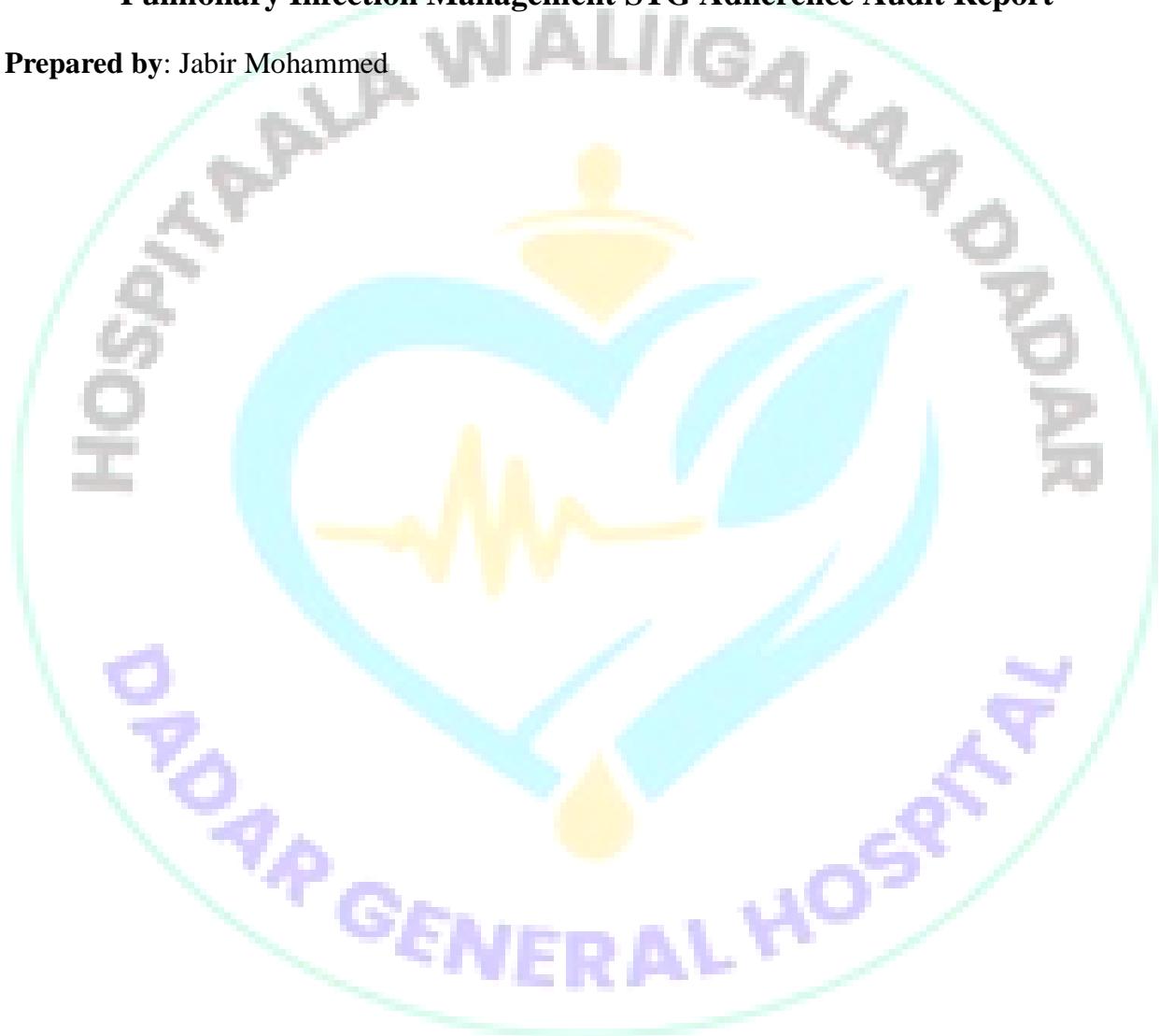


DEDER GENERAL HOSPITAL

Emergency Department

Pulmonary Infection Management STG Adherence Audit Report

Prepared by: Jabir Mohammed



**July 2017 E.C.
Deder, Oromia, Ethiopia**

Table of Contents

1. Background
 2. Aim
 3. Objectives
 4. Methodology
 5. Inclusion & Exclusion Criteria
 6. Results
 7. Discussion
 8. Recommendations
 9. Action Plan
 10. Conclusion
 11. References
-



1. Background

Pulmonary infections, including community-acquired and hospital-acquired pneumonia, are among the leading causes of morbidity and hospital admissions. Effective management requires strict adherence to diagnostic, treatment, and follow-up protocols to ensure timely intervention, reduce complications, and improve patient outcomes. This audit evaluates how well the Emergency Department of Deder General Hospital adheres to the national pulmonary infection management protocol.

2. Aim

To assess the level of compliance of healthcare providers with the established clinical guidelines for managing pulmonary infections in the emergency setting.

3. Objectives

- To determine the extent of adherence to standard pulmonary infection care protocols.
- To identify specific gaps or deviations in documentation, diagnosis, treatment, and follow-up.
- To suggest practical interventions that can enhance compliance and patient safety.
- To support clinical governance through regular audits and feedback mechanisms.

4. Methodology

4.1 Study Design

A cross-sectional clinical audit using a standardized checklist based on the national and WHO clinical standards for pulmonary infection management.

4.2 Sample Size

A total of **10 patient charts** diagnosed with pulmonary infection were randomly selected and reviewed.

4.3 Data Collection

- Patient chart review using a checklist of 12 parameters
- Binary scoring system (Yes = compliant, No = non-compliant)

- Observation period: July 2017 E.C.
-

5. Inclusion & Exclusion Criteria

Inclusion Criteria

- Patients diagnosed with community-acquired or hospital-acquired pneumonia.
- Cases managed in the Emergency Department during July 2017 E.C.

