DEDER GENERAL HOSPITAL

NEONATAL INTENSIVE CARE UNIT (NICU)

PREMATURE BIRTH MANAGEMENT

STG UTILIZATION MONITORING REPORT

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Date: ***30/09/2017E.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

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 2 medical records (MRNs) of neonates diagnosed with PNA during the period of **May 01-30, 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**: CRITEREA 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 performance in the management of preterm birth was exceptionally high, with a compliance rate of 97% across all assessed standards. Out of 150 possible compliant instances, 146 were fully adhered to, while only four instances of non-compliance were recorded. This near-perfect adherence reflects a well-structured and effectively implemented protocol for neonatal care, ensuring that critical interventions were consistently followed. The high compliance rate suggests that healthcare providers were highly diligent in applying standardized procedures, contributing to optimal outcomes for preterm neonates **(figure 1).**

A closer examination of individual standards revealed that 13 out of 15 criteria achieved full compliance (100%). Key areas such as measuring neonatal temperature upon admission, correctly classifying hypothermia, and initiating prompt rewarming demonstrated flawless performance. Other critical interventions, including monitoring vital signs, providing breastfeeding or expressed breast milk, and maintaining thermal care post-rewarming, also showed no deviations. These results highlight the strength of the care protocols and the commitment of healthcare teams to upholding best practices in neonatal management (**Table 2**).

However, two standards had slightly lower compliance rates of 80%: temperature checks every 15–30 minutes during rewarming and hypoglycemia assessment. These gaps, though minor, indicate specific areas where adherence could be improved. Addressing these lapses—through targeted training, reminders, or process refinements—could further enhance the consistency of care. Despite these minor shortcomings, the overwhelmingly high compliance across the board underscores the effectiveness of the current practices and sets a strong foundation for continuous quality improvement in preterm birth management (**Table 2**).

