

# Deder General Hospital

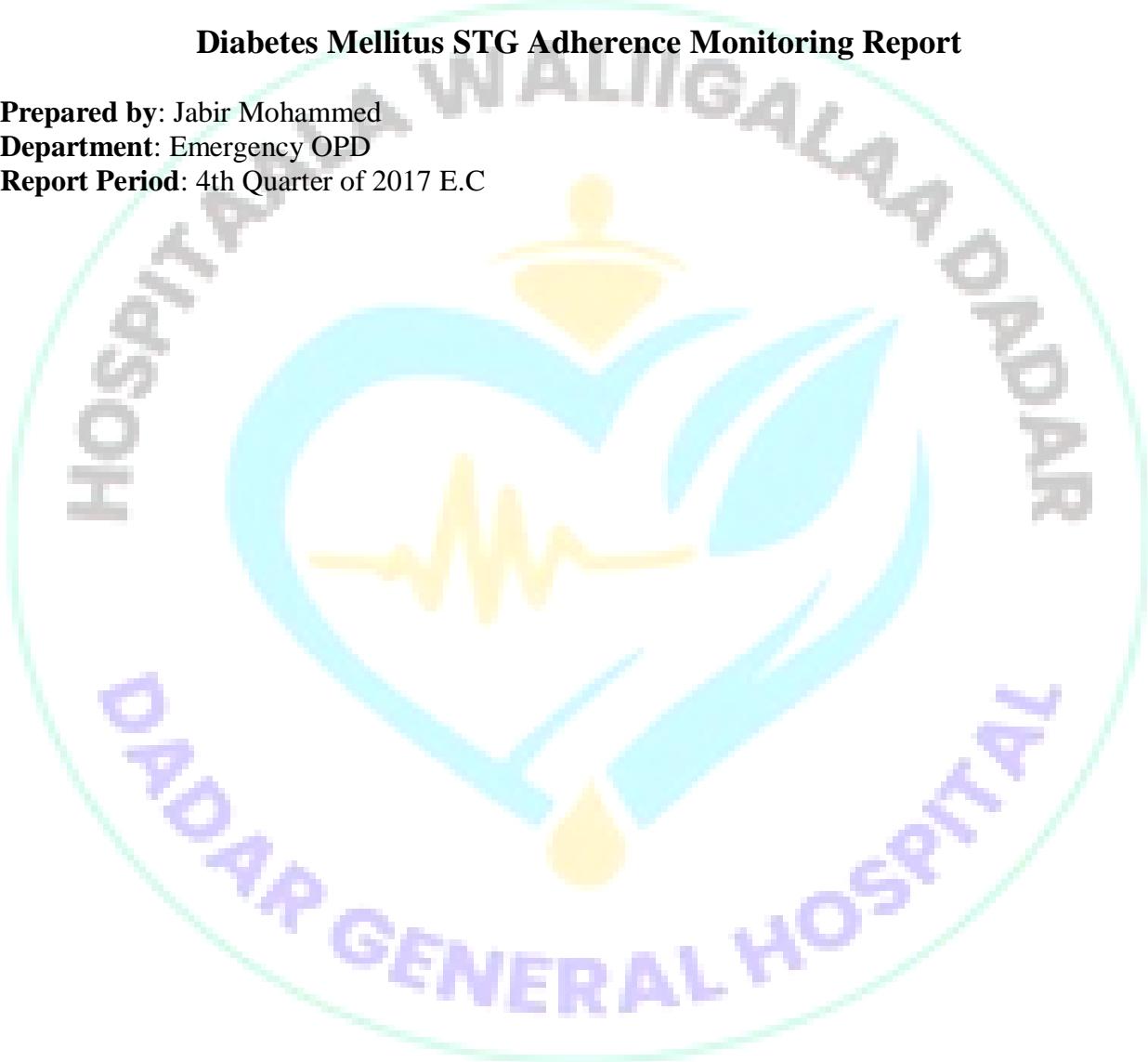
Emergency OPD Case Team

## Diabetes Mellitus STG Adherence Monitoring Report

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Report Period: 4th Quarter of 2017 E.C



