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DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

STG utilization monitoring report

Management of urinary tract infection (UTI)

Prepared by: Dr Bahar Abdi (OPD Director)

Date: 30/10/2017E.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.

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 **December 1-30, 2017**.C

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::CRITEREA 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

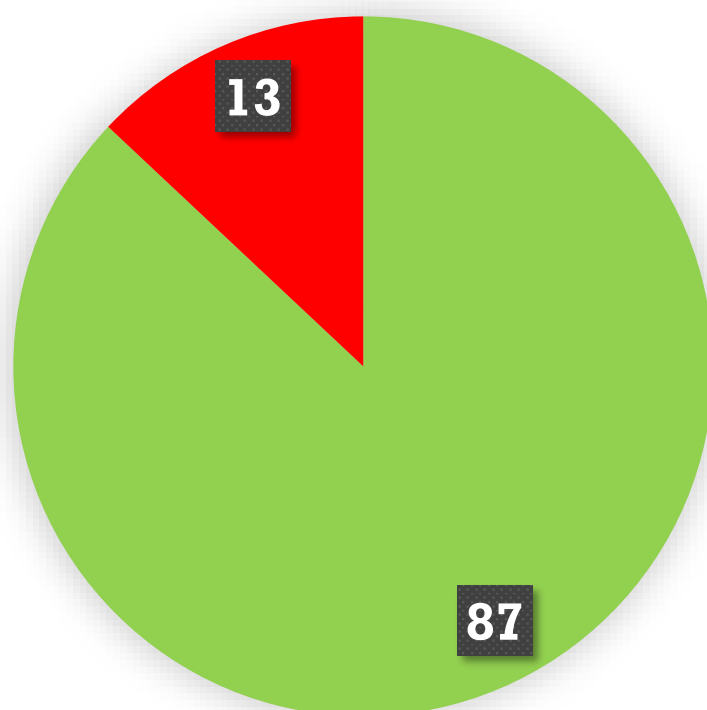
RESULT

The assessment of STG (Standard Treatment Guideline) utilization in the management of urinary tract infections (UTIs) for June 2017 E.C. revealed an overall compliance rate of **87% (Figure 1)**. Among the evaluated standards, documentation of patient education on hydration and hygiene, adherence to prescribed treatment, and screening for underlying conditions such as diabetes demonstrated full compliance (100%). This suggests that healthcare providers consistently prioritized patient education and holistic assessment in managing UTI cases.

However, moderate gaps were observed in areas such as the use of diagnostic tools (urine dipstick or culture), selection of initial antibiotics based on local antibiogram, and timely administration of antibiotics—each showing an 80% compliance rate. While these figures indicate generally good adherence, they also highlight opportunities for improvement, particularly in diagnostic accuracy and evidence-based prescribing practices (**Table 2**).

The lowest compliance (70%) was recorded in the adjustment of antibiotic therapy based on culture results. This shortfall may reflect delays in obtaining lab results or inconsistencies in follow-up practices. Overall, while the results reflect a strong baseline performance in several essential areas of UTI management, targeted efforts are needed to improve antibiotic stewardship and the integration of laboratory data into treatment decisions (**Table 2**).

STG utilization performance on managing UTI,



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

Figure 1: STG utilization performance on managing UTI, June 2017E.C

Table 2: Performance of STG utilization in the management of UTI, June 2017E.C

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Documentation of symptom assessment (dysuria, frequency, etc.)	9	1	90
2.	Use of urine dipstick or culture for diagnosis	8	2	80
3.	Initial antibiotic choice based on local antibiogram	8	2	80
4.	Timely administration of first antibiotic dose	8	2	80
5.	Patient education on hydration and hygiene practices	10	0	100
6.	Adjustment of antibiotic therapy based on culture results	7	3	70
7.	Documentation of patient adherence to the prescribed treatment	10	0	100
8.	Screening for underlying health conditions (e.g., diabetes)	10	0	100
9.	Documentation of patient improvement or discharge	8	2	80
	OVERALL	78/90	12/90	87%

Discussion

The findings from the assessment highlight both strengths and areas for improvement in the utilization of Standard Treatment Guidelines (STG) for UTI management. High compliance in patient education, treatment adherence documentation, and screening for underlying conditions indicates strong provider commitment to holistic care and patient engagement. These practices are crucial for preventing recurrence and ensuring better treatment outcomes. The full compliance in these domains also suggests that non-pharmacologic aspects of care are well-integrated into routine clinical workflows.

