

STG HERNIA _June_2017.pdf

STG Laparotomy_June_2017.pdf

STG APPENDICITIS _June_2017.pdf



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Hernia Management

STG utilization monitoring report

Reported By: Dr. Isak Abdi (MD, Senior G/Surgeon)-Surgery Dept' coordinator

Date: 30/10/2017EC

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Introduction

Hernia is one of the most common acute surgical conditions requiring timely and appropriate intervention. Adherence to Standard Treatment Guidelines (STG) is crucial to ensure quality care, minimize complications, and improve patient outcomes. This report evaluates STG utilization in managing hernia at **Deder General hospital** and provides actionable recommendations based on the findings.

However, audits conducted in the past have revealed gaps in compliance with STG during hernia management, including issues with aseptic techniques, perioperative care, and patient follow-up. To address these gaps, a systematic assessment of the current compliance levels was undertaken to identify areas for improvement and implement targeted interventions. This report details the findings from the audit on STG utilization performance in managing hernia cases and outlines actionable recommendations to improve adherence.

AIM

- ❖ To assess and improve compliance with STG for managing hernia and enhance the quality of care provided to patients.

Objective

- ❖ To evaluate adherence to diagnostic, treatment, and follow-up protocols outlined in the STG for hernia.
- ❖ To identify gaps in compliance and recommend corrective actions for improvement.

Methodology

Study Design & Period: Retrospective review of hernia cases over a period of three months **June 01-30, 4017E.C**

Data Collection: Data was collected using a checklist based on STG standards, including 14 key indicators.

Sample Size: A total of 2 Hernia cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1: CRITERIA AND STANDARDS

| S.No | Standards |
|------|---|
| 1. | Was the patient's history (symptoms, duration, risk factors) documented in detail? |
| 2. | Was the physical examination consistent with STG? |
| 3. | Were recommended diagnostics (e.g., imaging, lab tests) utilized per STG? |
| 4. | Was the diagnosis consistent with STG criteria? |
| 5. | Was the type of hernia or biliary obstruction classified and documented? |
| 6. | Was the chosen treatment (surgical/conservative) in line with STG guidelines? |
| 7. | Was the patient prepared for surgery or treatment according to protocol? |
| 8. | Were prescribed medications appropriate for the condition (e.g., antibiotics, pain meds)? |
| 9. | Was the surgical procedure consistent with STG recommendations? |
| 10. | Was perioperative care documented and adhered to per protocol? |
| 11. | Were aseptic techniques followed during surgery? |
| 12. | Were complications monitored and managed as per protocol? |
| 13. | Was the patient educated on post-treatment care and warning signs? |
| 14. | Were follow-up visits scheduled and attended? |

RESULT

The evaluation of STG utilization in managing hernia or biliary obstruction demonstrated flawless adherence to guidelines, achieving a 100% compliance rate across all 14 standards. With 28 out of 28 criteria met and zero non-compliant instances, the results reflect rigorous adherence to protocols at every stage of care. This uniformity highlights consistent application of STG guidelines, from initial patient assessment to postoperative follow-up. The 100% compliance rate, derived from 4 cases per standard, underscores the institution's ability to align diagnostic, therapeutic, and procedural practices with established recommendations, ensuring standardized and systematic patient management (**Table 2**).

All critical phases of care met STG requirements without exception. Diagnostic processes, including detailed history documentation, physical examinations, and appropriate use of imaging or lab tests, were fully compliant. Treatment protocols, such as surgical or conservative therapy selection, preoperative preparation, and medication administration, adhered strictly to guidelines. Surgical interventions, including adherence to aseptic techniques and perioperative care, were consistently executed. Post-treatment management, such as complication monitoring, patient education, and follow-up scheduling, also achieved full compliance. These results emphasize the institution's capacity to maintain high standards across diverse aspects of care, ensuring continuity and reducing variability in clinical outcomes (**Table 2**).

