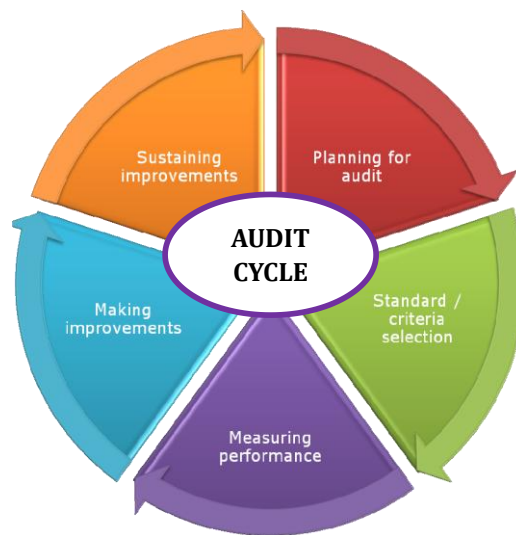




DEDER GENERAL HOSPITAL
SURGICAL AND ANESTHESIA CARE DEPARTMENT



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

By: Kalifa Jemal (BSc)- Surgical Ward head

Dr. Isak Abdi (MD, G/Surgeon)- **Team Leader**

Advisors:

☞ ***HQU TEAM***

Dader, Oromia

December 2017E.C

Surgical Ward case team clinical Audit/QI members

S/N	Name	Responsibility	Remarks
1.	Dr. Isak Abdi (Senior)	Team leader	
2.	Kalifa Jamal	Secretory	
3.	Mohamed Sakin	Member	
5.	Mika'il Aliyi	Member	
6.	Fuad Abdella	Member	
7.	Farahan Abraham	Member	

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Implementation Status of Previous Audit Action Plan

The implementation status of the previous audit action plan showed significant progress in several areas, with full compliance achieved in recording patient identification, conducting pre-anesthetic evaluations, making appropriate assessments and decisions, ensuring pre-operative preparation, documenting provider identification, and maintaining a hospital stay of less than six days. However, partial compliance was observed in surgical safety during operations (67%) and post-operative care (80%), while intraoperative patient monitoring was not implemented (0%). These findings highlight strengths in pre-operative and discharge processes but reveal critical gaps in intraoperative safety and monitoring that require urgent attention.

INTRODUCTION

Pre-anesthetic evaluation is a critical component of surgical care that ensures patient safety and optimal outcomes. This audit was conducted at Deder General Hospital, Oromia, Ethiopia, to assess compliance with established protocols and identify areas for improvement. The audit builds on findings from a previous assessment, aiming to address gaps and align practices with national standards.

Aim

- To improve adherence to standard protocols for pre-anesthetic evaluations, thereby enhancing patient safety and surgical outcomes.

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 **December 23-28, 2017E.C**

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 September 21, 2017EC-December 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.

RESULT

The Overall Performance of Peri-operative care was 78% (**figure 1**).

The audit results showed strong compliance with several peri-operative care standards, including patient identification, pre-anesthetic evaluation, pre-operative preparation, discharge care, and maintaining the surgical patient's length of hospital stay within six days, all achieving 100% adherence. However, significant gaps were identified in critical areas such as surgical safety during operations (67% compliance), intraoperative patient monitoring (0% compliance), and post-operative care (80% compliance). These findings highlight the need for targeted interventions to improve patient monitoring during surgeries, enhance adherence to surgical safety protocols, and standardize post-operative care to ensure optimal outcomes for peri-operative patients (**Table 1**).

