DEDER GENERAL HOSPITAL

Standard Operating Procedure (SOP) for Sustaining Improvement in Diabetes Patient Knowledge

BY: HSQU

March 2025

Deder, Eastern Ethiopia

SMT SOP APPROVAL

TITLE	**SOP for Sustaining Improvement in Diabetes Patient Knowledge** **Version: DGH-SOP-OR-005**			
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REVIEW	**Review date: March 2026**			

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1.0 PURPOSE

To establish a standardized, multidisciplinary process for continuous diabetes patient education to sustain the improvement in patient knowledge from 60% to >90%, improve glycemic control, reduce diabetes-related complications, and decrease emergency department visits.

2.0 SCOPE

This SOP applies to all healthcare providers (physicians, nurses, health literacy focal persons, pharmacists) involved in the care of diabetes patients in the Deder General Hospital Chronic Care OPD.

3.0 DEFINITIONS

- **Diabetes Knowledge Score:** The percentage of correct answers on a standardized 10-question assessment tool covering diet, medication, self-monitoring, complication recognition, and lifestyle.
- **Structured Feedback:** A formal process where a healthcare provider reviews the knowledge audit results with the patient, addressing gaps immediately after the assessment.
- **Focus Group Discussion (FGD):** A facilitated group discussion with diabetes patients to share experiences, address common challenges, and provide peer-to-peer education.
- **Standard Treatment Guideline (STG):** The hospital-approved booklet for diabetes management used to standardize education and treatment practices.

4.0 RESPONSIBILITIES

- **Chronic Care OPD Head:** Oversees the entire process, ensures compliance, chairs monthly performance review meetings, and is accountable for sustaining knowledge levels.
- **Attending Physician/Nurse:** Conducts the knowledge audit and structured feedback session during each patient consultation. Prescribes according to STG.
- **HLU Focal Person:** Coordinates and facilitates monthly FGDs, maintains educational materials, and compiles monthly knowledge audit data.
- **Pharmacy Head:** Ensures consistent availability of essential diabetes medications and supplies as per the STG.
- **QI Unit/Data Clerk:** Maintains the Diabetes Knowledge dashboard, generates monthly reports, and supports data analysis.

5.0 PROCEDURE

5.1 Initial Patient Assessment & Knowledge Audit (Every Visit)

- Upon check-in for a scheduled appointment, the nurse provides the patient with the **Diabetes Knowledge Audit Tool** (Annex 2).
- The patient completes the 10-question tool while waiting for the physician.
- The tool is collected and scored by the nurse before the consultation.

5.2 Structured Patient Education & Feedback (During Consultation)

- The **Attending Physician/Nurse** uses the scored audit tool to guide the consultation.
- The provider conducts a **5–7-minute structured feedback session**, focusing on the questions the patient answered incorrectly, using the STG as a reference for accurate information.

- Key topics (medication adherence, diet, foot care, warning signs) are reinforced.
- The provider documents the completion of the feedback session in the patient's chart.

5.3 Monthly Focus Group Discussions (FGDs)

- The **HLU Focal Person** schedules a monthly FGD and identifies participants from the recent patient list.
- A specific theme is chosen for each FGD (e.g., "Healthy Eating," "Managing Medication," "Preventing Complications").
- The FGD is facilitated to encourage experience sharing and problem-solving among patients.
- Attendance and key discussion points are recorded in the **FGD Log** (Annex 3).

5.4 Quarterly Staff Training & STG Review

- The **Chronic Care OPD Head** and **HLU Focal Person** will conduct a brief (1-hour) refresher training for all OPD staff every quarter.
- Training will focus on effective communication techniques, updates to the STG, and reviewing the knowledge audit tool.
- Attendance at these sessions is mandatory for all clinical staff in the Chronic Care OPD.

5.5 Data Monitoring & Feedback (Monthly)

- The **HLU Focal Person** compiles the knowledge audit scores from a random sample of 30 patients per month.
- The **QI Unit** generates a monthly report (see Annex 4 for monitoring tool) and updates the dashboard.
- The **Chronic Care OPD Head** leads a Monthly Performance Meeting to:

- Review the average knowledge score and trend.
- Review FGD attendance and feedback.
- Identify common knowledge gaps from the audit tools.
- Discuss challenges and propose solutions.

6.0 DOCUMENTATION

- Diabetes Knowledge Audit Tool (Annex 2)
- FGD Attendance and Topic Log (Annex 3)
- Monthly QI Monitoring Report (Annex 4)
- Monthly Performance Meeting Minutes

7.0 REVIEW OF SOP

This SOP shall be reviewed **annually** by the Chronic Care OPD Head, HLU, and HSQU to ensure its ongoing effectiveness and relevance.

