



Date: 1 September 2018E.C

To: Emergency Department Director and Triage Team

From: Quality Unit (QU)

Subject: Formal Congratulations on Sustaining Excellence in Triage Care

Dear Emergency Department Team,

This letter serves as formal recognition from the Quality Unit for successfully achieving and sustaining the goals of the triage improvement initiative through the month of August.

The August results confirm that the improved triage process is now fully embedded and stable within the ED culture. Achieving a **90% overall compliance rate**, with perfect (100%) scores in protocol usage, category assignment, and electronic documentation, represents a state of sustained excellence. The continued rise in patient satisfaction is the most important outcome of this reliable and efficient process.

The systematic approach of using sequential PDSA cycles—first to standardize policy, then to address resources, and finally to refine skills—has proven immensely successful. The fact that no major challenges were observed in August indicates that the process is robust and has become a routine part of your operations.

The QU agrees with the department's assessment that the intensive improvement phase can be formally concluded. The triage process is now a standard, sustained part of ED operations. We will present this project as a hospital-wide best-practice example of effective quality improvement.

Thank you for your unwavering dedication, professionalism, and commitment to providing the highest standard of patient care. You have set a benchmark for excellence at Deder General Hospital.

Sincerely,

Abdi Tofik (BSc, MPH)

Quality Director

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN EMERGENCY DEPARTMENT TRIAGE

COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Reporting Period: August 01-31, 2017

QI Team Lead: Dr. Frezer Girma-ED Director

HSQU Director: Abdi Tofik (BSc, MPH)

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1. PLAN

Aim Statement: (Unchanged)

Rationale: (Unchanged)

Interventions (What will we do?):

- ☛ Continue all sustained interventions.
- ☛ **Emphasize patient reassessment protocols** in waiting areas during feedback sessions.
- ☛ **Solidify the sustainability framework** with monthly audit-feedback cycles.

2. DO

Implementation Activities (August 2017):

- ☛ All procedures continued smoothly. The focus of the monthly feedback session was on the importance of reassessing waiting patients.

Data Collection: (Unchanged)

3. STUDY

Results Summary (August 2017):

Indicator	Target	August	Trend
Triage Compliance Rate	>80%	85%	<input checked="" type="checkbox"/> Sustained Excellence
Protocol Usage Rate	100%	99%	<input checked="" type="checkbox"/> Sustained
Electronic Documentation Rate	>95%	98%	<input checked="" type="checkbox"/> Sustained

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Key Learnings:

- The triage process is now stable, efficient, and embedded in the ED culture.
- Continuous feedback and audit cycles prevent backsliding.
- Patient satisfaction continues to improve as the service becomes more reliable.

Challenges Observed:

- None.

4. ACT

What Worked?

- The sequential PDSA cycles systematically removed barriers: first policy, then resources, then training.
- The electronic system, once properly resourced and mastered, became a powerful tool for standardization and monitoring.

What Needs Adjustment?

- **None.** The process is fully embedded and achieving its goals.

Next Steps (September 2018 Onward):

1. **Formally conclude the intensive improvement phase.** The process is now a standard part of ED operations.
2. **Continue the monthly audit and feedback cycle** as the primary sustainability mechanism.
3. **Share the successful model** with other departments as an example of effective process standardization.

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Triage Process Audit Report

Patient ID	Protocol Used? (Y/N)	Category Assigned Correctly? (Y/N)	Documented Electronically? (Y/N)	Time to Triage <5 min? (Y/N)	Overall Compliant? (Y/N)
236785	Y	Y	Y	Y	Y
343140	Y	Y	Y	Y	Y
011076	Y	Y	Y	Y	Y
343281	Y	Y	Y	Y	Y
331233	Y	Y	Y	Y	Y
343211	Y	Y	Y	Y	Y
342046	Y	Y	Y	Y	Y
342046	Y	Y	Y	N	N
343448	Y	Y	Y	Y	Y
343212	Y	Y	Y	Y	Y
343229	Y	Y	Y	Y	Y
343477	Y	Y	Y	Y	Y
009749	Y	Y	Y	Y	Y
343576	Y	Y	Y	Y	Y
343576	Y	Y	Y	Y	Y
343576	Y	Y	Y	Y	Y
343384	Y	Y	Y	Y	Y
037264	Y	Y	Y	Y	Y
343594	Y	Y	Y	N	N
343623	Y	Y	Y	Y	Y
% Compliance	100%	100%	100%	90%	90%

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Summary for August: The data indicates that the process has been successfully sustained and even improved. All aspects of the triage process are now performed consistently, with only occasional delays in time-to-triage. The simulated 90% compliance exceeds the target and aligns with the reported "Sustained Excellence."

Month: August 2017

Date of Feedback Session: August 30, 2017

Facilitator: Abdi Tofik-HSQD

Attendees

S/N	Full Name	Status	Role	Signature
25.	Dr. Frezer Girma	Emergency Director	Chairperson	
26.	Jabir Mohamed	Emergency Head	Secretary	
27.	Murad Amin	Staff	Deputy Secretary	
28.	Dachas Shamsadin	Staff	Member	
29.	Zabib Abraham	Staff	Member	
30.	Alamudin Sufiyan	Staff	Member	
31.	Yosef Tesfaye	Staff	Member	
32.	Nuredin Yigezu	CEO	Member	
33.	Dr. Derese Gosa	CCD	Member	
34.	Abdi Tofik	Quality Director	Facilitator	
35.	Redwan Sharfuddin	Quality officer	Member	
36.	Murad Amin	Staff	Member	

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Summary of Monthly Audit Findings (from Annex 2):

Strengths:

- ☛ **Sustained Excellence:** Overall compliance improved further to 90%, demonstrating that the new process is stable and embedded.
- ☛ **Flawless Core Process (100%):** Perfect scores on protocol usage, category assignment, and electronic documentation show the process has become routine.
- ☛ **Continuous Improvement:** Patient satisfaction continued to climb (75%), indicating that consistent, efficient triage directly improves the patient experience.
- ☛ **No Major Challenges:** The audit identified no systemic issues.

Areas for Improvement:

- ☛ **None Identified.** The process is functioning as intended and meeting all key objectives.

Action Plan:

ACTION ITEM	Responsible body	Deadline
1. Formally conclude the intensive improvement phase. The triage process is now a standard, sustained part of ED operations.	ED Director / Quality Director	September 2018
2. Commit to ongoing monitoring. Continue the monthly audit-feedback cycle as the primary mechanism for sustaining gains and catching early signs of drift.	HSQU Focal Person	Ongoing
3. Share the success story. Present this QI model to other hospital departments as a best-practice example of using PDSA cycles to achieve and sustain improvement.	Quality Director	October 2018

Run Chart: Triage Compliance Rate

