

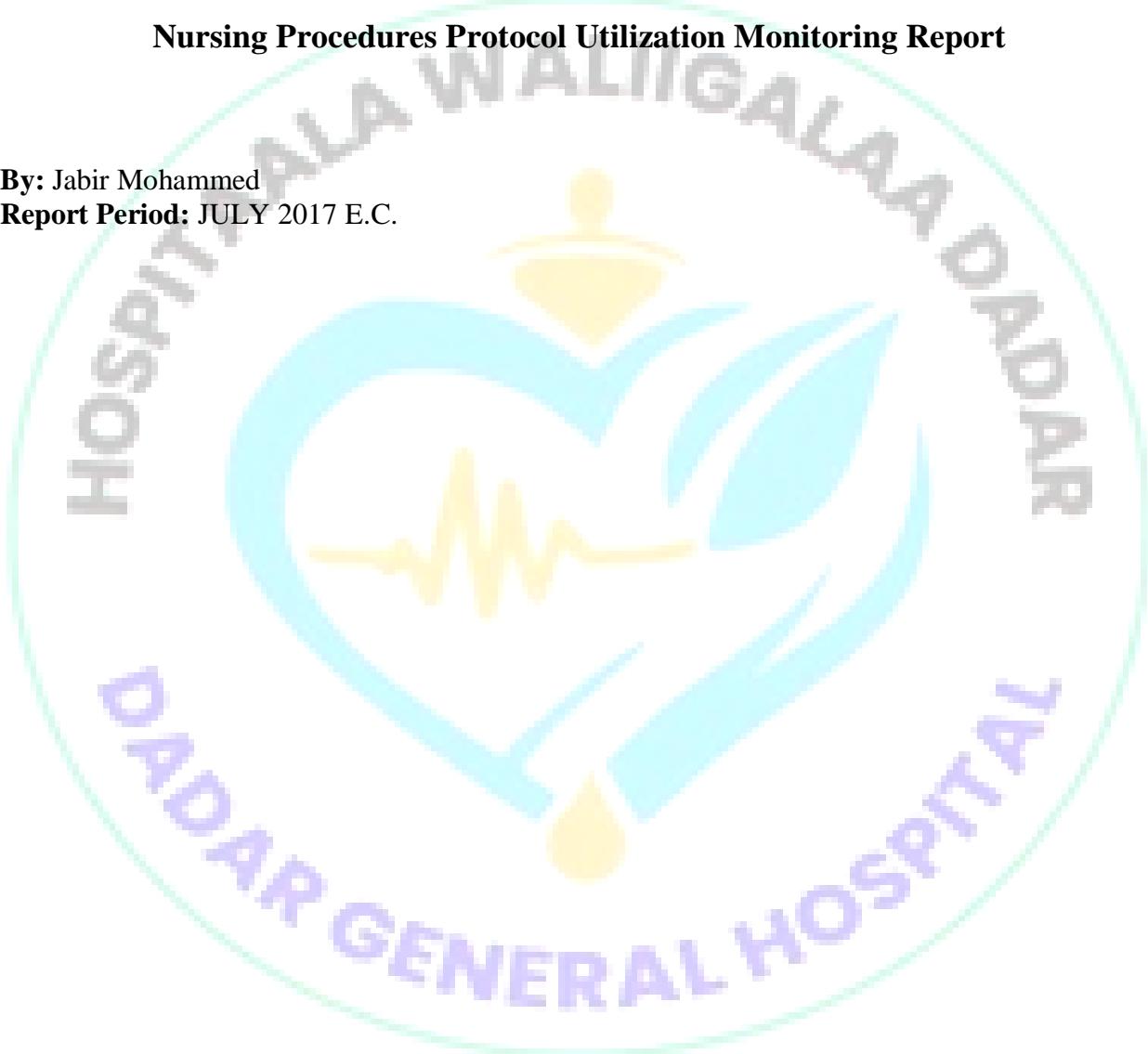
# **DEDER GENERAL HOSPITAL**

## **Emergency Department**

### **Nursing Procedures Protocol Utilization Monitoring Report**

**By: Jaber Mohammed**

**Report Period: JULY 2017 E.C.**



**Location: Deder, Oromia**

**Date: JULY 2017 E.C.**

# Table of Contents

1. Introduction
2. Objective
3. Methodology
4. Results
5. Discussion
6. Recommendations
7. Performance Improvement Plan
8. Implementation Status of Previous Plan

## 1. Introduction

Deder General Hospital's Emergency Department (EOPD) plays a vital role in delivering timely and effective care to patients in critical condition. Nursing procedures form the backbone of clinical care and require strict adherence to protocols to ensure safety, quality, and efficiency. These procedures range from basic interventions like hand hygiene to complex tasks such as wound care and postoperative care. Monitoring their implementation is critical to improving patient outcomes and reducing adverse events.

This report evaluates the utilization of nursing procedure protocols through structured monitoring to assess performance and highlight areas for improvement.

