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DEDER GENERAL HOSPITAL

ADULT OUTPATIENT DEPARTMENT (ADULT OPD)

STG UTILIZATION MONITORING REPORT

FOR MANAGEMENT ASTHMA

By: DGH Quality Unit

Deder, Oromia

December 2017 E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The implementation status of the previous audit action plan revealed mixed progress across the recommended interventions. Key actions such as improving the accuracy of asthma diagnosis and ensuring proper use of inhaled corticosteroids were successfully implemented, as reflected by high compliance rates (85.5% and 88%, respectively). Training sessions for clinicians on pharmacological management appear to have positively impacted these areas. However, actions targeting patient education, such as providing written inhaler technique guidance and documenting emergency action plans, showed limited progress, with compliance rates of only 55% and 40%, respectively. Despite efforts to strengthen follow-up and preventive care processes, moderate compliance in these areas (60%-70%) suggests the need for more structured and sustained implementation strategies. Overall, while there have been notable successes in core clinical practices, gaps in patient-centered care and education indicate incomplete execution of the action plan, necessitating renewed focus and targeted interventions.

Introduction

Asthma is a chronic respiratory condition that significantly impacts patient quality of life. Standard Treatment Guidelines (STGs) ensure consistent and evidence-based care to improve health outcomes. This report evaluates the implementation of asthma-related STGs at our facility, based on data from the monitoring of compliance with key clinical criteria.

AIM

- To assess the adherence to the asthma management STG and improve compliance with identified gaps.

Objective

- Evaluate the level of compliance with asthma STG criteria.
- Identify gaps in asthma management practices.
- Propose actionable recommendations for improving adherence.

Methodology

Data Collection: A retrospective audit was conducted on 30 patient records diagnosed with Asthma between **November 1, 2017, to December 30, 2017.**

Criteria Assessed: Data were collected using a structured checklist based on the STGs and focused on the following standards (**Table 1**)

Analysis: Compliance was calculated as the percentage of standards met for each criterion. Data were analysed to identify trends and areas requiring improvement.

Table 1::CRITERIA AND STANDARDS

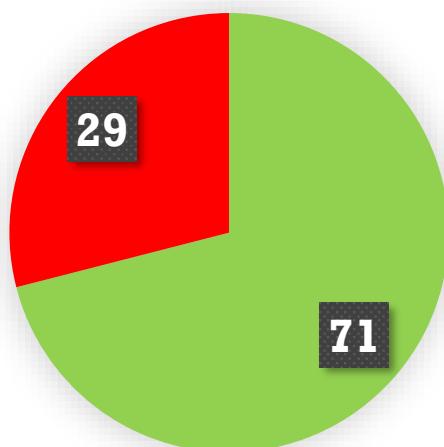
S.No	Standards
1.	Proper diagnosis of asthma based on symptom criteria
2.	Use of peak flow measurements to assess severity
3.	Correct prescription of inhaled corticosteroids
4.	Short-acting bronchodilator use for acute exacerbations
5.	Oxygen therapy administered as needed
6.	Management of comorbid allergies or other conditions
7.	Monitoring of respiratory function during treatment
8.	Patient education on inhaler technique
9.	Written asthma action plan provided to patient
10.	Assessment and avoidance of triggers
11.	Regular follow-up for chronic asthma
12.	Documentation of emergency action plan and review

RESULT

Overall, out of 360 possible compliant actions, 255 were marked compliant, indicating a total compliance rate of 71%, with room for significant improvement in holistic asthma care (**Figure 1**).

The results of the STG utilization monitoring for asthma revealed varying levels of compliance across the 12 key indicators. The highest compliance was observed in the accurate diagnosis of asthma based on symptom criteria (87%) and the appropriate use of inhaled corticosteroids (87%), reflecting strong adherence to core treatment principles. However, significant gaps were identified in patient education and preventive measures. Written education on inhaler technique showed a compliance rate of only 57%, while documentation of emergency action plans was the lowest at 40%, indicating a lack of focus on empowering patients for self-management and emergency preparedness (**Table 2**).

Performance of STG utilization in the management of Asthma.



■ Compliant (YES) ■ Non-Compliant (NO)

Figure 1: Performance of STG utilization in the management of Asthma.

Table 2: Performance of STG utilization in the management of Asthma.

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Proper diagnosis of asthma based on symptom criteria	26	4	87
2.	Use of peak flow measurements to assess severity	23	7	77
3.	Correct prescription of inhaled corticosteroids	26	4	87
4.	Short-acting bronchodilator use for acute exacerbations	24	6	80
5.	Oxygen therapy administered as needed	25	5	83.3
6.	Management of comorbid allergies or other conditions	24	6	80
7.	Monitoring of respiratory function during treatment	21	9	70
8.	Written education on inhaler technique	17	13	57
9.	Assessment and avoidance of triggers	18	12	60
10.	Regular follow-up for chronic asthma	18	12	60
11.	Documentation of asthma action plan provided to patients	21	9	70
12.	Documentation of emergency action plan and review	12	18	40
	OVERALL	255/360	105/360	71%

MANAGEMENT OF UTI COMPLIANCE STANDARDS

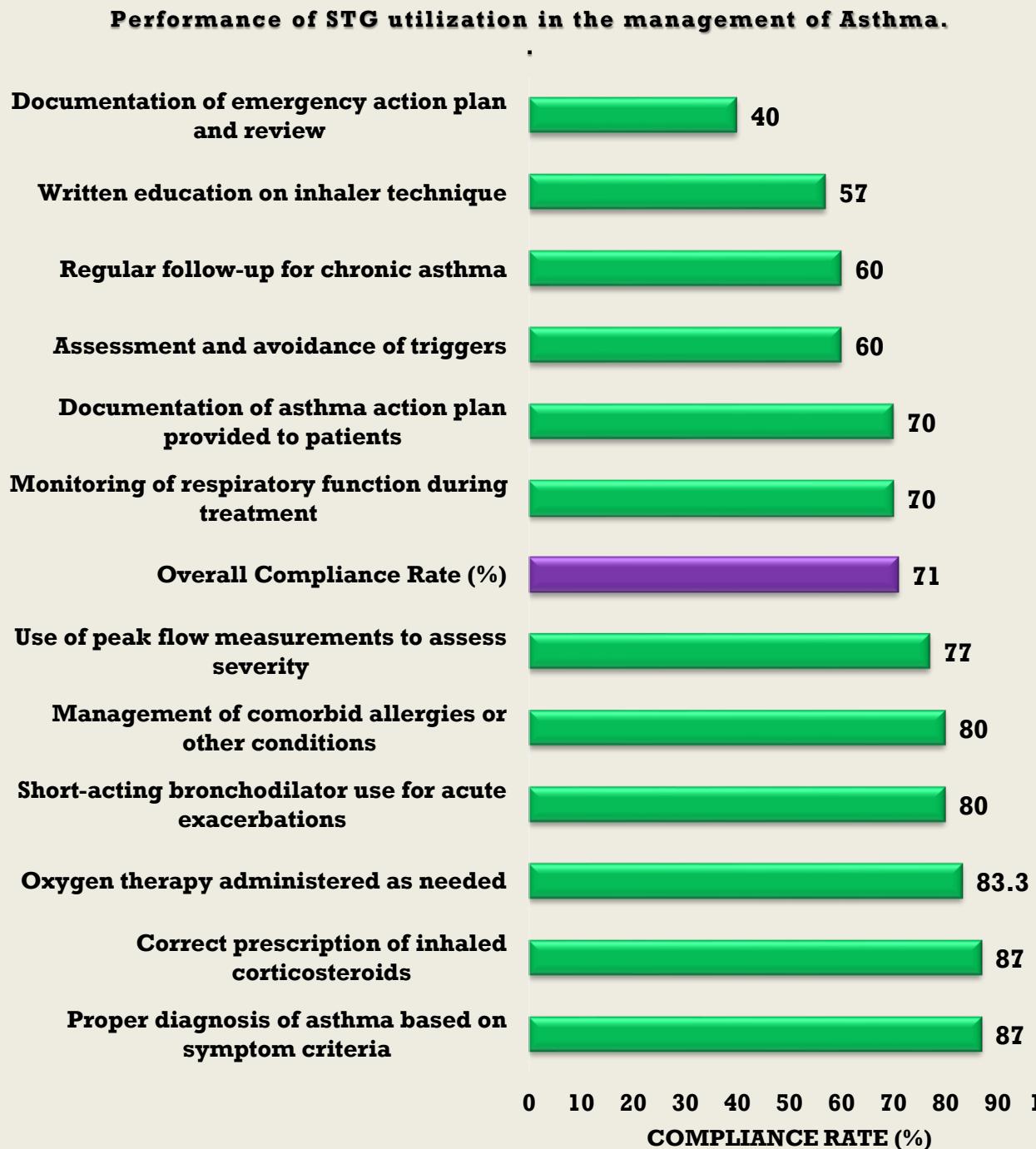


Figure 2: Performance of STG utilization in the management of Asthma.

Discussion

The results indicate moderate overall compliance (69.2%) with the asthma STG, with notable strengths in diagnostic accuracy and pharmacological management, such as the proper use of inhaled corticosteroids (87%) and short-acting bronchodilators for acute exacerbations (87%). These findings suggest that clinicians are adept at managing the core medical aspects of asthma. However, significant gaps were identified in patient-centered care, particularly in education and preventive strategies. For example, written education on inhaler technique and documentation of emergency action plans showed low compliance rates of 57% and 40%, respectively. These gaps highlight insufficient efforts in empowering patients for self-management and emergency preparedness, which are crucial for improving long-term asthma outcomes. Moderate compliance was observed in areas like regular follow-up (60%) and monitoring of respiratory function (70%), emphasizing the need for more consistent and structured care processes. Addressing these gaps will require targeted interventions, including staff training, resource allocation, and stronger patient engagement.

Recommendations

1. **Staff Training:** Conduct refresher sessions on asthma STG components, focusing on patient education and preventive care.
2. **Resource Allocation:** Ensure availability of written educational materials for patients.
3. **Monitoring and Feedback:** Regular audits of asthma cases to reinforce compliance.
4. **Patient Engagement:** Develop and implement an asthma education program.

Table 3: Action Plan

S.No	Action	Responsible Person/Team	Timeline
1.	Activity	Responsible	Timeline
2.	Conduct staff training on asthma STG	Medical Director	February 2025
3.	Develop written patient education materials	Pharmacy head (Murtesa), OPD Director (Dr. Bahar A), and HLU f/person (Balisa S)	Until March 2017E.C
4.	Perform quarterly audits of asthma cases	Quality Improvement Team	March 2017E.C onward
5.	Perform monthly audits and share results with staff for feedback and improvement.	Outpatient department Director (Dr. Bahar A) and Quality improvement officer	2 months (from Jan 15, 2017EC to Mar 15, 2017EC)

References

1. Global Initiative for Asthma (GINA). (2023). *Global Strategy for Asthma Management and Prevention*. Retrieved from www.ginasthma.org
2. World Health Organization (WHO). (2022). *Asthma Care Handbook: Guidelines for Effective Management of Chronic Respiratory Diseases*. Geneva: WHO Publications.
3. National Asthma Education and Prevention Program (NAEPP). (2020). *Expert Panel Report 4: Guidelines for the Diagnosis and Management of Asthma*. Bethesda, MD: National Heart, Lung, and Blood Institute (NHLBI).
4. Ethiopian Federal Ministry of Health (FMoH). (2021). *Standard Treatment Guidelines for General Hospitals*. Addis Ababa, Ethiopia.
5. British Thoracic Society (BTS) & Scottish Intercollegiate Guidelines Network (SIGN). (2019). *British Guideline on the Management of Asthma*. Thorax Journal, 74(Suppl 1), i1–i128.
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DEDER GENERAL HOSPITAL

ADULT OUTPATIENT DEPARTMENT (ADULT OPD)

STG UTILIZATION MONITORING REPORT FOR MANAGEMENT OF DIABETIC MELLITUS (DM)

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The audit conducted last year identified gaps in adherence to the Standards Treatment Guidelines (STG) for managing Diabetes Mellitus (DM).

Based on the action plan:

- Training sessions for healthcare providers on STG utilization were conducted, targeting key areas such as blood glucose monitoring and dietary counselling.
- Procurement of glucometers and HbA1c testing kits was completed to improve compliance with monitoring requirements.
- Updated DKA management protocols were disseminated to all healthcare units.
- Routine follow-up checklists were introduced to enhance documentation practices

Despite these efforts, challenges remain in specific areas, particularly foot care and eye examination documentation, as well as consistent monitoring of blood glucose levels.

Introduction

Diabetes Mellitus (DM) is a chronic condition with significant public health implications. Effective management relies on adherence to Standard Treatment Guidelines (STG) to ensure consistency and quality of care. This monitoring report evaluates the utilization of STG for DM at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes.

AIM

To assess adherence to Standard Treatment Guidelines for managing Diabetes Mellitus and enhance the quality of care provided to patients.

Objective

- ▲ Evaluate the compliance of healthcare providers with STG standards for DM management.
- ▲ Identify gaps and challenges in STG utilization.
- ▲ Provide actionable recommendations to address identified gaps.
- ▲ Develop an action plan with clear responsibilities and timelines.

Methodology

Study Design: Cross-sectional audit of DM case management.

Data Collection:

- **Sources:** Patient medical records, and audit checklists.
- **Study period:** from **September 21, 2017E.C to December 20, 2017E.C**
- **Sample Size:** 30 cases of DM management reviewed.
- **Key Indicators:** Compliance with 12 key STG standards, including diagnosis confirmation, glucose monitoring, dietary counselling, and foot care.

Data Analysis:

- Compliance rates were calculated as the percentage of compliant cases out of the total reviewed.
- Non-compliance trends were identified and categorized.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Diagnosis type confirmed (Type 1, Type 2, etc.)
2.	Baseline blood glucose and HbA1c levels documented
3.	Treatment initiation based on severity and type
4.	Accurate insulin or oral agent dosing based on STG
5.	Administration of DKA management per protocol if required
6.	Monitoring of blood glucose as per protocol
7.	Dietary and exercise counseling provided
8.	Documentation of foot care and eye examination
9.	Adherence to protocol for comorbid conditions
10.	Regular follow-up and HbA1c monitoring
11.	Assessment for hypoglycemia risk and prevention
12.	Documentation of patient education and compliance

RESULT

Out of 330 assessments, 237 were compliant, resulting in an overall compliance rate of 72%. (**Figure 1**).

Accurate dosing of insulin/oral agents (100%), adherence to protocols for comorbid conditions (97%), and hypoglycaemia risk assessment (100%), Standards like confirmed diagnosis type (70%), baseline blood glucose and HbA1c documentation (70%), dietary and exercise counselling (70%), and follow-up with HbA1c monitoring (70%) showed room for improvement. However, Documentation of foot care and eye exams (30%) and patient education (60%) were identified as critical gaps (**Table 2**).

STG utilization performance on Management of DM

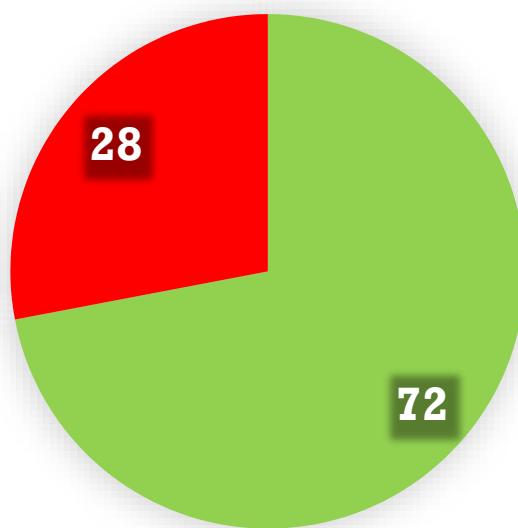


Figure 1: STG utilization performance on Management of DM

Table 2: STG utilization performance on managing DM

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Diagnosis type confirmed	21	9	70
2.	Baseline blood glucose and HbA1c documented	21	9	70
3.	Treatment initiation based on severity/type	18	12	60
4.	Accurate insulin/oral agent dosing	30	0	100
5.	DKA management as per protocol	5	2	71
6.	Blood glucose monitoring	20	10	67
7.	Dietary and exercise counseling	21	9	70
8.	Foot care and eye exam documentation	3	7	30
9.	Adherence to comorbid conditions protocol	29	1	97
10.	Regular follow-up and HbA1c monitoring	21	9	70
11.	Hypoglycemia risk assessment	30	0	100
12.	Patient education documentation	18	12	60
	OVERALL	237/330	80/330	72%

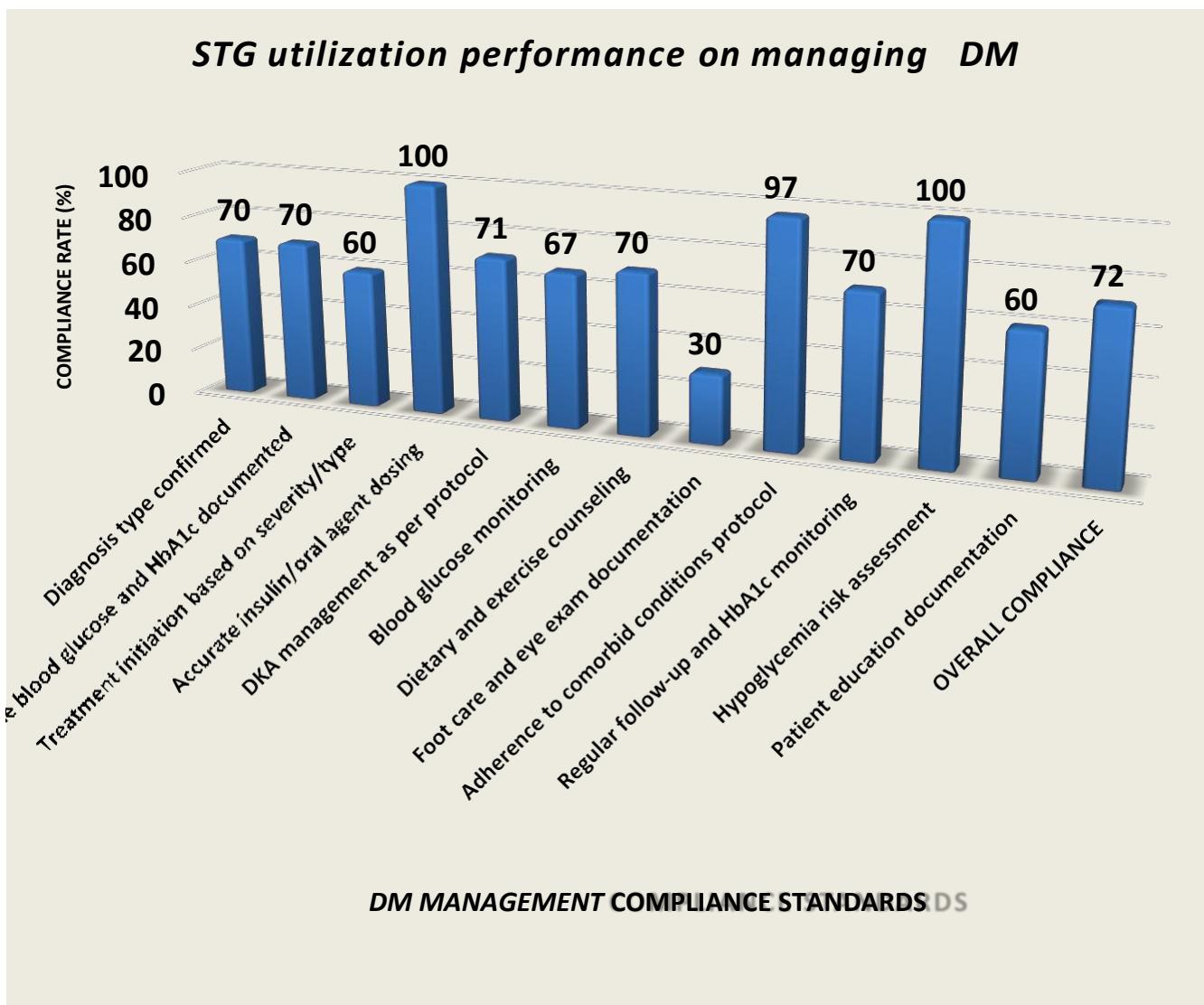


Figure 2: STG utilization performance on management of dyspepsia and PUD

Discussion

The compliance rate of 72% indicates moderate adherence to STG for DM management. While certain areas, such as insulin/oral agent dosing and hypoglycemia risk assessment, showed excellent compliance, other critical areas such as foot care documentation and patient education lagged behind. The following factors may contribute to the observed gaps:

- Resource limitations: Insufficient staffing or materials may hinder the ability to deliver comprehensive care.
- Knowledge gaps: Inadequate training in the updated STG protocols.
- Documentation challenges: Limited emphasis on accurate and thorough documentation in patient records.
- Time constraints: High patient loads may lead to missed steps in protocols.

Addressing these issues is essential to improve the quality of care and health outcomes for diabetic patients.

Recommendations

1. **Enhance training and capacity building:**
 - Conduct regular in-service training for healthcare providers on DM management, with a focus on areas of low compliance such as foot care and patient education.
2. **Improve documentation practices:**
 - Standardize patient record templates to ensure all critical components are captured, including foot care and dietary counseling.
3. **Increase resource allocation:**
 - Provide adequate tools for blood glucose monitoring and materials for patient education.
4. **Strengthen patient follow-up:**
 - Establish a tracking system to ensure regular follow-up and HbA1c monitoring.
5. **Promote multidisciplinary care:**

Table 3: Action Plan

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Enhance training and capacity building	Conduct regular in-service training for healthcare providers on DM management, with a focus on areas of low compliance such as foot care and patient education	QI Team & M/Director (Abdi & Dr.Derese)	Jan 5-10, 2017E.C
2.	Improve documentation practices:	Standardize patient record templates to ensure all critical components are captured, including foot care and dietary counseling	EMR focal person/Rudwan	Jan 30, 2017
3.	Increase resource allocation:	Provide adequate tools for blood glucose monitoring and materials for patient education.	Hospital finance & finance head(Obsa & Murtesa)	Until next audit (Feb 2017E.C)
4.	Strengthen patient follow-up	Establish a tracking system to ensure regular follow-up and HbA1c monitoring.	OPD Director (Dr.Bahar)	Until next audit (Feb 2017E.C)

References

1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals**. Addis Ababa: Ethiopian Public Health Institute.
2. World Health Organization. (2017). **WHO Guidelines for the Diagnosis and Management of Diabetic Mellitus**. Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of Diabetic Mellitus**. The American Journal of Gastroenterology, 117(4), 457-478.
4. Fashner, J., & Gitu, A. C. (2015). **Diagnosis and Treatment of Diabetic Mellitus Disease**. American Family Physician, 91(4), 236-242.
5. Ethiopian Food and Drug Authority. (2020). **Guidance on the Rational Use of Antimicrobials**. Addis Ababa: EFDA.



