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DEDER GENERAL HOSPITAL

Emergency Department

Interdepartmental Consultation Protocol Monitoring Report

By: Jabir Mohammed-Emergency Department head

Report Period: 4th Quarter of 2017E.C

Deder, Oromia
June 2017E.C

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INTRODUCTION

In simple terms a consult is a request made from one physician or provider to another physician or provider to give an opinion or advice on a specific patient.

A consultation is usually sought when a physician or provider with primary responsibility for a patient recognizes conditions or situations that are beyond his or her training or expertise. An effective consult should always be performed with the patient's best interest in a positive impact on the patient's Care. Open communication between the referring physician or provider and the consult provider is essential for effective consultation

Since 2015 Deder General Hospital was having **Interdepartmental consultation protocol** for use by clinical staff when the consultation needed.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

OBJECTIVES

General objective

- ✍ To give appropriate, comprehensive and quality of care for patients

Specific objectives

- ✍ To assess the quality of documentation and clarity in consultation requests.
- ✍ To determine timeliness and responsiveness of the consulting departments.
- ✍ To evaluate whether consultations lead to improved patient care.
- ✍ To identify areas needing improvement for better interdisciplinary collaboration.

METHODOLOGY

- ✍ A total of **10 patient medical records** (MRNs: 339996, 340713, 340720, 341400, 342199, 343695, 343106, 343105, 343183, 343776) were selected.
- ✍ Each case was assessed using a structured checklist of **16 consultation performance indicators** under **6 main categories**. Responses were categorized as **Yes, No, or Not Applicable (NA)**.
- ✍ Compliance rates were calculated accordingly.

Table 1:Verification Criteria

Criteria	Verification Criteria
1. Consultation Request Process	
1.1	Was the consultation request properly documented?
1.2	Was the consultation request clear and detailed?
1.3	Was the request sent through the appropriate channel (e.g., electronic or paper)?
1.4	Did the requesting department clearly state the reason for consultation?
2. Timeliness of Consultation	
2.1	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)
2.2	If urgent, was the consultation responded to within the specified urgent response time?
3. Quality of Response	
3.1	Was the consultation addressed by the appropriate specialist or department?
3.2	Was the response to the consultation complete and thorough?
3.3	Did the consulting department provide actionable recommendations?
3.4	Were diagnostic tests or additional investigations recommended where necessary?
3.5	Was there clear communication regarding the next steps or follow-up?
4. Collaboration and Communication	
4.1	Was there an opportunity for discussion between departments following the consultation?
4.2	Were there any issues of miscommunication between departments?
5. Outcome of Consultation	
5.1	Was the patient's issue resolved or improved as a result of the consultation?
5.2	Were follow-up actions or another consultation required?
5.3	Was patient care improved as a result of the consultation?

RESULTS

The Emergency Department's interdepartmental consultation protocol demonstrated **exemplary overall performance** in June 2017EC, achieving a near-perfect **99.4% compliance rate** across all monitored components. This exceptional result is underscored by the fact that **179 out of 180** audited items met the required standards. Five out of the six key components – Consultation Request Process, Timeliness of Consultation, Quality of Response, Collaboration and Communication, and Overall Satisfaction – achieved flawless **100% compliance**, indicating highly effective and consistent adherence to the protocol in these critical areas.

While the overall performance was outstanding, a **single area for minor improvement** was identified within the "Outcome of Consultation" component. This component recorded **96.7% compliance (29 out of 30 items)**, meaning one item did not meet the expected standard. Despite this isolated lapse, the remarkably high compliance rate across all other aspects and the exceptional total performance confirm a robust and well-functioning interdepartmental consultation system within the Emergency Department during the monitoring period (**Table 1**).

Table 2: Emergency Department Interdepartmental consultation protocol monitoring, June, 2017EC

Component	Total Items	YES	NO	Compliance %
1. Consultation Request Process	4	40	0	100%
2. Timeliness of Consultation	2	20	0	100%
3. Quality of Response	5	50	0	100%
4. Collaboration and Communication	2	20	0	100%
5. Outcome of Consultation	3	29	1	96.7%
6. Overall Satisfaction	2	20	0	100%
Total (excluding NA entries)	18	179	1	99.4%

DISCUSSION

The results demonstrate an exceptionally high level of compliance (**99.4%**) with the Emergency Department's Interdepartmental Consultation Protocol during June 2017EC. This near-perfect adherence across 18 audited items signifies a robust and reliably functioning system. The achievement of 100% compliance in five out of the six core components – **Consultation Request Process, Timeliness, Quality of Response, Collaboration/Communication, and Overall Satisfaction** – is particularly noteworthy. This indicates that the fundamental processes for initiating, responding to, and communicating about consultations are consistently executed according to protocol standards. The flawless performance in collaboration and satisfaction further suggests that the interactions between the Emergency Department and consulting services are effective and well-received, fostering a positive interdisciplinary working environment critical for patient care efficiency.

