



DEDER GENERAL HOSPITAL

SURGICAL WARD CASE TEAM

PRE-OPERATIVE AND POST-OPERATIVE HOSPITAL STAY MONITORING REPORT

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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 8th month of 2017
- ☛ Sample size is all cases admitted to Surgical was included

Audit frequency

- ☛ Monthly

Service area

- ☛ Surgical ward

RESULT

The overall performance of the surgical ward in April 2017 reflects a mixed outcome. While the total post-operative length of stay (LOS) exceeded the target by 3 days (48 days achieved vs. 45 days targeted), the average length of stay (ALOS) improved, achieving 2.7 days against a target of 3 days. This discrepancy arises because the ALOS calculation accounts for the total number of cases (18), resulting in a lower average despite the cumulative LOS overshoot. The improvement in ALOS suggests that, on average, patients were discharged slightly earlier than targeted, though specific cases contributed to the overall increase in total LOS.

Breaking down the cases, Small Bowel Obstruction (SBO) and Appendicitis surgeries drove the total LOS overage. SBO cases exceeded their target by 1 day (28 vs. 27), while Appendicitis cases surpassed their target by 2 days (12 vs. 10). Hernia surgeries met both their target LOS and ALOS, aligning perfectly with expectations. The combined overages in SBO and Appendicitis highlight areas for potential process refinement, whereas the adherence to targets in Hernia cases demonstrates effective management. Despite the total LOS challenge, the achievement of a lower ALOS indicates progress in optimizing patient turnover, though further analysis of high-LOS cases is warranted to address inefficiencies.

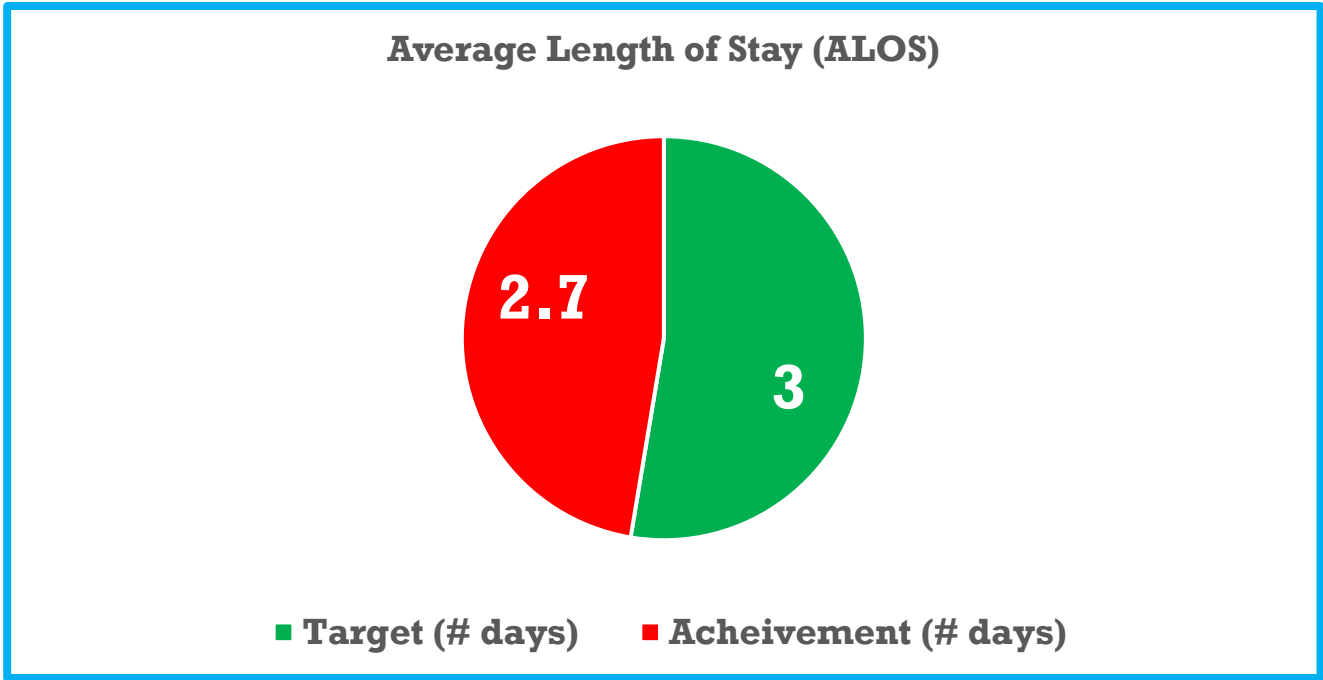


Figure 1: Surgical ward pre-operative and post-operative hospital stay monitoring report, April 2017

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

Cases	Number	Post operative LOS	
		Target LOS (days)	Achievement (days)
SBO	9	27	28
hernia	4	8	8
Appendicitis	5	10	12
TOTAL	18	45	48
Average length of stay (ALOS		3	2.7

DISCUSSION

The findings from April 2017 highlight a nuanced balance between efficiency and variability in the surgical ward's post-operative care. While the average length of stay (ALOS) improved to 2.7 days—surpassing the 3-day target—the total post-operative length of stay (LOS) exceeded expectations by 3 days (48 vs. 45). This divergence underscores the impact of case-specific complexities on overall performance. The ALOS improvement suggests systemic efficiencies, such as streamlined discharge protocols or enhanced recovery practices, which likely contributed to faster turnover for a majority of patients. However, the overshoot in total LOS reveals that outlier, particularly Small Bowel Obstruction (SBO) and Appendicitis cases, disproportionately extended stays. These cases may have involved complications, delayed recovery, or unanticipated postoperative challenges, emphasizing the need for tailored care pathways for high-risk procedures.

The Hernia subgroup's adherence to targets (8 days achieved vs. 8 targeted) demonstrates that standardized protocols can yield consistent outcomes, likely due to the elective nature of these surgeries and predictable recovery trajectories. Conversely, the underperformance in SBO and Appendicitis cases warrants deeper analysis. For instance, SBO patients often require prolonged monitoring due to risks of re-obstruction or infection, while Appendicitis cases may involve variability in severity (e.g., perforated vs. uncomplicated cases). Comparing these results to benchmarks or literature could contextualize whether the observed LOS deviations align with broader clinical trends. Moving forward, strategies such as preoperative risk stratification, enhanced postoperative monitoring for high-risk cohorts, and interdisciplinary discharge planning could mitigate overages. Additionally, the small sample size (18 cases) limits generalizability, suggesting the need for longitudinal tracking to validate trends. Overall, the ward's ability to reduce ALOS is commendable, but addressing case-specific inefficiencies remains critical to aligning total LOS with targets.

RECOMMENDATIONS

CONTINUE THE TESTED QI PROJECT CHANGE IDEA

- Assign a discharge nurse to provide teach-back methods counseling

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 ⁰ 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/ቀን/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 8ffaa** bara **2017** xalayaa **fuula 10** qabu gaggeessitu kana wajjiin wal qabsifnee isiniif eergu keenya kabajaan isiin beeksiifna Nagayaa wajjiin!!

Nagaya wajjiin!!