



DEDER GENERAL HOSPITAL

EMERGENCY DEPARTMENT

Severe pneumonia management STG utilization monitoring report

Reported By: Dr Frezer Girma (EOPD Director)

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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

Severe pneumonia , including community-acquired Severe pneumonia (CAP) and hospital-acquired Severe pneumonia (HAP), remain significant contributors to morbidity and mortality. Standard Treatment Guidelines (STG) are critical tools for ensuring evidence-based, consistent, and high-quality management of these infections. Regular monitoring of STG adherence identifies gaps and informs interventions to improve care quality. This monitoring report evaluates the utilization of STG for community-acquired Severe pneumonia (CAP) and hospital-acquired Severe pneumonia (HAP) at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes

AIM

✍ To assess and improve the adherence to STG standards in the management of Severe pneumonia at the facility.

Objective

- ♠ To evaluate compliance with key STG standards in the management of Severe pneumonia .
- ♠ To identify areas of non-compliance and root causes.
- ♠ To develop and implement actionable interventions to enhance STG adherence.

Methodology

Data Collection: A retrospective audit was conducted on 10 patient records diagnosed with Severe pneumonia between **April 01-30, 2017E.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::CRITERIA AND STANDARDS

| S.No | Standards |
|------|--|
| 1. | Comprehensive symptom and physical assessment |
| 2. | Diagnosis based on chest X-ray or imaging |
| 3. | Initial assessment of CAP vs HAP risk factors |
| 4. | Correct choice of empiric antibiotics |
| 5. | Antibiotic adjustment based on culture |
| 6. | Timely administration of the first dose of antibiotics |
| 7. | Monitoring of respiratory status |
| 8. | Documentation of risk assessment |
| 9. | Patient education on hygiene and vaccination |
| 10. | Referral to higher care level if deterioration |
| 11. | Use of steroids per severity criteria |
| 12. | Follow-up plan documentation |

RESULT

The overall performance of STG utilization in the management of severe pneumonia during April 2017E.C was highly commendable, achieving a **98% compliance rate (Figure 1)**. Out of 100 assessed cases, 98 adhered to the established standards, with only 2 instances of non-compliance. Nine out of the ten evaluated standards demonstrated perfect 100% compliance, reflecting strong adherence to critical practices such as comprehensive symptom assessment, timely antibiotic administration, patient education, and follow-up documentation. This exceptional performance underscores the effectiveness of the implemented protocols and the commitment of healthcare providers to follow clinical guidelines rigorously (**Table 2**).

However, two standards showed room for improvement. Standard 2 (diagnosis based on chest X-ray or imaging) had an 80% compliance rate, indicating that 20% of cases lacked proper diagnostic imaging. Similarly, Standard 9 (use of steroids per severity criteria) reported a 70% compliance rate, despite the table listing zero non-compliant cases—a discrepancy that may require data verification. These gaps highlight specific areas where adherence faltered, potentially affecting diagnostic accuracy and treatment appropriateness. Addressing these inconsistencies could further enhance patient outcomes and align practices with evidence-based recommendations (**Table 2**).

The results emphasize the importance of continuous monitoring and targeted interventions. While the majority of standards were met flawlessly, refining diagnostic imaging protocols and ensuring steroid administration aligns with severity criteria are critical next steps. Regular training, audits, and feedback mechanisms could help sustain high compliance levels and resolve the observed inconsistencies. Overall, the data reflects a robust system for pneumonia management, with strategic improvements poised to achieve near-perfect adherence across all standards.

