



DEDER GENERAL HOSPITAL

GYNECOLOGY AND OBSTETRICS DEPARTMENT

Clinical audit to improve the quality of clinical care of
cesarean section

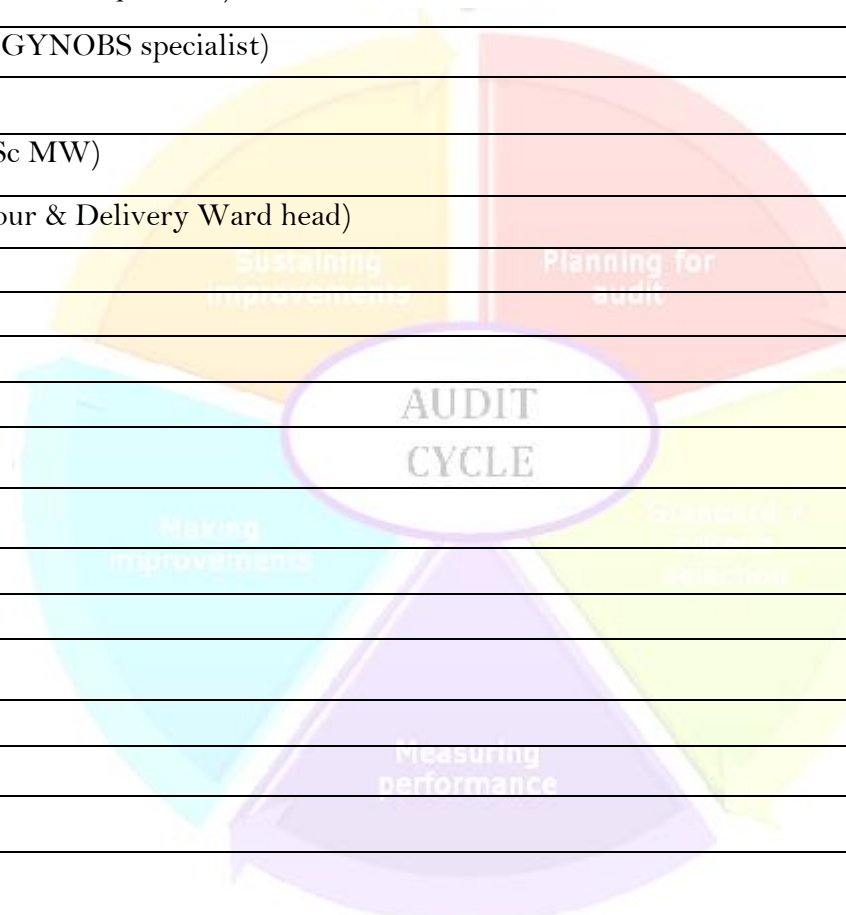
By: GYN/OBS QI Team

Audit Cycle: Re-Audit

Deder, Oromia

March 2017E.C

Table 1: List of Gyn/OBS Clinical Audit/QI team members, 2017E.C



S/N	Name	Responsibility
1.	Dr. Taju Abdi (MD, GYNOBS specialist)	Team leader
2.	Dr. Anwar Sham (MD, GYNOBS specialist)	Co-leader/Advisor
3.	Beyan Abdo (IESO)	Member
4.	Abdella mohammed (BSc MW)	Secretary
5.	Addisu Wondimu (Labour & Delivery Ward head)	Secretary
6.	Arif Mohamed	Member
7.	Neima Abdo	Member
8.	Shukriya Hassen	Member
9.	Abdella Mohammed	Member
10.	Oromia Abdulaziz	Member
11.	Alfiya Abdella	Member
12.	Hangatu Yusuf	Member
13.	Tsion Tolasa	Member
14.	Hanan Usmail	Member
15.	Getahun Beleta	Member
16.	Dine Ahmed	Member
17.	Tuji Dawid	Member
18.	Wazira Mohamed	Member

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INTRODUCTION

Cesarean section (CS) is a lifesaving surgical intervention for mothers and newborns. Ensuring high-quality care across the perioperative, intraoperative, and post-operative phases is critical to improving maternal and neonatal outcomes. Clinical audits help identify gaps in care and facilitate evidence-based improvements.

