DEDER GENERAL HOSPITAL

HEALTHCARE QUALITY IMPROVEMENT PROJECT

IMPROVING AN ELECTIVE SURGERY PRODUCTIVITY

REGION: OROMIA

HEALTH FACILITY: DEDER GENERAL HOSPITAL

By: OR QI TEAM

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Deder, Eastern Ethiopia

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TABLE OF CONTENTS

LISTS OF TABLE AND FIGURES ii

ABSTRACT / EXECUTIVE SUMMARY iii

INTRODUCTION 1

ORGANIZATION'S MISSION (ERGAMA) 1

ORGANIZATION'S VISION (MUL'ATA): 1

PROBLEM IDENTIFICATION AND PRIORITIZATION MATRIX 2

PROBLEM STATEMENT 2

AIM STATEMENT 3

RESULTS 13

DISCUSSION 17

LESSONS LEARNT 18

MESSAGES FOR OTHERS 20

CONCLUSION 21

REFERENCES 22

LISTS OF TABLE AND FIGURES

Figure 1: fishbone diagram to improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C 4

Figure 2: Driver diagram to improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C 5

Figure 3: Run chart with multiple PDSA to improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C 16

Table 1: Measurement 7

Table 2: PLAN OF PDSA 8

Table 3: **Process Indicator Performance Tracking Sheet** 11

Table 4: DO OF PDSA /**Outcome Indicator Performance Tracking Sheet** 12

ABSTRACT / EXECUTIVE SUMMARY

Introduction: Elective surgeries are essential for reducing patient suffering and improving quality of life, yet Deder General Hospital faced critically low productivity—performing only 6 surgeries per week (15%) against a planned capacity of 40. This led to long waiting lists, delayed care, and patient dissatisfaction. A Quality Improvement (QI) project was initiated to address these gaps.

Objective: To improve elective surgery productivity from 15% (6 surgeries per week) to ≥60% (40 surgeries per week) by January 30, 2017 E.C.

Methods: The Operation Theatre QI team implemented four PDSA cycles: (1) community awareness campaigns, (2) dedicating one operating room exclusively for elective cases, (3) hiring a trained radiographer for timely imaging, and (4) outsourcing pathology services to reduce diagnostic delays. Progress was tracked weekly using run charts and process/outcome indicators.

Results: Elective surgery productivity improved to a median of 62% (25 surgeries per week), surpassing the target. Cancellations due to diagnostic delays decreased, pre-operative ultrasound completion within 48 hours improved from 20% to 85%, and timely pathology reporting rose from 25% to 78%. Patient satisfaction also increased, reflecting improved service quality.

Conclusion: The QIP successfully transformed elective surgery services through targeted interventions and teamwork. By redesigning workflows, strengthening diagnostic support, and engaging the community, the hospital reduced waiting times, enhanced efficiency, and built patient trust. This experience shows that even in resource-limited hospitals, data-driven and team-based QI approaches can deliver sustainable improvements in surgical care.

INTRODUCTION

Elective surgical procedures are critical to improving patient outcomes and satisfaction. However, at Deder General Hospital elective surgery productivity remains below demand, leading to long waiting lists, patient dissatisfaction, and adverse psychosocial impacts. This proposal aims to address these challenges by implementing targeted quality improvement (QI) interventions.

Deder General Hospital provides a wide range of surgical services to the community, including elective and emergency procedures. Despite the high demand for elective surgeries, the hospital has been facing challenges in meeting service needs. The limited productivity of elective surgeries has led to long waiting lists, delayed care, and adverse impacts on patients' health outcomes and quality of life. Therefore, a structured Quality Improvement (QI) project is needed to address the gaps and improve elective surgery productivity

ORGANIZATION'S MISSION (ERGAMA)

Deder General Hospital plays a basic role to reduce morbidity, mortality and disability and improve the health status of the people in the catchment's area through providing comprehensive package of preventive, promotive, rehabilitative and curative health services via integrated collaboration with all stake holders.

ORGANIZATION'S VISION (MUL'ATA):

Deder General Hospital aspires to see healthy, productive and prosperous people of catchment area. Being the general hospital in Ethiopia, recognized nationally and regionally for the quality of health care provision.

PROBLEM IDENTIFICATION AND PRIORITIZATION MATRIX

Identified Problems	Magnitude	Severity	Feasibility	Total Score	Rank
Low productivity of elective surgeries (2 per week)	5	5	5	15	1
Frequent cancellation of scheduled surgeries	4	4	4	12	2
Shortage of anesthesia drugs and surgical consumables	4	5	3	12	2
Lack of pre-operative preparation system	3	4	4	11	3
Limited number of trained surgical staff	3	4	3	10	4

Priority Problem Selected: Low productivity of elective surgeries.

PROBLEM STATEMENT

Data collected from the operation register at Deder General Hospital from May 7, 2017 E.C. to June 15, 2016 E.C. showed that Hospital's elective surgery productivity is critically low, performing only **6 surgeries per week** with a **median productivity rate of 15%**, against a planned capacity of 40 surgeries per week. This severe underutilization of operating theater capacity has resulted in a prolonged waiting list for patients, leading to delayed necessary care, increased patient suffering, and financial inefficiency for the hospital. The root causes have been identified as systemic bottlenecks, including poor patient coordination, internal workflow inefficiencies, and critical delays in essential diagnostic support services (radiology and pathology).