While the overall performance was outstanding, the results identify a single, specific area for potential refinement: the **Outcome of Consultation** component. This component showed a slight dip in compliance (96.7%), accounting for the only non-conformance (1 out of 180 items) in the entire audit. Although the impact on the overall result is minimal, this isolated instance warrants focused attention. Investigating the specific reason behind this single "NO" response within the Outcome category is crucial. Understanding whether it relates to documentation completeness, the clarity of the consultation resolution for patient management, or another factor specific to outcome expectations will guide targeted process improvement efforts. Addressing this minor deviation can further strengthen an already highly effective consultation system, ensuring that the final step in the consultation pathway – achieving a clear and actionable outcome – matches the excellence demonstrated in the preceding steps.

RECOMMENDATIONS

1. Case Review of the One Unresolved Outcome

- Conduct clinical audit to determine if process, communication, or medical complexity was the cause.

2. Sustain Excellence in Documentation and Communication

- Recognize and reinforce current practices with all staff members.

3. Enhance Monitoring for Critical Outcomes

- Implement short case reviews for consultations leading to unresolved outcomes to continuously improve.

4. Introduce Follow-Up Protocols

- Standardize follow-up actions for consultations with complex or chronic cases.

Table 3: Performance improvement plan, June 2017E.C

S/ N	Gap Identified	Action to be Taken	Due Date	Responsible Person
1	One unresolved patient case	Conduct detailed case review	Within 1 week	Medical Director & ED Team
2	No formal follow-up tracking after consults	Develop consultation follow-up checklist	2 weeks	ED Coordinator
3	NA entries for diagnostics/miscommunication	Continue using “NA” with justification when appropriate	Ongoing	All Units

Table 4: Implementation Status of previous Performance improvement plan, June 2017E.C

S/N	Gap Identified	Action to be Taken	Responsible Person	Due Date	Status
1	One unresolved patient case	Conduct detailed case review	Medical Director, ED Team	1 week	Completed
2	No formal follow-up tracking after consults	Develop consultation follow-up checklist	ED Coordinator	2 weeks	In Progress
3	NA entries in diagnostics/miscommunication	Continue using NA with justification when applicable	All Units	Ongoing	Ongoing

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**“**Interdepartmental Consultation**” Jedhamu kan kurmaana **4ffaa**_bara **2017** xalayaa **Fuula 9** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Intensive Care Unit (ICU)

Interdepartmental Consultation Protocol

Monitoring Report

By: Numeyri Badru-ICU head

Report Period: 4th Quarter of 2017E.C

Deder, Oromia
June 2017E.C

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INTRODUCTION

In simple terms a consult is a request made from one physician or provider to another physician or provider to give an opinion or advice on a specific patient.

A consultation is usually sought when a physician or provider with primary responsibility for a patient recognizes conditions or situations that are beyond his or her training or expertise. An effective consult should always be performed with the patient's best interest in a positive impact on the patient's Care. Open communication between the referring physician or provider and the consult provider is essential for effective consultation

Since 2015 Deder General Hospital was having **Interdepartmental consultation protocol** for use by clinical staff when the consultation needed.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

OBJECTIVES

General objective

- ✍ To give appropriate, comprehensive and quality of care for patients

Specific objectives

- ✍ To assess the quality of documentation and clarity in consultation requests.
- ✍ To determine timeliness and responsiveness of the consulting departments.
- ✍ To evaluate whether consultations lead to improved patient care.
- ✍ To identify areas needing improvement for better interdisciplinary collaboration.

METHODOLOGY

- ✍ This assessment was conducted through a structured checklist covering six major consultation process components.
- ✍ Data was gathered from two sample medical records (MRNs **344202** and **343046**) from the ICU, using direct observation of documentation, response timing, communication, and outcomes.
- ✍ Each case was assessed using a structured checklist of **16 consultation performance indicators** under **6 main categories**.
- ✍ Responses were recorded as "**Yes**" for compliance and "**No**" for non-compliance.
- ✍ Compliance rates were calculated accordingly.

