

AUDIT OF TOTAL SURGICAL CASES IN SOCIAL SECURITY HOSPITAL, LAHORE IN LAST ONE YEAR

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Affiliations	Abstract:			
	Objectives: To study total surgical procedures carried			
1. Professor of Orthopaedic	out in Nawaz Sharif Social Security Hospital, Lahore from			
Surgery, Nawaz Sharif Social	July, 2018 to June, 2019 by consulting the previous			
Security Hospital, Ferozpur	record of the institution.			
Road, Lahore	Methodology: A retrospective study of surgical			
profashrafnizami@gmail.com	procedures conducted at Nawaz Sharif Social Security			
	Hospital, Lahore from July, 2018 to June, 2019.			
	Results: Out of 444557 OPD patients, 26694 were			
Corresponding Author:	admitted in the hospital. Major operations were performed			
Prof. Dr. Muhammad Ashraf	on 5288 and minor operation on 6309 while 3777 patients			
Nizami,	were referred to other hospitals. However, in this period			
PMA House 66-Ferozpur Road,	50821 emergencies were dealt.			
Lahore	Conclusion: In this study we emphasize on the			
Email:	importance of bring audit systems in our primary and			
profashrafnizami@gmail.com	tertiary care hospitals to promote audit awareness and its			
Contact # 0300-8447934	benefits for patient care.			
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Introduction

Conducting a surgical audit stands as a pivotal strategy in upholding healthcare standards within hospitals.¹ This systematic and critical review assesses the quality of surgical care against established criteria or recognized benchmarks.¹ Peer evaluation is integral, leading to informed enhance-ments in surgical practices. The primary objective remains improvement of patient care quality. Encouraging the administrators to allocate sufficient resources for these endeavors is vital. The term "audit" finds its origin in the Latin word "Audire," meaning to listen.¹ The adaptation of an audit system tailored to diverse spectrum of surgical disciplines enables the analysis of extensive data. This process identifies the areas necessitating improvement

within clinical operations. It aids in estimating workloads, categorizing prevalent issues, and preparing for their future management.²

Defined as a quality improvement process, clinical audit aims to enhance patient care and outcomes. It involves a methodical review of care against specific criteria, prompting necessary changes. Evaluation encompasses care structure, processes, and outcomes, followed by implementation of changes at various levels individual, team, or service. Subsequent monitoring confirms improvements in healthcare delivery.³

Professor David Johnson characterizes audit as a method for medical profession to regulate its practices, ultimately improving overall patient care quality.⁴



The absence of the protective skin barrier in surgical patients heightens susceptibility to infections. Surgical site wound infections rank among the most prevalent nosocomial infections in hospitals.5

Surgical procedures play a pivotal role in addressing diverse health conditions, from accidents and obstructed labor to cancers, infections, and heart diseases. Seamless coordination among skilled personnel, specialized resources, and infrastructure remains imperative for successful surgical interventions, a cornerstone of a well-functioning healthcare system.⁶

Assessment of the quality of patient care, particularly in the surgical settings, has traditionally focused on the "5 Ds": death, disability, dissatisfaction, disease, and discomfort. Among these, "mortality" holds significant importance as an indicator studied extensively over the years.^{7,8}

Objectives: To study total surgical procedures carried out in Nawaz Sharif Social Security Hospital, Lahore from July, 2018 to June, 2019 by viewing of previous record.

Methodology

A retrospective audit of all surgical procedures was done which were carried out in Nawaz Sharif Social Security Hospital, Lahore from July, 2018 to June, 2023 by going through their record.

Results

Out of 444557 OPD patients, 26694 were admitted in the hospital. Major operations were performed on 5288 and minor operation on 6309 while 3777 patients were referred to other hospitals. However, in this period 50821 emergencies were dealt.



Statistical Annual Report July, 2018 to June, 2019						
OPD	444557					
Admissions	26694					
Major Operations	5288					
Minor Operations	6309					
Referral to other hospitals	3777					
Emergency Cases	50821					
Vaccination	5141					
Bed Statement	103203					
Hepatitis B+ve cases	23					
Hepatitis C+ve cases	276					
Cases of CA	1398					
Cases of Dialyses	9057					
Cases of Family Planning	1437					
Lab tests	559366					
PCR tests	11644					
X-Rays	37752					
Ultrasounds	17313					
CT Scans	3045					

No. of Major Operation							
Cases	Jul	Aug	Sep	Oct	Nov	Dec	Total
Gynae	287	229	201	211	218	233	1379
G. Surgery	99	70	88	115	95	97	564
Urology	36	25	26	40	45	31	203
Ortho	59	39	64	54	60	53	329
Eye	47	29	60	107	67	34	344
ENT	25	12	16	22	14	06	95
Dental Surgery			01	03		01	5
Emergency Dressing							0
Total	553	404	456	552	499	445	2909

