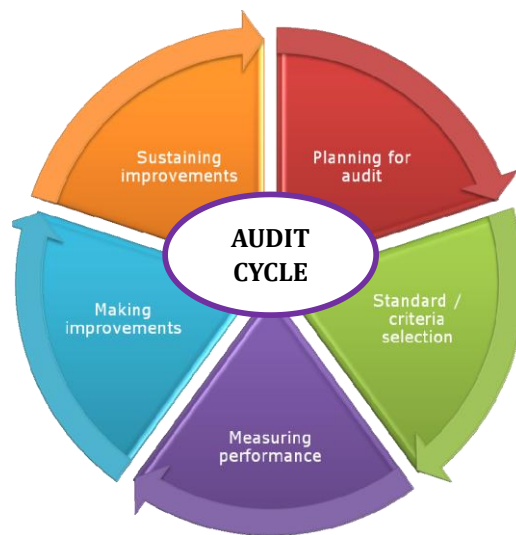




DEDER GENERAL HOSPITAL
SURGICAL AND ANESTHESIA CARE DEPARTMENT



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

By: Kalifa Jemal (BSc)- Surgical Ward head

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Advisors:

☞ **HQU TEAM**

Dader, Oromia

March 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	Secretary	
3.	Mohamed Sakin	Member	
5.	Mika'il Aliyi	Member	
6.	Fuad Abdella	Member	
7.	Farahan Abraham	Member	

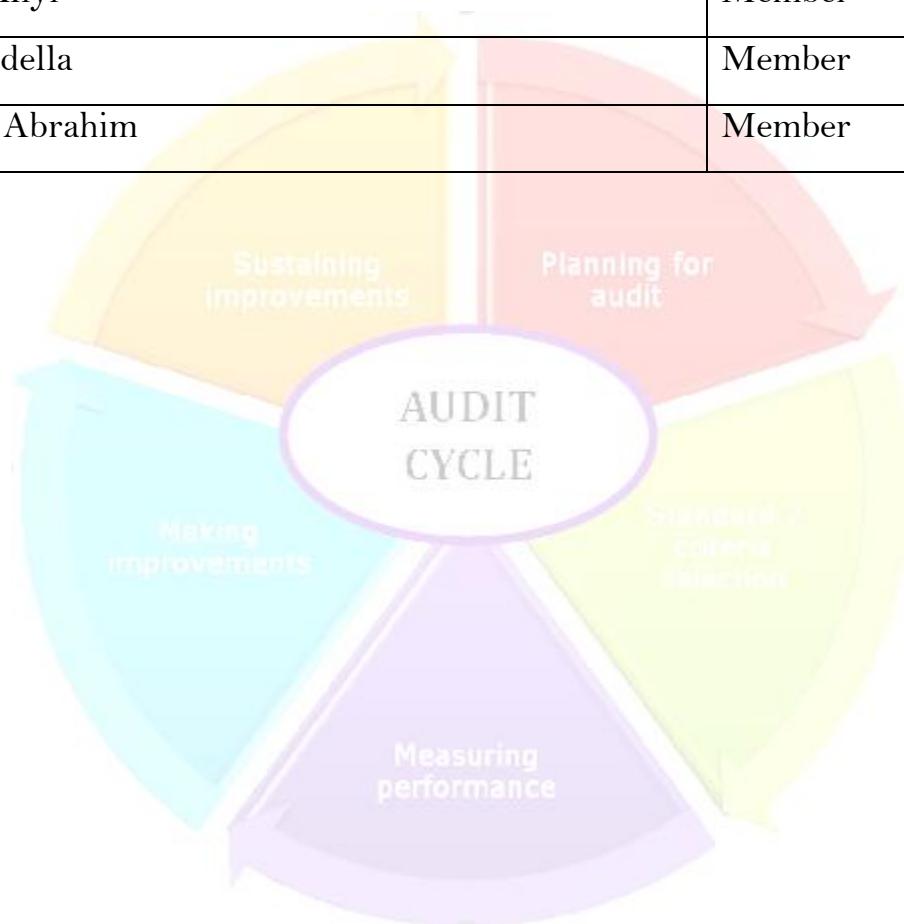
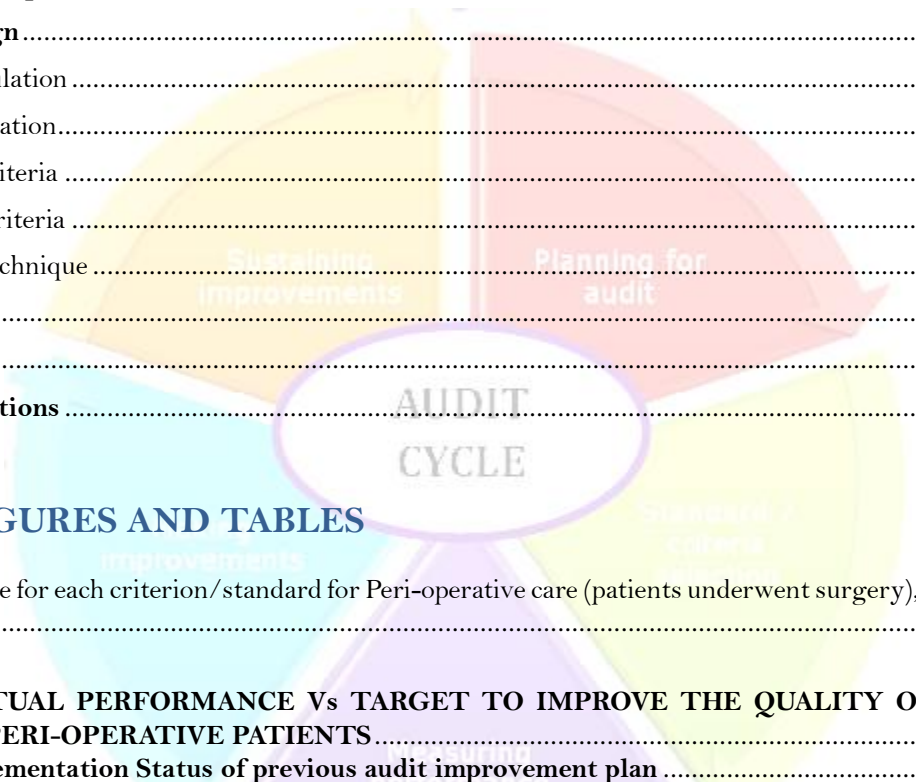


