

DEDER GENERAL HOSPITAL

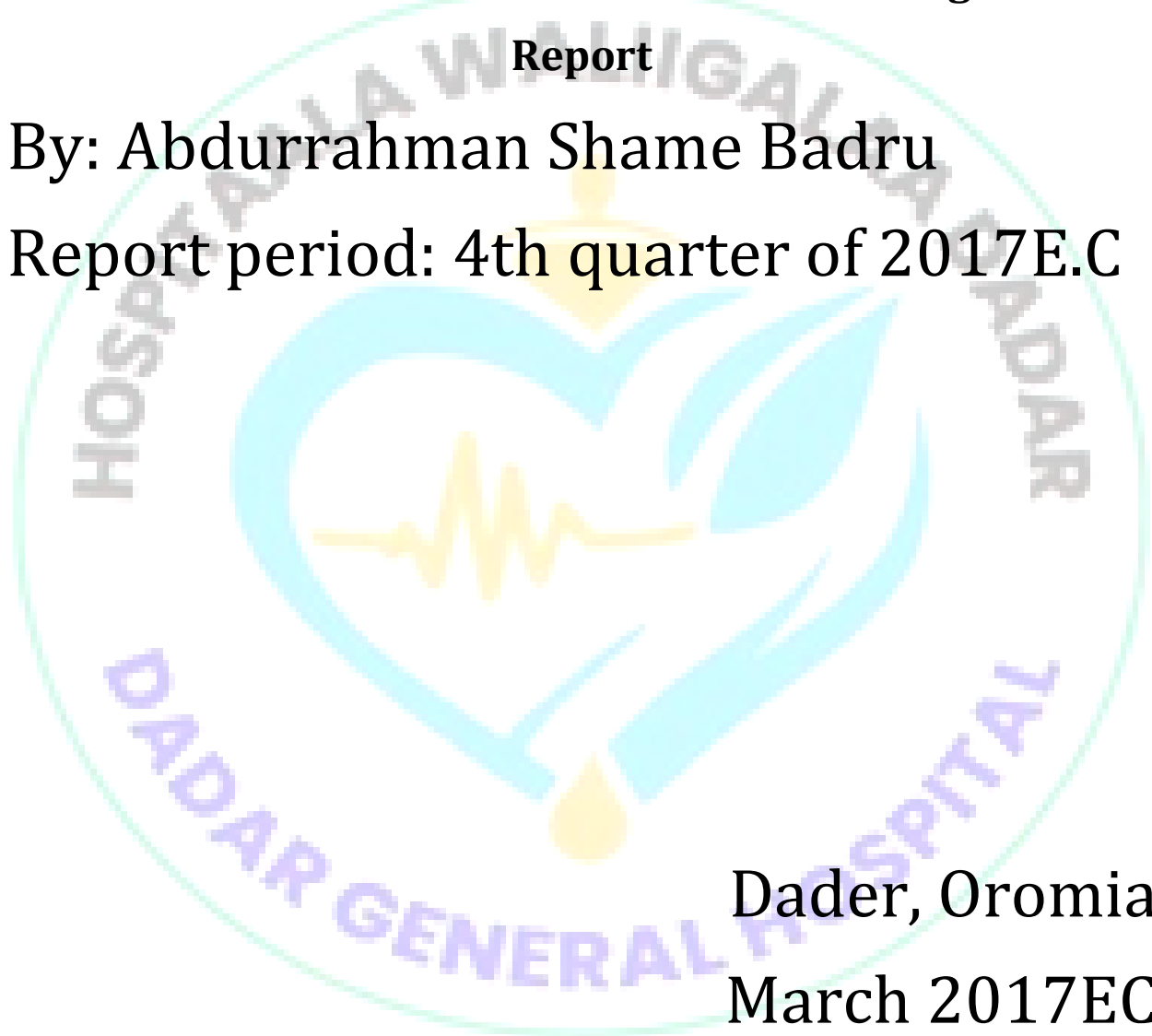
MEDICAL WARD CASE TEAM

Round Protocol Utilization Monitoring

Report

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Deder, Oromia

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Background

Since 2014, Deder General Hospital has implemented a structured ward round protocol to guide clinical staff, especially during sensitive interactions such as delivering bad news to patients and families. The protocol outlines standardized steps to ensure patient-centered care, improve multidisciplinary collaboration, and uphold quality and safety standards during medical rounds.

To maintain protocol fidelity and encourage continuous improvement, the hospital conducts regular quarterly audits to monitor adherence levels and identify gaps in practice.

Aim

The primary aim of this audit is to evaluate the level of compliance with the ward round protocol among clinical staff and ensure the protocol remains an integral part of daily practice.

