



# DEDER GENERAL HOSPITAL

## CLINICAL AUDIT REPORT ON THE DIABETES FOLLOW-UP CARE

By: **Dr.Samuel Shimelis** (*OPD Clinical Audit Team Leader*)

*Deder, Oromia*

*December 2017E.C*

**TOGETHER, WE CAN MAKE A DIFFERENCE!!**

# Outpatient Department Case Team Clinical audit team members:

S/N	Full Name	Status	Role	Signature	Contact Phone	Remarks
1	Dr. Samuel Shimalis (MD)	OPD Director	Chairperson			
2	Mohammed Abraham	OPD Coordinator	Secretary			
3	Dr.Bahar Abdi Alisho	Chronic Care Clinic Coordinator	Member			
4	Midhaga Badru	OPD2 f/p	D/ Secretary			
5	Shamee	OPD1 f/p	Member			
6	Iliyas Ahmed Umer	OPD3 f/p	Member			
7	Abdi Aliyi	Pedi OPD f/p	Member			
8	Farahan Johar	Surgical OPD f/p	Member			
9	Faiza Sufiyan	Gyn OPD f/p				
10	Yonis Seifudin	Outpatient Pharmacy f/p	Member			
11	Amire lab	Outpatient lab f/p	Member			
12	Balisa	Outpatient Radio f/p	Member			
13	Kedir	Ophthalmology Clinic head	Member			
14	Arafat	Psychiatric Clinic head	Member			
15	Wubeshet	Dental Clinic head	Member			
16	Iftu Sani	ART Clinic head				
17	Jafer Dine	TB clinic head				

# OUTLINES

- ☐ Introduction
- ☐ Purpose
- ☐ Objectives
- ☐ Methodology
- ☐ Result
- ☐ Result
- ☐ Discussion
- ☐ Recommendation



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# INTRODUCTION

- ❖ Diabetes mellitus (DM) is a chronic condition requiring regular follow-up care.
- ❖ This audit evaluates and seeks to improve the quality of care provided to diabetic patients.
- ❖ The audit focuses on diabetic patients under routine follow-up care for over a year at the facility's chronic care clinics



