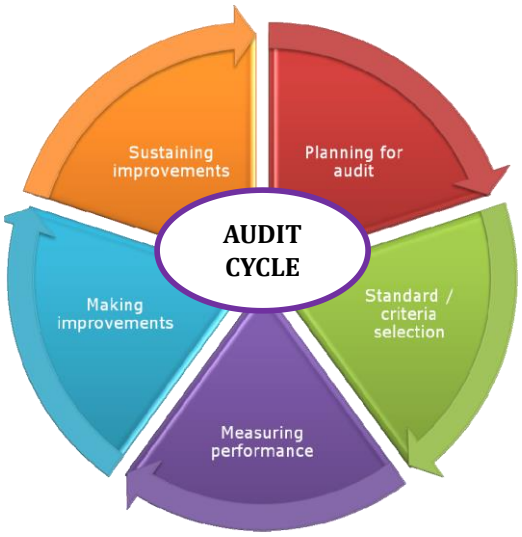
DEDER GENERAL HOSPITAL

SURGICAL AND ANESTHESIA CARE DEPARTMENT



CLINICAL AUDIT TO IMPROVE THE QUALITY OF CLINICAL CARE FOR PERI-OPERATIVE PATIENTS

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Advisors:

☞ ***HQU TEAM***

Dader, Oromia

September 2017E.C

Surgical Ward case team clinical Audit/QI members

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1.	Dr. Isak Abdi (Senior)	**Team leader**	
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ABSTRACT

Introduction: Surgery and anesthesia care are essential to a comprehensive primary health care (PHC) approach and to a people-centered continuum of emergency, critical, and operative care (ECO) services. Surgeons and anesthetists treat a wide variety of conditions, from cancers and injuries to complications of pregnancy and infections. Billions of people currently lack safe, timely and affordable access to these services. Universal access to these services would save lives, prevent disability and promote economic growth. WHO 's goal is to strengthen health systems to improve the delivery of comprehensive surgical and anesthesia care, ensuring access without financial risk, to all people everywhere.

Objective: To improve the quality of general peri - operative care provided to surgical patients of Deder general hospital, Oromia

Method: Retrospective cross-sectional study

Result: A retrospective clinical audit was conducted on Peri-operative care (patients who underwent surgery in the past one week). The Overall Performance of Peri-operative care was **100%**. with almost all clients 'charts containing appropriate demographic data, Pre-anesthetic evaluation, appropriate decision, adequate pre-operative preparation, surgical safety of patient, appropriate post-op care, appropriate discharge care, and identification of care provider documentation.

INTRODUCTION

Surgery and anesthesia care are essential to a comprehensive primary health care (PHC) approach and to a people-centered continuum of emergency, critical, and operative care (ECO) services. Surgeons and anesthetists treat a wide variety of conditions, from cancers and injuries to complications of pregnancy and infections. Billions of people currently lack safe, timely and affordable access to these services. Universal access to these services would save lives, prevent disability and promote economic growth. WHO‘s goal is to strengthen health systems to improve the delivery of comprehensive surgical and anesthesia care, ensuring access without financial risk, to all people everywhere[1].

Statement of problem

Audit in a clinical setting is the collection of data for the purpose of setting professional standards, assessing clinical performances and modifying the clinical practice [1], unlike its usual association with accounting which implies the numerical review by an outside investigator for the prevention of fraud.

In recent years studies had shown the importance of surgery in human health and welfare. Among the 51 million people who died in 2012, 17 million suffered from a disease that needed surgical service [2]. A recent study on the global burden of postoperative death showed that postoperative deaths account for 7.7% of all deaths globally and half of these occur in LMICs [3].

