tesfaye	Staff	Member	
8.	Nuredin Yigezu	CEO	Member	
9.	Dr. Derese Gosa	CCD	Member	
10.	Abdi Tofik	Quality Director	Facilitator	
11.	Redwan Sharfuddin	Quality officer	Member	
12.	Murad Amin	Staff	Member	

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Summary of Monthly Audit Findings (from Annex 2):

- **Strengths**:
  - Strong Clinical Understanding: 90% of patient categories were assigned correctly, showing staff have a good grasp of the clinical protocol.
  - Protocol Awareness: 85% of patients were assessed using the standardized protocol, indicating initial training was effective.

- **Areas for Improvement:**
  - **Low Electronic Documentation (70%):** A significant portion of charts were documented on paper, defeating the purpose of the electronic tracking system.
  - **Unacceptable Time-to-Triage (55%):** Less than 5-minute target was frequently missed, especially during peak hours, leading to patient backlog and frustration.
  - **Overall Compliance Below Target (65%):** The combination of documentation and timing **issues resulted in failure to meet the >80% goal.**

Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
1. Escalate the issue of insufficient computers at the triage station to Hospital Administration for immediate resolution.	ED Director	07 July 2017
2. Conduct focused "speed and accuracy" training for triage nurses on efficient use of the electronic system, including shortcuts and templates.	HSQU Focal Person	10 July 2017
3. Reinforce the importance of immediate triage upon patient arrival during daily huddles.	Charge Nurse	Ongoing