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# Aim

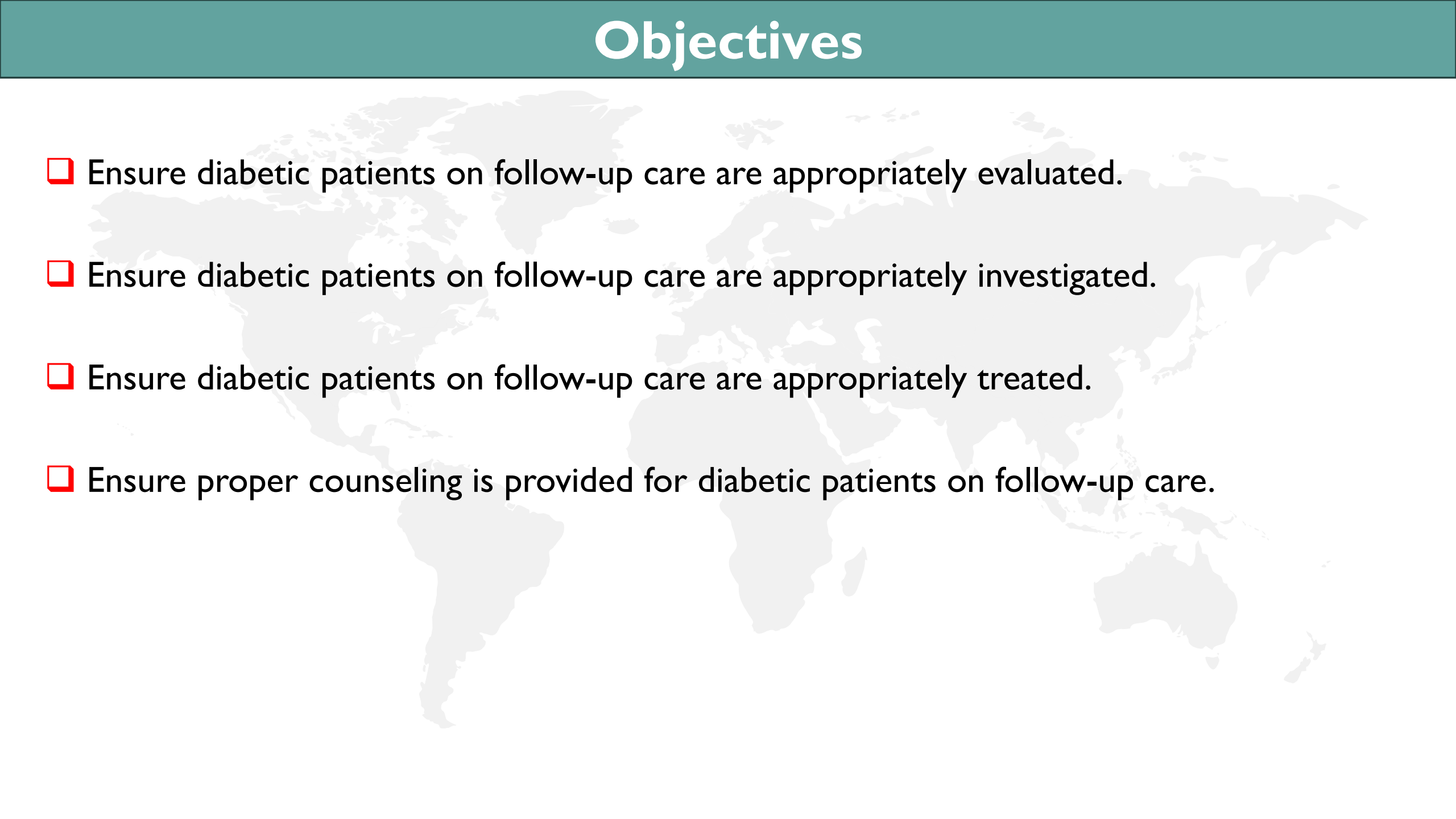
- ❑ To improve the quality of clinical care for diabetic patients who are on chronic follow-up care.



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# Objectives

- 
- ☐ Ensure diabetic patients on follow-up care are appropriately evaluated.
  - ☐ Ensure diabetic patients on follow-up care are appropriately investigated.
  - ☐ Ensure diabetic patients on follow-up care are appropriately treated.
  - ☐ Ensure proper counseling is provided for diabetic patients on follow-up care.

# Methodology and Sampling

## *Methodology*

- ❖ A retrospective cross-sectional audit was conducted,
- ❖ The audit targeted adult diabetic patients with at least one year of follow-up in the chronic care clinic.
- ❖ Data were collected using **structured audit tools** and **triangulated across various** sources, including **admission history sheets**, **investigation reports**, and **discharge summaries**.

# Methodology and Sampling

## *Sampling*

- ☐ **Simple random sampling method**

## *Inclusion Criteria:*

- ☐ *All adult DM patients on follow-up in the DGH chronic care clinic*

## *Exclusion Criteria:*

- ☐ *Diabetic patients who are on follow-up for less than one year.*
- ☐ *Patients with acute complications of diabetes.*
- ☐ *DM associated with other endocrinopathies.*
- ☐ *Pediatric DM patients.*