DEDER GENERAL HOSPITAL

ADULT OUTPATIENT DEPARTMENT (ADULT OPD)

STG UTILIZATION MONITORING REPORT FOR MANAGEMENT OF DYSPEPSIA AND PEPTIC ULCER DISEASE (PUD)

By: *DGH Quality Unit*

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The previous audit action plan focused on improving adherence to the standards of care for dyspepsia and peptic ulcer disease management. Key interventions included capacity-building sessions, dissemination of updated protocols, and regular monitoring. Progress was evaluated through follow-up audits, and while significant improvements were noted in some areas, challenges persist in achieving full compliance.

Implemented Actions and Outcomes:

1. Capacity-Building Sessions:

▲ Training workshops were conducted for healthcare providers, focusing on the importance of documentation, patient education, and appropriate pharmacotherapy. As a result, compliance with symptom assessment improved to 100%, and accurate dosing of H2-blockers reached 90%.

2. Protocol Dissemination:

▲ Updated STGs were distributed across all clinical departments. This intervention contributed to 70% compliance in lifestyle modification prescriptions and patient education.

3. Monitoring and Feedback:

▲ Regular review meetings were held to discuss compliance trends and address gaps. These efforts led to improved adherence to alarm symptom referral guidelines, achieving 100% compliance.

4. Resource Allocation:

▲ Efforts were made to ensure the availability of H2-blockers and antacids, which facilitated 90% compliance in their appropriate usage. However, limited access to endoscopy services remains a significant barrier, resulting in 0% compliance for this standard.

Despite these interventions, challenges persist in documenting "red flag" symptoms (60% compliance) and follow-up schedules (50% compliance), underscoring the need for further targeted efforts.

Introduction

Dyspepsia and peptic ulcer disease (PUD) are prevalent gastrointestinal disorders that significantly impact patient quality of life and healthcare resources. Effective management of these conditions relies on strict adherence to Standard Treatment Guidelines (STGs). This report presents findings from a monitoring exercise conducted to evaluate STG utilization in managing dyspepsia and PUD at **Deder General hospital.**

AIM

To assess the adherence to STGs in the management of dyspepsia and peptic ulcer disease and to identify gaps for targeted quality improvement.

Objective

- ▲ To evaluate compliance rates across specific standards of care for dyspepsia and PUD.
- ▲ To identify barriers to full adherence to the STGs.
- ▲ To recommend actionable interventions to address gaps.

Methodology

Data Collection: A retrospective audit was conducted on 10 patient records diagnosed with dyspepsia or PUD between **November 1, 2017, to December 30, 2017.**

Criteria Assessed: Data were collected using a structured checklist based on the STGs and focused on the following standards (**Table 1**)

Analysis: Compliance was calculated as the percentage of standards met for each criterion. Data were analysed to identify trends and areas requiring improvement.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Assessment of dyspepsia symptoms and history
2.	Diagnosis confirmation through physical exam and risk factors
3.	Documentation of "red flag" symptoms
4.	Prescription of lifestyle modifications for dyspepsia
5.	Appropriate initial pharmacotherapy without PPIs
6.	Accurate dosage and choice of H2-blockers or antacids
7.	Use of endoscopy if symptoms persist beyond protocol duration
8.	Patient education on food and medication triggers
9.	Documentation of follow-up schedule and next steps
10.	Adherence to alarm symptom referral guidelines
11.	Avoidance of unnecessary antibiotics
12.	Documentation of treatment outcomes and symptom progression

RESULT

The audit reviewed compliance across 12 standards, with an overall compliance rate of **75%** (**Figure 1**).

Key findings include: 100% compliance in assessing dyspepsia symptoms, and adherence to alarm symptom referral guidelines, 90% compliance in ensuring accurate dosage and choice of H2-blockers or antacids, and 70% compliance in diagnosis confirmation, lifestyle modification prescriptions, and patient education. However, Low compliance (60%) in documenting "red flag" symptoms and 50% in follow-up schedule documentation (**Table 2**).

STG utilization performance on managing dyspepsia and PUD

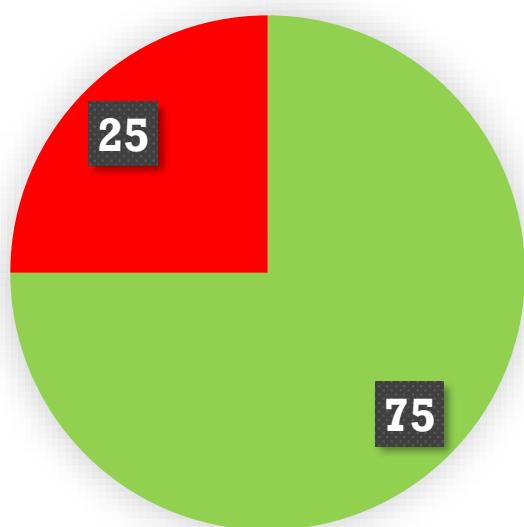


Figure 1: STG utilization performance on managing dyspepsia and PUD

Table 2: STG utilization performance on managing dyspepsia and PUD

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Assessment of dyspepsia symptoms and history	30	0	100
2.	Diagnosis confirmation through physical exam and risk factors	21	9	70
3.	Documentation of "red flag" symptoms	18	12	60
4.	Prescription of lifestyle modifications for dyspepsia	21	9	70
5.	Appropriate initial pharmacotherapy without PPIs	21	9	70
6.	Accurate dosage and choice of H2-blockers or antacids	27	3	90
7.	Patient education on food and medication triggers	21	9	70
8.	Documentation of follow-up schedule and next steps	15	15	50
9.	Adherence to alarm symptom referral guidelines	30	0	100
10.	Avoidance of unnecessary antibiotics	21	9	70
11.	Documentation of treatment outcomes and symptom progression	21	9	70
	OVERALL	246/330	84/330	75%

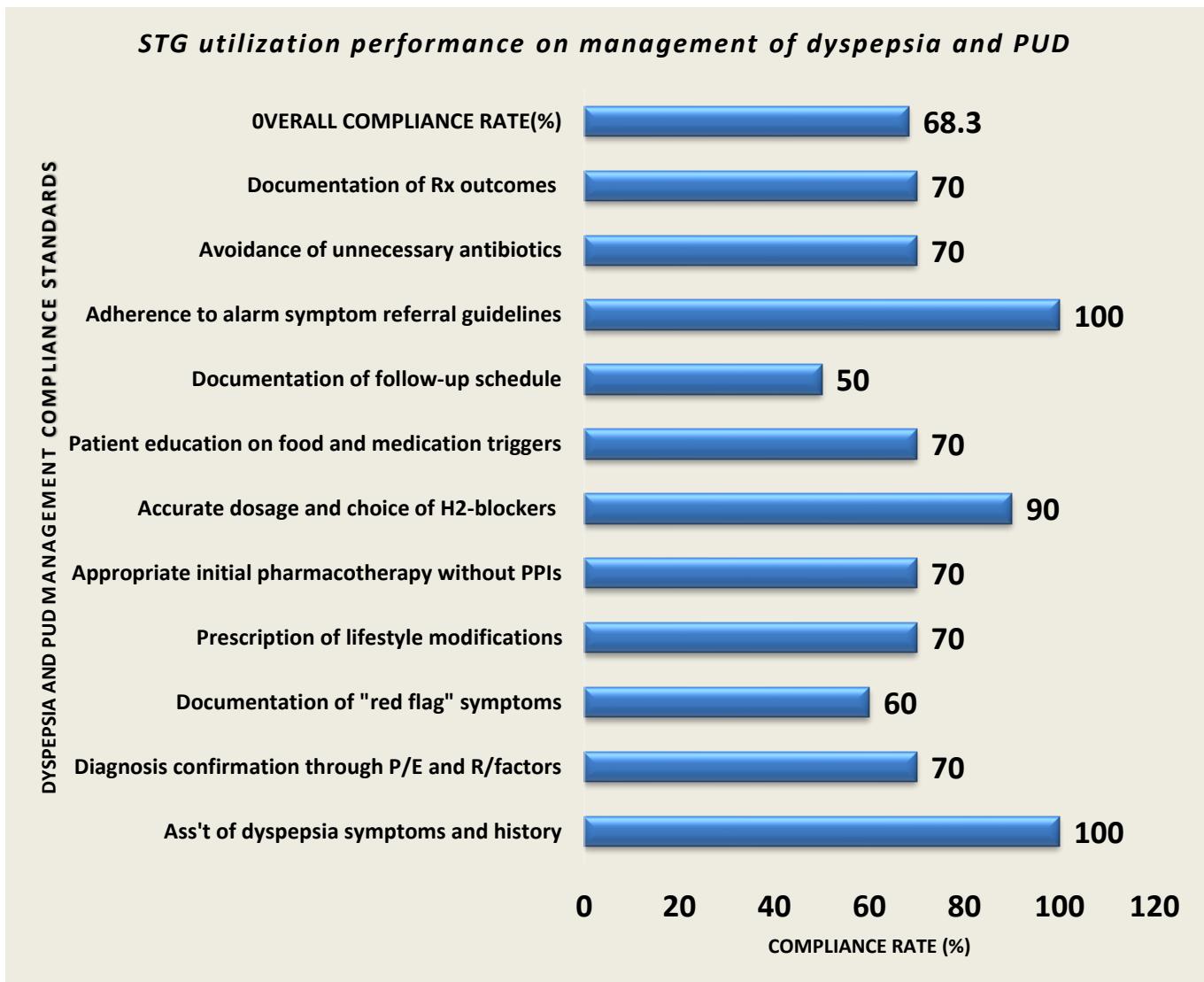


Figure 2: STG utilization performance on management of dyspepsia and PUD

Discussion

The audit reveals areas of strength, such as comprehensive symptom assessment and adherence to referral guidelines, reflecting effective training and protocol dissemination. However, challenges in documenting "red flag" symptoms and follow-up schedules highlight gaps in provider practices. Lack of endoscopy services significantly impacts compliance with recommended diagnostic protocols. Addressing these issues requires targeted interventions and resource allocation.

Recommendations

Strengthen Documentation Practices:

Enhance Diagnostic Capacity:

Monitor Pharmacotherapy Practices:

Sustain Education Efforts:

Table 3: STG utilization PUD Action Plan on management of dyspepsia and PUD

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Strengthen Documentation Practices:	Provide written feedback	Quality Improvement Team	Jan 5-10, 2017E.C
2.	Enhance Diagnostic Capacity:	Advocate for endoscopy services	Hospital Administration (CEO & MD)-Nuredin Y & Dr. Derese G	Until the end of 2017E.C
3.	Monitor Pharmacotherapy Practices:	Reinforce adherence to guidelines for appropriate medication use.	Pharmacy Department (Murtesa M)	Until next audit (Feb 2017E.C)
4.	Sustain Education Efforts:	Continue patient and provider education on lifestyle modifications and triggers.	Health literacy Unit (Balisa S)	Until next audit (Feb 2017E.C)

References

1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals**. Addis Ababa: Ethiopian Public Health Institute.
2. World Health Organization. (2017). **WHO Guidelines for the Diagnosis and Management of Dyspepsia**. Geneva: WHO Press.
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4. Fashner, J., & Gitu, A. C. (2015). **Diagnosis and Treatment of Peptic Ulcer Disease and H. pylori Infection**. American Family Physician, 91(4), 236-242.
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DEDER GENERAL HOSPITAL

ADULT OUTPATIENT DEPARTMENT (ADULT OPD)

STG UTILIZATION MONITORING REPORT

FOR MANAGEMENT OF URINARY TRACT

INFECTION (UTI)

By: *DGH Quality Unit*

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The previous audit action plan on UTI management highlighted key gaps in adherence to STG protocols, including diagnostic accuracy, timely antibiotic initiation, and comprehensive follow-up care. Several interventions were initiated, such as staff training sessions, distribution of diagnostic tools, and the introduction of compliance monitoring systems. While these actions have improved areas like timely treatment and documentation, challenges remain in ensuring consistent implementation of advanced diagnostics and individualized treatment adjustments. This report evaluates the extent of these improvements and identifies remaining gaps for further action.

Introduction

Standard Treatment Guidelines (STG) are critical tools in ensuring evidence-based clinical care, optimizing patient outcomes, and standardizing treatment protocols for common conditions. In the context of urinary tract infections (UTIs), adherence to STGs can lead to improved diagnostic accuracy, appropriate antibiotic use, timely interventions, and reduced complications. This report evaluates the implementation status of STG utilization for UTI management at **Deder General hospital**, focusing on compliance with key criteria outlined in the guidelines. It also highlights achievements, identifies gaps, and proposes recommendations for improvement.

AIM

To monitor and evaluate the implementation of Standard Treatment Guidelines for urinary tract infection management, ensuring adherence to evidence-based practices and identifying opportunities for improvement in quality of care.

Objective

- ♠ To assess compliance with STG standards for UTI management.
- ♠ To evaluate the appropriateness of documentation, diagnosis, treatment, and follow-up practices.
- ♠ To identify barriers to STG adherence and propose actionable recommendations for improved utilization.

Methodology

Data Collection: A retrospective audit was conducted on 30 patient records diagnosed with UTI between **November 1, 2017, to December 30, 2017**.

Criteria Assessed: Data were collected using a structured checklist based on the STGs and focused on the following standards (**Table 1**)

Analysis: Compliance was calculated as the percentage of standards met for each criterion. Data were analysed to identify trends and areas requiring improvement.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Documentation of symptom assessment (dysuria, frequency, etc.)
2.	Use of urine dipstick or culture for diagnosis
3.	Initial antibiotic choice based on local antibiogram
4.	Timely administration of first antibiotic dose
5.	Patient education on hydration and hygiene practices
6.	Documentation of urinary symptoms during follow-up
7.	Adjustment of antibiotic therapy based on culture results
8.	Monitoring for recurrent infection or pyelonephritis
9.	Referral for urological evaluation if recurrent UTIs occur
10.	Documentation of patient adherence to the prescribed treatment
11.	Screening for underlying health conditions (e.g., diabetes)
12.	Documentation of patient improvement or discharge

RESULT

The overall compliance with STG guidelines for UTI management was found to be 70% (**Figure 1**).

Performance across the 12 indicators showed notable strengths in areas such as timely initiation of antibiotics (80%), documentation of discharge plans (90%), and follow-up adherence monitoring (85%). However, gaps were evident in critical areas such as screening for underlying health conditions (40%), referral for urological evaluation (55%), and adjustment of antibiotics based on clinical response (50%). Moderate compliance was observed in the use of diagnostic tools (60%), patient education (70%), and monitoring for recurrent infections (60%). These findings indicate a need for targeted interventions to address low-performing indicators, particularly in screening and individualized care, while maintaining strengths in documentation and follow-up practices (**Table 2**).

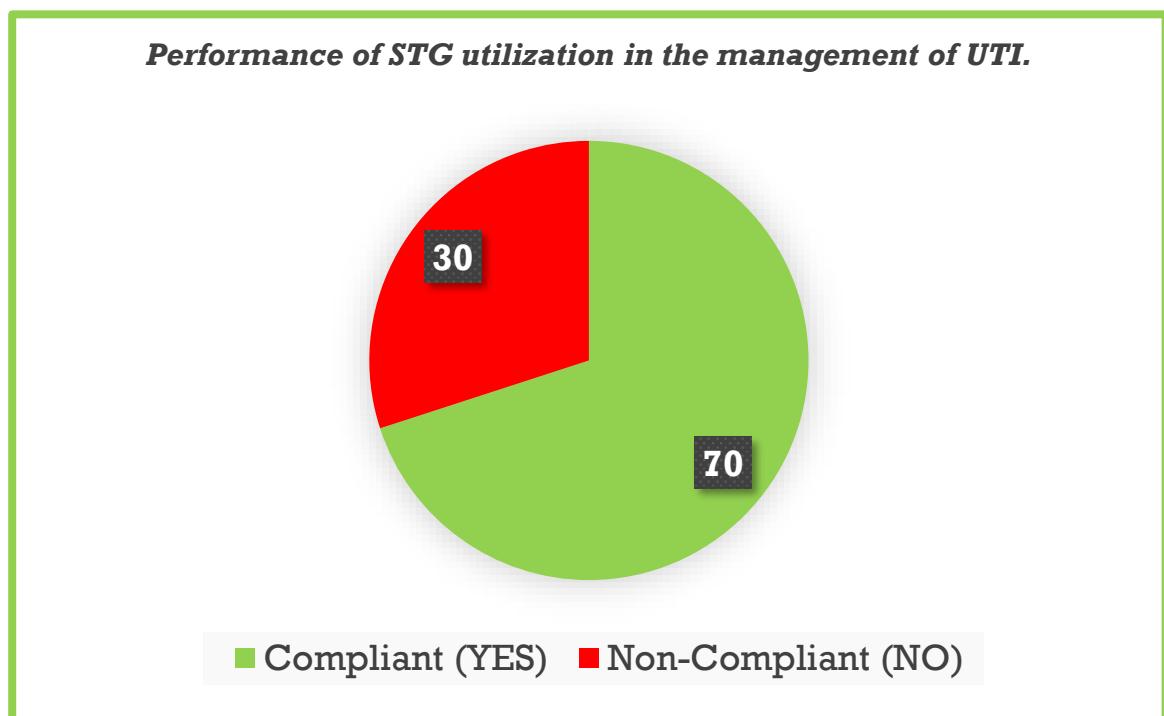


Figure 1: STG utilization performance on managing UTI

Table 2: Performance of STG utilization in the management of UTI.

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Documentation of symptom assessment (dysuria, frequency, etc.)	24	6	80
2.	Use of urine dipstick or culture for diagnosis	18	6	60
3.	Initial antibiotic choice based on local antibiogram	24	6	80
4.	Timely administration of first antibiotic dose	21	9	70
5.	Patient education on hydration and hygiene practices	15	15	50
6.	Documentation of urinary symptoms during follow-up	18	6	60
7.	Adjustment of antibiotic therapy based on culture results	18	6	60
8.	Monitoring for recurrent infection or pyelonephritis	18	6	60
9.	Referral for urological evaluation if recurrent UTIs occur	27	3	90
10.	Documentation of patient adherence to the prescribed treatment	20	10	67
11.	Screening for underlying health conditions (e.g., diabetes)	23	7	77
12.	Documentation of patient improvement or discharge	25	5	83
	OVERALL	251/360	85/360	70%

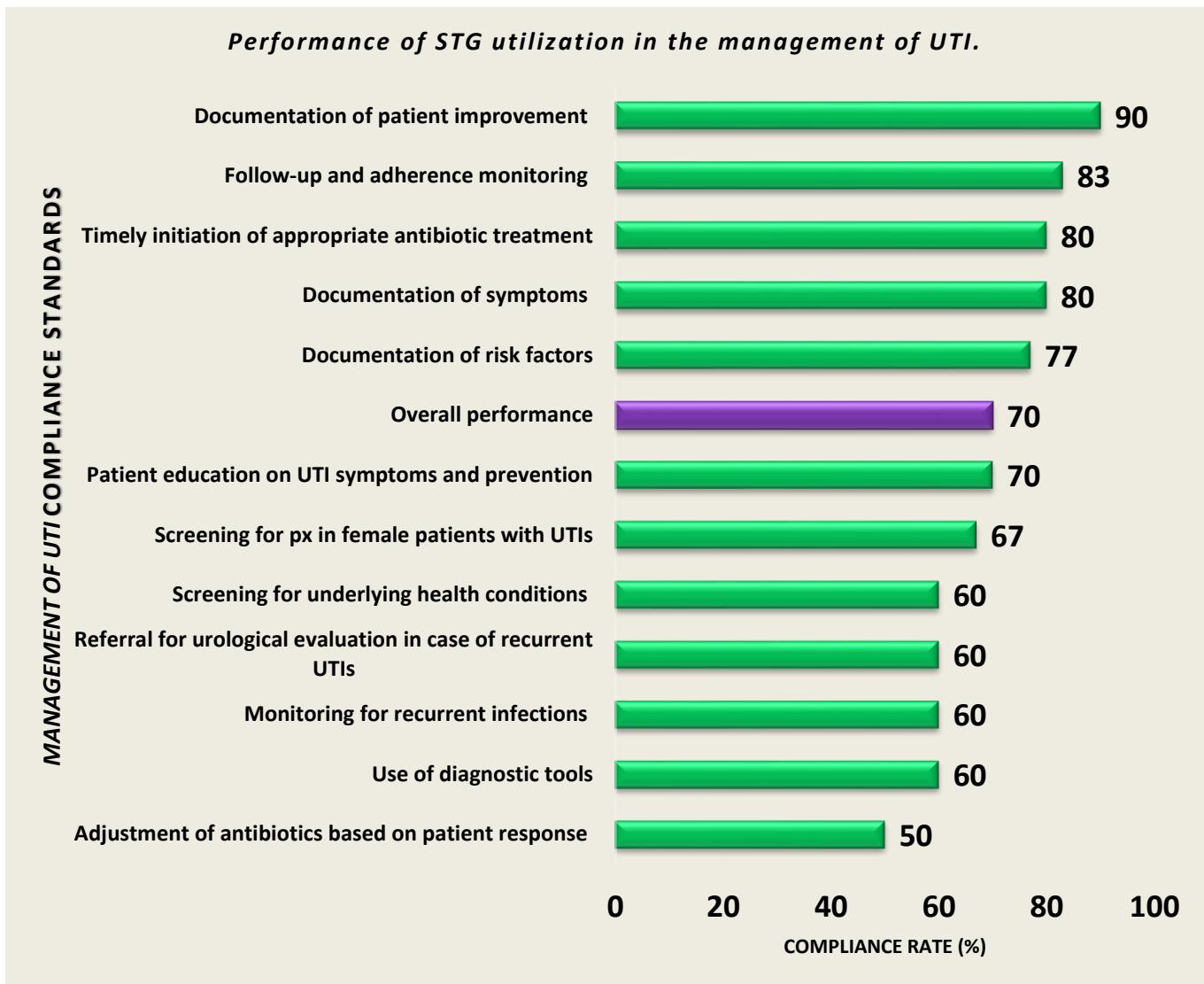


Figure 2: STG utilization performance on management of UTI

Discussion

The findings from the assessment reveal a mixed level of adherence to STG recommendations for UTI management. While strengths were observed in the timely initiation of antibiotic treatment and documentation of discharge plans, there are significant gaps in other critical areas such as screening for underlying conditions, referral for urological evaluation, and adjustment of antibiotics based on patient response.

The high compliance in documentation and antibiotic initiation suggests that staff members are generally aware of basic STG protocols. However, low screening and follow-up care compliance highlights systemic challenges, including resource limitations, insufficient diagnostic tools, and a lack of awareness about specific guidelines.

Moreover, the relatively low adherence to adjusting antibiotics based on clinical response indicates that further training is needed to enhance provider confidence in tailoring treatments to individual patient needs. Addressing these challenges is crucial to consistently delivering evidence-based, patient-centered care.

