



DEDER GENERAL HOSPITAL

Medical Ward Case Team

Discharge planning protocol

Utilization Monitoring Report

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June 2017E.C

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Introduction

This report evaluates the utilization of the discharge planning protocol in the Medical Ward at Deder General Hospital. The assessment focuses on compliance with key criteria outlined in the protocol, including early identification, multidisciplinary team involvement, patient and caregiver education, post-discharge care arrangements, social and financial support, discharge summary documentation, follow-up and monitoring, and barriers and solutions.

The goal is to ensure that the discharge process is efficient, patient-centered, and compliant with hospital standards, thereby enhancing patient satisfaction and reducing readmission rates.

Discharge planning involves multiple steps, including ensuring the neonate meets discharge criteria, involving multidisciplinary teams, educating families, completing documentation, scheduling follow-up appointments, and providing necessary instructions for emergency care. The effectiveness of these processes directly impacts patient safety, family preparedness, and overall satisfaction.

Objective

The objectives of this monitoring report are:

1. To assess compliance with the discharge planning protocol.
2. To identify areas of strength and opportunities for improvement.
3. To provide recommendations for enhancing the effectiveness of the discharge process.

Methodology

Assessment Tool

A checklist-based approach was used to evaluate compliance with 40 criteria across eight key areas of the discharge planning protocol. Each criterion was scored as “Compliant (1)” or “Non-Compliant (0).” Additionally, post-discharge feedback from ten patients was collected to assess their satisfaction and understanding of the discharge process.

RESULT

The overall performance for Medical Ward Discharge Planning in June 2017 E.C. was exceptionally high, achieving a **98.8%** compliance rate. This near-perfect score, calculated as 79 out of 80 criteria being met, indicates that discharge planning processes were consistently followed according to the established standards across the ward during this monitoring period.

While the vast majority of individual criteria demonstrated flawless 100% compliance – including Early Identification, Multidisciplinary Team Involvement, Patient Education, Post-Discharge Arrangements, Documentation, Follow-Up, and addressing Barriers – one specific area showed a minor deviation. Social and Financial Support achieved a slightly lower compliance rate of 90% (9 compliant vs. 1 non-compliant), representing the single instance of non-compliance captured in the overall score and highlighting a potential focus area for minor improvement despite the overwhelmingly positive overall results (**Table 1**).

