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UNIVERSITYOF GONDARCOLLEGE OF MEDICINE AND HEALTH  
SCIENCESSCHOOLOF NURSINGDEPARTMENTOF PEDIATRIC  
NURSING ClinicalAudit ReportSTANDARD OF GROWTH MONITORING AND  
PROMOTION IN PEDIATRIC WARD OFGONDAR UNIVERSITY REFERRAL  
HOSPITAL, 2018 Submitted By: GAMECHU ATOMSA ID. No:

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Ethiopia Jan.

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LIST OF ABBREVIATIONS GM

----- GrowthMonitoringGMP----- Growth  
Monitoring and PromotionGURH -----Gondar University Referral  
HospitalJSI ----- NA ----- Not ApplicableNNP  
-----National Nutritional ProgramOPD-----Out  
Patient DepartmentU-5----- Under-FiveWHO -----  
World Health OrganizationPHC -----Primary Health-  
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AUDIT TITLE Standard of growth monitoring and promotion in pediatric ward of Gondar University Referral Hospital, 2018 2. BACKGROUND

Growth monitoring (GM), a process of regular weighing and measuring the height and comparing the results with a standard for the identification of subgroups of the child population that are at increased risk of faltered growth, impaired mental development, and death.(1). Growth Monitoring and Promotion (GMP) is a public health intervention through frequent growth assessment of children under five years which enable health workers to early detect growth failure and take corrective actions through improvements in feeding and care practices(2). So, growth monitoring consists of routine measurements to detect abnormal growth, combined with some action when this is detected. It is a standard component of community pediatrics services throughout the world and is widely accepted and strongly supported by health professionals(3). Regular growth monitoring and promotion is one of the basic activities of the under 5 clinics. Growth Monitoring must start at an early age in the child's life, right from birth.

The suggested monitoring intervals after birth are within one to two weeks of birth, at one, two, four, six, nine, 12, 18 and 24 months, then once per year for children over 2 years and for adolescents. Growth assessment should also occur at acute care visits, keeping in mind that illnesses may affect weight(4). According to guideline for assessing and managing children at

PHC facilities to prevent overweight and obesity, all infants and children aged less than 5 years should have both weight and length/height measured, in order to determine weight-for-length/height and to classify nutritional status according to WHO child growth standards. The guideline also suggests that caregivers and families of infants and children aged less than 5 years presenting to PHC should receive general nutrition counselling(5).

According to 2017 WHO report on African Region undernutrition is still persistent in the Africa, while the prevalence of overweight among U-5 children is also rising, whereas the target is to halt its increase. This can be achieved through frequent and regular growth monitoring of the children including community based growth monitoring and promotion services(6). Government of Ethiopia developed the National Nutrition Strategy and the National Nutrition Programmes (NNP) in an effort to accelerate the reduction of undernutrition.

The Seqota Declaration (2015-2030) aims to eliminate all forms of malnutrition among children under age 2 by 2030. Growth monitoring and promotion is the potential contributor towards the achievement of this goal(7). There is low utilization of growth monitoring and promotion services in Ethiopia. According to research done in Southern Nations and Nationalities of Ethiopia, the overall utilization of GMP services is 16.

9%. The study found that the health professionals focus on weighing and identifying children's nutritional status instead of discussing with mothers and communities(8). 3. JUSTIFICATION The first 1000 days of child's life are extremely important in the child's physical and emotional development.

Appropriate and regular growth monitoring and promotion has the potential for significant impact on mortality even in the absence of nutrition supplementation or education. It enables the care provider in early identification of children with growth deviation i. e., undernutrition and over nutrition and to identify diseases and conditions that manifest through abnormal growth.

So this audit is aimed at identifying whether the growth monitoring and promotion services given in the Gondar University Hospital is being delivered as per the standardized and updated guideline.

#### 4. AIM AND OBJECTIVES

##### 4. 1.

AIM: To improve nutritional assessment of under-five children by proper application of WHO growth monitoring and promotion charts in GURH, 2018.

