



# **DEDER GENERAL HOSPITAL**

## ***OUTPATIENT DEPARTMENT (OPD)***

### **Asthma Management STG utilization monitoring report**

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**Date:** 30/08/2017E.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 were 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 **April 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.

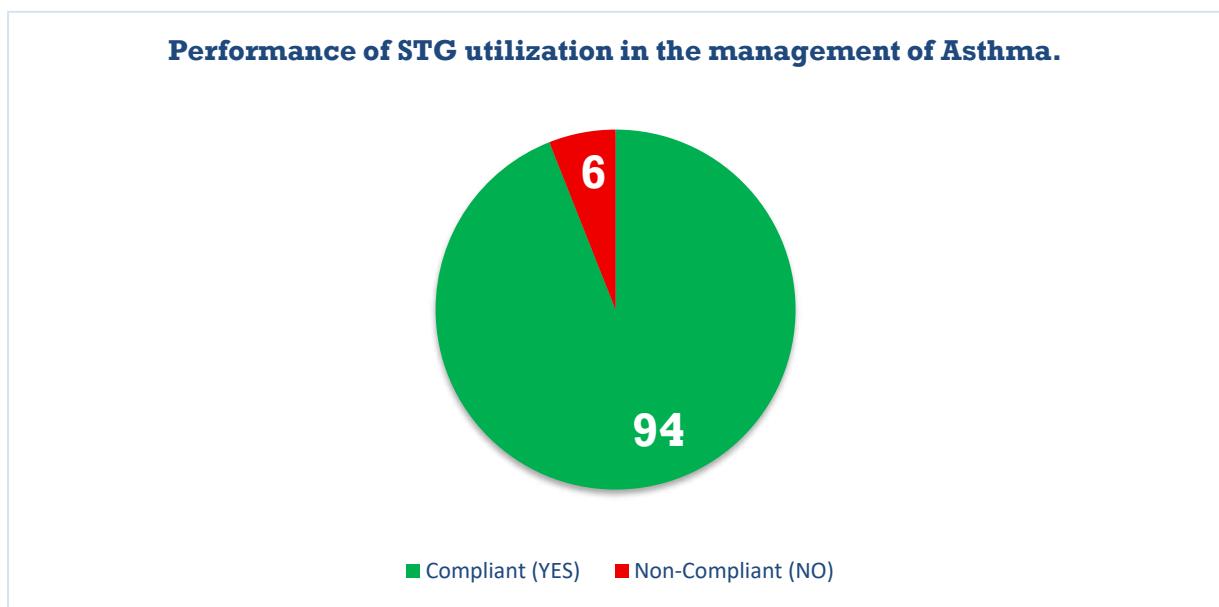
**Table 1::CRITERIA AND STANDARDS**

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.	Short-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 Standard Treatment Guideline (STG) utilization in the management of asthma during April 2017 E.C. demonstrated a high level of compliance, with an overall compliance rate of **94%** (107 out of 110 possible actions) (**Figure 1**). This reflects strong adherence to nationally recommended clinical standards by healthcare providers at the assessed facility. Out of the 11 measured standards, 8 achieved **100% compliance**, indicating full implementation in key areas such as correct prescription of inhaled corticosteroids, short-acting bronchodilator uses for acute exacerbations, and regular follow-up for chronic asthma.

However, there were slight gaps noted in three specific areas. “Use of peak flow measurements to assess severity,” “Written education on inhaler technique,” and “Documentation of asthma action plan provided to patients” each had one instance of non-compliance, resulting in 90% adherence in those areas. These minor deficiencies highlight opportunities for targeted improvement through clinical mentorship, staff re-orientation on guideline components, and stronger supervision systems to ensure full adherence to all aspects of asthma management protocols (**Table 2**)



**Figure 1:** Performance of STG utilization in the management of Asthma, April 2017E.C

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

S.No	Standards	Compliant (YES)	Non- Compliant (NO)	Compliance Rate (%)
1.	Proper diagnosis of asthma based on symptom criteria	10	0	100
2.	Use of peak flow measurements to assess severity	9	1	90
3.	Correct prescription of inhaled corticosteroids	10	0	100
4.	Short-acting bronchodilator use for acute exacerbations	10	0	100
5.	Management of comorbid allergies or other conditions	10	0	100
6.	Monitoring of respiratory function during treatment	10	0	100
7.	Written education on inhaler technique	9	1	90
8.	Assessment and avoidance of triggers	10	0	100
9.	Regular follow-up for chronic asthma	10	0	100
10.	Documentation of asthma action plan provided to patients	9	1	90
11.	Documentation of emergency action plan and review	10	0	100
	<b>OVERALL</b>	107/110	3/110	<b>94%</b>

## DISCUSSION

The findings of this assessment highlight strong overall adherence to the national Standard Treatment Guidelines (STGs) in the management of asthma, with a remarkable 94% compliance rate. This indicates that healthcare providers at the facility are generally following evidence-based practices in diagnosing and treating asthma, particularly in areas such as prescribing inhaled corticosteroids, managing comorbid conditions, and ensuring regular follow-up. The perfect compliance in eight out of eleven standards suggests that core clinical actions are well integrated into daily practice, reflecting the impact of ongoing capacity building, supportive supervision, and possibly the presence of well-established clinical protocols.

However, the observed gaps in three areas—peak flow usage, inhaler technique education, and documentation of asthma action plans—warrant attention. These components are critical to comprehensive asthma care and patient empowerment. The underuse of peak flow measurements may be due to lack of equipment or familiarity among clinicians, while gaps in patient education and action plan documentation may stem from time constraints or limited emphasis during consultations. Addressing these issues through targeted training, resource provision, and routine audits can further enhance the quality of asthma care and support sustained improvements in health outcomes.

## RECOMMENDATIONS

- ☒ Integrate Patient Education into Routine Care:
- ☒ Enhance Documentation Practices
- ☒ Establish Routine Monitoring and Feedback

**Table 3: STG utilization performance on managing DM, April 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

## References

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