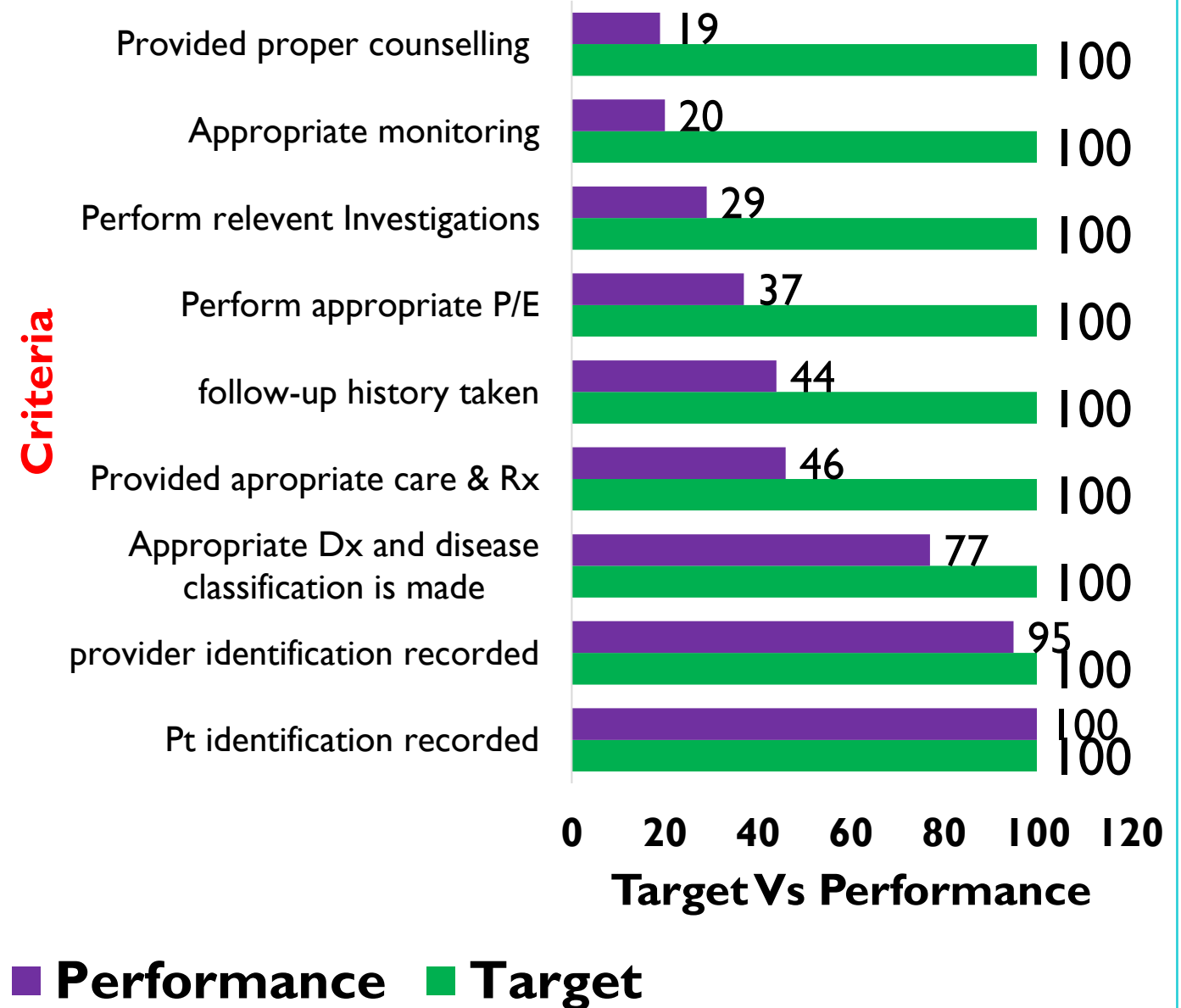


A light gray world map is centered in the background of the slide. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The word "RESULTS" is superimposed over the map in a large, bold, black serif font.

