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**DEDER GENERAL HOSPITAL**

***Surgical Ward CASE TEAM***

**Patient Transportation Protocol Utilization  
Monitoring Report**

***Prepared By: Kalifa Jemal***

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

***Deder, Oromia***

***June 2017E.C***

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## Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Surgical Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Surgical Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## Methodology

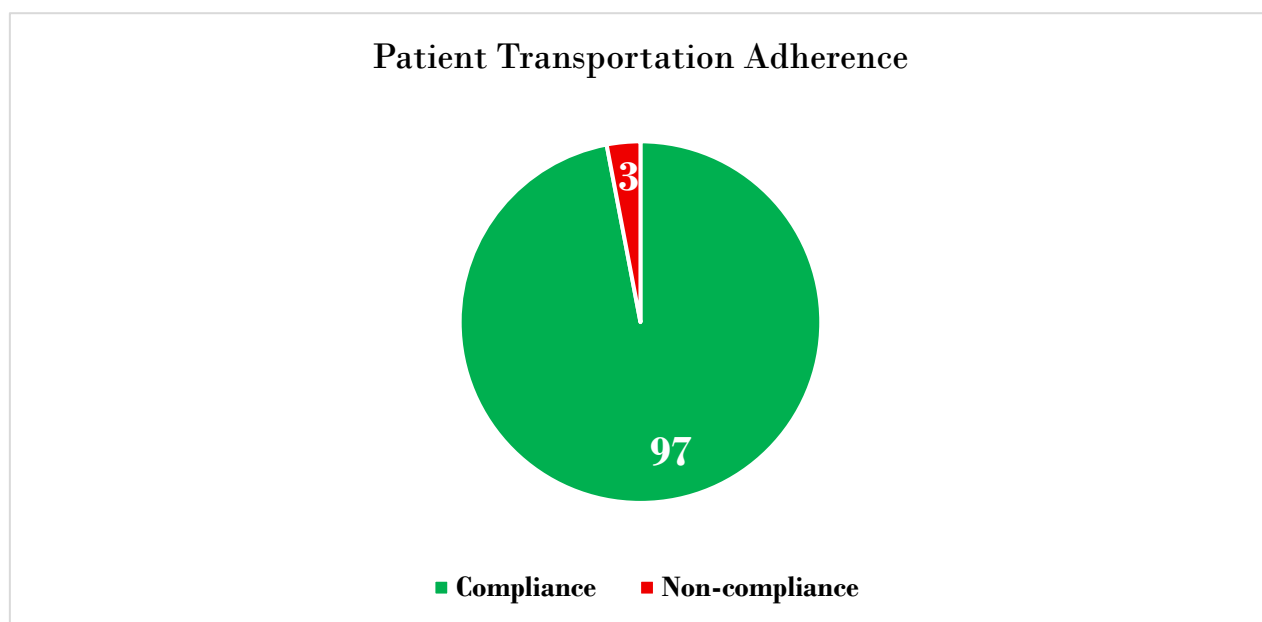
The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Surgical Ward:

1. **Sample Selection:** A total of 13 patients were randomly selected for evaluation during their transportation within the Surgical Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## Result

Overall, the Surgical Ward demonstrated excellent adherence to the Patient Transportation protocol in June 2017 E.C., achieving a high compliance rate of 97%. This strong performance is reflected in 113 out of 117 monitored protocol steps being successfully executed. The vast majority of individual criteria—8 out of 9—showed flawless 100% compliance, indicating consistent application of best practices across critical aspects of patient transport. These included essential safety and communication elements such as **Proper Identification, Clear Communication with Patient, Transport Team Briefed, Safe Transfer Techniques, Safety Precautions, Minimal Delays, Proper Handover, and Infection Control Measures.**

Despite the high overall performance, one area—ensuring all Necessary Surgical Equipment was available and prepared for transport—showed a notable dip in compliance (69%). This criterion accounted for all 4 observed non-compliant instances, revealing a specific operational gap. While other safety and communication protocols were rigorously followed, this deficiency highlights a potential vulnerability in equipment readiness that could impact efficiency or safety during patient transfers. Addressing this single outlier represents a clear opportunity to elevate the protocol's reliability from 97% to near-perfect adherence (**Table 2**).



**Figure 1:** Surgical Ward Patient Transportation protocol adherence monitoring performance, June 2017E.C

**Table 2: Surgical Ward Patient Transportation protocol adherence monitoring performance, June 2017 E.C**

	<b>Compliant (Yes) #</b>	<b>Non-compliant (No) #</b>	<b>Compliance Rate (%)</b>
Proper Identification	13	0	100%
Clear Communication with Patient	13	0	100%
Transport Team Briefed	13	0	100%
Necessary Surgical Equipment	9	4	69%
Safe Transfer Techniques Used	13	0	100%
Safety Precautions Followed	13	0	100%
Minimal Delays in Transport	13	0	100%
Proper Handover	13	0	100%
Infection Control Measures	13	0	100%
<b>Total Compliant Cases</b>	<b>113/117</b>	<b>4/117</b>	<b>97%</b>

## DISCUSSION

The Surgical Ward achieved **strong overall compliance (97%)** with the Patient Transportation Protocol in June 2017 E.C., reflecting effective standardization of critical safety and communication practices. Eight of nine protocol criteria demonstrated **perfect adherence (100%)**, including *Proper Identification*, *Safe Transfer Techniques*, *Infection Control*, and *Handover Procedures*. This excellence in foundational safety measures—particularly in high-risk areas like patient handling and infection prevention—signifies robust operational discipline and a culture prioritizing patient safety during transitions. The consistency across 13 observed cases further confirms that staff have internalized core protocol requirements, minimizing risks associated with intra-hospital transport.