Emergency surgery represents over 50% of general surgical practice in UK. Tis rises in some hospitals, which provide regional Accident and Emergency services, to nearly 70%, and acute abdominal pain represents approximately

half of all emergency surgical admissions [4]. Non traumatic acute abdomen represented 54% of general surgical admissions in Saudi Arabia [5]. In Ethiopia, a structured program for the clinical audit is not available. It is not a regular practice to conduct surgical audit routinely therefore proper clinical data is not available which can be reviewed and analyzed in terms of morbidity, mortality and other clinical outcomes in order to improve the overall clinical practice. Therefore, this clinical audit was conducted to improve the quality of general peri-operative care provided to surgical patients.

Objective

General objective

- To improve the quality of general peri - operative care provided to surgical patients

Specific objectives

- To ensure patients who undergo surgery have appropriate pre- admission anesthesia care
- To ensure patients who undergo surgery have appropriate pre operative preparation
- To ensure patients who undergo surgery have appropriate intraoperative care
- To ensure patients who undergo surgery have appropriate post operative care
- To ensure patients who undergo surgery have appropriate post operative care

METHODS

Study area & period

The clinical audit was conducted in Surgical Ward of Deder General Hospital from September 22-24, 2017EC

Study design

Retrospective cross-sectional study

Source population

Patients admitted to IPD of Deder General Hospital

Study population

All patients undergo surgery and admitted to Surgical ward of Deder General Hospital

Inclusion criteria

All patients who have undergone surgery under general, spinal or regional anesthesia (use OR registry as a source to identify population) from June 21, 2017 to September 20, 2017E.C

Exclusion criteria

Surgical patients that have not had surgery (due to failed intubation, spinal or regional anesthesia) or had minor surgery.

Sampling technique

A total of 19 medical records (client chart) of the last two months were sampled for the audit. The individual client charts were withdrawn by systematic random sampling.

Study Variables

Dependent variables:

Peri-operative care

Independent Variables

Demographic data, Pre-anesthetic evaluation, SSC, WHO SSI, SW

Data collection method

Data extraction sheet was adapted from National clinical audit tool

Data Processing & analysis

Data from extraction sheets was manually verified and entered into the SPSS version 25 software for analysis. The software checked data types, sizes, classifications, and allowable values. Corrections were made, and the findings were presented in tables and figures.

RESULT

A retrospective clinical audit was conducted on Peri-operative care (patients who underwent surgery in the past one week). The Overall Performance of Peri-operative care was 100%. with almost all clients 'charts containing appropriate demographic data, Pre-anesthetic evaluation, appropriate decision, adequate pre-operative preparation, surgical safety of patient, appropriate post-op care, appropriate discharge care, and identification of care provider documentation (**Table 1).**

Table 1: ACTUAL PERFORMANCE ANDV PERFORMANCE AGAINST TARGET

Sno	**Variables**	**Target**	**Actual Performance**
1	Identification information is recorded for a surgical patient	100	100
2	Pre-anesthetic evaluation is done for a surgical patient before admission using a preformed pre-anesthesia sheet or checklist	100	100
3	Appropriate assessment is made for a surgical patient based on pre-anesthetic evaluation	100	100
4	Appropriate decision is made for a surgical patient based on preanesthetic assessment	100	100
5	Adequate pre-operative preparation is made for a surgical patient	100	100
6	Surgical safety of patient is maintained at all times during operations	100	100
7	Appropriate patient monitoring is provided for a surgical patient during operation	100	100
8	Appropriate post-op care is provided for a surgical patient	100	100
9	Appropriate discharge care is provided for a surgical patient upon discharge	100	100
10	Identification of provider is documented for a surgical patient	80	100
11	surgical patient's length of hospital stay did not extended beyond the six days	100	100
	Total Percentage (%)	**100**	**100**

Graph showing score for each criterion/standard for Peri-operative care (patients underwent surgery), April 2016

