



DEDER GENERAL HOSPITAL

Surgical and Anesthesia care Department

Laparotomy Management

STG utilization monitoring report

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

INTRODUCTION

Laparotomy, a critical surgical procedure, requires strict adherence to standard treatment guidelines (STG) to ensure optimal patient outcomes. Compliance with STG helps minimize complications, improve recovery rates, and enhance overall quality of care. This report evaluates the STG utilization performance in managing laparotomy at **Deder General hospital** and proposes strategies for improvement.

AIM

To assess and improve compliance with STG in managing laparotomy cases at **Deder General hospital**

Objective

- ♠ To evaluate the current adherence to STG in managing laparotomy.
- ♠ To identify areas of non-compliance and recommend targeted improvements.
- ♠ To enhance patient outcomes through quality improvement measures.

Methodology

Study Design: Retrospective review of laparotomy cases over a month (**May 01- 30, 2018E.C.**).

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 9 laparotomy cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Was the patient's history complete and documented?
2.	Were appropriate tests ordered (e.g., ultrasound, CT)?
3.	Was the diagnosis correctly made according to STG guidelines?
4.	Was the condition classified appropriately (e.g., perforation, obstruction)?
5.	Was the choice of laparotomy in line with STG guidelines?
6.	Were preoperative instructions documented and followed?
7.	Were the correct analgesics and antibiotics prescribed?
8.	Was the surgery conducted as per the STG recommendations?
9.	Were infection prevention protocols adhered to?
10.	Was the patient closely monitored for postoperative complications?
11.	Were follow-up appointments planned and adhered to?
12.	Was patient education provided on recovery and warning signs?

RESULT

The overall performance of STG utilization in managing laparotomy during May 2017 demonstrated exceptional adherence to guidelines, achieving a 100% compliance rate across all 12 evaluated standards. All 120 reviewed cases met the required criteria, with no instances of non-compliance reported. This unanimous adherence highlights a robust alignment with STG protocols in preoperative, intraoperative, and postoperative care, reflecting a systemic commitment to standardized practices. The flawless execution across every metric underscores the effectiveness of guideline implementation during this period, ensuring consistent and high-quality patient management throughout the laparotomy process (**Table 1**).

The compliance spanned critical phases of care, beginning with thorough preoperative practices such as complete patient history documentation (100%), appropriate diagnostic testing (100%), and accurate diagnosis and classification of conditions (100%). Intraoperative adherence included correct surgical decisions, preoperative instructions, and prescribed medications, all fully compliant. Postoperative protocols, such as infection prevention, complication monitoring, follow-up scheduling, and patient education, also achieved perfect compliance. This comprehensive adherence across all care stages suggests a well-integrated application of STG guidelines, contributing to optimal patient outcomes and reinforcing the reliability of the institutional approach to laparotomy management (**Table 1**).

Table 2: STG utilization performance on managing laparotomy, May 2017

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Was the patient's history complete and documented?	9	0	100
2.	Were appropriate tests ordered (e.g., ultrasound, CT)?	9	0	100
3.	Was the diagnosis correctly made according to STG guidelines?	9	0	100
4.	Was the condition classified appropriately (e.g., perforation, obstruction)?	9	0	100
5.	Was the choice of laparotomy in line with STG guidelines?	9	0	100
6.	Were preoperative instructions documented and followed?	9	0	100
7.	Were the correct analgesics and antibiotics prescribed?	9	0	100
8.	Was the surgery conducted as per the STG recommendations?	9	0	100
9.	Were infection prevention protocols adhered to?	9	0	100
10.	Was the patient closely monitored for postoperative complications?	9	0	100
11.	Were follow-up appointments planned and adhered to?	9	0	100
12.	Was patient education provided on recovery and warning signs?	9	0	100
	OVERALL	108/108	0/108	100%

DISCUSSION

The exceptional **100%** compliance rate across all 12 standards in managing laparotomy during **May 2017** underscores a remarkable institutional commitment to adhering to STG guidelines. This uniform adherence likely reflects rigorous training, effective protocol implementation, and a culture prioritizing standardized care. The flawless performance spans preoperative documentation, diagnostic accuracy, intraoperative decision-making, and postoperative monitoring, suggesting a well-integrated system that minimizes variability in practice. Such consistency is critical in surgical care, as guideline adherence directly correlates with reduced complications, improved patient outcomes, and enhanced resource efficiency. The absence of non-compliance further highlights the potential role of systematic audits, supervision, and accountability mechanisms in sustaining high standards.

However, while these results are commendable, certain considerations warrant attention. The perfect compliance rate, though ideal, may raise questions about data collection rigor or potential underreporting of deviations. For instance, self-audits or retrospective reviews could introduce bias, and the short observation period (one month) limits insights into long-term sustainability. Additionally, the study does not explore qualitative aspects, such as patient satisfaction or clinical outcomes, which are vital for a holistic assessment. Future efforts could benefit from longitudinal monitoring, external audits, and correlating compliance rates with postoperative recovery metrics. Despite these limitations, the findings set a benchmark for laparotomy management, emphasizing the value of structured guidelines and continuous quality improvement initiatives to maintain excellence in surgical care.

RECOMMENDATIONS

☛ Sustain high performance through monthly audit

Improvement Plan

☛ No major gap seen

REFERENCES

1. Federal Ministry of Health Ethiopia. (Year). **Standard Treatment Guidelines for General Hospitals.** [Provide publication details].
2. World Health Organization (WHO). (Year). **Surgical Safety Checklist.** Geneva: WHO Press.
3. [Facility Name] Quality Assurance Reports. (Year). **Laparotomy Case Review.**
4. Evidence-Based Practice Resources on Surgical Procedures. Available at: [insert link if applicable].
5. Infection Prevention and Control Guidelines for Health Facilities. (Year). Federal Ministry of Health.



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- ፩ Garee tajaajila Surgical Ward irraa
- ፪ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol** mon “**Laparotomy**” Jedhamu kan ji'a 9ffaa bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya waggiin!!