



DEDER GENERAL HOSPITAL

Outpatient Department

Standard Treatment Guideline (STG) Utilization Monitoring Report

Diabetes Mellitus (DM) Management

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June 2017E.C.

Deder, Ethiopia

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1. Executive Summary

This report presents the findings of the month of June, 2017E.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

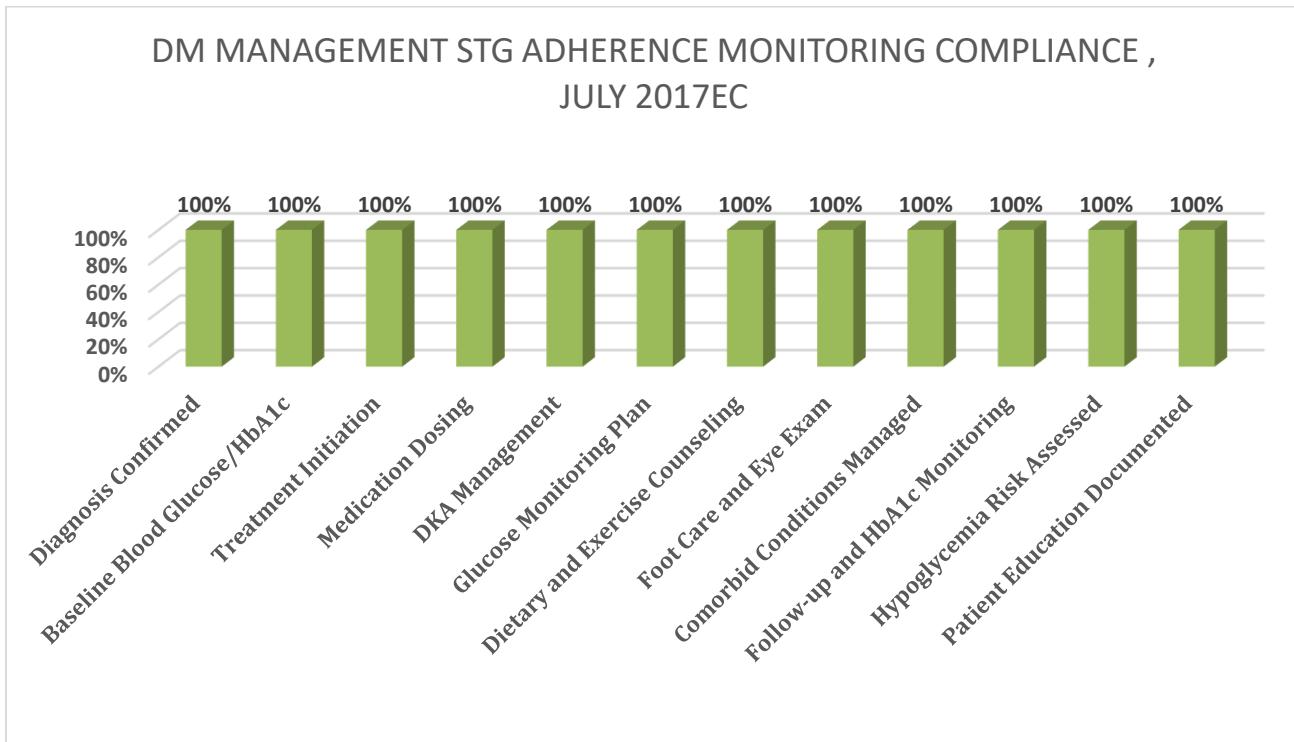
9. Results

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.
 4. Fashner J, Gitu AC. Diagnosis and Treatment of Diabetes Mellitus. *Am Fam Physician*. 2015;91(4):236–242.
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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 ibsamuuuf 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!!