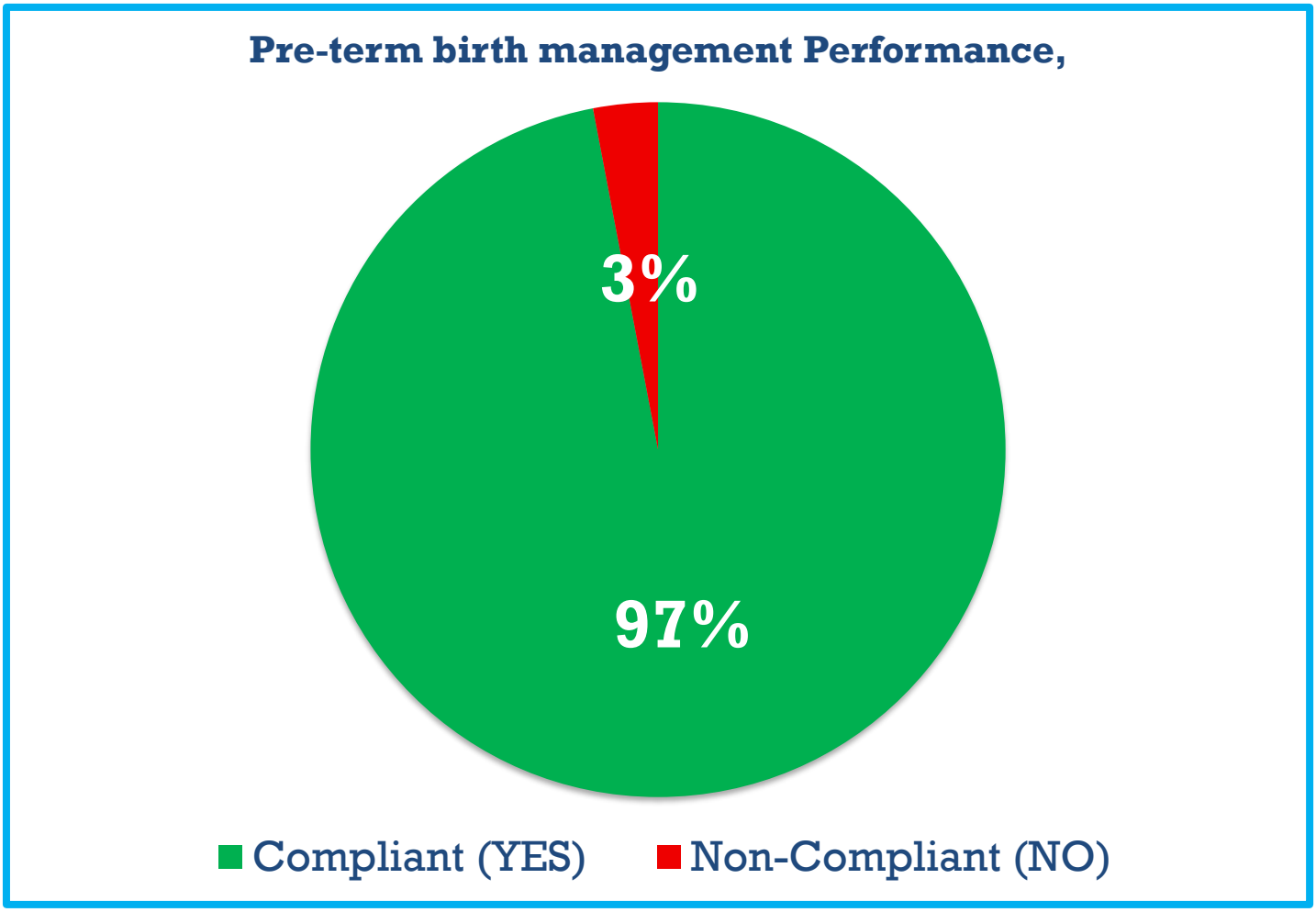

***Figure 1**: STG utilization performance in Management of Preterm Birth, May, 2017.*

Table 2: ***STG utilization performance in Management of Preterm Birth, May, 2017.***

S/N	Standards	**Compliant (YES)**	**Non-Compliant (NO)**	**Compliance Rate (%)**
1.	Neonate's temperature measured upon admission.	10	0	100
2.	Hypothermia correctly classified.	10	0	100
3.	Vital signs assessed (HR, respiratory rate, oxygen).	10	0	100
4.	Rewarming initiated promptly.	10	0	100
5.	Rewarming method used (KMC, radiant warmer, etc.).	10	0	100
6.	Rewarming rate monitored.	10	0	100
7.	Temperature checked every 15–30 minutes during rewarming.	8	2	80
8.	Vital signs monitored during rewarming.	10	0	100
9.	Hypoglycaemia assessed (blood glucose testing).	8	2	80
10.	Neonate monitored for signs of infection/sepsis.	10	0	100
11.	Breastfeeding or expressed breast milk provided.	10	0	100
12	IV fluid or nasogastric feeding initiated (if severe).	10	0	100
13	Temperature monitored post-rewarming.	10	0	100
14	Thermal care maintained to prevent reoccurrence.	10	0	100
15	All interventions documented in medical records.	10	0	100
	Overall Compliance Rate	**146/150**	**4/150**	**97%**

DISCUSSION

The findings of this study demonstrate an exceptionally high level of compliance (97%) with standardized protocols in the management of preterm birth, reflecting strong adherence to evidence-based neonatal care practices. The near-universal compliance across most standards—particularly in critical areas such as temperature monitoring, rewarming, and infection prevention—suggests that healthcare providers are well-trained and consistently follow established guidelines. This high adherence rate is likely a result of structured protocols, regular staff training, and effective monitoring systems, all of which contribute to improved neonatal outcomes. The absence of non-compliance in 13 out of 15 criteria further reinforces the robustness of the implemented care strategies.

Despite the overall success, the study identified two areas with slightly lower compliance (80%): frequent temperature checks during rewarming and hypoglycemia assessment. These gaps may stem from workflow challenges, such as high patient loads leading to missed checks, or a lack of immediate recognition of hypoglycemia risks in preterm neonates. Previous research has shown that frequent monitoring during rewarming is crucial to prevent complications like overheating or rebound hypothermia, while hypoglycemia screening is essential for avoiding neurological sequelae. Addressing these minor deviations through targeted interventions—such as automated reminders, additional training, or streamlined documentation—could further optimize compliance and enhance patient safety.

The study's results align with existing literature emphasizing the importance of protocol-driven care in reducing neonatal morbidity and mortality. The high compliance rates observed in this setting may serve as a benchmark for other healthcare facilities aiming to improve preterm birth management. Future research could explore the long-term impact of such adherence on neonatal outcomes, as well as the effectiveness of quality improvement initiatives in sustaining compliance. Overall, these findings underscore the success of structured neonatal care protocols while highlighting opportunities for minor refinements to achieve near-perfect adherence across all standards.

RECOMMENDATIONS

- Monitor temperature of neonate regularly
- Monitor blood glucose of neonate

Table 3: *The improvement Plan, May 2017E.C*

S/N	GAPS	Area to be improved	Responsible body	Timeframe
1.	Monitor temperature of neonate regularly	Provide written feedback	IP Director	Until June 30, 2017E.C
2.	Monitor blood glucose of neonate	Provide written feedback	IP Director	Until June 30, 2017E.C

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- **Garee tajaajila NICU irraa**
- **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: **waa'ee Gabaasa STG protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "PTB"** Jedhamu kan **ji'a 9ffaa** bara **2017** xalayaa **Fuula 12** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!