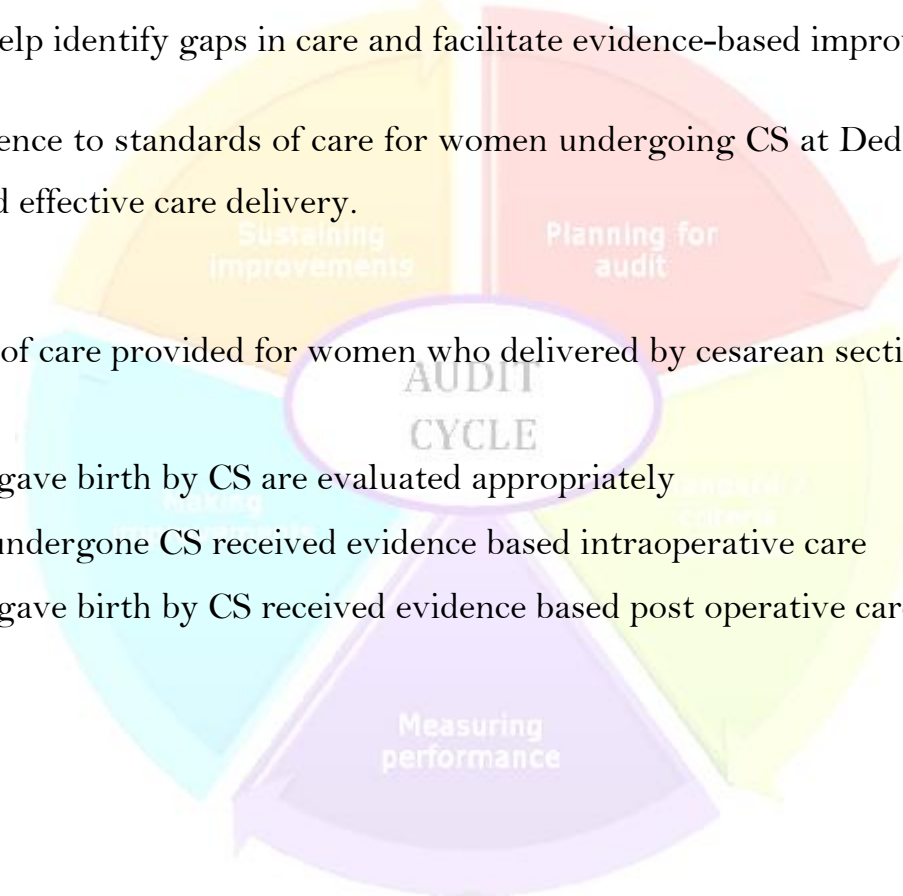
This audit evaluates adherence to standards of care for women undergoing CS at Deder General Hospital, Oromia, Ethiopia, to ensure safe and effective care delivery.

AIM

- ✎ To improve the quality of care provided for women who delivered by cesarean section.

Objectives

- ✎ To ensure women who gave birth by CS are evaluated appropriately
- ✎ To ensure women had undergone CS received evidence based intraoperative care
- ✎ To ensure women who gave birth by CS received evidence based post operative care



METHODOLOGY

Study area & period

The clinical audit was conducted in C/S room of Deder General Hospital from **December 21, 2017EC to March 20, 2017E.C**

Study design

- Retrospective cross-sectional study

Source population

- All patients delivered by C/S and cards are available during the study period.

Inclusion criteria

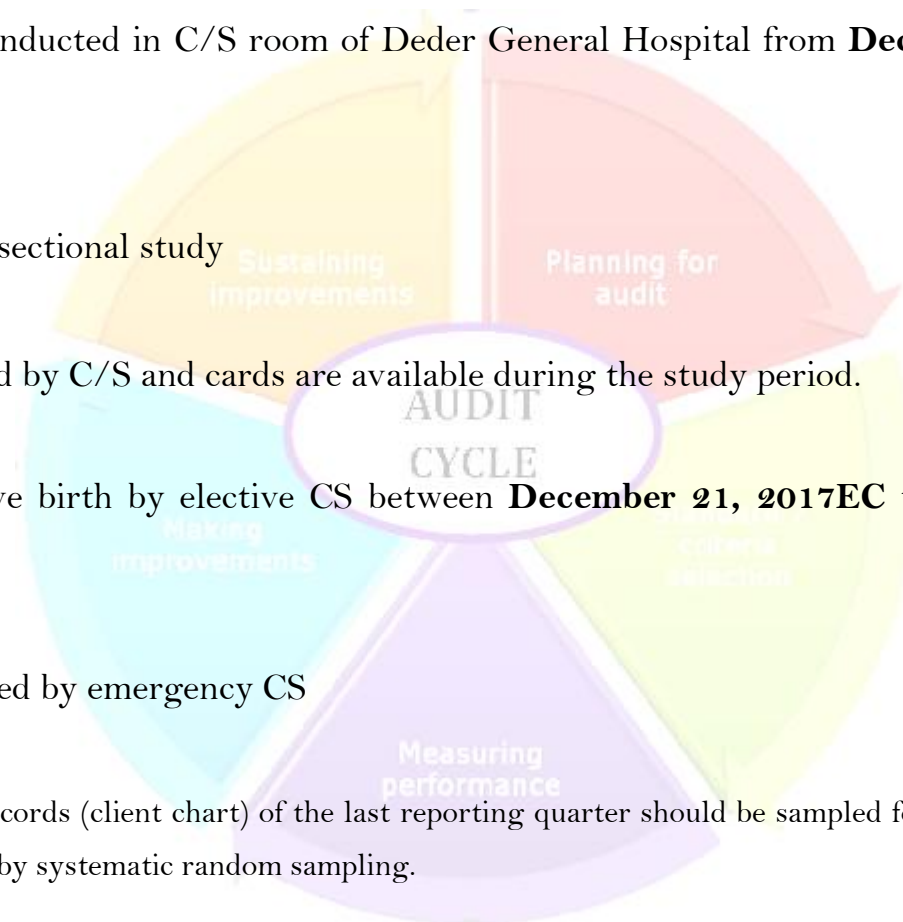
- All women who gave birth by elective CS between **December 21, 2017EC to March 20, 2017E.C** was included

