Developing the Monitoring and Evaluation Pillar of Ethiopia's National Surgical Plan: Saving Lives Through Safe Surgery

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Disclosure

Laura Drown, MPH

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Ethiopia

- Second most populous nation in Africa
- Fastest growing economy in the region, but one of the poorest countries
 - Gov't aims to reach lowermiddle-income status by 2025
- Must consider ongoing instability, political upheaval, and civil unrest while working in country

Population: 102 million

Total GDP: 72 billion

Life Expectancy ~ 65 years

5 nurses & CBHS/10,000 pop.

1 physicians/14,000 pop.

0.54 surgeons/100,000 pop.



Saving Lives Through Safe Surgery (SaLTS)

2015—present

















Leadership,
Management,
and
Governance

Infrastructure

Supplies and Logistics Human Resources Advocacy and Partnership Innovation

Quality of Surgical Anesthesia Care & Service Delivery

Monitoring and Evaluation

SaLTS Monitoring and Evaluation Pillar

Two strategies:

- 1. Hospital Assessment Tool
- 2. Key Performance Indicators



1. Hospital Assessment Tool (HAT)

Tool for Situational Analysis to Assess Emergency and Essential Surgical Care in Ethiopia

Objective: To assess the gaps in the availability of Emergency and Essential Surgical Care (EESC) at hospitals in Ethiopia.

Key	Category of Data
	General Information
	Infrastructure
	Human Resources
	Interventions
	Emergency and Essential Surgical Care Equipment and Supplies
	Financing
	Information Management
	Surgical Sets

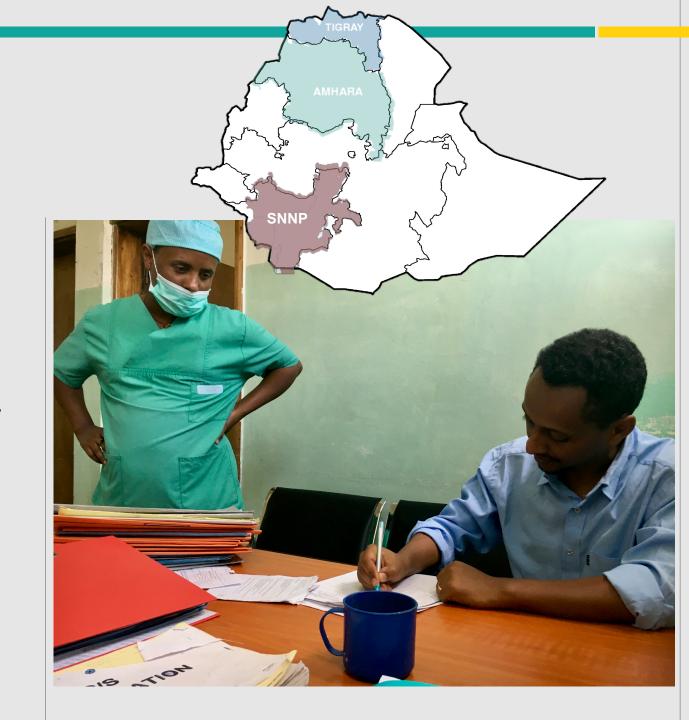
Involvement of following providers is required to complete assessment:

- 1. Hospital Director or CEO
- Surgeon/IESO
- 3. OB/GYN (Surgeon/IESO if not available)
- Anesthetist/Nurse

- 363-question monitoring tool including questions across 7 domains
- Intended to be administered nationally every 2-5 years

2016-2018: HAT Administration

- 29 hospitals assessed in 3 regions:
 - 1. Tigray
 - 2. Amhara
 - 3. Southern Nations, Nationalities, and Peoples'
- Assisted by FMOH, RHB, Surgical Society of Ethiopia, Ethiopia Society of Anesthesiologists, Harvard PGSSC, & Jhpiego



2. SaLTS Key Performance Indicators (KPIs)

Indicators Included in HPMI	Additional SaLTS KPIs
Delay for Elective Surgical Admission	Surgical Bed Occupancy Rate
Mean Duration of In-Hospital Pre-Elective Operative Stay	Rate of First Elective Case On-Time Theater Performance
Patient Satisfaction	Rate of Cancellation of Elective Surgery
Blood Unavailability Ratio	Emergency Surgical Access
Surgical Volume	Protection Against Catastrophic Expenditure
Surgical Site Infection (SSI) Rate	Surgical, Anesthesia, and Obstetric Provider Density
Anesthetic Adverse Outcome	
Peri-Operative Mortality Rate (POMR)	
Rate of Safe Surgery Checklist Utilization	

National Indicator Training

- 2-day workshop for hospital CEOs from hospitals throughout the country
- Introduction to revised Hospital Performance Monitoring and Improvement indicators for mandatory collection, including nine SaLTS KPIs



Development and Modification of Clinical Registers

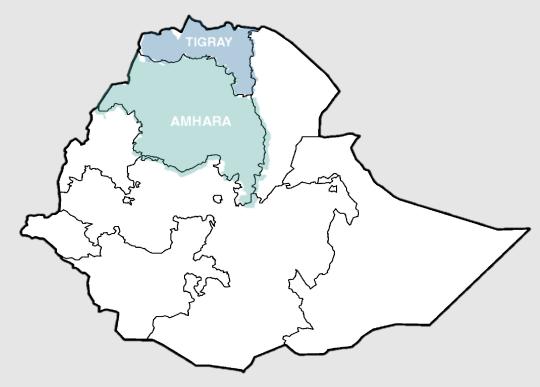
- OR Scheduling Register
- 2. OR Register
- 3. Anesthesia Register
- 4. Surgical Ward Register
- 5. Inpatient Admission/Discharge Register
- 6. Referral Register
- 7. Surgical Site Infection Logbook



KPI Data Intervention

• Aim:

- To develop local capacity around the collection, analysis, and reporting of surgical indicators
- To implement a sustainable system for data collection
- To study the feasibility of collecting and reporting SaLTS KPIs



February—April 2018: Amhara 5 primary hospitals

May—July 2018: Tigray 3 primary and 2 general hospitals

Timeline of Ethiopia Achievements and Next Steps

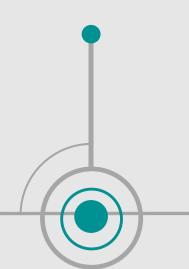
SaLTS Hospital
Assessment
Tool developed
and piloted

National SaLTS
M&E trainings
provided to >600
surgical team
members

15 KPIsFinalized in
SaLTS Policy

National HPMI Training on SaLTS KPIs SS2020 Tigray and Amhara Data Intervention

SS2020 Implementation Playbook

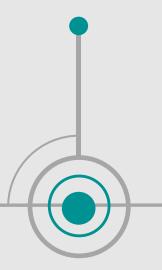


Spring 2017

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Summer 2017



Winter 2017



Spring 2018



Spring 2019

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