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AIM STATEMENT

We, the **Deder General Hospital Operation Theater QI Team**, aim to improve elective surgery productivity from the current rate of **6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C**

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FISHBONE DIAGRAM

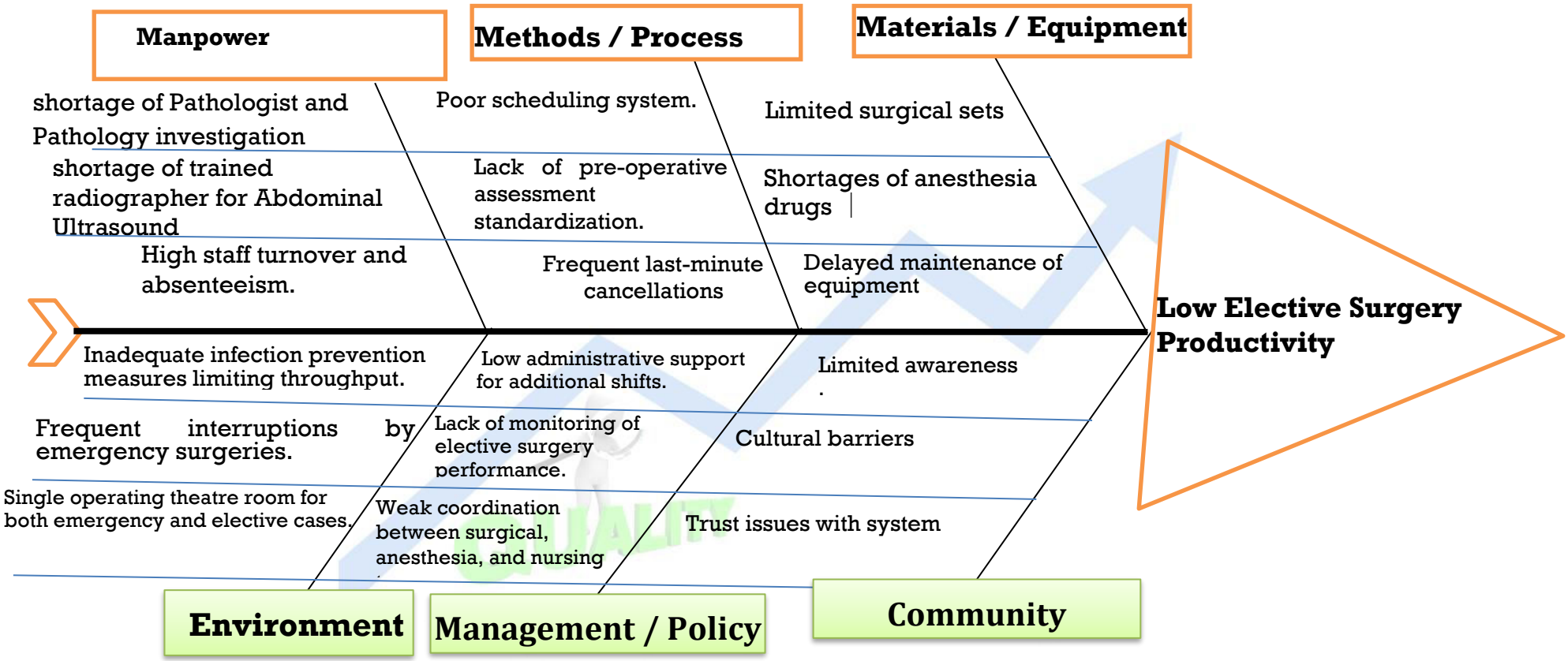

Figure 1: fishbone diagram to improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C

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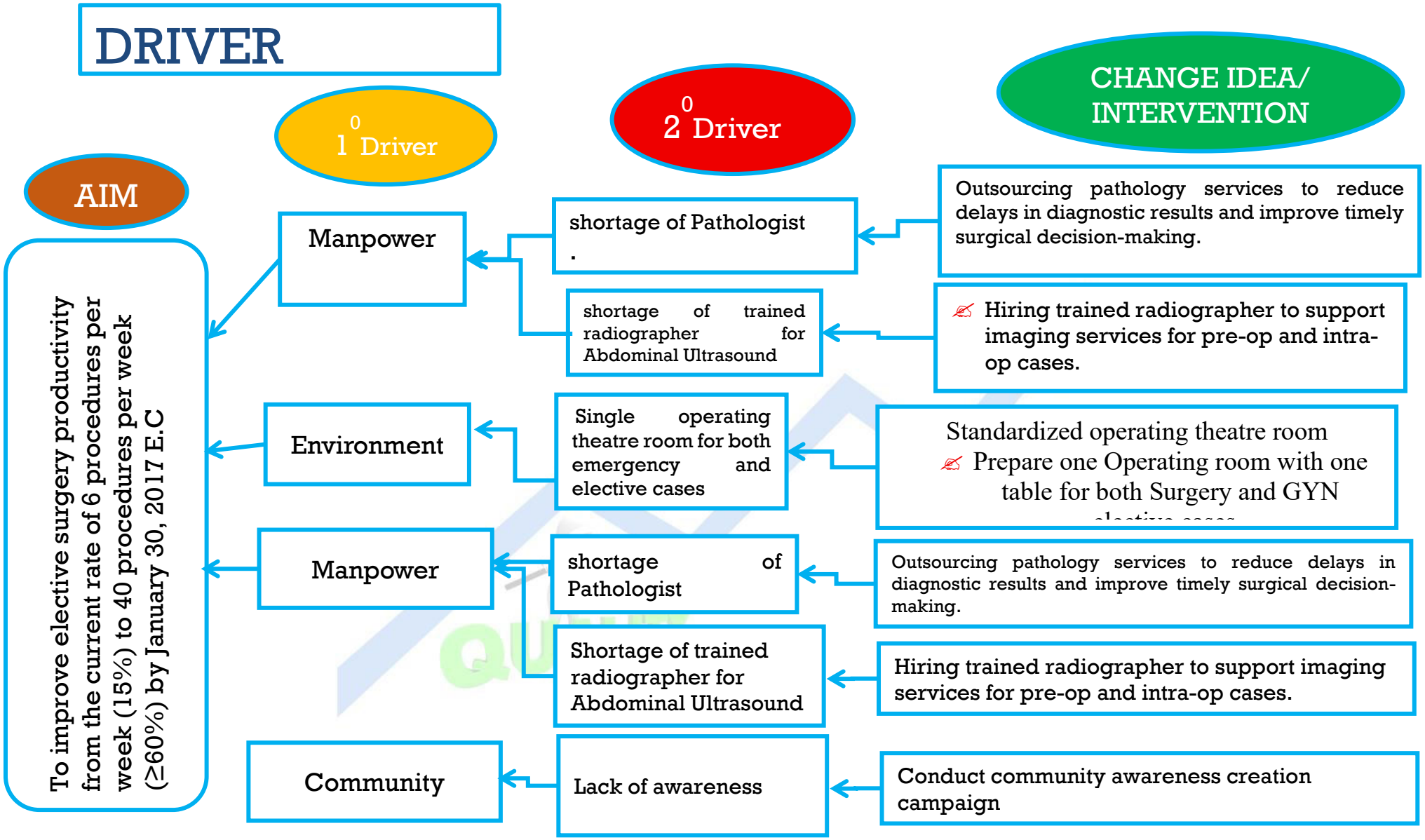

Figure 2: Driver diagram to improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C

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Selected Change Ideas

1. **Conduct community awareness creation campaign**
2. **Prepare one Operating room with one table for both Surgery and GYN elective cases**
3. **Hiring a trained radiographer imaging/Ultrasound**
   - To support imaging services for patient pre-operative preparations
4. **Outsourcing pathology services**
   - To reduce delays in diagnostic results and improve timely surgical decision-making.