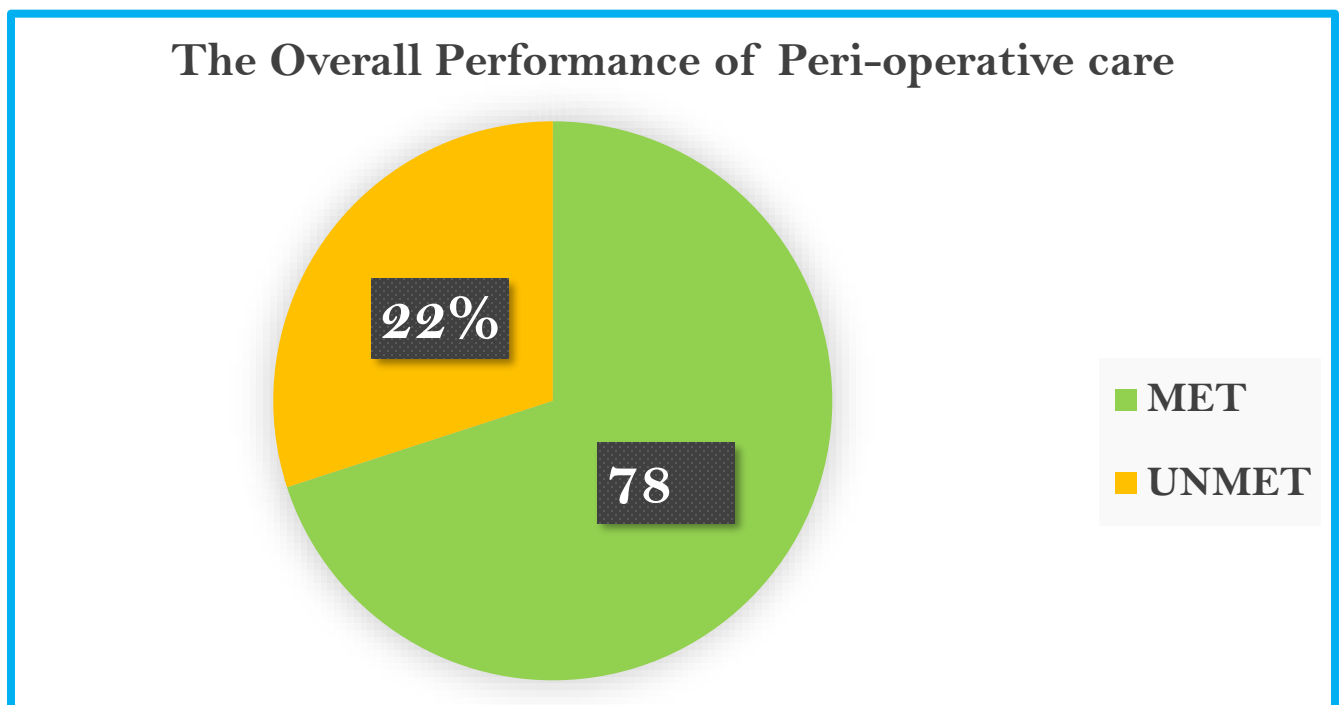


Figure 1: The Overall Performance of Peri-operative care

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	67
7	Appropriate patient monitoring is provided for a surgical patient during operation	100	0
8	Appropriate post-op care is provided for a surgical patient	100	80
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	78%

Graph showing score for each criterion/standard for Peri-operative care (patients underwent surgery), Dec, 2017E.C