Exclusion criteria

- Women who delivered by emergency CS

Sampling technique

- A total of 19 medical records (client chart) of the last reporting quarter should be sampled for the audit. The individual client charts were withdrawn by systematic random sampling.



Study Variables

Dependent variables:

- ☛ Caesarian section

Independent Variables

C/Section, OR,

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.



RESULTS

The clinical audit at Deder General Hospital revealed an overall compliance rate of **95%** in cesarean section (CS) care, demonstrating strong adherence to clinical standards (**figure 1**). Key areas such as pre-operative preparation, intraoperative care, and provider identification documentation achieved 100% compliance, reflecting excellent execution of critical protocols. These results highlight the hospital's ability to maintain high-quality surgical practices and thorough documentation, ensuring patient safety and standardized care during CS procedures (**Table 1**).

Despite the high overall performance, minor gaps were identified in post-operative care communication (95%) and discharge care (96%). Specifically, daily progress tracking until patient discharge scored 84%, indicating room for improvement in consistent monitoring and follow-up. Additionally, while most discharge care indicators were fully met, proper counseling fell short of the target. These deviations suggest potential inconsistencies in handover processes and patient education, which could impact recovery and post-discharge outcomes (**Table 1**).

The audit also underscored the hospital's strengths in intraoperative care, with full compliance in surgical safety checklists and procedure documentation. However, the absence of timely discharge proper counselling (89%) and daily progress revisions (84%) revealed critical gaps in pre- and post-operative workflows. Addressing these areas through targeted interventions, such as staff training and process adjustments, could further enhance the quality and consistency of care, ensuring alignment with national and international standards

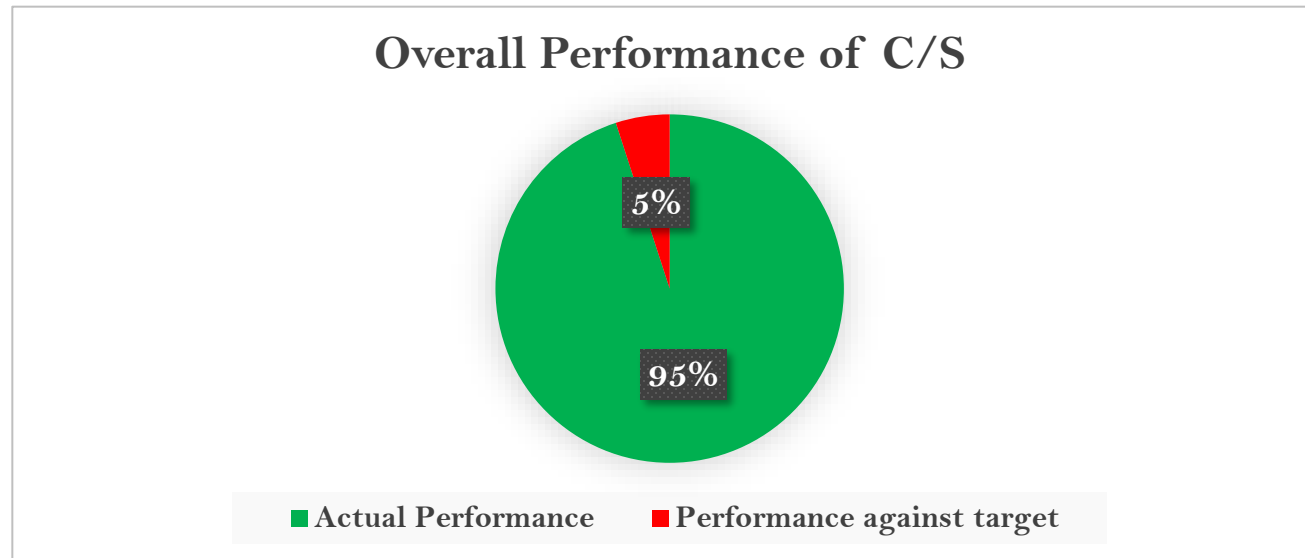


Figure 1: Overall Performance of Management of Women delivered by C/S, March 2017E.C