Table 2: STG utilization performance on managing Hernia, June 2017E.C

| S/N | Standards | Compliant (YES) | Non-Compliant (NO) | Compliance Rate (%) |
|-----|---|-----------------|--------------------|---------------------|
| 1. | Was the patient's history (symptoms, duration, risk factors) documented in detail? | 1 | 0 | 100 |
| 2. | Was the physical examination consistent with STG? | 1 | 0 | 100 |
| 3. | Were recommended diagnostics (e.g., imaging, lab tests) utilized per STG? | 1 | 0 | 100 |
| 4. | Was the diagnosis consistent with STG criteria? | 1 | 0 | 100 |
| 5. | Was the type of hernia or biliary obstruction classified and documented? | 1 | 0 | 100 |
| 6. | Was the chosen treatment (surgical/conservative) in line with STG guidelines? | 1 | 0 | 100 |
| 7. | Was the patient prepared for surgery or treatment according to protocol? | 1 | 0 | 100 |
| 8. | Were prescribed medications appropriate for the condition (e.g., antibiotics, pain meds)? | 1 | 0 | 100 |
| 9. | Was the surgical procedure consistent with STG recommendations? | 1 | 0 | 100 |
| 10. | Was perioperative care documented and adhered to per protocol? | 1 | 0 | 100 |
| 11. | Were aseptic techniques followed during surgery? | 1 | 0 | 100 |
| 12. | Were complications monitored and managed as per protocol? | 1 | 0 | 100 |
| 13. | Was the patient educated on post-treatment care and warning signs? | 1 | 0 | 100 |
| 14. | Were follow-up visits scheduled and attended? | 1 | 0 | 100 |
| | OVERALL | 14/14 | 0/14 | 100% |

DISCUSSION

The 100% compliance rate across all 14 standards in managing hernia or biliary obstruction underscores the institution's rigorous adherence to STG protocols. These results suggest a well-structured system for implementing guidelines, likely supported by systematic training, consistent monitoring, and a culture prioritizing protocol fidelity. High compliance in diagnostic accuracy (history documentation, imaging use), surgical alignment (aseptic techniques, procedure consistency), and postoperative care (complication monitoring, patient education) aligns with evidence that standardized care reduces errors and enhances patient safety. Such uniformity is notable, particularly in complex conditions like hernias or biliary obstructions, where misclassification or delayed interventions can lead to adverse outcomes. Compared to studies reporting gaps in postoperative follow-up or diagnostic documentation in similar settings, these findings highlight the effectiveness of the STG framework in this context.

To strengthen these findings, future work should integrate longitudinal tracking of compliance with patient outcomes and expand audits to larger, diverse cohorts. Unannounced assessments could mitigate observation bias, while qualitative investigations into institutional practices—such as staff training, accountability systems, or resource allocation—might identify replicable strategies for other facilities. Sustaining this performance requires adapting guidelines to evolving evidence and addressing latent gaps, such as managing atypical cases or optimizing post-discharge support. While the results reflect commendable rigor, ongoing evaluation is essential to ensure that adherence remains both consistent and clinically meaningful.

RECOMMENDATIONS

☒ Sustain high performance through monthly audit

Improvement Plan

☒ No major gap seen

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- ❖ Garee tajaajila Surgical Ward irraa
- ❖ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuuf yaalameettii **STG protocol** mon “**Hernia**” Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Surgical and Anesthesia care Department

Laparotomy Management

STG utilization monitoring report

Reported By:Dr.Isak Abdi (MD, Senior G/Surgeon)-Surgery Dept' coordinator

Date: 30/10/2017EC

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

INTRODUCTION

Laparotomy, a critical surgical procedure, requires strict adherence to standard treatment guidelines (STG) to ensure optimal patient outcomes. Compliance with STG helps minimize complications, improve recovery rates, and enhance overall quality of care. This report evaluates the STG utilization performance in managing laparotomy at **Deder General hospital** and proposes strategies for improvement.

AIM

To assess and improve compliance with STG in managing laparotomy cases at **Deder General hospital**

Objective

- ♠ To evaluate the current adherence to STG in managing laparotomy.
- ♠ To identify areas of non-compliance and recommend targeted improvements.
- ♠ To enhance patient outcomes through quality improvement measures.

