



DEDER GENERAL HOSPITAL

Pediatric Ward Case Team

Round Protocol Utilization Monitoring Report

Prepared By: Mohammed Aliyi

Report period: 4th quarter of 2017E.C

Deder, Oromia

June 2017EC

Table of Contents

List of figure and table	i
BACKGROUND	1
AIM	1
OBJECTIVE	1
METHODS	2
Study Period.....	2
Sample size.....	2
Audit frequency	2
RESULTS	3
DISCUSSION	5
RECOMMENDATIONS:	6

List of figure and table

Figure 1: Paediatric Ward Round protocol adherence monitoring performance, June 2017E.C.....	4
---	---

Table 1: Criteria and standards	1
Table 2: Pediatric Ward Round protocol adherence monitoring performance, June 2017E.C	4
Table 3: Action plan/improvement plan, June 2017E.C.....	7
Table 4: Implementation Status of Previous performance improvement plan, June 2017E.C	7

BACKGROUND

This report outlines the utilization of the pediatric ward round protocol at Deder General Hospital. The purpose of this monitoring exercise is to assess the compliance of the pediatric care team with the established protocol during their daily rounds. The monitoring focuses on key aspects of patient care, communication, and teamwork, as outlined in the pediatric round criteria.

AIM

The overall aim of this audit is to ensure that **Deder General Hospital** staffs have a working knowledge and adherence to patients round protocol

OBJECTIVE

- To assess all **case team** are aware of the protocol
- To identify areas for improvement in relation to the utilization of the protocol
- To Develop and implement action plan on identified gaps

Table 1: Criteria and standards

Indicators	Verification Compliant (Y/N)
Scheduled Rounds on Time	
Multidisciplinary Team Participation	
Patient Assessment Completed	
Communication with Patient/Family	
Care Plan Updated	
Medication and Treatment Orders Reviewed	
Follow-Up Tasks Assigned	
Documentation Completed	
Patient Safety Measures Discussed	
Clear Role Assignment	
Specialist Consultations Arranged	
Discharge Planning Discussed	

METHODS

- ❖ Structured audit tool is used to collect the data
- ❖ Data was collected by patients and staff interview

Study Period

- ❖ Entire 3rd quarter of 2017

Sample size

- ❖ Total sample size was 13

Audit frequency

- ❖ Quarterly

RESULTS

The Pediatric Ward Round protocol demonstrated exceptionally high adherence in June 2017 E.C., achieving an **overall compliance rate of 97% (figure 1)**. This impressive result signifies near-universal adherence to the established protocols, with 151 out of 156 monitored criteria met successfully across all rounds. The vast majority of individual criteria – specifically 10 out of the 12 monitored – achieved perfect 100% compliance. This indicates a consistently strong performance in core areas like conducting rounds on time, multidisciplinary team participation, comprehensive patient assessment, communication, safety discussions, documentation, task assignment, role clarity, arranging consultations, and discharge planning.

While overall performance was outstanding, two specific criteria showed room for enhancement. **Updating the Care Plan** had a compliance rate of 85% (11 compliant instances out of 13), falling short twice. More notably, **Reviewing Medication and Treatment Orders** was the area with the lowest adherence, achieving a 77% compliance rate (10 compliant instances out of 13), with three instances of non-compliance. These two areas represent the primary opportunities for focused improvement efforts to achieve even higher overall protocol adherence in the future (**Table 2**).