Table 1: Overall of Performance of Cesarean section Care Clinical Audit, March 2017E.C

Sno	Variables	Target	Actual (%)
1	Adequate pre-operative preparation is made for a mother who delivered by cs	100	100
2	Standard intraoperative care is provided during c-section for a mother who delivered by cs	100	100
3	Post operative care to be carried out in the post anesthesia care unit and ward clearly communicated for a mother who delivered by cs	100	95
4	Appropriate discharge care is provided for a mother who delivered by cs	100	96
5	Identification of provider is documented for a mother who delivered by cs	100	100
	Overall performance	100	95%

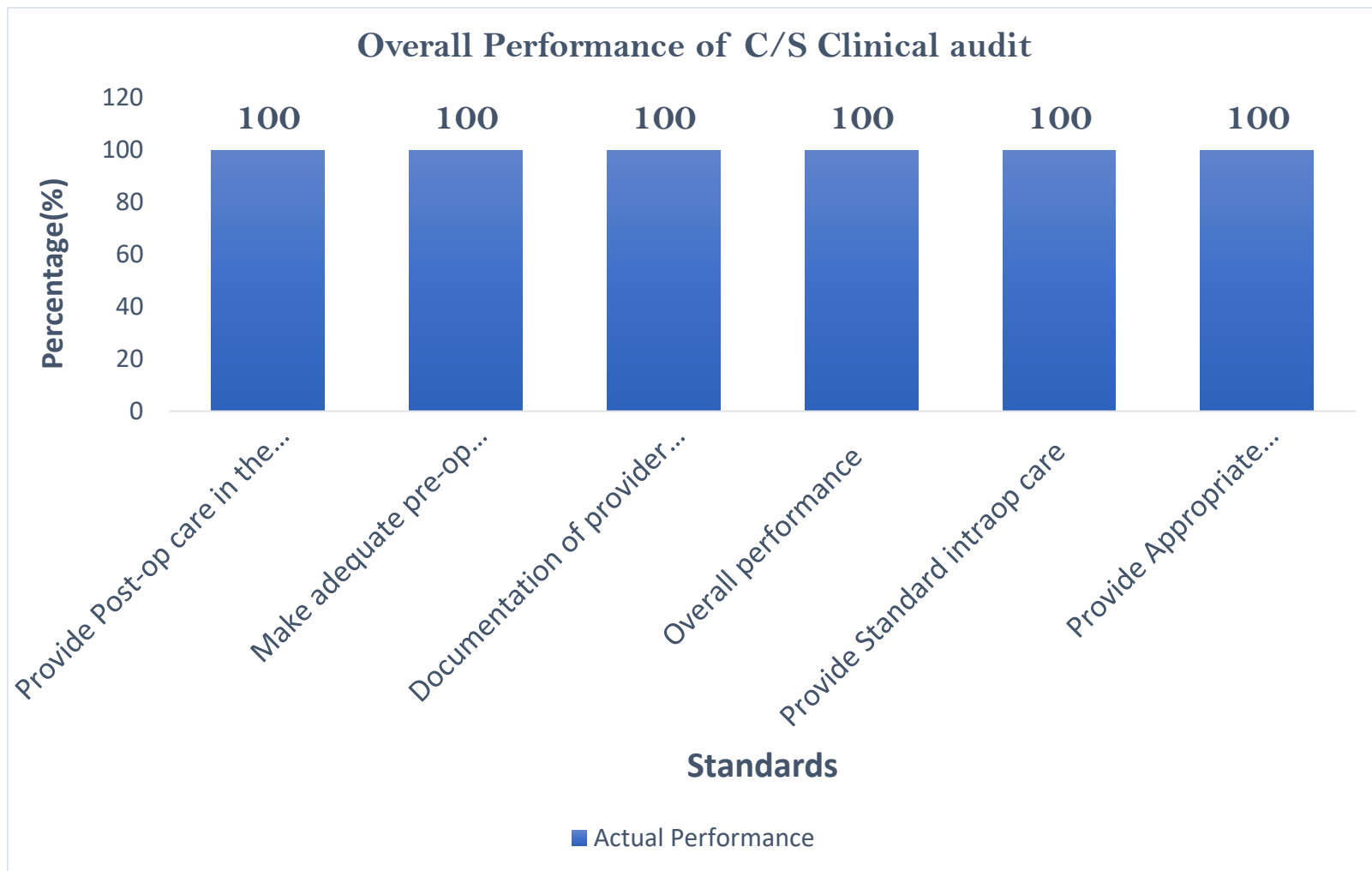


Figure 2: criterion/standard for management of Women delivered by C/S, March 2017E.C

Pre-operative Preparation (100%)

- All sub-criteria achieved full compliance (100%).