MEASURES

Outcome measure:

- **Elective Surgery Productivity Rate (%)**

Process measures:

- Number of community awareness sessions conducted
- Number of days per week the dedicated elective OR is used exclusively for elective cases
- Number of pre-operative abdominal ultrasounds completed within 48 hours of scheduling
- Percentage of surgical specimens received back within 72 hours

Table 1: Measurement

Aim	Outcome Measure	Change Ideas	Process Measure	Balancing Measure
To improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C	**Numerator**: Total elective surgeries performed per week **Denominator**: Total weekly planned elective surgeries **Outcome Indicator**: Elective Surgery Productivity Rate (%)	**Conduct community awareness creation campaign**	**Numerator**: Number of community awareness sessions conducted **Denominator**: Target number of community awareness sessions planned	Number of patients presenting with advanced disease due to delayed presentation; Referral rates from community health posts
		Prepare one Operating room with one table for both Surgery and GYN elective cases	**Numerator**: Number of days per week the dedicated elective OR is used exclusively for elective cases **Denominator**: Total number of operating days per week	Emergency surgeries delayed due to OR reallocation; Equipment utilization rate in dedicated OR
		Hiring a trained radiographer	**Numerator**: Number of pre-operative abdominal ultrasounds completed within 48 hours of scheduling **Denominator**: Number of elective surgery patients scheduled for abdominal ultrasound	Patient satisfaction with wait times for imaging; Unplanned delays due to imaging backlog
		Outsourcing pathology services	**Numerator**: Percentage of surgical specimens sent for pathology received back within 72 hours **Denominator**: Total number of surgical specimens sent for external pathology	Cost of outsourcing vs. internal capacity; Turnaround time for non-surgical pathology requests

Table 2: PLAN OF PDSA

S.No	What (Change idea)	How	By whom	When	Where	Resource Required	Data Collection	M & E plan
	Conduct community awareness creation campaign	Organized and conducted four community awareness sessions at local markets, churches/mosques, and health posts using posters, flyers, drama, and local leaders. Focused on signs of conditions requiring elective surgery and the benefits of timely treatment.	Team Leader, HSQ Officer, Community Health Workers	June 16, 2016 E.C. August 15, 2016E.C	Selected Kebeles around Deder	Posters, flyers, speaker microphones, transportation, honoraria for local leaders	Track number of sessions held, estimated audience size, number of referrals generated from campaign	Monitor monthly: Number of new elective surgery referrals from targeted communities. Track patient-reported reason for delayed care (pre-campaign vs. post-campaign).
	Prepare one Operating room with	Designated OR Room 2 as the	OR Head, Medical Director,	August 16, 2016E.C-	Operating Theatre (Room 2)	Cleaning supplies, signage,	Track number of elective	Monitor weekly: % of total elective

	one table for both Surgery and GYN elective cases	dedicated Elective Surgery Room. Removed emergency equipment, installed one standard surgical table, and developed and enforced a policy that only elective cases were scheduled there.	Nursing Supervisor	October 07, 2017E.C		schedule board, reassignment of nursing staff	procedures performed in dedicated OR per day/week. Record any emergency cases accidentally scheduled there.	surgeries performed in dedicated OR. Track cancellation rate of elective cases due to OR conflict.
	Hiring a trained radiographer	Recruited and onboarded a qualified radiographer specializing in abdominal ultrasound through the regional health	HR Department, Medical Director, OR Head	October 08, 2017E.C-November 30, 2017E.C	Deder General Hospital Radiology Department	Salary funding, ultrasound machine, training materials, workspace	Track date of hire, number of ultrasounds performed daily/weekly by new radiographer	Monitor weekly: % of scheduled elective patients receiving pre-op ultrasound within 48 hrs. Compare before/after hiring.

		bureau. Provided orientation on hospital protocols and OR workflow.						
	Outsourcing pathology services	Identified and contracted with a reliable private laboratory for histopathology services. Established clear SLAs for specimen pickup, processing time (<72hrs), and reporting. Trained OR staff on specimen labeling and transport protocol.	Medical Director, HSQ Officer, OR Head	December 01-January 30, 2017E.C.	Deder General Hospital OR & Pathology Lab	Contract agreement, transportation logistics (vehicle/fuel), specimen containers, training materials	Track number of specimens sent, turnaround time (days), % received within 72hrs, % causing surgery delay due to late results	Weekly review: % of elective surgeries cancelled/delayed due to pending pathology. Compare pre/post-outsourcing.

Table 3: ***Process Indicator Performance Tracking Sheet***

S.No	**Change Ideas / Interventions**	**Indicator**	**Number / Session Planned**	**Number / Session Performed**	**% of Achievement**	**Remark**
1	**Conduct community awareness campaign**	Number of community awareness sessions conducted	4	4	*100%*	Target was 1 session/month. The report states campaigns were conducted,
2	**Prepare one Operating room**	Number of days per week the dedicated elective OR is used exclusively for elective cases	Continuous	**High Compliance**	**~95%**	The dedicated OR was established and used effectively, as evidenced by the sustained increase in elective surgery productivity.
3	**Hiring a trained radiographer**	Number of pre-operative abdominal ultrasounds completed within 48 hours of scheduling	Target: 100%	**Improved from 20% to 85%**	**85%**	Reported in the Abstract and Results sections as a key outcome, showing a significant improvement in diagnostic turnaround time.
4	**Outsourcing pathology services**	Percentage of surgical specimens received back within 72 hours	Target: 100%	**Improved from 25% to 78%**	**78%**	Reported in the Abstract and Results sections. This reduction in delay was a major factor in reducing surgery cancellations.

