

DEDER GENERAL HOSPITAL

Medical Ward CASE TEAM

Patient Transportation Protocol Utilization Monitoring Report

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Deder, Oromia

July 2017E.C

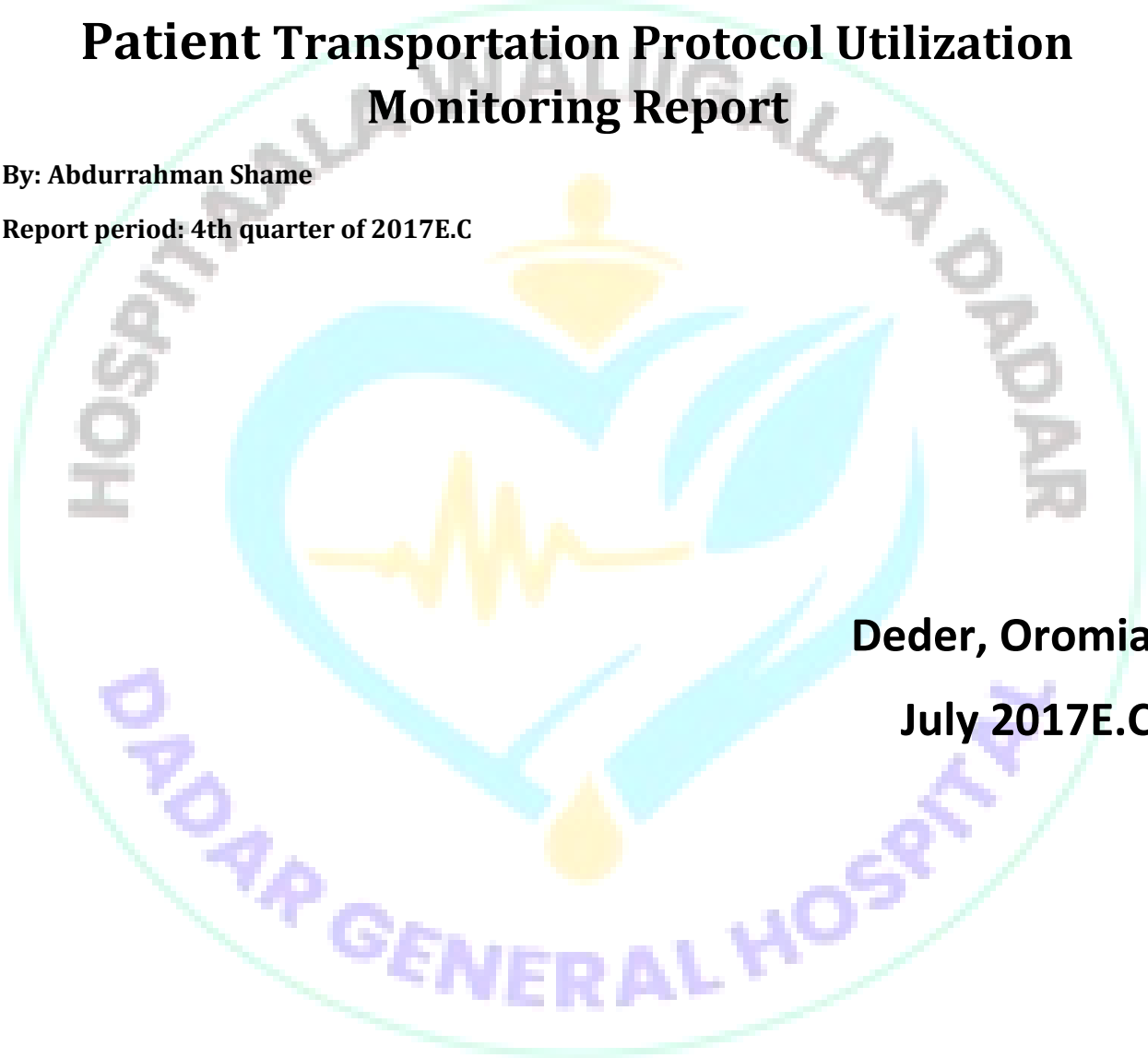


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1. Introduction

Efficient patient transport is critical for ensuring timely and secure delivery of care at Deder General Hospital (DGH). In the Medical Ward, a structured Patient Transportation Protocol has been adopted to uphold patient safety, ensure effective communication, and maintain care quality during transfers.

This report assesses how well the protocol is being implemented based on real-time observations and patient interviews, with a particular focus on adherence to key standards.