Table-I, Total indoor and outdoor services to the patients

Table-2 Number of major surgeries carried out from July- December, 2018

No. of Minor Operation							
Operations	Jul	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Gynae	17	08	11	30	10	10	86
G. Surgery	71	55	68	82	60	45	381
Urology	16	05	07	16	17	21	82
Ortho	61	49	62	113	34	57	376
Eye	42	30	38	39	31	24	204
ENT	46	53	69	63	54	55	340
Dental Surgery				02			2
Emergency Dressing	247	262	334	367	299	302	1811
Total	500	462	589	712	505	514	3282

Table-3 Number of minor surgeries carried out from July- December, 2018

No. of Major Operation							
Operations	Jan.	Feb.	Mar.	Apr.	Мау	June	Total
Gynae	204	154	195	200	167	204	1124
G. Surgery	86	77	113	102	94	56	528
Urology	34	24	38	37	38	22	193
Ortho	54	52	57	67	53	32	315
Eye	63	35	21	13	11	13	156
ENT	07		16		22	18	63
Dental Surgery							0
Emergency Dressing							0
Total	448	342	440	419	385	345	2379

Table-4 Number of major surgeries carried out from Jan- June 2019

No. of Minor Operation							
Operations	Jan.	Feb.	Mar.	Apr.	Мау	June	Total
Gynae	20	15	25	28	21	02	111
G. Surgery	66	35	49	57	66	42	315
Urology	09	16	18	13	10	13	79
Ortho	69	56	102	103	68	70	468
Eye	17	15	24	07	10	07	80
ENT	49	05	48		46	33	181
Dental Surgery	02						2
Emergency Dressing	286	300	335	296	303	271	1791
Total	518	442	601	504	524	438	3027

Table-5 Number of minor surgeries carried out from Jan- June 2019

No. of Obs. Cases							
Operations	Jul	Aug	Sep	Oct	Nov	Dec	Total
Normal	68	52	37	45	43	54	299
C-Section	278	220	185	196	204	212	1295
Total	346	272	222	241	247	266	1594



Table-6 Number of Obs cases from July- December, 2018

No. of Obs. Cases							
Operations	Jan	Feb	Mar	Apr	Мау	Jun	Total
Normal	32	32	37	50	37	44	232
C-Section	193	142	180	188	162	197	1062
Total	225	174	217	238	199	241	1294

Table-7 Number of Obs cases from Jan- June 2019

No. of Deaths					
July 2018	60				
August 2018	46				
September 2018	54				
October 2018	54				
November 2018	69				
December 2018	46				
January 2019	62				
February 2019	48				
March 2019	47				
April 2019	61				
May 2019	62				
June2019	45				



Table-8 Number of Deaths reported from July 2018 to June 2019

In our study during one year total major and minor surgical procedures were 11597 out of these Gynae Department performed 2700 surgeries of gynaecological diseases whereas Obstetric cases were 2888 out of which 2357 were C-Section and remaining were normal vaginal deliveries.

The second large surgical procedures were done by the General Surgery Department and their range of minor and major surgeries in one year reached 1788 cases.

As far as the Orthopaedic Department is concerned, they scored 1488 surgeries including minor and major procedures and ranked 3rd in total surgeries.

The Eye and ENT surgeries were 784 and 679 respectively while Urology Department performed 557 surgical procedures in one year span.

The total of deaths was 654 which is 0.15% of whole admissions in the hospital during one year which were 444557.

Discussion:

The surgical audit has emerged as a fundamental aspect of contemporary surgical practice, necessitating surgeons' commitment to ongoing professional development and improvement through detailed analysis. Developed nations have established highly effective national systems for audit and comparative audit services, setting a robust standard.⁹

Disease patterns exhibit variations across geographical regions, among different races, age groups, and diverse occupational groups. These differences may stem from environmental factors or genetics. However, local studies on surgical audits for contrasting patterns in surgical emergencies remain limited, unlike the comprehensive systems present in developed nations. Simple written methodologies persist as suitable means, with a subsequent transfer of basic clinical data to computer systems.^{10, 11}

Surgical care stands as a critical facet of healthcare services worldwide, with millions of procedures conducted globally, predominantly in middle to high-expenditure countries. Given the substantial burden of the surgical services and the potential complications arising from procedures, ensuring surgical safety holds paramount importance in global public health. A review of in-hospital adverse events highlighted that a significant portion of these events were operation-related, with approximately 43% deemed preventable.^{12, 13}

The picture of the surgical cases carried out mimic in almost everywhere in Pakistan especially in Secondary Care and Tertiary care facilities.¹⁴

Mortality has been studied in terms of disease specific mortality, procedure specific mortality and more recently risk adjusted mortality. Alternatively, mortality rates have also been studied to map changing trends and patterns of disease. These trends can help define areas that need focus, to improve quality of care. ^{14,15}

Conclusion:



In this study we emphasize on the importance of bring audit systems in our secondary and tertiary care hospitals to promote audit awareness and its benefits for patient care.

Limitations

- i. Shortage of resources
- ii. Shortage of time
- iii. The result of study cannot be generalized to whole population.
- Bias may have occurred, as the study was limited to small group. iv.

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