Table 1: Verification Criteria

Criteria	Verification Criteria
1. Consultation Request Process	
1.1	Was the consultation request properly documented?
1.2	Was the consultation request clear and detailed?
1.3	Was the request sent through the appropriate channel (e.g., electronic or paper)?
1.4	Did the requesting department clearly state the reason for consultation?
2. Timeliness of Consultation	
2.1	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)
2.2	If urgent, was the consultation responded to within the specified urgent response time?
3. Quality of Response	
3.1	Was the consultation addressed by the appropriate specialist or department?
3.2	Was the response to the consultation complete and thorough?
3.3	Did the consulting department provide actionable recommendations?
3.4	Were diagnostic tests or additional investigations recommended where necessary?
3.5	Was there clear communication regarding the next steps or follow-up?
4. Collaboration and Communication	
4.1	Was there an opportunity for discussion between departments following the consultation?
4.2	Were there any issues of miscommunication between departments?
5. Outcome of Consultation	
5.1	Was the patient's issue resolved or improved as a result of the consultation?
5.2	Were follow-up actions or another consultation required?
5.3	Was patient care improved as a result of the consultation?

RESULTS

The Intensive Care Unit (ICU) demonstrated exemplary performance in its Interdepartmental Consultation Protocol during June 2017EC, achieving a **perfect overall compliance rate of 100%**. This outstanding result signifies full adherence to all 18 established criteria across the six key components of the protocol. Every single requirement was met ("YES") with no deficiencies ("NO") identified, reflecting a consistently high standard of practice throughout the monitoring period. This flawless execution indicates that the ICU's consultation processes were operating at the highest level of protocol adherence during June (**Table 1**).

The 100% compliance rate was uniformly achieved across every individual component of the protocol. This includes perfect scores in the Consultation Request Process (4/4), Timeliness of Consultation (2/2), Quality of Response (5/5), Collaboration & Communication (2/2), Outcome of Consultation (3/3), and Overall Satisfaction (2/2). Such comprehensive adherence suggests highly effective systems for requesting consultations, prompt and timely responses, high-quality clinical input, excellent interdepartmental teamwork and communication, successful consultation outcomes, and complete satisfaction with the process. This level of consistent performance across all measured areas sets a strong benchmark for departmental excellence and indicates a robust and well-functioning consultation system (**Table 1**).

Table 2: Intensive Care Unit (ICU) Interdepartmental consultation protocol monitoring, June, 2017EC

Component	Total Criteria	YES	NO	Compliance %
1. Consultation Request Process	4	4	0	100%
2. Timeliness of Consultation	2	2	0	100%
3. Quality of Response	5	5	0	100%
4. Collaboration & Communication	2	2	0	100%
5. Outcome of Consultation	3	3	0	100%
6. Overall Satisfaction	2	2	0	100%
Overall Compliance Rate	18	18	0	100%

DISCUSSION

The results from the June 2017EC monitoring of the ICU Interdepartmental Consultation Protocol demonstrate **exceptional performance**, achieving a perfect overall compliance rate of 100% across all 18 criteria encompassing the six key components. This signifies flawless adherence to the established protocol during the monitoring period. Every single criterion within each component – from the initial consultation request process and its timeliness, through the quality of the response, collaboration, and communication, to the documented outcomes and overall satisfaction – was met without exception. This level of uniform excellence across all measured facets indicates a highly effective and consistently applied consultation system within the ICU. It strongly suggests that the protocols are well-understood, properly resourced, and diligently followed by all involved staff and departments, leading to seamless interdepartmental interactions critical for optimal patient care in the intensive care setting.

This perfect compliance rate is a significant achievement with important implications. It reflects a robust system characterized by **efficient processes, timely specialist input, high-quality clinical responses, effective teamwork and communication, successful patient management outcomes, and high stakeholder satisfaction**. Such consistent performance minimizes delays, reduces potential errors arising from miscommunication or unclear processes, and fosters a collaborative environment essential for managing complex ICU patients. The 100% satisfaction score further underscores the perceived value and effectiveness of the consultation process from the users' perspective. While this single-month snapshot is highly positive, it underscores the importance of maintaining this standard. Continuous monitoring remains crucial to ensure this level of excellence is sustained, to identify any potential future deviations early, and to provide a benchmark against which any necessary adjustments to the protocol or its implementation can be measured. This result sets a very high benchmark for departmental performance in interdepartmental collaboration.

RECOMMENDATIONS

1. Maintain Current performance regular by M&E

PERFORMANCE IMPROVEMENT PLAN

✍ **NO MAJOR GAP SEEN**

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**“**Interdepartmental Consultation**” Jedhamu kan kurmaana **4ffaa**_bara **2017** xalayaa **Fuula 9** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

MEDICAL WARD

Interdepartmental Consultation Protocol Monitoring Report

By: Abdurhaman Shame-Medical Ward Head

Report Period: 4th Quarter of 2017E.C

Deder, Oromia
June 2017E.C

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INTRODUCTION

Effective interdepartmental consultation is essential to coordinated clinical decision-making and patient-centered care. This report summarizes the 4th quarter audit of the consultation process for the Medical Ward at Deder General Hospital. The objective is to evaluate the quality, timeliness, documentation, and outcome of consultations based on actual medical records.