Objectives

- To assess awareness and practical implementation of the ward round protocol by all medical case teams.
 - To identify areas of suboptimal performance and potential improvement.
 - To develop and implement targeted action plans addressing the identified gaps.
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Methods

- **Data Collection Tool:** A structured audit checklist
 - **Data Collection Methods:** Interviews with patients and medical staff, direct observation
 - **Audit Period:** Entire 3rd quarter of 2017 E.C.
 - **Sample Size:** 10 observed ward rounds
 - **Audit Frequency:** Quarterly
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Results

The audit revealed an overall adherence rate of **97.5%** to the ward round protocol. Out of 12 evaluated performance indicators:

- **9 criteria** achieved **100% compliance**, indicating robust implementation:
 - Scheduled Rounds Conducted on Time
 - Multidisciplinary Team Participation
 - Communication with Patients and Families
 - Care Plan Updated
 - Medication and Treatment Orders Reviewed
 - Documentation Completed
 - Clear Role Assignment During Rounds
 - Discharge Planning Discussed
 - Patient assessment completed
 - Specialist consultation arranged
- **3 criteria** demonstrated **90% compliance**, highlighting areas needing attention:
 - Follow-Up Tasks Assigned
 - Patient Safety Measures Discussed
 - Communication with patient and family ;

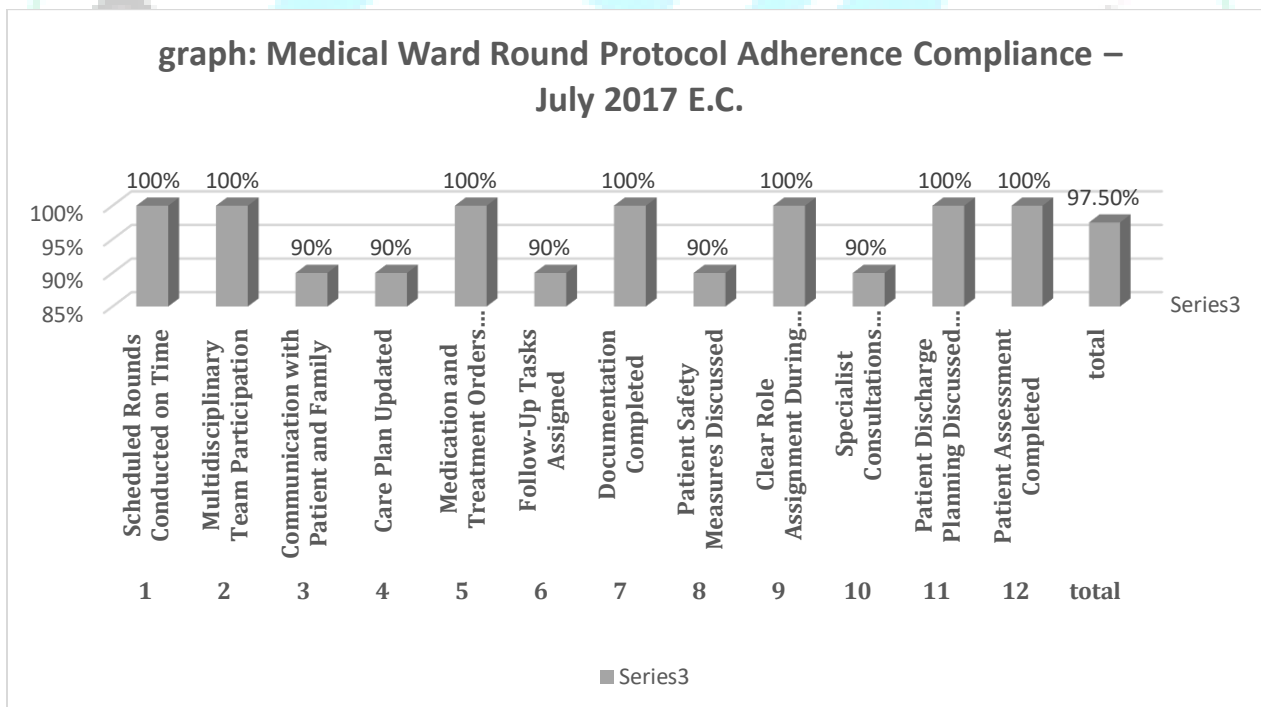
Figure 1: Medical Ward Protocol Adherence – JULY 2017 E.C.