Date: July 2017 E.C

Location: Deder, Oromia, Ethiopia

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## **1. Background**

Diabetes Mellitus (DM) is one of the most prevalent chronic diseases affecting patients attending Deder General Hospital. Proper management of diabetes according to national standard treatment guidelines (STG) is essential to ensure early diagnosis, safe treatment, complication prevention, and long-term follow-up. This report evaluates the level of compliance with the diabetes care protocol during the 4th quarter of 2017 E.C.

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## **2. Aim**

To assess the implementation of the national diabetes mellitus management protocol and ensure adherence to key standards of diabetic care.

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## **3. Objectives**

- To evaluate healthcare workers' adherence to the DM protocol.
- To identify strengths and gaps in the delivery of diabetes care.
- To recommend interventions for protocol compliance improvement.
- To ensure quality, safe, and effective chronic disease management.

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## **4. Methodology**

### **4.1 Study Design**

A descriptive audit using a structured checklist.

### **4.2 Study Period**

(4th Quarter of 2017 E.C)

### **4.3 Sample Size**

10 randomly selected patient charts with a diagnosis of Diabetes Mellitus.

### **4.4 Data Collection**

- Patient chart review using a standard 12-point protocol checklist.
- Verification of lab values, documented procedures, education, and follow-up planning.
- Criteria were marked as “Compliant” or “Non-Compliant” based on documented evidence.

## 4.5 Inclusion and Exclusion Criteria

### Inclusion Criteria

- Patient charts with a **confirmed diagnosis of Diabetes Mellitus** (Type 1 or Type 2).
- Charts of patients who received **follow-up care during the 4th quarter of 2017 E.C.** (July 2017 E.C.).
- Patients aged **18 years and above**.
- Charts with **complete clinical records** available during the review period.

### Exclusion Criteria

- Charts of patients with **gestational diabetes mellitus (GDM)** only.
- Incomplete patient charts (missing documentation for two or more key criteria).
- Patients who were **newly diagnosed during emergency visits but not admitted or not followed-up** within the review period.
- Patients transferred in from other facilities without full clinical documentation.

## 5. Results

Out of the 10 reviewed patient charts:

- **11 of 12 criteria (91.6%) showed 100% compliance**
- Only "Foot Care and Eye Examination" scored 50% compliance

**Table 1: Diabetes Mellitus Protocol Compliance – July 2017 E.C**

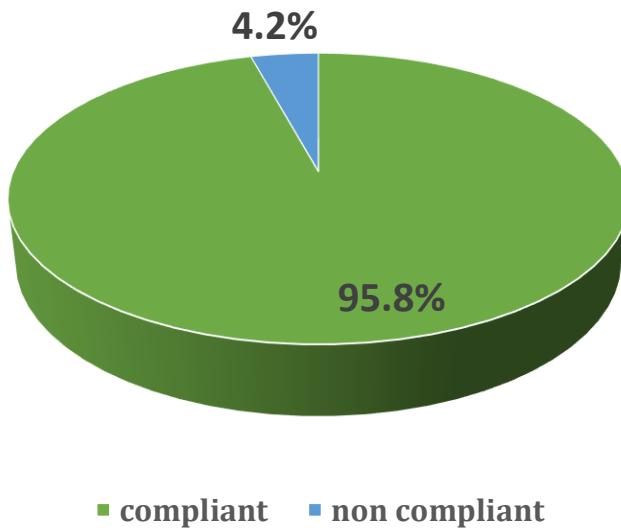
S/N	Diabetes Management Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Diagnosis type confirmed (Type 1 or 2)	10	0	100%
2	Baseline blood glucose and HbA1c documented	10	0	100%
3	Treatment initiated based on severity and type	10	0	100%
4	Accurate insulin/oral agent dosing per STG	10	0	100%

