



# **DEDER GENERAL HOSPITAL**

## **PREOPERATIVE CONFERENCE**

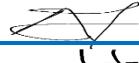
### **PROTOCOL**

**BY: HSQU**

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*Deder, Oromia, Ethiopia*

### SMT APPROVAL SHEET

| <b>TITLE</b>        | <b>Title:</b> PREOPERATIVE CONFERENCE PROTOCOL 2017E.C<br><b>Version:</b> 1.0 |                              |  |   |
|---------------------|---|------------------------------|--|---|
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## **1. INTRODUCTION**

The **Preoperative Conference** is a structured communication process that brings together the surgical, anesthesia, and nursing teams to review and plan for upcoming elective surgical procedures.

In many hospitals, preventable surgical errors, intraoperative delays, and cancellations are linked to **poor communication, incomplete preparation, and lack of resource coordination**. To address these challenges, the **World Health Organization (WHO) Surgical Safety Checklist** emphasizes the importance of structured team briefings.

At Deder General Hospital, the Preoperative Conference has been adopted as part of the **Elective Surgery Protocol** to:

- ♣ Enhance patient safety and quality of surgical care.
- ♣ Ensure adequate preparedness of instruments, sutures, blood products, and other resources.
- ♣ Anticipate and mitigate patient- and procedure-specific risks.
- ♣ Improve efficiency by reducing last-minute case cancellations and intraoperative delays.
- ♣ Strengthen teamwork and accountability among surgical, anesthesia, and nursing teams.

## **The protocol is aligned with:**

- ☞ National Standard Treatment Guidelines (STG), 4th Edition – FMOH Ethiopia
- ☞ Ethiopian Hospitals Reform Implementation Guidelines (EHRIG)
- ☞ WHO Global Guidelines for Safe Surgery

## **2. PURPOSE**

The purpose of this protocol is to establish a standardized approach to preoperative planning and communication, ensuring:

- ☞ All team members are aware of patient details, planned procedures, and anticipated challenges.
- ☞ All required resources are available in advance.
- ☞ Roles and responsibilities are clearly assigned.
- ☞ Patient safety is safeguarded through structured communication and risk review.

## **3. SCOPE**

### **This protocol applies to:**

- ☞ **All elective surgical procedures** performed at Deder General Hospital.
- ☞ **Both surgical disciplines**
  - ♣ General surgery, and
  - ♣ Gynecology/obstetrics
- ☞ **All team members** involved in elective surgery, including:
  - Surgeons
  - Anesthetists
  - Scrub nurses
  - Circulating nurses
  - Head nurse/OR coordinator
  - Surgical residents and interns (if assigned)

## 4. TIMING & FREQUENCY

- ☞ **Preoperative Conference:** Held a day before surgery day.
- ☞ **Duration:** Normally 10–15 minutes, unless complex cases require more discussion.

## 5. ROLES & RESPONSIBILITIES

### ☞ **Surgeon**

- + **Presents scheduled cases:** patient ID, diagnosis, procedure, estimated duration.
- + **Identifies complexity** and risk factors (e.g., expected bleeding, need for prosthesis).
- + **Confirms personal/team** readiness.

### ☞ **Anesthetist**

- + **Presents anesthesia risk stratification** (ASA classification, comorbidities).
- + **Confirms availability** of anesthesia drugs, monitoring devices, oxygen, and blood.
- + **Identifies patients** requiring ICU/HDU postoperatively.

### ☞ **Scrub Nurse**

- + **Reviews the list** of required instrument sets for each case.
- + **Confirms sutures** and sterile drapes are prepared.
- + **Verifies availability** of prostheses/implants if required.

### ☞ **Circulating Nurse**

- + **Confirms theatre readiness** (suction, lights, diathermy, patient positioning aids).
- + **Ensures resuscitation trolley** is checked and functional.

## **Head Nurse/OR Coordinator**

- Moderates the preoperative conference.
- Ensures all cases are documented in the **Preoperative Conference Logbook**.
- Confirms communication of special needs to central sterile supply (CSSD), blood bank, and pharmacy.
- Assigns theatre roles (scrub nurse, circulating nurse).