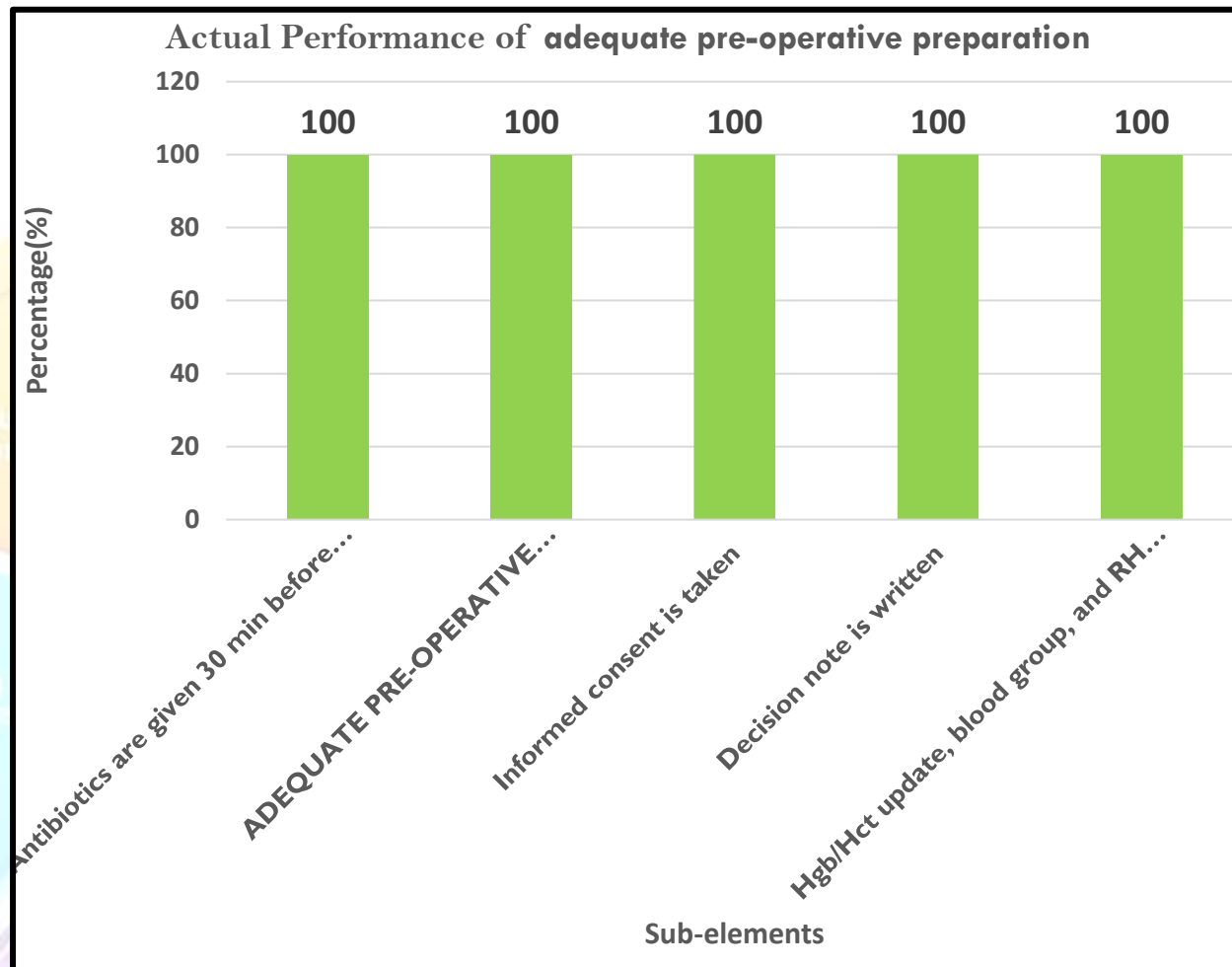


Figure 3: Adequate pre-operative preparation, March 2017E.C

The performance for appropriate post-op care was **95%**. This indicates suboptimal compliance with recommended practices. Specific sub-elements include:

- Post-operative order, V/S monitoring, pain score & management consistent (100%), but daily progress tracking till patient discharge were **84%** (**figure 5**)