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INTRODUCTION

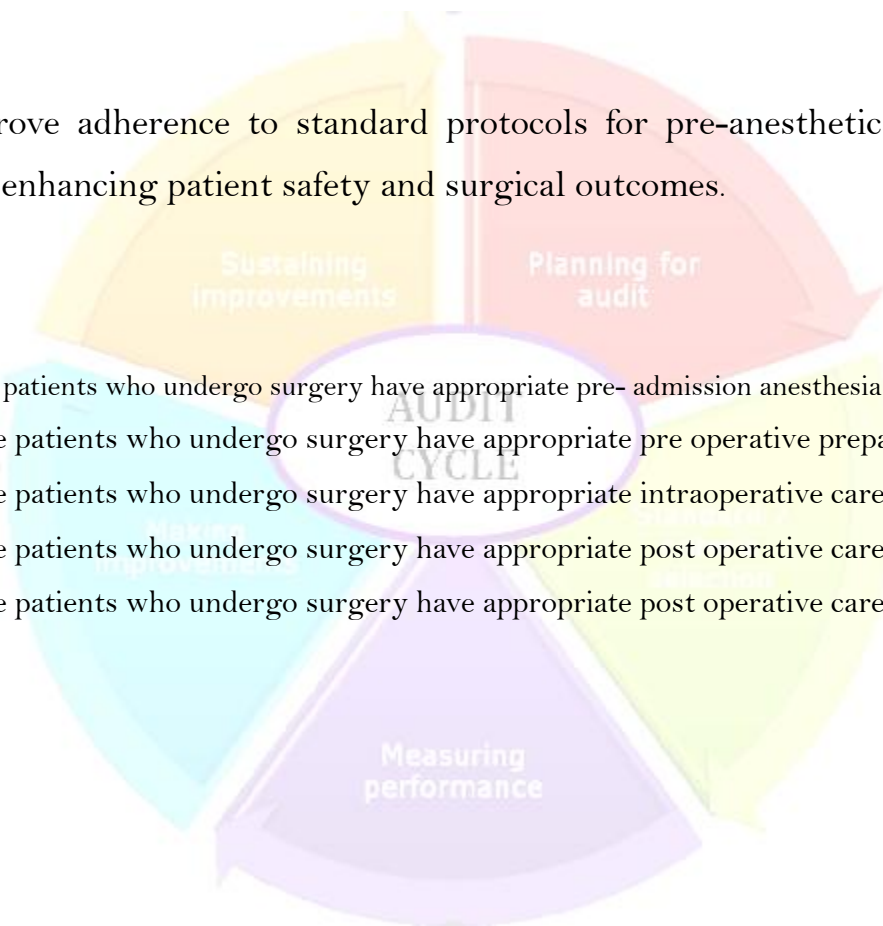
Pre-anesthetic evaluation is a critical component of surgical care that ensures patient safety and optimal outcomes. This audit was conducted at Deder General Hospital, Oromia, Ethiopia, to assess compliance with established protocols and identify areas for improvement. The audit builds on findings from 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 21, 2017E.C To March 20, 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

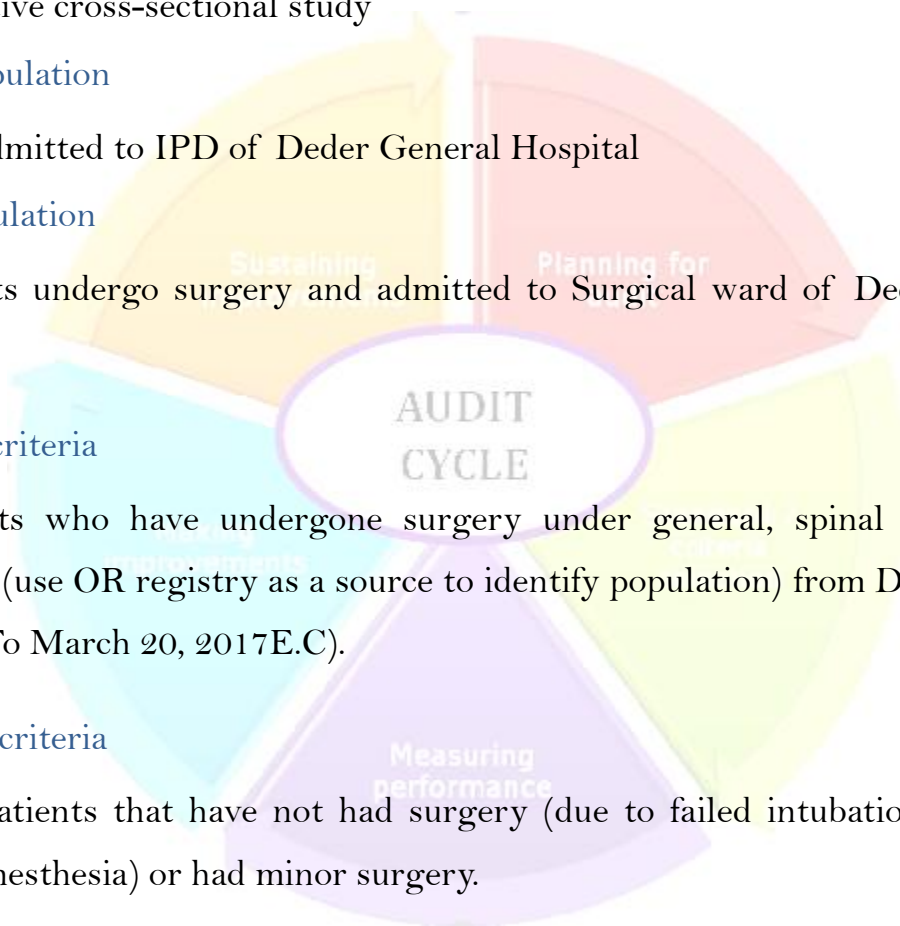
All patients who have undergone surgery under general, spinal or regional anesthesia (use OR registry as a source to identify population) from December 21, 2017E.C To March 20, 2017E.C).