However, the significant gap in **Necessary Surgical Equipment readiness (69% compliance)** warrants attention, as it accounted for all four non-compliant instances. This 31% shortfall suggests systemic issues in equipment preparation or verification processes, potentially leading to procedural delays, compromised care, or reactive problem-solving during transport. While other metrics confirm reliable execution of patient-centered actions (e.g., 100% in *Clear Communication* and *Minimal Delays*), the equipment deficiency reveals a logistical vulnerability that could undermine otherwise safe transfers. Root causes may include inadequate pre-transport checklists, inventory management gaps, or unclear staff accountability. Addressing this single outlier through targeted interventions—such as standardized equipment checklists or real-time verification systems—could elevate overall compliance to near-perfect levels while enhancing operational reliability.

## **Recommendations**

✂ **Necessary Surgical Equipment Readiness: implement Pre-Transport**



## Improvement plan, June 2017

Area	Actions	Responsible body	Timeline
Necessary Surgical Equipment Readiness	<b>Implement Pre-Transport Checklist:</b> Mandatory equipment verification (oxygen, IV poles, drains, emergency kit) with dual nurse-porter sign-off.	Nursing Supervisor • Porter Lead	<i>Immediate (1 week)</i>

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ✍ **Garee tajaajila Surgical Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***Emergency OPD Case Team***

### **Patient Transportation Protocol Utilization Monitoring Report**

***By: Jabir Mohammed***

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The emergency department at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the emergency department of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Medical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## METHODOLOGY

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's emergency department:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the emergency department.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## RESULTS

The overall performance of the Emergency Department's Patient Transportation Protocol adherence in June 2017 E.C. was exemplary, achieving a 100% compliance rate across all monitored categories. Each of the nine evaluated criteria, including Proper Identification, Clear Communication with Patient, and Safe Transfer Techniques Used, demonstrated perfect adherence, with all 13 cases reviewed meeting the required standards. The total compliant cases amounted to 117 out of 117, reflecting a flawless execution of the transportation protocol. This uniform compliance underscores the department's commitment to maintaining high standards of patient care and safety during transportation **(Table 2)**.

The consistency in adherence to infection control measures, minimal delays, and proper handover further highlights the department's efficiency and attention to detail. The absence of non-compliant cases in any category suggests robust training and effective implementation of the transportation protocol. Such performance not only ensures patient safety but also contributes to the smooth operation of the Emergency Department, reinforcing trust in its processes. The results set a strong benchmark for future evaluations and demonstrate the department's dedication to continuous improvement in patient care **(Table 2)**

**Table 2: Emergency department Patient Transportation protocol adherence monitoring performance, June 2017E.C**

<b>Criteria</b>	<b>(Yes) #</b>	<b>(No) #</b>	<b>Compliance (%)</b>
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary Medical Equipment	13	0	100
Safe Transfer Techniques Used	13	0	100
Safety Precautions Followed	13	0	100
Minimal Delays in Transport	13	0	100
Proper Handover	13	0	100
Infection Control Measures	13	0	100
<b>Total Compliant Cases</b>	<b>117/117</b>	<b>0/117</b>	<b>100%</b>



## DISCUSSION

The findings from the Emergency Department's Patient Transportation Protocol adherence monitoring in June 2017 E.C. reveal an outstanding level of compliance, with all 13 cases reviewed meeting every criterion without exception. This 100% adherence rate across all categories—ranging from proper identification to infection control measures—suggests a highly effective protocol implementation and a strong culture of accountability among staff. Such uniformity in performance is rare and indicates that the department has successfully embedded these standards into daily practice. The results likely reflect rigorous training programs, clear guidelines, and consistent oversight, all of which contribute to minimizing risks during patient transport.

However, while the data presents an ideal scenario, it may also warrant further investigation to ensure there are no gaps in reporting or potential biases in case selection. For instance, the absence of any non-compliant cases could raise questions about whether the sample was representative of all transport scenarios, including high-risk or complex cases. Future monitoring could benefit from expanding the sample size or incorporating real-time audits to validate these results. Nevertheless, the current findings serve as a strong foundation for best practices and highlight the department's commitment to patient safety. Continuous evaluation and targeted improvements can help sustain this high standard and address any emerging challenges.

## RECOMMENDATIONS

 To sustain current status, Conduct regular monitoring and evaluation

## IMPROVEMENT PLAN

 **NO MAJOR GAP SEEN**

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ✍ **Garee tajaajila EOP irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***Medical Ward CASE TEAM***

### **Patient Transportation Protocol Utilization Monitoring Report**

***By: Abdurrahman Shame***

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Medical Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Medical Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: *Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Medical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## METHODOLOGY