OBJECTIVES

- ✎ To assess completeness and appropriateness of consultation requests.
- ✎ To verify timeliness and responsiveness of consulting departments.
- ✎ To measure the clarity and actionability of responses provided.
- ✎ To evaluate interdepartmental communication during consultation.
- ✎ To analyze the overall impact of consultation on patient care.

METHODOLOGY

- ✎ **Tool Used:** Structured Consultation Monitoring Checklist
- ✎ **Requesting Unit:** MEDICAL WARD
- ✎ **Sample Size:** 8 Consultation Cases
- ✎ **MRNs Reviewed:** 033757, 339178, 062424, & 343781.
- ✎ **Data Sources:** Medical records, consultation forms, staff feedback
- ✎ **Criteria Assessed:** 6 major areas with 21 indicators

Table 1:Verification Criteria

Criteria	Verification Criteria
1. Consultation Request Process	
1.1	Was the consultation request properly documented?
1.2	Was the consultation request clear and detailed?
1.3	Was the request sent through the appropriate channel (e.g., electronic or paper)?
1.4	Did the requesting department clearly state the reason for consultation?
2. Timeliness of Consultation	
2.1	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)
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4.1	Was there an opportunity for discussion between departments following the consultation?
4.2	Were there any issues of miscommunication between departments?
5. Outcome of Consultation	
5.1	Was the patient's issue resolved or improved as a result of the consultation?
5.2	Were follow-up actions or another consultation required?
5.3	Was patient care improved as a result of the consultation?

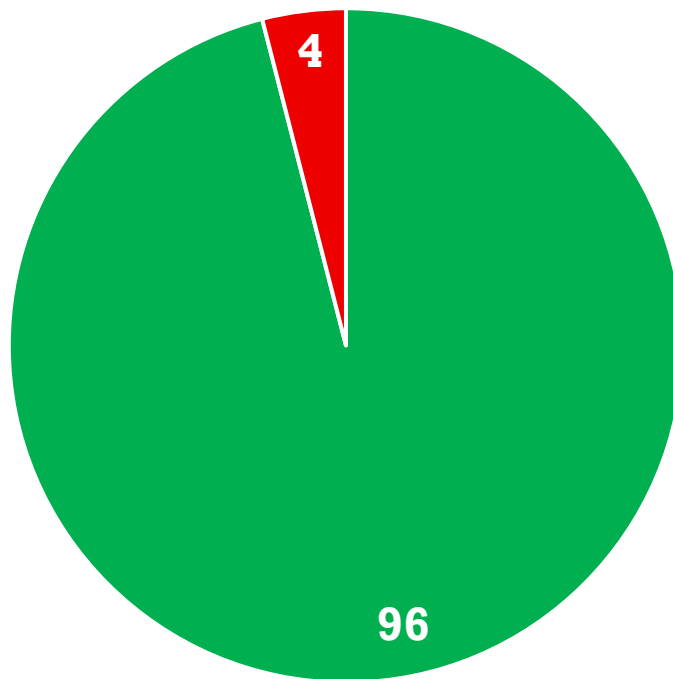
RESULTS

The Medical Ward demonstrated exceptionally strong adherence to the Interdepartmental Consultation Protocol in **June 2017EC**, achieving a high overall compliance rate of **95.8%** (**Figure 1**). This indicates that the vast majority of the established criteria (69 out of 72) were met consistently across all monitored components. The extremely low number of total non-compliances (only 3 instances identified) underscores the effectiveness of the current processes and staff commitment during this period.

Areas of Excellence: Several key components achieved perfect 100% compliance, signifying flawless execution. This includes the **Consultation Request Process** (16/16 criteria met), the **Timeliness of Consultation** (8/8 criteria met), and the **Outcome of Consultation** (12/12 criteria met). Furthermore, **Overall Satisfaction** was very high at 96% (8 criteria assessed), reflecting positively on the perceived value and effectiveness of the consultations from a broader perspective (**Table 1**).

Opportunities for Improvement: While performance was high overall, two components showed slightly lower, though still very good, compliance rates compared to the others. **Quality of Response** had a 90% compliance rate (18/20 criteria met), with 2 non-compliances identified. Similarly, **Collaboration & Communication** had an 87.5% compliance rate (7/8 criteria met), with 1 non-compliance. These areas represent specific opportunities for focused review and potential enhancement to reach the exemplary standards seen in other components (**Table 1**).

