

Surgical Care at the District Hospital

Emergency and essential surgical care
at
resource limited health care facilities

Teaching Slides



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Organization and management of the surgical service at local hospital

Key Points



1.1 THE LOCAL HOSPITAL

- Leadership is a part of your job as a senior member of the health care team.
- Apply the medical skills of evaluation and planning to your work as a manager.
- Every institution has a history and the legacy of what has happened and why things have worked or not worked is held in the memory of the employees



1.1 THE LOCAL HOSPITAL

- The pride people feel in their workplace and the services they offer is a valuable commodity and is the greatest resource of any health care facility.
- In addition to identifying the opinion leaders, you must be sensitive to any groups and subgroups whose voices are unlikely to be heard.
- Responsibility is the essence of leadership.



1.2 LEADERSHIP, TEAM SKILLS AND MANAGEMENT

- Respect the knowledge and expertise of senior staff
- The leader is not expected to make all the decisions or do all the work, but must encourage others and co-ordinate efforts; the final responsibility for any endeavor rests with the leader
- Be a role model: in the way you work, demonstrate the behaviors you value.



1.2 LEADERSHIP, TEAM SKILLS AND MANAGEMENT

Leadership skills include

- Listening
- Observing
- Organizing
- Making decisions
- Communicating effectively and working well with others
- Encouraging and facilitating others
- Fostering enthusiasm and vision
- Goal setting and evaluation
- Giving and receiving feed back
- Coordinating the efforts of others
- Chairing a meeting
- Willing to accept a responsibility



1.2 LEADERSHIP, TEAM SKILLS AND MANAGEMENT

Listening

- **Active listeners are attentive:**
they communicate interest and concern with their words and body language
- **Effective listeners summarize:**
what they have heard and how they understand what has been said.



1.2 LEADERSHIP, TEAM SKILLS AND MANAGEMENT

Communicating effectively and working well with others

- Encourage new ideas and efforts
- Help people and groups find common ground in times of difference and conflict
- Feedback comments should be constructive and specific rather than an opinion



1.3 ETHICS

- **Work within the limits of your training .**
- **Be realistic about what you can accomplish as an individual and as part of your organisation.**
- **Be attentive to legal, religious, cultural, linguistic and family norms and differences.**



1.3 ETHICS

- **Some factors are beyond your control like shortage of resources, theft or corruption.**
- **You did not create the situation but you can speak the truth and work for improvement.**
- **Put systems for reporting, evaluation and remedy in place.**
- **Before performing a procedure it is important to receive the consent from patient**



1.3 ETHICS

Patient Consent

- **If the patient is too ill or unconscious, or the condition will not allow further delay, you should proceed, without formal consent, acting in the best interest of the patient. Record your reasoning and plan.**



1.3 ETHICS

Patient Consent

- **Informed consent means that the patient and the patient's family understand**
 - what is to take place,
 - including the potential risks and complications of both proceeding and not proceeding, and
 - have given permission for a course of action.



1.4 EDUCATION

- Poor performance can be related to knowledge, skills or attitudes
- Planning, implementation and evaluation are the keys to successful educational initiatives.
- Organising structured in-service training on new technology, medications, treatment regimens is an important way of improving patient care as well as challenging and stimulating the interest of the staff.



1.4 EDUCATION Planning

- Education alongside and during active provision of patient care is necessary because people may forget what they are told but will remember what they do.
- Try to include activities and time to practise skills being reviewed.



1.4 EDUCATION Planning

- Give everyone a chance to present information and ask questions.
- In addition to clinical skills, staff need to learn information that relates to specific tasks.
- Consider making use of distance learning programmes.



1.4 EDUCATION Planning

- Do not forget your own professional education.
- When learning:
 - Ask questions
 - Try to understand new information in relation to what you already know
 - How do your new ideas change your old ideas?
 - Find people who can help you think through problems or develop new skills.



1.5 RECORD KEEPING

- Even if your hospital maintains records, it is essential that patients receive a written note of any diagnosis or procedure performed.
- All records should be clear, accurate, complete, and signed



1.5 RECORD KEEPING

- **Clinical notes** are
 - an important means of communication for the team involved in a patient's care by documenting the management plan and the care offered;
 - they can also be used to improve patient care when reviewed as part of an audit.
 - they may also be requested for insurance and medico-legal purposes.



1.5 RECORD KEEPING

- Admission note/preoperative note
 - The preoperative assessment should be documented, including a full history and physical examination, as well as the management plan and patient consent.
- Delivery book
 - should contain a chronological list of deliveries and procedures, including interventions, complications and outcomes.



1.5 RECORD KEEPING

- **Operating room records**
 - standardized forms save time and encourage staff to record all required information.
- **A theatre record usually includes:**
 - Patient identity
 - Procedure performed
 - Persons involved
 - Complications
- **The operative note must be written in the patient's clinical notes. Include orders for postoperative care with your operative note.**



1.5 RECORD KEEPING

- **Postoperative notes**

- All patients should be assessed at least once a day, even those who are not seriously ill.
- Vital signs should be taken as dictated by the patient's condition and recorded; this can be done on a standard form or graph and can also include the fluid balance record

- **Progress notes**

- need not be long, but must comment on the patient's condition and note any changes in the management plan.
- they should be signed by the person writing the note.



1.5 RECORD KEEPING

- **Discharge note**

On discharging the patient from the ward, record:

- Admitting and definitive diagnoses
- Summary of patient's course in hospital
- Instructions about further management as an outpatient, including any medication and the length of administration and planned follow-up.



1.5 RECORD KEEPING

Notes can be organized in the “SOAP” format:

- **S**ubjective- How the patient feels
- **O**bjective- Findings on physical examination, vital signs and laboratory results
- **A**ssessment -What the practitioner thinks
- **P**lan- Management plan may also include directives which can be written in a specific location as “orders”.



1.5 RECORD KEEPING

Inter-hospital communication

- Each patient who is transferred to another hospital should be accompanied by a letter of referral which includes:
 1. Patient identity
 2. Name and position of the practitioner making the referral
 3. Patient history, findings and management plan to date
 4. Reason for referral.



1.5 RECORD KEEPING

Standard operating procedures

- Create and record standard operating procedures for the hospital.
- These should be followed by all staff at all times.
- Keep copies of these procedures in a central location as well as the place where each procedure is performed so they are available for easy reference.



1.6 EVALUATION

- **By looking at records of all procedures, a hospital can evaluate occurrences such as:**
 - complications and
 - postoperative wound infections or
 - review the type and number of procedures being performed.
- **Such evaluation:**
 - should be the regular duty of one member of the hospital team,
 - permits assessment of the application of aseptic routine within the hospital and allows for future planning.



1.6 EVALUATION

- Evaluation is an essential part of ensuring high quality care
- With any change:
 - Plan (observe, consult and set goals)
 - Implement the change
 - Evaluate the outcome