# RESULTS

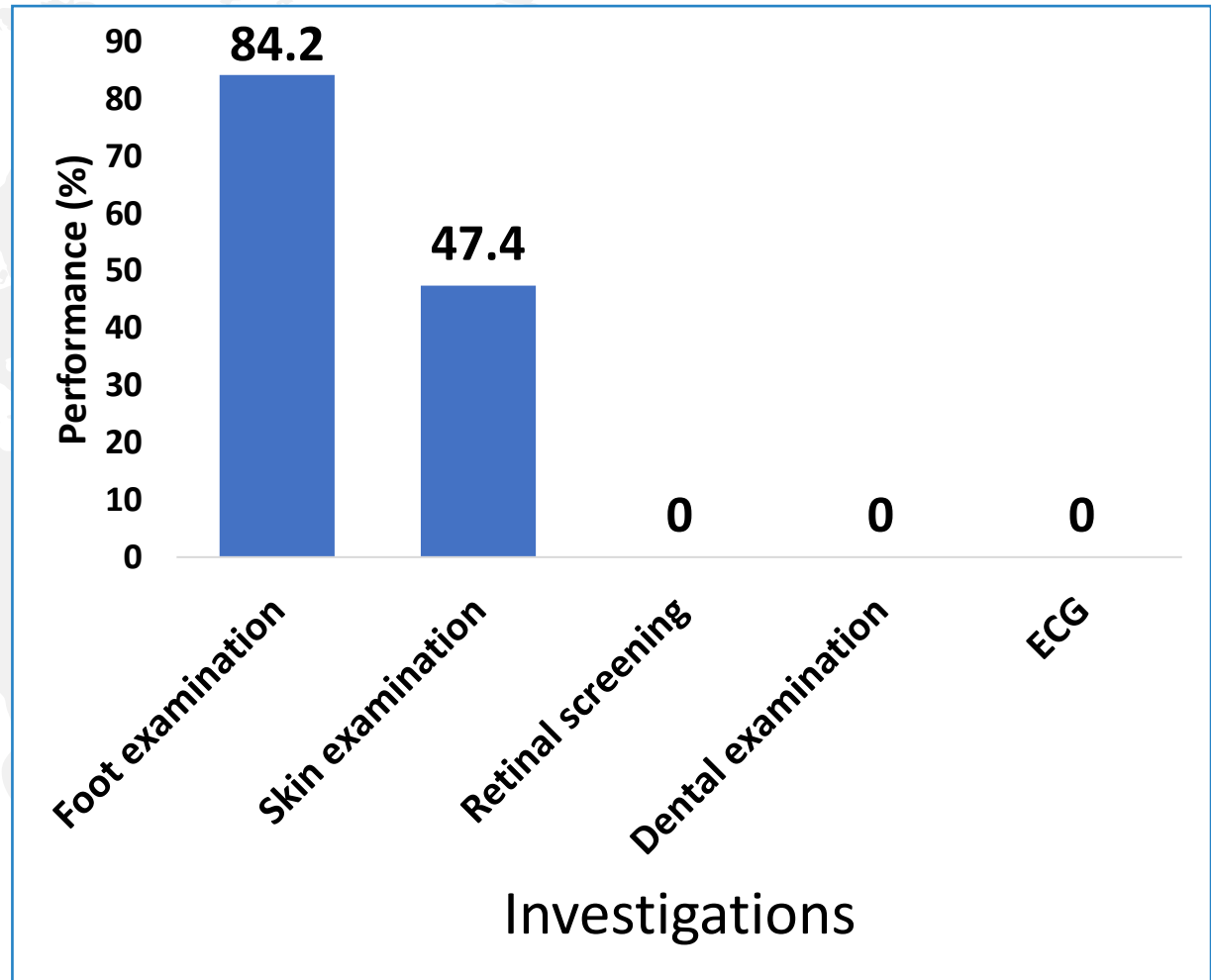
# Overall results of standards and criteria

- ❖ While some standards like patient **identification documentation** (100%) and **FBS measurement (89.5%)** are well met,
- ❖ Significant gaps exist in counseling,(19%) regular evaluations(20%) and critical examinations like retinal screening (0%) and HBA1c measurements (0%).
- ❖ This indicates an urgent need for improved training and consistent protocols to enhance the quality of diabetic care