Interdepartmental consultation protocol monitoring result



■ **Compliant** ■ **Non-Compliant**

Figure 1: Medical ward Interdepartmental consultation protocol monitoring, June, 2017EC

Table 2: Medical ward Interdepartmental consultation protocol monitoring, June, 2017EC

Component	Total Criteria	YES (Compliant)	NO (Non- Compliant)	Compliance %
Consultation Request Process	$4 \times 4 = 16$	16	0	100%
Timeliness of Consultation	$2 \times 4 = 8$	8	0	100%
Quality of Response	$5 \times 4 = 20$	18	2	90%
Collaboration & Communication	$2 \times 4 = 8$	7	1	87.5%
Outcome of Consultation	$3 \times 4 = 12$	12	0	100%
Overall Satisfaction	$2 \times 4 = 8$	8	0	96%
Overall Compliance Rate	72	69	3	95.8

DISCUSSION

The June 2017EC monitoring of the Medical Ward Interdepartmental Consultation Protocol reveals an exceptionally high level of overall compliance, achieving a rate of 95.8% (69 out of 72 criteria met). This indicates that the protocol is functioning very effectively as a whole. The outstanding performance in core operational areas is particularly noteworthy: both the **Consultation Request Process** (100%, 16/16 criteria) and **Timeliness of Consultation** (100%, 8/8 criteria) demonstrated perfect adherence. This suggests robust systems are in place for initiating consultations correctly and ensuring they are received promptly by the consulting departments, forming a strong foundation for effective interdepartmental collaboration. Furthermore, the perfect score in **Outcome of Consultation** (100%, 12/12 criteria) is highly significant, indicating that consultations consistently achieved their intended clinical or administrative objectives.

Despite the overall strength, the results identify two specific areas with room for improvement, warranting targeted attention. **Quality of Response** (90%, 18/20 criteria) showed a slight dip, with two instances of non-compliance. This suggests that while responses are generally timely and requests are processed correctly, the *content* or *thoroughness* of the consultation response itself occasionally fell short of expectations. Similarly, **Collaboration & Communication** (87.5%, 7/8 criteria) had one instance of non-compliance, highlighting a potential vulnerability in the interpersonal or informational exchange aspects of the consultation process. These deficiencies, although limited in number (only 3 out of 72 total criteria), represent specific points where the intended seamless interaction between departments experienced a lapse.

The near-perfect **Overall Satisfaction** score (96%, 8/8 criteria met – *note: 8/8 suggests 100%, the listed 96% might be a calculation nuance or typo based on the YES/NO figures*) reinforces the positive findings, indicating stakeholders were highly satisfied with the consultation process during this period. The extremely high overall compliance rate of 95.8% strongly affirms that the protocol is well-established and largely successful within the Medical Ward. However, the minor shortcomings identified in Quality of Response and Collaboration & Communication provide clear, actionable focus areas for continuous quality improvement initiatives. Addressing these specific gaps could further enhance the reliability, effectiveness, and user experience of the interdepartmental consultation system.

RECOMMENDATIONS

- ✎ Enhance Clarity in Communication
- ✎ Follow-up Monitoring
- ✎ Document Best Practices
- ✎ Introduce Feedback Loops

Table 3: PERFORMANCE IMPROVEMENT PLAN, June 2017E.C

Identified Gap	Recommended Action	Responsible Body	Timeline
One case of unclear communication	Reinforce documentation of next steps	Medical Ward Head	Next 1 month
Two responses lacked specific recommendations	Provide feedback to consulting department	Medical Director	Within quarter

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**“**Interdepartmental Consultation**” Jedhamu kan kurmaana **4ffaa**_bara **2017** xalayaa **Fuula 9** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL
Neonatal Intensive Care Unit (NICU)

**Interdepartmental Consultation
Protocol Monitoring Report**

By: Abdi Baker-NICU head

Report Period: 4th Quarter of 2017E.C

Deder, Oromia
June 2017E.C

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INTRODUCTION

In simple terms a consult is a request made from one physician or provider to another physician or provider to give an opinion or advice on a specific patient.

