
DEDER GENERAL HOSPITAL

SURGICAL SCHEDULING PROTOCOL MONITORING REPORT

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DEDER, ETHIOPIA

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1. INTRODUCTION

A well-organized surgical scheduling system is essential for delivering timely, safe, and efficient surgical care. At Deder General Hospital, a structured Surgical Scheduling Protocol has been implemented to streamline surgical preparations, improve communication among teams, and ensure readiness across all departments involved in surgical interventions.

This report presents the findings of the protocol compliance monitoring conducted in July 2017 E.C., aiming to assess performance, identify challenges, and provide recommendations for continued quality improvement in surgical scheduling.

2. METHODOLOGY

Study Area:

Surgical Ward, Deder General Hospital

Study Period:

July 2017 E.C

Study Design:

Descriptive, cross-sectional observational study using checklist, documentation review, and interviews.

General Objective:

To assess the compliance level with the Surgical Scheduling Protocol in the Surgical Ward.

Specific Objectives:

- To evaluate adherence to preoperative, intraoperative, and postoperative scheduling procedures.
- To identify potential areas of non-compliance or inefficiency.
- To recommend actionable strategies for improving surgical scheduling processes.

Inclusion Criteria:

- All elective and planned surgeries scheduled during the study period.

Exclusion Criteria:

- Emergency surgeries performed without prior scheduling due to life-threatening urgency.

Significance of the Study:

Monitoring protocol adherence ensures optimal patient care, resource utilization, surgical safety, and operational efficiency.

Data Sources:

- Patient medical records
- Operating room logbooks
- Patient interviews and staff feedback
- Structured protocol compliance checklist