# Examinations and Specialized Screenings

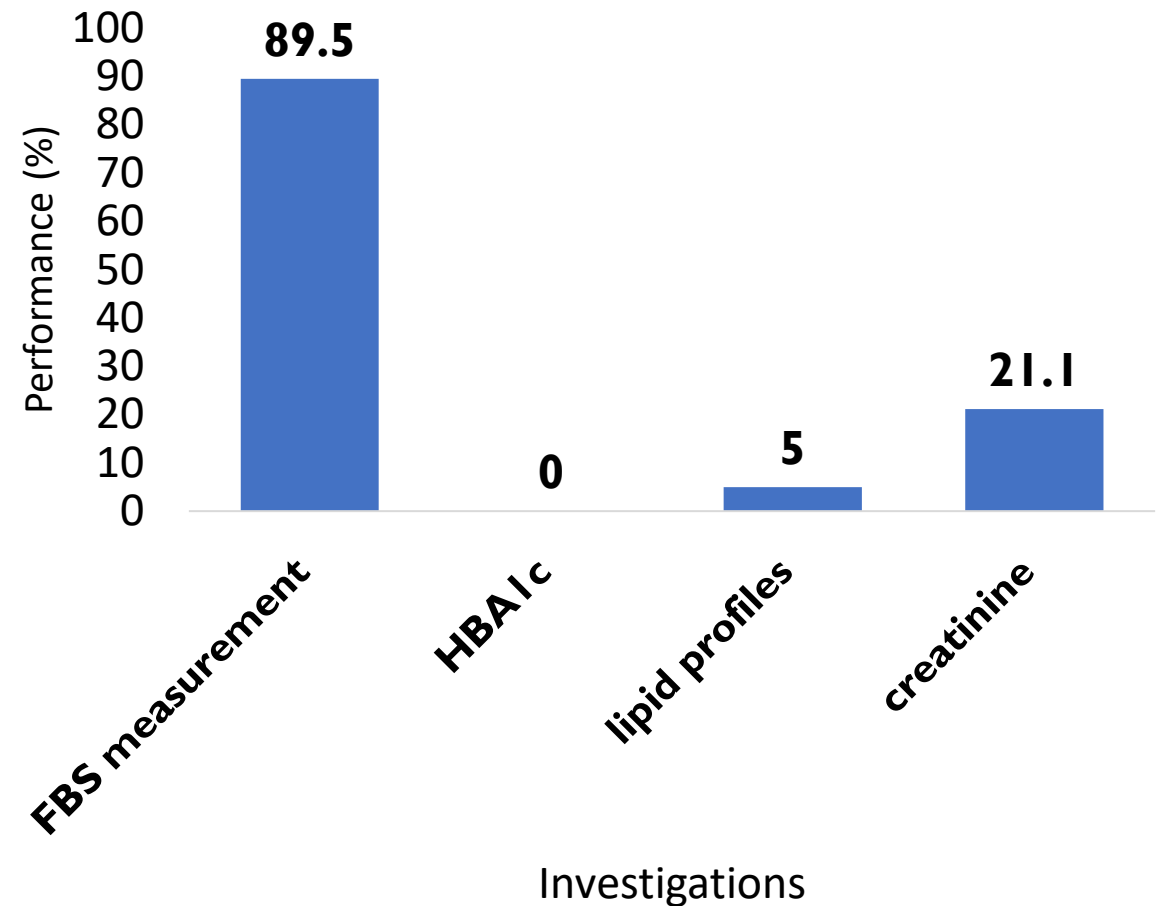
- ❑ Retinal screening (0%), dental examinations (0%), and ECG for Type 2 DM (0%) are entirely missed.
- ❑ Skin and foot examinations show moderate compliance (47.4% and 84.2%, respectively)



