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**DEDER GENERAL HOSPITAL**

**Outpatient Department (OPD)**

**Standard Treatment Guideline  
(STG) Utilization Monitoring Report**

**Diabetes Mellitus (DM)  
Management**

**4th Quarter Report – July 2017 E.C.**

**Prepared by: Quality Improvement Unit**

**July 2017 E.C.  
Deder, ETHIOPIA**

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# 1. Executive Summary

This report presents the findings of the fourth-quarter 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.

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## 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.

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## 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.

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## 4. Aim

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

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## 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.
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## 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 July 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.

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## 7. Data Collection and Analysis

Data was collected using a structured audit 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

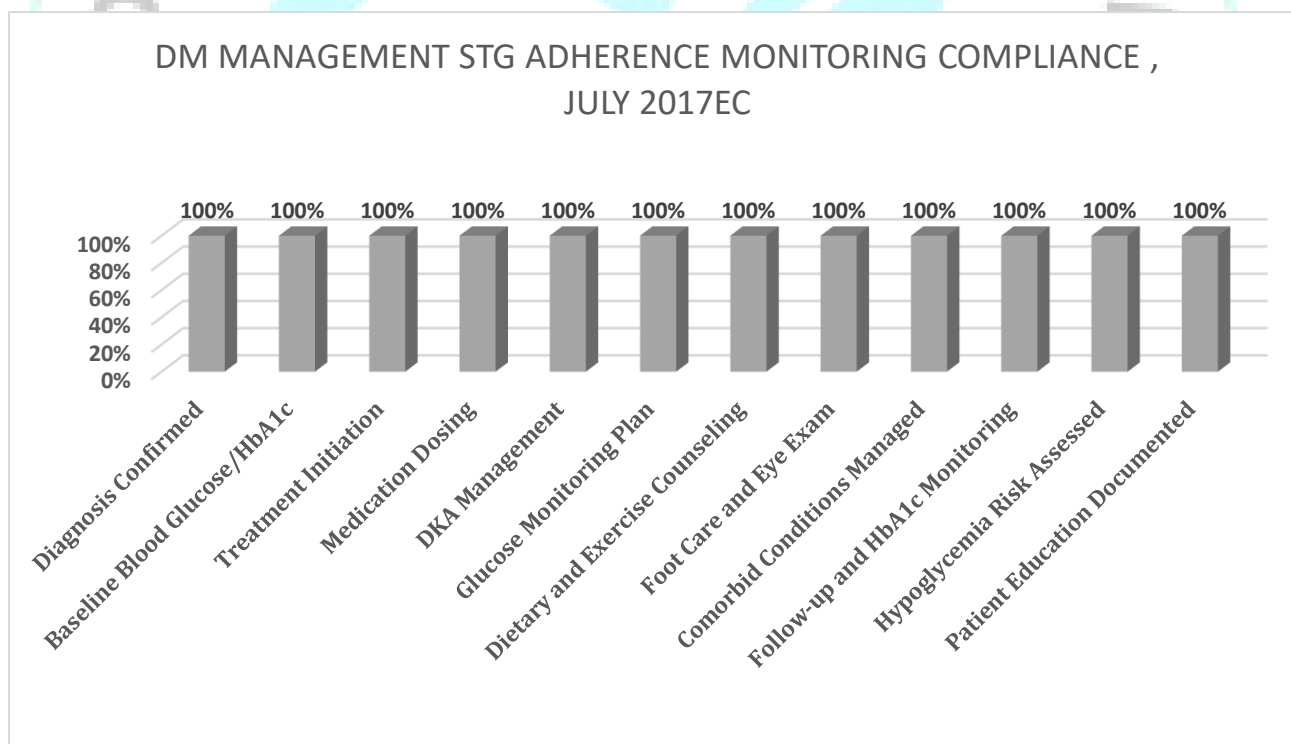
## 9. Results

All 10 charts met every parameter indicating **100% compliance** for the quarter. This includes critical aspects such as diagnosis confirmation, appropriate treatment initiation, blood glucose monitoring, and patient education.

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%

**GRAPH: DM MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE , JULY 2017EC**



## 10. Discussion

The **100% compliance rate** observed in this audit underscores a remarkable level of adherence to the STG in diabetes management at Deder General Hospital OPD. This result is reflective of:

- Strong institutional commitment to evidence-based clinical guidelines.
- Effective training and continuous professional development for healthcare providers.
- Availability of essential diagnostic tools and medications.
- Well-established patient education and follow-up systems.

Maintaining this high level of compliance contributes directly to improved glycemic control, reduced acute and chronic complications, and enhanced patient quality of life.

Sustaining these gains requires continued monitoring, reinforcing clinical skills, and ensuring uninterrupted supply of necessary resources.

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## 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.

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## 12. Improvement Plan

Action Item	Description	Responsible Unit	Timeline
Maintain 100% compliance	Continue mentorship, regular chart reviews	Quality Unit & OPD	Ongoing
Quarterly Re-Audit	Conduct re-audit every 3 months	Quality Unit	Oct 2017 E.C. & quarterly

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## 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.

Sustaining this performance through regular audits, training, and resource management will be essential for continued patient safety and clinical excellence.

## 15. References

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