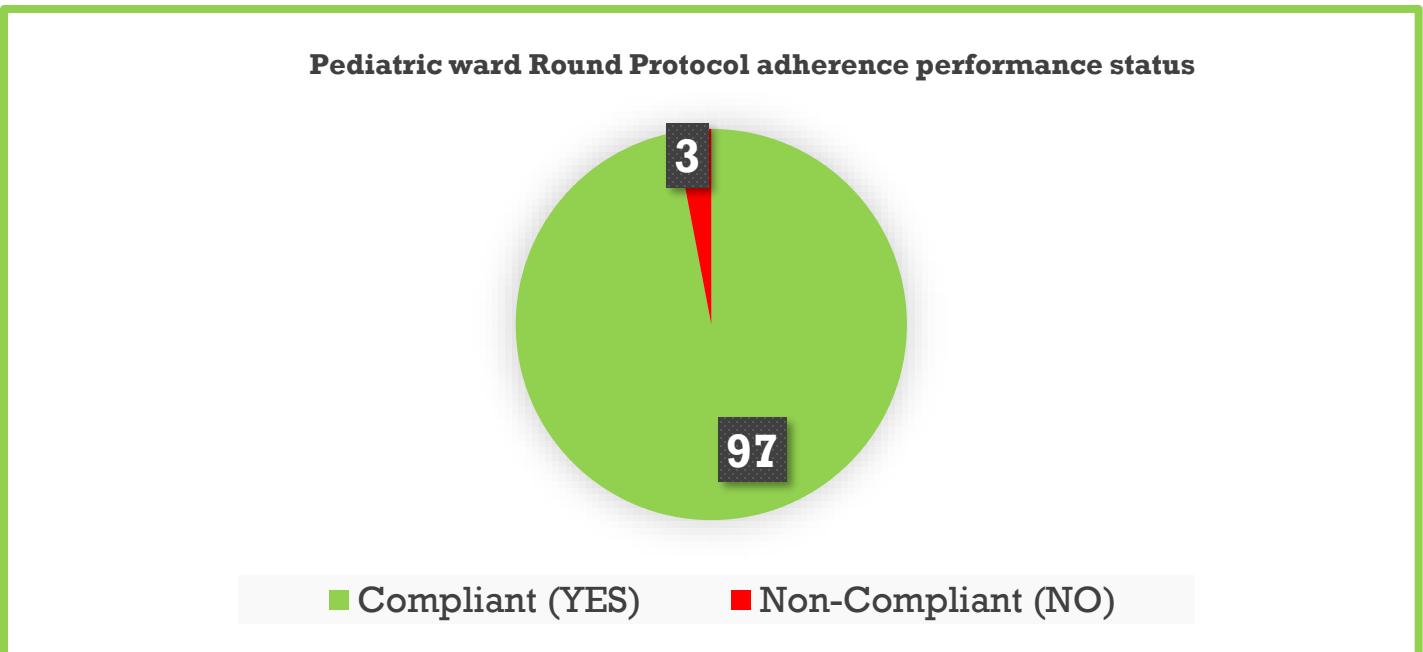


Figure 1: Paediatric Ward Round protocol adherence monitoring performance, June 2017E.C

Table 2: Pediatric Ward Round protocol adherence monitoring performance, June 2017E.C

S/N	Round Criteria	Compliant (Y)	Non-Compliant (N)	Total Performance (%)
1	Scheduled Rounds Conducted on Time	13	0	100
2	Multidisciplinary Team Participation	13	0	100
3	Patient Assessment Completed	13	0	100
4	Communication with Patient and Family	13	0	100
5	Care Plan Updated	11	2	85
6	Medication and Treatment Orders Reviewed	10	3	77
7	Follow-Up Tasks Assigned	13	0	100
8	Documentation Completed	13	0	100
9	Patient Safety Measures Discussed	13	0	100
10	Clear Role Assignment During Rounds	13	0	100
11	Specialist Consultations Arranged (If Needed)	13	0	100
12	Patient Discharge Planning Discussed (If Applicable)	13	0	100
	Overall Compliance	151/156	5/156	97%

DISCUSSION

The results demonstrate an exceptionally high level of adherence to the Pediatric Ward Round protocol in June 2017 E.C., with an **overall compliance rate of 97%**. This outstanding performance reflects a strong, well-established system where the core processes of ward rounds are consistently executed. Ten out of the twelve monitored criteria achieved perfect 100% compliance. This indicates remarkable consistency in essential areas such as conducting rounds punctually, ensuring full multidisciplinary team participation, completing thorough patient assessments, maintaining effective communication with patients and families, assigning follow-up tasks reliably, completing documentation, discussing patient safety measures, ensuring clear role assignment, arranging necessary specialist consultations, and addressing discharge planning when applicable. Such widespread adherence across these fundamental aspects suggests a deeply ingrained culture of protocol compliance and a high-functioning team within the pediatric ward.

Despite the overall excellence, the data identifies two specific areas requiring focused attention for improvement. The updating of the Care Plan (85% compliance) and, more significantly, the review of Medication and Treatment Orders (77% compliance) fell below the otherwise impeccable standard. These two criteria were solely responsible for all five recorded instances of non-compliance. The lower performance in Medication/Treatment Order review is particularly noteworthy, as this is a critical patient safety element. Potential contributing factors could include time pressures during complex rounds, communication lapses regarding treatment changes, or variations in documentation practices. Addressing these specific gaps – perhaps through targeted reminders, structured checklists within the rounding process, or focused team communication training – presents a clear opportunity to elevate an already high-performing system to near-perfect levels of adherence and further enhance patient safety and care quality. The high compliance in other safety-related areas (like discussing safety measures) is positive, but the medication review gap merits prioritized intervention.

RECOMMENDATIONS:

- ☒ Enhance Medication/Treatment Order Review Process:
- ☒ Standardize & Streamline Care Plan Updates

Table 3: Action plan/improvement plan, June 2017E.C

Action Item	Responsible Party	Timeline
Conduct Targeted Training Sessions: <ul style="list-style-type: none"> - Medication Review Process - Care Plan Update Protocol 	Lead Physician, Clinical Pharmacist, Nurse Director	Week 3-4

Table 4: Implementation Status of Previous performance improvement plan, June 2017E.C

Area Needing Improvement	Action Steps	Responsible body	Status	Remarks
Multidisciplinary Team Participation	<ul style="list-style-type: none"> • Assigned dedicated round coordinator • Implemented attendance tracking system 	Head of Pediatrics & Nursing Director	Partially Implemented	Coordinator role established, but attendance tracking still being optimized
Patient Safety Measures Discussed	<ul style="list-style-type: none"> • Conducted SBAR communication training for clinical staff 	QI team & Ward Physician	Fully Implemented	100% staff training completed; checklist integrated into rounds
Care Plan Updated	<ul style="list-style-type: none"> • Implemented real-time EHR updates during rounds • Provided EMR refresher training 	QI team & EMR team	Partially Implemented	System deployed, but inconsistent usage noted in 30% of rounds
Monitoring & Sustainability	<ul style="list-style-type: none"> • Completed Q2 audit cycle • Established quarterly review protocol 	Quality Improvement team	Fully Implemented	Audit conducted June 15-20, 2017E.C; next review scheduled for September



Guyyaa/ቀን/Date: _____ / _____ / _____

- ❖ Garee tajaajila Pedi Ward irraa
- ❖ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

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

Nagaya wajiin!!