ANNEX

Sustainability Checklist for DM Knowledge QI Project

Domain	Checklist Item	Status (Yes/No/Partial)
Leadership & Commitment	DM knowledge integrated into Chronic Care OPD quality targets	
Process Adherence	Knowledge audit conducted at ≥90% of patient visits	
Process Adherence	Structured feedback provided based on audit results	
Process Adherence	Monthly FGDs conducted as scheduled	
Training & Awareness	Quarterly staff refresher training conducted	
Resources	STG booklets available and used in every consultation	
Monitoring & Evaluation	Monthly knowledge score calculated and reviewed	
Monitoring & Evaluation	Quarterly report submitted to hospital management	
Patient Outcomes	Average knowledge score maintained at >90%	
Balancing Measure	Diabetes-related ED visits maintained at or below baseline	

***Instructions**: Complete this checklist **quarterly**. "Status" should be marked based on data and observation. "Remarks" should note gaps, root causes, or actions needed. Reviewed by: Chronic Care OPD Head & QI Unit*

Diabetes Knowledge Audit Tool

Facility: Deder General Hospital

Department: Chronic Care OPD

Date: //___

Patient ID: _____

SN	Assessment Question	YES/NO
Knowledge Part		
1	Know the term "Diabetes"	
2	Know the impact of Diabetes	
3	Know the cause of Diabetes	
4	Know the risk factors of Diabetes	
5	Understand the importance of lifestyle changes for Diabetes management	
6	Know that exercise is important for Diabetes management	
7	Can people stabilize their blood glucose levels?	
8	Know that even a slight normalization of blood sugar improves health	
Awareness part		
9	Have you been told by a doctor that you have Diabetes?	
10	Did a healthcare provider inform you of your target blood sugar level?	
11	Knowledge about medication intake for Diabetes	
12	Knowledge about self-testing blood sugar levels	
13	Knowledge of reliable sources of Diabetes information	
14	Have your doctors informed you about Diabetes signs and symptoms?	
15	Awareness of Diabetes risk factors	
16	Knowledge of potential complications of Diabetes	
17	Knowledge of how to reduce Diabetes risk	
Total		

FGD Attendance and Topic Log

FIELD	ENTRY
Date of FGD:	
Theme/Topic:	
Facilitator:	
Number of Attendees:	

Attendee List (Optional – for tracking repeat participation)

NO.	PATIENT ID / NAME (OPTIONAL)	SIGNATURE OR INITIAL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
...		

Summary of Key Discussion Points / Lessons Learned:

#	KEY POINT DISCUSSED	PATIENT INSIGHT / QUOTE (OPTIONAL)
1		
2		
3		
4		
5		

Action Items for Next FGD:

#	ACTION ITEM	RESPONSIBLE PERSON	TARGET DATE	STATUS (OPEN/CLOSED)
1				
2				
3				

Facilitator's Notes / Follow-up Required:

_____

_____

_____

Signature of Facilitator: _____

Date Completed: _____

12-Month Focus Group Discussion (FGD) Topic Calendar

For Chronic Care OPD – Deder General Hospital

MONTH (2017 E.C.)	THEME/TOPIC	RATIONALE & KEY FOCUS
Meskerem	Understanding Your Diabetes Diagnosis	Start the year with foundational knowledge: Type 1 vs Type 2, how insulin works, why control matters.
Tikimt	How to Use Your Glucose Meter Correctly	Practical session on checking blood sugar, interpreting numbers, and recording results.
Hidar	Healthy Eating on a Budget (Local Foods)	Focus on affordable, culturally appropriate foods (injera, shiro, veggies) and portion control.
Tahsas	Managing Medicines: When, Why & How	Reinforce adherence, explain side effects, storage, what to do if you miss a dose.
Tir	Foot Care & Preventing Ulcers	Demonstrate daily foot checks, proper footwear, nail care — critical in rural settings.
Yekatit	Recognizing & Treating Low Blood Sugar (Hypoglycemia)	Signs, symptoms, emergency response with local remedies (e.g., sugar, honey, fruit).
Megabit	Staying Active: Simple Exercises for Daily Life	Walking, farming modifications, home exercises — link activity to sugar control.
Miazia	Managing Diabetes During Fasting (e.g., Lent)	Safe fasting practices, when to break fast, hydration, adjusting meds with provider.
Ginbot	Preventing Complications: Eyes, Kidneys, Heart	Explain screening importance, symptoms to watch for, and early intervention.
Sene	Stress, Sleep & Diabetes Control	How emotions and poor sleep affect sugar; coping strategies, relaxation techniques.
Hamle	Traveling & Eating Out with Diabetes	Planning ahead, smart choices at social events, carrying snacks/meds while traveling.
Nehase	My Diabetes Success Story + Goal Setting	Peer sharing + setting personal goals for next year. Review progress, celebrate wins!

QI Team Monitoring Tool

Department: Chronic Care OPD

Project: Sustaining Diabetes Patient Knowledge

Reporting Month: _____

Prepared by: _____

Reviewed by: _____

1. Key Performance Indicators (KPIs)

Indicator	Definition	Target	Current Month	Status
Avg. Knowledge Score	Average score from monthly patient audits	>90%	___ %	
FGD Attendance Rate	(# of attendees / # invited) x 100	>50%	___ %	
Process Compliance	% of patient visits with completed audit & feedback	>90%	___ %	
ED Visits (Diabetes)	Number of ED visits with primary dx of diabetes complication	< Baseline*	___	

**Baseline to be established from pre-QIP data.*

2. Process Monitoring

Activity	Planned Frequency	Actual Conducted	% Achieved	Remarks
Patient Knowledge Audits	Daily	___	___ %	
Structured Feedback Sessions	Daily	___	___ %	
Monthly FGDs	1 per month	___	___ %	
Quarterly Staff Training	1 per quarter	___	___ %	

3. Challenges Identified

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4. Corrective Actions & Recommendations

Issue Identified	Corrective Action	Responsible Person	Timeline	Status

5. Summary & Way Forward

Overall Knowledge Status This Month: _____

Next Steps / Priority Actions