



DEDER GENERAL HOSPITAL

CLINICAL AUDIT RESULTS ON ANTENATAL CARE SERVICE

By: Dr. Taju Abdi (GYN/OBS Specialist)-Team leader

Deder, Oromia

December 2017 E.C

TOGETHER, WE CAN MAKE A DIFFERENCE!!

Maternity Department Clinical Audit team members:

Full Name	Status	Role
Dr.Taju Abdi (MD, Senior)	Labour and Delivery W Coordinator	chairperson
Dr. Anwar Sham (MD, Senior)	Maternity Unit Coordinator	D/Chairperson
Addisu Wondimu	Labour and Delivery W head	Secretary
Wogayeho Birhanu	GYN W head	D/Secretary
Maruf Abdisha	ANC head	Member
Alfiya abdella	PNC f/p	Member
Tsion Tolesa		Member
Getahun Beleta		Member
Naima Abdo		Member
Shukriya Hassen		Member
Hanan Abduselam		Member
Ayantu shamshedin		Member
Hanan Mamud		Member

OUTLINES

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



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INTRODUCTION

- ❖ The Antenatal Care (ANC) program plays a crucial role in ensuring the health and well-being of pregnant women.
- ❖ Regular monitoring and evaluation of ANC practices are essential to enhance the quality of clinical care provided to expectant mothers.
- ❖ This audit aims to assess current practices and implement measures for improvement, ensuring optimal care delivery in alignment with healthcare standards.



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Aim

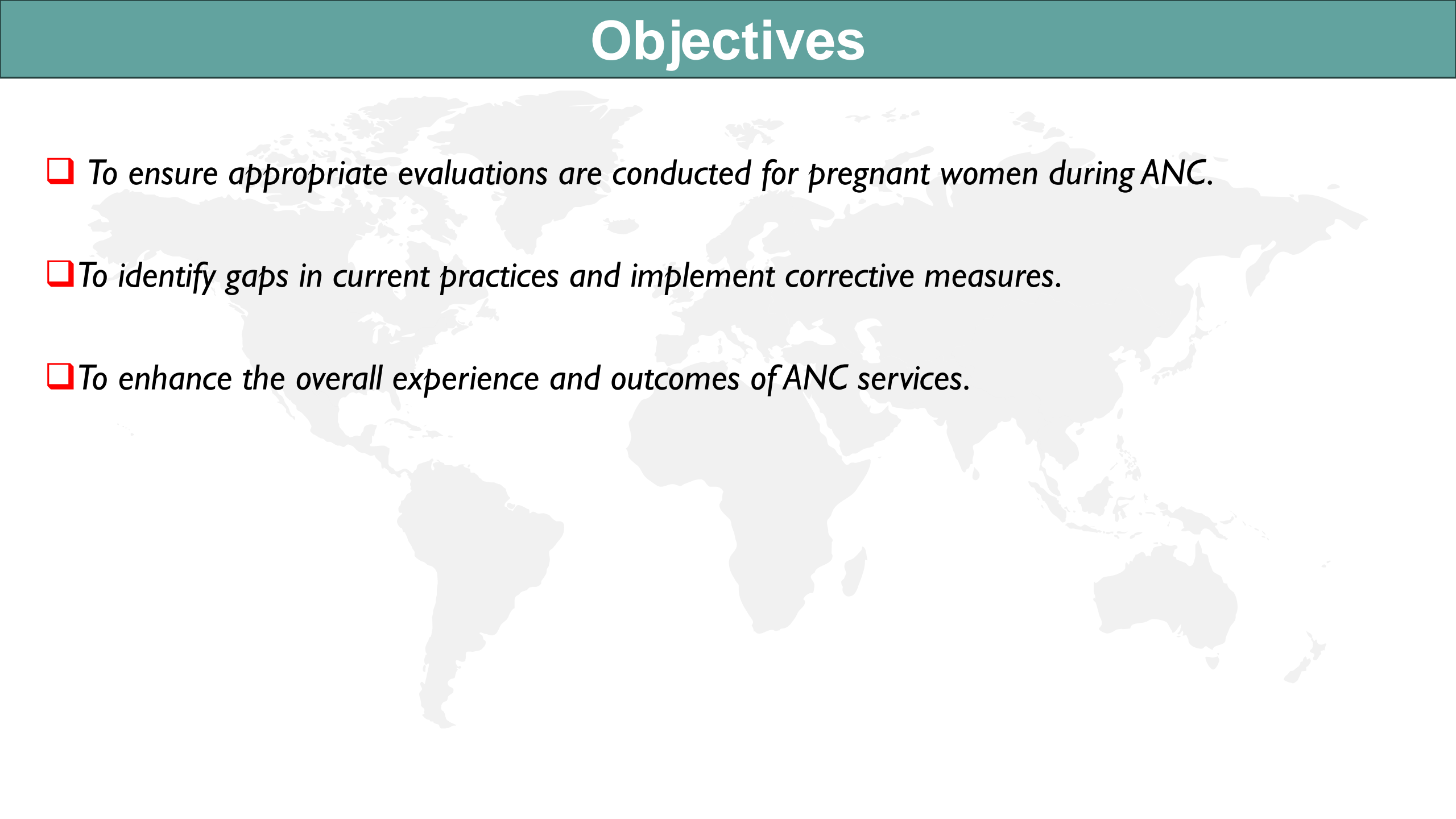
- ❑ To improve the quality of clinical care provided for pregnant women during ANC