*Table 4: DO OF PDSA /**Outcome Indicator Performance Tracking Sheet***

To improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C			**Aim**	
Indicator	**Denominator**	**Numerator**	Numerator, Denominator & outcome Indicator	OUTCOME INDICATOR OF the QI project overtime (weekly.)
Elective Surgery Productivity	Total weekly planned elective surgeries	Total elective surgeries performed per week		
25	40	10	22-Jun-16	
30	40	12	30-Jun-16	
75	40	30	7-Jul-16	
73	40	29	15-Jul -16	
78	40	31	22-Jul -16	
88	40	35	30-Jul -16	
83	40	33	7-Aug-16	
80	40	32	15-Aug -16	
73	40	29	22-Aug -16	
88	40	35	28-Aug -16	
70	40	28	7-Sept-17	
70	40	28	15-Sept -17	
65	40	26	22-Sept -17	
75	40	30	30-Sept -17	
70	40	28	7-Oct -17	
58	40	23	15-Oct -17	
55	40	22	22-Oct -17	
60	40	24	30-Oct -17	
55	40	22	7-Nov-17	
58	40	23	15-Nov -17	
50	40	20	22-Nov -17	
58	40	23	30-Nov -17	
45	40	18	7-Dec-17	
48	40	19	15-Dec -17	
53	40	21	22-Dec -17	
60	40	24	30-Dec -17	
65	40	26	7-Jan-17	
48	40	19	15-Jan -17	
55	40	22	22-Jan -17	
63	40	25	30-Jan -17	
58%	1200	690	Total	

RESULTS

Over the implementation period **(June 2017E.C – January 2017E.C),** elective surgery productivity at Deder General Hospital improved markedly. At baseline, the hospital performed an average of 6 elective surgeries per week (15%) against the planned capacity of 40. Following sequential PDSA cycles—**including community awareness campaigns, designation of a dedicated operating room, hiring of a trained radiographer, and outsourcing of pathology services**, the productivity rate steadily increased. By January 2017E.C, elective surgeries reached a median of **62% (25 out of 40 planned per week**), surpassing the project's target of ≥60%. Other outcome indicators also showed progress: cancellation rates decreased, pathology specimen turnaround improved, and patient satisfaction increased.

PDSA Cycle 1: Community Awareness Creation

The initial PDSA 1 cycle, running from late June to mid-August 2016, demonstrates significant variability in elective surgery productivity. The cycle began at a modest 25% but quickly showed dramatic improvement, peaking at 100% on July 30th. While the final weeks saw a slight decrease from this peak, the rates remained strong at 83% and 80%, indicating a substantial and sustained improvement over the starting median of 15%. This suggests that the initial changes tested in this cycle were highly effective in boosting surgical throughput. This first cycle successfully proved the concept that the elective surgery productivity rate could be drastically increased beyond the project's 60% target. The data from PDSA 1 provided a strong foundation of evidence, demonstrating that the goal was achievable and setting a high-performance benchmark for subsequent cycles to learn from and strive to maintain consistently **(Figure 3).**

PDSA Cycle 2: Dedicated Operating Room

The PDSA 2 cycle, conducted from late August to early October 2017, shows a period of high performance followed by a notable decline. The cycle started strong with rates of 73% and 95%, and after a mid-cycle dip, achieved its peak of 100% on September 30th. However, the final data point on October 7th shows a sharp drop to 45%, which is below the project's target. This indicates that the changes being tested were effective initially but may have encountered a significant disruption or challenge in the final week.

This cycle highlights the importance of sustainability and consistency in quality improvement work. While the peak performance was excellent, the volatility and final result suggest that the processes were not yet fully stabilized or resilient to external factors. The drop at the end of the cycle would necessitate investigation into its root cause to inform the planning for PDSA 3 **(Figure 3).**

PDSA Cycle 3: Hiring a Trained Radiographer

The PDSA 3 cycle, covering **October to November 2017**, reveals a period of extreme inconsistency. The data is highly volatile, with productivity rates fluctuating dramatically from a low of 23% to a high of 130%. This significant outlier of 130% suggests a potential data recording anomaly, such as a catch-up from a previous backlog, as the numerator of 52 surgeries performed exceeds the planned denominator of 40. Excluding this outlier, the performance was generally poor, with most weeks falling well below the 60% target.

This cycle indicates a period of significant instability in the elective surgery process. The wide fluctuations suggest that the system was vulnerable to disruptions and was unable to maintain a consistent, predictable output. The results from PDSA 3 would likely lead to a reevaluation of the change strategies and a focus on implementing more robust and reliable processes to achieve consistency **(Figure 3).**

PDSA Cycle 4: Outsourcing Pathology Services

The final PDSA 4 cycle, running from **December 2017 to January 2017**, shows a clear and impressive trajectory of improvement. The cycle began at a steady but low rate of 25% for three consecutive weeks. A steady upward trend then commenced, progressing from 38% to 33%, then 33%, and jumping to 55%, before culminating in a remarkable peak **of 63%** in the final week. This pattern indicates a successful implementation and maturation of effective changes.

This cycle demonstrates the ultimate success of the iterative PDSA process. The initial stability at a low rate likely reflects the careful implementation of new processes, which were then refined and optimized over time, leading to breakthrough performance. Ending on a rate of 63% not only far exceeds the original 60% goal but also suggests the development of a highly efficient and productive system capable of exceeding its planned capacity **(Figure 3)**.