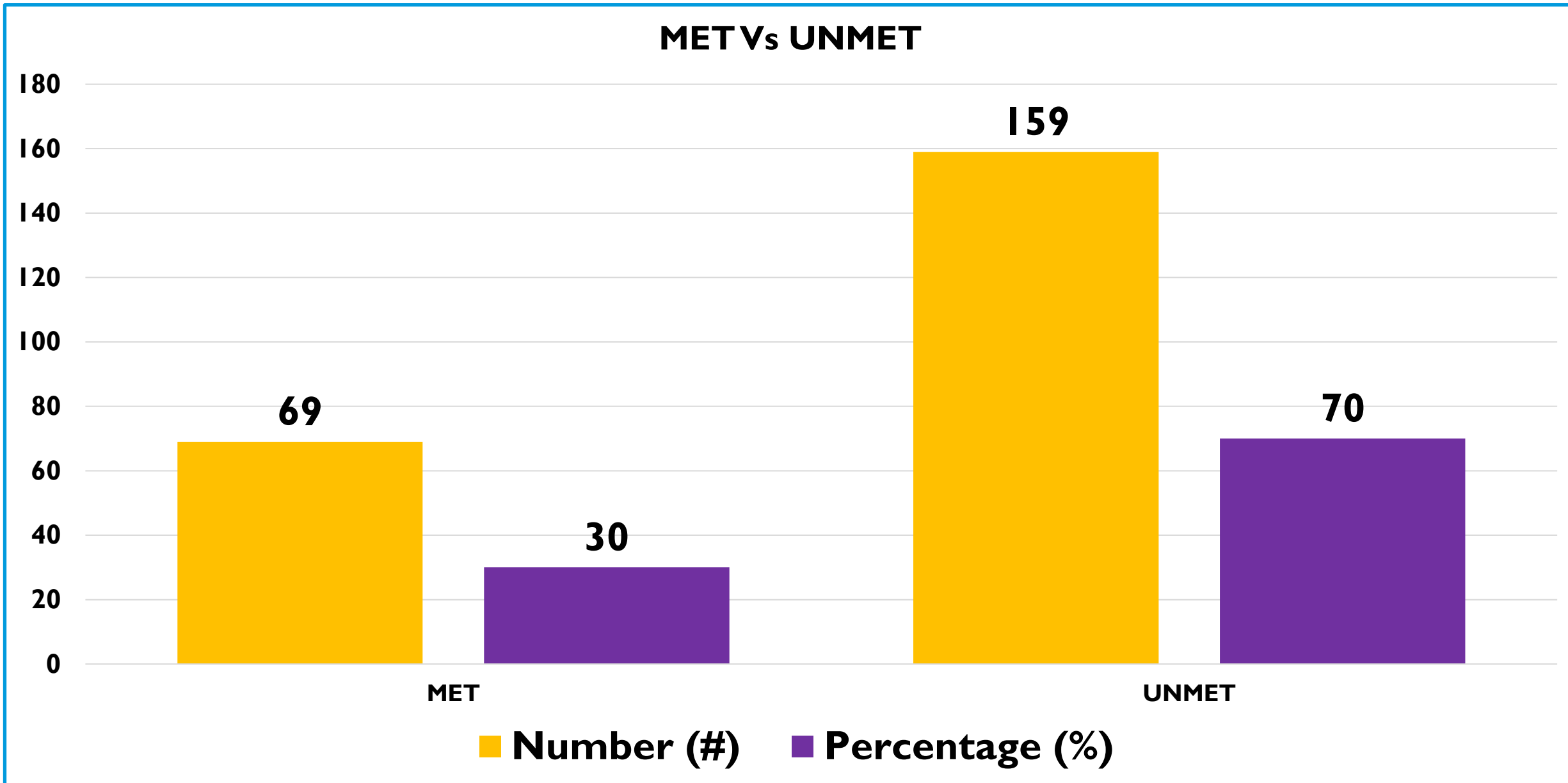
# LABORATORY INVESTIGATIONS

❑ Relevant investigations like FBS

measurement are satisfactory (89.5%), but essential tests like HBA1c (0%), lipid profiles (5%), and creatinine (21.1%) are significantly underperformed