##### 4. 2. OBJECTIVES 1.

To assess the current growth monitoring and promotion standards in Gondar University referral Hospital, 2018 2. To compare the current

growth monitoring and promotion practices of GURH with the standards. 3.

To inform the findings of the audit with the relevant clinicians in the hospital. 5.

#### STANDARDS OF PRACTICES FOR GROWTH MONITORING AND

PROMOTION Table 1: standards of practice for Growth Monitoring and

promotion in U-5 children. SN List of standards Target Exceptions

Source of evidence Source of data 1 The child's age - in months - is correctly calculated and recorded in the correct place. 100% No JSI Research &

Training Institute 2008 Observation during care delivery 2 The weight of the

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child is correctly measured and recorded; 100% No " " 3 The child's length is correctly measured and recorded to the nearest 1cm. 100% No " " 4. Weight and/or height measurements are plotted on the growth monitoring chart. 100% No " " 5 The health provider visually screens the child for malnutrition & assesses the anthropometric readings on the growth monitoring charts.

100% No " " 6 Signs of anemia are checked (pallor) and laboratory tests are requested when needed. 100% No " " 7 The health provider provided the caregiver with the needed supplementations (iron, vitamin A&D) 50% Iron is given for child dxed with anemia. " " 8 The health provider explains procedures and feeds back to the care giver how the child is growing. 100% No " " 9 The health provider responds to the caregiver questions and provides inf.

about the proper feeding practices. 100% No " " 10 The health provider tells the caregiver when to come for the next visit. 100% No " " 11 The appointment is recorded on the card. 100% No " " Chart review 6.

AUDITMETHODOLOGY 6. 1. Audit population The numberof growth monitoring sessions given for all under-fivechildren in GURH6. 2.

Audit sampleThe number of growth assessment sessionsgiven for under five children who were at pediatric OPD and malnutrition wardat the time of data collection. 6. 3. Audit sample size and sampling techniqueThirtycare providers have been observed while giving care for childrenunder five-years. Consecutive nonprobability sampling technique has been used untilthe required sample is attained. 6.

4. Data collection Standardized checklist adopted from JSI Research and Training Institute 2008 has been used to assess the care delivery of the healthcare providers in the Hospital. The data has been collected by the direct observation during each care delivery sessions and review of the charts has been done to check appropriate recording of the data.

Starting date: - 16/01/2018 GC Completion date: -

26/01/2018 GC Presentation date: - 15/02/2018 GC 6. 5. Data analysis Data would be checked for its completeness & reliability. The data was analyzed manually by tally & data are presented by using tables, graph & chart. 6.

6. Operational definition Good practice: compliance rate of 60% and above Poor practice: compliance rate below 60% 7. RESULT Table 2: Tally sheet for the result of the audit data collected from the pediatric OPD and malnutrition ward of GURH.

SN	List of standards	Results per care delivery sessions
Compliance %		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
1	The child's age correctly recorded in months.	90%
2	The weight of the child is correctly measured and recorded; to the nearest 100 grams.	83.3%
3	The child's length is correctly measured and recorded to the nearest 1cm.	53%
4	Plot wt and/or ht on growth monitoring chart	17%
5	Check for sign of malnutrition & assesses the anthropometric readings on the GM charts.	



87% 6 Signs of anemia are checked (pallor) and laboratory tests are requested when needed. 73% 7 Supplementation of Iron, Vit A&D 60% 8 The health provider explains procedures and feeds back to the care giver how the child is growing. 63% 9 The health provider discuss with caregiver about feeding practices 77% 10 The health provider tells the caregiver when to come for the next visit. 57% 11 The appointment is recorded on the card. 43%

Overall Compliance Rate 63. 3% Total score = 209 of 330 maximum indicated = 63. 3% The total compliance rate of standards of growth monitoring of under five children in pediatric OPD and malnutrition ward was = 63.