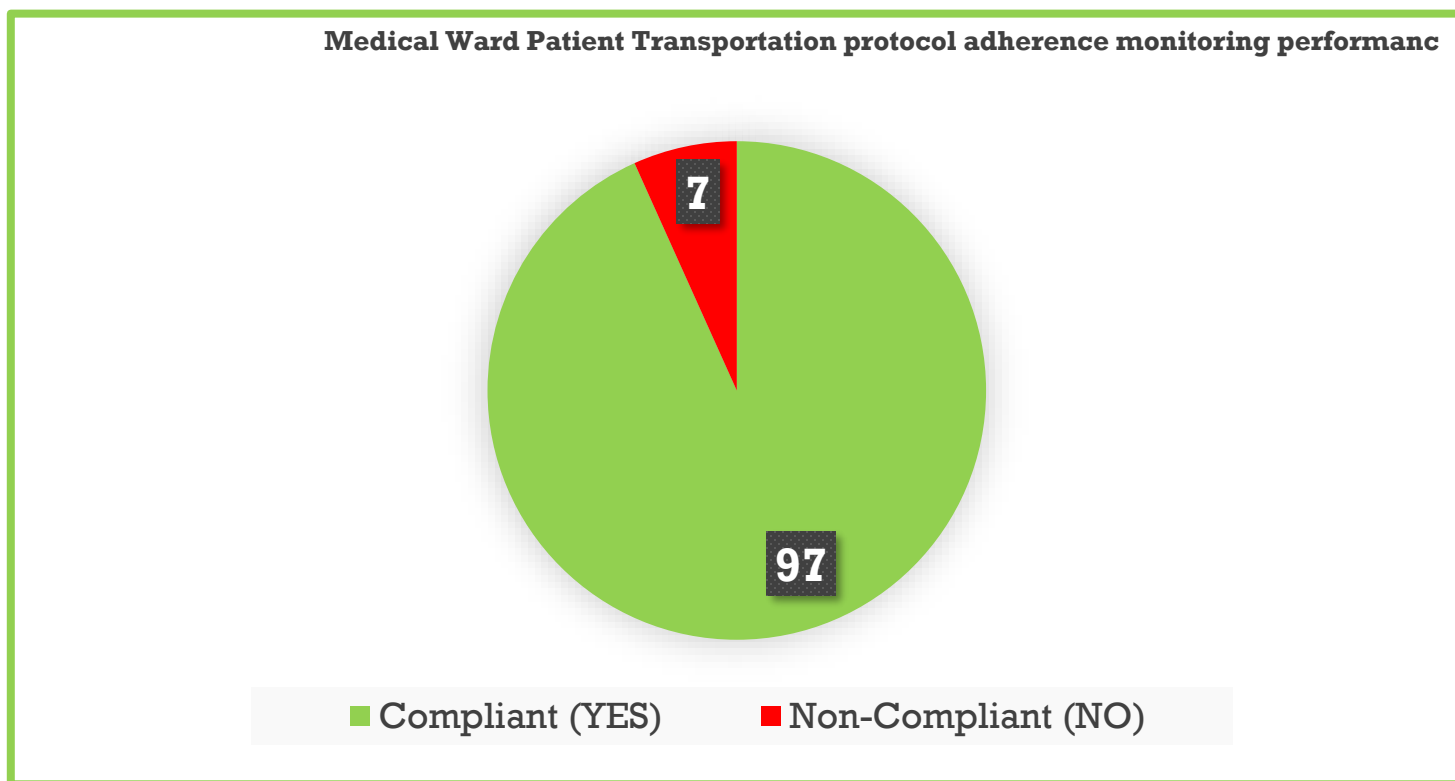
The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Medical Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Medical Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## RESULTS

The Medical Ward Patient Transportation protocol adherence monitoring for June 2017 E.C demonstrated exceptional compliance, with an overall adherence rate of 97%. Out of the 90 recorded cases, 87 were compliant with the protocol, yielding an overall compliance rate of 97%. Specific criteria such as Proper Identification, Clear Communication with Patient, Transport Team Briefed, Safe Transfer Techniques Used, Safety Precautions Followed, and Proper Handover achieved perfect compliance rates of 100%. These findings indicate strong performance in critical areas of patient transportation, ensuring patient safety and effective communication during transfers (**Table 2**).

However, minor areas for improvement were identified. Criteria such as Necessary Medical Equipment, Minimal Delays in Transport, and Infection Control Measures had compliance rates of 90%, with one non-compliant case each out of 10. While these rates are still high, addressing these gaps could further enhance the protocol's effectiveness. The low number of non-compliant cases (3 out of 90) suggests that the transportation process is well-managed, but targeted interventions in the identified areas could help achieve near-perfect adherence across all criteria (**Table 2**).



**Figure 1:** Medical Ward Patient Transportation protocol adherence monitoring performance, June 2017E.C



*Table 2: Medical Ward Patient Transportation protocol adherence monitoring performance, June 2017E.C*

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	10	0	100
Clear Communication with Patient	10	0	100
Transport Team Briefed	10	0	100
Necessary Medical Equipment	9	1	90
Safe Transfer Techniques Used	10	0	100
Safety Precautions Followed	10	0	100
Minimal Delays in Transport	9	1	90
Proper Handover	10	0	100
Infection Control Measures	9	1	90
<b>Total Compliant Cases</b>	<b>87/90</b>	<b>3/90</b>	<b>97</b>

## DISCUSSION

The findings from this study highlight an overall high level of adherence to the Medical Ward Patient Transportation protocol, with a 97% compliance rate across all evaluated criteria. This suggests that the established protocols are effectively implemented, particularly in critical areas such as patient identification, communication, and safety measures. The perfect compliance rates (100%) in six out of nine criteria reflect a strong institutional commitment to patient safety and standardized procedures. These results are encouraging, as they indicate that healthcare staff are consistently following best practices during patient transport, minimizing risks and ensuring smooth transitions between care settings.

Despite the high overall compliance, the study identified minor gaps in three areas: availability of necessary medical equipment, delays in transport, and infection control measures, each with a 90% compliance rate. These findings suggest opportunities for targeted quality improvement initiatives. For instance, ensuring that all transport teams are equipped with necessary medical devices and reinforcing infection control protocols could further enhance patient safety. Additionally, investigating the causes of transport delays may help streamline processes. Addressing these areas could elevate compliance to near-perfect levels, further optimizing patient care during transportation. Continuous monitoring and staff training may be beneficial in sustaining and improving these outcomes.

## RECOMMENDATIONS

✂ Avail necessary Medical Equipment Missing

✂ Minimize delays in Transport

✂ Improve Infection prevention Control

*Table 2: Action Plan/Improvement plan, June 2017E.C*

Identified Gap	Root Cause Analysis	Proposed Intervention	Responsible Party	Timeline
<b>Necessary Medical Equipment Missing</b>	Inadequate checklist use, supply shortages	Implement a pre-transport equipment checklist; ensure regular stock audits	Nursing Director, ward head, & Biomedical engineer	1 month
<b>Delays in Transport</b>	Coordination issues, staffing gaps	Standardize transport scheduling; assign dedicated transport teams	Nursing Director & ward head	2 months
<b>Infection Control Lapses</b>	Inconsistent PPE use, hand hygiene compliance	Reinforce training on infection control; conduct random audits	ward head & IPC f/person	1 month