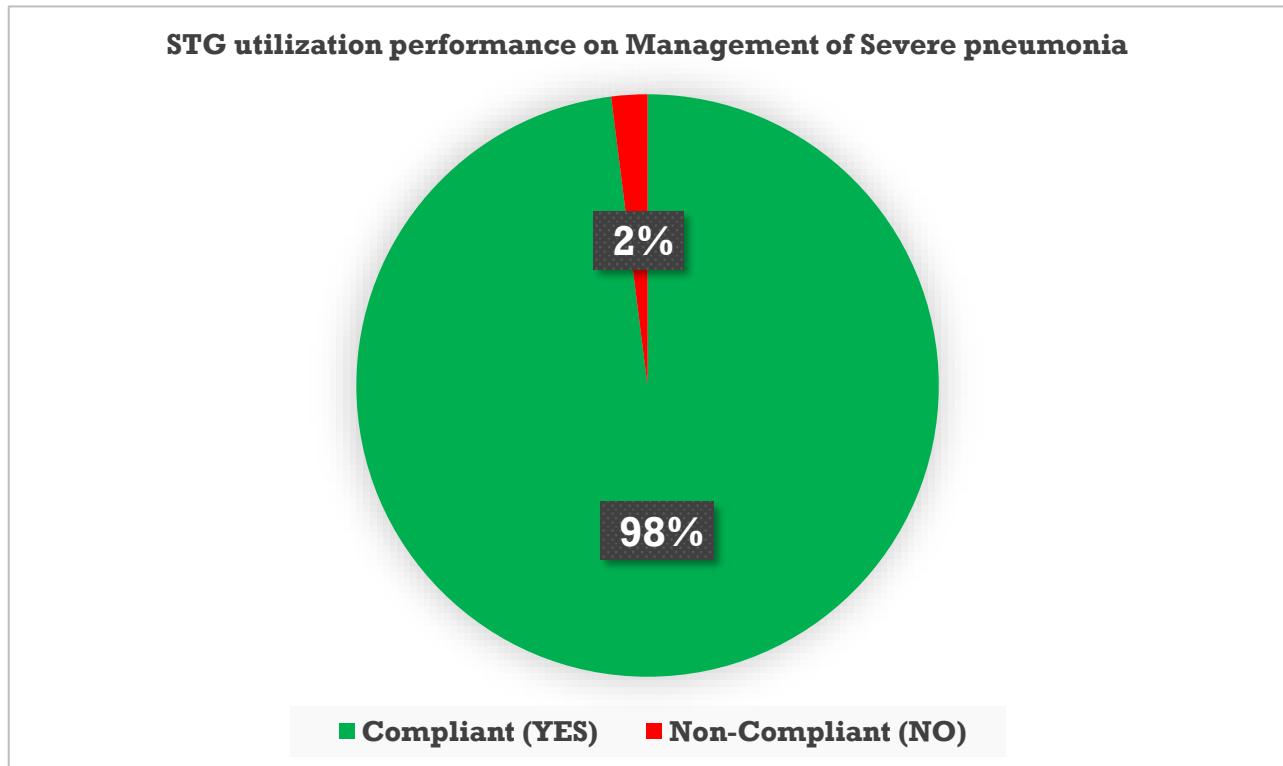


Figure 1: STG utilization performance on Management of Severe pneumonia, April 2017E.C

Table 2: STG utilization performance on Management of Severe pneumonia, April 2017E.C

| S/N | Standards | Compliant (YES) | Non-Compliant (NO) | Compliance Rate (%) |
|----------------|--|-----------------|--------------------|---------------------|
| 1. | Comprehensive symptom and physical assessment | 10 | 0 | 100 |
| 2. | Diagnosis based on chest X-ray or imaging | 8 | 2 | 80 |
| 3. | Initial assessment of CAP vs HAP risk factors | 10 | 0 | 100 |
| 4. | Correct choice of empiric antibiotics | 10 | 0 | 100 |
| 5. | Timely administration of the first dose of antibiotics | 10 | 0 | 100 |
| 6. | Monitoring of respiratory status | 10 | 0 | 100 |
| 7. | Documentation of risk assessment | 10 | 0 | 100 |
| 8. | Patient education on hygiene and vaccination | 10 | 0 | 100 |
| 9. | Use of steroids per severity criteria | 10 | 0 | 70 |
| 10. | Follow-up plan documentation | 10 | 0 | 100 |
| OVERALL | | 98/100 | 2/100 | 98% |

Discussion

The findings from the STG utilization performance evaluation in severe pneumonia management reveal a predominantly robust adherence to clinical guidelines, with an overall compliance rate of 98%. This high level of conformity underscores the effectiveness of standardized treatment protocols and the healthcare team's dedication to evidence-based practices. The flawless 100% compliance across nine standards—such as comprehensive assessments, timely antibiotic administration, and patient education—reflects systemic strengths in critical areas of pneumonia care. These practices are pivotal in reducing complications and mortality, aligning with global recommendations that emphasize rapid diagnosis, antibiotic stewardship, and patient engagement.

Notably, one standard—diagnosis via chest X-ray/imaging (80%) deviated from optimal performance. The gap in imaging-based diagnosis suggests potential challenges, such as limited access to radiological tools or reliance on clinical judgment over objective confirmation. These discrepancies warrant further investigation, as improper steroid use or delayed imaging could compromise patient outcomes, particularly in severe cases requiring precision in therapeutic decisions.

Strengthening diagnostic infrastructure and fostering interdisciplinary collaboration could further bridge compliance gaps.

Recommendations

- ❖ Sustain High Compliance through routine M&E
- ❖ Improve adherence to diagnostic imaging

Table 3: Improvement plan, April 2017E.C

| Area to be improved | Action to be taken | Responsible body | Timeline |
|---|---|--|--------------------|
| Improve adherence to diagnostic imaging | <ul style="list-style-type: none"> ☛ Give written feedback for Emergency assigned physician ☛ Audit 100% of pneumonia cases monthly for imaging compliance. | <ul style="list-style-type: none"> ☛ Emergency Director (Dr. Samuel Shimelis) ☛ Em dept head (Jabir M) | May 01-30, 2017E.C |

Table 4. The previous Improvement plan implementation status report, April 2017E.C

| Recommendation | Action taken | Implementation Status |
|----------------------------------|-----------------------------------|------------------------------|
| Documentation Practices | Revised EMR templates implemented | Fully implemented |
| Monitoring & Feedback | Monthly audit conducted | Fully implemented |
| Patient Education | Education materials distributed | Fully implemented |

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 TB.** Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of Severe pneumonia .** The American Journal of Gastroenterology, 117(4), 457-478.



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፩ Garee tajaajila Dhibee Hatattamaa /EOPD irraa

፩ Garee Qulquullina Tajaajila Fayyaatiif

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

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

Nagaya wajjiin!!