On the other hand, lower compliance in areas like antibiotic adjustment based on culture results (70%) and diagnostic testing (80%) suggests gaps in laboratory service utilization and follow-through. These deficiencies could lead to inappropriate antibiotic use, contributing to antimicrobial resistance and suboptimal patient outcomes. The consistent 80% compliance in initial antibiotic choice and timely administration indicates partial adherence to evidence-based protocols, which may be improved through enhanced training, better access to local antibiogram data, and strengthened supervision. Overall, while the general performance is commendable, focused interventions in antibiotic stewardship and diagnostic practices are essential for achieving full STG adherence.

Recommendations

- ✎ Finalize and integrate follow-up tracking into EMR system
- ✎ Develop and enforce use of standard discharge summary templates
- ✎ Reinforce screening for diabetes and other chronic illnesses
- ✎ Provide refresher training on recurrent UTI protocols and urology referral
- ✎ Sustain monthly audit-feedback cycles to maintain high compliance

Table 3: STC utilization performance improvement plan for UTI management, June 2017E.C

S.No	Area to Improve	Action	Responsible Body	Timeline
1.	Timely administration of antibiotics	Conduct training sessions	QI Unit	Always
2.	Initial antibiotic based on antibiogram	Distribute updated local antibiogram	Pharmacy & Laboratory Departments	ASAP
3.	Patient education	Standardized materials & workshops	Nursing Director & Health Literacy	completed
4.	Documentation of urinary symptoms	Audit and feedback system	Department Heads & EMR Team	Ongoing

Table 4: *Implementation status of previous performance improvement plan*

S.No	Action Area	Status	Details
1.	Training on timely antibiotic administration	✓ Completed	Conducted in April. Full compliance (10/10) achieved in this quarter.
2.	Dissemination of updated antibiogram	✗ Not Done	Clinicians perform well but without access to official local guidance.
3.	Patient education program	✓ Completed	100% compliance; brochures and staff training completed.
4.	EMR documentation audits	✓ Completed	Audits implemented, 100% documentation seen.

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.

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✍ **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**

✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol**

mon UT Jedhamu kan **ji'a 10ffaa bara 2017** xalayaa

Fuula 11 qabuu gaggeessituu kana waliin walqabsiifnee isiiniif

eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Standard Treatment Guideline (STG) Adherence Monitoring Report

Clinical Focus: Asthma Management

Prepared by: Dr Bahar Abdi (OPD Director)

Department: Outpatient Department

Report Month: June 2017 E.C.

Deder, Ethiopia

June 2017 E.C.

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1. Introduction

Asthma is one of the leading causes of chronic respiratory illness in Ethiopia, impacting both children and adults. Uncontrolled asthma leads to frequent hospital visits, absenteeism from work or school, and increased healthcare costs. The Ethiopian Ministry of Health's **Standard Treatment Guidelines (STG)** offer a framework for diagnosis, treatment, and long-term management. This report evaluates the extent to which healthcare providers at Deder General Hospital adhered to these guidelines during the 10th Months of 2017 E.C.

2. Aim

To measure the level of adherence to the National Standard Treatment Guidelines in the management of asthma at Deder General Hospital, and to guide continuous quality improvement efforts.

3. Objectives

- ✍ To assess compliance with STG-based asthma diagnosis, treatment, and follow-up.
- ✍ To evaluate provider performance across 12 critical parameters.
- ✍ To compare current performance with previous audits and track improvements.
- ✍ To document successful interventions and areas needing ongoing attention.
- ✍ To promote sustainable, protocol-driven asthma management practices.

4. Methodology

4.1 Study Design

A descriptive, cross-sectional study was conducted using standard checklist tools.

