



DEDER GENERAL HOSPITAL
EMERGENCY DEPARTMENT

Severe pneumonia management
STG utilization monitoring report

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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 **June 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::CRITEREA 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

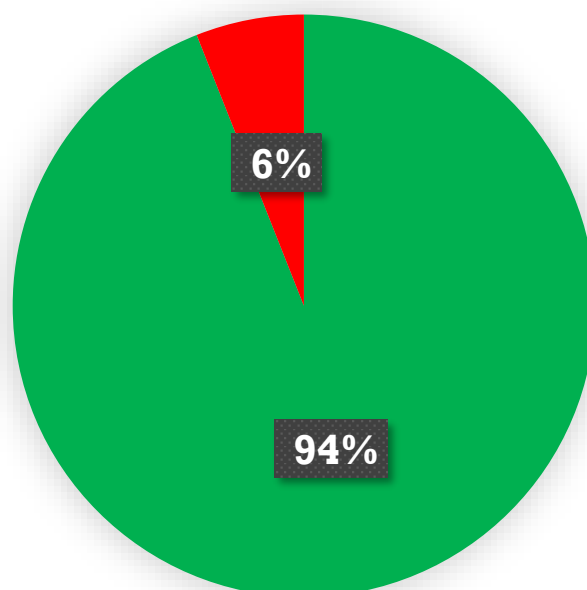
RESULT

Overall, the performance demonstrates exceptionally high adherence to the STG. The aggregate compliance across all 11 audited criteria reached **95%**, with 105 compliant instances recorded against only 5 non-compliant instances. Ten out of the eleven specific clinical criteria assessed achieved perfect 100% compliance. This indicates that for the vast majority of guideline elements – including critical steps like completing symptoms and exams, confirming diagnosis with imaging, performing risk assessments (CAP vs HAP), administering timely empiric antibiotics, adjusting therapy based on culture, monitoring respiratory status, assessing complication risk, providing patient education, and making appropriate referrals – the management of severe pneumonia cases was fully compliant with the established protocol during the audit period.

However, one significant area of non-compliance was identified. Criterion 11, "Use of steroids per severity," had only a 50% compliance rate (5 compliant, 5 non-compliant). This single criterion accounted for all 5 recorded non-compliant instances. This finding highlights a specific weakness in applying the guideline recommendations regarding corticosteroid therapy based on the assessed severity of pneumonia. While all other process steps were followed meticulously, adherence to the protocol for steroid administration was inconsistent.

In conclusion, the STG utilization for severe pneumonia management was robust and near-perfect across almost all measured domains, achieving an overall compliance rate of 95%. The consistent 100% compliance on 10 out of 11 criteria reflects strong adherence to diagnostic, therapeutic, monitoring, and educational aspects of the guidelines. Nevertheless, the isolated but notable deviation concerning the appropriate use of steroids according to severity

STG utilization performance on Management of Severe pneumonia



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

represents a clear opportunity for targeted quality improvement initiatives to ensure complete guideline fidelity in future practice.

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

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

S/N	Clinical Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Symptom & physical exam completed	10	0	100
2	Diagnosis confirmed with imaging	10	0	100
3	Risk assessment (CAP vs HAP)	10	0	100
4	Empiric antibiotics per protocol	10	0	100
5	Adjustment based on culture	10	0	100
6	Timely first dose of antibiotics	10	0	100
7	Monitoring of respiratory status	10	0	100
8	Risk assessment for complications	10	0	100
9	Patient education provided	10	0	100
10	Referral to higher care if needed	10	0	100
11	Use of steroids per severity	5	5	50
		105	5	95

DISCUSSION

Overall, the audit reveals exceptionally high adherence to the Severe Pneumonia Standard Treatment Guidelines (STG), indicating a strong culture of protocol compliance within the audited setting. The aggregate compliance rate of 95% across all 11 criteria is commendable. The perfect 100% compliance achieved on ten critical components – spanning initial assessment (symptoms/exam, diagnostic imaging), risk stratification (CAP vs HAP), core treatment (timely empiric antibiotics, culture-based adjustment), monitoring (respiratory status, complication risk), and patient-centered care (education, referral) – demonstrates a robust and systematic implementation of the guideline. This high level of fidelity across diverse aspects of care suggests effective training, readily available resources (e.g., imaging, antibiotics), and a well-established process for managing severe pneumonia according to the established protocol during this period. The absence of non-compliance in these areas is a significant positive finding.

However, the audit identifies a single, yet significant, area of deviation: the appropriate use of steroids based on severity assessment (Criterion 11). With a compliance rate of only 50% (5 compliant, 5 non-compliant), this criterion stands out starkly against the otherwise flawless performance. This finding suggests a specific challenge or knowledge gap regarding the application of corticosteroid therapy within the severe pneumonia protocol. Potential reasons for this discrepancy could include:

In conclusion, while the overall STG compliance for severe pneumonia management is outstanding, the specific deficit in steroid utilization per severity warrants targeted attention. The near-perfect performance across the vast majority of criteria is a testament to effective guideline implementation and should be recognized. However, the 50% compliance rate for Criterion 11 represents a clear opportunity for quality improvement. Addressing this gap requires focused interventions, such as enhanced training on severity assessment tools, clear reinforcement of the STG recommendations regarding steroid indications and contraindications, potential refinement of the protocol if ambiguity exists, and perhaps clinical decision support or audit feedback specifically on this aspect of care. Closing this specific compliance gap is essential to ensure fully optimized, evidence-based management for all patients with severe pneumonia.

RECOMMENDATIONS

- ✎ Sustain High Compliance through routine M&E
- ✎ Enhance Adherence to Steroid Administration Guidelines

Table 3: Improvement plan, June 2017E.C

Area to be improved	Action to be taken	Responsible body	Timeline
Enhance Adherence to Steroid Administration Guidelines	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	July 01-30, 2017E.C

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

Recommendation	Action taken	Implementation Status
Improve adherence to diagnostic imaging	<ul style="list-style-type: none"> - Written feedback provided to emergency physicians - Monthly audits of 100% pneumonia cases for imaging compliance 	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.

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**
“Management of SCAP Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 12**
qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan
isiniif beeksiifnaa.

Nagaya wajjiin!!