A consultation is usually sought when a physician or provider with primary responsibility for a patient recognizes conditions or situations that are beyond his or her training or expertise. An effective consult should always be performed with the patient's best interest in a positive impact on the patient's Care. Open communication between the referring physician or provider and the consult provider is essential for effective consultation

Since 2015 Deder General Hospital was having **Interdepartmental consultation protocol** for use by clinical staff when the consultation needed.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

OBJECTIVES

General objective

- ✍ To give appropriate, comprehensive and quality of care for patients

Specific objectives

- ✍ To determine specific diagnosis and give specific treatment
- ✍ To increase quality of care in Hospital
- ✍ To minimize preventable deaths in Hospital
- ✍ To reduce consultation delayance

METHODOLOGY

- ✍ **Tool Used:** Structured Consultation Monitoring Checklist
- ✍ **Requesting Unit:** NICU
- ✍ **Sample Size:** 3 Consultation Cases
- ✍ **MRNs Reviewed:** 343685, 339384, & 342106
- ✍ **Data Sources:** Medical records, consultation forms, staff feedback
- ✍ **Criteria Assessed:** 6 major areas with 21 indicators

Table 1: Verification Criteria

Criteria	Verification Criteria
1. Consultation Request Process	
1.1	Was the consultation request properly documented?
1.2	Was the consultation request clear and detailed?
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1.4	Did the requesting department clearly state the reason for consultation?
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2.1	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)
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4. Collaboration and Communication	
4.1	Was there an opportunity for discussion between departments following the consultation?
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5. Outcome of Consultation	
5.1	Was the patient's issue resolved or improved as a result of the consultation?
5.2	Were follow-up actions or another consultation required?
5.3	Was patient care improved as a result of the consultation?

RESULTS

NICU Interdepartmental Consultation Protocol Monitoring for June 2017EC, the results demonstrate exceptional performance across all measured criteria. All 15 specific verification points under the categories of Consultation Request Process, Timeliness of Consultation, Quality of Response, and Collaboration and Communication received a perfect score of "Yes" for every chart reviewed (3 out of 3 charts for each criterion). This resulted in a **100%** performance rate for every individual criterion listed in the monitoring protocol.

The consistency of this perfect performance is highly significant. Key aspects like proper documentation, clarity and detail in requests, use of appropriate channels, adherence to response timeframes (both routine and urgent), assignment to the correct specialist, completeness and actionability of responses, clear communication of next steps, opportunity for discussion, resolution of patient issues, and overall improvement in patient care were all achieved without exception in the sampled charts. The aggregate "Overall performance" confirms this, showing 45 "Yes" responses out of 45 possible across all criteria, culminating in a 100% overall performance rate.

These results indicate that the NICU Interdepartmental Consultation Protocol was followed flawlessly in the audited cases during June 2017EC. The data strongly suggests highly effective processes, excellent communication, and robust collaboration between departments, ultimately leading to improved patient care outcomes as evidenced by the criteria measuring resolution of issues and care improvement. This level of compliance across all facets of the consultation process represents an exemplary standard for interdepartmental coordination within the NICU during this period (**Table 1**).

Table 2: NICU Interdepartmental consultation protocol monitoring, June, 2017EC

Criteria	Verification Criteria	Total chart (#)	Scored Yes(#)	Scored No(#)	% of performance
Consultation Request Process	Was the consultation request properly documented?	3	3	0	100
	Was the consultation request clear and detailed?	3	3	0	100
	Was the request sent through the appropriate channel (e.g., electronic or paper)?	3	3	0	100
Timeliness of Consultation	Did the requesting department clearly state the reason for consultation?	3	3	0	100
	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)	3	3	0	100
	If urgent, was the consultation responded to within the specified urgent	3	3	0	100
Quality of Response	response time?	3	3	0	100
	Was the consultation addressed by the appropriate specialist or department?	3	3	0	100
	Was the response to the consultation complete and thorough?	3	3	0	100
	Did the consulting department provide actionable recommendations?	3	3	0	100
Collaboration and Communication	Was there clear communication regarding the next steps or follow-up?	3	3	0	100
	Was there an opportunity for discussion between departments following the consultation?	3	3	0	100
	Was the patient's issue resolved or improved as a result of the consultation?	3	3	0	100
	Were follow-up actions or another consultation required?	3	3	0	100
	Was patient care improved as a result of the consultation?	3	3	0	100
	Overall performance	45	45	0	100%

DISCUSSION

The June 2017EC audit of the NICU Interdepartmental Consultation Protocol reveals exemplary performance, achieving perfect adherence across all measured criteria. As detailed in Table 2, every verification point within the four core domains – Consultation Request Process, Timeliness of Consultation, Quality of Response, and Collaboration and Communication – scored 100%. This flawless execution was consistent across all three audited patient charts for each of the 15 specific criteria, culminating in an overall performance rate of 100% (45/45). This outcome strongly indicates that the established protocols for initiating, responding to, and managing consultations between departments in the NICU were rigorously followed during this monitoring period, reflecting a high level of systemic compliance.