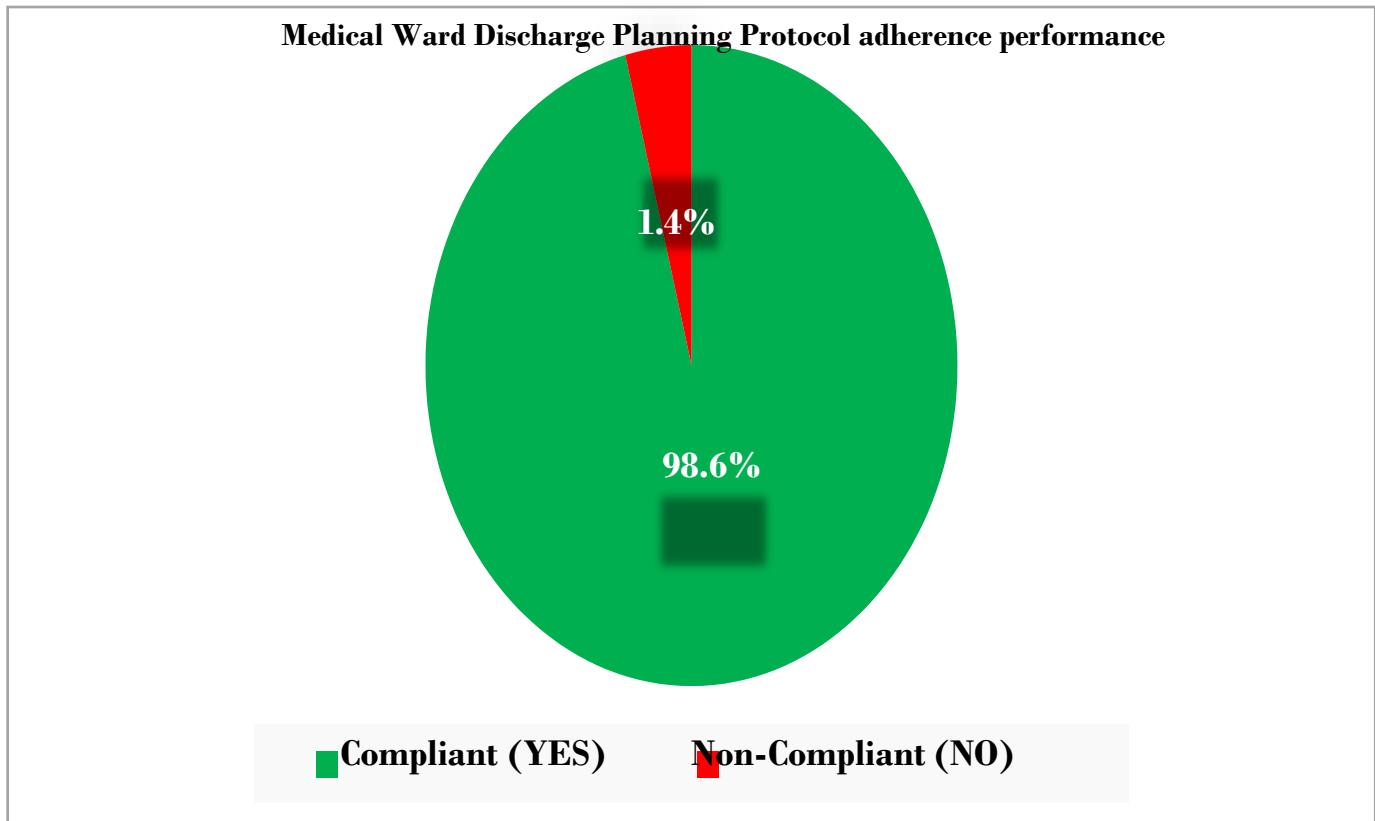


Figure 1: Medical Ward Discharge Planning monitoring performance, June 2017E.C

Table 1: Medical Ward Discharge Planning monitoring performance, June 2017E.C

Criteria	Compliant (1)	Non-Compliant (0)	Compliance rate (%)
Early Identification	10	0	100
Multidisciplinary Team Involvement	10	0	100
Patient and Caregiver Education	10	0	100
Post-Discharge Care Arrangements	10	0	100
Social and Financial Support	9	1	90
Discharge Summary and Documentation	10	0	100
Follow-Up and Monitoring	10	0	100
Barriers and Solutions	10	0	100
Overall performance	79/80	1/80	98.8%

DISCUSSION

The exceptionally high overall compliance rate of 98.8% (79/80) for Medical Ward Discharge Planning in June 2017 E.C. demonstrates outstanding adherence to established protocols and represents a highly effective discharge process. This near-perfect performance indicates a system-wide commitment to structured discharge planning across all key criteria. The achievement of 100% compliance in seven out of eight specific criteria – including critical elements like Early Identification, Multidisciplinary Team Involvement, Patient Education, Post-Discharge Arrangements, Documentation, Follow-Up, and Barrier Resolution – strongly suggests that the ward has successfully embedded standardized, reliable processes into routine practice. This level of consistency is commendable and reflects a mature, well-functioning discharge system that minimizes process failures and likely contributes significantly to patient safety and continuity of care.

Despite the overall excellence, the single area of non-compliance warrants attention. Social and Financial Support achieved a 90% compliance rate (9/10), indicating that while this aspect is generally well-managed, there was one instance where arrangements for social or financial assistance were not fully compliant with the discharge planning standards. This minor deviation highlights a potential vulnerability compared to the otherwise flawless performance in other domains. While not detracting significantly from the overall success, it suggests this specific criterion might be more susceptible to contextual challenges (e.g., complex patient social circumstances, resource limitations, or coordination difficulties with external agencies). Targeted review of this specific non-compliant case could identify the root cause and inform strategies to further strengthen support mechanisms in this area, aiming to elevate this criterion to the same 100% standard consistently achieved elsewhere. Nevertheless, the data overwhelmingly portrays a discharge planning process operating at a very high level of performance and reliability.

RECOMMENDATIONS

- Ensure consistency in written patient education**—especially regarding symptom monitoring.
- Improve coordination with the social support team** to eliminate even minimal delays.
- Standardize documentation of discharge barriers**, regardless of whether they are resolved verbally.
- Continue routine supervision, feedback loops, and team debriefs after complex discharges.
- Share successful practices with other units as part of hospital-wide quality improvement.

Table 2: MW D/Planning monitoring performance improvement plan, June 2017E.C

Area for Improvement	Proposed Action	Responsible Body	Timeline
Incomplete written instruction (symptom monitoring)	Ensure written handouts are consistently provided	Primary nurse, Ward Head	Immediate
Delay in social/financial support coordination	Assign dedicated focal nurse to liaise with social services.	Ward Head, Social Worker	Within 1 week
Barrier not documented despite being addressed	Conduct mini-refresher on proper and full documentation practices.	Ward Head	Within 2 weeks
Sustainability of high performance	Maintain weekly discharge audit checklist and review meetings.	Ward Team	Ongoing

Table 3: Implementation status of previous performance improvement plan, June 2017E.C

Action Item	Progress Status
Standardized Discharge decision Checklist	<ul style="list-style-type: none"> • discharge decision Checklist developed and
Readmission Tracking System	<ul style="list-style-type: none"> • Readmission Tracking logbook developed
Post-Discharge Support	<ul style="list-style-type: none"> • High-risk patient referrals initiated



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

Nagaya wajiin!!