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

Area for Improvement	Action Item	Status
<b>Safety Precautions Followed</b>	Refresher training on patient transportation (seat belts, bed rails); periodic audits.	<b>Completed</b> – Training conducted
<b>Proper Handover</b>	Standardize handover checklist; ensure receiving team briefing.	<b>Completed</b> – Checklist integrated into workflow; no gaps reported.
<b>Enhanced Documentation</b>	Automate transport documentation in patient records.	<b>In Progress</b> – System under development; pilot phase initiated.
<b>Monitoring and Feedback</b>	Monthly audits and feedback sessions on protocol compliance.	<b>Ongoing</b> – Compliance improved
<b>Training and Education</b>	Quarterly refresher training on patient transportation protocol.	<b>Completed</b> – Training conducted

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ✍ **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** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***ICU CASE TEAM***

### **Patient Transportation Protocol Utilization Monitoring Report**

***By: Numeyri Badru-ICU head***

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

***Deder, Oromia***

***June 2017E.C***

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# INTRODUCTION

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The ICU at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

# OBJECTIVE

The primary objectives of this monitoring report are:

- 1. To assess the utilization of the Patient Transportation Protocol in the ICU of Deder General Hospital.
- 2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

Table 1: Criteria and standards

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Medical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## METHODOLOGY

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's ICU:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the ICU.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.



## RESULTS

**Overall, the ICU demonstrated flawless adherence to the Patient Transportation protocol in June 2017 E.C., achieving perfect 100% compliance across all monitored criteria.** This exceptional performance is reflected in 117 out of 117 protocol steps being fully executed without a single non-compliant instance observed. Every one of the 13 patient transfers met all 9 requirements, including high-stakes elements like equipment readiness, infection control, and safe handover—confirming rigorous, consistent application of safety standards during critical patient movements.

**The results reveal universal excellence in both technical and relational aspects of transport care.** Staff maintained 100% compliance in *all* categories: **Proper Identification, Clear Patient Communication, Team Briefing, Medical Equipment Preparedness, Safe Transfer Techniques, Safety Precautions, Timeliness, Handover Accuracy, and Infection Control.** Particularly noteworthy is the 100% score for *Necessary Medical Equipment*—a frequent vulnerability in other units (e.g., Surgical Ward’s 69%)—highlighting the ICU’s robust systems for anticipating and mitigating risks during complex transports of critically ill patients. This flawless execution underscores a culture of uncompromising safety and operational discipline **(Table 2).**

**Table 2: ICU Patient Transportation protocol adherence monitoring performance, June 2017E.C**

	<b>Compliant (Yes) #</b>	<b>Non-compliant (No) #</b>	<b>Compliance Rate (%)</b>
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary Medical Equipment	13	0	100
Safe Transfer Techniques Used	13	0	100
Safety Precautions Followed	13	0	100
Minimal Delays in Transport	13	0	100
Proper Handover	13	0	100
Infection Control Measures	13	0	100
<b>Total Compliant Cases</b>	<b>117/117</b>	<b>0/117</b>	<b>100</b>

## DISCUSSION

**The ICU achieved exemplary 100% adherence to the Patient Transportation Protocol in June 2017 E.C., demonstrating flawless execution across all 13 monitored cases and 117 protocol criteria.** This perfect compliance reflects exceptional operational discipline, particularly in high-risk domains where other units struggle: *Necessary Medical Equipment* readiness (100% vs. Surgical Ward's 69%), *Infection Control*, and *Safe Transfer Techniques*. Such consistency with critically ill patients—where equipment failures or communication lapses can have severe consequences—signifies highly reliable systems, rigorous staff training, and a culture prioritizing zero-tolerance for safety deviations. The results set a new institutional benchmark, proving that perfect compliance is achievable even in complex clinical environments when protocols are consistently reinforced.

**This performance underscores the ICU's mastery of both technical and human factors in high-stakes transports.** Beyond error prevention in areas like *Proper Handover* (100%) and *Safety Precautions* (100%), the unit's 100% compliance in *Clear Communication with Patients*—remarkable given the acuity of ICU cases—reveals a dual commitment to clinical safety and psychological support. Sustaining this standard requires continuous vigilance; recommendations include quarterly stress-testing of transport scenarios and disseminating the ICU's best practices (e.g., equipment verification workflows) to units with compliance gaps. This achievement exemplifies how systematic rigor and staff empowerment converge to eliminate operational vulnerabilities.

## RECOMMENDATIONS

✗ NO MAJOR GAP SEEN

## PERFORMANCE IMPROVEMENT PLAN

✗ CONDUCT QUARTERLY AUDIT

*Table 2: Implementation Status of previous performance improvement plan, June 2017E.C*

Area for Improvement	Action Item	Responsible body	Timeline	Status
<b>Sustained Compliance</b>	1. Monthly protocol competency assessments 2. Real-time transport dashboards	Ward Leadership QI Team	Ongoing	<b>Active</b>
<b>Continuous Training</b>	1. Quarterly simulation drills 2. New staff mentorship program	Clinical Educators Senior RNs	Quarterly Ongoing	<b>Implemented</b>

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ✎ **Garee tajaajila ICU irraa**
- ✎ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***Pediatric Ward Case Team***

### **Patient Transportation Protocol Utilization Monitoring Report**

***Prepared By: Mohammed Aliyi***

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

The Patient Transportation Protocol is an essential aspect of ensuring safe and efficient transfer of pediatric patients within Deder General Hospital. Proper transportation minimizes the risk of patient injury, ensures timely care, and maintains high standards of patient safety and comfort. The purpose of this report is to evaluate the adherence to the established transportation protocol within the Pediatric Ward and assess any areas for improvement.

## OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Pediatric Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Pediatric Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		



## METHODOLOGY

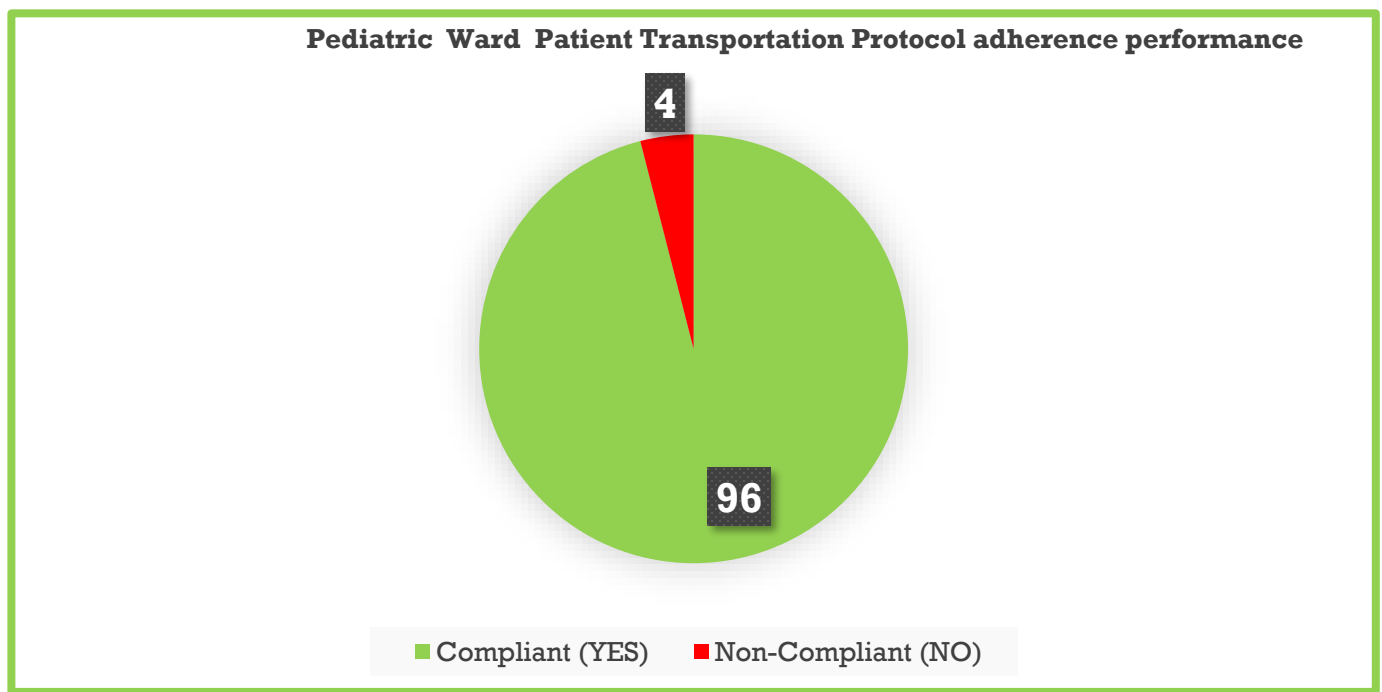
The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Pediatric Ward:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the Pediatric Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## RESULTS

**Overall, the Pediatric Ward demonstrated strong adherence to the Patient Transportation protocol in June 2017 E.C., achieving a 96% compliance rate across monitored criteria.** This high level of performance is reflected in 125 out of 130 protocol steps being successfully executed during 13 patient transfers. Eight of ten criteria – including critical safety elements like **Proper Identification, Necessary Medical Equipment, Safe Transfer Techniques, and Continuous Patient Monitoring** – achieved perfect 100% compliance. These results indicate robust systems for patient safety, equipment readiness, and communication during transport (**figure 1**).

**While most protocol elements showed exemplary performance, two areas accounted for all non-compliant instances: Proper Handover (10/13 compliant) and Infection Control Measures (11/13 compliant).** These represented the only deviations from full compliance, resulting in 3 and 2 non-compliant cases respectively. The 77% handover compliance suggests occasional gaps in information transfer between teams, while the 85% infection control rate indicates intermittent lapses in precautionary measures. Addressing these specific vulnerabilities could elevate the ward's near-excellent performance to exceptional levels, particularly as all other safety and communication protocols were flawlessly executed (**Table 2**).



**Figure 1:** Pediatric Ward Patient Transportation protocol adherence monitoring performance, June 201E.C

**Table 2:** Pediatric Ward Patient Transportation protocol adherence monitoring performance, June 201E.C

	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary medical Equipment	13	0	100
Safe Transfer Techniques Used	13	0	100
Monitor patient's condition	13	0	100
Safety Precautions Followed	13	0	100
Minimal Delays in Transport	13	0	100
Proper Handover	10	3	100
Infection Control Measures	11	2	100
<b>Total Compliant Cases</b>	<b>125/130</b>	<b>5/130</b>	<b>96%</b>

## DISCUSSION

The Pediatric Ward achieved **strong overall compliance (96%)** with the Patient Transportation Protocol in June 2017 E.C., reflecting effective implementation of critical safety practices. Eight of ten criteria demonstrated **perfect 100% adherence**, including high-risk domains like *Safe Transfer Techniques*, *Continuous Patient Monitoring*, and *Necessary Medical Equipment*. This excellence in core safety measures—particularly given the unique challenges of pediatric transport (e.g., variable patient sizes, developmental needs)—signifies robust procedural discipline. The flawless execution of *Clear Communication* and *Minimal Delays* further highlights a patient-centered approach, ensuring families remain informed and transfers occur efficiently. These strengths align with the hospital's broader safety goals and suggest successful protocol internalization among staff.

However, two areas require urgent attention: **Proper Handover (77% compliance)** and **Infection Control Measures (85% compliance)**. The handover gap (3 failures in 13 cases) risks critical information loss during care transitions, while inconsistent infection control (2 lapses) exposes vulnerable pediatric patients to preventable harm. These deficiencies—though isolated—stand in stark contrast to otherwise exemplary performance. Root causes may include:

## RECOMMENDATIONS

1. Proper Handover
2. Infection Control
3. Sustainability

**Table 2: Action Plan/Improvement plan, June 201E.C**

Area for Improvement	Action Item	Responsible body	Timeline
<b>Proper Handover</b>	Implement pediatric SBAR handover tool	Head Nurses	2-4 weeks
<b>Infection Control</b>	PPE "buddy system" rollout	Head Nurses	Immediate 1 month 6 weeks