2. Objectives

The monitoring report aims to:

1. Evaluate how effectively the Patient Transportation Protocol is applied in the Medical Ward.
2. Ensure patients are moved promptly and safely in accordance with established procedures.

Table 1: Evaluation 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			

3. Methodology

To assess protocol implementation:

1. **Patient Sampling:** Ten patients were selected randomly from the Medical Ward for evaluation during transport.
2. **Assessment Indicators:** The protocol's compliance was measured across 9 core criteria.

3. **Data Collection:** Information was gathered through direct observation and interviews with patients. Registered Nurses (RNs) documented compliance levels.
4. **Scoring System:** Each criterion was scored on a binary scale (Yes = Compliant, No = Non-compliant).
5. **Data Analysis:** Compliance rates were calculated by comparing compliant responses to total evaluations, resulting in an overall percentage.

4. Results

The monitoring exercise revealed strong protocol adherence, with an overall compliance rate of **97%** (87 out of 90 cases compliant).

Six out of nine criteria achieved a **100% compliance rate**, including:

- Proper Identification
- Clear Communication with Patient
- Team Briefing
- Safe Transfer Techniques
- Safety Precautions
- Proper Handover

Three criteria—**Transport Team Briefing, Necessary medical equipment availability, Minimal Delays**,—each scored **90%**, with one case of non-compliance per criterion.

Figure 1: Compliance Performance (July 2017 E.C)

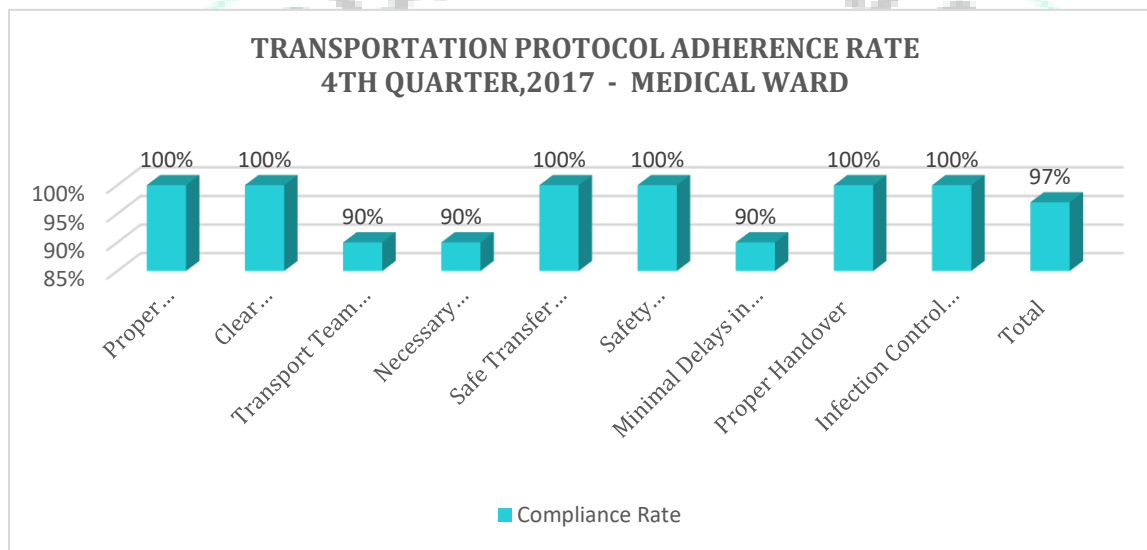
- **Compliant:** 97%
- **Non-Compliant:** 3%

Table 2: Performance Summary – July 2017 E.C

Criteria	Compliant	Non-compliant	Compliance Rate
Proper Identification	10	0	100%
Clear Communication with Patient	10	0	100%
Transport Team Briefed	9	1	90%
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%

Criteria	Compliant	Non-compliant	Compliance Rate
Infection Control Measures	10	0	100%
Total	87	3	97%

Table 3 of summary



5. Discussion

The monitoring findings from the Medical Ward of Deder General Hospital indicate a strong adherence to the Patient Transportation Protocol, with an overall compliance rate of **97%**. This high level of compliance suggests that the existing protocol is being effectively implemented and followed by the healthcare team. Most notably, six out of the nine evaluated criteria achieved a perfect **100% compliance rate**. These include **Proper Identification, Clear Communication with Patients, Transport Team Briefing, Safe Transfer Techniques, Safety Precautions, and Proper Handover**. These results reflect positively on the ward's commitment to patient safety, team coordination, and high standards in care transitions.

