



# **DEDER GENERAL HOSPITAL**

## ***EMERGENCY DEPARTMENT***

### **Diabetic Mellitus (DM) 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

Diabetes Mellitus (DM) is a chronic condition with significant public health implications. Effective management relies on adherence to Standard Treatment Guidelines (STG) to ensure consistency and quality of care. This monitoring report evaluates the utilization of STG for DM at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes.

## AIM

- ✎ To assess adherence to Standard Treatment Guidelines for managing Diabetes Mellitus and enhance the quality of care provided to patients.

## Objective

- ✎ Evaluate the compliance of healthcare providers with STG standards for DM management.
- ✎ Identify gaps and challenges in STG utilization.
- ✎ Provide actionable recommendations to address identified gaps.
- ✎ Develop an action plan with clear responsibilities and timelines.

## Methodology

**Study Design:** Cross-sectional audit of DM case management.

- **Data Collection:**

- ✎ **Sources:** Patient medical records, and audit checklists.
- ✎ Study period: from **May 01-30, 2017E.C**
- ✎ **Sample Size:** **10 cases of DM** management reviewed.
- ✎ **Key Indicators:** Compliance with 12 key STG standards, including diagnosis confirmation, glucose monitoring, dietary counselling, and foot care.

## Data Analysis:

- ✎ Compliance rates were calculated as the percentage of compliant cases out of the total reviewed.
- ✎ Non-compliance trends were identified and categorized.

*Table 1:CRITEREA AND STANDARDS*

S.No	Standards
1.	Diagnosis type confirmed (Type 1, Type 2, etc.)
2.	Baseline blood glucose and HbA1c levels documented
3.	Treatment initiation based on severity and type
4.	Accurate insulin or oral agent dosing based on STG
5.	Administration of DKA management per protocol if required
6.	Monitoring of blood glucose as per protocol
7.	Dietary and exercise counseling provided
8.	Documentation of foot care and eye examination
9.	Adherence to protocol for comorbid conditions
10.	Regular follow-up and HbA1c monitoring
11.	Assessment for hypoglycemia risk and prevention
12.	Documentation of patient education and compliance

## RESULT

The overall performance of STG utilization in the management of diabetes mellitus (DM) in May 2017 E.C. was notably high, with a compliance rate of **93%**. Out of the 120 evaluated standards across 12 categories, 111 were compliant, while only 9 were non-compliant. This indicates that the majority of the standards were adhered to effectively, reflecting a strong implementation of the STG guidelines in DM management during the specified period.

However, the compliance rates varied across individual standards. While some categories, such as diagnosis type confirmation, baseline blood glucose and HbA1c documentation, and treatment initiation based on severity/type, achieved perfect compliance (100%), others showed room for improvement. For instance, regular follow-up and HbA1c monitoring had the lowest compliance rate at 60%, followed by foot care and eye exam documentation at 70%, and blood glucose monitoring at 80%. These areas highlight specific gaps that may require targeted interventions to enhance adherence.

Despite these variations, the high overall compliance rate of 93% demonstrates a robust adherence to STG guidelines in DM management. The consistent performance in critical areas like accurate insulin dosing, DKA management, and patient education underscores the effectiveness of the protocols in place. Addressing the lower-performing standards could further optimize patient care and ensure comprehensive management of diabetes mellitus.