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Objectives

- 
- ☐ *To ensure appropriate evaluations are conducted for pregnant women during ANC.*
 - ☐ *To identify gaps in current practices and implement corrective measures.*
 - ☐ *To enhance the overall experience and outcomes of ANC services.*

Methodology and Sampling

Methodology

- ❖ A retrospective cross-sectional audit was conducted,
- ❖ All patients' cards at ANC clinic who gets follow up service and whose cards are available during the study period.
- ❖ A total of 19 cards which fulfill the audit parameters were randomly selected and enrolled in the study which is recommended for clinical audit at the hospital level.
- ❖ Data collection involved evaluating adherence to clinical guidelines, assessing resource availability, and analyzing patient outcomes.
- ❖ The findings were compared against established standards to identify areas for improvement.

Methodology and Sampling

Sampling

- ☐ **Simple random sampling method**

Inclusion Criteria:

- ☐ *All pregnant women having ANC follow-up*

STANDARDS TO BE MET

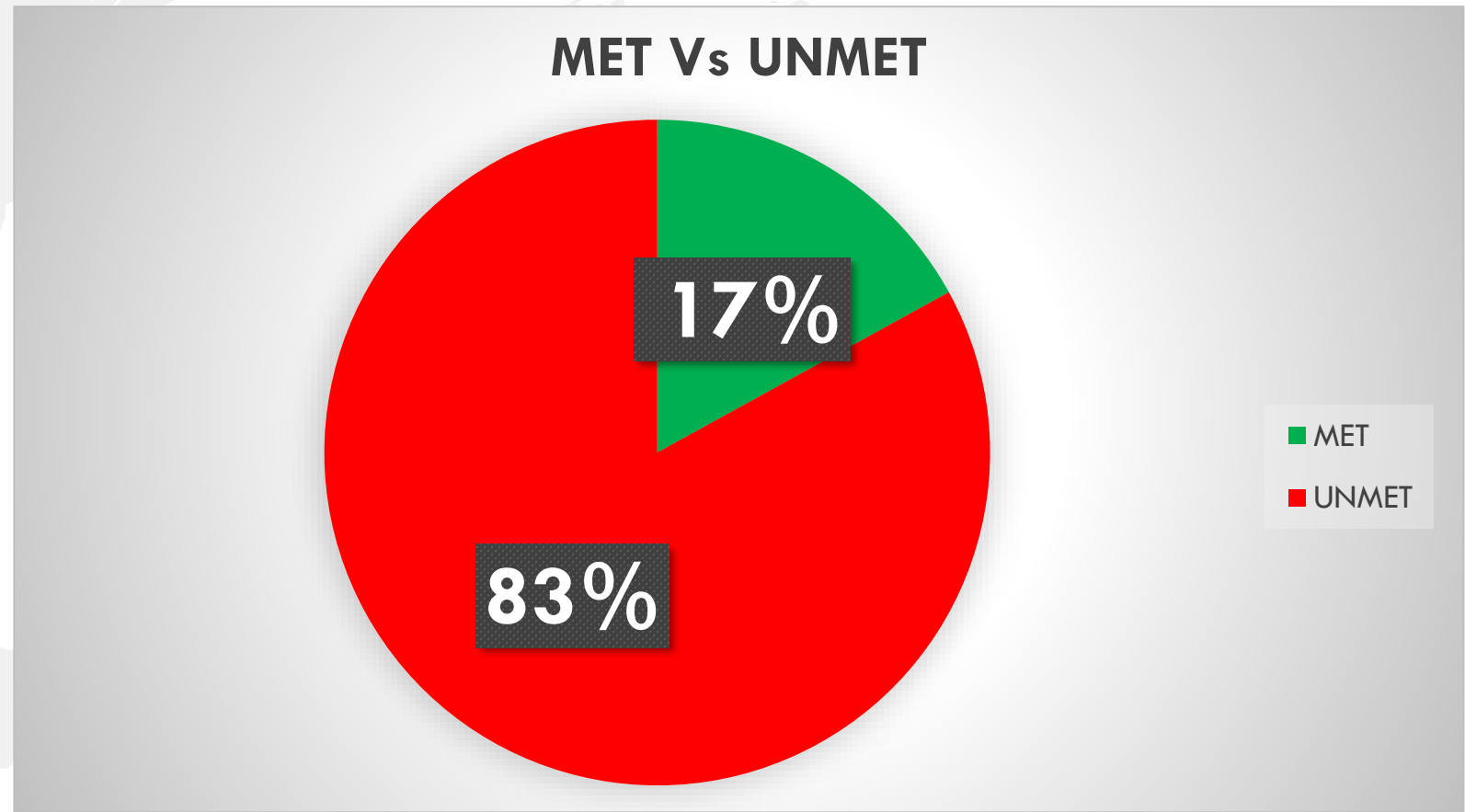
S/N	Standards	Target
1	DEMOGRAPHIC AND IDENTIFICATION INFORMATION IS RECORDED FOR A PREGNANT WOMAN DURING ANC	100%
2	APPROPRIATE HISTORY IS TAKEN USING INTEGRATED ANC CHART FOR PREGNANT WOMAN DURING ANC	100%
3	APPROPRIATE PHYSICAL EXAMINATION IS PERFORMED FOR PREGNANT WOMAN DURING ANC	100%
4	RELEVANT INVESTIGATIONS ARE DONE FOR A PREGNANT WOMAN DURING ANC	100%
5	APROPRIATE DIAGNOSIS IS MADE FOR A PREGNANT WOMAN DURING ANC	100%
6	PROPER COUNSELLING IS PROVIDED FOR A PREGNANT WOMAN DURING ANC	100%