4.2 Sampling technique

- **Sample Size:** 10 randomly selected patient charts
- **Period Reviewed:** June 2017 E.C.
- **Departments:** Emergency and Outpatient units

4.3 Inclusion Criteria

- ✍ Patients diagnosed with asthma during the audit period
- ✍ Full documentation of diagnosis, treatment plan, and follow-up
- ✍ Managed according to STG protocol during the 10th Month 2017 EC

4.4 Exclusion Criteria

- ✍ Incomplete charts or missing follow-up documentation
- ✍ Asthma cases handled outside of STG (e.g., alternative therapies)
- ✍ Previously diagnosed patients with no active treatment this month

4.5 Data Collection Tools

- Structured STG Adherence monitoring tools for asthma based on STG asthma protocol
- Patient chart review
- Provider interview (if clarification needed)

5. Results

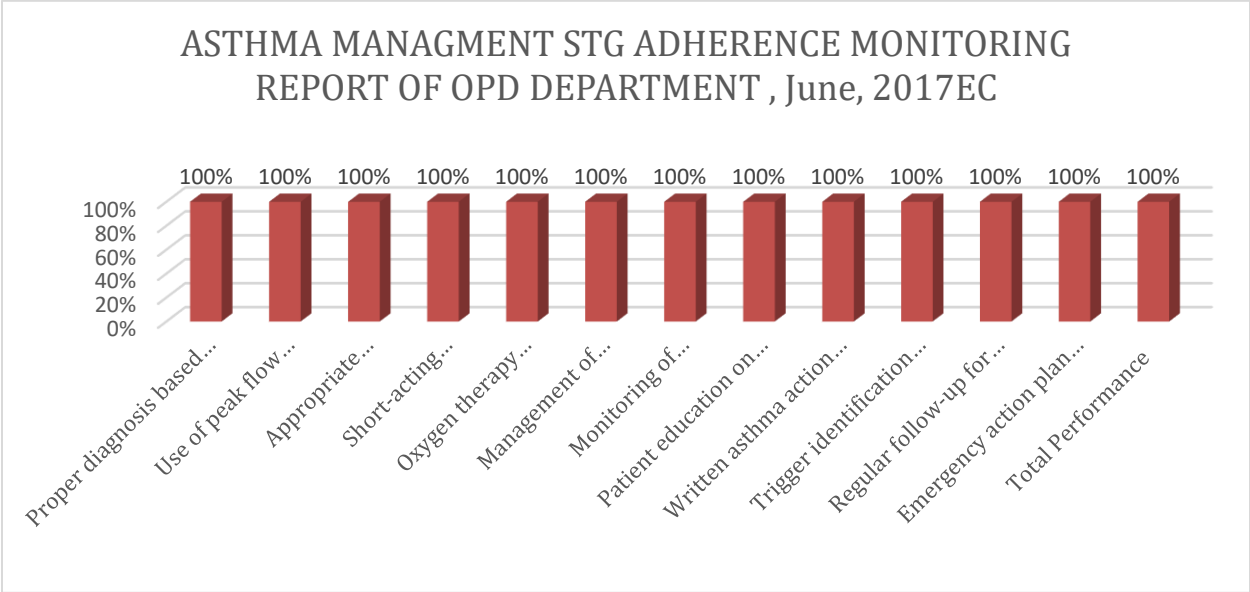
The audit of asthma management practices against standard treatment guidelines (STGs) in June 2017 (E.C.) demonstrated **perfect 100% compliance** across all 12 assessed criteria. Every single patient record reviewed (10 records per criterion) met the required standards for essential aspects of asthma care. This includes fundamental diagnostic steps like using symptom criteria and peak flow measurement, core pharmacological interventions such as appropriate inhaled corticosteroid prescription and short-acting bronchodilator use during exacerbations, and critical supportive care including oxygen therapy when needed and managing comorbidities (**Table 1**).

Furthermore, compliance extended comprehensively to monitoring, patient education, and long-term management strategies. All records showed consistent monitoring of respiratory function during treatment, provision of education on proper inhaler technique, delivery of written asthma action plans, counseling on trigger identification and avoidance, scheduling of regular follow-up for chronic cases, and proper documentation and review of emergency action plans. The **total performance** reflects this flawless adherence, achieving a perfect score of **120 out of 120** possible points, resulting in an overall compliance rate of **100% (Table 1)**.

Table 1: STG Adherence – Asthma Management (June, 2017 E.C.)

