

Quantitative Evaluation of Essential and Emergency Surgical, Obstetric, and Anesthetic Capacity in Ethiopia

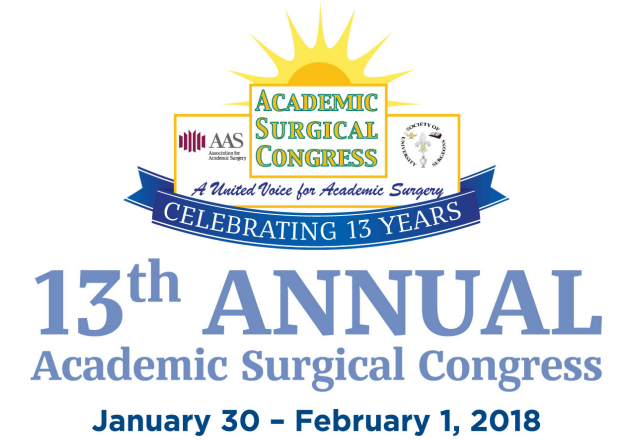
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Disclosure



Olivia Ahearn, MS

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Introduction

- Ethiopian Federal Ministry of Health, in collaboration with Harvard Medical School's Program in Global Surgery and Social Change, designed a country-specific hospital assessment tool to evaluate the surgical system.

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
2. Surgeon/IESO
3. OB/GYN (Surgeon/IESO if not available)
4. Anesthetist/Nurse

If any of the providers listed above are not available, please direct all applicable) to Hospital Director or CEO.



Federal Ministry of Health

Surgeon or IESO

6

Surgeon or IESO

Infrastructure

Items		Minor: any procedure done under local anesthesia Major: any procedure done in the operating theatre under general anesthesia or profound sedation (i.e. spinal anesthesia)
1. Total number of functioning operating rooms?	Minor # Major #	
2. Total number of surgical procedures per year?	Minor # Major #	
3. Total number of laparotomies (adult and pediatric) performed per month (on average in the past 6 months)?	#	
4. Total number of surgical fracture repairs performed per month (on average in the past 6 months)?	Minor # Major #	
5. Total number of pediatric (aged less than 15 years) surgeries per month?	#	
6. Total number of patients to this facility that you refer for surgical intervention to a higher-level facility per year?	#	
7. How far do most patients travel to get to your health facility for surgical services? If estimation is not possible, which woreda do a majority of patients come from?	(km)	
8. When referred from your hospital, how far does the average patient travel to access surgical services?	(km)	

Operating Room

9. How many OT tables do you have?	#
10. How many of those tables are regularly used?	#
11. If not in use, why? (e.g. non-functional, surgical services not yet started)	
12. How often do you keep surgery-related records?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)



Federal Ministry of Health



Introduction

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AIM: Quantify the availability of surgical, obstetric, and anesthesia services as part of the national baseline for Ethiopia's Saving Lives Through Safe Surgery (SaLTS) initiative.

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Federal Ministry of Health



Methods

- 14 hospitals in the Southern Nations, Nationalities, and People's Region of Ethiopia
- 4 semi-structured provider interviews per facility
- Service Availability and Readiness Assessment (SARA) analysis method