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 in improving the quality of clinical care for peri-operative patients has been exceptional, with all key metrics meeting or exceeding their targets. The data shows a **perfect 100% achievement in 11 out of 11** variables, including critical aspects such as pre-anesthetic evaluation, surgical safety, patient monitoring, and post-operative care. Even the remaining variable documentation of provider identification outperformed its target, reaching 100% against an 80% goal. This consistent success across all stages of peri-operative care reflects a well-implemented and rigorously followed clinical protocol (**Table 1**).

The results indicate that the healthcare facility has not only achieved its objectives but has also set a high standard for patient care. The uniform compliance with targets suggests strong adherence to guidelines, effective teamwork, and robust documentation practices. The fact that the total performance percentage stands at 100% for both targets and actual outcomes underscores the facility's commitment to maintaining excellence in surgical patient care. These achievements demonstrate a reliable system that ensures patient safety, quality treatment, and efficient hospital stays, aligning with best practices in peri-operative management (**Table 1**).

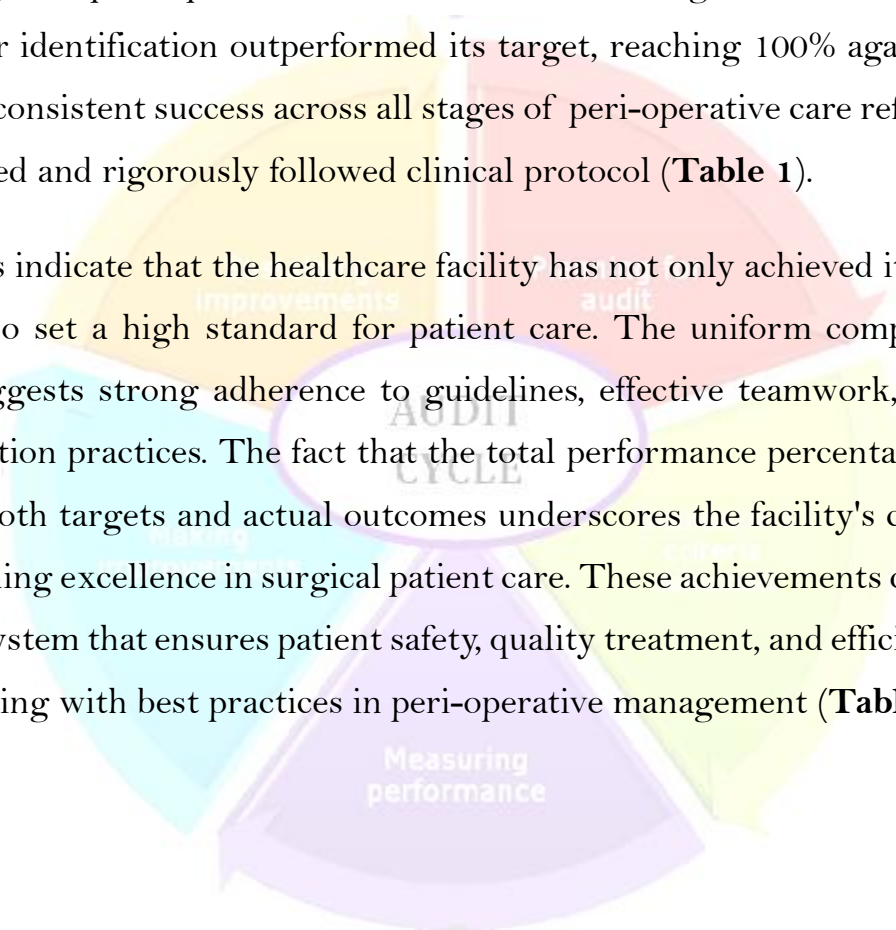
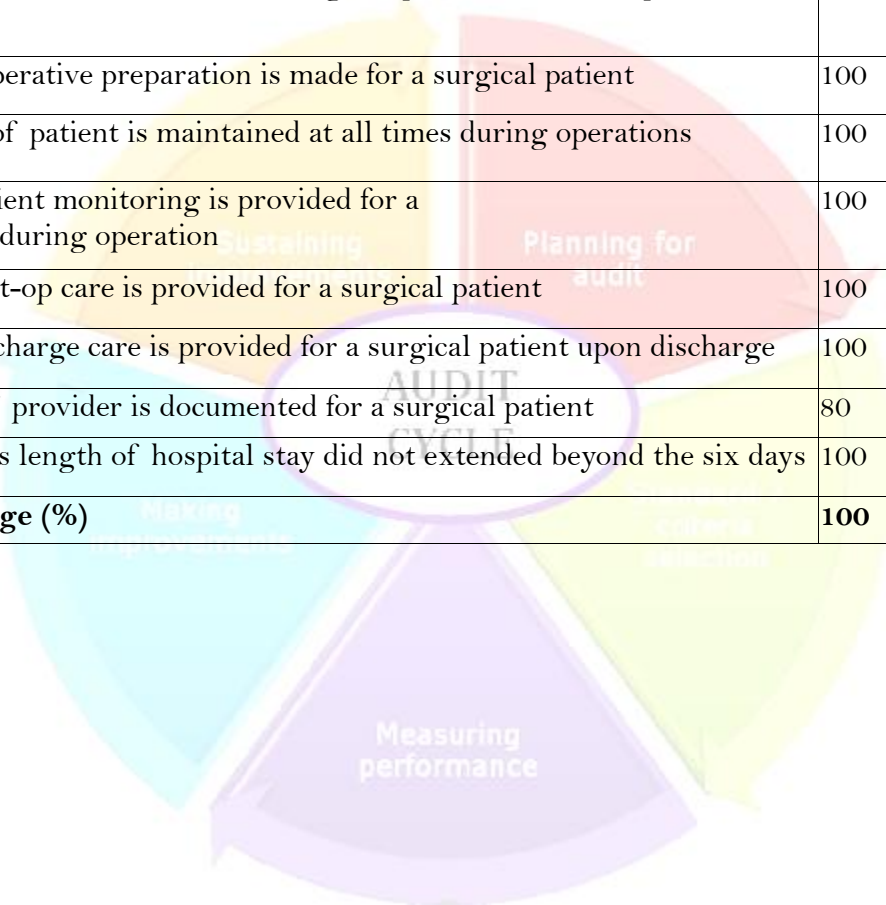


Table 1: ACTUAL PERFORMANCE Vs TARGET TO IMPROVE THE QUALITY OF CLINICAL CARE FOR PERI-OPERATIVE PATIENTS

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 each criterion/standard for Peri-operative care (patients underwent surgery)