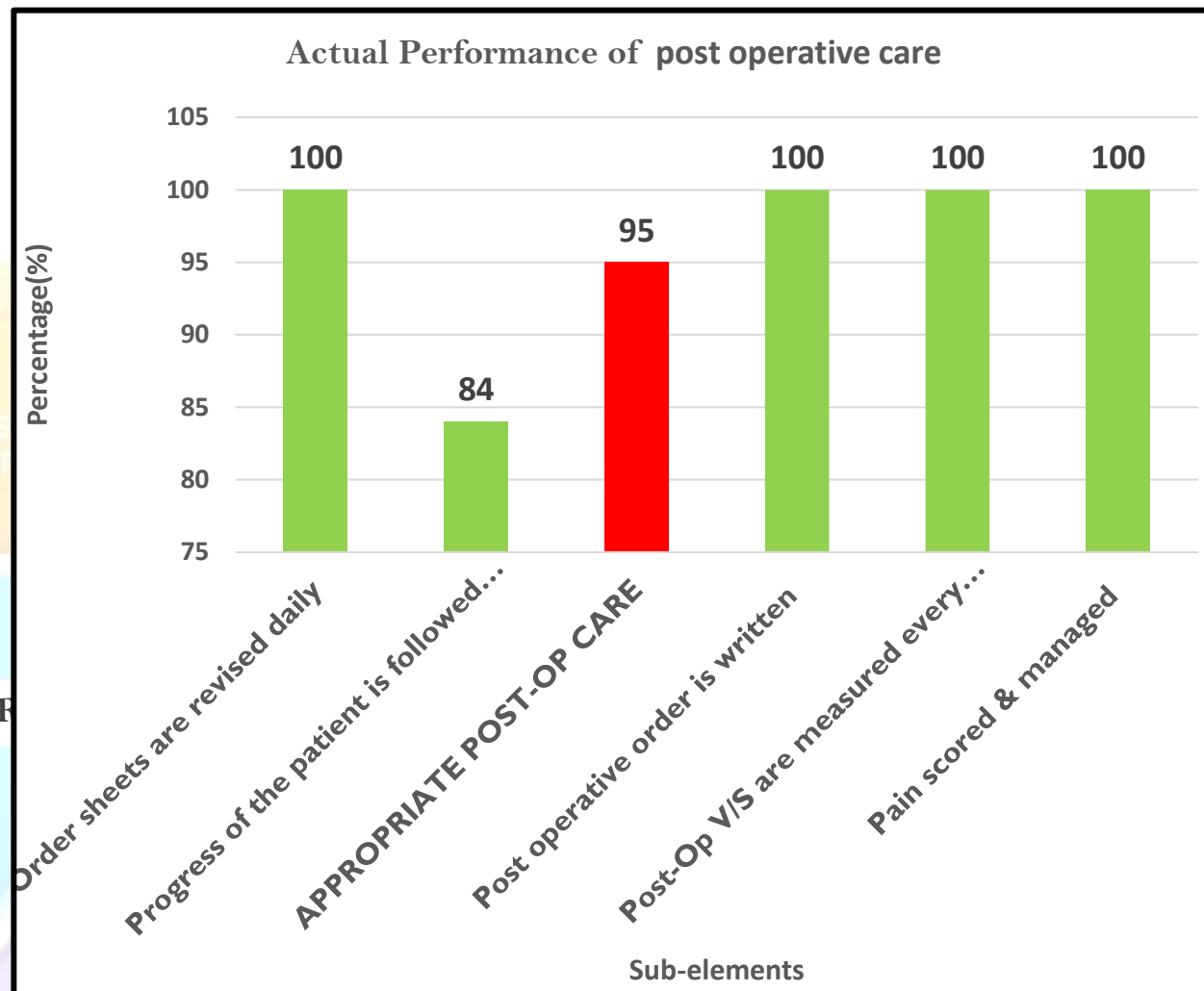


Figure 5: APPROPRIATE POST-OP CARE

The performance for appropriate discharge care was **96%**.

- All indicators, except **proper counseling** were fully met (**100%**) (figure 6)