S/N	Round Criteria	Compliant (Yes)	Non-Compliant (No)	Performance (%)
1	Scheduled Rounds Conducted on Time	10	0	100%
2	Multidisciplinary Team Participation	10	0	100%
3	Communication with Patient and Family	9	1	90%
4	Care Plan Updated	10	0	100%
5	Medication and Treatment Orders Reviewed	10	0	100%
6	Follow-Up Tasks Assigned	9	1	90%
7	Documentation Completed	10	0	100%
8	Patient Safety Measures Discussed	9	1	90%
9	Clear Role Assignment During Rounds	10	0	100%

S/N	Round Criteria	Compliant (Yes)	Non-Compliant (No)	Performance (%)
10	Specialist Consultations Arranged (If Needed)	9	1	90%
11	Patient Discharge Planning Discussed (If Applicable)	10	0	100%
12	Patient Assessment Completed	10	0	100%

|| Total | 116 | 4 | Overall: 97.5% |

Graph : Medical Ward Round Protocol Adherence Compliance – July 2017 E.C.



Discussion

The current audit demonstrates a **high level of compliance (97.5%)**, indicating that the ward round protocol is well-integrated into the hospital's clinical practice. The consistent adherence in core areas such as communication, documentation, role clarity, and multidisciplinary engagement reflects the institution's strong commitment to structured, safe, and patient-centered care.

This high performance suggests that the clinical teams are well-versed in the protocol and that standard operating procedures have been effectively internalized. Furthermore, the results likely correlate with improved patient outcomes, efficient care coordination, and enhanced staff accountability.

Despite these strengths, the audit also identified **minor but important gaps** in four key areas:

1. **Communication with Patient and Family:** The patient and family were informed of the care plan, with time allowed for questions and clarification.
2. **Follow-Up Tasks:** Inadequate task assignment may hinder continuity of care and delay interventions.
3. **Patient Safety Discussions:** These are essential for risk mitigation; lapses here could jeopardize patient safety.
4. **Specialist Consultations:** Inconsistent initiation of consultations may lead to delays in diagnosis and treatment.

These findings warrant focused interventions, including capacity building, better communication, and tighter supervision. Continuous improvement in these areas will help achieve even greater consistency in care delivery and uphold clinical excellence.

Recommendations

To address the observed gaps and further enhance adherence to the ward round protocol, the following actions are recommended:

1. Strengthen communication with patient families

- **Action:** Conduct monthly mini-audits focused specifically on communication with patient families during rounds.
- **Responsible Body:** Ward Head Nurse
- **Timeline:** Bi-weekly, ongoing
- **Rationale:** Reinforce comprehensive evaluation to ensure no patient concern is overlooked.

2. Enhance Patient Safety Discussions

- **Action:** Implement structured training sessions focused on risk identification and safety briefings during rounds.
- **Responsible Body:** Quality Officers
- **Timeline:** Within 3 weeks
- **Rationale:** Promote a culture of safety and proactive risk mitigation.

3. Improve Follow-Up Task Management

- **Action:** Introduce a checklist system or task-tracking tool to ensure all assignments are recorded and completed.
- **Responsible Body:** Case Team Leaders
- **Timeline:** Immediate implementation
- **Rationale:** Ensure accountability and follow-through on care plans.

4. Ensure Timely Specialist Consultations

- **Action:** Create a protocol reminder system for specialist referrals during rounds.
- **Responsible Body:** Round Coordinators
- **Timeline:** Within 2 weeks
- **Rationale:** Expedite patient access to specialty care and improve outcomes.

5. Strengthen Monitoring and Evaluation

- **Action:** Maintain monthly compliance reviews and feedback sessions.
- **Responsible Body:** Ward Head Nurse & Quality Team
- **Timeline:** Continuous
- **Rationale:** Enable early identification of gaps and timely corrective actions.

Table 3: Performance Improvement Plan – JULY 2017 E.C.

Area for Improvement	Action to be Taken	Responsible Body	Timeline
Communication with a patient and family	Conduct monthly audits	Ward Head Nurse	2 weeks
Patient Safety Discussions	Staff training on structured briefings	Quality Officers	3 weeks
Monitoring & Evaluation	Continuous audit and feedback mechanisms	Ward Head Nurse	Ongoing

Table 4: Status of Previous Improvement Plans – JULY 2017 E.C.

Area for Improvement	Action Taken	Progress Status
Communication with pt families	Continuous monitoring	Ongoing
Patient Safety Discussions	Conducted training on structured briefings	Completed
Monitoring & Evaluation	Monthly audits initiated	Ongoing

Conclusion:

The Medical Ward Round Protocol continues to serve as a cornerstone for high-quality, standardized care at Deder General Hospital. The audit demonstrates excellent adherence, while also identifying key opportunities for fine-tuning practices in patient assessment and safety. Through the targeted implementation of the above recommendations, the hospital can further reinforce its commitment to excellence in clinical care and patient safety.