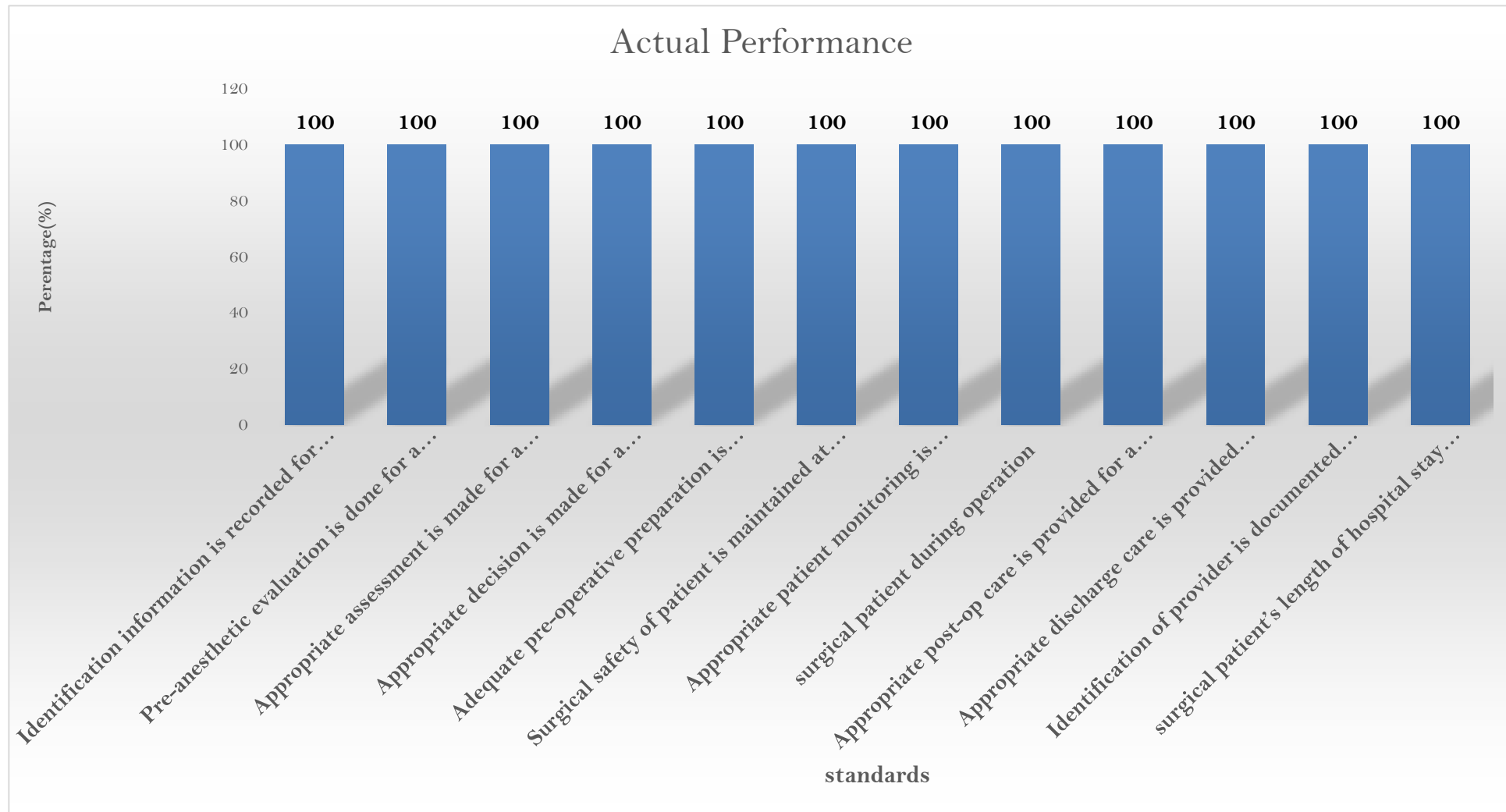
