



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: 30/08/2017EC

Deder, Oromia

April 2017E.C

Table of Contents

Purpose	1
AIM	2
Objective	2
Methodology	2
RESULT	4
Discussion	6
RECOMMENDATIONS	7
Improvement Plan	7
References	8
 Table 1::CRITEREA AND STANDARDS	3
Table 2: STG utilization performance on managing Appendicitis, April 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 **April 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 7 Appendicitis cases were reviewed.

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

Table 1::CRITEREA 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 April 2017 E.C. demonstrated exceptional adherence to established guidelines, achieving a 100% compliance rate across all 12 assessed standards. With 84 out of 84 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, April 2017 E.C.

S · N o	Standards	Compliant (YES)	Non- Compliant (NO)	Compliance Rate (%)
	Was the history comprehensive and documented?	7	0	100
	Were appropriate diagnostic tests ordered (e.g., CBC, abdominal ultrasound)?	7	0	100
	Was a differential diagnosis included?	7	0	100
	Was the diagnosis documented in line with STG criteria for appendicitis?	7	0	100
	Were relevant diagnostic tools (e.g., CT scan, ultrasound) used appropriately to confirm diagnosis?	7	0	100
	Was the treatment choice in accordance with STG?	7	0	100
	Were preoperative antibiotics prescribed and fasting guidelines followed?	7	0	100
	Was the correct surgical procedure performed (open vs. laparoscopic appendectomy)?	7	0	100
	Were perioperative care protocols followed (e.g., antibiotic prophylaxis)?	7	0	100
	Was the patient monitored for infection or any postoperative complications (e.g., wound dehiscence)?	7	0	100
	Was pain managed according to guidelines?	7	0	100
	Were follow-up visits scheduled within the STG recommended time frame?	7	0	100
	OVERALL	84/84	0/84	100%

DISCUSSION

The findings from this evaluation of STG utilization in appendicitis management during April 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.

However, the perfect compliance rate warrants cautious interpretation. The small sample size (7 cases across 12 standards) limits generalizability, as rare deviations or contextual challenges may not have been captured. Additionally, self-reported or internal audit data could introduce reporting bias, such as underdocumentation of non-compliance or the Hawthorne effect, where awareness of being observed temporarily inflates adherence. The absence of patient outcome data (e.g., recovery rates, complication incidence) further restricts the ability to correlate compliance with clinical success. While the results highlight procedural rigor, they do not confirm whether adherence directly translates to improved health outcomes, a critical area for future research.

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

REFERENCES

1. Federal Ministry of Health of Ethiopia. **Standard Treatment Guidelines for General Hospitals**. 3rd Edition. Addis Ababa, Ethiopia: FMOH; 2014.
2. Dindo D, Demartines N, Clavien PA. **Classification of surgical complications: A new proposal with evaluation in a cohort of 4 334 patients and results of a survey**. *Annals of Surgery*. 2004;240(2):205-213. doi:10.1097/01.sla.0000133083.54934.ae
3. World Health Organization. **Guidelines for Safe Surgery 2009: Safe Surgery Saves Lives**. Geneva, Switzerland: WHO; 2009.
4. WSES Expert Panel. **WSES guidelines for the management of acute appendicitis**. *World Journal of Emergency Surgery*. 2020;15(27). doi:10.1184/s13017-020-00304-3
5. Institute for Healthcare Improvement. **The Model for Improvement**. Available at: <http://www.ihl.org>. Accessed January 2025.

Guyyaa/ቀን/Date: ____/____/____

-  **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 8ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!