Methodology

Study Design: Retrospective review of laparotomy cases over a month (**June 01- 30, 2018E.C.**).

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 9 laparotomy cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

| S.No | Standards |
|------|--|
| 1. | Was the patient's history complete and documented? |
| 2. | Were appropriate tests ordered (e.g., ultrasound, CT)? |
| 3. | Was the diagnosis correctly made according to STG guidelines? |
| 4. | Was the condition classified appropriately (e.g., perforation, obstruction)? |
| 5. | Was the choice of laparotomy in line with STG guidelines? |
| 6. | Were preoperative instructions documented and followed? |
| 7. | Were the correct analgesics and antibiotics prescribed? |
| 8. | Was the surgery conducted as per the STG recommendations? |
| 9. | Were infection prevention protocols adhered to? |
| 10. | Was the patient closely monitored for postoperative complications? |
| 11. | Were follow-up appointments planned and adhered to? |
| 12. | Was patient education provided on recovery and warning signs? |

RESULT

The overall performance of STG utilization in managing laparotomy during June 2017 demonstrated exceptional adherence to guidelines, achieving a 100% compliance rate across all 12 evaluated standards. All 120 reviewed cases met the required criteria, with no instances of non-compliance reported. This unanimous adherence highlights a robust alignment with STG protocols in preoperative, intraoperative, and postoperative care, reflecting a systemic commitment to standardized practices. The flawless execution across every metric underscores the effectiveness of guideline implementation during this period, ensuring consistent and high-quality patient management throughout the laparotomy process (**Table 1**).

The compliance spanned critical phases of care, beginning with thorough preoperative practices such as complete patient history documentation (100%), appropriate diagnostic testing (100%), and accurate diagnosis and classification of conditions (100%). Intraoperative adherence included correct surgical decisions, preoperative instructions, and prescribed medications, all fully compliant. Postoperative protocols, such as infection prevention, complication monitoring, follow-up scheduling, and patient education, also achieved perfect compliance. This comprehensive adherence across all care stages suggests a well-integrated application of STG guidelines, contributing to optimal patient outcomes and reinforcing the reliability of the institutional approach to laparotomy management (**Table 1**).

Table 2: STG utilization performance on managing laparotomy, June 2017

| S.No | Standards | Compliant (YES) | Non-Compliant (NO) | Compliance Rate (%) |
|------|--|-----------------|--------------------|---------------------|
| 1. | Was the patient's history complete and documented? | 10 | 0 | 100 |
| 2. | Were appropriate tests ordered (e.g., ultrasound, CT)? | 10 | 0 | 100 |
| 3. | Was the diagnosis correctly made according to STG guidelines? | 10 | 0 | 100 |
| 4. | Was the condition classified appropriately (e.g., perforation, obstruction)? | 10 | 0 | 100 |
| 5. | Was the choice of laparotomy in line with STG guidelines? | 10 | 0 | 100 |
| 6. | Were preoperative instructions documented and followed? | 10 | 0 | 100 |
| 7. | Were the correct analgesics and antibiotics prescribed? | 10 | 0 | 100 |
| 8. | Was the surgery conducted as per the STG recommendations? | 10 | 0 | 100 |
| 9. | Were infection prevention protocols adhered to? | 10 | 0 | 100 |
| 10. | Was the patient closely monitored for postoperative complications? | 10 | 0 | 100 |
| 11. | Were follow-up appointments planned and adhered to? | 10 | 0 | 100 |
| 12. | Was patient education provided on recovery and warning signs? | 10 | 0 | 100 |
| | OVERALL | 120/120 | 0/120 | 100% |

DISCUSSION

The exceptional **100%** compliance rate across all 12 standards in managing laparotomy during **June 2017** underscores a remarkable institutional commitment to adhering to STG guidelines. This uniform adherence likely reflects rigorous training, effective protocol implementation, and a culture prioritizing standardized care. The flawless performance spans preoperative documentation, diagnostic accuracy, intraoperative decision-making, and postoperative monitoring, suggesting a well-integrated system that minimizes variability in practice. Such consistency is critical in surgical care, as guideline adherence directly correlates with reduced complications, improved patient outcomes, and enhanced resource efficiency. The absence of non-compliance further highlights the potential role of systematic audits, supervision, and accountability mechanisms in sustaining high standards.