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Proper diagnosis based on symptom criteria	10	0	100%
2	Use of peak flow measurement to assess severity	10	0	100%
3	Appropriate prescription of inhaled corticosteroids	10	0	100%
4	Short-acting bronchodilator use during acute exacerbation	10	0	100%
5	Oxygen therapy administered as needed	10	0	100%
6	Management of comorbid allergies or conditions	10	0	100%
7	Monitoring of respiratory function during treatment	10	0	100%
8	Patient education on proper inhaler technique	10	0	100%
9	Written asthma action plan provided	10	0	100%
10	Trigger identification and avoidance counseling	10	0	100%
11	Regular follow-up for chronic asthma	10	0	100%
12	Emergency action plan documented and reviewed	10	0	100%
	Total Performance	120/120	0	100%

GRAPH: ASTHMA MANAGMENT STG ADHERENCE MONITORING REPORT OF OPD DEPARTMENT , JUNE, 2017EC



6. Discussion

The audit findings indicate that asthma management at Deder General Hospital is currently aligned with national STGs. The exceptional **100% compliance rate** across all parameters demonstrates that the department has not only implemented the protocols but also maintained a culture of accountability and quality assurance.

This performance is particularly noteworthy when compared with previous months, where **gaps were noted** in areas such as inhaler technique education and inconsistent use of inhaled corticosteroids. The resolution of those issues reflects successful implementation of action plans and the commitment of the clinical leadership team to evidence-based practice.

Additionally, the consistent provision of written asthma action plans and the structured documentation of emergency preparedness further underscore the facility’s strength in chronic disease management. Such results reduce patient risk, hospital readmissions, and complications.

7. Recommendations

- ✍ Maintain ongoing clinical mentorship and refresher training for new staff.
- ✍ Introduce visual job aids and flowcharts for asthma management at points of care.
- ✍ Continue rewarding top-performing units to foster motivation and compliance.
- ✍ Incorporate asthma indicators into hospital-wide quality dashboards.
- ✍ Engage patients in asthma clubs or education sessions for better self-management.

8. Conclusion

The audit results clearly confirm that the asthma care delivered at Deder General Hospital during the 10th month of 2017 E.C. was of high standard and fully compliant with national guidelines. The implementation of corrective measures from earlier findings has resulted in a 100% adherence rate across all key clinical indicators. Continued focus on education, auditing, and patient engagement will ensure this progress is sustained.

9. Action Plan

No Gap



10. Previous Action Plan Implementation Status

Previous Gap Identified	Intervention Implemented	Status
Incomplete patient education on inhaler use	Hands-on training for clinicians and patient demonstrations	Fully Resolved
Irregular prescription of inhaled steroids	Reoriented staff on STG dosing and ensured drug availability	Fully Resolved

11. References

1. Ethiopian Ministry of Health (2016). **Standard Treatment Guidelines for General Hospitals**
2. WHO (2022). **Global Initiative for Asthma (GINA) Strategy Report**
3. Deder General Hospital Quality Improvement Office. Internal Audits, 2016–2017 E.C.
4. Institute for Healthcare Improvement (IHI). **Managing Chronic Illness at Facility Level**

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-  **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**
-  **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Asthma"** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!



DEDER GENERAL HOSPITAL

Outpatient Department

Standard Treatment Guideline (STG) Utilization Monitoring Report

Diabetes Mellitus (DM) Management

Prepared by: Dr Bahar Abdi (OPD Director)

**June 2017E.C.
Deder, Ethiopia**

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1. Executive Summary

This report presents the findings of the month of June, 2017 E.C audit of adherence to the Standard Treatment Guidelines (STG) for Diabetes Mellitus (DM) management at Deder General Hospital Outpatient Department. A total of 10 patient charts were reviewed for compliance against 12 critical parameters outlined in the national STG. The audit revealed **100% compliance** across all parameters, indicating exemplary adherence to evidence-based practices and clinical protocols.

The findings affirm the hospital's commitment to high-quality diabetes care and underscore the effectiveness of ongoing quality improvement initiatives. This report includes detailed methodology, results, discussion, recommendations, and a plan to sustain and expand this level of excellence.