7	APPROPRIATE TREATMENT & VACCINES ARE PROVIDED FOR A PREGNANT WOMAN DURING ANC	100%
8	IDENTIFICATION OF PROVIDER IS DOCUMENTED FOR A PREGNANT WOMAN DURING ANC	100%

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

Results

The overall ANC service utilization at DGH ANC clinic was 17%.



Demographics and Identification information

❖ Among total participants demographic and client identification information like

- ✓ Name,
- ✓ Age,
- ✓ Sex,
- ✓ MRN,
- ✓ Date of visit and
- ✓ Address were filled for all clients

Variables	Response	Frequency	Percentage
Name	Recorded	19	100
	Not recorded	0	0
Age	Recorded	19	100
	Not recorded	0	0
Sex	Recorded	19	100
	Not recorded	0	0
Address	Recorded	19	100
	Not recorded	0	0
Date of Visit	Recorded	19	100
	Not recorded	0	0
MRN	Recorded	19	100
	Not recorded	0	0

APPROPRIATE HISTORY TAKING USING INTEGRATED ANC CHART

❖ The proportion of appropriate history taken using the integrated antenatal care chart for pregnant women during antenatal care was only **27%.**

Variables	Response	Frequency	Percentage
Integrated ANC chart is used to take history	Yes	9	47.4
	No	10	52.6
Gravidity/parity	Yes	9	47.4
	No	10	52.6
Gestational age is calculated	Yes	9	47.4
	No	10	52.6
Past obstetric history (previous mode of delivery, Any pregnancy related complication) is taken	Yes	9	47.4
	No	10	52.6
Present Pregnancy History (complaint) is identified	Yes	4	22
	No	15	78
Mental Health history is assessed	Yes	6	32
	No	13	68
Medical history and Surgical history is taken	Yes	3	15.8
	No		84.2
Classifying form filled completely	Yes	0	0
	No	19	100
Family/Social History is taken	Yes	0	0
	No	19	100

