



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

PRE-OPERATIVE AND POST-OPERATIVE HOSPITAL STAY MONITORING REPORT

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Deder, Oromia

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BACKGROUND

Preoperative and postoperative Hospital stay is one of nationally monitored the KPI's and it is also one the major agendas of EBC in improving surgical and anesthesia care especially in standardizing Hospital stay of patients. To this end Deder General Hospital also monitoring and taking all the necessary actions needed to improve the adherence to Preoperative and postoperative Hospital stay protocol

Aim

The aim of this audit is to ensure that all surgical and Anesthesia care case team adhered to the Preoperative and postoperative Hospital stay protocol

Objective

1. To assess surgical and anesthesia care team adheres to the protocol
2. To identify areas for improvement in relation to the utilization of the protocol
3. To Develop and implement action plan on identified gaps

Criteria and standards

Indicators	Verification
Total Preoperative Hospital stay	☛ Elective cases
Preoperative ALOS	☛ Elective cases
Postoperative total LOS	☛ All cases
Postoperative ALOS	☛ All cases

Methods

- Structured audit tool is used to collect the data
- Data was collected by Document review, patients and staff interview
- Period is entire 10th month of 2017
- Sample size is all cases admitted to Surgical was included

Audit frequency

- Monthly

Service area

- Surgical ward

RESULT

Overall, the surgical ward demonstrated a mixed performance in managing post-operative length of stay (LOS) for June 2017. The ward handled 14 surgical cases across five categories: Small Bowel Obstruction (SBO), hernia, appendicitis, Peptic Ulcer Disease (PUD), and goiter. While the total actual post-operative LOS (38 days) exceeded the aggregate target (36 days) by 2 days, the Average Length of Stay (ALOS) of **2.7 days** was notably better than the target ALOS of 3.0 days. This indicates that while the total days accumulated were slightly higher than planned, the efficiency per patient, on average, improved.

Case-by-case analysis reveals that the majority of procedures met or exceeded LOS targets. Specifically, SBO (8 cases), hernia (1 case), and appendicitis (3 cases) all achieved their exact target LOS figures (24, 2, and 6 days respectively). However, deviations occurred in two cases: both the single PUD case and the single goiter case exceeded their target LOS of 2 days, each requiring 3 days of post-operative stay. These two cases were solely responsible for the 2-day overall excess in total LOS compared to the target.

The key takeaway is the apparent contradiction between the total LOS exceeding the target and the ALOS being better than target. This discrepancy arises because the ALOS calculation (total days / number of cases) is heavily influenced by the case mix. The largest volume case (SBO, 8 cases) precisely met its relatively high per-case target (3 days per case), while the cases exceeding their targets (PUD and Goiter) were low-volume but had higher per-patient overruns. The significant contribution of the SBO cases (57% of total volume) meeting target helped drive the ALOS below target, masking the overruns in the smaller volume cases that pushed the total LOS over target. Focus should be placed on understanding the causes of the LOS overruns in PUD and Goiter cases.

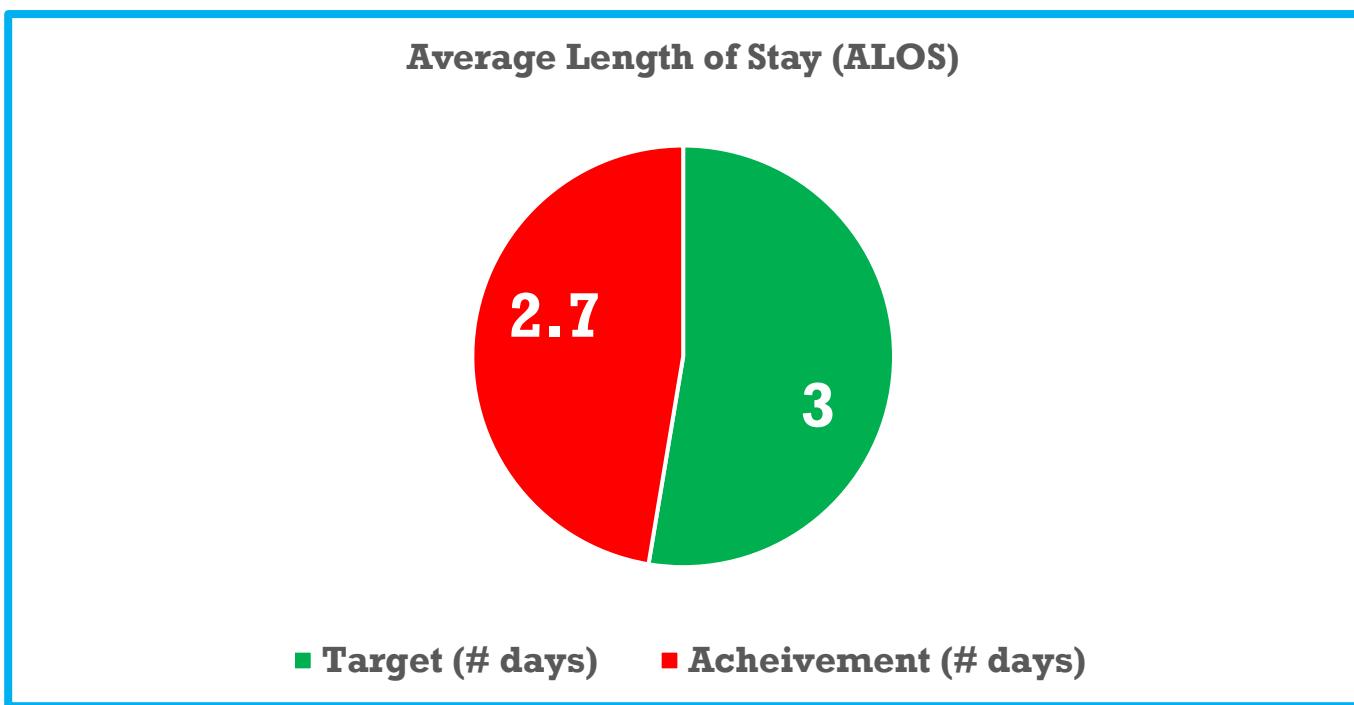


Figure 1: Surgical ward pre-operative and post-operative hospital stay monitoring report, June 2017