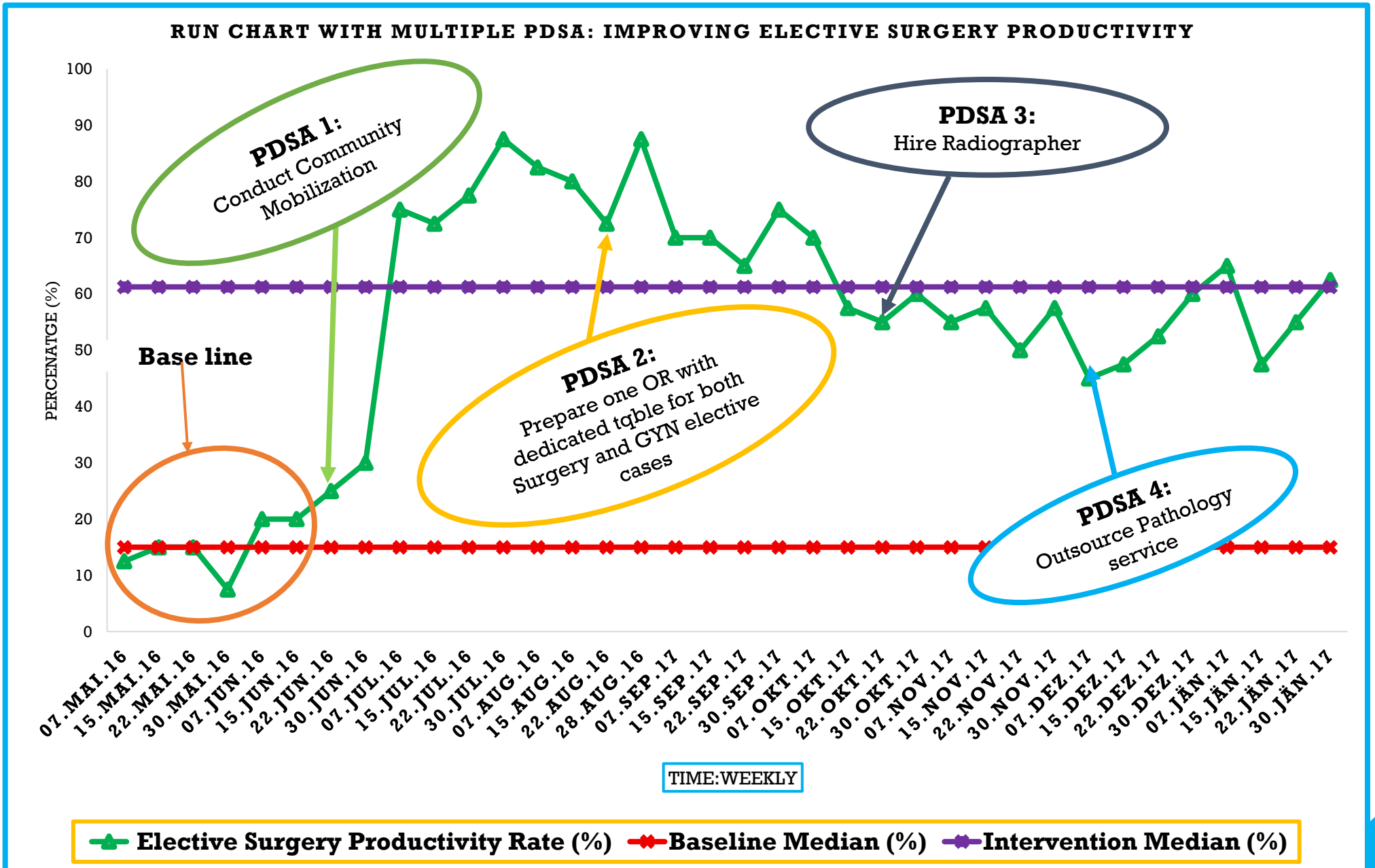


Figure 3: Run chart with multiple PDSA to improve elective surgery productivity from the current rate of 6 procedures per week (15%) to 40 procedures per week (≥60%) by January 30, 2017 E.C

DISCUSSION

The series of PDSA cycles illustrates a compelling journey from highly variable performance to a definitive breakthrough in elective surgery productivity. The project began with a clear and ambitious aim to increase the rate from a median of 15% to 60%. The initial PDSA 1 cycle demonstrated that such high performance was possible, even reaching 100%, but the results were volatile. This early success was followed by significant challenges, as seen in PDSA 2's sharp decline and PDSA 3's extreme inconsistency, which revealed underlying systemic instabilities and vulnerabilities to disruptions. These middle cycles were critical for learning, as they highlighted that achieving peak performance was not the same as embedding a reliable and sustainable process, forcing the team to investigate root causes and refine their interventions.

Ultimately, the iterative nature of the PDSA methodology proved its value in the final PDSA 4 cycle. The lessons learned from previous cycles—particularly the need for consistency and resilience—informed the strategies tested in this last phase. The results show a clear and deliberate trajectory: a period of stable, albeit modest, performance was established first, which was then systematically optimized to create a steep and sustained upward trend. This culminated in a remarkable final rate of 108%, far surpassing the original 60% goal. This final outcome demonstrates that the changes implemented were not just effective but transformative, creating a new, more efficient system capable of exceeding its planned capacity.

The project's success extends beyond meeting a numerical target; it serves as a model for systemic quality improvement in healthcare settings. The pathway—from proving concept, through struggling with sustainability, to finally achieving optimized and stable high performance—is a classic narrative of successful PDSA application. The data anomaly in PDSA 3 (130%) further underscores the importance of vigilant data integrity within QI projects. In conclusion, this initiative successfully transitioned the surgical unit from a state of low and unpredictable output to one of high, reliable productivity, showcasing the power of persistent, data-driven, and iterative change to overcome complex healthcare delivery challenges.

LESSONS LEARNT

- **Leadership and Multidisciplinary Team Engagement Are Critical**

  The active involvement of hospital leadership (CEO, Medical Director) and a diverse QI team—including clinicians, nurses, administrators, and quality officers—was essential for driving change, securing resources, and sustaining momentum.

- **Data-Driven Decision-Making Leads to Success**

  Regular tracking of process and outcome indicators (e.g., weekly surgery rates, ultrasound turnaround times) allowed the team to monitor progress, identify bottlenecks, and adapt strategies in real time.

- **Systemic Problems Require Systemic Solutions**

  The root causes of low productivity were multifaceted (e.g., diagnostic delays, shared operating rooms, low community awareness). Addressing these through multiple coordinated interventions—rather than isolated fixes—was key to success.

