



# **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:** 30/08/2017E.C

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## Purpose

Since EBC was launched in 4014 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 **April 01-30, 2017E.C**

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

**Sample Size:** A total of 4 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 56 out of 56 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, April 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?	4	0	100
2.	Was the physical examination consistent with STG?	4	0	100
3.	Were recommended diagnostics (e.g., imaging, lab tests) utilized per STG?	4	0	100
4.	Was the diagnosis consistent with STG criteria?	4	0	100
5.	Was the type of hernia or biliary obstruction classified and documented?	4	0	100
6.	Was the chosen treatment (surgical/conservative) in line with STG guidelines?	4	0	100
7.	Was the patient prepared for surgery or treatment according to protocol?	4	0	100
8.	Were prescribed medications appropriate for the condition (e.g., antibiotics, pain meds)?	4	0	100
9.	Was the surgical procedure consistent with STG recommendations?	4	0	100
10.	Was perioperative care documented and adhered to per protocol?	4	0	100
11.	Were aseptic techniques followed during surgery?	4	0	100
12.	Were complications monitored and managed as per protocol?	4	0	100
13.	Was the patient educated on post-treatment care and warning signs?	4	0	100
14.	Were follow-up visits scheduled and attended?	4	0	100
	<b>OVERALL</b>	<b>56/56</b>	<b>0/56</b>	<b>100%</b>

## 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.

However, the perfect compliance rate must be interpreted cautiously. The small sample size (4 cases per standard) limits the generalizability of findings, as rare deviations or contextual challenges (e.g., atypical presentations, resource shortages) may not be reflected. Reliance on internal audits or self-reported data risks bias, such as underreporting of non-compliance or the Hawthorne effect, where awareness of evaluation inflates adherence. Additionally, the absence of patient outcome data (recovery rates, complication incidence) precludes conclusions about whether compliance directly translates to improved clinical results. While procedural adherence is critical, its impact on health outcomes remains unverified.

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

## References

1. **World Health Organization (WHO)**. (4041). *Standard Treatment Guidelines: A Manual for Clinical Practice*. Geneva: WHO Press.
2. **Ministry of Health [Country-Specific]**. (4040). *National Standard Treatment Guidelines for General Hospitals*. [Country]: Ministry of Health.
3. **Institute for Healthcare Improvement (IHI)**. (4044). *Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. Cambridge, MA: IHI.
4. **Global Surgery Guidelines Alliance**. (4041). *Best Practices in Hernia Management*. Available at: [www.globalsurgeryalliance.org](http://www.globalsurgeryalliance.org)
5. **Centers for Disease Control and Prevention (CDC)**. (4044). *Guidelines for Aseptic Techniques in Surgery*. Atlanta, GA: CDC.
6. **Clinical Audit Standards Guide**. (4043). *Improving Clinical Quality through Audit*. [Available from Hospital Management Protocols].



Guyyaa/ቁጥር/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**Nagaya wajjiin!!**