3% & the noncompliance rate(gap) was 36. 7%. Table 3: Frequency distribution of standards of practice of growth monitoring and promotion in GURH pediatric OPD and Malnutrition ward. Frequency Percent Cumulative Yes 209 63. 3 % 63. 3 % No 121 36.

7 % 36. 7 % Total 330 100 % 100 % This audit result find out that out 11 standards of growth monitoring and promotion services delivered to 30 under-five children in pediatric OPD and malnutrition ward of GURH, about 63. 3% of the services are delivered according to the standards of the practice. Figure 1: The frequency showing the number of growth pattern correctly plotted on the WHO growth chart in the pediatric OPD and

Malnutrition ward GURH. 8. DISCUSSION The compliance rate of growth monitoring and promotion service given at pediatric OPD and malnutrition ward of GURH with the standards of the practice is found to be around 63.3%.

This means the healthcare provider's compliance with standards during care delivery was 63.3% and 36.7% care are delivered doesn't comply with the standard of growth monitoring and promotion. There was a good compliance observed with regard to completing the identification data of the children including child full name, appropriate recording of the child's age in months, and birth date of the children in both units observed.

In addition the weight of most of the children who came to the pediatric OPD and malnutrition ward has been measured with appropriately calibrated instrument. Health care providers fairly measures the height of the under-five children in acute care units particularly in the pediatric OPD. There is no regular measurement of the height of the children at the point of care giving. This hinders probability of early detection of growth faltering especially stunting which is common nutritional problem in Ethiopia with high prevalence in Amhara Region. There is a low compliance with regard to plotting children's weight and height on the appropriate WHO growth monitoring and promotion charts.

This is due to the reason that the growth monitoring and promotion chart wasn't attached to most of the patient's chart during the time of data collection.

9. CONCLUSIONS 9. 1. AREAS OF GOOD PRACTICE v The Full identification data of the children's were appropriately recorded. v The

children's age calculated in months and date of birth of the children's are recorded. v Appropriate measurement of the children's weight. v Routine screening of the children for malnutrition and anemia at every point of care.

v The healthcare providers responds to the caregivers questions with respect. v Discussion with caregivers about the child's growth condition and feeding practices. 9. 2. AREAS OF IMPROVEMENT v Correct measurement and recording height/length for all U-5 children. v Appropriate plotting of weight and height/length on the appropriate WHO growth monitoring chart. v Regular and frequent growth monitoring of the children according to the recommended intervals.

v Appointing the children for the next visit to monitor his/her growth trend. 10. RECOMMENDATIONS Based on gaps identified the following recommendations are given: For federal Ministry of Health and policymakers: ü Integrating growth monitoring and promotion services with immunization programmes so that there will be continuous growth monitoring and promotion of the children simultaneously when they come for immunization. For Gondar University Referral Hospital administrations: ü Establishing separate Child Welfare Clinics in the hospital where the children can be monitored regularly. ü Providing valid and appropriate growth chart cards for every under-five children so that growth their growth patterns are plotted on it.

ü Provide necessary supplements like standardized height measuring instruments, weight scales and other materials needed for growth monitoring and promotion. For the healthcare providers: ü Performing growth

assessment based on the standards for all under-five children. ü Encouraging the involvement of the caregivers in the growth monitoring and promotion services.

11. ACTION PLAN Table 4: action plan of the audit. S.

N Actions to be implemented Responsible person Timescale 1.

Discuss the result with the concerned bodies. Ø Ato Amsalu GURH Quality Assurance head Ø Mr. workye Mulugeta ( pediatric unit team leader) Ø Gamechu Atomsa (Audit leader) February 15, 2018 2. Prepare sensitization training. Ø Audit leader (Gamechu Atomsa ) Ø Hospital administration Ø Ato Amsalu February 25, 2018 3.

Allocate necessary equipments Ø Hospital administration February 30, 2018

4. Re-audit Ø Audit leader (Gamechu Atomsa) May 10, 2018 5.

Presentation of re-auditing result Ø Audit leader May 15, 2018

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