PERFORMING APPROPRIATE PHYSICAL EXAMINATION

❖ The proportion of appropriate Physical examination performed for pregnant women during antenatal care was **only 12%.**

Variables	Response	Frequency	Percentage
General appearance (looked for facial puffiness, expression of pain or worry, and pallor)	Yes	0	0
	No	19	100
Vital signs are measured	Yes	8	42
	No	11	58
BMI is calculated	Yes	0	0
	No	19	100
Mid upper arm circumference (MUAC) is measured	Yes	0	0
	No	19	100
Breast is assessed for nipple retraction	Yes	0	0
	No	19	100
Conjunctiva is assessed for anemia	Yes	0	0
	No	19	100
Chest is auscultated	Yes	0	0
	No	19	100
Precordium is auscultated	Yes	0	0
	No	19	100
Fundal height (in wks.) is measured	Yes	6	32
	No	13	68
Fetal heart beat (after 20 weeks) is counted	Yes	5	26
	No	14	74
Presentation after 34 weeks is determined	Yes	6	32
	No	13	68

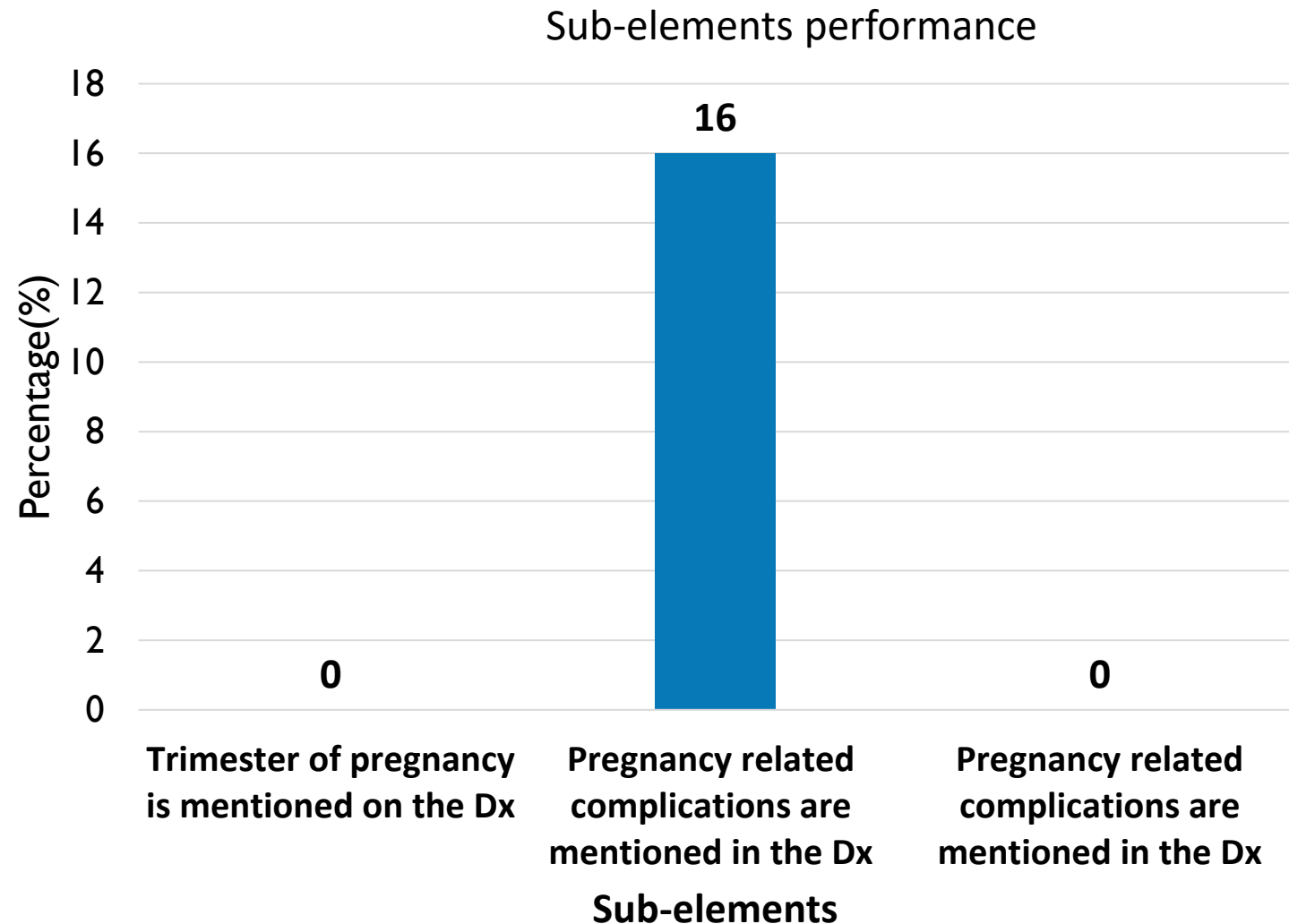
LABORATORY INVESTIGATIONS

- ❖ The proportion of relevant investigations done for pregnant women during ANC was **51%**.
- ❖ According to this clinical audit, Laboratory investigations like Hgb & VDRL were tested for **15(79%) of PW** while **13(68%)** and **12(63%)** were **tested for HBsAg and urine analysis** respectively.
- ❖ However, the **Blood group and Rh were not done for all ANC clients.**

Laboratory tests	Response	Frequency	Percentage
Hgb at least at ANC 1	Done	15	79
	Not done	4	21
Blood group and Rh(Done	0	0
	Not done	19	100
VDRL	Done	15	79
	Not done	4	21
HIV test	Done	9	47
	Not done	10	53
HBsAg	Done	13	68
	Not done	6	32
Urine analysis	Done	12	63
	Not done	7	37
Urine Gram stain	Done	3	16
	Not done	14	84
U/S done before 24weeks of gestation	Done	7	37
	Not done	12	63

