





### Assessing the Safe Surgery 2020 Implementation in Tanzania's Lake Zone: A Longitudinal Qualitative Research Study

**Noor Zanial, MSc**; Shehnaz Alidina, SD, MPH; David Barash, MD; Ntuli Kapologwe, MD, MPH, MBA-IHMd; Steve Kisyake, MD; Sarah Maongezi, MD, MPH; Adelina Mazhiqi, MS; John G. Meara, MD, DMD, MBA; Cheri Reynolds, JD; Florian Tingua, MD, MPH; Alena Troxel, MPH









### Disclosure

I, the presenter Noor Zanial, do not have a personal financial relationship with any commercial interests. I have not accepted any honoraria, travel expenses, in-kind contributions, or any other support from commercial companies in connection with this activity.



ACS
CLINICAL
CONGRESS
2020



## Introduction









### Studying Surgical Interventions

Surgical quality in the global context:



Patients in Africa 2x as likely to die after surgery compared to global average 1



Maternal mortality rates after C-section 100x higher in Africa than HICs<sup>2</sup>

- Many developments in surgical evidence-based practices (EBPs) to improve surgical quality & access (e.g. pre-op antibiotics)
- Yet, translational gaps in implementation of surgical EBPs in LMICs

### Safe Surgery 2020 (SS2020)





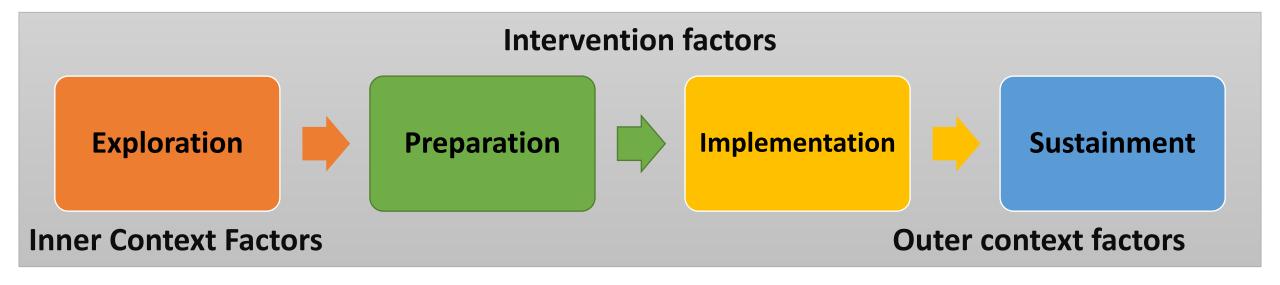








### Implementation Framework + Research Aim



 AIM: Examining <u>implementation</u> of Safe Surgery 2020 in 10 intervention facilities in Tanzania's Lake Zone through EPIS framework.



ACS
CLINICAL
CONGRESS
2020



## Research Methods

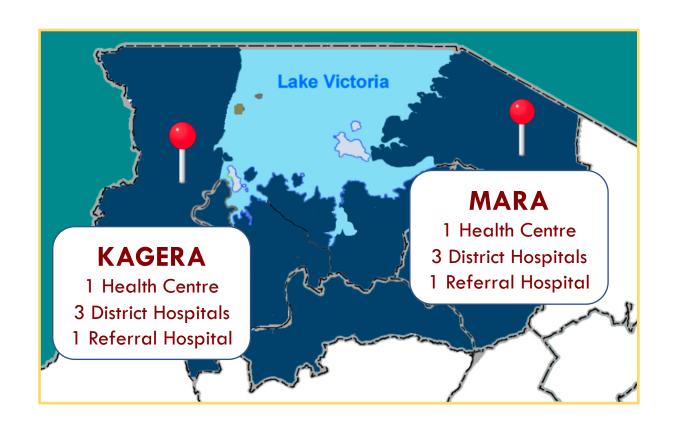








### Study Setting and Intervention



- Intervention: multicomponent with 3 phases
  - Phase I Changing surgical culture (leadership training)
  - Phase II Building surgical capacity (clinical, anesthesia, sterilization, and data quality training)
  - Phase III Facilitating sustainability (inperson and virtual mentorship, infrastructure grant, mobile app — Touch Surgery