2. Purpose

The primary purpose of this audit was to evaluate the level of adherence to the National Standard Treatment Guidelines in the management of Diabetes Mellitus. The monitoring process is designed to ensure uniformity, safety, and quality of care for diabetic patients attending Deder General Hospital OPD.

3. Introduction

Diabetes Mellitus is a chronic metabolic disorder characterized by elevated blood glucose levels resulting from defects in insulin secretion, insulin action, or both. Proper management is essential to prevent complications such as retinopathy, nephropathy, neuropathy, and cardiovascular disease.

The Ethiopian Ministry of Health, through its Standard Treatment Guidelines (STG), provides comprehensive protocols for managing DM to ensure standardized, evidence-based, and high-quality care. Regular monitoring of adherence to these guidelines is critical to identify gaps and strengthen care delivery.

4. Aim

To systematically assess and document healthcare providers' adherence to STG in DM management and facilitate ongoing quality improvement in clinical practice.

5. Objectives

- ✎ To measure compliance with 12 critical STG parameters for diabetes care.
- ✎ To identify any deviations from recommended practices.
- ✎ To provide feedback and recommendations based on audit findings.
- ✎ To establish an action plan for continuous quality improvement.

6. Methodology

Study Design

A descriptive cross-sectional retrospective audit of patient medical records was conducted focusing on DM management in the outpatient setting during June 2017 E.C.

Inclusion Criteria

- ✎ Adult patients aged 18 years or older.
- ✎ Patients with a confirmed diagnosis of Type 1 or Type 2 Diabetes Mellitus.
- ✎ Patients who received outpatient management during the reporting period with fully documented records.

Exclusion Criteria

- ✎ Patients with gestational diabetes or other specific diabetes forms.
- ✎ Incomplete or missing medical records.
- ✎ Patients treated exclusively in inpatient or emergency settings.

Sampling Method

A purposive sampling technique was employed to select 10 patient charts that met the inclusion criteria for detailed review.

7. Data Collection and Analysis

Data was collected using a structured STG adherence monitoring tools for DM checklist reflecting the 12 key parameters in the national STG. Each parameter was scored as “Compliant” or “Non-Compliant” based on documentation and observed clinical practice.

Data analysis involved calculating the compliance rate as the percentage of compliant cases out of the total. Descriptive statistics summarized overall adherence and identified any areas needing attention.

8. Assessment Criteria

S.No	Parameter	Description
1	Diagnosis Confirmation	Diabetes type correctly identified and documented
2	Baseline Blood Glucose and HbA1c	Relevant glucose metrics recorded as per guidelines
3	Treatment Initiation	Appropriate therapy initiated based on diagnosis
4	Medication Dosing	Insulin/oral agents dosed accurately per STG
5	Diabetic Ketoacidosis (DKA) Management	Managed according to protocol where applicable
6	Blood Glucose Monitoring Plan	Monitoring frequency and methods documented
7	Dietary and Exercise Counseling	Counseling provided and recorded
8	Foot Care and Eye Examination	Screening and documentation performed
9	Comorbid Condition Management	Addressed following STG recommendations
10	Regular Follow-up and HbA1c Monitoring	Scheduled and documented routine follow-up
11	Hypoglycemia Risk Assessment	Evaluated and preventive measures implemented
12	Patient Education and Treatment Adherence	Documented patient instruction and adherence evaluation