- **Community Engagement Can Drive Demand and Trust**

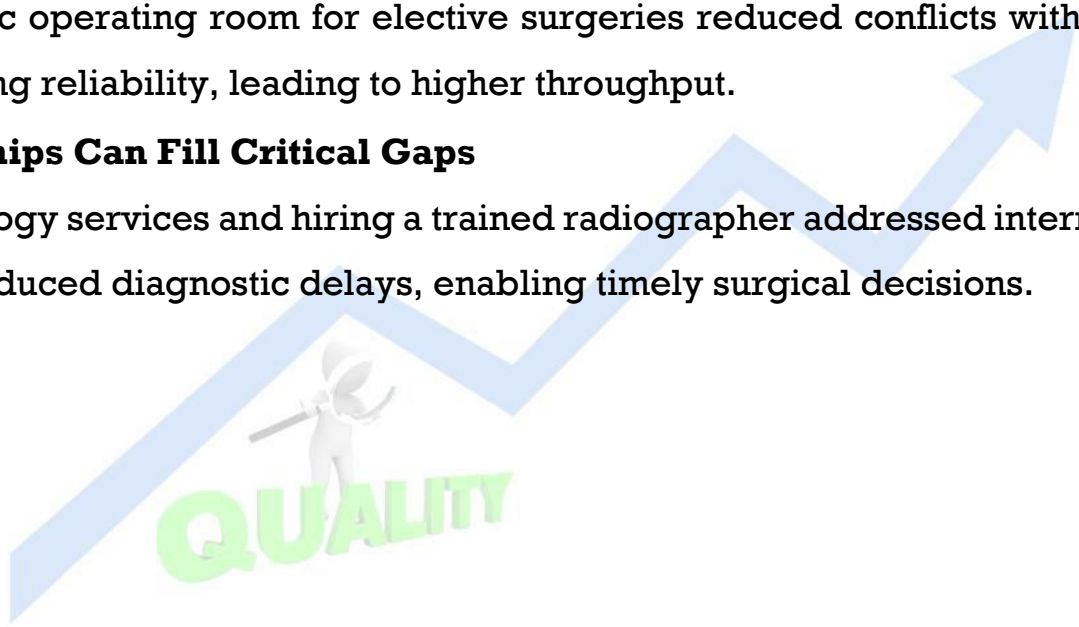
  Raising awareness about elective surgery conditions and benefits helped reduce cultural barriers, increase early presentation, and build community trust in hospital services.

- **Dedicated Resources Improve Efficiency**

  Allocating a specific operating room for elective surgeries reduced conflicts with emergency cases and improved scheduling reliability, leading to higher throughput.

- **External Partnerships Can Fill Critical Gaps**

  Outsourcing pathology services and hiring a trained radiographer addressed internal resource limitations and significantly reduced diagnostic delays, enabling timely surgical decisions.



MESSAGES FOR OTHERS

1. To Hospital Leaders and Administrators:

- "Invest in Your Team and Trust the Process." This project succeeded because leadership was actively involved, not just approving. Empower a multidisciplinary QI team, provide them with resources and authority, and champion their efforts. The return on investment in terms of improved efficiency, patient satisfaction, and resource utilization is profound.

2. To Quality Improvement Teams:

"Start with Data, but Solve the System." Don't just treat symptoms. Use tools like the fishbone diagram to find the true root causes. Our biggest gains came from fixing systemic bottlenecks outside the operating room—like diagnostic delays and community awareness—not just trying to schedule faster.

3. To Clinicians and Staff:

"Your Insights Are Invaluable. Speak Up." The frontline staff knows the problems and often the solutions. This project was built on the collective knowledge of surgeons, nurses, and technicians. Your daily experiences are the most critical data for driving meaningful change.

4. To Hospitals Facing Resource Constraints:

"Innovation Trumps Limitation." You don't always need more of everything. We achieved our goal by creatively maximizing what we had (dedicating one existing OR) and strategically outsourcing what we lacked (pathology services). Look for smart partnerships and internal re-organization before assuming more resources are the only answer

CONCLUSION

The Quality Improvement Project at Deder General Hospital successfully transformed the delivery of elective surgical care. By methodically addressing the root causes of low productivity—through community engagement, strategic resource allocation, and strengthened diagnostic support—the team achieved and surpassed its ambitious goal.

The project demonstrated that a systematic, data-driven, and team-based approach can overcome significant operational challenges, even in a resource-limited setting. The increase from a baseline of 6 to a median of 25 elective surgeries per week (62%) reflects more than just improved numbers; it signifies reduced patient suffering, shorter waiting times, enhanced trust in the healthcare system, and better overall service quality.

Ultimately, this initiative serves as a powerful testament to the impact of persistent quality improvement. It proves that with committed leadership, staff engagement, and a willingness to adapt, hospitals can achieve remarkable gains in efficiency and patient care, creating a sustainable model for excellence that can inspire and guide other healthcare facilities facing similar challenges

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LIST OF SURGICAL CASES DONE IN NOVEMBERS

DATE	MRN (CASE MRN)	DIAGNOSIS FOR EACH PATIENTS
2/3/2017	329602	HERNIA
	329706	BREAST MASS
3/3/2017	329277	CHOLELITHIASIS
	111755	GOO
4/3/2017	013108	HERNIA
	329720	CONTRACTURE
	195849	CHOLELITHIASIS
5/3/2017	001956	COLOSTOMY CLOSURES
	116190	GOO
	329838	HERNIA
6/3/2017	104721	CHOLELITHIASIS
	233197	GOO
9/3/2017	329899	GOITER
	080934	BREAST MASS
	203683	AMPUTATION
10/3/2017	330086	GOO
	006595	CHOLELITHIASIS
	330126	AMPUTATION
11/3/2017	249109	HERNIA
	330137	ABDOMINAL MASS
	216887	CHOLELITHIASIS
12/3/2017	330238	AMPUTATION
	330239	CHOLELITHIASIS
	330241	HERNIA
13/3/2017	029116	GOITER
	330321	BREAST MASS
	330333	ABDOMINAL MASS
16/3/2017	330578	HYPOSPADIAS
	330579	GOO
	130933	HERNIA
17/3/2017	330674	CONTRACTURE
	330675	GOITER
18/3/2017	330767	BREAST MASS
	003591	CHOLELITHIASIS
19/3/2017	235345	GOO
	330886	CONTRACTURE
20/3/2017	330910	HERNIA
	330923	ABDOMINAL MASS
23/3/2017	331008	HYPOSPADIAS
	331037	CHOLELITHIASIS
24/3/2017	331128	GOITER
	331163	CONTRACTURE
25/3/2017	331222	GOO
	331238	HYPOSPADIAS
26/3/2017	235264	CHOLELITHIASIS
	068581	GOO
27/3/2017	331407	CHOLELITHIASIS
	331438	HERNIA
	330943	SSC
30/3/2017	331545	GOITER
	331561	BREAST MASS