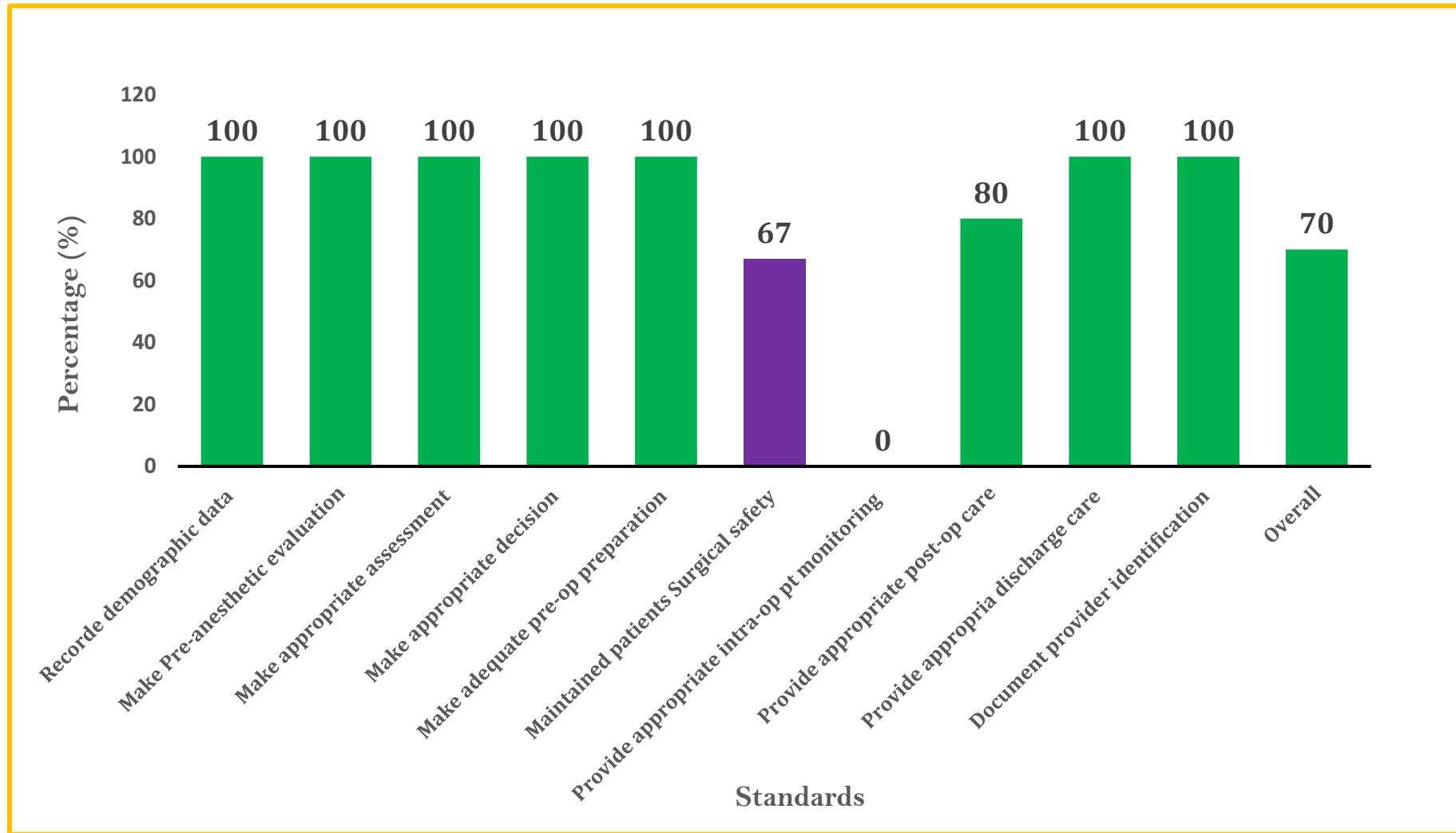


Figure 2: Score for each criterion/standard for Peri-operative care (patients underwent surgery), Dec, 2017E.C

Discussion

The audit revealed strong compliance in preoperative and discharge protocols, reflecting good practice in these areas. However, surgical safety, intraoperative monitoring, and post-operative care require urgent attention to minimize complications and ensure patient safety.

Recommendations

1. **Enhance surgical safety:**

- ❖ Integrate the surgical safety checklist in EMR system.

2. **Improve intraoperative monitoring:**

- ❖ Integrate the anesthesia assessment form (ASA classification) in EMR system.

3. **Strengthen post-operative care:**

- ❖ Implement and adhere to the SSI protocol



DEDER GENERAL HOSPITAL
CLINICAL AUDIT QUALITY IMPROVEMENT PLAN/PDSA FORM

Clinical Audit Title: To IMPROVE THE QUALITY OF CLINICAL CARE FOR PERI-OPERATIVE PATIENTS

Clinical Audit Lead: Dr.Isak Abdi (MD, G/Surgeon). Department /Team: Surgery Dept(S/Ward)

Date:28/4/2017E.C

	Plan					DO	STUDY	ACT
Recommendation	Actions to address the recommendation/Change idea	Person Responsible	Target Date	Data collection plan		Carry out the plan. Record data, observations and modifications to the plan. Use visual descriptions such as run charts to describe what actually happened	Complete analysis and synthesis. Do the results align with the explicit criteria? Write the progress made in the implementation, the difficulties faced and actions taken to address them.	Decision: What action are we going to take as a result of this cycle (Adopt, Adapt, or Abandon)? Are we ready to implement? What other processes or systems might be affected by this change?
	What change will we test? What do we need to try the change?	Who will perform the test? (Name or Role)	When will this be complete?	How will we collect data? (Checklist, Chart audit,)	Who will collect the data? (Name or Role)			
Enhance surgical safety	Integrate the surgical safety checklist in EMR system.	EMR f/person (Redwan Sh)	until Jan 30, 2017E.C	Audit patient records monthly managed for SSC utilization	QU (Abdi T+ Abdella A)			
Improve intraoperative monitoring	Integrate the anesthesia assessment form(ASA classification) in EMR system.	• EMR f/person (Redwan Sh) and Hospital leaderships CEO (Nuredin Y).	Until Feb 30, 2017E.C	Audit patient records monthly managed for anesthesia form utilization	Quality U(Abdi T+ Abdella A)			
Strengthen post-operative care:	Implement and adhere to the SSI protocol follow-ups.	All surgery team lead by OR Director (Dr.Taju A)	From Jan 10, 2017E.C and onward	Audit patient records monthly for SSI	Quality U(Abdi T+ Abdella A)			

☐ **Adapt** (Modify this change and plan next PDSA cycle; loop back to "Plan") ☐ **Abandon** (Change didn't work/won't lead to improvement. Identify new change; plan new PDSA cycle; loop back to "Plan")
☐ **Adopt** (Data revealed this change was effective and worked well; Next step, develop implementation plan) >>>>

Completed by:	Sign off:	Date of review of PDSA:
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