

Date: August 02, 2017E.C

 **To:** Health Service Quality Unit

 **From:** Inpatient Department (IPD)

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

Dear Colleagues,

We are pleased to present the report for the Pain Management Quality Improvement (QI) initiative for July 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 July 2017:

-  **Pain Assessment Rate:** 95% (Target: ≥90%) 
-  **Pain Reassessment Rate:** 94% (Target: ≥90%) 
-  **Documentation Compliance:** 96% (Target: ≥90%) 
-  **Patient Satisfaction:** 96% (Target: ≥90%) 
-  **Checklist Compliance:** 95% (Target: ≥95%) 

Key Learnings & Challenges:

The full rollout of electronic documentation improved timeliness and accuracy, and daily verification ensured checklist compliance met the target. Staff satisfaction increased due to reduced paperwork. No significant challenges were observed.

We value your collaboration as we prepare for the sustainability phase in August.

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

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Reporting Period: July 01-30, 2017

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

1. PLAN

Aim Statement:

Achieve $\geq 95\%$ compliance for pain reassessment and improve checklist signing to $\geq 95\%$.

Rationale:

June results showed good improvement but checklist compliance (93%) still slightly below target. July emphasized reinforcement through staff mentoring and daily verification.

Interventions (What will we do?):

- ☛ Expand electronic documentation to all wards.
- ☛ Conduct daily verification of checklist signing by ward heads.
- ☛ Continue biweekly audits and one-to-one coaching.

2. DO

Implementation Activities (July 2017):

- ☛ Expanded **electronic documentation** to all wards.
- ☛ Conducted biweekly audits (80 charts total).
- ☛ Daily verification of checklist signing by ward heads.
- ☛ One-to-one coaching for staff with repeated documentation gaps.

3. STUDY

Results Summary (July 2025):

Indicator	Target	July Result	Status
Pain Assessment Rate	$\geq 90\%$	95%	<input checked="" type="checkbox"/> Achieved
Pain Reassessment Rate	$\geq 90\%$	94%	<input checked="" type="checkbox"/> Achieved
Documentation Compliance	$\geq 90\%$	96%	<input checked="" type="checkbox"/> Achieved
Patient Satisfaction	$\geq 90\%$	96%	<input checked="" type="checkbox"/> Achieved
Checklist Compliance	$\geq 95\%$	95%	<input checked="" type="checkbox"/> Achieved

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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	10/10	10/10
Peds	10/10	10/10	10/10	10/10	10/10
OBGYN	10/10	10/10	10/10	10/10	10/10
EOPD	10/10	10/10	10/10	10/10	9/10
NICU	9/10	9/10	10/10	10/10	10/10
OPD	10/10	10/10	10/10	10/10	10/10
ICU	10/10	10/10	10/10	10/10	10/10
Total Compliance	95%	94%	96%	96%	95%

Key Learnings:

- Full digital rollout improved timeliness and accuracy of audit results.
- Daily verification strategy worked – checklist compliance finally met target.
- Staff satisfaction improved due to reduced paperwork burden.

4. ACT

What Worked?

- Daily verification and electronic documentation were highly effective.
- Coaching closed performance gaps.

Next Steps (August 2017 Onward):

1. Maintain daily verification for checklist signing.
2. Continue electronic documentation and dashboard monitoring.
3. Begin planning for quarterly review with SMT and ward leads