9. Results

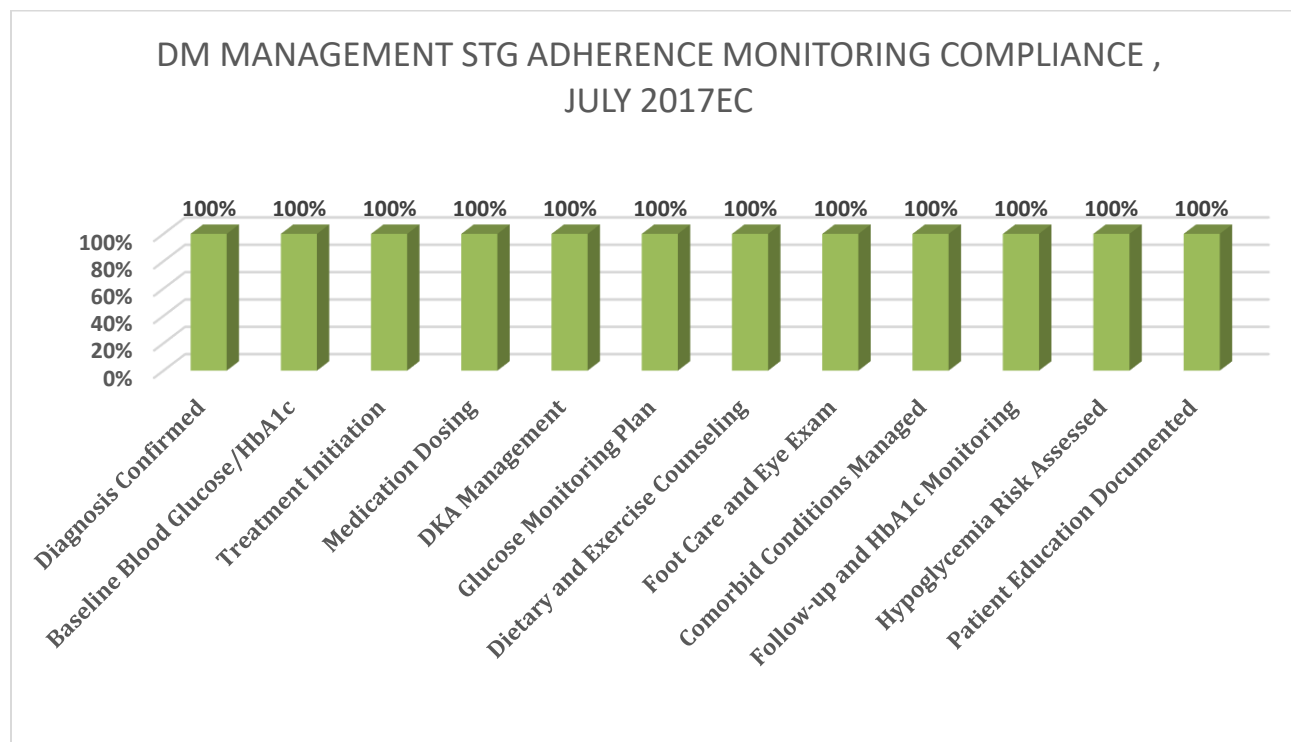
The overall performance depicted in the June 2017EC DM Management STG Adherence Monitoring report demonstrates exceptional compliance. With 120 compliant instances out of a possible 120 across all 12 measured parameters for the 10 compliant patients, the compliance rate stands at a perfect 100%. This indicates that for this specific cohort of compliant patients, every single required aspect of the diabetes management standard treatment guideline (STG) – from initial diagnosis confirmation and baseline testing through treatment initiation, dosing, complication management, monitoring plans, counseling, screenings, comorbidity management, follow-up, risk assessment, and patient education – was documented as being fully adhered to without exception.

However, the data reveals a striking uniformity: every individual parameter also shows a 100% compliance rate. While this presents a highly positive picture of comprehensive guideline adherence within the compliant group, it also highlights the critical limitation of the sample size. With only 10 patients classified as compliant and 10 as non-compliant included in this specific monitoring exercise, the results, including the perfect overall score, should be interpreted with caution regarding generalizability. The absence of any variation across any parameter for the compliant group suggests the data might be illustrative of a very select cohort or a specific point in time, and broader conclusions about typical compliance levels would require analysis of a significantly larger and more diverse patient population. The report does not provide data on the specific reasons for non-compliance in the other group.