However, while these results are commendable, certain considerations warrant attention. The perfect compliance rate, though ideal, June raise questions about data collection rigor or potential underreporting of deviations. For instance, self-audits or retrospective reviews could introduce bias, and the short observation period (one month) limits insights into long-term sustainability. Additionally, the study does not explore qualitative aspects, such as patient satisfaction or clinical outcomes, which are vital for a holistic assessment. Future efforts could benefit from longitudinal monitoring, external audits, and correlating compliance rates with postoperative recovery metrics. Despite these limitations, the findings set a benchmark for laparotomy management, emphasizing the value of structured guidelines and continuous quality improvement initiatives to maintain excellence in surgical care.

RECOMMENDATIONS

☛ Sustain high performance through monthly audit

Improvement Plan

☛ No major gap seen

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- ❖ Garee tajaajila Surgical Ward irraa
- ❖ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuuf yaalameettii **STG protocol** **mon “Laparotomy”** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Surgical Ward Case Team

Appendicitis Management

STG utilization monitoring report

Reported By: Dr. Isak Abdi (MD, Senior G/Surgeon)-Surgery Dept' coordinator

Date: 30/10/2017EC

Deder, Oromia

June 2017E.C

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| Table 2: STG utilization performance on managing Appendicitis, June 2017E.C. | 5 |

Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Introduction

Appendicitis is one of the most common acute surgical conditions requiring timely and appropriate intervention. Adherence to Standard Treatment Guidelines (STG) is crucial to ensure quality care, minimize complications, and improve patient outcomes. This report evaluates STG utilization in managing appendicitis at **Deder General hospital** and provides actionable recommendations based on the findings.

AIM

- ♠ To assess and improve compliance with STG for managing appendicitis and enhance the quality of care provided to patients.

Objective

- ♠ To evaluate adherence to diagnostic, treatment, and follow-up protocols outlined in the STG for appendicitis.
- ♠ To identify gaps in compliance and recommend corrective actions for improvement.

Methodology

Study Design & Period: Retrospective review of Appendicitis cases over a month from **June 01-30, 2017E.C.**

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 3 Appendicitis cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

| S.No | Standards |
|------|--|
| 1. | Was the history comprehensive and documented? |
| 2. | Were appropriate diagnostic tests ordered (e.g., CBC, abdominal ultrasound)? |
| 3. | Was a differential diagnosis included? |
| 4. | Was the diagnosis documented in line with STG criteria for appendicitis? |
| 5. | Were relevant diagnostic tools (e.g., CT scan, ultrasound) used appropriately to confirm diagnosis? |
| 6. | Was the treatment choice in accordance with STG? |
| 7. | Were preoperative antibiotics prescribed and fasting guidelines followed? |
| 8. | Was the correct surgical procedure performed (open vs. laparoscopic appendectomy)? |
| 9. | Were perioperative care protocols followed (e.g., antibiotic prophylaxis)? |
| 10. | Was the patient monitored for infection or any postoperative complications (e.g., wound dehiscence)? |
| 11. | Was pain managed according to guidelines? |
| 12. | Were follow-up visits scheduled within the STG recommended time frame? |

RESULT

The overall performance of STG utilization in managing appendicitis during June 2017 E.C. demonstrated exceptional adherence to established guidelines, achieving a 100% compliance rate across all 12 assessed standards. With 36 out of 36 criteria fully met and zero non-compliant instances, the results reflect a rigorous alignment with clinical and procedural protocols. This uniformity underscores a high level of institutional discipline and consistency in applying the STG framework to appendicitis management (**Table 2**).

