



# **DEDER GENERAL HOSPITAL**

## **NICU Discharge Planning Protocol**

## **Utilization Monitoring Report**

**By:** Abdi Baker-NICU head

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

***June 2017E.C***

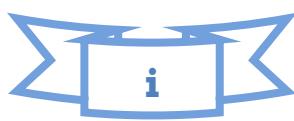
***Deder, Oromia***

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## Introduction

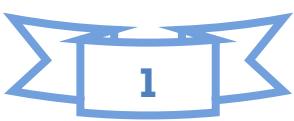
The Neonatal Intensive Care Unit (NICU) at Deder General Hospital plays a critical role in providing specialized care to newborns with complex medical needs. A well-structured discharge planning protocol is essential to ensure that neonates transition safely from hospital care to home, minimizing risks and promoting optimal health outcomes. This report evaluates the utilization of the NICU Discharge Planning Protocol through a structured monitoring tool, focusing on key compliance indicators.

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 primary objective of this report is to assess the adherence to the NICU Discharge Planning Protocol at Deder General Hospital. Specifically, the evaluation aims to:

1. Identify areas of strength and weakness in protocol implementation.
2. Highlight gaps in current practices.
3. Provide actionable recommendations to improve compliance and enhance the quality of care during the discharge process.



# Methodology

## Assessment Tool

A standardized monitoring tool was used to evaluate compliance with the NICU Discharge Planning Protocol. The tool included 10 key criteria, each assessed as "Compliant (Y)" or "Non-Compliant (N)." Data collection involved:

- Chart reviews of 10 randomly selected patients discharged within the last month.
- Observation of staff practices during the discharge process.
- Interviews with families to gather their perspectives on the discharge experience.

## Data Collection

- **Charts Reviewed:** 10 charts were analyzed, identified by unique patient IDs: 336132, 256883, 256277, 256443, 256542, 256460, 256931, 256793, 256445.
- **Observation:** Direct observation of staff interactions during discharge procedures.
- **Patient Interviews:** Families were interviewed to confirm the provision of education, instructions, and feedback opportunities.

## RESULT

The NICU discharge planning process demonstrated exceptionally high compliance for the majority of monitored variables during June 2017 E.C. Six out of the eight specific variables achieved perfect 100% compliance. This indicates consistent adherence to critical discharge elements, including confirming neonates met discharge criteria, involving a multidisciplinary team, providing family education, scheduling follow-up appointments (listed twice, suggesting possible sub-categories or a data entry duplication), and completing discharge summaries. The flawless performance across these core components reflects a robust and well-executed standard discharge process.

However, two areas showed significant room for improvement, bringing the overall performance down slightly. Post-discharge follow-up contact compliance was notably lower at 70% (7 Yes, 3 No). More critically, feedback collection from families post-discharge had the lowest compliance rate of just 50% (5 Yes, 5 No). Despite these deficiencies in post-discharge activities, the aggregate performance across all monitored elements remained strong. The total calculated compliance, based on 72 compliant instances out of 80 total observations, was **90%**. This highlights that while the core discharge process is highly reliable, enhancing follow-up contact and systematically collecting family feedback are key areas requiring attention to further optimize discharge planning outcomes (**Table 1**).