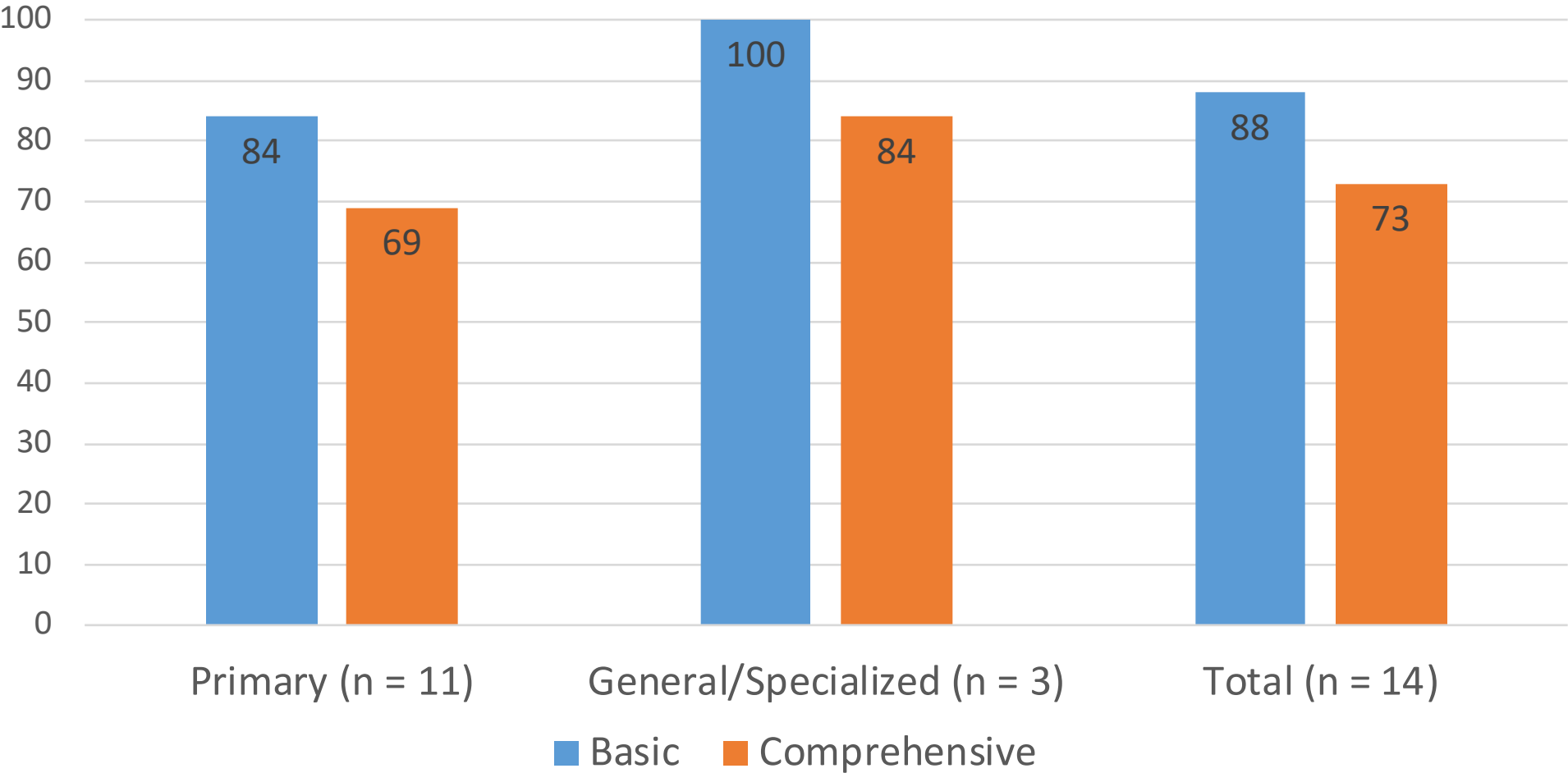
Availability of Basic and Comprehensive Surgical Procedures

Basic surgeries (e.g.):

- I&D
- Irrigation and debridement of open fractures
- Hydrocelectomy

Comprehensive surgeries (e.g.):