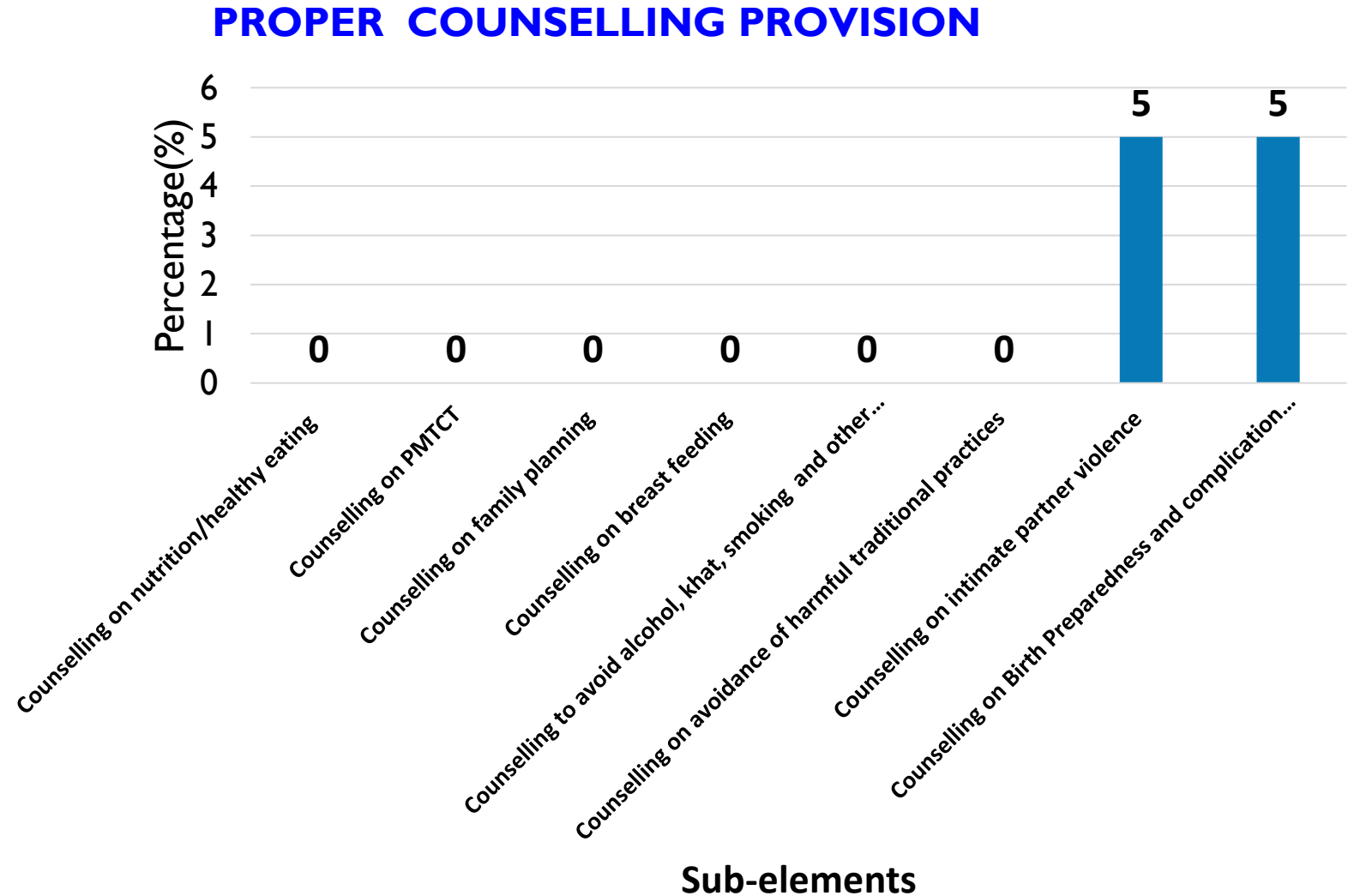
MAKE APROPRIATE DIAGNOSIS

- ❖ The proportion of appropriate diagnosis made for pregnant women during ANC was **only 5%.**
- ❖ **Only 3(16%) of Pregnancy related complications were mentioned in the Dx.**



