Surgical Care at the District Hospital
Organization and management of the surgical service at the 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; 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 & Management

• Respect the knowledge and expertise of senior staff

• The leader is not expected to make all of the decisions or do all of 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 & Management

- Leadership skills include
  - Listening
  - Observing
  - Organizing
  - Decision-making
  - Communicating effectively and working well with others
  - Encouraging and facilitating others
  - Fostering enthusiasm and vision
  - Goal-setting and evaluation
  - Giving and receiving feedback
  - Coordinating the efforts of others
  - Chairing a meeting
  - Willing to accept responsibility
1.2 Leadership, Team Skills & 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 & 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 organization

• 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 the 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

• Organizing 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 practice 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 Recordkeeping

• Every 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 Recordkeeping

• **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 Recordkeeping

• 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 Recordkeeping

• **Operating Room records**
  – Standardized forms save time and encourage staff to record all required information

• An **Operative Note** 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 Recordkeeping

• **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 Recordkeeping

• **Discharge Note**
  
  – On discharging the patient from the ward, record:
    
    • Admitting Diagnosis
    
    • Definitive Diagnosis
    
    • 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 Recordkeeping

• Notes can be organized in the **SOAP** format:
  
  – **Subj**ective  How the patient feels
  – **Obj**ective  Findings on physical examination, vital signs and laboratory results
  – **Assessment**  What the practitioner thinks
  – **Plan**  Management plan may also include directives which can be written in a specific location as “Orders”
1.5 Recordkeeping

**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 Recordkeeping

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
  – Postoperative wound infections
  – 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