Table 1: Surgical ward pre-operative and post-operative hospital stay monitoring report, June 2017

Cases	Number	Post operative LOS	
		Target LOS (days)	Achievement (days)
SBO	8	24	24
hernia	1	2	2
Appendicitis	3	6	6
PUD	1	2	3
Goiter	1	2	3
TOTAL	14	36	38
Average length of stay (ALOS)		3	2.7

DISCUSSION

The June 2017 performance data reveals both strengths and areas for improvement in managing post-operative length of stay (LOS). The primary strength lies in the ward's success with the majority of its case load. **Twelve out of fourteen cases (86%) met or precisely achieved their target LOS.** This includes all eight Small Bowel Obstruction (SBO) cases, which constituted over half the monthly volume, meeting the substantial 24-day aggregate target, and all three Appendicitis cases meeting their 6-day target. This consistent performance for high-volume procedures indicates effective adherence to established clinical pathways and discharge protocols for these specific conditions. The single Hernia case also met its target. This demonstrates capability in managing expected recovery trajectories for these common surgical presentations.

However, the overall performance was negatively impacted by **two specific outliers: the single Peptic Ulcer Disease (PUD) case and the single Goiter case**. Both exceeded their relatively short 2-day target LOS by one day, resulting in an actual LOS of 3 days each. While seemingly minor individually, these deviations were significant collectively, directly causing the **total LOS to exceed the target by 2 days (38 days actual vs. 36 days target)**. This highlights a vulnerability in managing less frequent procedures or potentially cases with unexpected post-operative courses. The reasons for these overruns warrant investigation – were they due to clinical complications, delays in arranging post-discharge care, social factors hindering discharge, or potentially unrealistic targets for these specific patient presentations or complexities?

A notable finding is the **discrepancy between the total LOS overrun and the below-target Average Length of Stay (ALOS) of 2.7 days versus the target of 3.0 days**. This apparent contradiction underscores a critical limitation of relying solely on ALOS as a performance metric, especially with a small case mix and significant variation in individual case targets. The ALOS was favorably influenced by the high proportion of cases meeting shorter or moderate targets (Appendicitis, Hernia) and the large volume of SBO cases meeting their per-case target of 3 days. The impact of the two cases exceeding their very low 2-day targets by only one day each was diluted when averaged across all 14 patients. This demonstrates how ALOS can mask specific areas of underperformance, particularly for lower-volume procedures with stringent targets, and emphasizes the importance of analyzing data at both the aggregate (Total LOS, ALOS) and the individual case-type level for accurate performance assessment and targeted quality improvement initiatives.

RECOMMENDATIONS

- ❖ SUSTAIN THE CURRENT PERFORMANCE BY REGULAR M&E

IMPROVEMENT PLAN

- ❖ NO MAJOR GAP SEEN

Table 2: The below table is the estimated pre and post operative hospital stay.

Lakk.	Surgical CASE	Pre-operative hospital stay	Post-operative	Remark
1.	Acute appendicitis	One day	2days	
2.	SBO 2 ^o to volvulus (derotation)		2days	
3.	Resection and anastomosis		5days	
4.	Sigmoid volvulus with colostomy		2 adays	
5.	Perforated PUD		5days	
6.	GOO		5days	
7.	BPH		5days	
8.	Goiter		2 adays	
9.	Intra Abdominal Mass		2 adays	
10.	Amputation		2 adays	
11.	Hernia		2 adays	
12.	Trans-Abdominal Hystrectomy		3days	
13.	TV hysterectomy		3days	
14.	Cholysystectomy		2 days	
15.	Contracture release and skin graft		5days	
16.	Colostomy closure		5days	
17.	C/S		3days	
18.	Laparotomy due to Abdominal organ injury		5days	
19.	Wound Debridment under GA		2days	
20.	Tracheostomy		2days	
21.	Chest tube		3days	
22.	Heamorrhoidictomosis		2days	
23.	Fistulotomies		2days	
24.	Drainage of perianal abscesses		2days	
25.				
26.				

For Cases that are not listed here, the senior physician will decide the post-operation hospital stay at surgical referral clinic and inform the patient and the liaison officer.



Guyyaa/ቁጥር/Date: _____ / _____ / _____

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

Dhimmii waa'ee Gabaasa eerguu ilaallata

Akkuma mata dure irratti ibsamuuf yaalameettii Gabaasa "***Pre and postoperative hospital stay monitoring***" Garee **SURGICAL WARD** kan Ji'a 1Offaa bara 2017 xalayaa **fuula 10** qabu gaggeessitu kana wajjiin wal qabsifnee isiniif eergu keenya kabajaan isiiin beeksiifna Nagayaa wajjiin!!

Nagaya wajjiin!!