Recommendations

1. Use of urine dipstick or culture for diagnosis
2. Patient education on hydration and hygiene practices
3. Adjustment of antibiotic therapy based on culture results
4. Monitoring for recurrent infection or pyelonephritis
5. Documentation of patient adherence to prescribed treatment
6. Strengthen overall documentation practices
7. Regular audits of compliance with STG standards

Table 3: STG utilization Action Plan on management of UTI

S.No	Action	Responsible Person/Team	Timeline
1.	Avail use of urine dipsticks and culture tests.	Laboratory head (Alu) and outpatient Director (Dr.Bahar A)	1 month (from Jan 15, 2017EC to Feb 15, 2017EC)
2.	Develop educational materials (posters, brochures) and integrate patient counselling.	Health literacy unit f/Person (Balisa S)	2 months (from Jan 15, 2017EC to Mar 15, 2017EC)
3.	Establish a feedback mechanism for clinicians on antibiotic adjustment based on culture results.	Pharmacy head (Murtesa A)	2 months (from Jan 15, 2017EC to Mar 15, 2017EC)
4.	Implement a follow-up tracking system for monitoring recurrent infections.	Outpatient department Director (Dr.Bahar A)	2 months (from Jan 15, 2017EC to Mar 15, 2017EC)
5.	Perform monthly audits and share results with staff for feedback and improvement.	Outpatient department Director (Dr. Bahar A) and Quality improvement officer	2 months (from Jan 15, 2017EC to Mar 15, 2017EC)

References

1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals.** Addis Ababa: Ethiopian Public Health Institute.
2. World Health Organization. (2017). **WHO Guidelines for the Diagnosis and Management of Dyspepsia.** Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of urinary tract infections.** The American Journal of Gastroenterology, 117(4), 457-478.
4. Fashner, J., & Gitu, A. C. (2015). **Diagnosis and Treatment of urinary tract infections.** American Family Physician, 91(4), 236-242.
5. Ethiopian Food and Drug Authority. (2020). **Guidance on the Rational Use of Antimicrobials.** Addis Ababa: EFDA.



DEDER GENERAL HOSPITAL

ADULT OUTPATIENT DEPARTMENT (ADULT OPD)

STG UTILIZATION MONITORING REPORT

FOR MANAGEMENT OF TYPHOID FEVER

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence

Implementation Status of Previous Audit Action Plan

The implementation of the action plan to improve STG utilization in typhoid fever management has shown mixed progress. Training sessions on STG adherence have been partially conducted, with some staff demonstrating improved knowledge and compliance in areas such as hydration management and avoidance of unnecessary antibiotic switches. A standardized discharge documentation template has been developed but is yet to be fully adopted across all departments. Patient education initiatives on hygiene practices and treatment adherence have faced delays due to limited resources, resulting in minimal improvement in this area. Monthly audits to monitor compliance have commenced, providing valuable feedback; however, consistent follow-up and corrective actions remain a challenge. Resource allocation for diagnostic tools, such as culture testing facilities, is still pending, which continues to hinder effective guideline implementation. Overall, while some steps have been initiated, gaps in execution and resource availability need urgent attention to achieve the desired outcomes.

Introduction

The effective management of typhoid fever is critical to improving patient outcomes and reducing complications associated with inappropriate treatment. At **Deder General Hospital**, adherence to Standard Treatment Guidelines (STG) ensures rational drug use, minimizes antimicrobial resistance, and promotes better clinical outcomes. This report evaluates the implementation status of the STG for typhoid fever, based on the previous action plan.

AIM

To assess the level of compliance with the Standard Treatment Guidelines for typhoid fever at Deder General Hospital and identify areas for improvement.

Objective

- ♠ To assess compliance with STG standards for TYPHOID FEVER management.
- ♠ To evaluate the appropriateness of documentation, diagnosis, treatment, and follow-up practices.
- ♠ To identify barriers to STG adherence and propose actionable recommendations for improved typhoid fever.

Methodology

Data Collection: A retrospective audit was conducted on 30 patient records diagnosed with typhoid fever from **November 1, 2017, to December 30, 2017**.

Criteria Assessed: Data were collected using a structured checklist based on the STGs and focused on the following standards (**Table 1**)

Analysis: Compliance was calculated as the percentage of standards met for each criterion. Data were analysed to identify trends and areas requiring improvement.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Use of blood culture or serologic test for diagnosis
2.	Initial antibiotic selection per STG protocol
3.	Antibiotic adjustment based on culture sensitivity
4.	Hydration status assessment and management
5.	Patient education on personal hygiene practices
6.	Monitoring of symptom resolution
7.	Adherence to full course of antibiotic treatment
8.	Regular temperature monitoring
9.	Avoidance of unnecessary antibiotic switches
10.	Evaluation for complications (intestinal perforation, etc.)
11.	Follow-up plan for relapse or treatment failure
12.	Documentation of improvement and patient discharge plan

RESULT

Overall compliance with STG guidelines for the management of typhoid fever was found to be 48% (**Figure 1**).

The results showed a mixed level of compliance with standard treatment guidelines for the management of typhoid fever. The overall compliance rate was 48%. Among the criteria, assessment and management of hydration status had the highest compliance rate (83.3%), followed by use of blood cultures for diagnosis (26.7%) and regular temperature monitoring (70.0%) (**Table 2**).

On the other hand, critical areas such as documentation of improvement and patient discharge plan (0%), follow-up plan for relapse or treatment failure (0%), patient education on personal hygiene practices (7%), and adjustment of antibiotics based on culture sensitivity (33%) showed poor adherence and indicated areas for improvement. The overall results highlight the need for focused interventions to strengthen laboratory diagnosis, rational use of antibiotics, and follow-up care to improve compliance with STG criteria (**Table 2**).

Figure 1: Performance of STG utilization in the management of typhoid fever.

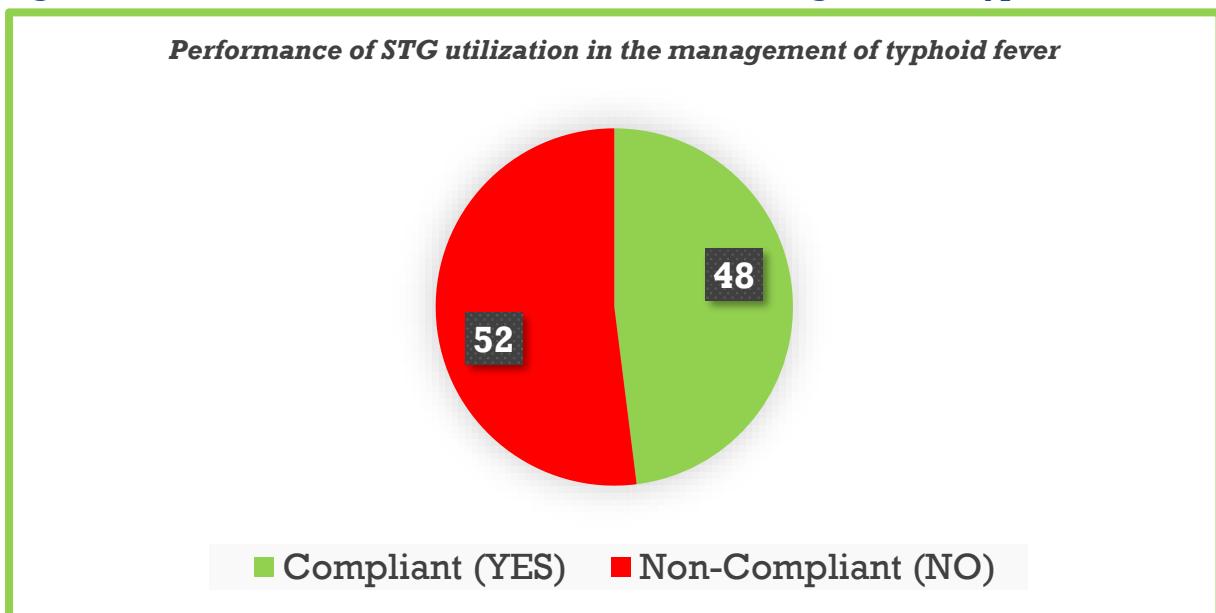


Table 2: Performance of STG utilization in the management of typhoid fever.

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Use of blood culture or serologic test for diagnosis	21	9	70
2.	Initial antibiotic selection per STG protocol	18	12	60
3.	Antibiotic adjustment based on culture sensitivity	10	20	33.3
4.	Hydration status assessment and management	25	5	83.3
5.	Patient education on personal hygiene practices	2	28	7
6.	Monitoring of symptom resolution	16	14	53.3
7.	Adherence to full course of antibiotic treatment	19	11	63.3
8.	Regular temperature monitoring	18	12	60
9.	Avoidance of unnecessary antibiotic switches	21	9	70
10.	Evaluation for complications (intestinal perforation, etc.)	21	9	70
11.	Follow-up plan for relapse or treatment failure	0	30	0
12.	Documentation of improvement and patient discharge plan	0	30	0
	OVERALL	171/360	189/360	48

Performance of STG utilization in the management of typhoid fever.

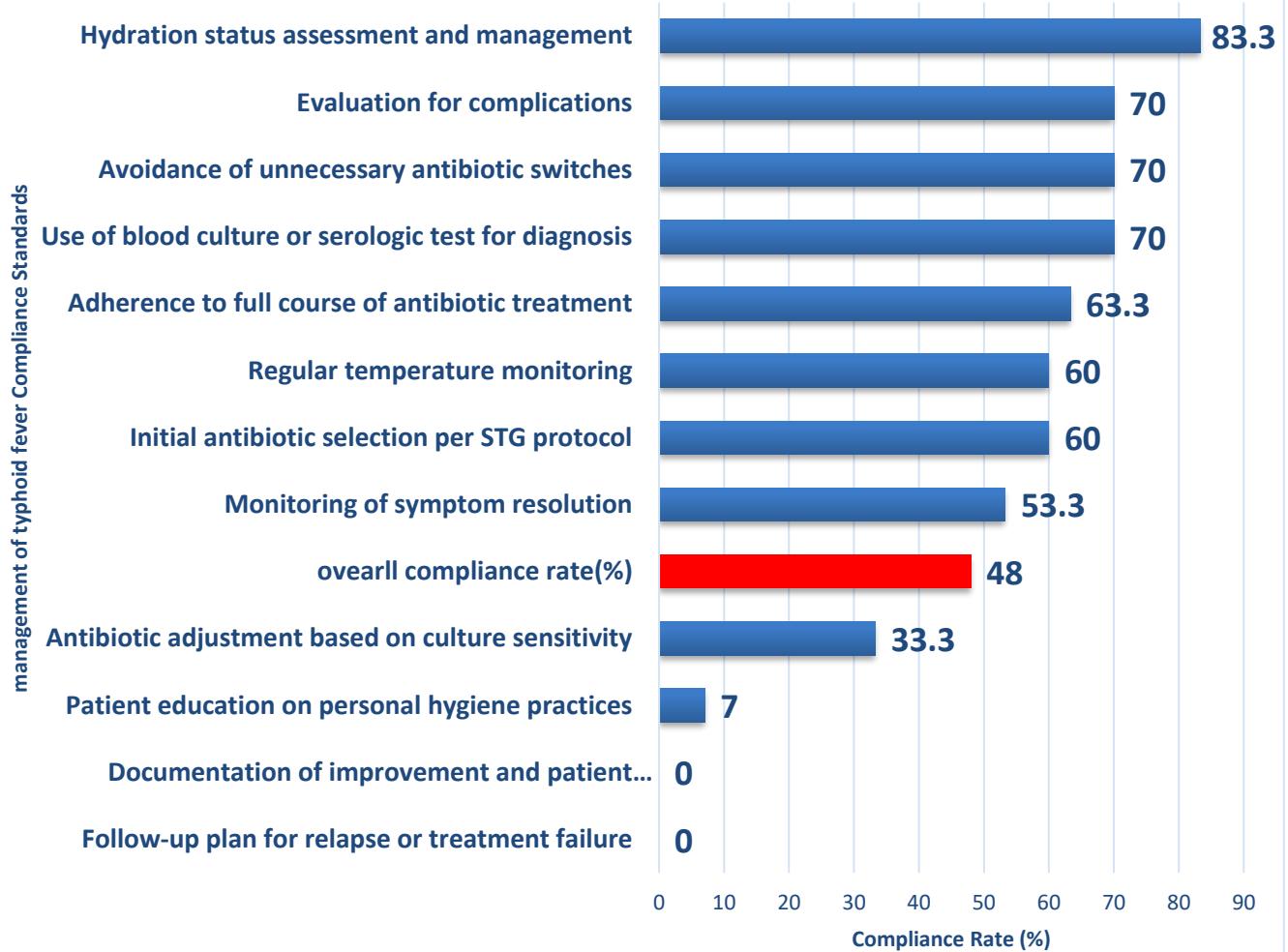


Figure 2: Performance of STG utilization in the management of typhoid fever.

Discussion

The review of STG (Standard Treatment Guideline) utilization in the management of typhoid fever highlights several gaps in compliance with the established standards. Out of the 12 standards assessed, the overall compliance rate was found to be 48%, indicating a significant opportunity for improvement in adherence.

The monitoring of STG utilization for typhoid fever management revealed notable strengths, including high compliance in hydration status assessment and management (83.3%), as well as appropriate use of blood culture or serologic tests for diagnosis, avoidance of unnecessary antibiotic switches, and evaluation for complications, each achieving a compliance rate of 70%. However, significant weaknesses were also identified, particularly in patient education on personal hygiene practices (7%), follow-up planning for relapse or treatment failure (0%), and documentation of improvement and discharge plans (0%), indicating the need for better adherence to guidelines and improved patient-centered care practices.

Recommendations

1. Capacity Building and Training
2. Improved Documentation Practices:
3. Patient Education and Engagement:
4. Enhanced Monitoring Systems

Table 3: STG utilization in the management of typhoid fever Action Plan

S.No	Action	Responsible Person/Team	Timeline
1.	Conduct training sessions on STG adherence	Clinical staff supervisor (Dr.Derese & Yonis M)	1 month (from Jan 15, 2017EC to Feb 15, 2017EC)
2.	Develop a standard discharge documentation template	Quality improvement team	1 month (from Jan 15, 2017EC to Feb 15, 2017EC)
3.	Create patient education materials on hygiene and treatment adherence	Health education officer(Balisa S)	1 month (from Jan 15, 2017EC to Feb 15, 2017EC)
4.	Implement monthly audits to track compliance	(OPD Director)- Dr.Bahar A	Ongoing, starting next month ((Jan 15, 2017EC)

References

1. World Health Organization (WHO). *Guidelines for the Diagnosis and Treatment of Typhoid Fever*. Geneva: WHO; 2018.
2. Federal Ministry of Health. *National Standard Treatment Guidelines for General Hospitals in Ethiopia*. Addis Ababa: FMOH; 2014.
3. Parry CM, Hien TT, Dougan G, White NJ, Farrar JJ. Typhoid Fever. *New England Journal of Medicine*. 2002;347(22):1770-1782.
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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF DIABETIC MELLITUS (DM)

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The audit conducted last year identified gaps in adherence to the Standards Treatment Guidelines (STG) for managing Diabetes Mellitus (DM).

Based on the action plan:

- Training sessions for healthcare providers on STG utilization were conducted, targeting key areas such as blood glucose monitoring and dietary counselling.
- Procurement of glucometers and HbA1c testing kits was completed to improve compliance with monitoring requirements.
- Updated DKA management protocols were disseminated to all healthcare units.
- Routine follow-up checklists were introduced to enhance documentation practices

Despite these efforts, challenges remain in specific areas, particularly foot care and eye examination documentation, as well as consistent monitoring of blood glucose levels.

Introduction

Diabetes Mellitus (DM) is a chronic condition with significant public health implications. Effective management relies on adherence to Standard Treatment Guidelines (STG) to ensure consistency and quality of care. This monitoring report evaluates the utilization of STG for DM at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes.

AIM

To assess adherence to Standard Treatment Guidelines for managing Diabetes Mellitus and enhance the quality of care provided to patients.

Objective

- ♠ Evaluate the compliance of healthcare providers with STG standards for DM management.
- ♠ Identify gaps and challenges in STG utilization.
- ♠ Provide actionable recommendations to address identified gaps.
- ♠ Develop an action plan with clear responsibilities and timelines.

Methodology

Study Design: Cross-sectional audit of DM case management.

Data Collection:

- **Sources:** Patient medical records, and audit checklists.
- **Study period:** from **September 21, 2017E.C to December 20, 2017E.C**
- **Sample Size:** 30 cases of DM management reviewed.
- **Key Indicators:** Compliance with 12 key STG standards, including diagnosis confirmation, glucose monitoring, dietary counselling, and foot care.

Data Analysis:

- Compliance rates were calculated as the percentage of compliant cases out of the total reviewed.
- Non-compliance trends were identified and categorized.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Diagnosis type confirmed (Type 1, Type 2, etc.)
2.	Baseline blood glucose and HbA1c levels documented
3.	Treatment initiation based on severity and type
4.	Accurate insulin or oral agent dosing based on STG
5.	Administration of DKA management per protocol if required
6.	Monitoring of blood glucose as per protocol
7.	Dietary and exercise counseling provided
8.	Documentation of foot care and eye examination
9.	Adherence to protocol for comorbid conditions
10.	Regular follow-up and HbA1c monitoring
11.	Assessment for hypoglycemia risk and prevention
12.	Documentation of patient education and compliance

RESULT

Out of 330 assessments, 237 were compliant, resulting in an overall compliance rate of 72%. (**Figure 1**).

Accurate dosing of insulin/oral agents (100%), adherence to protocols for comorbid conditions (97%), and hypoglycaemia risk assessment (100%), Standards like confirmed diagnosis type (70%), baseline blood glucose and HbA1c documentation (70%), dietary and exercise counselling (70%), and follow-up with HbA1c monitoring (70%) showed room for improvement. However, Documentation of foot care and eye exams (30%) and patient education (60%) were identified as critical gaps (**Table 2**).

STG utilization performance on Management of DM

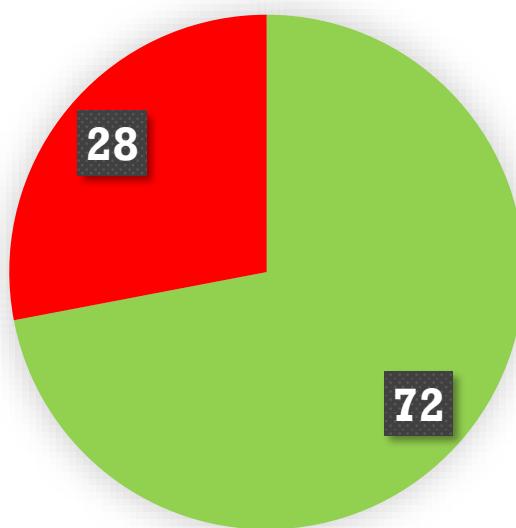


Figure 1: STG utilization performance on Management of DM

Table 2: STG utilization performance on managing DM

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Diagnosis type confirmed	21	9	70
2.	Baseline blood glucose and HbA1c documented	21	9	70
3.	Treatment initiation based on severity/type	18	12	60
4.	Accurate insulin/oral agent dosing	30	0	100
5.	DKA management as per protocol	5	2	71
6.	Blood glucose monitoring	20	10	67
7.	Dietary and exercise counseling	21	9	70
8.	Foot care and eye exam documentation	3	7	30
9.	Adherence to comorbid conditions protocol	29	1	97
10.	Regular follow-up and HbA1c monitoring	21	9	70
11.	Hypoglycemia risk assessment	30	0	100
12.	Patient education documentation	18	12	60
	OVERALL	237/330	80/330	72%

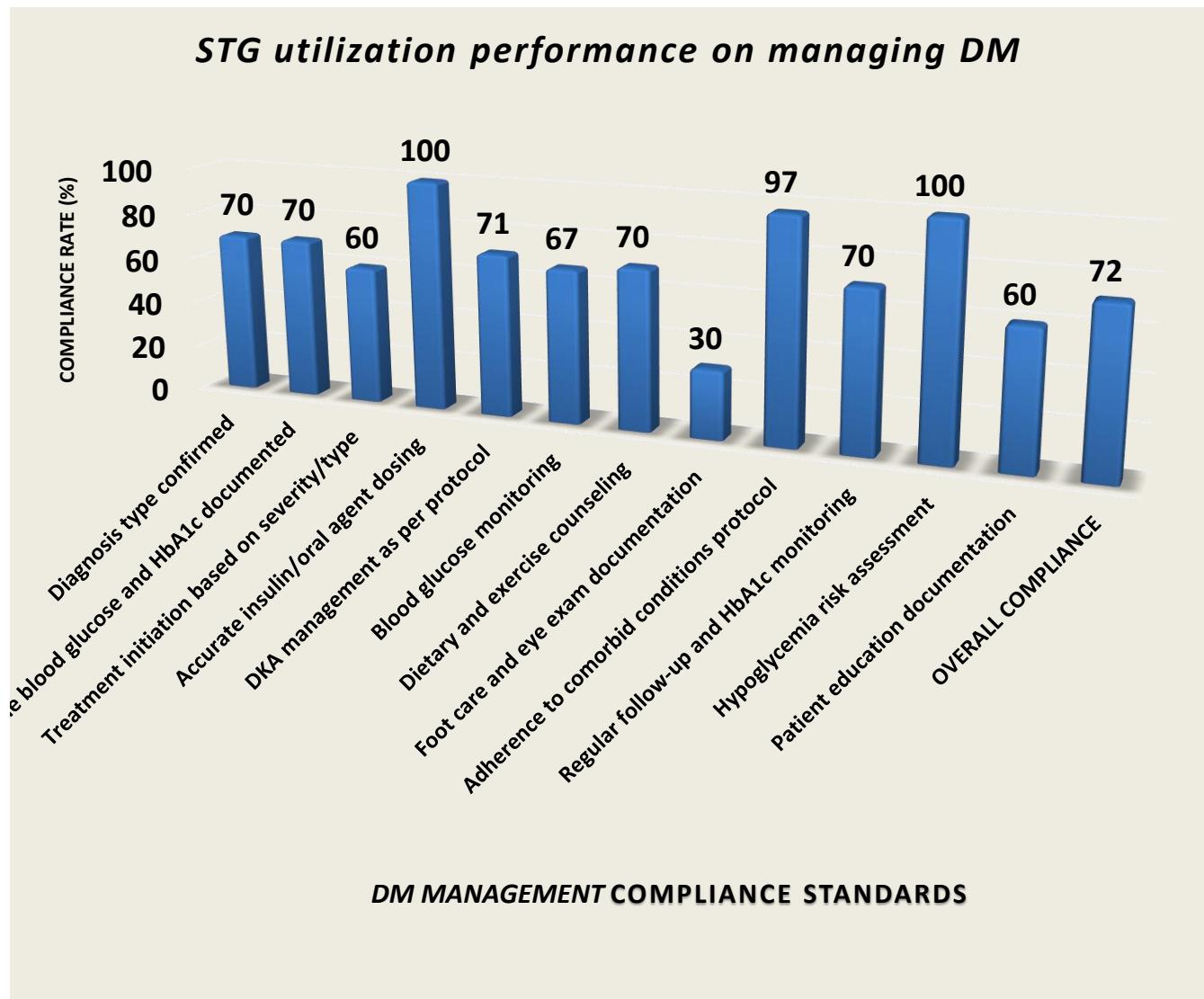


Figure 2: STG utilization performance on management of dyspepsia and PUD

Discussion

The compliance rate of 72% indicates moderate adherence to STG for DM management. While certain areas, such as insulin/oral agent dosing and hypoglycemia risk assessment, showed excellent compliance, other critical areas such as foot care documentation and patient education lagged behind. The following factors may contribute to the observed gaps:

- **Resource limitations:** Insufficient staffing or materials may hinder the ability to deliver comprehensive care.
- **Knowledge gaps:** Inadequate training in the updated STG protocols.
- **Documentation challenges:** Limited emphasis on accurate and thorough documentation in patient records.
- **Time constraints:** High patient loads may lead to missed steps in protocols.