The results demonstrate that the hospital staff are well-trained and consistently applying best practices during patient transfers. These strengths significantly reduce risks associated with

patient transport, such as miscommunication, delays, equipment failure, or injury during movement. The flawless execution of procedures such as proper handover and communication indicates that patient care continuity is being upheld, and that receiving teams are adequately prepared for incoming patients.

Despite the overall success, the assessment also uncovered **areas that require further improvement**. Specifically, the following three criteria had slightly lower compliance rates of **90%**, each with one instance of non-compliance:

1. **Availability of Necessary Medical Equipment**
2. **Minimal Delays in Transport**
3. **Transport team briefing**

Though these compliance rates are still high, the identified gaps pose potential risks if left unaddressed. For instance:

- **Missing or incomplete medical equipment** during transport can compromise patient stability and may delay necessary interventions.
- **Delays in transport**, even if minimal, can affect timely treatment, especially for critical patients.
- **Gaps in transport team briefing**, about patients condition, special needs and destination

These findings suggest that while the transportation process is largely well-executed, **targeted corrective actions** are needed in specific areas to achieve optimal performance. Enhancing internal coordination, reinforcing protocol steps, and providing ongoing staff education and monitoring are essential to closing these minor but significant gaps. With focused quality improvement efforts, it is possible to raise the compliance level to **near-perfect across all indicators**, thereby ensuring the highest standard of patient safety and care during transport

6.Recommendations

Based on the identified strengths and weaknesses of the current transportation process, the following detailed recommendations are proposed:

1. Ensure Availability of Necessary Medical Equipment

- **Problem Identified:** One case was noted where required equipment was missing or not prepared before transport.
- **Recommended Actions:**
 - Develop and implement a **pre-transport checklist** that must be completed by the transport nurse or team leader.
 - Conduct **routine audits of equipment stock** (e.g., oxygen cylinders, IV lines, portable monitors) to avoid shortages.

- Assign accountability to a **designated nurse or transport coordinator** to verify readiness before each patient movement.

2. Reduce Transport Delays

- **Problem Identified:** One instance of avoidable delay was observed, potentially caused by workflow inefficiencies or staff unavailability.
- **Recommended Actions:**
 - Establish a **standardized transport schedule** or protocol to streamline coordination between departments.
 - Assign **dedicated transport teams or on-call staff** during peak hours to improve responsiveness.
 - Introduce **real-time communication tools** (e.g., walkie-talkies, mobile apps) for quick coordination among teams.

3. continuous practice of clear communication to the transportation team about the patient's condition

- **Problem Identified:** One incident involved inadequate adherence to clear communication among the transportation team

4. Continue Reinforcing Areas of Strength

- **Even though six criteria reached 100% compliance**, continued efforts are essential to sustain these high standards:
 - Regularly update and review the **Patient Transportation Protocol** with staff.
 - Acknowledge and **reward high-performing staff or teams** as part of a performance incentive system.
 - Integrate **transportation protocol performance** into ongoing staff evaluations and supervision.

5. Implement Continuous Monitoring and Quality Assurance

- Establish a **monthly review system** to assess protocol adherence.
- Share findings with staff through **feedback meetings** to foster a culture of continuous improvement.
- Use performance data to update protocols and training content as needed.

By acting on these recommendations, the Medical Ward can build on its current success, address areas of concern, and ensure that all patients are transported under optimal safety and quality conditions.

Table 4: Action/Improvement Plan – July 2017 E.C

Gap Identified	Root Cause	Planned Action	Responsible Party	Timeline
Missing Medical Equipment	Poor checklist usage, supply issues	Introduce pre-transport checklist, conduct regular stock reviews	Nursing Director, Ward Head, Biomed Team	1 month
Delays in Transport	Staff shortages, coordination gaps	Set up dedicated transport team, standardize scheduling	Nursing Director, Ward Head	2 months
Transport team briefing	The transport team w\ere not briefed about the pts condition and destination	Continuous monitoring and feedback	Ward Head, quality team	1 month

Table 5: Status of Previous Improvement Actions – July 2017 E.C

Area of Improvement	Action Taken	Status
Proper Handover	Checklist introduced and integrated into routine workflow	Completed
Documentation	Automated system for recording patient transport underway	In Progress
Monitoring & Feedback	Monthly compliance audits and feedback sessions initiated	Ongoing
Staff Training	Quarterly refresher training on transport procedures conducted	Completed