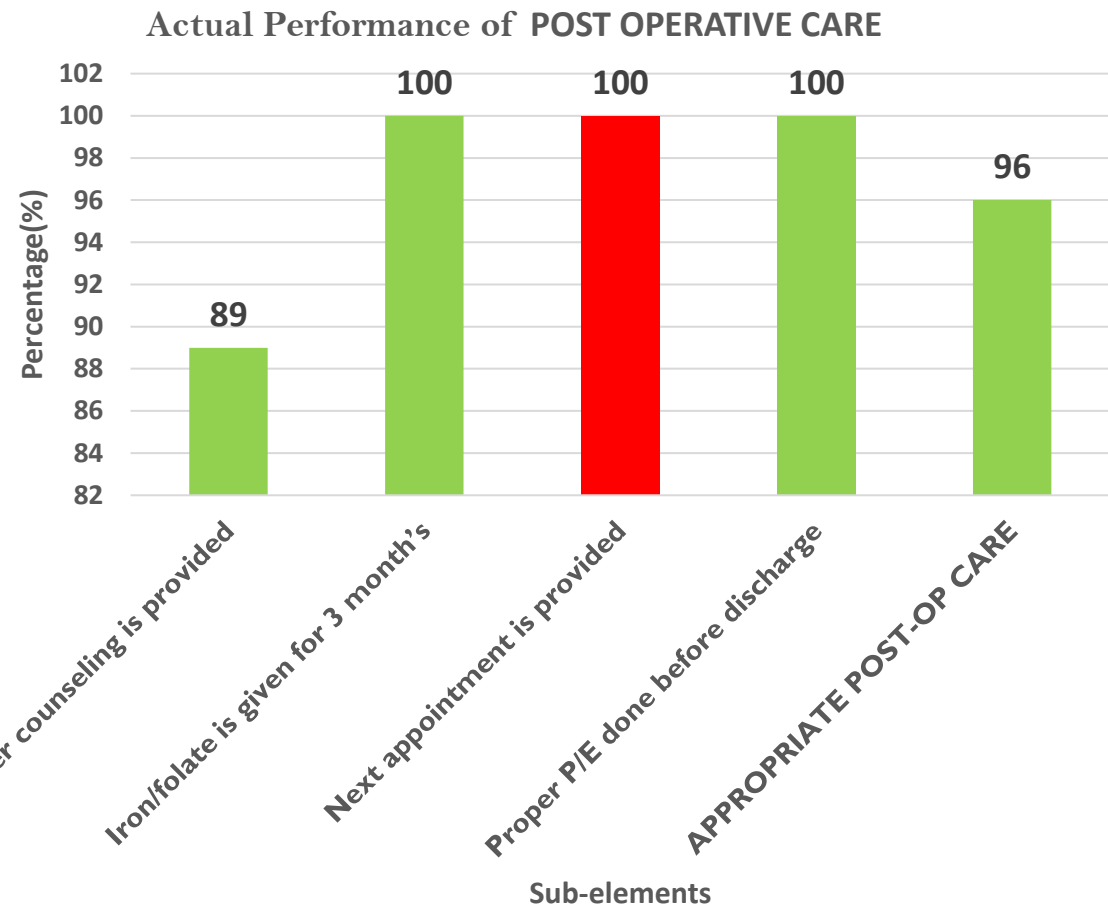


Figure 6: APPROPRIATE DISCHARGE CARE

The performance of provider documentation was **100%**.

- ✎ All sub-criteria achieved full compliance (100%).