**Table 3: Implementation Status of previous improvement plan, June 201E.C**

Area Needing Improvement	Proposed Action	Responsible Body	Timeline	Status
<b>Transport Team Briefing</b>	Implement standardized pre-transport checklist and conduct briefings before transfers	Charge Nurses / Transport Team	1 month	<b>Fully Implemented</b>
<b>Monitor Patient's Condition</b>	Introduce mandatory vital sign checks (pre-transport, during transport, upon arrival)	Transport Team (Nurses & Aides)	Immediately	<b>Fully Implemented</b>

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



- ✍ **Garee tajaajila Padi Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



-  **Garee tajaajila Daddeebi'anii yaalamuu/OPDt irraa**
-  **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon “PUD”** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

-  **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**
-  **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Asthma"** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

✍ **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**

✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Renal Disease"** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

✍ **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**

✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Asthma"** Jedhamu kan **ji'a 8ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



# **DEDER GENERAL HOSPITAL**

## ***NICU CASE TEAM***

### **Patient Transportation Protocol Utilization Monitoring Report**

***Prepared By: Abdi Baker***

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

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## Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The NICU at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the NICU of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's NICU:

1. **Sample Selection:** A total of 13 patients were randomly selected for evaluation during their transportation within the NICU.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## Result

Based on the data presented in Table 2 for June 2017 E.C., the NICU Patient Transportation protocol adherence monitoring demonstrated **exceptional performance, achieving perfect compliance across all monitored criteria**. All ten specific protocol elements, ranging from Proper Identification and Clear Communication to Infection Control Measures and Documentation completion, were adhered to in every single one of the 13 patient transports observed during the month. This resulted in a consistent 100% compliance rate for each individual element, with zero non-compliant instances recorded for any requirement.

Consequently, the **overall protocol adherence for NICU patient transportation in June 2017 E.C. was 100%**. The total of 130 compliant instances (10 elements x 13 transports) out of 130 possible instances confirms a flawless performance record for the period. This indicates that the transportation team successfully met every monitored safety and procedural standard in all documented cases during this specific monitoring period (**Table 2**).

**Table 2:** NICU Patient Transportation protocol adherence monitoring performance, June 2017E.C

	<b>Compliant (Yes) #</b>	<b>Non-compliant (No) #</b>	<b>Compliance Rate (%)</b>
1. Proper Identification	13	0	100%
2. Clear Communication with Patient	13	0	100%
3. Transport Team Briefed	13	0	100%
4. Necessary Surgical Equipment	13	0	100%
5. Safe Transfer Techniques Used	13	0	100%
6. Safety Precautions Followed	13	0	100%
7. Minimal Delays in Transport	13	0	100%
8. Proper Handover	13	0	100%
9. Infection Control Measures	13	0	100%
10. Documentation completed	13	0	100%
<b>Total Compliant Cases</b>	<b>130/130</b>	<b>0/130</b>	<b>100%</b>



## Discussion

Based on the results presented in Table 2, the discussion centers on the **remarkable achievement of 100% adherence** to the NICU Patient Transportation protocol across all ten monitored criteria during June 2017 E.C. This flawless performance indicates a highly effective transportation system operating within the NICU during this period. The consistent compliance across diverse aspects – from foundational safety steps (Proper Identification, Safe Transfer Techniques, Safety Precautions) through communication (Clear Communication, Team Briefing, Proper Handover) to procedural and administrative requirements (Equipment, Infection Control, Documentation, Minimal Delays) – strongly suggests a deeply ingrained culture of safety and rigorous protocol following among the transport team. This level of uniformity points towards **excellent staff training, clear procedural understanding, strong teamwork, and potentially robust pre-existing quality assurance mechanisms** that have successfully translated protocol requirements into consistent practice.

**Conclusion:** The June 2017 E.C. data demonstrates exemplary adherence to the NICU transport protocol, reflecting a well-functioning and safety-conscious system. This achievement should be recognized and celebrated. However, to ensure ongoing excellence and identify potential areas for *further* strengthening, the discussion logically progresses to recommending actions such as **sustained monitoring, reviewing audit methods for comprehensiveness, exploring additional metrics, investigating the replicability across contexts, and proactively planning strategies to prevent complacency**. Maintaining this standard requires viewing perfect compliance not as an endpoint, but as a foundation for continuous vigilance and improvement.

## RECOMMENDATIONS

- ✍ Maintain Current performance regular by M&E

## PERFORMANCE IMPROVEMENT PLAN

- ✍ **NO MAJOR GAP SEEN**

*Table 2: Implementation Status of previous improvement plan*

Action Item	Status
Continuous Training and Education	Implemented
Regular Protocol Reviews	Completed
Peer Support and Mentorship	Established
Emotional Support for Staff	Implemented
Simulation and Role-Playing Exercises	Implemented

**Guyyaa/ቀን/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** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



**DEDER GENERAL HOSPITAL**

***Outpatient Department***

**Patient Transportation Protocol Utilization  
Monitoring Report**

***Prepared By: Ahmednur Mume-OPD head***

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The OPD at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the OPD of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Medical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## METHODOLOGY

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's OPD:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the OPD.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## RESULT

The overall performance of OPD patient transportation protocol adherence in June 2017 E.C. demonstrated exceptional compliance, achieving a perfect 100% adherence rate across all monitored criteria. Out of 117 observed instances, every case met the established standards for patient transportation, including proper identification, clear communication, equipment readiness, safety measures, and infection control. This flawless performance reflects a well-implemented protocol, thorough staff training, and a strong institutional commitment to patient safety during transportation. The consistency in compliance across all criteria suggests that the transportation team is highly proficient and adheres rigorously to established guidelines, ensuring minimal risks and optimal care for patients during transit (**Table 2**).

Despite the outstanding overall performance, maintaining this level of excellence requires continuous monitoring and reinforcement. While no non-compliance was recorded, periodic refresher training and unannounced audits could help sustain these high standards. Additionally, expanding the monitoring scope to include patient feedback or more complex transport scenarios might provide further insights into potential areas for improvement. The current results set a benchmark for excellence, but ongoing vigilance is essential to ensure that these protocols remain effective and adaptable to any emerging challenges in patient transportation (**Table 2**).