PROPER COUNSELLING PROVISION

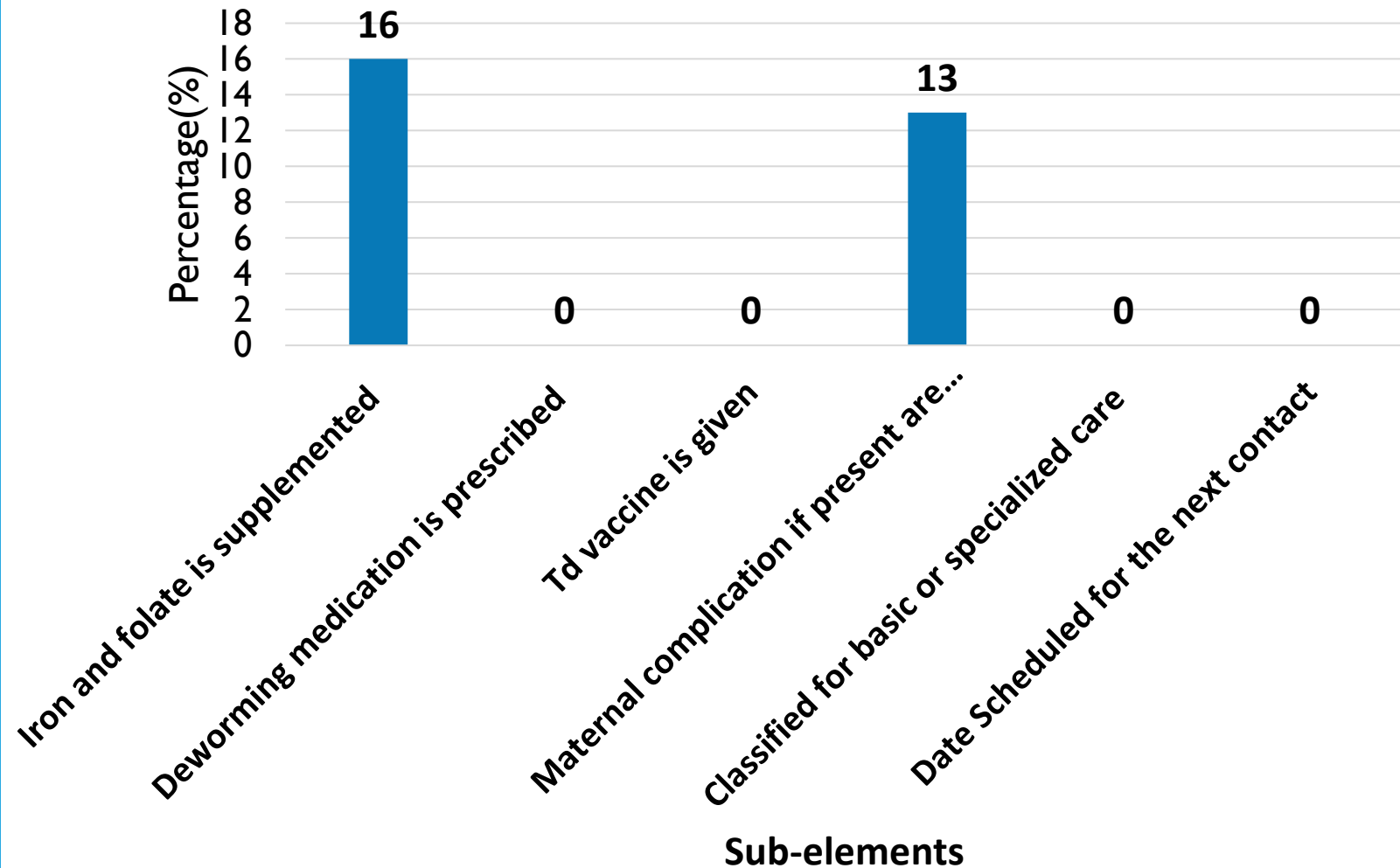
- ❖ The proportion of proper counselling provided for pregnant women during ANC was **only 1%**.
- ❖ **Only 1 (5%) of PW was counseled on IPV & BPCR???**



