

MONITORING AND EVALUATION TOOL FOR PROGRESS ON SURGICAL CARE HEALTH SYSTEMS

OBJECTIVE: To assess the impact of utilizing the WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) Toolkit on strengthening surgical care health systems and quality of care.

www.who.int/surgery/publications/imeesc/en/index.html

The form should be completed again 6 months after training. Please send completed forms to cherianm@who.int

| • | PERSON COMPLETING FORM | | HEALTH CARE FACILITY | | | | | |
|---|---|--|---|--|--|--|--|--|
| | PERSON COMPLETIN | IG FORIVI | HEALTH CARE PACILITY | | | | | |
| | LAST NAME | GIVEN NAME(S) | NAME OF HEALTH CARE FACILITY | | | | | |
| | TELEPHONE NUMBER | include country code | STREET | | | | | |
| | EMAIL ADDRESS | | CITY | COUNTRY | | | | |
| TYPI | E OF HEALTH CARE FACILI | TY Please check one | DATE OF FORM COMPLETION | ON MOST RECENT TRAINING SESSION | | | | |
| Primary or First Referral-Level Facility / District Hospital / Rural Hospital | | | DD / MM / YYY | Y DD / MM / YYYY | | | | |
| | Health Centre | Teaching Hospital | 7 111 | . 55 , , | | | | |
| • | ••••• | ••••• | • | | | | | |
| | | • | | Hospital manual, been utilized for | | | | |
| | ning or education in the for Poctors | or the following people? <i>Select</i> Students Nurses | ct all that apply Clinical Officers / Technicians | ☐ Continuing Education ☐ None | | | | |
| In th | ne past year , for what pra | ctical topics has the WHO IME | ESC Toolkit been used? Sele | ct all that apply | | | | |
| | Emergency / Trauma | Anesthesia OB | / Gyne | ontrol Surgery None | | | | |
| _ | | ng has improvement to surgica | | Π., | | | | |
| | Very Strong ne past year , indicate the | Somewhat Strong | ∐ Weak | ∐ None | | | | |
| | | WITHIN 24hrs (including anae | esthesia, obstetrics, | FUNCTIONING OPERATING ROOMS | | | | |
| | · | ATIONS post-surgical or post-o | bstetric interventions | SURGEONS (Qualified) | | | | |
| | | CERS / NURSES (Non-Specialists) | | ANESTHESIOLOGISTS (Qualified) | | | | |
| | including obstetrics | | | | | | | |
| | GENERAL DOCTORS / OFFIC | CERS / NURSES (Non-Specialists) | providing <u>anesthesia</u> | OBS / GYNECOLOGISTS (Qualified) | | | | |
| Do you have the following <u>facilities</u> ? Select all that apply ER ICU / Recovery Room Neonatal Unit None | | | | | | | | |
| | | allysis Tool to Assess Emergend ations/WHOtoolSituationalAna | | been completed for this health facility? | | | | |
| | Yes | | □ No | Unsure | | | | |
| | DD / MM | / YYYY | _ | _ | | | | |
| | | el health facility is required, is le for teaching hospitals or na | | ☐ Yes ☐ No | | | | |
| Is th | ere a system for reportin | g surgical/obstetric adverse e | vents for patient safety? If so | o, how often? | | | | |
| _ | Yes, monthly | Yes, yearly | Yes, | No | | | | |
| | | otocol posters listed below, who Room. www.who.int/surgery | | re areas? For example, posters in the ex.html Select all that apply | | | | |
| | Safe Surgery & Safe | Post-Operative Ca | re Dbstetric Safety Pro | otocols Scrubbing & Gowning | | | | |
| _ | Anesthesia Protocols | Post-Operative Pai | | | | | | |
| _ | Emergency Resuscitation Burn Management | Management Intensive Care Uni | Management t HIV Prevention Prot | Ethics: Patient Consent, tocol Record Keeping | | | | |
| = | Wound Management | | Hand Washing Tech | | | | | |



| Annual Procedures | # in the | - | does not perfo select from the Non- functional | |
|--|--------------|----------------------|---|---------------------------------------|
| * indicates from Primary Surgical Package; http://www.who.int/surgery/publications/imeesc/en/index.html | past year | skills | equipment and supplies | perform procedure |
| Resuscitation (adult & pediatric airway, hemorrhage, peripheral percutaneous intravenous access, peripheral venous cut down, removal of foreign body)* | | | | |
| Cricothyroidotomy/tracheostomy* | | | | |
| Chest tube insertion* | | | | |
| Acute burn management* | | | | |
| Incision & drainage of abscess* | | | | |
| Suturing (for wounds, episiotomy, cervical & vaginal lacerations)* | | | | |
| Wound debridement* | | | | |
| Caesarean section | | | | |
| Dilatation & curettage/vacuum extraction (obstetrics/gyn)* | | | | |
| Obstetric fistula repair | | | | |
| Tubal ligation/vasectomy | | | | |
| Biopsy (lymph node, mass, other) | | | | |
| Appendectomy | | | | |
| Hernia repair | | | | |
| Hydrocelectomy | | | | |
| Cystostomy* | | <u> </u> | | |
| Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, injuries) | | | | |
| Male circumcision | | | | |
| Neonatal surgery | | | | |
| Cleft lip repair | | | | |
| Clubfoot repair | | | | |
| Open/closed treatment of fracture | | | | |
| Drainage of osteomyelitis/septic arthritis | | | | |
| Spinal anesthesia | | | | |
| Ketamine intravenous anesthesia* | | | <u> </u> | |
| General anesthesia inhalational | | | | |
| Equipment & Supplies How often is equipment inventory performed? weekly yearly | | monthly not performe | every 6 r | nonth |
| Are the following available? | | | Yes | No |
| Resuscitator bag valve and mask (adult) Resuscitator bag valve and mask (pediatric) Oxygen source (cylinder or concentrator) with tubing and mask Suction pump (manual or electric) with catheter* Oropharyngeal airway (adult size) Oropharyngeal airway (pediatric size) Method(s) of sterilization*: steam autoclave electr | ic 🗌 | sent outside f | or sterilization | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| Continuous supply of running water Continuous electricity (including generator if power cuts) | | | | |

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