This exceptional performance underscores significant strengths in the consultation process. **Process Rigor** was evident in perfect documentation, clarity, and use of appropriate channels for all requests. **Exceptional Responsiveness** was demonstrated by consultations, including urgent ones, being addressed consistently within stipulated timeframes. The **Quality of Response** was uniformly high, with appropriate specialists providing complete, thorough responses containing actionable recommendations. Finally, **Effective Collaboration & Impact** was clear: communication regarding follow-up was unambiguous, opportunities for inter-departmental discussion were present, and consultations demonstrably led to resolved or improved patient issues, enhanced patient care, and eliminated the need for immediate follow-up actions in these specific cases. This holistic success highlights a well-functioning system at the time of the audit.

Despite the outstanding 100% result, several considerations warrant attention for ongoing quality assurance. The primary limitation is the **small sample size** (n=3 charts). While the findings are unequivocally positive for the audited cases, they may not fully capture the performance variability across all consultations conducted during June 2017EC or identify potential infrequent deviations. Future audits should **expand the sample size** to enhance the robustness and generalizability of the findings. Furthermore, achieving perfect compliance is a significant accomplishment; the focus must now shift to **sustainability**. Identifying and reinforcing the specific factors enabling this success (e.g., effective training, protocol clarity, a supportive culture) is crucial to maintain this high standard. Finally, **benchmarking** key metrics (like response times, completeness) against external standards or best practices could identify opportunities for refinement, even beyond the current protocol's requirements. Sustaining this level of excellence is vital for continuous improvement in interdepartmental collaboration and patient outcomes.

RECOMMENDATIONS

- ✎ Maintain current performance through regular **monitoring and evaluation**

ACTION PLAN/PERFORMANCE IMPROVEMENT PLAN

- ✎ No Major gap seen

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**“**Interdepartmental Consultation**” Jedhamu kan kurmaana **4ffaa**_bara **2017** xalayaa **Fuula 9** 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

Outpatient Department

Interdepartmental Consultation Protocol Monitoring Report

By: Dr. Bahar Abdi-OPD Director

Report Period: 4th Quarter of 2017E.C

Deder, Oromia

June 2017E.C

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INTRODUCTION

In simple terms a consult is a request made from one physician or provider to another physician or provider to give an opinion or advice on a specific patient.

A consultation is usually sought when a physician or provider with primary responsibility for a patient recognizes conditions or situations that are beyond his or her training or expertise. An effective consult should always be performed with the patient's best interest in a positive impact on the patient's Care. Open communication between the referring physician or provider and the consult provider is essential for effective consultation

Since 2015 Deder General Hospital was having **Interdepartmental consultation protocol** for use by clinical staff when the consultation needed.

The protocol details procedures to be followed while introducing the bad news breaking to the clients. To ensure this the monitoring for the adherence of this protocol is conducted on quarterly basis.

OBJECTIVES

General objective

- ✍ To give appropriate, comprehensive and quality of care for patients

Specific objectives

- ✍ To determine specific diagnosis and give specific treatment
- ✍ To increase quality of care in Hospital
- ✍ To minimize preventable deaths in Hospital
- ✍ To reduce consultation delayance

METHODOLOGY

- ✍ **Tool Used:** Structured Consultation Monitoring Checklist
- ✍ **Requesting Unit:** OPD
- ✍ **Sample Size:** 8 Consultation Cases
- ✍ **MRNs Reviewed:** Mrn 01 to Mrn 08
- ✍ **Data Sources:** Medical records, consultation forms, staff feedback
- ✍ **Criteria Assessed:** 6 major areas with 21 indicators

Table 1: Verification Criteria

Criteria	Verification Criteria
1. Consultation Request Process	
1.1	Was the consultation request properly documented?
1.2	Was the consultation request clear and detailed?
1.3	Was the request sent through the appropriate channel (e.g., electronic or paper)?
1.4	Did the requesting department clearly state the reason for consultation?
2. Timeliness of Consultation	
2.1	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)
2.2	If urgent, was the consultation responded to within the specified urgent response time?
3. Quality of Response	
3.1	Was the consultation addressed by the appropriate specialist or department?
3.2	Was the response to the consultation complete and thorough?
3.3	Did the consulting department provide actionable recommendations?
3.4	Were diagnostic tests or additional investigations recommended where necessary?
3.5	Was there clear communication regarding the next steps or follow-up?
4. Collaboration and Communication	
4.1	Was there an opportunity for discussion between departments following the consultation?
4.2	Were there any issues of miscommunication between departments?
5. Outcome of Consultation	
5.1	Was the patient's issue resolved or improved as a result of the consultation?
5.2	Were follow-up actions or another consultation required?
5.3	Was patient care improved as a result of the consultation?

