


***Date: June 02, 2017E.C***

 **To:** Health Service Quality Unit

 **From:** Inpatient Department (IPD)

**Subject:** Monthly Quality Improvement Report: Pain Management (May 01-30, 2017)

Dear Colleagues,

We are pleased to present the report for the Pain Management Quality Improvement (QI) initiative for May 2017, marking the start of the sustained improvement phase for pain assessment, intervention, and reassessment.

This month, we conducted biweekly pain chart audits (80 charts total), delivered feedback within 72 hours, integrated pain assessment discussions into weekly ward forums, verified analgesic availability, and provided refresher training for 15 new nurses on pain documentation.

**Key Results for May 2017:**

 **Pain Assessment Rate: 93% (Target: ≥90%)** 

 **Pain Reassessment Rate: 91% (Target: ≥90%)** 

 **Documentation Compliance: 93% (Target: ≥90%)** 

 **Patient Satisfaction: 95% (Target: ≥90%)** 

 **Audit Completion Rate: 100% (Target: 100%)** 

 **Feedback Timeliness: 95% (Target: ≥90%)** 

**Key Learnings & Challenges:**

The handover checklist significantly improved night-shift reassessment compliance (from 88% to 91%). Ward-level dashboards fostered competition, and patients reported higher satisfaction. Some staff forgot to sign the checklist, and a minor analgesic delivery delay was resolved promptly.

Thank you for your collaboration as we continue to refine the process in June.

**Sincerely,**

Dr. Dawit Seifu-Team leader

# **DEDER GENERAL HOSPITAL**

## **Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT**

QI Team Lead: **Dr. Dawit Seifu-IPD Director**

Facilitator: **Abdi Tofik (BSc, MPH)-HSQ Director**

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

# DEDER GENERAL HOSPITAL

## Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT

### 1. PLAN

**Aim Statement:** (Unchanged from April)

**Rationale:**

April results showed assessment and documentation met target, but reassessment (88%) required focused improvement. Strengthening night-shift adherence and using a handover checklist were prioritized for May.

**Interventions (What will we do?):**

- ✍ Introduce **handover checklist** to reinforce reassessment reminders.
- ✍ Assign **night-shift reassessment champions** per ward.
- ✍ Continue biweekly audits and immediate feedback.
- ✍ Conduct mini-training on reassessment importance for all staff.
- ✍ Ensure stock monitoring weekly to avoid drug unavailability.

### 2. DO

**Implementation Activities (May 2025):**

- ✍ **Handover checklist piloted** in 4 wards, scaled to all wards by mid-May.
- ✍ **Night-shift reassessment champions** designated and oriented.
- ✍ Conducted **2 pain chart audits** per ward (total 80 charts reviewed).
- ✍ Delivered feedback within 72 hours and shared ward-specific performance run-charts.
- ✍ Conducted short in-service training session for 22 nurses and 6 physicians.

**Data Collection:** (Unchanged from April)

# DEDER GENERAL HOSPITAL

## Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT

### 3. STUDY

#### Results Summary:

Indicator	Target	May Result	Status
Pain Assessment Rate	≥90%	93%	✓ Achieved
Pain Reassessment Rate	≥90%	91%	✓ Achieved
Documentation Compliance	≥90%	93%	✓ Achieved
Patient Satisfaction	≥90%	95%	✓ Achieved
Audit Completion Rate	100%	100%	✓ Achieved
Feedback Timeliness	≥90%	95%	✓ Achieved

#### Pain Management Audit Report

**Sample Size:** 10 patients per ward (80 total)

Ward	Pain Assessed? (Y/N)	Reassessed? (Y/N)	Documented? (Y/N)	Patient Satisfied? (Y/N)	Checklist Used? (Y/N)
Medical	10/10	10/10	10/10	10/10	10/10
Surgical	10/10	9/10	10/10	9/10	9/10
Peds	9/10	9/10	9/10	10/10	10/10
OBGYN	10/10	10/10	10/10	10/10	10/10
EOPD	10/10	9/10	10/10	10/10	9/10
NICU	9/10	9/10	9/10	10/10	8/10
OPD	10/10	10/10	10/10	10/10	10/10
ICU	9/10	9/10	9/10	10/10	8/10
<b>Total Compliance</b>	<b>93%</b>	<b>91%</b>	<b>93%</b>	<b>95%</b>	<b>91%</b>

#### Key Learnings:

- Handover checklist improved night-shift reassessment compliance significantly (from 88% → 91%).
- Ward-level dashboards motivated healthy competition between wards.
- Patients reported higher satisfaction with pain control and faster intervention times.

#### Challenges Observed:

- Some staff forgot to sign the new handover checklist (corrective coaching done).
- Mild delay in analgesic delivery noted once but resolved same day.

# DEDER GENERAL HOSPITAL

## Sustaining Improvement in Improving Inpatient Pain Management: A QUALITY IMPROVEMENT PROJECT

### 4. ACT

#### What Worked?

- ✓ Handover checklist improved reassessment compliance.
- ✓ Night-shift champions increased accountability.
- ✓ Ward-level feedback and data visualization improved engagement.

#### What Needs Adjustment?

- Strengthen monitoring of checklist signing to ensure full compliance.
- Include pain reassessment compliance in monthly staff performance review.

#### Next Steps (June 2025 Onward):

1. Automate handover checklist monitoring using dashboard integration.
2. Conduct cross-ward learning session to share successful practices.
3. Explore feasibility of electronic documentation to reduce paperwork delays.