PROVIDE APPROPRIATE TREATMENT & VACCINES

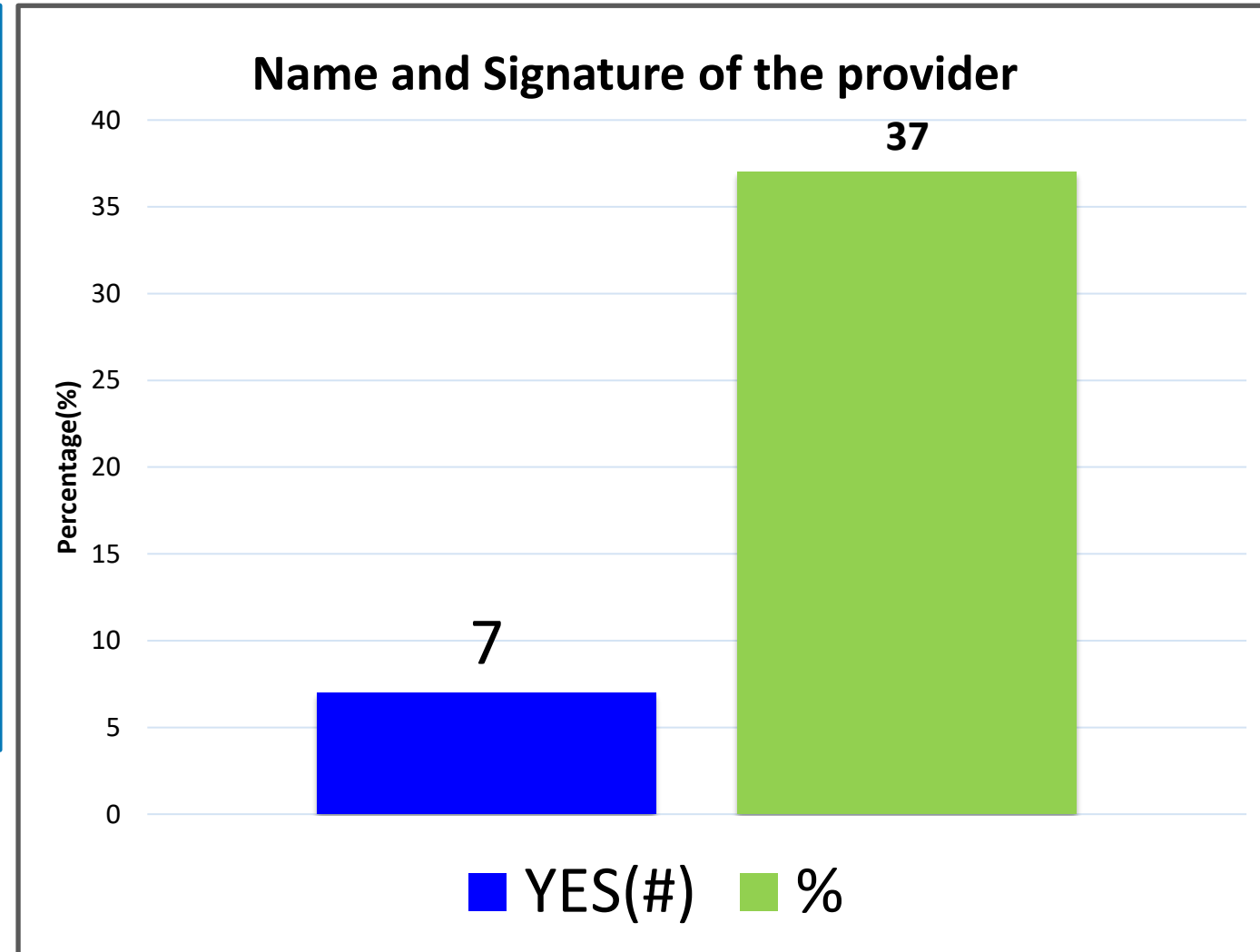
- ❖ The proportion of appropriate treatments and vaccines provided for pregnant women during ANC was **only 4%.**
- ❖ Iron and folate was supplemented for **only 3(16%) of PW.**
- ❖ Maternal complications were managed for **1(13%) of 8 eligible PW**
- ❖ **Deworming and Td vaccine, were not provided for all PW.**
- ❖ **Similarly, next visit schedule was not given for all PW.**