5	DKA management administered when required	10	0	100%
6	Monitoring of blood glucose per protocol	10	0	100%
7	Dietary and exercise counseling provided	10	0	100%
8	Foot care and eye examination documented	5	5	50%
9	Management of comorbid conditions (HTN, lipid, etc.)	10	0	100%
10	Regular follow-up and HbA1c monitoring	10	0	100%
11	Assessment for hypoglycemia risk and prevention	10	0	100%
12	Patient education and compliance documented	10	0	100%

**Total: 115 Compliant / 120 Total Indicators → Overall Compliance Rate: 95.8%**

#### **PIECHART: JULY 2017, DM MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE**

**JULY 2017, DM MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE**



## 6. Discussion

The audit findings for the Diabetes Mellitus protocol utilization monitoring conducted in July 2017 E.C. at Deder General Hospital revealed an overall high compliance rate across most of the essential indicators reviewed. Out of 10 patient charts, **all parameters demonstrated 100% adherence**, with the exception of the **foot and eye examination documentation**, which achieved **only 50% compliance**. This outcome suggests a generally strong performance in clinical diabetes care delivery, indicating that the hospital's healthcare providers are effectively following national and institutional standards for diabetes management in the majority of cases.

Key strengths observed include the accurate identification of diabetes type (Type 1 or Type 2), proper baseline investigations such as blood glucose and HbA1c documentation, appropriate treatment initiation and dosing, and strict adherence to diabetic ketoacidosis (DKA) management protocols when necessary. Moreover, patient counseling on diet and exercise, monitoring for hypoglycemia, and education on medication adherence and lifestyle modifications were well-documented in all reviewed cases.

However, the **gap in foot and eye examination documentation** presents a critical issue. These assessments are fundamental in preventing long-term diabetic complications such as neuropathy, foot ulcers, and diabetic retinopathy. The failure to perform or document these evaluations in 50% of the cases highlights a potential oversight in the continuity of preventive diabetic care. Possible contributing factors may include limited availability of ophthalmic services, lack of integrated foot screening tools in the outpatient setting, or inadequate provider emphasis on these preventive measures during routine follow-ups.

Additionally, the audit underscores the importance of routine follow-up and HbA1c monitoring, which was achieved consistently across all cases. This success may be attributed to effective clinic scheduling systems, patient tracking, and consistent use of diabetic flow sheets or templates.

## 7. Recommendations

- Integrate routine foot and eye assessments into chronic follow-up checklists.
- Sensitize providers on the importance of preventive diabetes complication screening.
- Introduce visual reminders/posters in clinics and nurse stations.
- Ensure availability of necessary tools (monofilaments, ophthalmoscopes) for examination.

## 8. Action Plan

Gap Identified	Intervention	Responsible	Timeline
Low compliance in foot/eye assessment	Monthly clinical mentoring on diabetic complications	ED Coordinator	Ongoing
Sustainability of protocol compliance	Conduct quarterly DM audits	QI Department	Every 3 months
Ensure completeness of documentation	Update EMR/chart templates to prompt foot/eye checks	HMIS/QI Team	Within 1 month

## 9. Conclusion

The review confirms strong adherence to the diabetes protocol at Deder General Hospital's Emergency OPD. All patients received appropriate diagnosis, treatment, counseling, and follow-up. A notable area for improvement is the consistent documentation of foot and eye examinations, which is critical to early complication detection. Implementation of the above action plan will help ensure a comprehensive and high-quality diabetes care program.

## 10. References

1. Ethiopian Ministry of Health. (2022). *National Standard Treatment Guidelines for General Hospitals (STG)*
2. WHO. (2019). *Diabetes Management Best Practices Manual*
3. Deder General Hospital QI Department. (2016 E.C). *Chronic Illness Management Guidelines*