**Table 2:** OPD Patient Transportation protocol adherence monitoring performance, June 2017E.C

Criteria	(Yes) #	(No) #	Compliance (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary Medical Equipment	13	0	100
Safe Transfer Techniques Used	13	0	100
Safety Precautions Followed	13	0	100
Minimal Delays in Transport	13	0	100
Proper Handover	13	0	100
Infection Control Measures	13	0	100
<b>Total Compliant Cases</b>	<b>117</b>	<b>0</b>	<b>100%</b>



## DISCUSSION

The exemplary 100% compliance rate across all patient transportation protocols in the OPD reflects a highly effective system with clearly defined procedures and well-trained staff. This level of adherence suggests that the transportation team consistently prioritizes patient safety, communication, and infection control, which are critical for minimizing risks during patient transfers. The uniformity in compliance—from proper identification to safe handover—indicates that these protocols are deeply ingrained in daily practice, likely due to comprehensive training programs, strong leadership, and a culture of accountability. Such results are particularly commendable given the potential complexities of patient transportation, where lapses could lead to delays, errors, or safety incidents. The data underscores the success of current practices but also raises questions about whether observational biases (e.g., Hawthorne effect) or limited sample sizes might have influenced the perfect scores, warranting further investigation to validate these findings.

While the results are impressive, sustaining this level of performance requires proactive measures to prevent complacency. For instance, introducing periodic scenario-based drills or unannounced audits could help identify latent gaps not captured in routine observations. Additionally, expanding monitoring to include patient perspectives—such as comfort during transport or clarity of communication—could provide a more holistic view of service quality. The absence of non-compliance does not necessarily mean there is no room for improvement; rather, it presents an opportunity to refine protocols further, such as integrating new safety technologies or streamlining workflows to enhance efficiency. Continuous education and feedback loops for staff will be essential to maintain this standard, especially as patient volumes or transport complexities increase. Ultimately, these findings should serve as both a validation of current practices and a catalyst for ongoing excellence in patient transportation services.

## RECOMMENDATIONS

- ✍ Sustaining the current performance through regular M & E

## IMPROVEMENT PLAN

- ✍ **NO MAJOR GAP SEEN**

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

✎ **Garee tajaajila OPD irraa**

✎ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



**DEDER GENERAL HOSPITAL**

***GYN/OBS Ward CASE TEAM***

**Patient Transportation Protocol Utilization  
Monitoring Report**

***Prepared By: Abdella Mohammed***

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

***Deder, Oromia***

***June 2017E.C***

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## Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The Gyn/Obs Ward at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the Gyn/Obs Ward of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's Gyn/Obs Ward:

1. **Sample Selection:** A total of 13 patients were randomly selected for evaluation during their transportation within the Gyn/Obs Ward.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## Result

The Gyn/Obs Ward exhibited outstanding performance in adhering to the Patient Transportation protocol during **June 2017 E.C.**, achieving a **flawless 100% compliance rate across all ten evaluated criteria**. Each of the 130 observed cases met the required standards, including proper patient identification, clear communication, safe transfer techniques, and thorough documentation. The absence of any non-compliant cases highlights the ward's commitment to maintaining high-quality patient care during transportation. This consistent adherence suggests effective training, strong teamwork, and a well-implemented protocol system, ensuring patient safety and operational efficiency (**Table 2**).

The results underscore the ward's ability to execute transportation procedures without delays, safety lapses, or documentation errors. The perfect scores in infection control, equipment readiness, and handover processes further reflect a robust system that prioritizes patient well-being. Such high performance sets a benchmark for other departments and demonstrates the effectiveness of current protocols. To sustain this level of excellence, ongoing monitoring and periodic reviews are recommended to address any potential challenges and maintain these exceptional standards.

**Table 2:** *Gyn/Obs Ward Patient Transportation protocol adherence monitoring performance, June 2017 E.C*

Criteria	Compliant (Yes) #	Non-compliant (No) #	Compliance Rate (%)
Proper Identification	13	0	100
Clear Communication with Patient	13	0	100
Transport Team Briefed	13	0	100
Necessary Surgical Equipment	13	0	100
Safe Transfer Techniques Used	13	0	100
Safety Precautions Followed	13	0	100
Minimal Delays in Transport	13	0	100
Proper Handover	13	0	100
Infection Control Measures	13	0	100
Documentation completed	13	0	100
<b>Overall performance</b>	<b>130/130</b>	<b>0</b>	<b>100%</b>



## DISCUSSION

The findings from the Gyn/Obs Ward's Patient Transportation protocol adherence monitoring reveal a remarkable 100% compliance rate across all criteria, indicating a highly effective and well-implemented system. This level of consistency suggests that staff are thoroughly trained and consistently follow established protocols, which is critical for ensuring patient safety during transportation. The absence of non-compliant cases in areas such as infection control, proper handover, and documentation reflects a strong organizational culture that prioritizes precision and accountability. Such results are particularly noteworthy in a high-stakes environment like obstetrics and gynecology, where timely and safe patient transfers can significantly impact outcomes.

However, while the data demonstrates exceptional performance, it also raises questions about potential limitations, such as the sample size or the possibility of reporting bias. A perfect compliance rate over 130 cases may warrant further investigation to ensure that monitoring methods are rigorous and that no subtle deviations were overlooked. Additionally, maintaining this standard over time will require continuous quality improvement efforts, including regular training updates and feedback mechanisms. Future studies could explore the long-term sustainability of these results and examine whether similar performance is achievable in other wards or under varying conditions. This would help validate the robustness of the protocols and identify opportunities for broader institutional adoption.