APPROPRIATE TREATMENT & VACCINES



PROVIDER IDENTIFICATION

*The proportion of provider identification documented in the PW folder was **37%** means that the Name and Signature of the provider was clearly documented in 7 folders of PW during ANC.*



Discussion

- ❖ The clinical audit findings highlight significant gaps in the delivery of ANC services:
- ❖ The low rates of **appropriate history taking (27%)**, **physical examination (12%)**, and **counseling (1%)** underscore the need for *targeted interventions* to improve adherence to established guidelines.
- ❖ The absence of **comprehensive laboratory investigations**, **inconsistent diagnosis**, and **inadequate provision of treatments and vaccines** suggest systemic issues such as resource limitations, insufficient provider training, and a lack of standardized protocols.
- ❖ These findings call for **immediate corrective actions** to enhance the quality of care and patient outcomes.

Recommendation

To address the identified gaps, the following actions are recommended:

1. Enhance Provider Adherence
2. Improve Physical Examination Practices
3. Ensure Comprehensive Laboratory Investigations:
4. Ensure Proper Treatment and Vaccines:
5. Improve Provider Identification Documentation:



DEDER GENERAL HOSPITAL
CLINICAL AUDIT QUALITY IMPROVEMENT PLAN/PDSA FORM

Clinical Audit Title: To improve the quality of clinical care provided for pregnant women during ANC

Clinical Audit Lead: Dr. Taju Abdi (GYN/OBS Specialist). Department /Team: MCH

Date: 23/4/2017E.C

Recommendation	Plan					DO	STUDY	ACT
	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.	Decision: What action are we going to take as a result of this cycle (Adopt, Adapt, or Abandon)? Are we ready to implement? What other processes or systems might be affected by this change?
	<i>What change will we test? What do we need to try the change?</i>	<i>Who will perform the test? (Name or Role)</i>	<i>When will this be complete?</i>	<i>How will we collect data? (Checklist, Chart audit,)</i>	<i>Who will collect the data? (Name or Role)</i>			
Enhance Provider Adherence	Develop Integrated ANC chart in the EMR system	EMR focal person (Redwan Sh)	Dec 25-Jan 05, 2017E.C	Review of templates and usage reports	Quality U(Abdi T+ Abdella A)			
Improve Physical Examination Practices:	Provide on job orientation for staff	MCH head(Maruf)+Matron(Hamza)	Dec 25-Jan 05, 2017E.C	Review of minute	Quality U(Abdi T+ Abdella A)			
Ensure Comprehensive Laboratory Investigations:	Make essential laboratory tests (BG/Rh, CBC, RBS, Hgb, HIV test/, HBsAg, U/A, Urine Gram stain) readily available.	Lab head (Alu) + pharmacy head (Murtesa)	Jan 25, 2017E.C	monitor compliance with required laboratory tests.	Quality U(Abdi T+ Abdella A)			
Ensure Proper Treatment and Vaccines:	Maintain a consistent supply of essential drugs (iron, folate, antihelminth) and vaccines (Td).	pharmacy head (Murtesa)	Jan 25, 2017E.C	Inventory reports and usage logs	Quality U(Abdi T+ Abdella A)			
Improve Provider Identification Documentation:	Mandate proper documentation of provider names and signatures for accountability.	MCH head(Maruf)	Jan 25, 2017E.C	Monitor and evaluate documentation practices	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) >>>>

Completed by:	Sign off:	Date of review of PDSA:
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