Addressing these issues is essential to improve the quality of care and health outcomes for diabetic patients.

Recommendations

1. **Enhance training and capacity building:**
 - Conduct regular in-service training for healthcare providers on DM management, with a focus on areas of low compliance such as foot care and patient education.
2. **Improve documentation practices:**
 - Standardize patient record templates to ensure all critical components are captured, including foot care and dietary counseling.
3. **Increase resource allocation:**
 - Provide adequate tools for blood glucose monitoring and materials for patient education.
4. **Strengthen patient follow-up:**
 - Establish a tracking system to ensure regular follow-up and HbA1c monitoring.
5. **Promote multidisciplinary care:**

Table 3: Action Plan

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Enhance training and capacity building	Conduct regular in-service training for healthcare providers on DM management, with a focus on areas of low compliance such as foot care and patient education	QI Team & M/Director (Abdi & Dr.Derese)	Jan 5-10, 2017E.C
2.	Improve documentation practices:	Standardize patient record templates to ensure all critical components are captured, including foot care and dietary counseling	EMR focal person/Rudwan	Jan 30, 2017
3.	Increase resource allocation:	Provide adequate tools for blood glucose monitoring and materials for patient education.	Hospital finance & finance head(Obsa & Murtesa)	Until next audit (Feb 2017E.C)
4.	Strengthen patient follow-up	Establish a tracking system to ensure regular follow-up and HbA1c monitoring.	OPD Director (Dr.Bahar)	Until next audit (Feb 2017E.C)

References

1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals**. Addis Ababa: Ethiopian Public Health Institute.
2. World Health Organization. (2017). **WHO Guidelines for the Diagnosis and Management of Diabetic Mellitus**. Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of Diabetic Mellitus**. The American Journal of Gastroenterology, 117(4), 457-478.
4. Fashner, J., & Gitu, A. C. (2015). **Diagnosis and Treatment of Diabetic Mellitus Disease**. American Family Physician, 91(4), 236-242.
5. Ethiopian Food and Drug Authority. (2020). **Guidance on the Rational Use of Antimicrobials**. Addis Ababa: EFDA.



DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF DYSPEPSIA AND PUD.

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The previous audit action plan focused on improving adherence to the standards of care for dyspepsia and peptic ulcer disease management. Key interventions included capacity-building sessions, dissemination of updated protocols, and regular monitoring. Progress was evaluated through follow-up audits, and while significant improvements were noted in some areas, challenges persist in achieving full compliance.

Implemented Actions and Outcomes:

1. Capacity-Building Sessions:

- ▲ Training workshops were conducted for healthcare providers, focusing on the importance of documentation, patient education, and appropriate pharmacotherapy. As a result, compliance with symptom assessment improved to 100%, and accurate dosing of H2-blockers reached 90%.

2. Protocol Dissemination:

- ▲ Updated STGs were distributed across all clinical departments. This intervention contributed to 70% compliance in lifestyle modification prescriptions and patient education.

3. Monitoring and Feedback:

- ▲ Regular review meetings were held to discuss compliance trends and address gaps. These efforts led to improved adherence to alarm symptom referral guidelines, achieving 100% compliance.

4. Resource Allocation:

- ▲ Efforts were made to ensure the availability of H2-blockers and antacids, which facilitated 90% compliance in their appropriate usage. However, limited access to endoscopy services remains a significant barrier, resulting in 0% compliance for this standard.

Despite these interventions, challenges persist in documenting "red flag" symptoms (60% compliance) and follow-up schedules (50% compliance), underscoring the need for further targeted efforts.

Introduction

Dyspepsia and peptic ulcer disease (PUD) are prevalent gastrointestinal disorders that significantly impact patient quality of life and healthcare resources. Effective management of these conditions relies on strict adherence to Standard Treatment Guidelines (STGs). This report presents findings from a monitoring exercise conducted to evaluate STG utilization in managing dyspepsia and PUD at **Deder General hospital.**

AIM

To assess the adherence to STGs in the management of dyspepsia and peptic ulcer disease and to identify gaps for targeted quality improvement.

Objective

- ▲ To evaluate compliance rates across specific standards of care for dyspepsia and PUD.
- ▲ To identify barriers to full adherence to the STGs.
- ▲ To recommend actionable interventions to address gaps.

Methodology

Data Collection: A retrospective audit was conducted on 10 patient records diagnosed with dyspepsia or PUD between **November 1, 2017, to December 30, 2017.**

Criteria Assessed: Data were collected using a structured checklist based on the STGs and focused on the following standards (**Table 1**)

Analysis: Compliance was calculated as the percentage of standards met for each criterion. Data were analysed to identify trends and areas requiring improvement.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Assessment of dyspepsia symptoms and history
2.	Diagnosis confirmation through physical exam and risk factors
3.	Documentation of "red flag" symptoms
4.	Prescription of lifestyle modifications for dyspepsia
5.	Appropriate initial pharmacotherapy without PPIs
6.	Accurate dosage and choice of H2-blockers or antacids
7.	Use of endoscopy if symptoms persist beyond protocol duration
8.	Patient education on food and medication triggers
9.	Documentation of follow-up schedule and next steps
10.	Adherence to alarm symptom referral guidelines
11.	Avoidance of unnecessary antibiotics
12.	Documentation of treatment outcomes and symptom progression

RESULT

The audit reviewed compliance across 12 standards, with an overall compliance rate of **75%** (**Figure 1**).

Key findings include: 100% compliance in assessing dyspepsia symptoms, and adherence to alarm symptom referral guidelines, 90% compliance in ensuring accurate dosage and choice of H2-blockers or antacids, and 70% compliance in diagnosis confirmation, lifestyle modification prescriptions, and patient education. However, Low compliance (60%) in documenting "red flag" symptoms and 50% in follow-up schedule documentation (**Table 2**).

STG utilization performance on managing dyspepsia and PUD

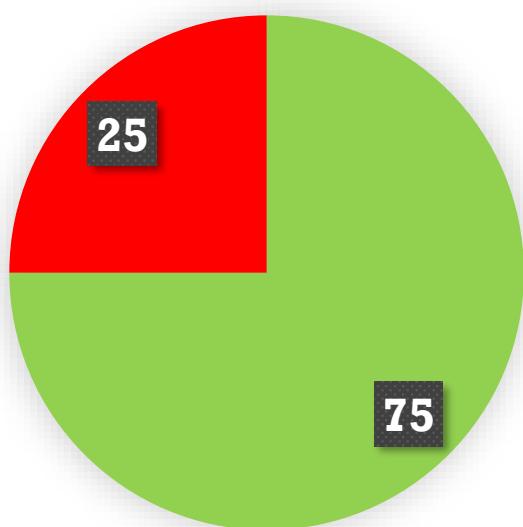


Figure 1: STG utilization performance on managing dyspepsia and PUD

Table 2: STG utilization performance on managing dyspepsia and PUD

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Assessment of dyspepsia symptoms and history	30	0	100
2.	Diagnosis confirmation through physical exam and risk factors	21	9	70
3.	Documentation of "red flag" symptoms	18	12	60
4.	Prescription of lifestyle modifications for dyspepsia	21	9	70
5.	Appropriate initial pharmacotherapy without PPIs	21	9	70
6.	Accurate dosage and choice of H2-blockers or antacids	27	3	90
7.	Patient education on food and medication triggers	21	9	70
8.	Documentation of follow-up schedule and next steps	15	15	50
9.	Adherence to alarm symptom referral guidelines	30	0	100
10.	Avoidance of unnecessary antibiotics	21	9	70
11.	Documentation of treatment outcomes and symptom progression	21	9	70
	OVERALL	246/330	84/330	75%

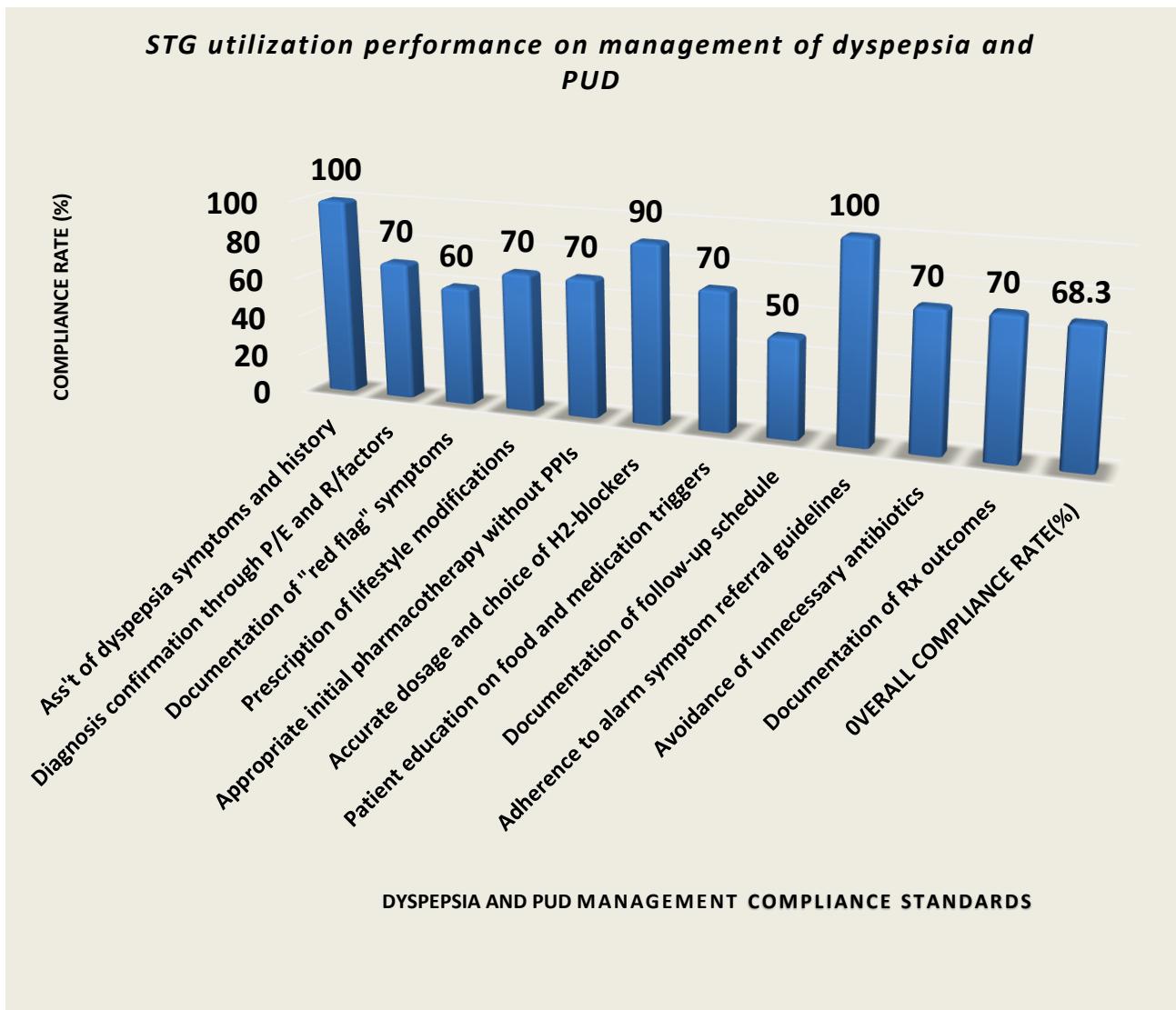


Figure 2: STG utilization performance on management of dyspepsia and PUD

Discussion

The audit reveals areas of strength, such as comprehensive symptom assessment and adherence to referral guidelines, reflecting effective training and protocol dissemination. However, challenges in documenting "red flag" symptoms and follow-up schedules highlight gaps in provider practices. Lack of endoscopy services significantly impacts compliance with recommended diagnostic protocols. Addressing these issues requires targeted interventions and resource allocation.

Recommendations

Strengthen Documentation Practices:

Enhance Diagnostic Capacity:

Monitor Pharmacotherapy Practices:

Sustain Education Efforts:

Table 3: Action Plan

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Strengthen Documentation Practices:	Provide written feedback	Quality Improvement Team	Jan 5-10, 2017E.C
2.	Enhance Diagnostic Capacity:	Advocate for endoscopy services	Hospital Administration	Until the end of 2017E.C
3.	Monitor Pharmacotherapy Practices:	Reinforce adherence to guidelines for appropriate medication use.	Pharmacy Department	Until next audit (Feb 2017E.C)
4.	Sustain Education Efforts:	Continue patient and provider education on lifestyle modifications and triggers.	Health literacy Unit	Until next audit (Feb 2017E.C)

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1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals**. Addis Ababa: Ethiopian Public Health Institute.
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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT

ON MANAGEMENT OF PULMONARY

INFECTIONS

By: DGH Quality Unit

Deder, Oromia
December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

In the previous audit cycle, action plans were designed to address gaps in compliance with STG standards for managing pulmonary infections. The key focus areas included:

- Improving compliance with culture-based antibiotic adjustments.
- Strengthening documentation of risk assessments.
- Enhancing patient education on hygiene and vaccination.

The implementation status showed significant improvements in certain areas, but challenges persist in antibiotic adjustment and follow-up documentation. These gaps were considered while planning the current monitoring activity

Introduction

Pulmonary infections, including community-acquired pneumonia (CAP) and hospital-acquired pneumonia (HAP), remain significant contributors to morbidity and mortality. Standard Treatment Guidelines (STG) are critical tools for ensuring evidence-based, consistent, and high-quality management of these infections. Regular monitoring of STG adherence identifies gaps and informs interventions to improve care quality. This monitoring report evaluates the utilization of STG for community-acquired pneumonia (CAP) and hospital-acquired pneumonia (HAP) at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes

AIM

To assess and improve the adherence to STG standards in the management of pulmonary infections at the facility.

Objective

- ♠ To evaluate compliance with key STG standards in the management of pulmonary infections.
- ♠ To identify areas of non-compliance and root causes.
- ♠ To develop and implement actionable interventions to enhance STG adherence.

Methodology

Study Design: A cross-sectional audit of patient records.

Study Population: Patients diagnosed with pulmonary infections during the audit period.

Study period: From **September 21, 2017E.C to December 20, 2017E.C**

Data Collection: A structured checklist was used to evaluate compliance with 12 key STG standards.

Sample Size: 30 cases reviewed.

Data Analysis: Compliance rates (%) were calculated for each standard and analyzed for trends and gaps.

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Comprehensive symptom and physical assessment
2.	Diagnosis based on chest X-ray or imaging
3.	Initial assessment of CAP vs HAP risk factors
4.	Correct choice of empiric antibiotics
5.	Antibiotic adjustment based on culture
6.	Timely administration of the first dose of antibiotics
7.	Monitoring of respiratory status
8.	Documentation of risk assessment
9.	Patient education on hygiene and vaccination
10.	Referral to higher care level if deterioration
11.	Use of steroids per severity criteria
12.	Follow-up plan documentation

RESULT

The audit reviewed compliance across 12 standards, with an overall compliance rate of **60%** (**Figure 1**).

Comprehensive symptom and physical assessment, Monitoring of respiratory status, and Referral to higher care level if deterioration were 100% adhered to STG while Initial assessment of CAP vs HAP risk factors, Correct choice of empiric antibiotics, Timely administration of the first dose of antibiotics were 70% adhered to the STG. However, Antibiotic adjustment based on culture and Use of steroids per severity criteria were 10% adhered to the STG. And Follow-up plan documentation and Diagnosis based on chest X-ray or imaging were 40% adhered to the STG (**Table 2**).

STG utilization performance on Management of Pulmonary Infections

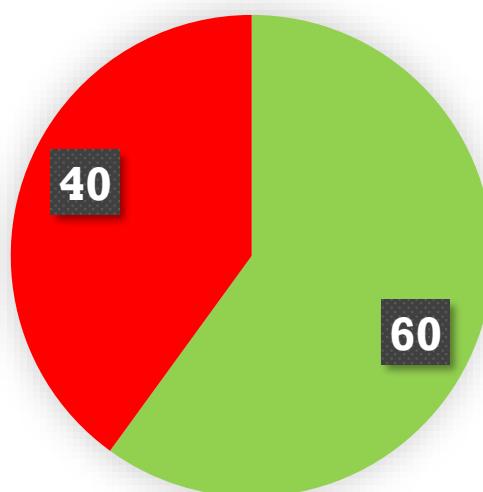


Figure 1: STG utilization performance on Management of Pulmonary Infections

Table 2: STG utilization performance on Management of Pulmonary Infections

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Comprehensive symptom and physical assessment	30	0	100
2.	Diagnosis based on chest X-ray or imaging	15	15	50
3.	Initial assessment of CAP vs HAP risk factors	24	6	80
4.	Correct choice of empiric antibiotics	24	6	80
5.	Antibiotic adjustment based on culture	3	27	10
6.	Timely administration of the first dose of antibiotics	24	6	80
7.	Monitoring of respiratory status	30	0	100
8.	Documentation of risk assessment	21	9	70
9.	Patient education on hygiene and vaccination	18	12	60
10.	Referral to higher care level if deterioration	5	5	100
11.	Use of steroids per severity criteria	3	27	10
12.	Follow-up plan documentation	12	18	40
	OVERALL	215/360	145/360	60%

Key gaps were observed in:

- Antibiotic adjustment based on culture (10%).
- Use of steroids per severity criteria (10%).
- Follow-up plan documentation (40%).

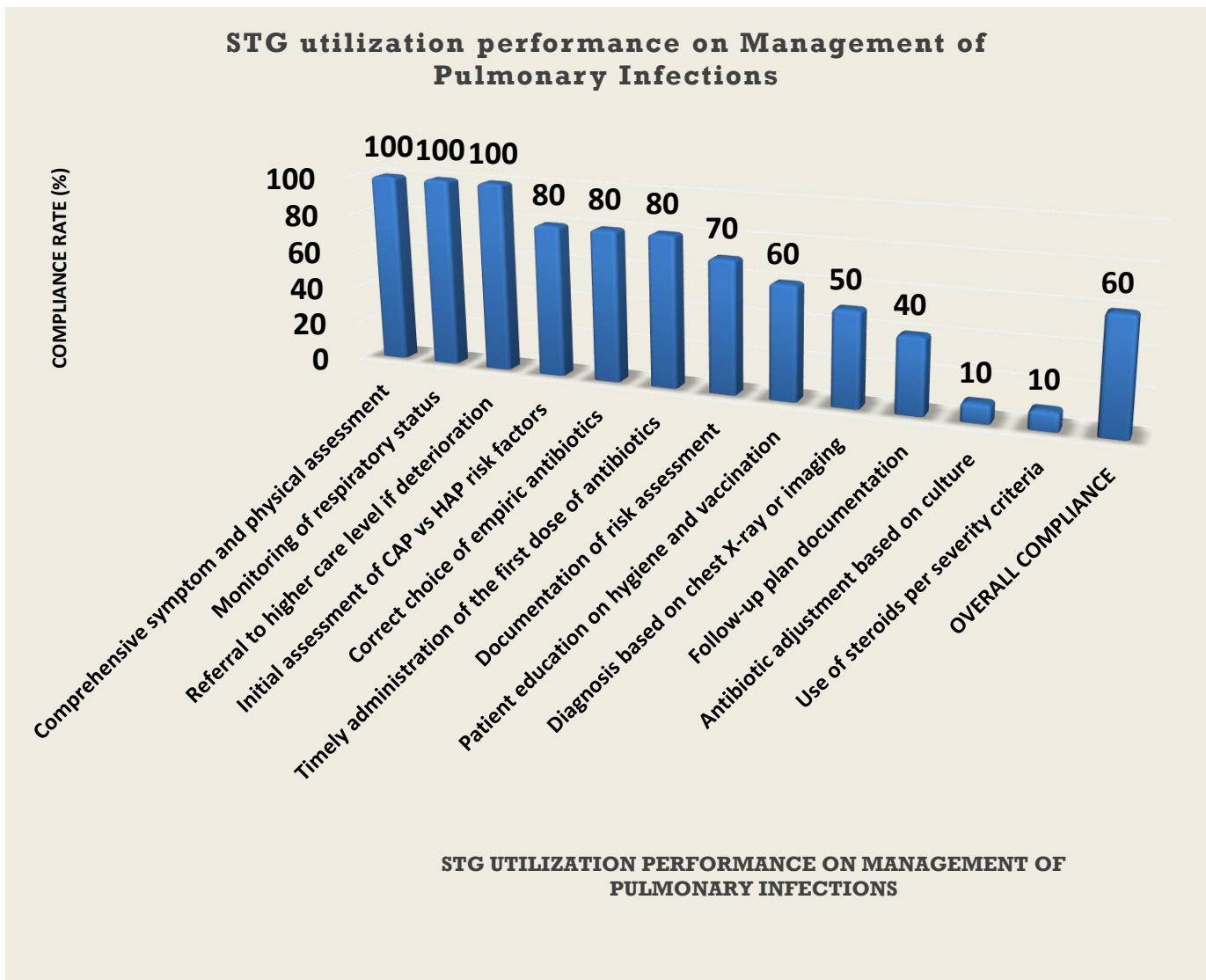


Figure 2: STG utilization performance on Management of Pulmonary Infections

Discussion

The compliance rate of 60% indicates low adherence to STG for Pulmonary Infections management. While certain areas, such as respiratory monitoring and symptom assessment. However, critical gaps exist in culture-based antibiotic adjustment, which poses risks of antimicrobial resistance and treatment failure. Poor documentation and inconsistent follow-up planning undermine continuity of care. These findings underscore the need for targeted interventions:

Recommendations

- 1. Strengthen Antibiotic Stewardship Program:**
- 2. Documentation Practices:**
- 3. Monitoring & Feedback:**
- 4. Patient Engagement:**

Table 3: Action Plan

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Strengthen Antibiotic Stewardship Program:	Launch antibiotic stewardship interventions	Pharmacy head(Murtesa M)	Until next audit (Mar 2017E.C)
2.	Documentation Practices	Provide written feedback for emergency dept	EPD Director	Until next audit (Mar 2017E.C)
3.	Monitoring & Feedback	Conduct quarterly audits and feedback	QI Unit team	Until next audit (Mar 2017E.C)
4.	Patient Engagement	Enhance educational interventions on hygiene and vaccination to empower patients.	Emergency dept Nursing staff and health literacy Unit f/p (Balisa)	

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1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals.** Addis Ababa: Ethiopian Public Health Institute.
2. World Health Organization. (2017). **WHO Guidelines for the Diagnosis and Management of TB.** Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of Pulmonary Infections.** The American Journal of Gastroenterology, 117(4), 457-478.



DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF HERNIA

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The previous audit on the management of hernia cases highlighted several areas for improvement in compliance with Standard Treatment Guidelines (STG). Key action items were developed to address the identified gaps. The implementation status of the action plan is summarized below:

- 1. Documentation of Patient History and Examination:** All cases reviewed in the current audit showed 100% compliance in documenting patient history and physical examinations, including symptoms, duration, and risk factors.
- 2. Utilization of Recommended Diagnostics:** Compliance was 100% in utilizing recommended diagnostic methods.
- 3. Classification and Documentation of Hernia Types:** Fully implemented. Current compliance is 100% in this area.
- 4. Surgical and Conservative Treatment Adherence to STG;** Compliance with STG recommendations for treatment choice was 100%.