RESULTS

The Outpatient Department (OPD) demonstrated exceptional performance in its Interdepartmental Consultation Protocol during June 2017EC, achieving a perfect overall compliance rate of 100%. All 120 criteria assessed across 12 specific verification points and 5 key components were fully met ("Scored Yes") with zero deficiencies ("Scored No"). This flawless result, based on the review of 8 patient charts, indicates that every aspect of the consultation process was executed according to protocol standards throughout the monitoring period. The comprehensive nature of the audit, covering request documentation, timeliness, response quality, collaboration, and outcomes, underscores the robustness of the OPD's interdepartmental consultation system (**Table 1**).

The 100% compliance was uniformly achieved across every single criterion and category. This includes perfect scores in all elements of the Consultation Request Process (proper documentation, clarity, appropriate channel), Timeliness (stated reason, response within agreed/urgent timeframes), Quality of Response (appropriate specialist, completeness, actionable recommendations), Collaboration & Communication (clear next steps, opportunity for discussion), and Outcome of Consultation (issue resolved/improved, documented follow-up needs, care improvement). The consistency across all 8 charts reviewed demonstrates a highly reliable process. Such comprehensive adherence signifies efficient systems, effective communication between departments, high-quality specialist input, and ultimately, successful patient outcomes linked directly to the consultation process. This level of performance sets a very high benchmark for interdepartmental coordination in the outpatient setting (**Table 1**).

Table 2: OPD Interdepartmental consultation protocol monitoring, June, 2017EC

Criteria	Verification Criteria	Total chart (#)	Scored Yes(#)	Scored No(#)	% of performance
Consultation Request Process	Was the consultation request properly documented?	8	8	0	100
	Was the consultation request clear and detailed?	8	8	0	100
	Was the request sent through the appropriate channel (e.g., electronic or paper)?	8	8	0	100
Timeliness of Consultation	Did the requesting department clearly state the reason for consultation?	8	8	0	100
	Was the consultation responded to within the agreed timeframe? (e.g., within 24 hours)	8	8	0	100
	If urgent, was the consultation responded to within the specified urgent	8	8	0	100
Quality of Response	response time?	8	8	0	100
	Was the consultation addressed by the appropriate specialist or department?	8	8	0	100
	Was the response to the consultation complete and thorough?	8	8	0	100
	Did the consulting department provide actionable recommendations?	8	8	0	100
Collaboration and Communication	Was there clear communication regarding the next steps or follow-up?	8	8	0	100
	Was there an opportunity for discussion between departments following the consultation?	8	8	0	100
	Was the patient's issue resolved or improved as a result of the consultation?	8	8	0	100
	Were follow-up actions or another consultation required?	8	8	0	100
	Was patient care improved as a result of the consultation?	8	8	0	100
	Overall performance	120	120	0	100%

DISCUSSION

The results from the June 2017 EC monitoring of the OPD Interdepartmental Consultation Protocol reveal **exceptional and comprehensive adherence** to established standards, achieving a perfect overall compliance rate of 100% across all 120 criteria evaluated in 8 patient charts. This flawless performance signifies that every single verification point within the five key components – Consultation Request Process, Timeliness, Quality of Response, Collaboration & Communication, and Outcomes – was met without exception. Such uniform excellence across a detailed set of 12 specific criteria demonstrates a remarkably robust and consistently applied consultation system within the Outpatient Department. It indicates that the protocols for initiating, processing, responding to, and following up on consultations are not only well-designed but are also thoroughly understood and meticulously executed by all participating departments and staff. This level of reliability is critical in the outpatient setting, where efficient coordination directly impacts patient flow, diagnostic clarity, and timely management.

The significance of this 100% compliance rate lies in its breadth and its direct implications for patient care and operational efficiency. Perfect scores in criteria such as **response timeliness (including urgent requests), provision of actionable recommendations, clear communication of next steps, documented opportunities for inter-departmental discussion, and resolution/improvement of patient issues** collectively demonstrate a highly effective process. This consistency suggests strong interdisciplinary collaboration, effective communication channels (both electronic and paper), and a shared commitment to quality among consulting specialists. The perfect outcome metrics – particularly the resolution/improvement of patient issues and documented improvement in care – strongly link the consultation process to tangible positive patient impacts. While this single-month audit presents an optimal picture, it underscores the effectiveness of the current system. Maintaining this standard requires continuous vigilance. Future monitoring should aim to confirm sustainability across a larger sample size and over a longer period, and could explore qualitative feedback to identify any potential areas for enhancement not captured by these quantitative metrics. This result sets a very high benchmark for outpatient interdepartmental coordination.

RECOMMENDATIONS

- ✎ Maintain current performance through regular **monitoring and evaluation**

ACTION PLAN/PERFORMANCE 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**“**Interdepartmental Consultation**” Jedhamu kan kurmaana **4ffaa**_bara **2017** xalayaa **Fuula 9** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!