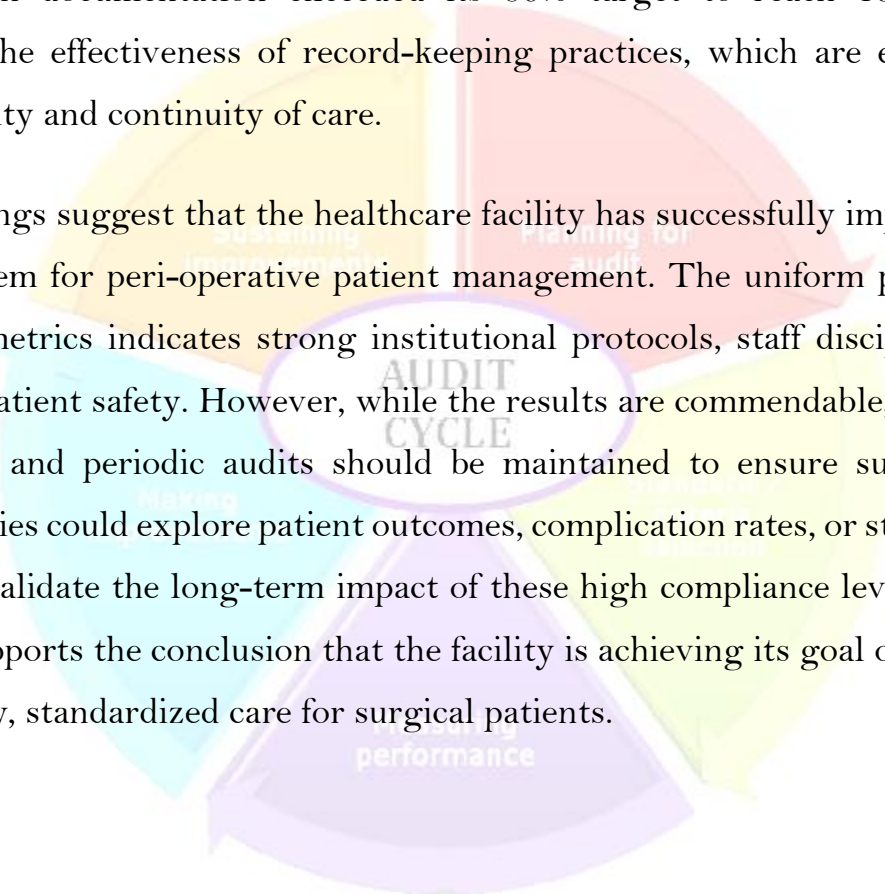