Introduction

Hernia is one of the most common acute surgical conditions requiring timely and appropriate intervention. Adherence to Standard Treatment Guidelines (STG) is crucial to ensure quality care, minimize complications, and improve patient outcomes. This report evaluates STG utilization in managing hernia at **Deder General hospital** and provides actionable recommendations based on the findings.

However, audits conducted in the past have revealed gaps in compliance with STG during hernia management, including issues with aseptic techniques, perioperative care, and patient follow-up. To address these gaps, a systematic assessment of the current compliance levels was undertaken to identify areas for improvement and implement targeted interventions. This report details the findings from the audit on STG utilization performance in managing hernia cases and outlines actionable recommendations to improve adherence.

AIM

- ♠ To assess and improve compliance with STG for managing hernia and enhance the quality of care provided to patients.

Objective

- ♠ To evaluate adherence to diagnostic, treatment, and follow-up protocols outlined in the STG for hernia.
- ♠ To identify gaps in compliance and recommend corrective actions for improvement.

Methodology

Study Design & Period: Retrospective review of hernia cases over a period of three months (October 1, 2017, to December 30, 2017).

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 24 laparotomy cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

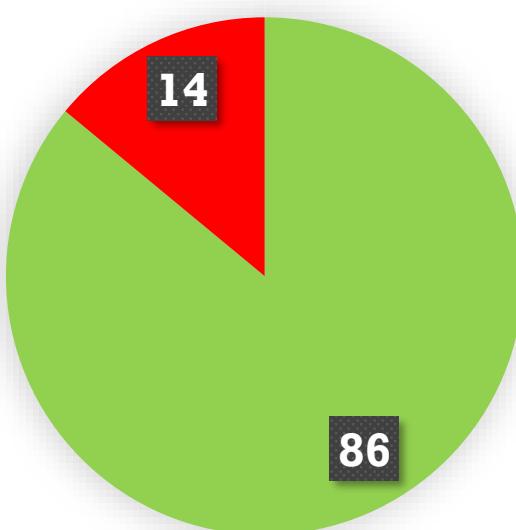
S.No	Standards
1.	Was the patient's history (symptoms, duration, risk factors) documented in detail?
2.	Was the physical examination consistent with STG?
3.	Were recommended diagnostics (e.g., imaging, lab tests) utilized per STG?
4.	Was the diagnosis consistent with STG criteria?
5.	Was the type of hernia or biliary obstruction classified and documented?
6.	Was the chosen treatment (surgical/conservative) in line with STG guidelines?
7.	Was the patient prepared for surgery or treatment according to protocol?
8.	Were prescribed medications appropriate for the condition (e.g., antibiotics, pain meds)?
9.	Was the surgical procedure consistent with STG recommendations?
10.	Was perioperative care documented and adhered to per protocol?
11.	Were aseptic techniques followed during surgery?
12.	Were complications monitored and managed as per protocol?
13.	Was the patient educated on post-treatment care and warning signs?
14.	Were follow-up visits scheduled and attended?

RESULT

The audit reviewed compliance across 12 standards, with an overall audit revealed an overall compliance rate of 86% in adhering to Standard Treatment Guidelines (STG) for hernia management (**figure**), with strong performance in areas such as patient history documentation, diagnostics, treatment selection, and perioperative care, all achieving 100% compliance. However, significant gaps were identified in aseptic techniques during surgery (50% compliance) and post-treatment care, including patient education and follow-up scheduling (0% compliance). These deficiencies highlight critical areas requiring targeted interventions to enhance patient safety and continuity of care while sustaining high standards in other well-performing areas (**Table 2**).

Figure 1: STG utilization performance on managing Hernia

STG utilization performance on managing Appendicitis



■ Compliant (YES) ■ Non-Compliant (NO)

Table 2: STG utilization performance on managing Hernia

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Was the patient's history (symptoms, duration, risk factors) documented in detail?	5	0	100
2.	Was the physical examination consistent with STG?	5	0	100
3.	Were recommended diagnostics (e.g., imaging, lab tests) utilized per STG?	5	0	100
4.	Was the diagnosis consistent with STG criteria?	5	0	100
5.	Was the type of hernia or biliary obstruction classified and documented?	5	0	100
6.	Was the chosen treatment (surgical/conservative) in line with STG guidelines?	5	0	100
7.	Was the patient prepared for surgery or treatment according to protocol?	5	0	100
8.	Were prescribed medications appropriate for the condition (e.g., antibiotics, pain meds)?	5	0	100
9.	Was the surgical procedure consistent with STG recommendations?	5	0	100
10.	Was perioperative care documented and adhered to per protocol?	5	0	100
11.	Were aseptic techniques followed during surgery?	5	0	100
12.	Were complications monitored and managed as per protocol?	5	0	100
13.	Was the patient educated on post-treatment care and warning signs?	0	5	0
14.	Were follow-up visits scheduled and attended?	0	5	0
	OVERALL	60/70	10/70	86%

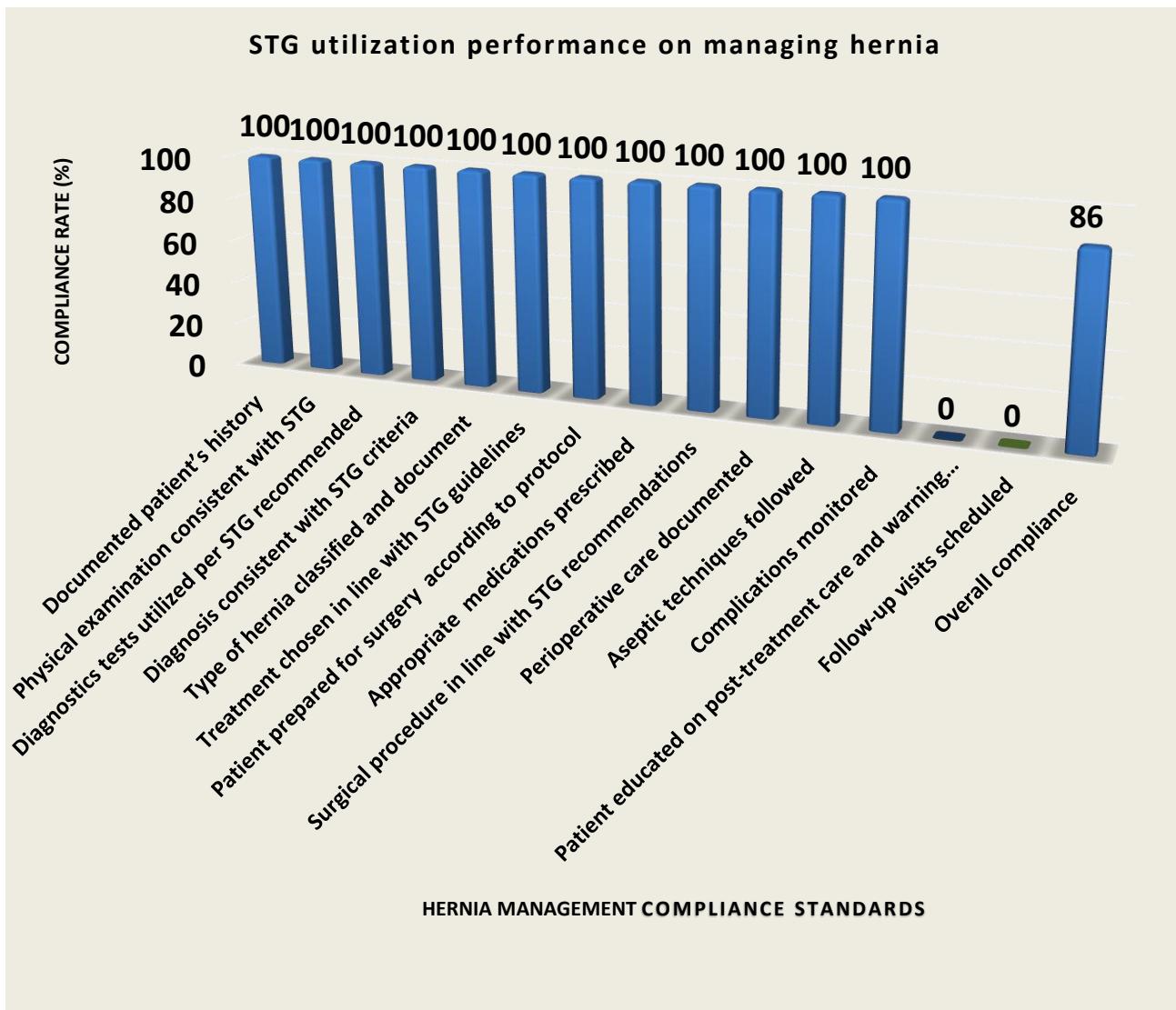


Figure 2: STG utilization performance on managing Hernia

Discussion

The audit revealed excellent compliance with most diagnostic and surgical standards, reflecting the effectiveness of the previous interventions. However, significant gaps persist in postoperative care, particularly in pain management and follow-up. Noncompliance in these areas could result from inadequate patient education, resource limitations, or insufficient staff awareness of follow-up protocols.

The low compliance rate for follow-up visits highlights the need for enhanced discharge planning and systematic follow-up mechanisms. Similarly, gaps in pain management require further training and monitoring to ensure adherence to guidelines.

Recommendations

1. Enhance Post-Treatment Education for Patients

- Develop standardized educational materials (e.g., brochures, videos) to inform patients about post-treatment care and warning signs.
- Incorporate patient education into the discharge process with proper documentation.

2. Strengthen Follow-Up Scheduling

- Introduce a structured follow-up scheduling system, including clear timelines and reminders for patients.
- Assign specific staff to ensure follow-up appointments are scheduled and adhered to.

3. Monitor and Sustain Compliance

- Conduct regular audits to monitor compliance with STG in all areas of hernia management.
- Use audit findings to continuously refine processes and address emerging gaps.

Table 3: STG utilization Action Plan for management of Hernia

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Post-treatment education	Print and distribute patient education materials	S/w head & HLU f/person	Start from Jan10, 2017E.C
2.	Follow-up visit compliance	Document follow-up schedule in the EMR	S/w head	Start from Jan10, 2017E.C

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1. **World Health Organization (WHO)**. (2021). *Standard Treatment Guidelines: A Manual for Clinical Practice*. Geneva: WHO Press.
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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF LAPARATOMY

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

Implementation Status of the Previous Audit Action Plan

The previous audit action plan aimed to enhance compliance with standard treatment guidelines (STG) for managing laparotomy cases. The findings reveal significant improvements in documentation, diagnosis, and adherence to STG recommendations. However, gaps remain in infection prevention protocols, follow-up planning, and patient education.

Introduction

Laparotomy, a critical surgical procedure, requires strict adherence to standard treatment guidelines (STG) to ensure optimal patient outcomes. Compliance with STG helps minimize complications, improve recovery rates, and enhance overall quality of care. This report evaluates the STG utilization performance in managing laparotomy at **Deder General hospital** and proposes strategies for improvement.

AIM

To assess and improve compliance with STG in managing laparotomy cases at **Deder General hospital**

Objective

- ♠ To evaluate the current adherence to STG in managing laparotomy.
- ♠ To identify areas of non-compliance and recommend targeted improvements.
- ♠ To enhance patient outcomes through quality improvement measures.

Methodology

Study Design: Retrospective review of laparotomy cases over a period of three months (October 1, 2017, to December 30, 2017).

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 24 laparotomy cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Was the patient's history complete and documented?
2.	Were appropriate tests ordered (e.g., ultrasound, CT)?
3.	Was the diagnosis correctly made according to STG guidelines?
4.	Was the condition classified appropriately (e.g., perforation, obstruction)?
5.	Was the choice of laparotomy in line with STG guidelines?
6.	Were preoperative instructions documented and followed?
7.	Were the correct analgesics and antibiotics prescribed?
8.	Was the surgery conducted as per the STG recommendations?
9.	Were infection prevention protocols adhered to?
10.	Was the patient closely monitored for postoperative complications?
11.	Were follow-up appointments planned and adhered to?
12.	Was patient education provided on recovery and warning signs?

RESULT

The audit reviewed compliance across 12 standards, with an overall compliance rate of **81.3%** (**Figure 1**).

The full Compliance (100%) standards include: Patient history documentation, diagnosis, condition classification, laparotomy choice, preoperative instructions, medication prescription, surgery execution, and postoperative monitoring while the low compliance standards include: Infection prevention protocols (25%), Follow-up planning and adherence (0%), and Patient education on recovery and warning signs (0%) (**Table 2**).

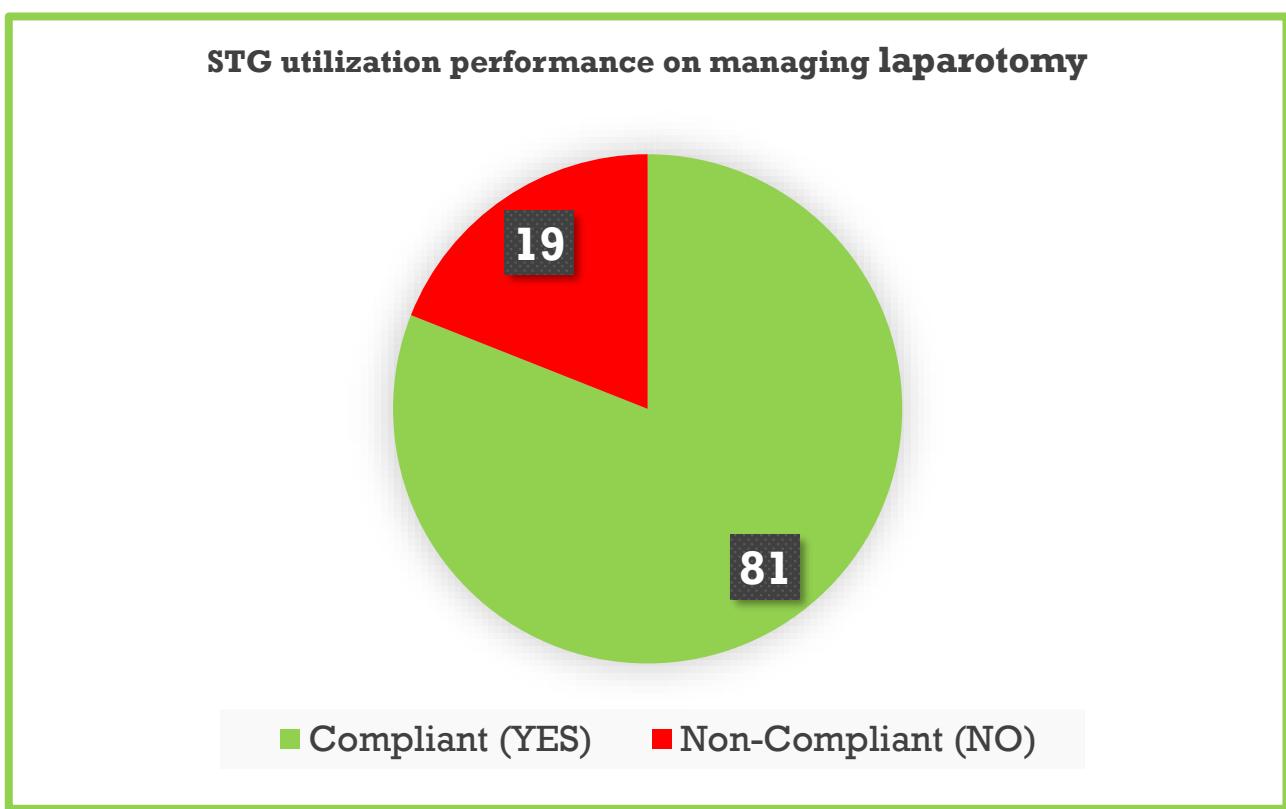


Figure 1: STG utilization performance on managing laparotomy

Table 2: STG utilization performance on managing laparotomy

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Was the patient's history complete and documented?	24	0	100
2.	Were appropriate tests ordered (e.g., ultrasound, CT)?	24	0	100
3.	Was the diagnosis correctly made according to STG guidelines?	24	0	100
4.	Was the condition classified appropriately (e.g., perforation, obstruction)?	24	0	100
5.	Was the choice of laparotomy in line with STG guidelines?	24	0	100
6.	Were preoperative instructions documented and followed?	24	0	100
7.	Were the correct analgesics and antibiotics prescribed?	24	0	100
8.	Was the surgery conducted as per the STG recommendations?	24	0	100
9.	Were infection prevention protocols adhered to?	18	75	25
10.	Was the patient closely monitored for postoperative complications?	24	0	100
11.	Were follow-up appointments planned and adhered to?	0	24	0
12.	Was patient education provided on recovery and warning signs?	0	24	0
	OVERALL	234/288	54/288	81.3%

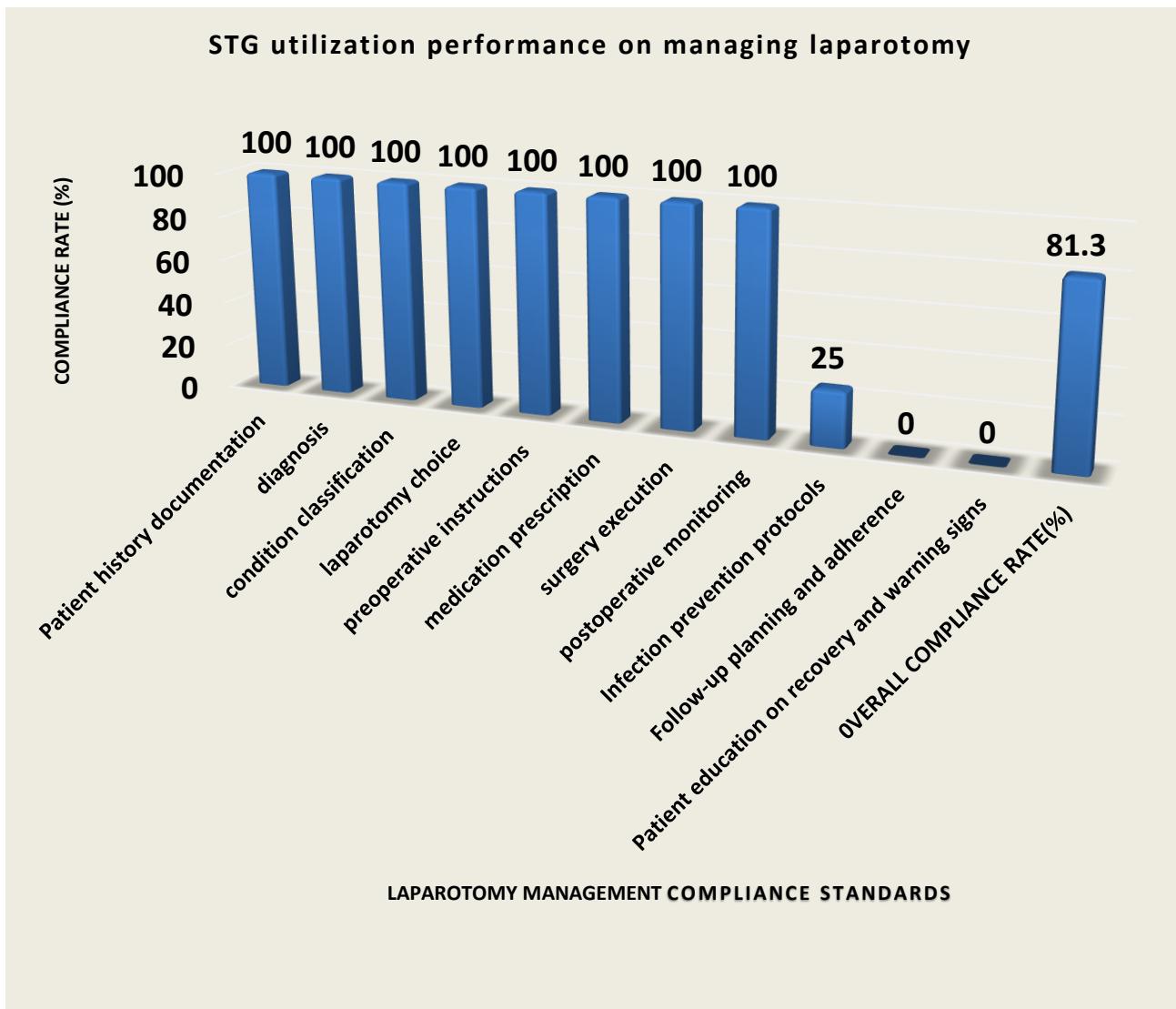


Figure 2: STG utilization performance on managing laparotomy

Discussion

While compliance with most STG standards is commendable, critical gaps in infection prevention protocols, follow-up planning, and patient education undermine the overall quality of care. These deficiencies could result in higher postoperative complications, delayed recovery, and increased readmission rates. Addressing these gaps is crucial to achieving comprehensive compliance and improving patient outcomes.

Recommendations

1. Strengthen infection prevention measures through staff training and routine monitoring.
2. Conduct regular patient education sessions focusing on recovery and warning signs.
3. Monitor progress through periodic audits and feedback loops.:.

Table 3: STG utilization Action Plan for management of Laparotomy

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Infection prevention protocols	Conduct training and regular audits	IPC f/person (Ibrahim Tahir)	Jan10-30 2017E.C
2.	Patient education	Design and implement education sessions	SW head & literacy f/person (Kalifa & Balisa)	Jan10-30 2017E.C
3.	Monitoring and evaluation	Conduct periodic compliance audits	Quality Improvement Team	Every three month (Mar 2017)

References

1. Federal Ministry of Health Ethiopia. (Year). **Standard Treatment Guidelines for General Hospitals.** [Provide publication details].
2. World Health Organization (WHO). (Year). **Surgical Safety Checklist.** Geneva: WHO Press.
3. [Facility Name] Quality Assurance Reports. (Year). **Laparotomy Case Review.**
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5. Infection Prevention and Control Guidelines for Health Facilities. (Year). Federal Ministry of Health.



DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF APPENDICITIS

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The implementation of the previous audit action plan focused on improving compliance with the Standard Treatment Guidelines (STG) for managing appendicitis. Key areas for improvement identified in the previous audit included adherence to postoperative follow-up recommendations and pain management protocols. The current audit evaluates the extent of improvement and identifies any persistent gaps.

Introduction

Appendicitis is one of the most common acute surgical conditions requiring timely and appropriate intervention. Adherence to Standard Treatment Guidelines (STG) is crucial to ensure quality care, minimize complications, and improve patient outcomes. This report evaluates STG utilization in managing appendicitis at **Deder General hospital** and provides actionable recommendations based on the findings.

AIM

- ♠ To assess and improve compliance with STG for managing appendicitis and enhance the quality of care provided to patients.

Objective

- ♠ To evaluate adherence to diagnostic, treatment, and follow-up protocols outlined in the STG for appendicitis.
- ♠ To identify gaps in compliance and recommend corrective actions for improvement.

Methodology

Study Design & Period: Retrospective review of laparotomy cases over a period of three months (October 1, 2017, to December 30, 2017).