### Data Collection + Analysis

#### **Data Collection**

#### **Exploration + Preparation:**

Internal documents, stakeholder interviews

#### Implementation:

longitudinal qualitative evaluation

#### **Data Analysis**

#### **Exploration + Preparation:**

Content theme analysis

#### Implementation:

Grounded theory approach - comparative thematic analysis







## Results









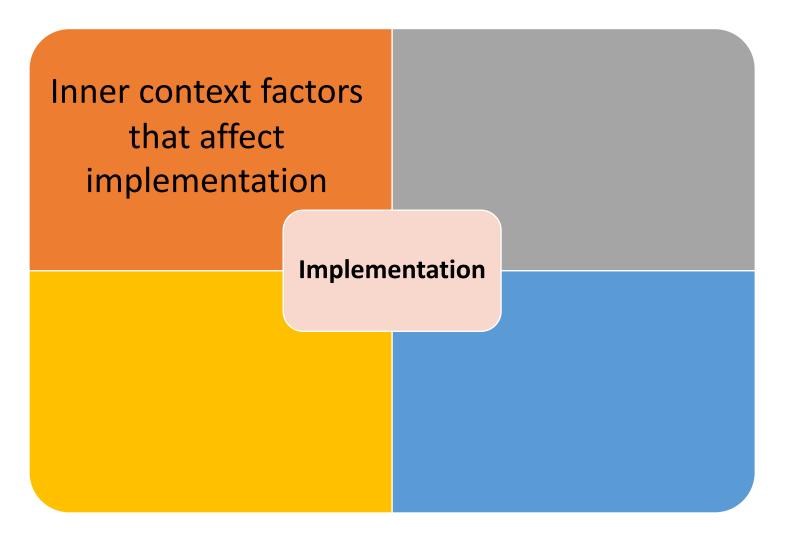
### **Exploration and Preparation Themes**

#### **Exploration**

- Thorough exploration of surgical need by multicollaborative partnership
- Initial implementation in first host country (Ethiopia): trial for Tanzanian implementation
- Collaboration with Tanzanian government

#### **Preparation**

- Creation of National Surgical, Obstetric, and Anesthesia Plan (NSOAP)
- Feasibility assessments in Tanzanian facilities
- Revision of implementation plans



"Readiness of the other staff who were ready to accept changes, we didn't face much resistance, they were resisting but after sometime they changed..."

- Surgical provider, Facility 2

Intervention Inner context factors characteristics that that affect affect implementation implementation **Implementation** 

"Second, this training helped to reduce the cost of the hospital because initially we were using much antibiotics, so we have multiple antibiotics in a short time and there is another time we don't have antibiotics at all."

Surgical provider, Facility 1

Inner context factors that affect implementation

Intervention characteristics that affect implementation

**Implementation** 

Short-term changes in surgical practice and culture

"There is also continuous training such as the ECHO program whereby there are case presentations from different hospitals and they share their experiences and it's live with question and answers sessions and you just learn."

Medical officer in charge, Facility

Inner context factors that affect implementation

Intervention characteristics that affect implementation

**Implementation** 

Short-term changes in surgical practice and culture

Changes in surgical culture over intervention period

"In safe surgery there is minimal use of antibiotic and other medical supplies so the cost, which we used to have, now it is reduced after training because we are using it efficiently based on evidence and, evidence-based practices which we were taught."

- Medical officer in charge, Facility
1







## Discussion









### Implications and Recommendations

- Sustainment: ongoing process for SS2020
- Opportunity to examine the implementation of SS2020 longitudinally.
- We show how implementation can be monitored and evaluated for multi-component surgical interventions in LMICs.
- Vital steps and considerations in EPIS phases to ensure implementation success.
- More research in LMICs utilizing the EPIS framework is needed to propose adaptations, particularly for safe surgery interventions.

### References

- 1. Biccard BM, Madiba TE, Kluyts HL, et al. Perioperative patient outcomes in the African Surgical Outcomes Study: a 7-day prospective observational cohort study. Lancet. 2018;391(10130):1589-1598. doi:10.1016/S0140-6736(18)30001-1
- 2. Sobhy S, Arroyo-Manzano D, Murugesu N, et al. Maternal and perinatal mortality and complications associated with caesarean section in low-income and middle-income countries: a systematic review and meta-analysis. Lancet. 2019;393(10184):1973-1982. doi:10.1016/S0140-6736(18)32386-9
- 3. Aarons, Gregory A et al. "Advancing a conceptual model of evidence-based practice implementation in public service sectors." Administration and policy in mental health vol. 38,1 (2011): 4-23. doi:10.1007/s10488-010-0327-7







# Thank you!

Contact information:

Noor Zanial, MSc noorzanial@gmail.com

Twitter: @noor\_zanial

Shehnaz Alidina, SD, MPH shehnaz\_alidina@hms.harvard.edu