- Appendicitis
- Hernia
- Ex lap



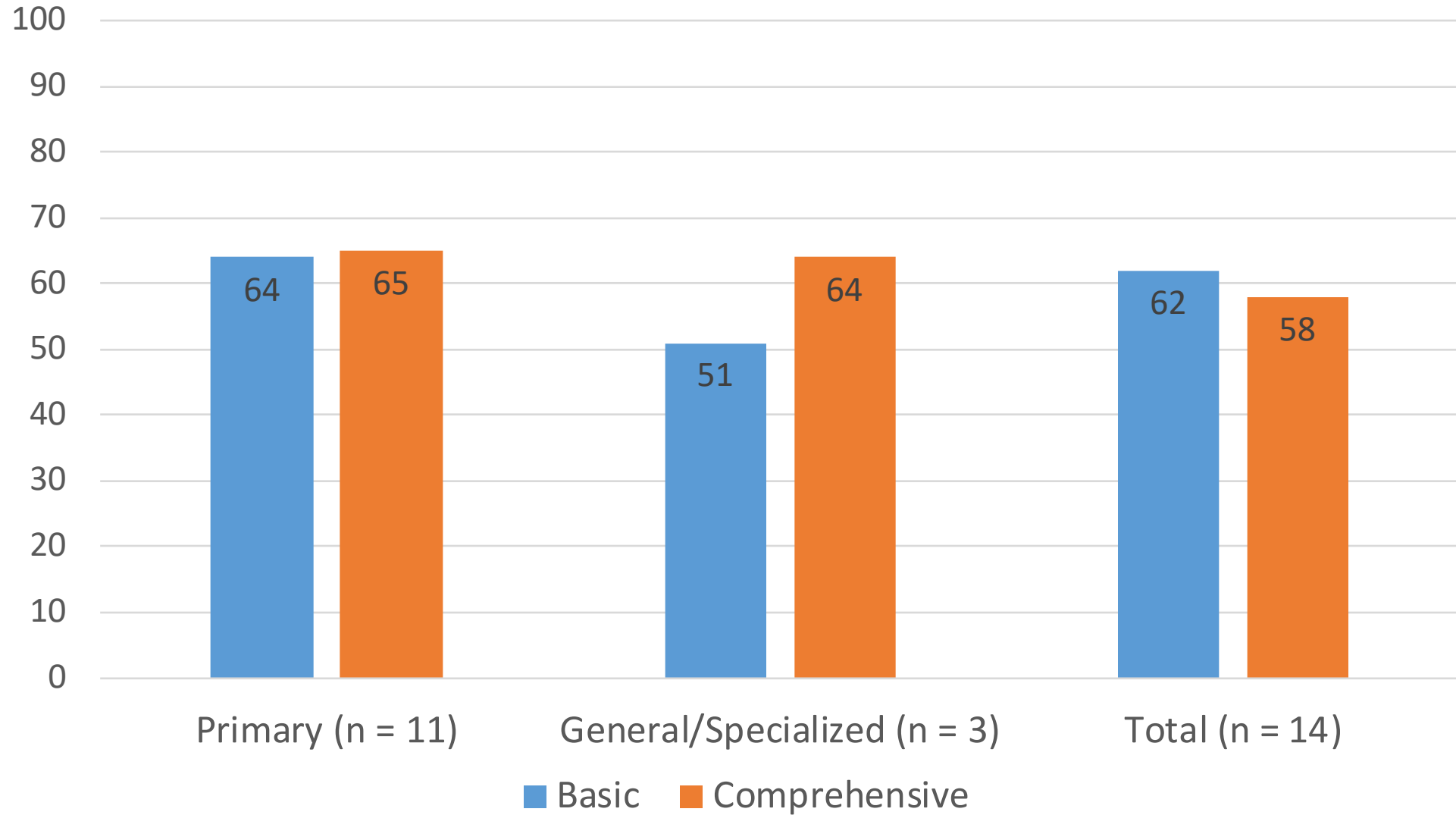
Readiness to Deliver Surgical Services

Basic surgery tracer items (e.g.):

- Scalpel
- Needles and sutures
- Lidocaine IV

Comprehensive surgery tracer items (e.g.):

- Functional anesthesia machine
- ETT
- Epinephrine



Conclusion

- Despite the large gaps identified in the readiness of facilities to deliver surgical services, primary hospitals were providing 84% of basic surgeries and general and specialized hospitals were providing 84% of comprehensive surgeries.
- The next challenge is scaling the adapted tool to obtain a national baseline and addressing the identified gaps through implementation of the SaLTS initiative.



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Thank You



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