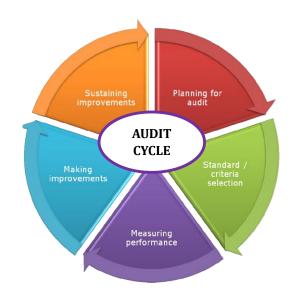


DEDER GENERAL HOSPITAL EMERGENCY INJURY AND CRITICAL CARE DEPARTMENT



CLINICAL AUDIT TO IMPROVE THE QUALITY OF CLINICAL CARE OF EMERGENCY MANAGEMENT OF POISONING PATIENTS

By: Murad Amin (BSc Nurse)- Emergency head

Dr. Dawit Seifu (MD, Emergency Director)-Team leader

<u>Advisors:</u>

F HSQU Team

Dader, Oromia September 2017E.C

Emergency and critical care case team clinical Audit/QI members

S/N	Full Name	Status	Role
1.	Dr. Dawit Seifu	Emergency Director	Chairperson
2.	Murad Amin	Emergency Head	Secretary
3.	Wardi Usman	Staff	Deputy Secretary
4.	Dachas Shamsadin	Staff	Member
5.	Zabib Abrahim	Staff	Member
6.	Alamudin Sufiyan	Staff	Member
7.	Yosef Tesfaye	Staff	Member
8.	Buzu Seyum	Staff	Member

Table of Contents

Emergency and critical care case team clinical Audit/QI members	ii
Lists of Figures and Tables	iv
ABSTRACT	V
Background	1
OBJECTIVE	1
General objective	1
Specific objectives	1
Methods	2
Study area & period	2
Study design	2
Source population	2
Sampling technique	2
Study Variables	3
Data collection method	3
Data Processing & analysis	3
RESULT	4

Lists of Figures and Tables

Figure 1: Overall Performance of emergency Management Poisoning Patients at	
Emergency & critical care Dept, Sept 2017E.C	5
Figure 2: score for each criterion/standard for emergency management of	
poisoning patients, Sept 2017E.C	6
Table 1: ACTUAL PERFORMANCE ANDV PERFORMANCE AGAINST TARGET	4
Table 2: List of prioritized Problems to be addressed	7
Table 3: Root Cause Analysis	7

ABSTRACT

Introduction: Poisons are chemical substances that produce harmful effects on the body. About 0.3 million people die annually from poisoning. Poisons are produced by animals, plants, microorganisms, and food contamination. Poisoning is a global public health problem, especially in children and teenagers and healthcare providers ought to provide protocols for its management

Objective: To improve clinical care of Emergency management of poisoning patient in Deder general hospital, Oromia

Method: Retrospective cross-sectional study

Result: A retrospective clinical audit was conducted on emergency management of poisoning patients. The Overall Performance of emergency management of Poisoning Patient was **85%.** with almost all clients' charts containing appropriate demographic data, diagnosis, treatment, disposition and discharged alive, and identification of the provider like: name and signature of the care providers

Background

Poisons are chemical substances that produce harmful effects on the body. About 0.3 million people die annually from poisoning. Poisons are produced by animals, plants, microorganisms, and food contamination. Poisoning is a global public health problem, especially in children and teenagers and healthcare providers ought to provide protocols for its management. Since the beginning of the year 2022, DGH has encountered and still continues to encounter some challenges with case management of emergency poison. Thus, DGH plan this clinical audit aim to improve the quality of clinical care provided for neonates admitted with the diagnosis of Emergency Poison.

OBJECTIVE

General objective

To improve clinical care of Emergency management of poisoning patient in Deder general hospital, Oromia

Specific objectives

- To improve the quality of clinical care provided to a patient presenting to ED with poisoning
- To ensure poisoning patients presenting to the ED are resuscitated appropriately
- To ensure poisoning patients presenting to the ED are evaluated appropriately
- To ensure identification of exact poisoning or toxidrome identification is done in the ED
- To ensure appropriate initial treatment is started in the ED

Methods

Study area & period

The clinical audit was conducted in EOPD of Deder General Hospital from Sept 22-25, 2017EC

Study design

Retrospective cross-sectional study

Source population

All patients poison come to and cards are available during the study period.

Sampling technique

A total of 10 medical records (client chart) of the last reporting quarter should be sampled for the audit. The individual client charts were withdrawn by systematic random sampling. Clinical audit is not research. It is about evaluating compliance with standards rather than creating new knowledge, therefore sample sizes for data collection are often a compromise between the statistical validity of the results and pragmatic issues around data collection i.e., time, access to data, costs. The sample should be small enough to allow for speedy data collection but large enough to be representative. In some audits the sample will be time driven and in others it will be numerical.