Figure 1: Score for each criterion/standard for Peri-operative care (patients underwent surgery), Mar, 2017E.C

Discussion

The results demonstrate outstanding adherence to peri-operative care standards, with all measured variables meeting or surpassing their targets. The consistent 100% achievement in critical areas such as pre-anesthetic evaluation, intraoperative monitoring, and post-operative care reflects a well-structured clinical workflow and strict compliance with established protocols. The fact that provider identification documentation exceeded its 80% target to reach 100% further reinforces the effectiveness of record-keeping practices, which are essential for accountability and continuity of care.

These findings suggest that the healthcare facility has successfully implemented a robust system for peri-operative patient management. The uniform performance across all metrics indicates strong institutional protocols, staff discipline, and a culture of patient safety. However, while the results are commendable, continuous monitoring and periodic audits should be maintained to ensure sustainability. Future studies could explore patient outcomes, complication rates, or staff feedback to further validate the long-term impact of these high compliance levels. Overall, the data supports the conclusion that the facility is achieving its goal of delivering high-quality, standardized care for surgical patients.



Recommendations

- ✗ **Sustain Current Best Practices** – Continue adhering to the existing protocols
- ✗ **Regular training** and refresher courses for clinical staff should be conducted to ensure consistency.

Table 2: Implementation Status of previous audit improvement plan

S/N	Issue Identified	Improvement Plan	Responsible Person(s)	Status
1.	Incomplete adherence to the surgical safety checklist (67% compliance)	Integrate the surgical safety checklist into the EMR system and provide staff training.	EMR Focal Person (Redwan Sh.), Surgical Team Leads	Fully Implemented
2.	No intraoperative patient monitoring (0% compliance)	Integrate anesthesia assessment forms (ASA classification) into the EMR system and train staff.	EMR Focal Person, Hospital Leadership (CEO: Nuredin Y.)	Fully Implemented
3.	Partial adherence to post-operative care protocols (80% compliance)	Implement and enforce adherence to SSI protocol for post-operative care.	OR Director (Dr. Taj A.), Surgical Ward Nurses	Fully Implemented
4.	Lack of documentation for intraoperative provider identification	Introduce mandatory documentation of provider identification in the EMR system.	EMR Focal Person, Surgical Team Leads	Fully Implemented

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