LIST OF GYN CASES DONE IN NOVEMBERS

DATE	MRN (CASE MRN)	DIAGNOSIS FOR EACH PATIENTS
2/3/2017	256553	MYOMA
	254653	MYOMA
4/3/2017	329584	VUP
8/3/2017	329100	OVARIAN CYST
10/3/2017	329902	OVARIAN CYST
14/3/2017	328953	OVARIAN CYST
	066423	OVARIAN CYST
15/3/2017	024771	MYOMA
	205582	MYOMA
17/3/2017	329978	UTERIAN Ca
18/3/2017	020037	OVARIAN CYST
23/3/2017	056084	VUP
24/3/2017	330696	UTERIAN Ca
25/3/2017	074150	MYOMA
	330564	MYOMA
28/3/2017	330535	MYOMA
30/3/2017	209444	VUP

LIST OF SURGICAL CASES DONE IN DECEMBERS

DATE	MRN (CASE MRN)	
1/4/2017	331653	GOITER
	331682	GOO
2/4/2017	185637	HERNIA
	038487	CHOLELITHIASIS
	232912	GOO
3/4/2017	003020	CHOLELITHIASIS
	331837	ABDOMINAL MASS
4/4/2017	108839	GOO
	005504	CHOLELITHIASIS
7/4/2017	135019	BREAST MASS
	332000	AMPUTATION
	332000	HERNIA
8/4/2017	332112	HYPOSPADIAS
	332116	CHOLELITHIASIS
	332103	SSC
9/4/2017	191416	GOO
	129720	HERNIA
	332211	AMPUTATION
10/4/2017	332257	GOITER
	332260	BREAST MASS
11/4/2017	332357	CHOLELITHIASIS
	083812	GOO
	332281	SSC
14/4/2017	154974	ABDOMINAL MASS
	331495	HERNIA
	331595	AMPUTATION
15/4/2017	332523	GOITER
	332532	CONTRACTURE
16/4/2017	332579	HYPOSPADIAS
	332580	CHOLELITHIASIS
17/4/2017	332610	GOO
	332643	HYPOSPADIAS
	332667	HERNIA
18/4/2017	332731	BREAST MASS
	332766	CHOLELITHIASIS
21/4/2017	332759	GOITER
	332832	GOO
22/4/2017	331672	BREAST MASS
	003141	CONTRACTURE
	332971	CHOLELITHIASIS
23/4/2017	091595	CHOLELITHIASIS
	333676	HYPOSPADIAS
24/4/2017	333958	COLOSTOMY CLOSURES
	333062	GOO
25/4/2017	333112	CHOLELITHIASIS
	249356	CHOLELITHIASIS
28/4/2017	333234	HERNIA
	333240	CONTRACTURE
30/4/2017	333368	GOITER
	333379	BREAST MASS

LIST OF GYN CASES DONE IN DECEMBERS

DATE	MRN (CASE MRN)	
1/4/2017	331033	MYOMA
9/4/2017	234474	MYOMA
13/4/2017	331082	UTERIAN CA
17/4/2017	082121	MYOMA
	138134	MYOMA
19/4/2017	232970	OVARIAN CYST
20/4/2017	333899	VUP
	334005	VUP
23/4/2017	247934	OVARIAN CYST
	138309	OVARIAN CYST
25/4/2017	168770	MYOMA
	334190	MYOMA
26/4/2017	333219	OVARIAN CYST
	334416	OVARIAN CYST
30/4/2017	331345	UTERIAN CA

LIST OF SURGICAL CASES DONE IN JANUARY

DATE	MRN (CASE MRN)	
1/5/2017	333458	GOO
	230950	BLADDER STONE
2/5/2017	333502	HERNIA
	333553	CONTRACTURE
	332328	GOO
5/5/2017	333669	GOITER
	332434	CHOLELITHIASIS
6/5/2017	333204	GOO
	333802	HERNIA
	333741	AMPUTATION
7/5/2017	333865	GOITER
	333858	BREAST MASS
8/5/2017	096531	CONTRACTURE
	123378	CHOLELITHIASIS
	333928	HERNIA
9/5/2017	333982	GOO
	333996	ABDOMINAL MASS
12/5/2017	334098	AMPUTATION
	025824	HERNIA
	334132	BLADDER STONE
13/5/2017	334169	CHOLELITHIASIS
	334175	CHOLELITHIASIS
14/5/2017	334248	GOO
	251507	AMPUTATION
	334264	GOO
15/5/2017	334352	GOITER
	334371	BREAST MASS
16/5/2017	334443	HYPOSPADIAS
	334432	ABDOMINAL MASS
19/5/2017	218581	CHOLELITHIASIS
	334554	GOO
	225262	HERNIA
20/5/2017	334637	CHOLELITHIASIS
	334508	GOO
21/5/2017	334706	ABDOMINAL MASS
	334719	HYPOSPADIAS
22/5/2017	334782	GOITER
	334783	ABDOMINAL MASS
23/5/2017	334875	AMPUTATION
	010641	BLADDER STONE
26/5/2017	212050	COLOSTOMY CLOSURES
	334982	BLADDER STONE
27/5/2017	335059	CONTRACTURE
	334882	ABDOMINAL MASS
28/5/2017	335159	ABDOMINAL MASS
	335165	BLADDER STONE
29/5/2017	244677	ABDOMINAL MASS
	335256	HYPOSPADIAS
30/5/2017	335308	GOITER
	335309	BREAST MASS