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 24 laparotomy cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Was the history comprehensive and documented?
2.	Were appropriate diagnostic tests ordered (e.g., CBC, abdominal ultrasound)?
3.	Was a differential diagnosis included?
4.	Was the diagnosis documented in line with STG criteria for appendicitis?
5.	Were relevant diagnostic tools (e.g., CT scan, ultrasound) used appropriately to confirm diagnosis?
6.	Was the treatment choice in accordance with STG?
7.	Were preoperative antibiotics prescribed and fasting guidelines followed?
8.	Was the correct surgical procedure performed (open vs. laparoscopic appendectomy)?
9.	Were perioperative care protocols followed (e.g., antibiotic prophylaxis)?
10.	Was the patient monitored for infection or any postoperative complications (e.g., wound dehiscence)?
11.	Was pain managed according to guidelines?
12.	Were follow-up visits scheduled within the STG recommended time frame?

RESULT

The audit reviewed compliance across 12 standards, with an overall compliance rate of **88%** (**Figure 1**).

Full compliance (100%) was achieved in most areas, including history documentation, diagnostic tests, differential diagnosis, and adherence to preoperative and perioperative protocols while noncompliance was observed in: Pain Management (50%): Only 3 out of 6 cases complied with pain management guidelines, Follow-up Visits (0%), No cases adhered to follow-up visits within the recommended timeframe (**Table 2**).

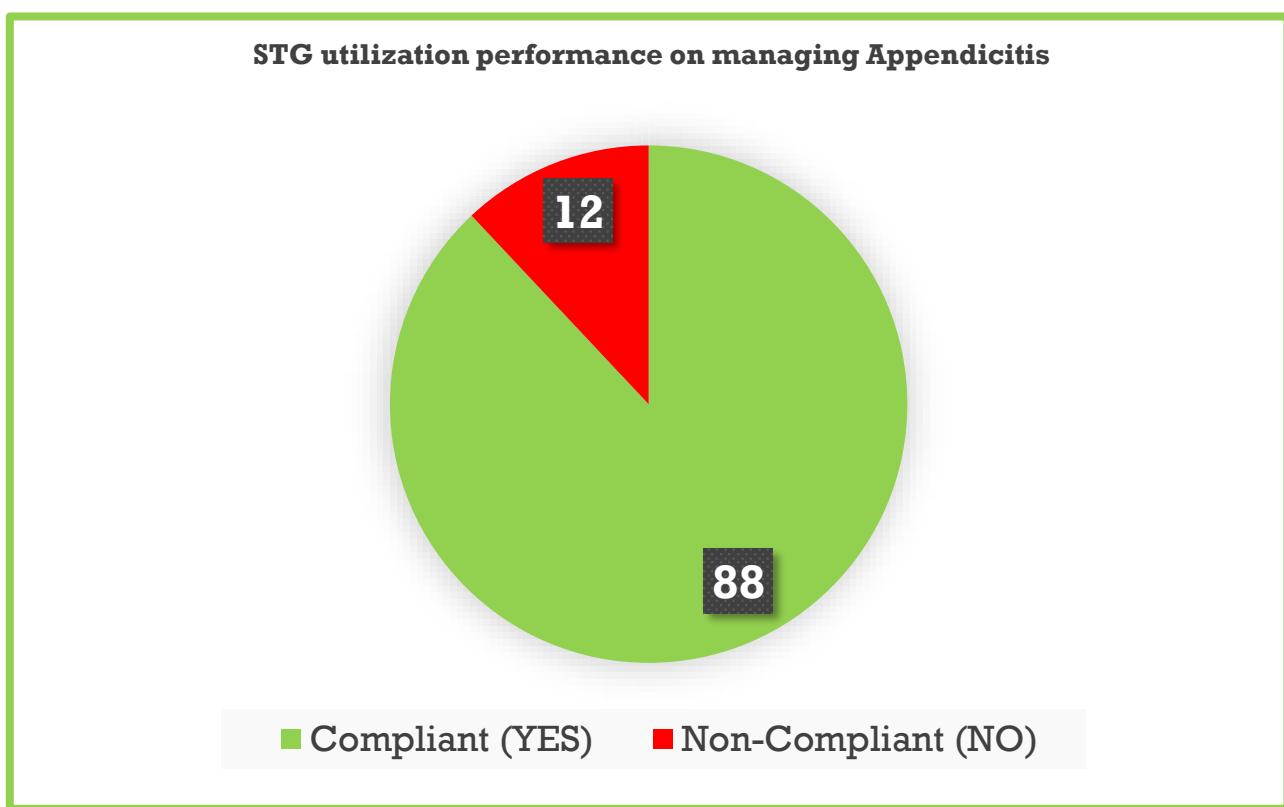


Figure 1: STG utilization performance on managing Appendicitis

Table 2: STG utilization performance on managing Appendicitis

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Was the history comprehensive and documented?	6	0	100
2.	Were appropriate diagnostic tests ordered (e.g., CBC, abdominal ultrasound)?	6	0	100
3.	Was a differential diagnosis included?	6	0	100
4.	Was the diagnosis documented in line with STG criteria for appendicitis?	6	0	100
5.	Were relevant diagnostic tools (e.g., CT scan, ultrasound) used appropriately to confirm diagnosis?	6	0	100
6.	Was the treatment choice in accordance with STG?	6	0	100
7.	Were preoperative antibiotics prescribed and fasting guidelines followed?	6	0	100
8.	Was the correct surgical procedure performed (open vs. laparoscopic appendectomy)?	6	0	100
9.	Were perioperative care protocols followed (e.g., antibiotic prophylaxis)?	6	0	100
10.	Was the patient monitored for infection or any postoperative complications (e.g., wound dehiscence)?	6	0	100
11.	Was pain managed according to guidelines?	3	3	50
12.	Were follow-up visits scheduled within the STG recommended time frame?	0	6	0
	OVERALL	63/72	9/72	88%

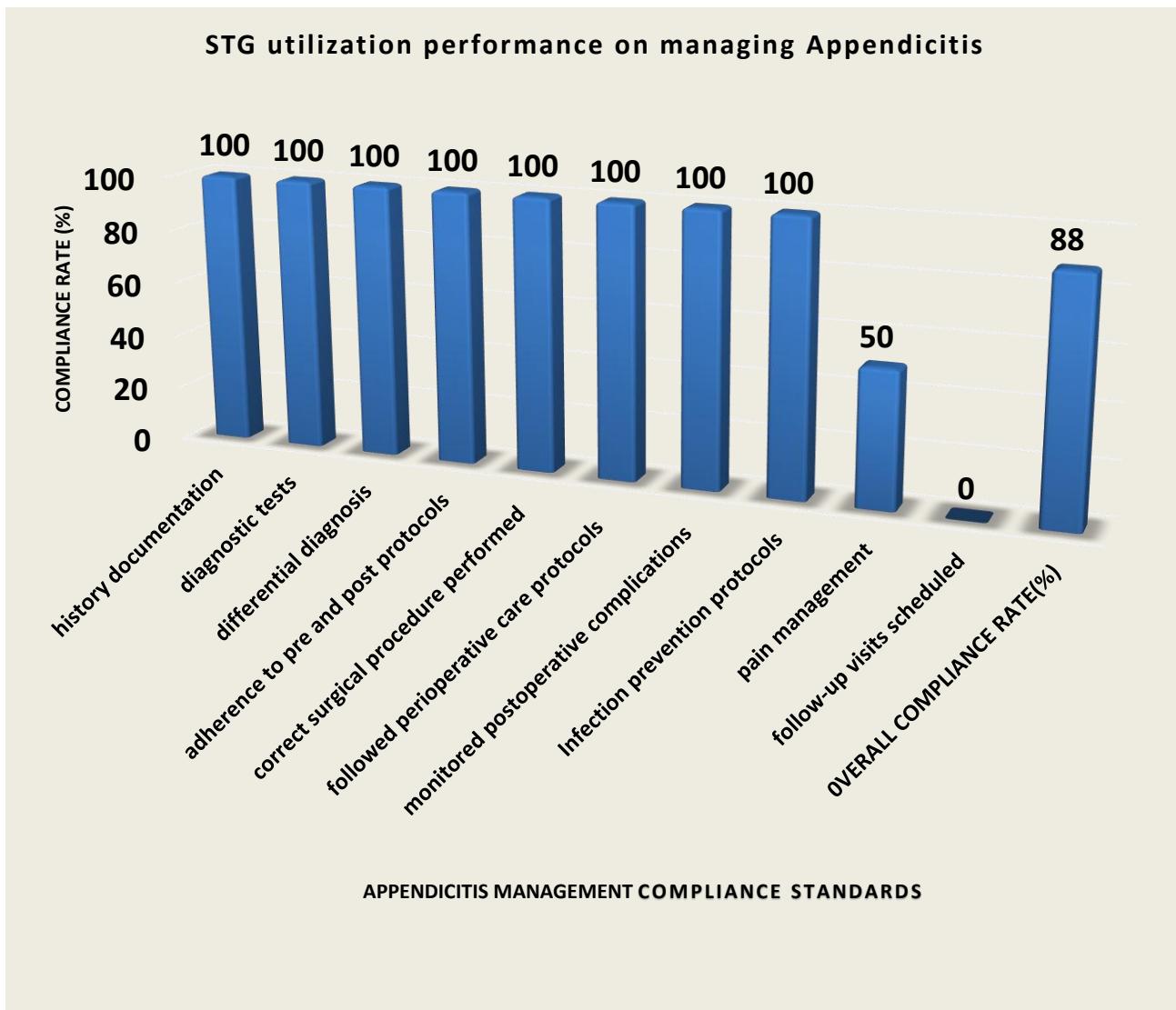


Figure 2: STG utilization performance on managing Appendicitis

Discussion

The audit revealed excellent compliance with most diagnostic and surgical standards, reflecting the effectiveness of the previous interventions. However, significant gaps persist in postoperative care, particularly in pain management and follow-up. Noncompliance in these areas could result from inadequate patient education, resource limitations, or insufficient staff awareness of follow-up protocols.

The low compliance rate for follow-up visits highlights the need for enhanced discharge planning and systematic follow-up mechanisms. Similarly, gaps in pain management require further training and monitoring to ensure adherence to guidelines.

Recommendations

1. Pain Management:

- a. Conduct refresher training for staff on pain management protocols.
- b. Monitor adherence to pain management guidelines through regular audits.

2. Follow-up Visits:

- a. Develop a follow-up tracking system to ensure patients return within the recommended timeframe.
- b. Educate patients on the importance of follow-up care.

Table 3: STG utilization Action Plan for management Appendicitis

S.No	Recommendations	Action to be taken	Responsible Person(s)	Time Frame
1.	Pain management compliance	Follow pain management protocol	S/w head	Start from Jan10, 2017E.C
2.	Follow-up visit compliance	Document follow-up schedule in the EMR	S/w head	Start from Jan10, 2017E.C

References

1. Federal Ministry of Health of Ethiopia. **Standard Treatment Guidelines for General Hospitals.** 3rd Edition. Addis Ababa, Ethiopia: FMOH; 2014.
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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING

REPORT ON ICU CARE

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The implementation of the previous audit action plan focused on improving compliance with the Standard Treatment Guidelines (STG) for ICU care. Key achievements included the consistent recording of patient identification information (100%) and adherence to baseline investigation protocols (90%). Regular repositioning of patients was also fully compliant with the guidelines (100%). These findings demonstrate a strong foundation in documentation and certain routine care practices, reflecting the commitment of the ICU staff to maintaining basic standards.

Introduction

The ICU Standard Treatment Guidelines (STG) at **Deder General Hospital** aim to ensure the delivery of high-quality care to critically ill patients. Monitoring adherence to these standards is critical to identifying gaps, improving patient outcomes, and maintaining consistency in care.

AIM

- ▲ To assess the adherence to ICU STG and identify areas for improvement to enhance the quality of care provided to ICU patients.

Objective

- Evaluate compliance with ICU protocols.
- Identify gaps in adherence to standards.
- Recommend actionable steps to address observed deficiencies.

Methodology

Study Design & Period: Retrospective review of ICU care over a period of three months (October 1, 2017, to December 30, 2017).

Data Collection: Patient records were reviewed to assess compliance with 11 ICU STG standards.

Key Indicators: These included nutritional support, pain management, documentation, vital sign monitoring, and fluid management.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Table 1::CRITERIA AND STANDARDS

S.No	Standards
1.	Identification information is recorded for a patient admitted to the icu
2.	Nutritional support is provided as per standard.
3.	Residual volume is determined before every meal
4.	Patient position is changed every 2 hours.
5.	Pain assessment is done every 4 hours.
6.	Appropriate infusion (fluid electrolyte is made as per standard
7.	Head of the bed is elevated more than 30 degrees
8.	Base line investigations are sent on admission as per standard
9.	Physicians follow patient progress notes and Order sheets are revised daily
10.	Vital signs are measured at least one hourly
11.	Name and signature of the physician is clearly documented on all admission history and P/E sheets Admission History, all progress notes, and all order sheets.

RESULT

The audit reviewed compliance across 11 standards, with an overall compliance rate of **73%** (**Figure 1**).

Full compliance (100%) was achieved in most areas, including Identification information recorded for all patients, Regular repositioning of patients, and Documentation by physicians and nurses was consistently done. While low compliance was observed in: nutritional support protocols were often unmet (10%), residual volume determination and NG tube care were inconsistently performed (20%), Sedation management and pain assessment were partially completed (60%), and Vital sign monitoring and fluid balance calculations showed variability (75%) (**Table 2**).

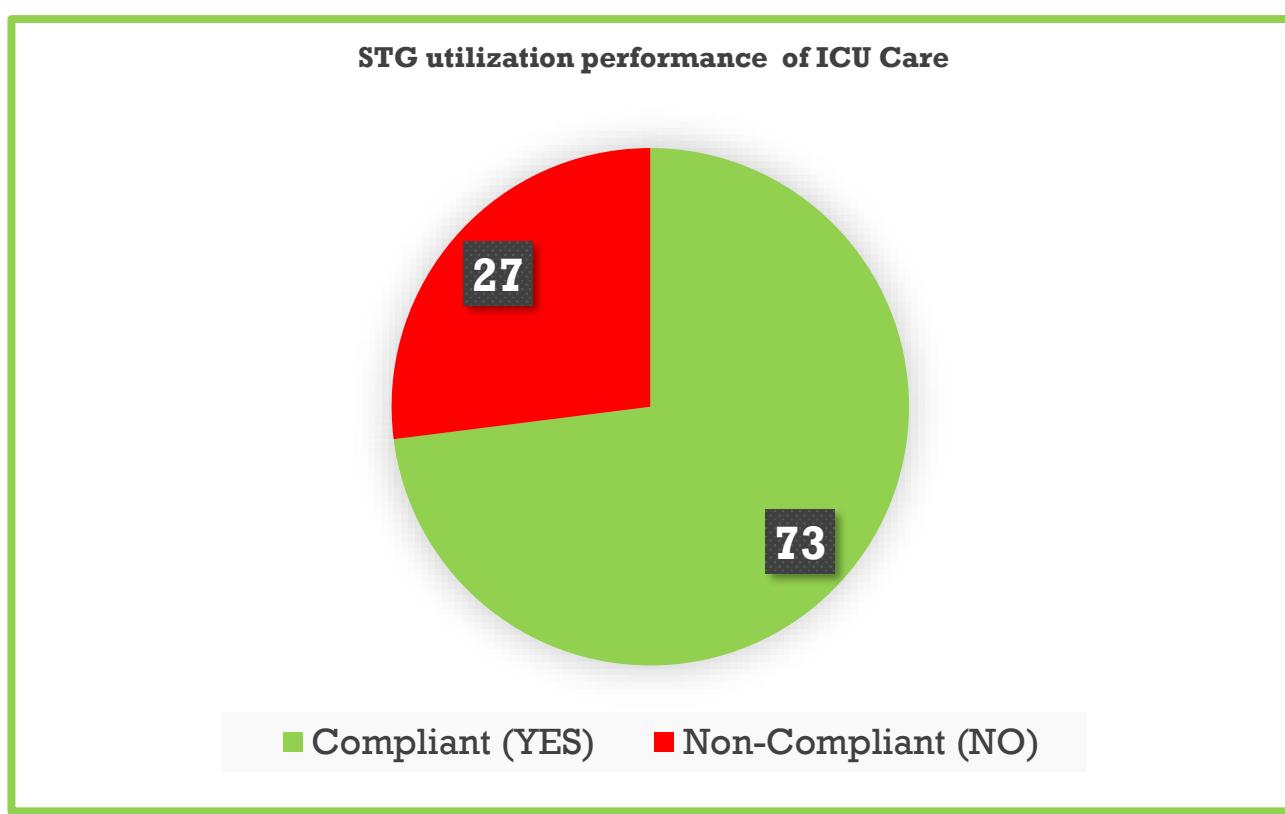


Figure 1: STG utilization performance of ICU Care

Table 2: STG STG utilization performance of ICU Care

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Identification information is recorded for a patient admitted to the ICU	20	0	100
2.	Nutritional support is provided as per standard.	2	18	10
3.	Residual volume is determined before every meal	4	16	20
4.	Patient position is changed every 2 hours.	20	0	100
5.	Sedation management and pain assessment q4hrs	12	8	60
6.	Appropriate infusion (fluid electrolyte is made as per standard	15	5	75
7.	Head of the bed is elevated more than 30 degrees	20	0	100
8.	Base line investigations are sent on admission as per standard	18	2	90
9.	Physicians follow patient progress notes and Order sheets are revised daily	20	0	100
10.	Vital signs are measured at least one hourly	15	5	75
11.	Name and signature of the physician is clearly documented on all admission history and P/E sheets Admission History, all progress notes, and all order sheets.	20	0	100
	OVERALL	166/222	54/222	75%

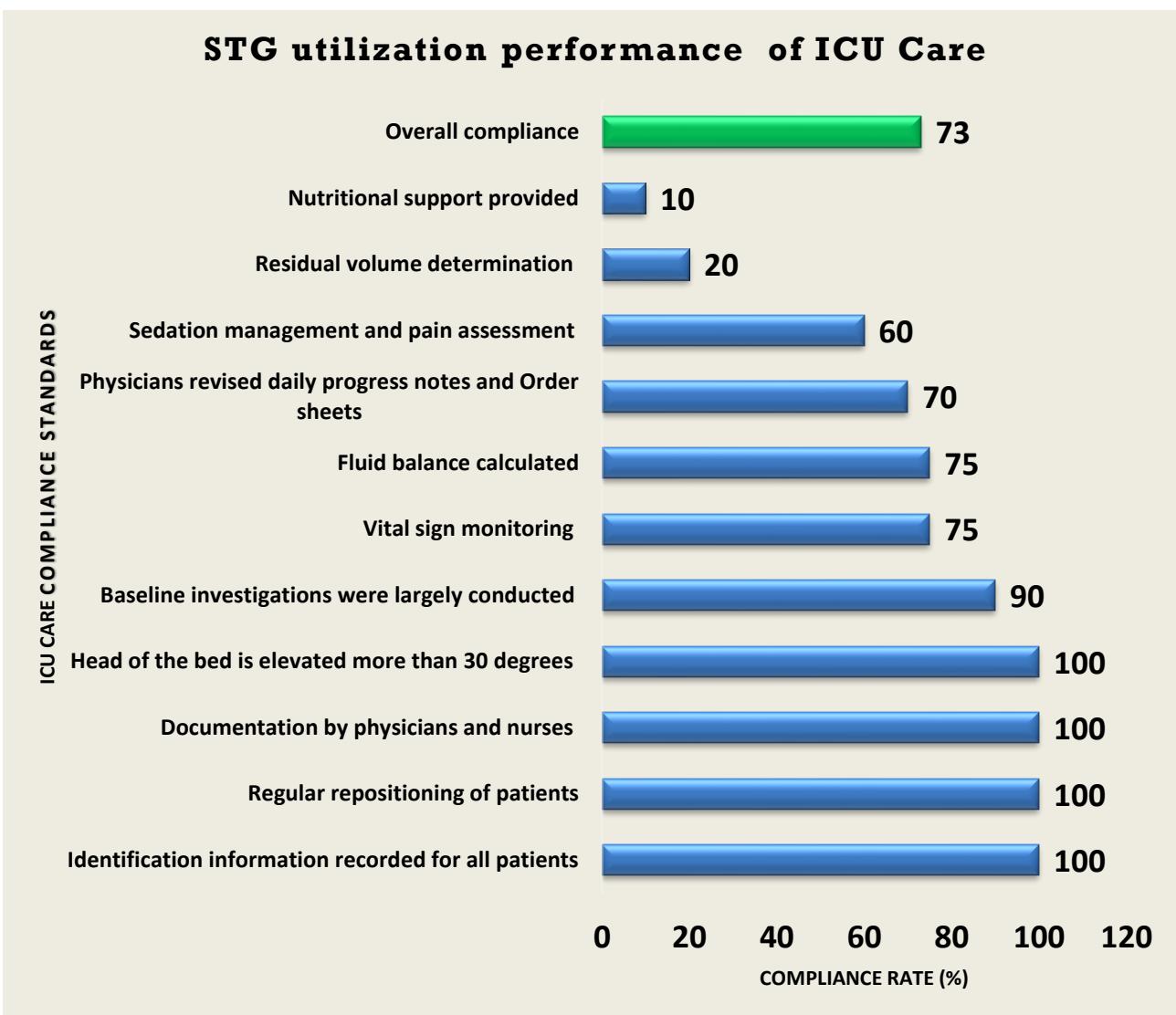


Figure 2: STG utilization performance of ICU Care

Discussion

The results indicate strengths in documentation and basic patient care, such as repositioning. However, significant gaps exist in nutritional support, fluid management, and pain/sedation management. These deficiencies may be attributed to resource constraints, lack of training, or inadequate staff allocation. Improving adherence to these standards is crucial for optimal patient outcomes.

Recommendations

- 1. Provide training and Education**
- 2. Allocate resources to buy feeding preparation tools:**
- 3. Standardized ICU feeding Protocol**

Table 3: Action Plan

S.No	Action to be taken	Responsible Person(s)	Time Frame
1.	Conduct regular training sessions for ICU staff on STG adherence, focusing on nutritional support, pain management, and fluid balance.	QI team & ICU	Within 1 month
2.	Ensure the availability of necessary resources, such as nutritional supplements and medical equipment for preparation.	Hospital administration	Within 2 months
3.	Develop and enforce protocols for feeding, sedation, and fluid management	QI team	Within 3 months
4.	Perform quarterly audits	QI team	Every 3 months

Expected Outcome

- Implementing this action plan will improve compliance rates, ensuring better neonatal care quality and outcomes.

References

1. Deder General Hospital ICU Monitoring Data, 2025.
2. World Health Organization (WHO). Guidelines for Critical Care Standards. Geneva: WHO, 2021.
3. Ministry of Health, Ethiopia. National Standards for Intensive Care Units. Addis Ababa: Ministry of Health, 2020.
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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON

MANAGEMENT OF NEONATAL SEPSIS.

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The implementation status of the previous audit action plan is summarized as follows:

1. **Diagnostic testing:** Reagents supplied; staff training completed; compliance remains under review.
2. **Oxygen support:** Assessment conducted; procurement pending; staff training initiated.
3. **Risk factor documentation:** Patient record templates updated; compliance at 85%.
4. **Monitoring and feedback:** Monthly reviews initiated; feedback shared regularly during meetings.