## 2. Objective

### 2.1 General Objective

To evaluate the compliance of nursing staff with established nursing procedure protocols in the Emergency Department and promote quality care through adherence.

### 2.2 Specific Objectives

- Assess the level of adherence to key nursing procedure criteria.
- Identify gaps in protocol implementation.
- Propose corrective actions and improvement strategies.

- Promote continuous quality improvement.
  - Ensure safety and satisfaction of patients through standardized care.
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### 3. Methodology

A descriptive, cross-sectional audit was conducted using both qualitative and quantitative techniques:

1. **Direct Observation** – Real-time observation of nursing staff while performing procedures.
2. **Documentation Review** – Examination of 10 patient charts for completeness and accuracy.
3. **Patient Interviews** – Feedback was obtained from patients to evaluate their understanding and satisfaction.
4. **Checklist Assessment** – A structured compliance checklist was used to evaluate 14 procedure criteria.

#### 3.1 Study Area & Period

- **Area:** Emergency Department, Deder General Hospital
- **Period:** JULY 2017 E.C.

#### 3.2 Sample Size

- 10 patient charts were reviewed.
  - 100% of nursing procedure entries were assessed across 14 protocol standards.
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### 4. Results

The overall compliance rate for the Emergency Department Nursing Procedure Protocol was **99.2%**, indicating high adherence. All parameters achieved 100% compliance except for **Fall Risk Assessment**, which had a 90% compliance rate.

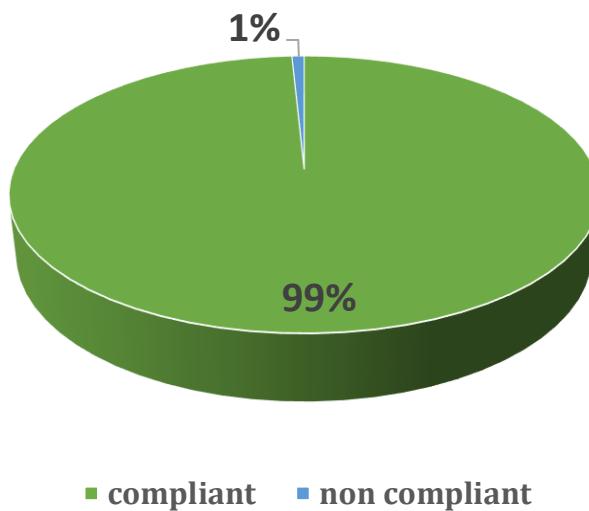
**Table 1: Nursing Procedure Compliance – JULY 2017 E.C.**

S/N	Nursing Procedure Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Hand Hygiene	10	0	100%
2	Vital Signs Monitoring	10	0	100%
3	Medication Administration	10	0	100%
4	Wound Care	10	0	100%

5	IV Cannulation & Management	10	0	100%
6	Infection Control	10	0	100%
7	Catheterization	10	0	100%
8	Pain Assessment and Management	10	0	100%
9	Nutritional Assessment	10	0	100%
10	Documentation	10	0	100%
11	Patient Positioning	10	0	100%
12	Fall Risk Assessment	9	1	90%
14	Post-Operative Care	10	0	100%
14	Patient education	10	0	100%
<b>Overall</b>		<b>129</b>	<b>1</b>	<b>99.2%</b>

PIECHART:

### JULY 2017, EOPD NURSING PROCEDURES PROCEDURE MONITORING COMPLIANCE



## 5. Discussion

The monitoring results show exceptional adherence to nursing protocols within the Emergency Department. All parameters, including critical interventions such as wound care, medication administration, documentation, and infection control, reached full compliance. These findings reflect the effectiveness of previous quality initiatives and ongoing staff engagement.

However, a minor compliance gap was noted in Fall Risk Assessment (90%). This suggests possible issues with documentation consistency or checklist integration at patient admission.

Overall, the results demonstrate a highly competent nursing team and a strong patient safety culture. These efforts have direct implications for improving patient outcomes, reducing complications, and building institutional trust.

## 6. Recommendations

- Continue monthly monitoring and quality checks.
- Conduct focused reorientation sessions on Fall Risk Assessment.
- Ensure checklist availability and visibility during admission and bedside nursing care.
- Recognize staff achievement to sustain motivation and excellence.

## 7. Performance Improvement Plan – JULY 2017 E.C.

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
Fall Risk Assessment	Missed checklist utilization/documenting	Reorient nursing staff to utilize the document	Quality Officer, Head Nurse	Immediately

## 8. Implementation Status of Previous Plan

Gap Identified	Action Taken	Status
Hand Hygiene	Conducted routine hand hygiene campaign	Fully Implemented
Medication Administration	Provided refresher training	Fully Implemented
Wound Care	Supplied dressing materials and training	Fully Implemented
Documentation	Conducted weekly audits with feedback	Fully Implemented

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**Date:** JULY 2017 E.C.

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**Approved by:** Nursing Director, Quality Improvement Office  
**Deder General Hospital, Oromia Region**