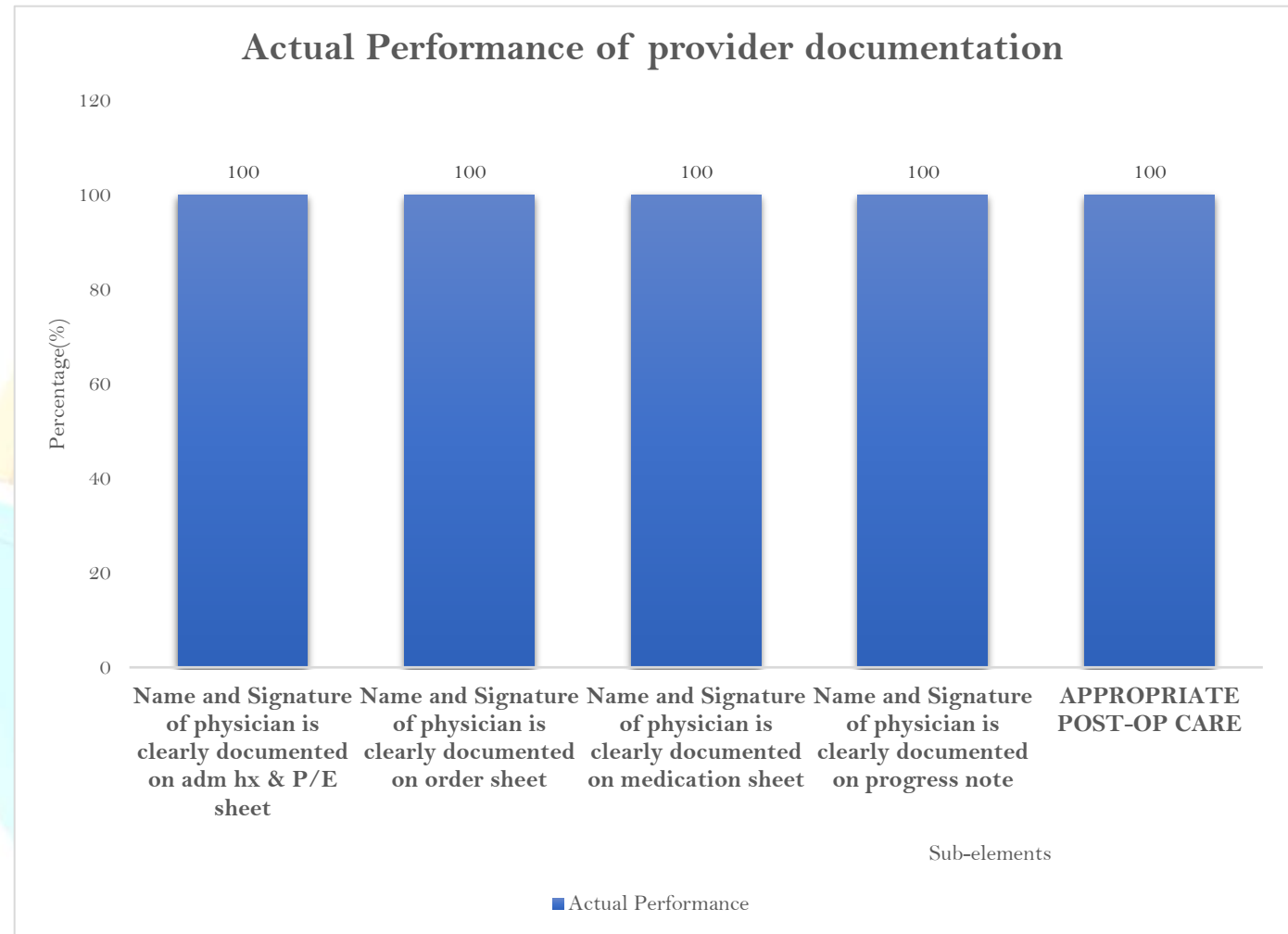


Figure 7: *APPROPRIATE DISCHARGE CARE*

DISCUSSION

The audit findings reflect a high standard of care in cesarean section (CS) management at Deder General Hospital, with an overall compliance rate of 95%. The consistent adherence to pre-operative preparation, intraoperative protocols, and provider documentation demonstrates the hospital's commitment to evidence-based practices and patient safety. These strengths align with WHO guidelines and highlight the effectiveness of structured clinical workflows and teamwork in critical phases of care. The 100% compliance in these areas suggests that the hospital has successfully implemented standardized procedures, contributing to positive maternal and neonatal outcomes.

However, the audit identified notable gaps, particularly in post-operative care and discharge processes. The 95% compliance in post-operative communication and 84% in daily progress tracking indicate lapses in continuity of care, which could affect patient recovery. Similarly, the absence of timely pre-operative antibiotic administration (0%) and daily order sheet revisions (0%) points to systemic issues, such as workflow inefficiencies or insufficient staff training. These gaps are concerning, as they may increase the risk of post-surgical complications and undermine the overall quality of care. Addressing these challenges requires targeted interventions, including staff education and improved monitoring mechanisms.

The findings underscore the importance of ongoing quality improvement initiatives to sustain and enhance CS care standards. While the hospital excels in intraoperative and documentation practices, the inconsistencies in pre- and post-operative care reveal opportunities for refinement. Implementing regular audits, fostering interdisciplinary collaboration, and reinforcing adherence to clinical guidelines can help bridge these gaps. By focusing on these areas, Deder General Hospital can further elevate the quality of maternal healthcare, ensuring comprehensive and consistent care for all patients undergoing CS.

RECOMMENDATIONS

- ✎ **Conduct routine audits to sustain compliance with discharge care standards.**
- ✎ **Reinforce the need for daily progress revisions**
- ✎ **Reinforce the need for proper discharge counselling**



Table 2: performance improvement plan to improve clinical care of C/S delivered mothers, March 2017E.C

Recommendation	Action Steps	Responsible Party	Timeline
Conduct routine audits to sustain compliance with discharge care standards.	Develop an audit checklist based on discharge care standards. Conduct monthly audits of 10-15 randomly selected patient records. Document findings and present in monthly QI meetings.	QI Team Leader (Dr. Taju), Ward head MW (Abdella (Addisu))	Start: Immediate Frequency: Monthly
Reinforce the need for daily progress revisions.	Integrate progress note checks into handover meetings. Provide feedback to non-compliant staff.	Senior Physician (Dr. Taju), MW head (Abdella)	Start: Within 2 weeks Ongoing: Daily monitoring
Reinforce the need for proper discharge counselling.	Randomly audit 5-10 discharge counselling sessions per month. - Include patient feedback on counselling quality.	Ward head Midwife	Start: Within 3 weeks Ongoing: Monthly audits

Table 3: Implementation Status of previous audit cycle Performance Improvement Plan, March 2017E.C

Area to be Improved	Change Tested	Implementation Status
Improve Pre-operative Care	Develop and implement an SOP for administering antibiotics 30 minutes before surgery.	Partially Implemented – SOP drafted but not fully integrated into routine practice.
Enhance Intraoperative Care Monitoring	Document maternal vital signs before anesthesia administration.	Fully Implemented – Compliance achieved; now part of standard workflow.
Strengthen Post-operative Care Practices	Assign responsibility for daily order sheet revisions to specific staff.	Partially Implemented – Roles assigned, but inconsistent adherence noted.
Improve Documentation in Progress Notes	Provide feedback sessions on accurate documentation.	Not Implemented – Feedback sessions delayed due to staffing constraints.

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