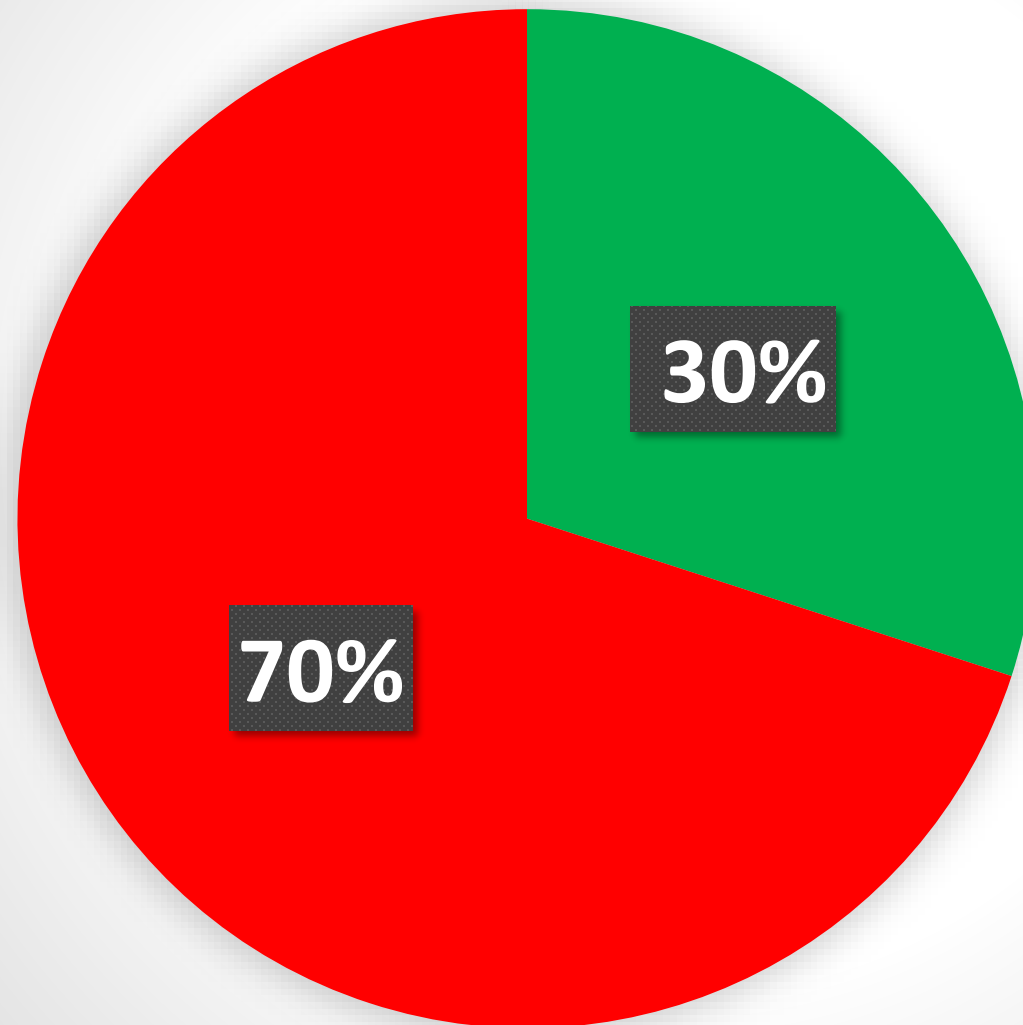


# Total standards (12\*19=228)



Total standards ( $12 \times 19 = 228$ )

## MET Vs UNMET



# Discussion

- ❖ The audit reveals significant gaps in the management of diabetic patients in chronic care settings at Deder General Hospital.
- ❖ While some standards, such as **patient identification and fasting blood sugar (FBS)** measurement, are adequately met, critical areas like regular evaluations, specialized screenings, and essential laboratory tests remain neglected.
- ❖ Retinal screening and HBA1c measurement have **0% compliance**, underscoring a lack of focus on long-term complications.
- ❖ Counseling rates are **alarmingly low (19%)**, which may impact patient self-management.
- ❖ Specialized examinations like dental checks and **ECGs for Type 2 DM are entirely missed**

# Recommendations

1. Improve counseling rates for diabetic patients (currently 19%).
2. Increase compliance with regular evaluations (currently 20%).
3. Implement retinal screenings (currently 0%).
4. Increase HBA1c testing rates (currently 0%).
5. Enhance specialized screenings (e.g., ECG for Type 2 DM, dental exams).
6. Improve documentation of essential investigations (e.g., lipid profiles, creatinine).