Study Variables

Dependent variables:

Poison care

Independent Variables

Demographic poison, Emergency OPD

Data collection method

Data extraction sheet was adapted from National clinical audit tool

Data Processing & analysis

Data from extraction sheets was manually verified and entered into the SPSS version 25 software for analysis. The software checked data types, sizes, classifications, and allowable values. Corrections were made, and the findings were presented in tables and figures.

RESULT

A retrospective clinical audit was conducted on emergency management of poisoning patients. The Overall Performance of emergency management of Poisoning Patient was **95%.** with almost all clients' charts containing appropriate demographic data, diagnosis, treatment, disposition and discharged alive, and identification of the provider like: name and signature of the care providers **(Table 1).**

Table 1: ACTUAL PERFORMANCE ANDV PERFORMANCE AGAINST TARGET

	Variables	Target	Actual Performanc	Performance e against target
1	Identification information is recorded for a patient presenting with poisoning	100	100	0
2	Appropriate evaluation and management for acute life-threatening injuries is done for a patient presenting with poisoning using standard poisoning care principles	100	99	1
3	Detailed history taken and physical examination is performed for a patient presenting with poisoning	100	100	0
4	Relevant investigation are done for a patient presenting with poisoning	100	59	41
5	Appropriate diagnosis is made for a patient presenting with poisoning	100	100	0
6	Appropriate treatment is provided for a patient presenting with poisoning	100	100	0
7	Appropriate disposition is made for a patient presenting with poisoning	100	100	0
8	Identification of care provider is documented for a patient presenting with poisoning	100	100	0
9	Patient diagnosed with poisoning is discharged from the ED alive (discharged home, transferred to ward or ICU or referred to higher care center	80	100	0
	Total Percentage (%)	100	858/9=95	5

Overall Performance of emergency Management Poisoning Patients



Figure 1: Overall Performance of emergency Management Poisoning Patients at Emergency & critical care Dept, Sept 2017E.C

Graph showing score for each criterion/standard for emergency management of poisoning patients.

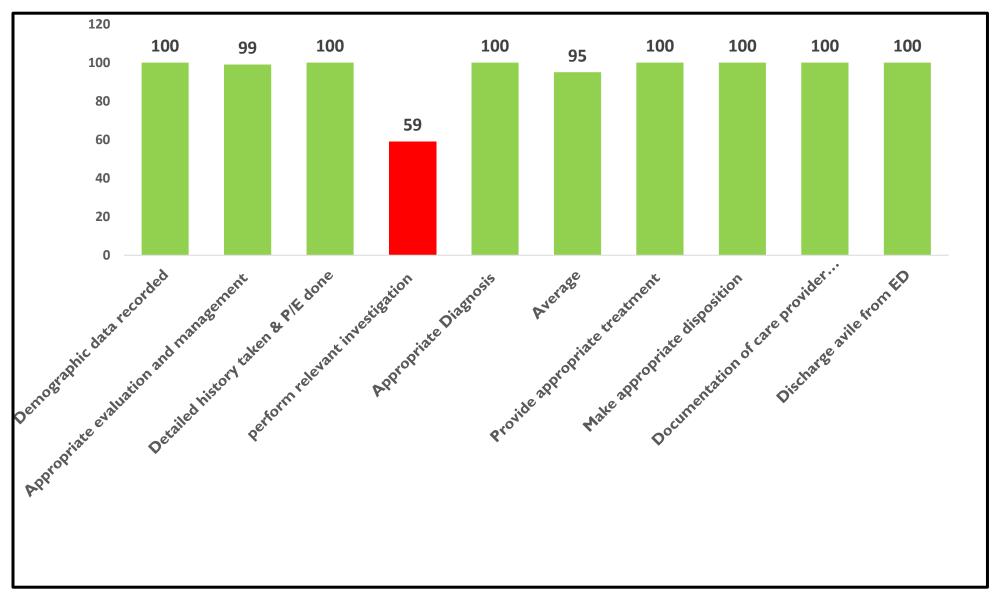


Figure 2: score for each criterion/standard for emergency management of poisoning patients, Sept 2017E.C

Table 2: List of prioritized Problems to be addressed

S	List of problems	Specific sub criteria	Root cause of the Problem
1	Relevant investigation are	Coagulation profile (PT, PPT,	NO Machine
	not done for a patient	INR)	
	presenting with poisoning		
	Ning		
2			
2			

Table 3: Root Cause Analysis

Summary of problem	Root cause	Change ideas	Responsible body	Time frame
Relevant investigation is not done for a patient presenting with poisoning	No machine	Avail machine	Finance	ASAP
Negligence	Supply	Bought chemistry machine	Finance	As of end of 4 th Q