### NICU discharge planning Protocol adherence performance

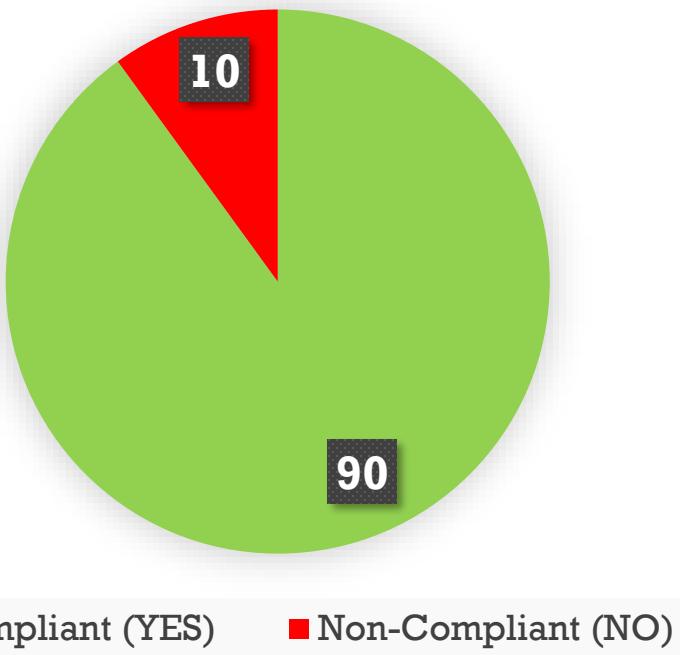


Figure 1: NICU Discharge Planning monitoring performance, June 2017E.C



*Table 1: NICU Discharge Planning monitoring performance, June 2017E.C*

S/N	Variables	Compliance YES (#)	Compliance NO(#)	Total Compliance performance (%)
1.	Neonate Meets Discharge Criteria	10	0	100
2.	Multidisciplinary Team Involvement	10	0	100
3.	Family Education	10	0	100
4.	Follow-Up Appointments Scheduled	10	0	100
5.	Follow-Up Appointments Scheduled	10	0	100
6.	Discharge Summary Completion	10	0	100
7.	Post-Discharge Follow-Up Contact	7	3	70
8.	Feedback Collection	5	5	50
9.	<b>Total performance</b>	<b>72/80</b>	<b>8/80</b>	<b>90%</b>

## DISCUSSION

The June 2017 E.C. monitoring data reveals a **highly effective core discharge planning process** within the NICU, evidenced by perfect (100%) compliance across six critical variables. The consistent achievement in ensuring neonates meet discharge criteria, involving a multidisciplinary team, providing comprehensive family education, scheduling follow-up appointments, and completing discharge summaries demonstrates a strong foundation in essential discharge protocols. This level of adherence suggests standardized procedures are well-established and effectively followed by staff for these fundamental components, minimizing risks associated with premature discharge and ensuring continuity of care information. The flawless performance in these areas is commendable and forms a solid basis for safe patient transitions out of the NICU.

However, the data highlights **two significant vulnerabilities in the post-discharge phase**, impacting the otherwise excellent overall performance (90%). The 70% compliance rate for post-discharge follow-up contact indicates a notable gap in ensuring planned check-ins with families occur after the neonate leaves the unit. This lapse carries clinical risk, potentially delaying the identification of complications or feeding difficulties that require intervention. More critically, the 50% compliance rate for feedback collection represents a major missed opportunity. Systematically gathering family experiences and insights post-discharge is crucial for evaluating the effectiveness of education, identifying unmet needs, understanding challenges faced at home, and driving quality improvement initiatives. The absence of reliable feedback mechanisms hinders the unit's ability to learn from families' lived experiences and adapt its processes to better meet their needs. Addressing these specific weaknesses in follow-up execution and feedback collection is essential to elevate the discharge planning process from good to excellent, ensuring comprehensive support extends effectively beyond the hospital walls and truly optimizes long-term neonatal outcomes and family satisfaction.

## RECOMMENDATIONS

➤ **Implement Post-Discharge Follow-Up Calls:**

➤ **Introduce Family Feedback Mechanisms:**

**Table 2: Performance Improvement plan, June 2017E.C**

Gaps	Action to be taken	Responsible body	Time line
Lack of post-discharge follow-up contacts	Implement Post-Discharge Follow-Up Calls	NICU Staff	Within 2 months
No mechanism for collecting family feedback	Introduce Family Feedback Mechanisms	Administrative Staff	Within 3 months

**Table 3: Implementation status of previous Performance Improvement plan, June 2017E.C**

S/N	Action Plan Focus Area	Implementation Status	Remarks
2.	Multidisciplinary Team Involvement	<b>Fully Implemented</b>	Enhanced communication and teamwork among healthcare providers have been successful.
3.	Family Education	<b>Fully Implemented</b>	Educational materials and family engagement strategies have been well-received.



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

- ☞ Garee tajaajila NICU irraa
- ☞ Garee Qulquullina Tajaajila Fayyaatiif

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

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

**Nagaya wajiin!!**