Exclusion Criteria

- Incomplete patient charts.
 - Patients who were referred out before treatment initiation.
 - Pediatric cases below 5 years old (due to differing management protocols).
-

6. Results

The review shows a high level of compliance in most key protocol elements. However, suboptimal adherence was observed in two areas:

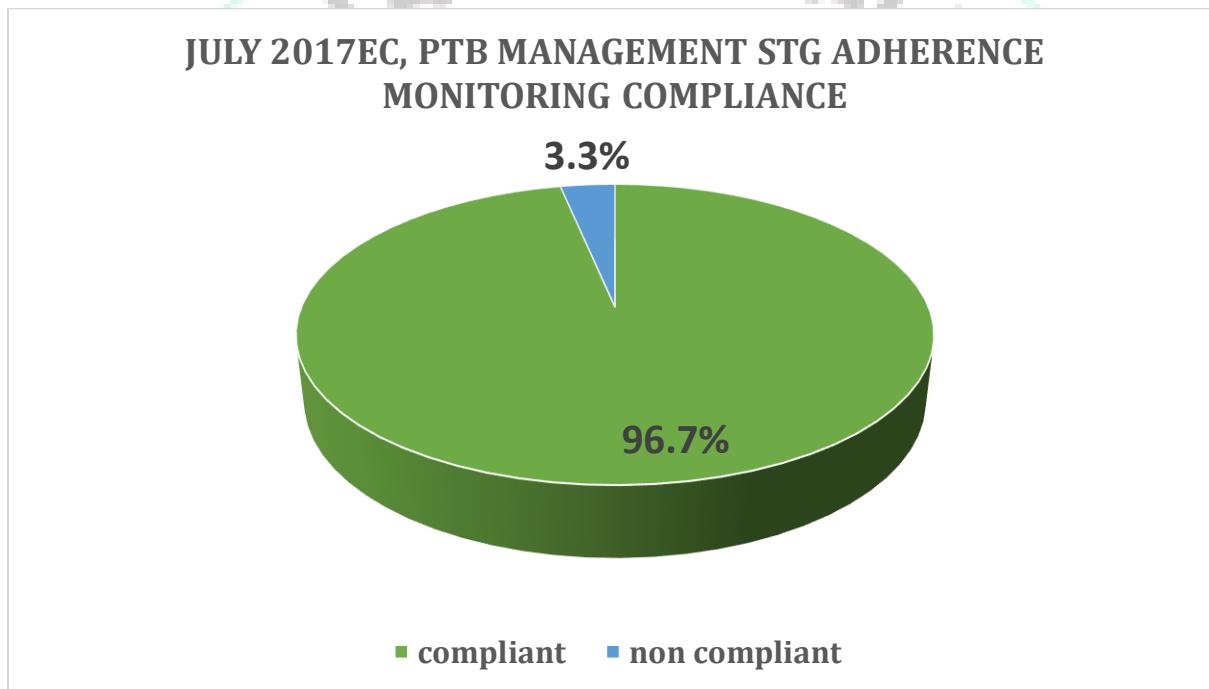
Table 1: Pulmonary Infection Protocol Adherence (n=10)

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%
12	Follow-up plan documented	8	2	80%

Overall Protocol Compliance: 116/120 parameters → **96.7%**

PIECHART: PTB MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE, JULY 2017EC



7. Discussion

This audit reveals strong adherence to most components of the pulmonary infection protocol at Deder General Hospital. Diagnostic processes, antibiotic therapy, and patient monitoring were consistently applied. The Emergency Department demonstrates clear commitment to structured care pathways, which is commendable.

However, steroid therapy use was documented in only 50% of applicable cases, indicating potential underutilization or documentation gaps. Proper steroid administration based on severity—especially in cases of severe pneumonia—is critical for improving outcomes. The discrepancy may stem from lack of clarity on criteria or inconsistent prescribing practices.

Follow-up planning was another area with slight non-compliance (80%). Timely reevaluation is essential for assessing therapeutic effectiveness and preventing relapse. This gap might reflect time constraints or limited follow-up systems.

8. Recommendations

- **Reinforce training** on criteria for steroid use based on disease severity.
- **Standardize documentation** of follow-up plans during patient discharge or transfer.
- **Introduce reminders or checklists** in the ED to ensure key steps like steroid use and follow-up documentation are not missed.
- **Conduct targeted feedback sessions** with the emergency care team based on this audit.

9. Action Plan

Identified Gap	Corrective Action	Responsible Team	Timeline
Inconsistent use of steroids based on severity criteria	Provide structured feedback to responsible staff and conduct a re-audit within one month to verify improvement	Emergency Department Head & Quality Improvement (QI) Team	Within 1 month
Incomplete documentation of follow-up plans	Integrate a mandatory follow-up section into patient care forms and deliver feedback to staff during handover meetings	Documentation Officer & ED Coordinator	Within 2 weeks

Sustainability Measures:

- **Quarterly audits** will be conducted to track improvements and reinforce compliance.
- **Routine feedback** and refresher sessions will be scheduled as part of the department's CME program.

10. Conclusion

The Emergency Department at Deder General Hospital has achieved an impressive overall compliance rate of 96.7% in the management of pulmonary infections. Although most areas show excellent adherence, targeted improvements are necessary to close small but critical gaps in steroid use and follow-up planning. With proper action and continued monitoring, full protocol compliance is achievable and sustainable.

11. References

1. Federal Ministry of Health Ethiopia (2019). *National Clinical Guidelines for Pneumonia Management*
2. WHO (2021). *Best Practices in the Management of Pulmonary Infections*
3. Deder General Hospital QI Manual (2017 E.C.)