## RECOMMENDATIONS

- ✎ Sustaining the current performance through regular M & E

## IMPROVEMENT PLAN

- ✎ NO MAJOR GAP SEEN

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ✍ **Garee tajaajila GYN Ward irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**



**DEDER GENERAL HOSPITAL**

***OR CASE TEAM***

**Patient Transportation Protocol  
Utilization Monitoring Report**

***Prepared By: Shame Ahmed***

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

***Deder, Oromia***

***June 2017E.C***

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## Introduction

Effective patient transportation within Deder General Hospital (DGH) is essential to ensuring that patients receive timely, safe, and appropriate care. The OR at DGH follows a specific Patient Transportation Protocol to maintain patient safety, clear communication, and quality care throughout the transport process. This report provides an evaluation of the utilization of the Patient Transportation Protocol, based on observations and interviews with patients, focusing on compliance with key transportation criteria.

## Objective

The primary objectives of this monitoring report are:

1. To assess the utilization of the Patient Transportation Protocol in the OR of Deder General Hospital.
2. To ensure that patients are transported in a timely and secure manner while adhering to the established guidelines.

*Table 1: Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Proper Identification		
Clear Communication with Patient		
Transport Team Briefed		
Necessary Surgical Equipment		
Safe Transfer Techniques Used		
Safety Precautions Followed		
Minimal Delays in Transport		
Proper Handover		
Infection Control Measures		
Proper Identification		
Clear Communication with Patient		

## Methodology

The following methodology was employed to evaluate the utilization of the Patient Transportation Protocol at DGH's OR:

1. **Sample Selection:** A total of 10 patients were randomly selected for evaluation during their transportation within the OR.
2. **Criteria for Evaluation:** The Patient Transportation Protocol includes 9 key indicators
3. **Data Collection:** Data was collected through direct observation of the patient transport process and interviews with patients to confirm protocol adherence. Additionally, Registered Nurses (RNs) confirmed and documented compliance for each criterion.
4. **Monitoring and Scoring:** Each criterion was evaluated using a binary scale (Yes/No). A "Yes" response indicated that the protocol was followed, while a "No" response indicated non-compliance.
5. **Analysis:** The compliance rates for each criterion were calculated, and the overall compliance rate was determined by dividing the number of compliant responses by the total possible responses. The final compliance percentage was then calculated.

## Result

Based on the June 2017 E.C. monitoring report for the OR Patient Transportation Protocol, the results demonstrate **perfect adherence** to all established criteria. **Each of the ten critical components** of the patient transportation process – including Proper Identification, Clear Communication with the Patient, Transport Team Briefing, Equipment Preparation, Safe Transfer Techniques, Safety Precautions, Minimal Transport Delays, Proper Handover, Infection Control Measures, and Documentation Completion – was fully compliant ("Yes") in all 10 cases reviewed. This resulted in a **100% compliance rate** for every individual criterion assessed during the reporting period.

**Overall, the protocol adherence was flawless.** The total number of compliant instances reached 100 out of a possible 100 (10 cases x 10 criteria), with zero non-compliant instances recorded across any criterion. Consequently, the **overall compliance rate for the OR Patient Transportation protocol was 100%** for June 2017 E.C. This indicates that the established procedures for safely and efficiently transporting patients to the operating room were consistently followed without exception in all monitored cases during this month (**Table 2**).



**Table 2:** OR Patient Transportation protocol adherence monitoring performance, June 2017E.C

	<b>Compliant (Yes) #</b>	<b>Non-compliant (No) #</b>	<b>Compliance Rate (%)</b>
1. Proper Identification	10	0	100%
2. Clear Communication with Patient	10	0	100%
3. Transport Team Briefed	10	0	100%
4. Necessary Surgical Equipment	10	0	100%
5. Safe Transfer Techniques Used	10	0	100%
6. Safety Precautions Followed	10	0	100%
7. Minimal Delays in Transport	10	0	100%
8. Proper Handover	10	0	100%
9. Infection Control Measures	10	0	100%
10. Documentation completed	10	0	100%
<b>Total Compliant Cases</b>	<b>100/100</b>	<b>0</b>	<b>100%</b>

## Discussion

The June 2017 E.C. monitoring report for the OR Patient Transportation Protocol reveals **exemplary performance**, achieving 100% adherence across all ten assessed criteria for all 10 observed cases. This flawless record indicates that established procedures for safely and efficiently transporting patients to the operating room were consistently followed without exception during the audit period. Key safety-critical steps – including rigorous patient identification, clear communication, use of safe transfer techniques, adherence to infection control, proper team briefing, and complete documentation – were uniformly executed according to protocol. This high level of compliance strongly suggests a well-embedded safety culture within the transport team and effective implementation of the established procedures, minimizing risks such as patient misidentification, falls, delays, communication errors, and healthcare-associated infections during transit.

However, while this perfect adherence is commendable and reflects positively on the transport team's discipline, it warrants careful interpretation within the broader context of quality assurance. A 100% compliance rate across all metrics for all observed cases is statistically unusual in complex clinical processes. Several factors could influence this result: **(1) Sample Size & Representativeness:** With only 10 cases monitored, the sample may be too small to detect occasional deviations, especially rare events. The cases audited might also have been routine or occurred during optimal staffing/conditions, not capturing potential challenges during peak times or complex transfers. **(2) Observation & Reporting Bias:** The awareness of being audited (Hawthorne effect) may have influenced behavior towards perfect compliance. Reliance on self-reporting or documentation review might miss subtle non-adherence not captured in records. **(3) Criteria Sensitivity:** The criteria, while important, may not fully capture the nuances of performance or potential near-misses. **Therefore, while celebrating this achievement, it is prudent to maintain vigilance.** Sustaining this level of performance requires ongoing monitoring, including larger sample sizes over extended periods, potential unannounced audits, and incorporating feedback mechanisms for staff to report challenges. This result sets a high standard; the focus should now shift to ensuring this perfect compliance translates into consistent, safe patient transport experiences over the long term and exploring its correlation with patient safety outcomes (e.g., reduction in transport-related incidents).

## Recommendations

- ✍ Sustaining the current performance through regular M & E

## IMPROVEMENT PLAN

- ✍ **NO MAJOR GAP SEEN**

**Guyyaa/ቀን/Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

 **Garee OR irraa**

 **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Patient transportation**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 8** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**