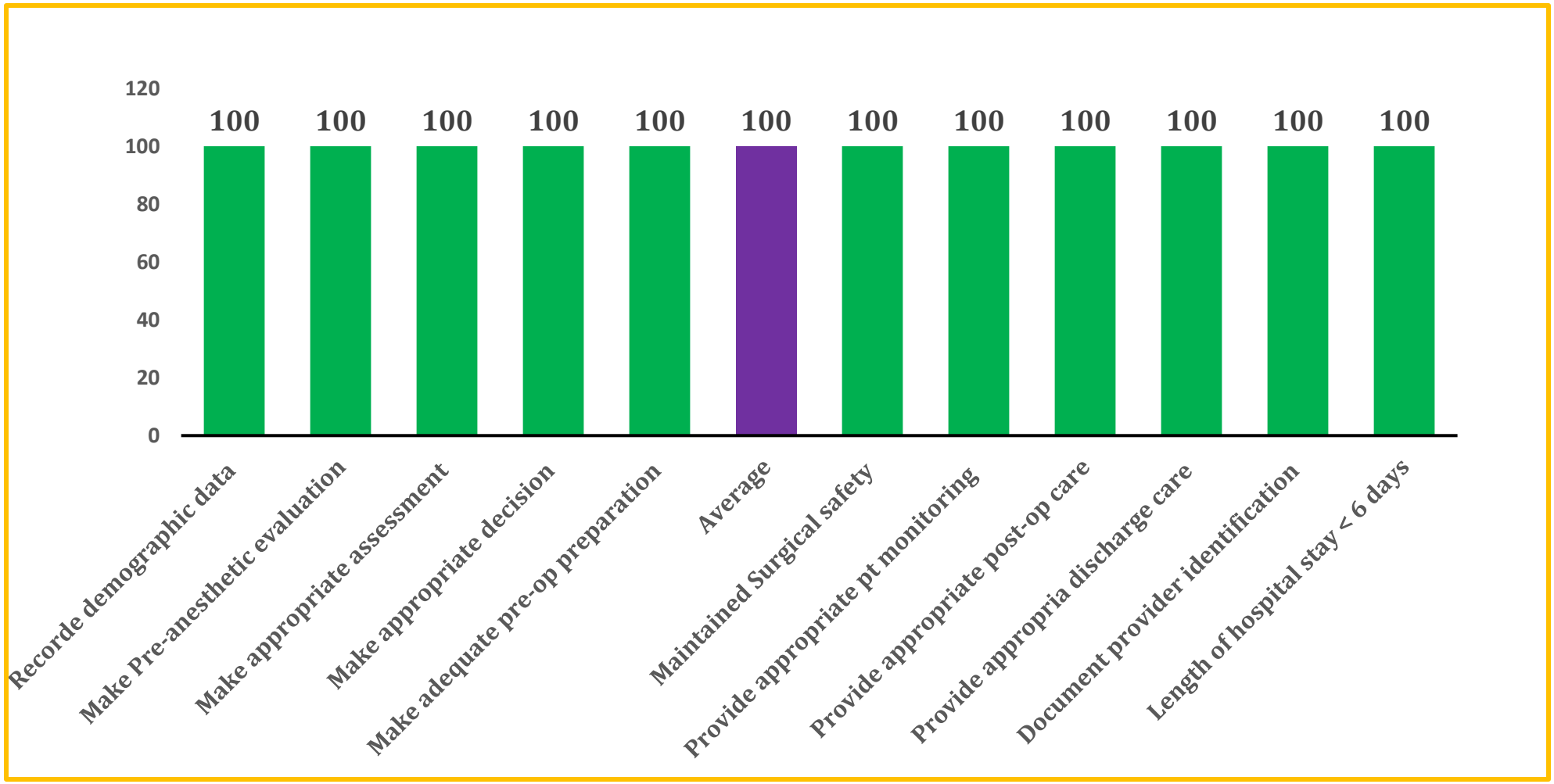

Figure 1: *Score for each criterion/standard for Peri-operative care (patients underwent surgery), Sept 2017E.C*

ACTION PLAN

- ☛ **NO MAJOR GAPS IDENTIFIED**

RECOMMENDATIONS

- ☛ Re audit will be conducted after two **months**

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