**DEDER GENERAL HOSPITAL**  
**CLINICAL AUDIT QUALITY IMPROVEMENT PLAN/PDSA FORM**

**Clinical Audit Title:** To improve the quality clinical care for diabetic patients who are on chronic follow-up care

**Clinical Audit Lead:** Dr.Samuel Shimelis (GP). Department /Team: OPD

**Date:** 23/4/2017E.C

	Plan					DO	STUDY	ACT
Recommendation	Actions to address the recommendation/Change idea	Person Responsible	Target Date	Data collection plan		Carry out the plan. Record data, observations and modifications to the plan. Use visual descriptions such as run charts to describe what actually happened	Complete analysis and synthesis. Do the results align with the explicit criteria? Write the progress made in the implementation, the difficulties faced and actions taken to address them.	<b>Decision:</b> What action are we going to take as a result of this cycle <b>(Adopt, Adapt, or Abandon)</b> ? Are we ready to implement? What other processes or systems might be affected by this
	What change will we test? What do we need to try the change?	Who will perform the test? (Name or Role)	When will this be complete?	How will we collect data? (Checklist, Chart audit,)	Who will collect the data? (Name or Role)			
<b>Improve counseling rates for diabetic patients</b> (currently 19%).	Write feedback to Chronic Care Clinic Doctors	OPD Director (Dr.Samuel)	Jan 25, 2017E.C	Audit patient records monthly for diabetic counselling documentation	QU (Abdi T+ Abdella A)			
<b>Implement retinal screenings</b> (currently 0%)	<ul style="list-style-type: none"> <li>Partner with ophthalmologists for regular retinal screening services.</li> <li>Procure necessary equipment.</li> <li>Schedule routine screenings during follow-ups.</li> </ul>	<ul style="list-style-type: none"> <li>Hospital leaderships CEO &amp; MD( Nuredin &amp; Dr.Derese) respectively.</li> <li>Finance head (Obsa), &amp;</li> <li>OPDDirector(Dr.Samuel)</li> </ul>	Feb 25, 2017E.C	Audit patient records for retinal screenings documentation	Quality U(Abdi T+ Abdella A)			
<b>Increase HBA1c testing rates</b> (currently 0%).	<ul style="list-style-type: none"> <li>Procure HBA1c testing kits.</li> <li>Integrate HBA1c testing as a standard protocol for routine follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>OPD Director (Dr.Samuel)</li> <li>Laboratory Head (Alu)</li> </ul>	Jan 25, 2017E.C	Audit patient records for HBA1c testing documentation	Quality U(Abdi T+ Abdella A)			

<b>Enhance specialized screenings (e.g., ECG for Type 2 DM, dental exams):</b>	<ul style="list-style-type: none"> <li>Develop partnerships with dentists and cardiologists.</li> <li>Schedule ECGs and dental exams for eligible patients.</li> <li>Include reminders in patient follow-up schedules.</li> </ul>	<ul style="list-style-type: none"> <li>Hospital leaderships CEO &amp; MD (Nuredin &amp; Dr. Derese) respectively.</li> <li>Finance head (Obsa), &amp;</li> <li>OPDDirector(Dr.Sa muel)</li> </ul>	End of 3 <sup>rd</sup>	Audit patient records for specialized screenings documentation	Quality U(Abdi T+ Abdella A)			
<b>improve availability of essential investigations (FBS/RBS, Urine dipstick, lipid profiles, creatinine. etc).</b>	<ul style="list-style-type: none"> <li>Procure essential investigations</li> </ul>	<ul style="list-style-type: none"> <li>Hospital leaderships CEO &amp; MD( Nuredin &amp; Dr.Derese) respectively.</li> <li>Finance head (Obsa), &amp;</li> <li>Lab head (Alu)</li> </ul>	Jan 25, 2017E.C	Audit patient records for availability of essential investigations documentation	Quality U(Abdi T+ Abdella A)			

☐ **Adapt** (Modify this change and plan next PDSA cycle; loop back to “Plan”)
 ☐ **Abandon** (Change didn’t work/won’t lead to improvement. Identify new change; plan new PDSA cycle; loop back to “Plan”)

☐ **Adopt** (Data revealed this change was effective and worked well; Next step, develop implementation plan) >>>>

<b>Completed by:</b>	<b>Sign off:</b>	<b>Date of review of PDSA:</b>
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