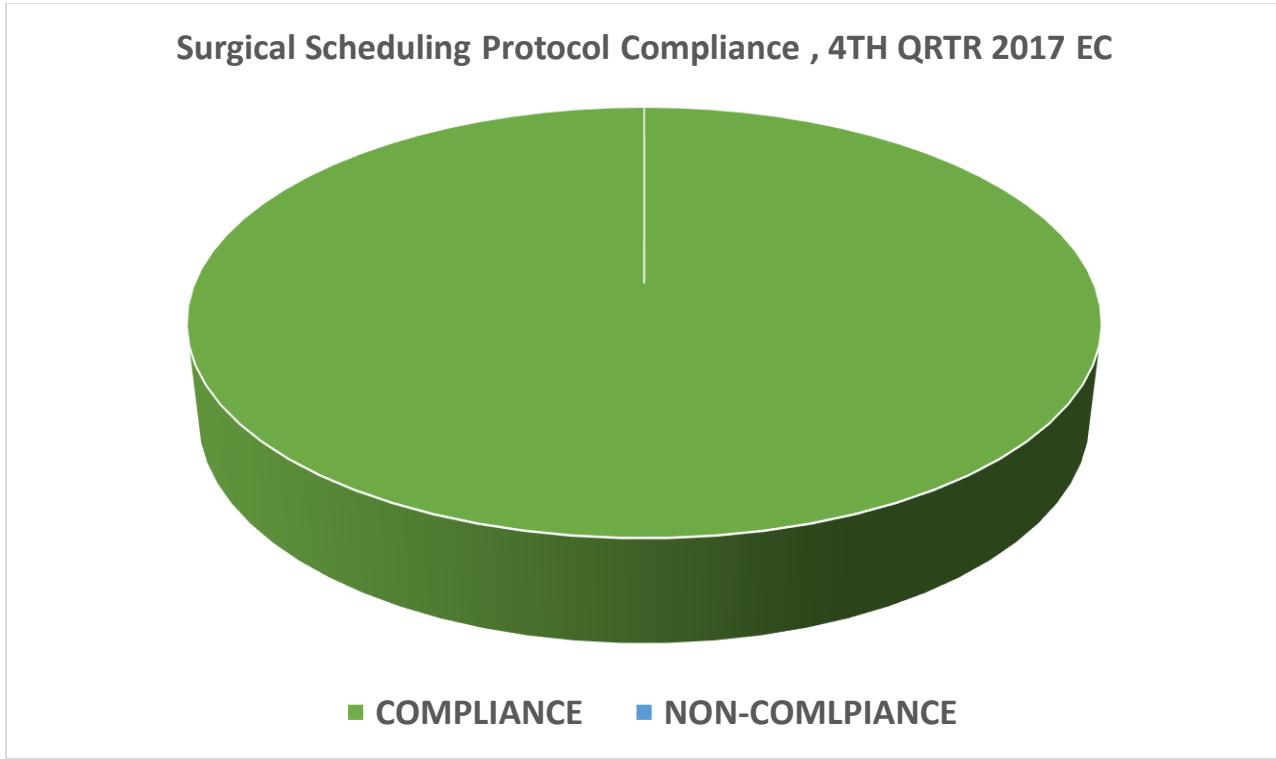
3. RESULTS- COMPLIANCE DATA

Table 1: Surgical Scheduling Protocol Compliance Checklist

S/N	Criteria	YES	NO
1	Pre-Operative Assessment Completed	13	0
2	Surgeon Consultation Completed	13	0
3	Anesthesia Consultation Completed	13	0
4	Informed Consent Obtained	13	0
5	Priority of Surgery Determined	13	0
6	Operating Room Availability Confirmed	13	0
7	Surgical Team Informed	13	0
8	Necessary Equipment Confirmed	13	0
9	Pre-Operative Instructions Given	13	0
10	Post-Operative Plan Prepared	13	0
11	Documentation Completed	13	0
12	Emergency Backup Plan in Place	13	0

Total compliance: 100%

PIECHART: SURGICAL SCHEDULING PROTOCOL MONITORING REPORT



4. OBSERVATIONS

Strengths in Surgical Scheduling Compliance:

- All patients had complete pre-operative assessments including labs and imaging.
- Multidisciplinary consultations (surgical, anesthesia) were consistently performed.
- Informed consent was properly documented in all 13 cases.
- Full coordination ensured availability of operating rooms, supplies, and backup planning.
- Zero protocol breaches observed.

Deviations from Protocol Observed:

- **None.** All cases fully complied with protocol components.

Challenges or Barriers Identified:

- Occasional strain on supply chain may cause potential equipment stock issues if not proactively managed.
 - Communication between wards and OR scheduling desk, though improved, needs further systematization.
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5. DISCUSSION

The Surgical Ward of Deder General Hospital demonstrated a **100% compliance** rate across all 12 protocol indicators during the July 2017 E.C. monitoring period. This exceptional adherence reflects a mature and well-coordinated system, with strong leadership, teamwork, and process ownership among surgical, anesthesia, and nursing teams.

The observed strength in areas like documentation, consent, patient preparation, and post-operative planning aligns with international surgical safety benchmarks including WHO's Surgical Safety Checklist framework.

No deviations were recorded, and no surgical scheduling was delayed or canceled due to planning errors, which is a testament to the effectiveness of the hospital's existing systems.

Despite this, sustainability will require vigilance. Challenges such as potential supply delays or internal communication lags, though not impacting current performance, are risks that warrant mitigation strategies like automated inventory tracking and EMR-linked surgical scheduling.

6. CORRECTIVE ACTIONS & RECOMMENDATIONS

Immediate Actions Taken:

- Commended the Surgical Ward and OR teams for their excellent protocol compliance.
- Reinforced the importance of inventory checks with the procurement team.

Recommendations:

1. **Sustain High Performance:** Continue regular monitoring and feedback loops to maintain 100% compliance.
2. **Strengthen Communication Systems:** Integrate electronic scheduling alerts between surgical ward and OR management.
3. **Inventory Automation:** Introduce automated systems for surgical supply tracking and expiry alerts.
4. **Ongoing Training:** Regular refresher training for new staff to prevent procedural lapses.

Responsible Persons:

- Surgical Ward Head
- Operating Room Coordinator
- Hospital Quality Improvement Officer

Follow-Up Date:

AUGUST, 2017EC

7. FEEDBACK FROM SURGICAL TEAM

Positive Feedback:

- Effective communication and collaboration among team members.
- Timely availability of surgical slots and equipment.
- Well-organized documentation and patient flow.

Suggestions for Improvement:

- Implement a digital pre-op checklist that syncs with patient EMR.
- Set up a notification system for pending pre-op labs or consent issues.

8. CONCLUSION

The July 2017 E.C. monitoring of Surgical Scheduling Protocol in the Surgical Ward at Deder General Hospital revealed full compliance across all checklist items, confirming the maturity of the system and staff proficiency. The practices observed are commendable and reflect a well-established culture of safety and efficiency.

While the system is functioning optimally, continuous quality improvement measures—particularly in communication and resource readiness—will ensure this performance is sustained and enhanced over time. Deder General Hospital can serve as a model for surgical scheduling excellence in similar regional facilities.