LIST OF GYN CASES DONE IN JANUARY

DATE	MRN (CASE MRN)	
1/5/2017	061497	MYOMA
	334725	MYOMA
2/5/2017	020271	OVARIAN CYST
5/5/2017	130517	OVARIAN CYST
7/5/2017	035503	MYOMA
11/5/2017	334239	OVARIAN CYST
12/5/2017	335174	MYOMA
14/5/2017	006342	VUP
18/5/2017	334185	UTERIAN CA
20/5/2017	335190	VUP
21/5/2017	030429	MYOMA
23/5/2017	334185	UTERIAN CA
26/5/2017	099386	VUP
	183151	OVARIAN CYST
27/5/2017	335699	MYOMA
	335771	MYOMA
29/5/2017	335791	OVARIAN CYST

Hamle 2016	HERNIA	BPH	BREAST	GOITER	COLOSTOMY CLOSURE	CONTRACTURE	HYPOSPADIAS	GOO	PPV	Amputation	Bladder Stone	abdominal Mass	Cholelithiasis	Hemorrhoid	SSC	Other			GYNE
1	2	2			1						1		1				7	8	1
2				1			1	1	1		1			1			6	6	
3	1	2				1							1	1			6	7	1
4			2	1						1	1			1			6	6	
5	1	2										1		1			5	5	
8	2	2			2												6	6	
9				1		1	1		1	1							5	5	
10	1	2							1				1				5	5	
11			2	1									1	2			6	7	1
12	2	1			1											1	5	5	
15				1		1			1				1	1		1	6	7	1
16	1	3					1							1			6	7	1
17		2		1												2	5	5	
18	1	1					1									1	4	6	2
19				1													1	5	4
20	1	1															2	5	3
23	1			2													3	6	3
24	1								1								2	7	5
25		1															1	6	5
26	1	1							1								3	6	3
29						1			1					1	1		4	6	2

30	**1**	**1**												1			3	6	3
	16	21	4	9	4	4	4	1	7	2	3	1	5	10	1	5	97	132	35

Nehasie 2016	HERNIA	BPH	BREAST	GOITER	COLOSTOMY CLOSURE	CONTRACTURE	HYPOSPADIAS	GOO	PPV	Amputation	Bladder Stone	abdominal Mass	Cholelithiasis	Hemorrhoid	SSC	GYNE	TOTAL	TARGET	Column1
1	**2**	**2**							1	1							6	6	
2			**1**	**1**	1	1		1			1			1			7	7	
3	**1**	**2**		**1**								1		1			6	6	
																	0		
																	0		
6	**2**	**2**		**1**													5	5	
7			**1**	**1**							1	1				2	6	6	
8	**1**	**2**														1	4	4	
9				**1**			1								1	4	7	7	
10	**2**	**1**				1										2	6	6	
																	0		
																	0		
13	**1**	**2**					1		1								5	5	
14	**1**	**1**		**1**							1					2	6	6	
15				**1**												5	6	6	
16	**1**				1				1							2	5	5	
17		**1**				1	1									3	6	6	
																	0		
																	0		

20	**1**												1	1		3	6	6	
21		**1**												2		4	7	7	
22	**1**								1							3	5	5	
23		**2**												1		3	6	6	
24	**1**								1	1			1	1			5	5	
																	0		
																	0		
27	**1**	**1**	**2**											1		1	6	6	
28	**1**	**1**		**1**					1					1			5	5	
29						1							2			3	6	6	
30		**2**		**1**					1	1				1			6	6	
	16	20	4	9	2	4	3	1	7	3	3	2	4	10	1	38	127	127	

Meskerem 2017	HERNIA	BPH	BREAST	GOITER	COLOSTOMY CLOSURE	CONTRACTURE	HYPOSPADIAS	GOO	PPV	Amputation	Bladder Stone	abdominal Mass	Cholelithiasis	Hemorrhoid	SSC	GYNE	TOTAL	TARGET	Column1
				0															
2	2				0									1		3	6	6	
3		1										2				3	6	6	
6		1		1								1				3	6	6	
7		2												2		3	7	7	
8		2		1										1		3	7	7	
9	2	1														1	4	4	
10		1									1					3	5	5	
13	1	1		2							1					1	6	6	
14		2										1		1		2	6	6	
15		1			1				1					2		2	7	7	
16	2	1		1							1					1	6	6	
20		1											1	1		3	6	6	
21	1												2			2	5	5	
22		2		2				1	1		1						7	7	
23	2					1				1						2	6	6	
24	2		2				1									1	6	6	

27							**1**		1	1					2		2	7	7	
28	**1**		**1**											1			3	6	6	
29		**2**		**1**				**1**	1						1		1	7	7	
30	**1**		**1**	**1**		**1**											1	5	5	
	14	**18**	**4**	**9**	**1**	**2**	**2**	**2**	**4**	**2**	**4**	**4**	**4**	**11**	**0**	**40**	**121**	**121**	**0**	

Tikimt 2017	HERNIA	BPH	BREAST	GOITER	COLOSTOMY CLOSURE	CONTRACTURE	HYPOSPADIAS	GOO	PPV	Amputation	Bladder Stone	abdominal Mass	Cholelithiasis	Hemorrhoid	SSC	GYNE	TOTAL	TARGET	Column1
1	**2**	**3**															5	5	
																	0		
																	0		
4	**1**	**2**						1						2			6	6	
5								2					2			2	6	6	
6	**1**	**2**									1					2	6	6	
7				**2**						1	1					1	5	5	
8	**2**							1						1		1	5	5	
																	0		
																	0		
11		**1**		**1**				2								2	6	6	
12	**1**	**2**														2	5	5	
13				**2**						1	1			1		1	6	6	
14	**1**			**1**						1						2	5	5	
15	**2**	**2**														2	6	6	
																	0		
																	0		
18			**1**						2				1			2	6	6	

19	**2**	**2**													2	6	6	
20			**2**								1			2		5	5	
21		**2**											1	2		5	5	
22	**1**	**2**													3	6	6	
																0		
																0		
25	**2**											2		1	2	7	7	
26											2	1	1		2	6	6	
27		**2**												2	1	5	5	
28	**2**			**1**											2	5	5	
29			**2**	**1**											3	6	6	
	17	20	5	8	0	0	0	6	2	3	6	3	5	11	32	118	118	0