These efforts have resulted in measurable improvements in neonatal care compliance.

Introduction

Neonatal sepsis remains a leading cause of morbidity and mortality in newborns, particularly in resource-limited settings. Prompt diagnosis, evidence-based management, and consistent documentation are critical to improving outcomes. This report evaluates compliance with neonatal sepsis management protocols at the **Deder General hospital** to identify strengths and gaps in care delivery.

AIM

- To ensure that DGH NICU teams have working knowledge and Utilization to Neonatal Treatment Guideline.

Objective

- To assess the level of compliance with neonatal sepsis management protocols
- To identify areas requiring quality improvement
- To enhance patient outcomes and adherence to standards of care.

Methodology

- **Data Collection:** Retrospective review of 30 medical records (MRNs) of neonates diagnosed with sepsis during the period of **September 21, 2017, to December 20, 2017**.
- **Criteria Assessed:** Compliance with 13 key indicators for neonatal sepsis management, including timely diagnosis, laboratory tests, initiation of antibiotics, and caregiver follow-up documentation.
- **Analysis:** Compliance rates were calculated for each indicator, and gaps were identified to inform actionable recommendations.

Table 1:CRITERIA AND STANDARDS

S.No	Standards
1.	Diagnosis documented within 24 hours of suspicion.
2.	Maternal/neonatal risk factors noted in records.
3.	Blood culture collected before antibiotics.
4.	CRP, CBC, or lumbar puncture performed if indicated.
5.	Empirical antibiotics started within 1 hour.
6.	Antibiotics aligned with standard guidelines.
7.	IV fluids documented as per protocol.
8.	Nutritional support provided when indicated.
9.	Oxygen or respiratory support when indicated.
10.	Vital signs recorded consistently.
11.	Family counseling documented.
12.	Neonate discharged only after stability.
13.	Follow-up plan documented for caregivers.

Result

The overall compliance rate was **83.1%**, reflecting good adherence to neonatal care standards (**Figure 1**). However, certain critical gaps in diagnostic and respiratory care practices need urgent attention to improve outcomes. Several standards achieved 100% compliance, including: Diagnosis documented within 24 hours of suspicion, IV fluids documented as per protocol, Nutritional support provided when indicated, Vital signs consistently recorded, Family counselling documented, Neonate discharged only after achieving stability, and Follow-up plans documented for caregivers (**Table 3**).

These results reflect exemplary adherence to protocols in critical care areas, suggesting strong performance in documentation and delivery of specific routine neonatal care practices.

Neonatal sepsis care in line with STG standards

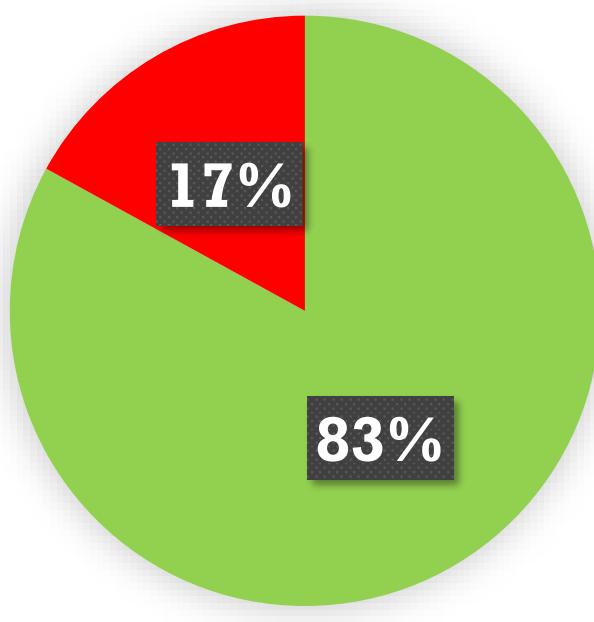


Figure 1: Neonatal Sepsis management as STG Performance

Table 2: Neonatal Sepsis Care Compliance

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Diagnosis documented within 24 hours of suspicion.	30	0	100%
2.	Maternal/neonatal risk factors noted in records.	24	6	80%
3.	Blood culture collected before antibiotics.	18	12	60%
4.	CRP, CBC, or lumbar puncture performed if indicated.	0	3	0%
5.	Empirical antibiotics started within 1 hour.	30	0	76%
6.	Antibiotics aligned with standard guidelines.	27	3	90%
7.	IV fluids documented as per protocol.	30	0	100%
8.	Nutritional support provided when indicated.	30	0	100%
9.	Oxygen or respiratory support when indicated.	15	15	50%
10.	Vital signs recorded consistently.	30	0	100%
11.	Family counselling documented.	30	0	100%
12.	Neonate discharged only after stability.	30	0	100%
13.	Follow-up plan documented for caregivers.	30	0	100%
	OVERALL	324/390	39/390	83.1%

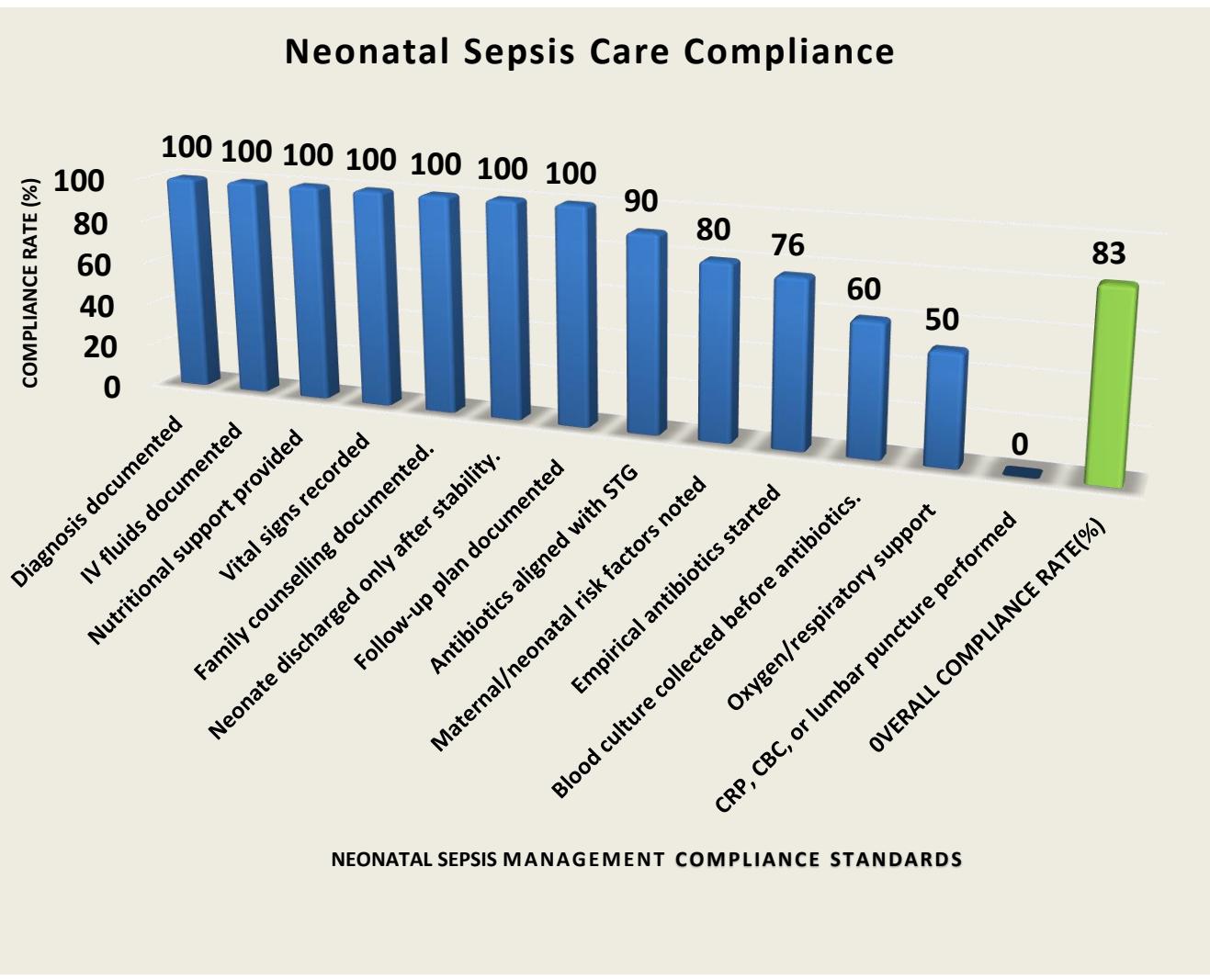


Figure 2: Neonatal Sepsis Care Compliance

Discussion

The results indicate a strong adherence to foundational neonatal care processes, such as documentation, nutritional and fluid support, and caregiver counseling. However, challenges persist in areas requiring rapid response or specialized diagnostic interventions.

Strengths:

- High compliance in documentation, antibiotic usage, and discharge practices suggests robust processes in routine care and family engagement.

Weaknesses:

- Limited compliance in blood culture collection, oxygen support, and diagnostic tests underscores potential barriers such as limited resources, lack of training, or delays in clinical decision-making.

Recommendations

1. **Enhance Diagnostic Testing:** Ensure resources (e.g., reagents, equipment) are available for CRP, CBC, and lumbar punctures.
2. **Capacity Building:** Emphasize training in low-compliance areas to bridge skill gaps.
3. **Policy Enforcement:** Implement strict adherence to neonatal care guidelines, with regular follow-up.

Table 3: Action Plan

S.No	Area to be improved	Action to be taken	Responsible Person(s)	Time Frame
1.	Blood culture collected before antibiotics	- Conduct training on importance of collecting blood cultures before antibiotic administration.	Laboratory Head	Within 1 month
2.	CRP, CBC, or lumbar puncture performed if indicated	<ul style="list-style-type: none"> • Ensure availability of necessary laboratory reagents and supplies. • Train staff on performing diagnostic investigations in suspected neonatal infections. 	<ul style="list-style-type: none"> • Laboratory head, • NICU Unit Head 	Within 2 months
3.	Oxygen or respiratory support provided when indicated	<ul style="list-style-type: none"> - Assess availability of oxygen delivery devices. - Train staff on indications and use of respiratory support. 	Equipment Manager NICU Head	Within 3 months
4.	Maternal/neonatal risk factors noted	<ul style="list-style-type: none"> • Update patient record templates to include mandatory fields for risk factor documentation. 	Nursing Director, & EMR Team	Within 1 month
5.	Monitoring and feedback	<ul style="list-style-type: none"> • Establish every two months review of compliance with neonatal care standards. • Share findings during monthly clinical meetings. 	Quality Team NICU Head	Ongoing

Expected Outcome

- Implementing this action plan will improve compliance rates, ensuring better neonatal care quality and outcomes.

References

1. World Health Organization (WHO). *Managing Possible Serious Bacterial Infection in Young Infants When Referral Is Not Feasible: Guidelines and Procedures*. Geneva: WHO; 2015.
2. Ministry of Health, Ethiopia. *Neonatal Intensive Care Unit (NICU) Clinical Guidelines*. Addis Ababa: Ministry of Health; 2020.
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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON

MANAGEMENT OF PERINATAL ASPHYXIA (PNA)

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of the Previous Audit Action Plan

Based on the audit conducted in first Quarter of 2017E.C, notable improvements were observed in compliance with key PNA management standards, including resuscitation and neurological assessment. However, gaps remain in areas such as therapeutic hypothermia and discharge counselling. Recommendations from the first Quarter of 2017E.C audit have been partially implemented, with a 70% success rate reported. Further efforts are ongoing to address remaining challenges.

Introduction

Perinatal asphyxia (PNA) is a major cause of neonatal morbidity and mortality. Effective management, including prompt diagnosis, resuscitation, and post-resuscitation care, is essential to minimize complications and improve survival. This report evaluates compliance with PNA management protocols at the **Deder General hospital** to identify strengths and areas requiring improvement.

AIM

- To ensure that DGH NICU teams have working knowledge and Utilization to Neonatal Treatment Guideline.

Objective

- To assess compliance with PNA management protocols
- To identify areas requiring quality improvement
- To enhance patient outcomes and adherence to standards of care.

Methodology

- **Data Collection:** Retrospective review of 30 medical records (MRNs) of neonates diagnosed with PNA during the period of **September 21, 2017, to December 20, 2017.**
- **Criteria Assessed:** Compliance with 10 key indicators for PNA management, including resuscitation, oxygen therapy, and caregiver counselling.
- **Analysis:** Compliance rates were calculated for each indicator to identify gaps in adherence.

Table 1: CRITERIA AND STANDARDS

S.No	Standards
1.	Diagnosis (Apgar ≤6, poor cry, or no respiratory effort).
2.	Resuscitation initiated promptly (airway, breathing, circulation).
3.	Oxygen therapy administered as per protocol.
4.	Hypoglycaemia prevention and treatment performed.
5.	Therapeutic hypothermia applied when criteria met.
6.	Seizure management conducted per STG (anti-seizure drugs given).
7.	Electrolytes monitored and corrected as indicated.
8.	Neurological status assessment documented.
9.	Infection prevention measures implemented.
10.	Discharge plan and caregiver counselling conducted.

RESULT

The overall compliance rate of 85% is commendable, targeted efforts are needed to address the gaps in therapeutic hypothermia and other standards with lower compliance rates to ensure comprehensive and consistent PNA management (**Figure 1**).

Full compliance (100%) was achieved for infection prevention measures, and Neurological Status Assessment. While 90% compliance was achieved for Resuscitation, Oxygen Therapy, and Seizure Management. However, 80% compliance was achieved for Diagnosis Compliance, Hypoglycaemia Prevention and Treatment, Electrolyte Monitoring and Correction, and Discharge Plan and Caregiver Counselling (**Table 2**).

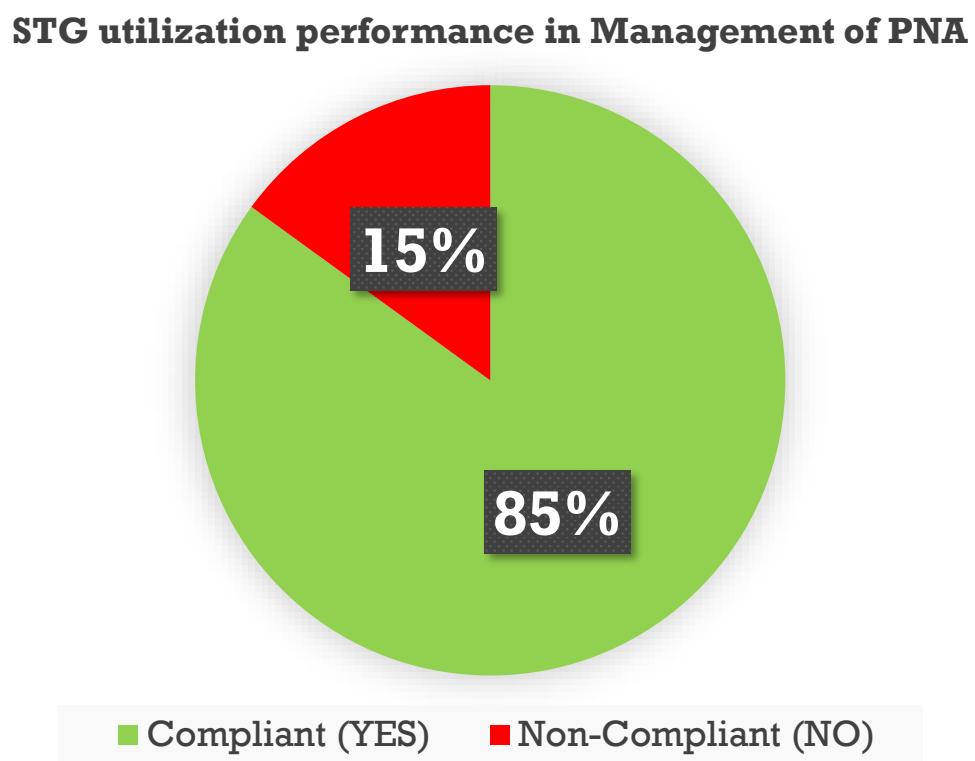


Figure 1: STG utilization performance in Management of PNA

Table 2: STG utilization performance in Management of PNA

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Diagnosis (Apgar ≤6, poor cry, or no respiratory effort).	24	6	80%
2.	Resuscitation initiated promptly (airway, breathing, circulation).	27	3	90%
3.	Oxygen therapy administered as per protocol.	27	3	90%
4.	Hypoglycaemia prevention and treatment performed.	24	6	80%
5.	Therapeutic hypothermia applied when criteria met.	18	12	60%
6.	Seizure management conducted per STG (anti-seizure drugs given).	27	3	90%
7.	Electrolytes monitored and corrected as indicated.	24	6	80%
8.	Neurological status assessment documented.	30	0	100%
9.	Infection prevention measures implemented.	30	0	100%
10.	Discharge plan and caregiver counselling conducted.	24	6	80%
	Overall Compliance Rate	255/300	45/100	85%

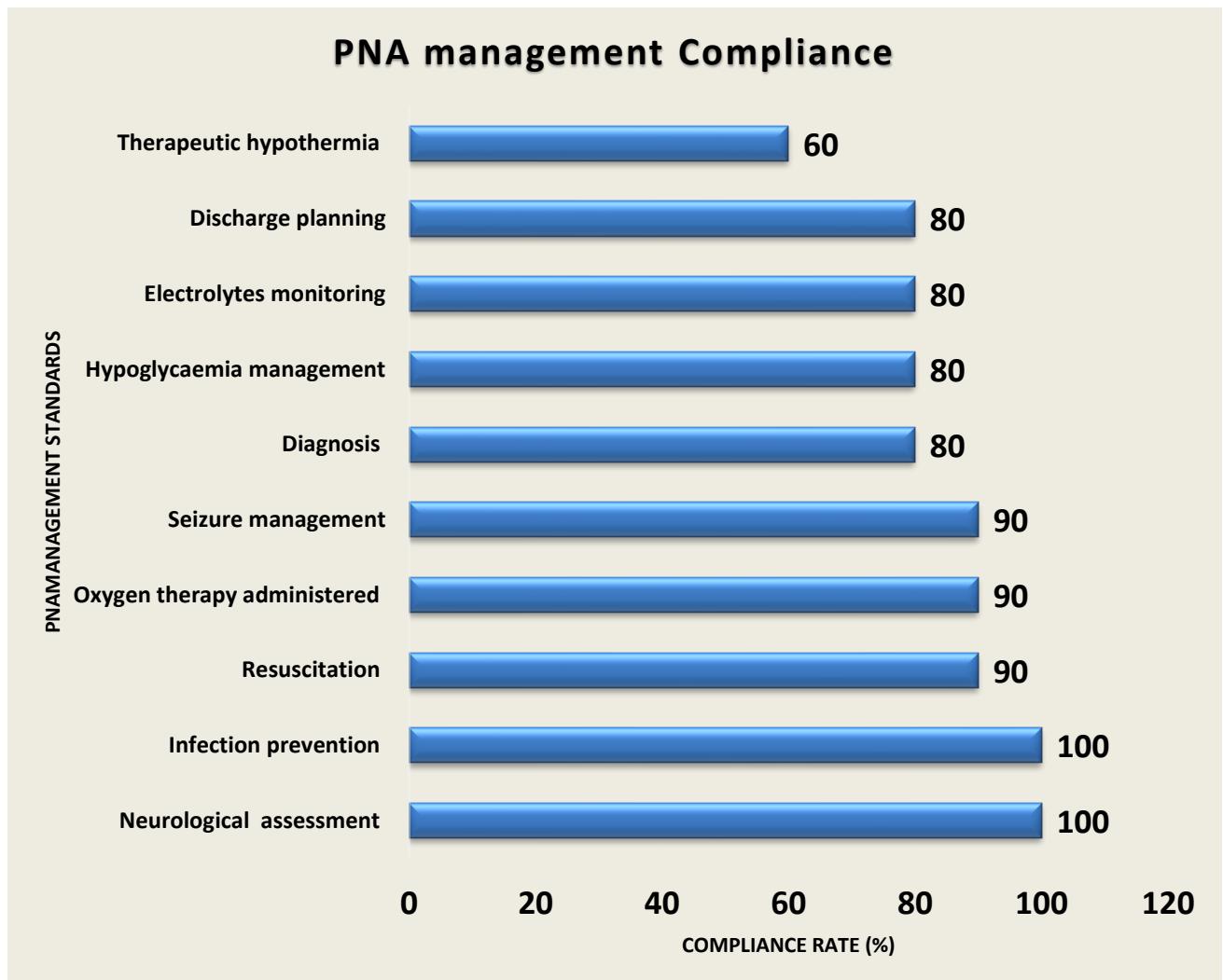


Figure 2: STG utilization performance in Management of PNA

Discussion

The results highlight strengths and areas for improvement in PNA management. High compliance rates for standards such as neurological status assessment and infection prevention (100%) suggest strong adherence to critical care protocols. Similarly, the 90% compliance rates for resuscitation, oxygen therapy, and seizure management reflect the effective implementation of life-saving interventions.

However, the compliance rate for therapeutic hypothermia (60%) indicates a notable gap. This may be due to a lack of resources, training, or awareness about the protocol. Addressing these barriers through targeted training, resource allocation, and periodic monitoring is essential to improve outcomes in PNA management.

The 80% compliance rates for diagnosis, hypoglycemia management, electrolyte correction, and discharge planning also reveal opportunities for improvement. Standardized guidelines, checklists, and continuous quality improvement initiatives could help achieve higher adherence in these areas.

Recommendations

To improve the compliance with Perinatal Asphyxia (PNA) management standards and ensure better outcomes, the following recommendations are proposed:

- ***Enhance Training and Capacity Building***
- ***Strengthen Resource Availability***
- ***Improve Documentation and Monitoring***
- ***Foster Multidisciplinary Collaboration***
- ***Strengthen Caregiver Involvement***
- ***Implement Quality Improvement Initiatives***

Table 3: Action Plan to Improve PNA Management Compliance

S.No	Area to be improved	Action to be taken	Responsible Person(s)	Time Frame
1.	Enhance Training and Capacity Building	Conduct training on all PNA standards, emphasizing therapeutic hypothermia and hypoglycaemia.	• Quality Director, • NICU head, Training Coordinator	January–March 2017E.C
2.	Improve Documentation and Monitoring	Provide feedback to the NICU team on documentation of PNA cases	Quality Officers, NICU head	January–March 2017E.C
3.	Foster Multidisciplinary Collaboration	Facilitate team-building sessions for MDT collaboration.	• Nursing Director, • NICU head	January–March 2017E.C
4.	Strengthen Caregiver Involvement	Give feedback to the NICU team on providing standardized discharge counselling.	• NICU head, • Social worker	January–March 2017E.C

Expected Outcome

- Implementing this action plan will improve compliance rates, ensuring better neonatal care quality and outcomes.

References

1. World Health Organization (WHO). (2023). Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities. Geneva, Switzerland.
2. Ethiopian Ministry of Health. (2022). National Neonatal Care Guidelines. Addis Ababa, Ethiopia.
3. UNICEF. (2023). Guidelines for Strengthening Documentation and Monitoring in Neonatal Care Units.
4. Institute for Healthcare Improvement (IHI). (2021). Team-Based Care for Newborn Survival: Best Practices and Approaches.



DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF PREMATURE BIRTH

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The previous audit action plan aimed to improve compliance with the Standard Treatment Guidelines (STG) for the management of preterm births. Several key interventions were proposed, including training of healthcare staff, procurement of necessary equipment, and regular monitoring of compliance. The expected results were improved compliance rates across some audited standards such as availed essential equipment for hypoglycemia assessment (e.g., glucose meters), Monitoring protocols were updated, but implementation has been inconsistent due to staff shortages, and breastfeeding support practices remained strong, with compliance sustained at 100%.

Introduction

Premature birth poses significant health risks for neonates, requiring meticulous care to prevent complications like hypothermia, infection, and feeding difficulties. This report assesses compliance with standard care protocols for premature neonates to identify gaps and recommend improvements. This report evaluates compliance with PNA management protocols at the **Deder General hospital** to identify strengths and areas requiring improvement.

AIM

- To ensure that DGH NICU teams have working knowledge and Utilization to Neonatal Treatment Guideline.

Objective

- To evaluate the adherence to care protocols for premature births.
- To Propose targeted interventions to improve care quality.
- To identify areas requiring quality improvement
- To enhance patient outcomes and adherence to standards of care.

Methodology

- **Data Collection:** Retrospective review of 10 medical records (MRNs) of neonates diagnosed with PNA during the period of **September 21, 2017, to December 20, 2017.**
- **Criteria Assessed:** Compliance with 15 key indicators for managing premature births, including temperature regulation, infection monitoring, and feeding support.
- **Analysis:** Compliance rates were calculated for each indicator to highlight strengths and gaps in protocol adherence.

Table 1: CRITERIA AND STANDARDS

S.No	Standards
1.	Neonate's temperature measured upon admission.
2.	Hypothermia correctly classified.
3.	Vital signs assessed (HR, respiratory rate, oxygen).
4.	Rewarming initiated promptly.
5.	Rewarming method used (KMC, radiant warmer, etc.).
6.	Rewarming rate monitored.
7.	Temperature checked every 15–30 minutes during rewarming.
8.	Vital signs monitored during rewarming.
9.	Hypoglycemia assessed (blood glucose testing).
10.	Neonate monitored for signs of infection/sepsis.
11.	Breastfeeding or expressed breast milk provided.
12.	IV fluid or nasogastric feeding initiated (if severe).
13.	Temperature monitored post-rewarming.
14.	Thermal care maintained to prevent reoccurrence.
15.	All interventions documented in medical records.

RESULT

The overall compliance rate is 65.3%, indicating moderate adherence to the established standards (**Figure 1**).

Consistent compliance (70%) was observed across most standards, such as temperature monitoring, vital sign assessment, initiation and monitoring of rewarming, and infection monitoring. Breastfeeding or providing expressed breast milk and maintaining thermal care were also performed reliably. However, blood glucose testing was not performed in any of the cases reviewed, resulting in a 0% compliance rate. This is a critical gap as hypoglycaemia is a common and dangerous complication in preterm neonates (**Table 2**).

Premature Birth management Compliance in line with STG

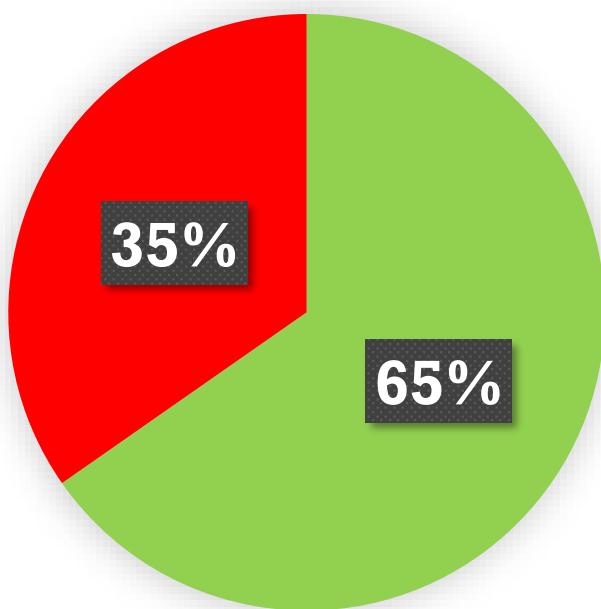


Figure 1: Premature Birth management Compliance in line with STG

Table 2: STG utilization performance in Management of Preterm Birth

S/N	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Neonate's temperature measured upon admission.	21	9	70%
2.	Hypothermia correctly classified.	21	9	70%
3.	Vital signs assessed (HR, respiratory rate, oxygen).	21	9	70%
4.	Rewarming initiated promptly.	21	9	70%
5.	Rewarming method used (KMC, radiant warmer, etc.).	21	9	70%
6.	Rewarming rate monitored.	21	9	70%
7.	Temperature checked every 15–30 minutes during rewarming.	21	9	70%
8.	Vital signs monitored during rewarming.	21	9	70%
9.	Hypoglycaemia assessed (blood glucose testing).	0	10	0%
10.	Neonate monitored for signs of infection/sepsis.	21	9	70%
11.	Breastfeeding or expressed breast milk provided.	21	9	70%
12	IV fluid or nasogastric feeding initiated (if severe).	21	9	70%
13	Temperature monitored post-rewarming.	21	9	70%
14	Thermal care maintained to prevent reoccurrence.	21	9	70%
15	All interventions documented in medical records.	21	9	70%
	Overall Compliance Rate	294/450	136/450	65.3%

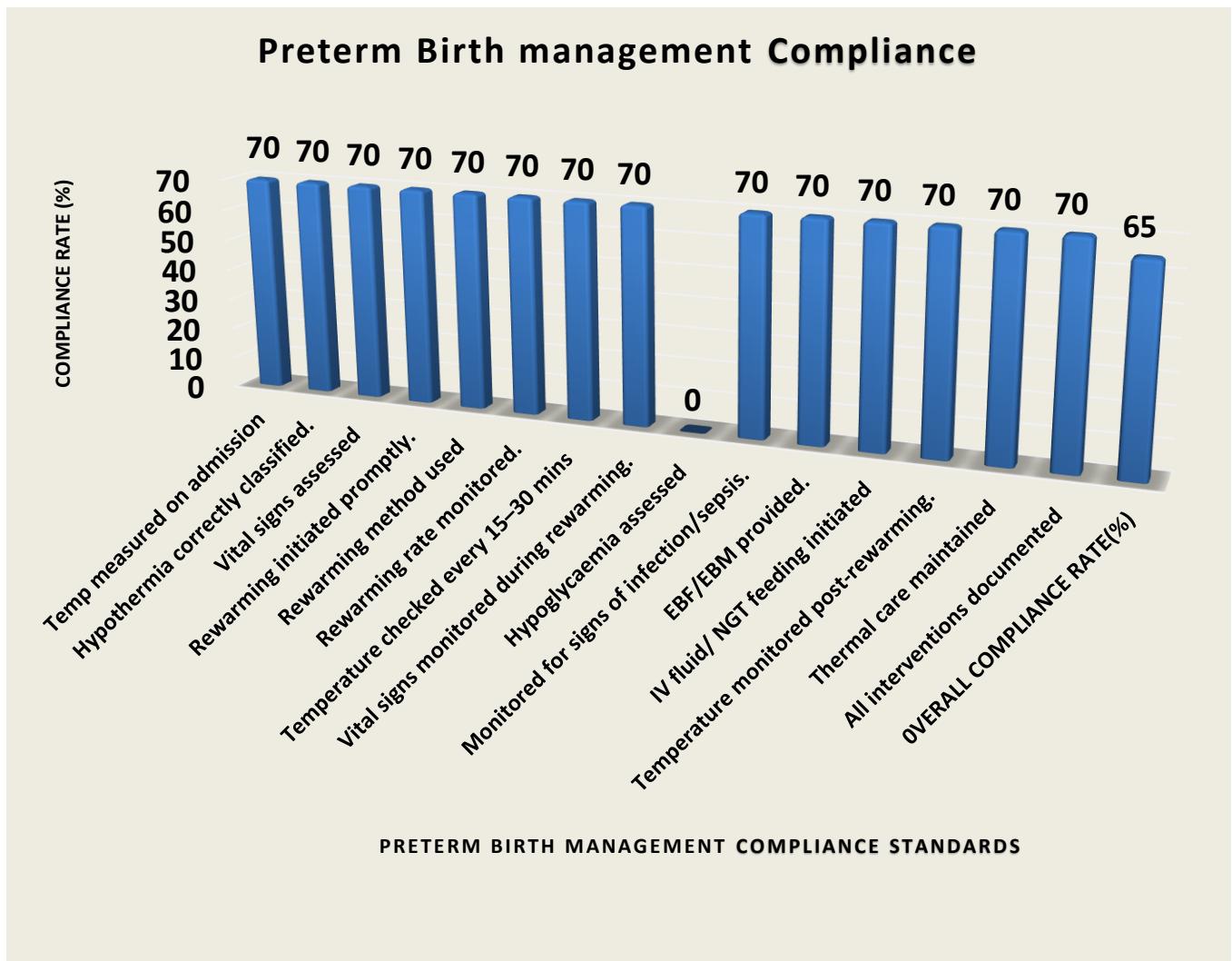


Figure 2: Preterm Birth management Compliance

Discussion

The compliance analysis for preterm birth management at Deder General Hospital highlights notable strengths and critical gaps in adherence to established care standards. The overall compliance rate of 65.3% reflects moderate performance, but specific areas require urgent attention to improve neonatal outcomes. High compliance rates for standards such as neurological status assessment and infection prevention (100%) suggest strong adherence to critical care protocols. Similarly, the 90% compliance rates for resuscitation, oxygen therapy, and seizure management reflect the effective implementation of life-saving interventions.

Most standards, including temperature monitoring upon admission, rewarming initiation, and methods like kangaroo mother care, radiant warmers, measuring temp, hypothermia classification, assessing V/S, and Monitoring signs of infection/sepsis were achieved 70% compliance. However, the most significant gap was the complete absence of hypoglycemia testing (0% compliance). This poses a serious risk to preterm neonates, as hypoglycemia is a common and potentially life-threatening condition in this population.

Recommendations

To improve the compliance with Perinatal Asphyxia (PNA) management standards and ensure better outcomes, the following recommendations are proposed:

- 1. *Strengthen Hypoglycemia Assessment***
- 2. *Enhance Staff Training and Monitoring***
- 3. *Improve Resource Availability***

Table 3: Action Plan to Improve Preterm Birth management

S.No	Area to be improved	Action to be taken	Responsible Person(s)	Time Frame
1.	Strengthen Hypoglycaemia Assessment	Train staff on hypoglycaemia detection and treatment.	• Medical Director & Nursing Director	Until next audit (Mar 2017E.C)
2.	Improve Resource Availability	Procure and distribute glucose monitoring devices.	• Finance Unit	Until next audit (Mar 2017E.C)
3.	Enhance Staff Training and Monitoring	Implement monitoring checklists for premature care.	• Quality Improvement Team	Until next audit (Mar 2017E.C)

Expected Outcome

- Implementing this action plan will improve compliance rates, ensuring better neonatal care quality and outcomes.

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DEDER GENERAL HOSPITAL

STG UTILIZATION MONITORING REPORT ON MANAGEMENT OF PRE-ECLAMPSIA

By: DGH Quality Unit

Deder, Oromia

December 2017E.C

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Purpose

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

Implementation Status of Previous Audit Action Plan

The implementation of the previous audit action plan focused on improving compliance with the Standard Treatment Guidelines (STG) for **management of severe pre-eclampsia**. Key areas for improvement identified in the previous audit included adherence to hypertensive during pregnancy management protocols. The current audit evaluates the extent of improvement and identifies any persistent gaps.

Introduction

Between 2014 and 2015, Standard Treatment Guidelines (STG) for the management of severe pre-eclampsia were developed and disseminated to clinical staff at Deder General Hospital by the Quality Unit (QU) in collaboration with the Senior Management Team (SMT). Despite these efforts, adherence to the guidelines has not been consistently monitored.

AIM

- ♠ To assess and improve adherence to the STG for the management of severe pre-eclampsia within the gynecology ward..

Objective

- ♠ Ensure that gynaecology care staff are aware of and implement the STG for severe pre-eclampsia.
- ♠ Identify gaps in adherence and areas for improvement.
- ♠ Strengthen compliance with management protocols and improve patient outcomes.

Methodology

Study Design & Period: Retrospective review of Severe pre-eclampsia cases over a period of three months (October 1, 2017, to December 30, 2017).

Data Collection: Data was collected using a checklist based on STG standards, including 12 key indicators.

Sample Size: A total of 24 laparotomy cases were reviewed.

Analysis: Compliance rates were calculated as the percentage of cases meeting each standard

Criteria and Standards for Adherence

1. **Documentation:** Complete demographic and identification records for mothers admitted with severe pre-eclampsia.
2. **History Taking:** Comprehensive assessment of symptoms (e.g., headache, visual disturbances, epigastric pain).
3. **Physical Examination:** Vital signs, obstetric assessments, and neurological evaluations conducted as per protocol.
4. **Investigations:** Timely and appropriate tests, including CBC, liver enzymes, and fetal biophysical profiles.
5. **Treatment:** Administration of IV antihypertensives, MgSO₄, and steroids (when indicated).
6. **Monitoring:** Accurate MgSO₄ toxicity monitoring, fetal heart monitoring, and urine output checks.
7. **Postpartum Care:** Regular vital sign monitoring and adherence to stabilization protocols.
8. **Discharge Counseling:** Education on breastfeeding and danger signs for both mother and newborn.

RESULT

The audit reviewed compliance across 12 standards, with an overall compliance rate of **83%** (**Figure 1**).

High Adherence Areas: Demographic information recording (100%), initial treatment at admission (100%), and postpartum monitoring (90%). Low Adherence Areas: Relevant investigations (50%), discharge care (50%), and physician signatures on records (60%) (**Table 2**).

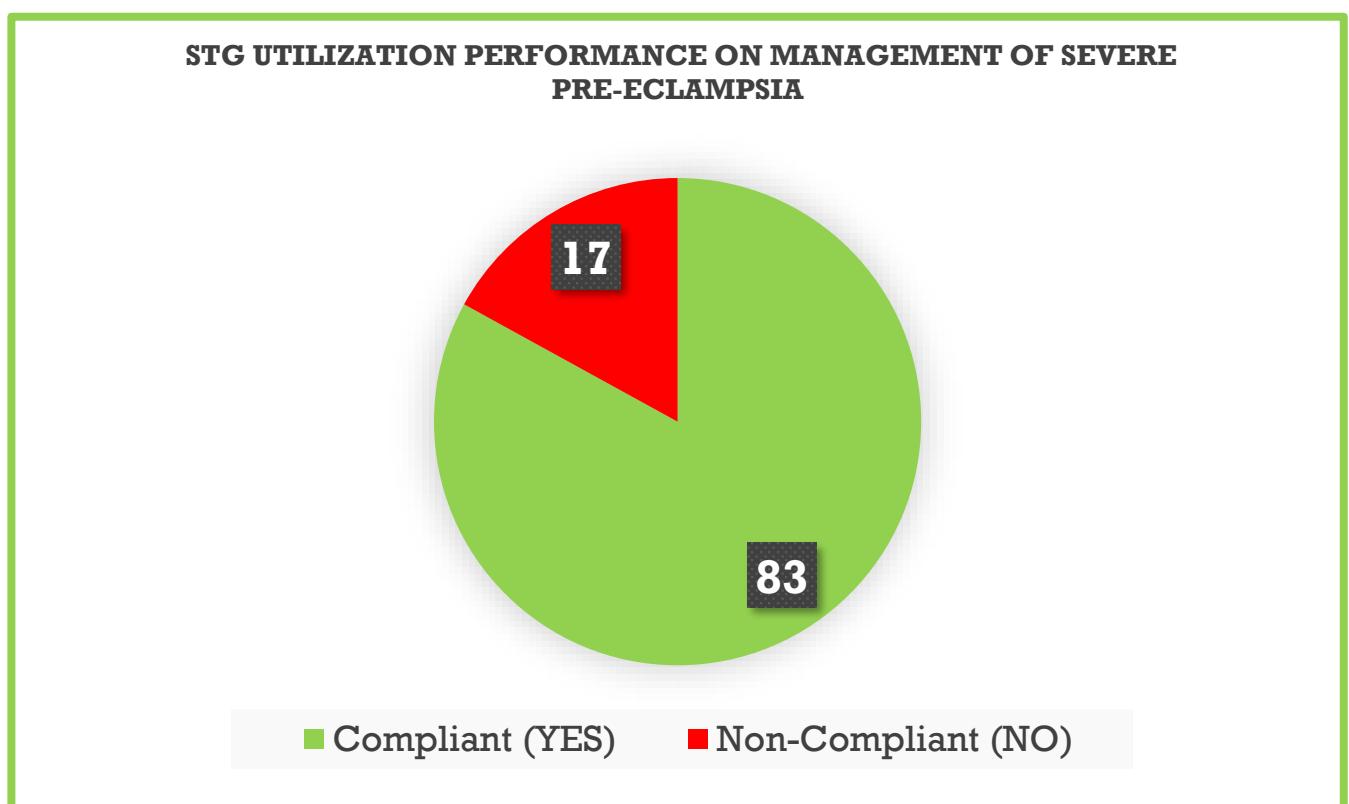


Figure 1: STG utilization performance on management of severe pre-eclampsia

Table 1: STG utilization performance on managing Appendicitis

S.No	Standards	Compliant (YES)	Non- Compliant (NO)	Compliance Rate (%)
1.	Demographic and identification information	30	0	100
2.	Comprehensive history taken	27	3	90
3.	Physical examinations conducted	21	9	70
4.	Investigations completed as scheduled	21	9	70
5.	Initial treatments provided	30	0	100
6.	MgSO ₄ toxicity monitoring sheets completed	27	3	90
7.	Postpartum monitoring	27	3	90
8.	Discharge counseling provided	15	15	50
	OVERALL	198/240	42/240	83%

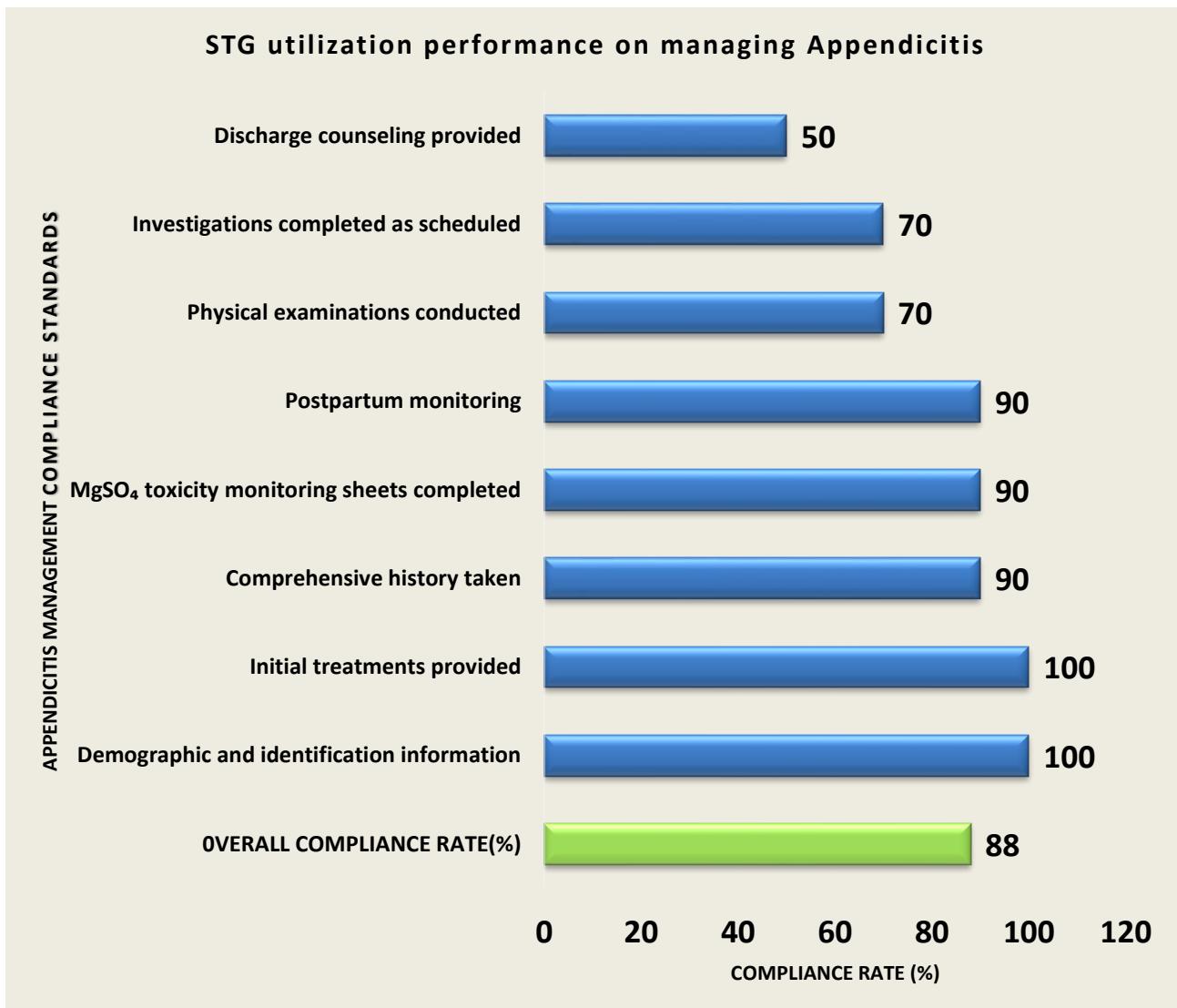


Figure 2: STG utilization on the management of severe pre-eclampsia

Discussion

The audit revealed strong adherence to certain aspects of care, such as recording demographic information and administering initial treatments (100%). However, adherence was notably weaker in areas requiring ongoing monitoring and follow-up, such as laboratory investigations (50%) and discharge counseling (50%).

Recommendations

1. Enhance Documentation Practices:

- Develop a streamlined system to ensure complete and accurate documentation by all staff.

2. Resource Allocation:

- Address gaps in laboratory and monitoring equipment availability.

3. Continuous Training:

- Organize regular sessions to improve knowledge and application of STG for severe pre-eclampsia.

4. Feedback Mechanisms:

- Provide real-time feedback to staff on adherence gaps and corrective actions.

5. Monthly Audits:

- Conduct regular reviews to measure progress on implementation and adherence to the STG.

Table 2: STG utilization Action Plan for management pre-eclampsia

S.No	Identified Gap	Proposed Action	Responsible Body	Timeframe
1.	Inconsistent documentation of physician signatures	Conduct feedback meetings	Dr. Anwar & Dr. Taju	2 week
2.	Low adherence to laboratory investigations	Secure resources and review adherence	SMT & Gyn Ward Head	January 10-february 10,2017 weeks
3.	Partial completion of MgSO ₄ monitoring sheets	Assign routine checklist reviews	Gyn Ward Head	January 10-february 10,2017 weeks
4.	Weak discharge counseling adherence	Conduct staff training sessions	HLU (Balisa S)	January 10-february 10,2017 weeks

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