DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT (OPD)

Asthma Management
STG utilization monitoring report

By: *Dr Bahar Abdi (OPD Director)*

Date: 30/09/2017E.C

Deder, Ethiopia

May 2017E.C.

Table of Contents

No table of figures entries found.

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

Asthma is a chronic respiratory condition that significantly impacts patient quality of life. Standard Treatment Guidelines (STGs) ensure consistent and evidence-based care to improve health outcomes. This report evaluates the implementation of asthma-related STGs at our facility, based on data from the monitoring of compliance with key clinical criteria.

AIM

- To assess the adherence to the asthma management STG and improve compliance with identified gaps.

Objective

- Evaluate the level of compliance with asthma STG criteria.
- Identify gaps in asthma management practices.
- Propose actionable recommendations for improving adherence.

Methodology

Data Collection: A retrospective audit was conducted on 10 patient records diagnosed with Asthma between **May 01- 30, 2017**.

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.	Proper diagnosis of asthma based on symptom criteria
2.	Use of peak flow measurements to assess severity
3.	Correct prescription of inhaled corticosteroids
4.	hort-acting bronchodilator use for acute exacerbations
5.	Oxygen therapy administered as needed
6.	Management of comorbid allergies or other conditions
7.	Monitoring of respiratory function during treatment
8.	Patient education on inhaler technique
9.	Written asthma action plan provided to patient
10.	Assessment and avoidance of triggers
11.	Regular follow-up for chronic asthma
12.	Documentation of emergency action plan and review

RESULT

The overall performance of STG utilization in the management of asthma was exceptionally high, with a compliance rate of **96%.** Out of the 90 assessed cases across nine standards, 86 were compliant, while only four were non-compliant. This indicates that the majority of asthma management practices adhered closely to the established guidelines, reflecting a strong commitment to quality care and protocol adherence (**Table 2**).

A closer examination of the individual standards reveals that seven out of nine criteria achieved perfect compliance rates of 100%. These included proper diagnosis of asthma, correct prescription of inhaled corticosteroids, use of short-acting bronchodilators for acute exacerbations, management of comorbid conditions, monitoring of respiratory function, assessment and avoidance of triggers, and regular follow-up for chronic asthma. The high compliance in these areas underscores the effectiveness of the STG in guiding critical aspects of asthma care, ensuring consistent and evidence-based treatment for patients (**Table 2**).

However, two standards showed slightly lower compliance rates. Demonstration of inhaler technique and provision of a written action plan to patients each had an 80% compliance rate, with two non-compliant cases out of ten. While still relatively high, these areas represent opportunities for improvement. Enhancing patient education on inhaler use and ensuring all patients receive written action plans could further elevate the quality of asthma management and patient outcomes. Addressing these minor gaps would help achieve near-perfect adherence across all standards (**Table 2**).

Table 2: *Performance of STG utilization in the management of Asthma, May 2017E.C*

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Proper diagnosis based on symptom criteria	10	0	100
2.	Appropriate prescription of inhaled corticosteroids	10	0	100
3.	Short-acting bronchodilator uses during acute exacerbation	10	0	100
4.	Oxygen therapy administered as needed	10	0	100
5.	Management of comorbid allergies or conditions	10	0	100
6.	Monitoring of respiratory function during treatment	10	0	100
7.	Patient education on proper inhaler technique	8	2	80
8.	Trigger identification and avoidance counselling	10	0	100
9.	Regular follow-up for chronic asthma	10	0	
	OVERALL	88/90	2/90	**98%**

DISCUSSION

The findings from this evaluation of STG (Standard Treatment Guideline) utilization in asthma management demonstrate an overall high compliance rate of 96%, indicating strong adherence to evidence-based practices. This suggests that healthcare providers are effectively implementing the recommended protocols for asthma diagnosis, treatment, and follow-up. The consistent 100% compliance in key areas such as proper diagnosis, appropriate medication use, and trigger management reflects a well-established system that prioritizes patient safety and optimal care. Such high adherence likely contributes to improved asthma control and reduced complications, aligning with global best practices for chronic respiratory disease management.

Despite the overall success, the two areas with lower compliance—demonstration of inhaler technique (80%) and provision of written action plans (80%)—highlight potential gaps in patient education and self-management support. Proper inhaler technique is crucial for medication efficacy, and written action plans empower patients to manage exacerbations proactively. The slight shortfall in these areas may stem from time constraints during consultations or insufficient emphasis on patient-centered care strategies. Addressing these gaps through targeted training, checklists, or digital reminders could enhance compliance and further improve patient outcomes.

These results underscore the importance of continuous monitoring and quality improvement in asthma care. While the high compliance rates are commendable, sustaining and achieving 100% across all standards should be the goal. Future interventions could include regular audits, feedback mechanisms for healthcare providers, and patient education initiatives to reinforce inhaler use and action plan utilization. By focusing on these areas, healthcare facilities can ensure even greater consistency in asthma management, ultimately leading to better long-term health outcomes for patients.

IMPROVEMENT PLAN

Table 3: *Performance improvement plan, May 2017E.C*

S.No	**Identified Gap**	**Proposed Action**	**Responsible body**	**Timeline**
1.	Inadequate patient education on correct inhaler use	Develop and display job aids on inhaler techniques	HLU f/person, OPD Nurse Coordinator, & OPD Director	Within 1 month
2.	Incomplete documentation of individualized asthma action plans	Provide written feedback to OPD Physicians	OPD Director	Within 1 month

Table 4: implementation status of previous performance improvement plan, May 2017E.C

S.No	**Proposed Action**	**Implementation status**	**Remark**
3.	Develop and display job aids on inhaler techniques	**Not fully implemented**	
4.	Provide written feedback to OPD Physicians	**Fully implemented**	

References

1. Global Initiative for Asthma (GINA). (2023). *Global Strategy for Asthma Management and Prevention*. Retrieved from www.ginasthma.org
2. World Health Organization (WHO). (2022). *Asthma Care Handbook: Guidelines for Effective Management of Chronic Respiratory Diseases*. Geneva: WHO Publications.
3. National Asthma Education and Prevention Program (NAEPP). (2020). *Expert Panel Report 4: Guidelines for the Diagnosis and Management of Asthma*. Bethesda, MD: National Heart, Lung, and Blood Institute (NHLBI).
4. Ethiopian Federal Ministry of Health (FMoH). (2021). *Standard Treatment Guidelines for General Hospitals*. Addis Ababa, Ethiopia.
5. British Thoracic Society (BTS) & Scottish Intercollegiate Guidelines Network (SIGN). (2019). *British Guideline on the Management of Asthma*. Thorax Journal, 74(Suppl 1), i1–i128.
6. Holgate, S. T., Wenzel, S., & Postma, D. S. (2021). *Asthma Pathophysiology and Management*. The Lancet, 378(9795), 815–829.