## **6. AGENDA OF PREOPERATIVE CONFERENCE**

1. **Welcome & Roll Call** – confirm attendance of all required team members.
2. **Review of Elective List** – by surgeon in charge.
  - ☞ Patient ID, demographics
  - ☞ Diagnosis and procedure
  - ☞ Surgeon & anesthetist assigned
3. **Anesthesia Risk Review** – by anesthesia team.
  - ☞ ASA score, comorbidities, allergies
  - ☞ Special drug or blood requirements
4. **Resource Verification**
  - ☞ Instruments & sutures checked
  - ☞ Drapes & sterile packs available
  - ☞ Implants, prostheses, and blood on standby if required
5. **Team Assignment**
  - ☞ Scrub nurse & circulating nurse designated
  - ☞ Anesthesia assistant confirmed
6. **Contingency Planning**
  - ☞ ICU/HDU availability
  - ☞ Emergency backup plans (e.g., alternative instruments)
7. **Closing & Confirmation**
  - ☞ All cases signed off by surgeon, anesthetist, and head nurse.

## **7. DOCUMENTATION**

- ☞ The conference must be documented daily in a **Preoperative Conference Logbook**.

☒ Signed by:

- ☒ Lead surgeon of the day
- ☒ Anesthetist in charge
- ☒ Head nurse

## 8. MONITORING & COMPLIANCE

- ☒ **Indicator 1:** % of elective surgery lists preceded by a preoperative conference.
- ☒ **Indicator 2:** % of logbooks signed by surgeon, anesthetist, and head nurse.
- ☒ **Monitoring Frequency:** Weekly review by Quality Officer.
- ☒ **Corrective Actions:** Repeated non-compliance discussed in monthly **Surgical Audit Meetings**.

## Appendix 1: Preoperative conference Checklist

| <i><b>Preoperative conference checklist</b></i>  |  |              | Date: ___ / ___ / ___ |
|--|--|--------------|-----------------------|
| Patient Full Name:   | Implant (s)    N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/>  | Remark       |                       |
| Patient MRN  | If yes, Specifics<br>Pertinent Lab Results   |              |                       |
| Names & Roles of Team Members  | Risk of >500 ml Blood Loss<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes, and adequate IV access and fluids planned, and blood availability confirmed<br><br>If Yes, Screen Type & Cross match |              |                       |
| Name _____<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____   |  |              |                       |
| Procedure or surgical site marked or on wristband  | Need for prophylactic antibiotics<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A  |              |                       |
| Laterality/Side:<br>Left/ Right  | DVT Prophylaxis:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A   |              |                       |
| Known Allergy<br><br>Yes <input type="checkbox"/><br>No <input type="checkbox"/><br>N/A <input type="checkbox"/>   | Anticipated Critical Events:<br><br>Surgeon _____<br>Anesthesia _____<br>Nursing _____   |              |                       |
| Anesthesia type Difficult Airway<br><br>Yes <input type="checkbox"/><br>No <input type="checkbox"/><br><br>Aspiration Risk?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If yes, equipment & assistance available _____<br>Safety check completed pulse oximetry _____ | Post-operative disposition & bed availability  |              |                       |
|  |  | <b>Other</b> |                       |
| Instruments and special equipment<br><br>N/A <input type="checkbox"/><br>YES <input type="checkbox"/> if yes specify _____   |  |              |                       |

## **9. REFERENCES**

1. Federal Ministry of Health (FMOH) Ethiopia. *National Standard Treatment Guidelines (STG), 4th Edition*. Addis Ababa: FMOH, [Year].
2. Federal Ministry of Health (FMOH) Ethiopia. *Ethiopian Hospitals Reform Implementation Guidelines (EHRIG)*. Addis Ababa: FMOH, [Year].
3. World Health Organization (WHO). *Global Guidelines for Safe Surgery: Safe Surgery Saves Lives*. Geneva: WHO, 2009.  
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