**(Table 2).**

### STG utilization performance on Management of DM

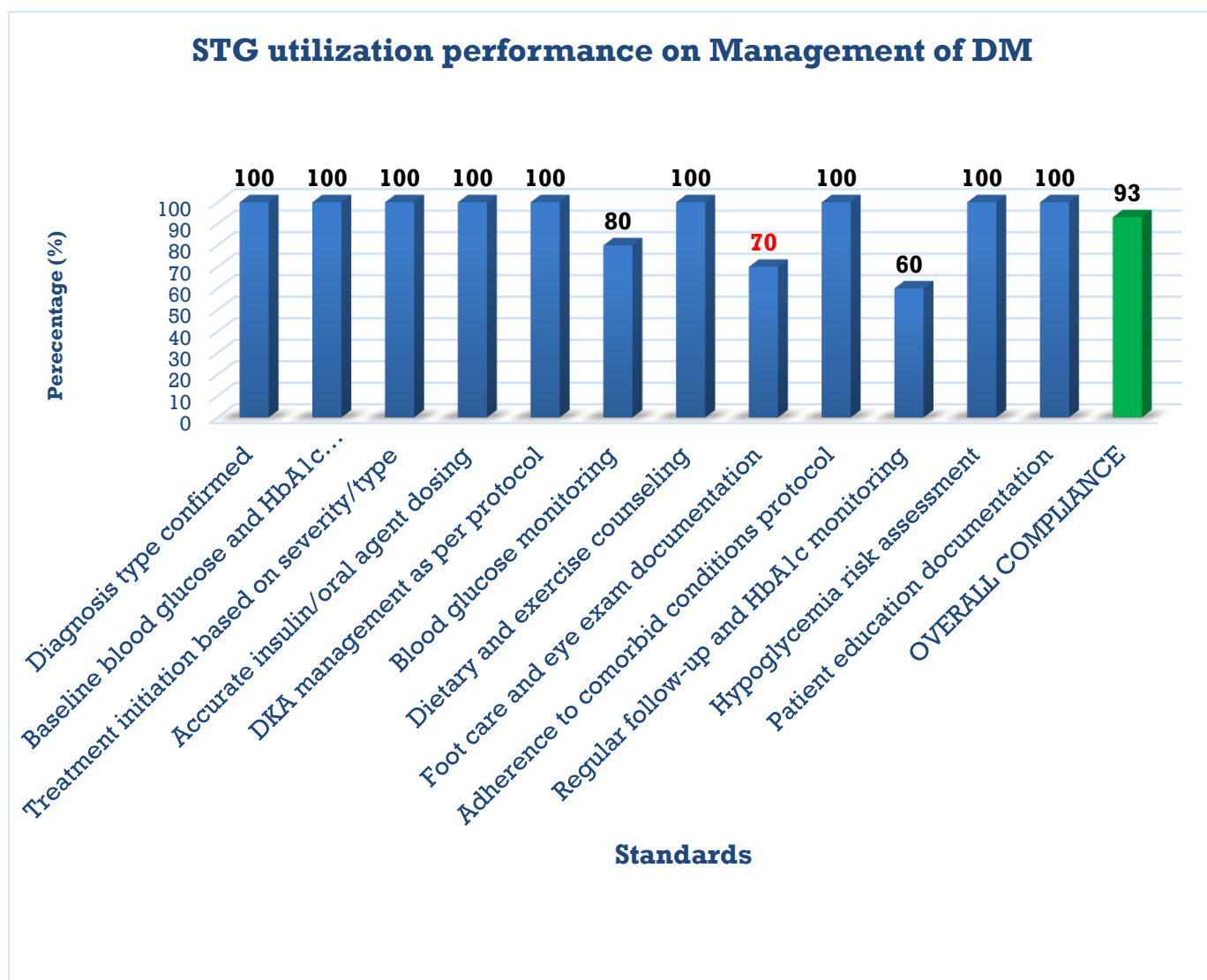


■ Compliant (YES) ■ Non-Compliant (NO)

**Figure 1:** STG utilization performance on Management of DM, May 2017E.C

**Table 2:** STG utilization performance on management of DM, May 2017E.C

S. No	Standards	Compliance (YES)	Non-Compliance (NO)	Compliance (%)
1.	Diagnosis type confirmed	10	0	100
2.	Baseline blood glucose and HbA1c documented	10	0	100
3.	Treatment initiation based on severity/type	10	0	100
4.	Accurate insulin/oral agent dosing	10	0	100
5.	DKA management as per protocol	10	0	100
6.	Blood glucose monitoring	8	2	80
7.	Dietary and exercise counseling	10	0	100
8.	Foot care and eye exam documentation	7	3	70
9.	Adherence to comorbid conditions protocol	10	0	100
10.	Regular follow-up and HbA1c monitoring	6	4	60
11.	Hypoglycemia risk assessment	10	0	100
12.	Patient education documentation	10	0	100
	<b>OVERALL</b>	<b>111/120</b>	<b>9/120</b>	<b>93%</b>



**Figure 2:** STG utilization performance on management of dyspepsia and PUD, May 2017E.C

## DISCUSSION

The findings from this evaluation of STG utilization in diabetes mellitus (DM) management reveal a high overall compliance rate of **93%**, indicating strong adherence to clinical guidelines. This suggests that healthcare providers were effectively implementing standardized protocols for key aspects of DM care, including diagnosis confirmation, treatment initiation, and patient education. Such high compliance in critical areas likely contributes to improved patient outcomes, as structured guidelines help reduce variability in care and ensure evidence-based practices.

However, the analysis also identifies areas with lower compliance, particularly in **regular follow-up and HbA1c monitoring (60%)**, **foot care and eye exam documentation (70%)**, and **blood glucose monitoring (80%)**. These gaps may reflect systemic challenges, such as insufficient follow-up systems, resource limitations, or documentation lapses. Since regular monitoring and preventive care (e.g., foot and eye exams) are crucial in preventing DM complications, targeted interventions—such as staff training, improved reminder systems, or streamlined documentation processes—could enhance compliance in these areas.

The high compliance in most standards suggests that the STG guidelines are well-integrated into clinical practice, but the variability across categories highlights the need for ongoing monitoring and quality improvement initiatives. Future efforts should focus on reinforcing weaker areas while maintaining strengths, ensuring comprehensive and consistent DM management. Additionally, further studies could explore the underlying causes of non-compliance to develop more tailored solutions. Overall, these findings underscore the importance of standardized treatment guidelines in improving diabetes care while identifying opportunities for further optimization.

## RECOMMENDATIONS

✂ Strength foot Care & Eye Exams documentation

✂ Monitor blood glucose protocol

**Table 3: Improvement plan, May 2017E.C**

Area to be improved	Action to be taken	Responsible body	Timeline
Strength foot Care & Eye Exams documentation	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	June 01-30, 2017E.C
Monitor blood glucose protocol	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	June 01-30, 2017E.C

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

Recommendation	Action taken	Implementation Status
<b>Documentation Practices</b>	Document foot Care & Eye Exams	<b>Partially implemented</b>
<b>Monitoring &amp; Feedback</b>	Monthly audit conducted	<b>Fully implemented</b>
<b>Distribute Patient Education materials</b>	Education materials distributed	<b>Fully implemented</b>

## REFERENCES

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Guyyaa/የ?/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ✍ **Garee tajaajila Dhibee Hatattamaa /EOPD irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

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

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon “Diabetic Mellitus (DM) management”** Jedhamu kan **ji'a 9ffaa** bara 2017 xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiiniif beeksiifnaa.

**Nagaya wajjiin!!**