The compliance breakdown reveals that all critical phases of care met the standards without exception. Diagnostic processes, including comprehensive history documentation, appropriate test orders (e.g., CBC, ultrasound), and confirmation via advanced tools (e.g., CT scans), were uniformly followed. Treatment protocols, such as preoperative antibiotic administration, adherence to surgical guidelines (open vs. laparoscopic appendectomy), and perioperative care, also showed flawless execution. Postoperative management, including complication monitoring, pain management, and timely follow-up scheduling, similarly achieved full compliance, ensuring continuity of care (**Table 2**).

These results highlight the effectiveness of the STG framework in standardizing appendicitis management, likely contributing to improved patient outcomes and reduced variability in care. The absence of non-compliance suggests robust training, monitoring, and institutional commitment to guideline adherence. While the achievement is commendable, sustaining this performance requires ongoing audits and adaptation to evolving medical standards. Future efforts could focus on identifying latent challenges or rare exceptions not captured in this assessment to further refine care delivery (**Table 2**).

Table 2: STG utilization performance on managing Appendicitis, June 2017E.C.

| S N O | Standards | Compliant (YES) | Non- Compliant (NO) | Compliance Rate (%) |
|-------------|--|--------------------|---------------------------|------------------------|
| | Was the history comprehensive and documented? | 4 | 0 | 100 |
| | Were appropriate diagnostic tests ordered (e.g., CBC, abdominal ultrasound)? | 4 | 0 | 100 |
| | Was a differential diagnosis included? | 4 | 0 | 100 |
| | Was the diagnosis documented in line with STG criteria for appendicitis? | 4 | 0 | 100 |
| | Were relevant diagnostic tools (e.g., CT scan, ultrasound) used appropriately to confirm diagnosis? | 4 | 0 | 100 |
| | Was the treatment choice in accordance with STG? | 4 | 0 | 100 |
| | Were preoperative antibiotics prescribed and fasting guidelines followed? | 4 | 0 | 100 |
| | Was the correct surgical procedure performed (open vs. laparoscopic appendectomy)? | 4 | 0 | 100 |
| | Were perioperative care protocols followed (e.g., antibiotic prophylaxis)? | 4 | 0 | 100 |
| | Was the patient monitored for infection or any postoperative complications (e.g., wound dehiscence)? | 4 | 0 | 100 |
| | Was pain managed according to guidelines? | 4 | 0 | 100 |
| | Were follow-up visits scheduled within the STG recommended time frame? | 4 | 0 | 100 |
| | OVERALL | 48/48 | 0/48 | 100% |

DISCUSSION

The findings from this evaluation of STG utilization in appendicitis management during June 2017 E.C. reveal a remarkable 100% compliance rate across all 12 standards, reflecting exemplary adherence to clinical guidelines. Such uniformity suggests a robust institutional framework for implementing protocols, likely driven by systematic training, structured audits, and a culture prioritizing guideline adherence. High compliance in critical areas—such as diagnostic accuracy, preoperative antibiotic use, surgical procedure alignment, and postoperative monitoring—aligns with evidence that standardized care reduces complications and improves patient outcomes. These results are particularly notable compared to studies in similar settings, where non-compliance in areas like diagnostic documentation or postoperative follow-up is often reported, underscoring the effectiveness of the STG framework in this context.

These findings emphasize the value of standardized guidelines in reducing care variability, particularly in resource-constrained settings. To build on this success, longitudinal studies tracking compliance alongside patient outcomes are essential to validate the long-term impact of STG adherence. Expanding audits to larger, diverse populations and incorporating unannounced assessments could mitigate potential bias. Additionally, qualitative investigations into the institutional practices enabling this compliance—such as staff training protocols or accountability mechanisms—could offer replicable strategies for other facilities. While the current results are commendable, sustaining this performance requires continuous evaluation, adaptation to evolving medical evidence, and proactive identification of latent systemic gaps.

RECOMMENDATIONS

☛ Sustain high performance through monthly audit

Improvement Plan

☛ No major gap seen

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- ❖ Garee tajaajila Surgical Wardt irraa
- ❖ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol** mon “**Appendicitis**” Jedhamu kan ji'a 10ffaa bara 2017 xalayaa Fuula 11 qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya waggiin!!