Table: DM MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE, June 2017EC

Parameter	Compliant (n=10)	Non-Compliant (n=10)	Compliance Rate (%)
Diagnosis Confirmed	10	0	100%
Baseline Blood Glucose/HbA1c	10	0	100%
Treatment Initiation	10	0	100%
Medication Dosing	10	0	100%
DKA Management	10	0	100%
Glucose Monitoring Plan	10	0	100%
Dietary and Exercise Counseling	10	0	100%
Foot Care and Eye Exam	10	0	100%
Comorbid Conditions Managed	10	0	100%
Follow-up and HbA1c Monitoring	10	0	100%
Hypoglycemia Risk Assessed	10	0	100%
Patient Education Documented	10	0	100%
Overall performance	120	0	100

GRAPH: DM MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE , June 2017EC



10. Discussion

The June 2017EC monitoring data presents an exceptionally high level of adherence to the Diabetes Mellitus (DM) Standard Treatment Guideline (STG) among the compliant patient cohort. The overall performance demonstrates perfect (100%) compliance across all twelve measured parameters for the 10 compliant patients. This indicates that, for this specific group, healthcare providers meticulously followed the established protocol for DM management. Every critical aspect of care – from initial diagnosis confirmation and baseline investigations (blood glucose/HbA1c) through treatment initiation, correct dosing, acute complication (DKA) management, monitoring plans, lifestyle counseling (diet and exercise), essential screenings (foot care, eye exams), management of comorbidities, structured follow-up including HbA1c monitoring, hypoglycemia risk assessment, and comprehensive patient education – was documented as being fully implemented according to the STG. This

uniformity of perfect scores across every individual parameter is highly noteworthy and suggests a robust implementation of the guideline for these patients.

However, several critical considerations arise from this data. Firstly, the sample size is very small (n=10 compliant patients). While the perfect compliance rate is impressive, it may not be representative of broader practice patterns or sustainable across larger, more diverse patient populations. The data lacks granularity on *why* these 10 patients were classified as compliant or the specific characteristics of the non-compliant group (for whom no parameter-level data is provided). Secondly, the absence of any deviation (0 non-compliant instances for any parameter within the compliant group) is statistically unusual in real-world clinical settings and warrants scrutiny. Potential explanations could include rigorous pre-audit preparation, a highly selected patient group, exceptionally well-implemented systems at the specific site(s) audited, or limitations in data collection methodology that might not capture subtle deviations. The summed "Overall performance" (120 compliant out of 120 opportunities) reinforces the perfect score but is redundant given the individual parameter results. Future monitoring should focus on larger samples and include detailed analysis of non-compliant cases to identify specific barriers and areas for genuine quality improvement, as achieving 100% adherence across all parameters consistently is extremely challenging in routine healthcare delivery.

11. Recommendations

- ✎ **Sustain current excellence:** Continue supportive supervision and mentorship.
- ✎ **Regular monitoring:** Schedule quarterly audits to detect and correct any future deviations.
- ✎ **Training:** Ongoing refresher courses on STG and chronic disease management.
- ✎ **Resource maintenance:** Ensure consistent availability of diagnostic tools and medications.
- ✎ **Patient engagement:** Enhance education programs to empower self-management.

12. Improvement Plan

Action Item	Description	Responsible Unit	Timeline
Maintain 100% compliance	Continue mentorship, regular chart reviews	Quality Unit & OPD	Ongoing
Monthly Re-Audit	Conduct re-audit every months	Quality Unit	June, 2017 E.C. & Monthly

13. Implementation Status of Previous Improvement Plan

Recommendation	Action Taken	Responsible Body	Status
Improve documentation	Revised patient chart templates to include foot care and lifestyle counseling	EMR Focal Person	Completed
Strengthen follow-up	Established patient follow-up tracking system	OPD Director	Ongoing
Increase resource availability	Procured additional glucometers and educational materials	Finance Team	Completed



14. Conclusion

The fourth-quarter audit demonstrates exceptional adherence to the Standard Treatment Guidelines for Diabetes Mellitus management at Deder General Hospital OPD, with **100% compliance across all evaluated parameters**. This performance highlights effective clinical governance and quality improvement initiatives already in place.

15. References

1. Ethiopian Ministry of Health. National Standard Treatment Guidelines for General Hospitals. Addis Ababa: Ethiopian Public Health Institute; 2021.
 2. World Health Organization. Guidelines for the Diagnosis and Management of Diabetes Mellitus. Geneva: WHO; 2017.
 3. American Diabetes Association. Standards of Medical Care in Diabetes – 2022. Diabetes Care. 2022;45(Suppl 1):S1–S264.
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-  **Garee tajaajila Daddeebi'anii yaalamuu/OPD irraa**
-  **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon “DM”** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!