



DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

STG utilization monitoring report

Management of urinary tract infection (UTI)

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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

Standard Treatment Guidelines (STG) are critical tools in ensuring evidence-based clinical care, optimizing patient outcomes, and standardizing treatment protocols for common conditions. In the context of urinary tract infections (UTIs), adherence to STGs can lead to improved diagnostic accuracy, appropriate antibiotic use, timely interventions, and reduced complications. This report evaluates the implementation status of STG utilization for UTI management at **Deder General hospital**, focusing on compliance with key criteria outlined in the guidelines. It also highlights achievements, identifies gaps, and proposes recommendations for improvement.

AIM

To monitor and evaluate the implementation of Standard Treatment Guidelines for urinary tract infection management, ensuring adherence to evidence-based practices and identifying opportunities for improvement in quality of care.

Objective

- ♣ To assess compliance with STG standards for UTI management.
- ♣ To evaluate the appropriateness of documentation, diagnosis, treatment, and follow-up practices.
- ♣ To identify barriers to STG adherence and propose actionable recommendations for improved utilization.

Methodology

Data Collection: A retrospective audit was conducted on 30 patient records diagnosed with UTI between **June 1-30, 2017**.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.	Documentation of symptom assessment (dysuria, frequency, etc.)
2.	Use of urine dipstick or culture for diagnosis
3.	Initial antibiotic choice based on local antibiogram
4.	Timely administration of first antibiotic dose
5.	Patient education on hydration and hygiene practices
6.	Documentation of urinary symptoms during follow-up
7.	Adjustment of antibiotic therapy based on culture results
8.	Monitoring for recurrent infection or pyelonephritis
9.	Referral for urological evaluation if recurrent UTIs occur
10.	Documentation of patient adherence to the prescribed treatment
11.	Screening for underlying health conditions (e.g., diabetes)
12.	Documentation of patient improvement or discharge

RESULT

The evaluation of STG utilization in UTI management for June 2017 E.C. demonstrated **perfect compliance (100%)** across all seven assessed standards, reflecting exemplary adherence to clinical guidelines. All 70 reviewed cases showed full compliance in symptom documentation, diagnostic urine dipstick use, timely antibiotic administration, patient education, treatment adherence documentation, comorbidity screening, and progress tracking. This flawless performance indicates a well-implemented system where healthcare providers consistently follow evidence-based protocols, ensuring comprehensive and standardized care for UTI patients (**Table 2**).

The absence of non-compliant cases highlights significant strengths in both clinical practice and documentation processes. Notably, critical aspects like **timely antibiotic administration** and **patient education**—often challenging to standardize—achieved 100% compliance, suggesting effective staff training and robust workflow systems. These results set a benchmark for UTI management, demonstrating that the institution’s protocols, when meticulously applied, can deliver uniformly high-quality care. To sustain this performance, regular audits and continuous staff engagement will be essential (**Table 2**).

Table 2: Performance of STG utilization in the management of UTI, June 2017E.C

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Documentation of symptom assessment (dysuria, frequency, etc.)	10	0	100
2.	Use of urine dipstick for diagnosis	10	0	100
3.	Timely administration of first antibiotic dose	10	0	100
4.	Patient education on hydration and hygiene practices	10	0	100
5.	Documentation of patient adherence to the prescribed treatment	10	0	100
6.	Screening for underlying health conditions (e.g., diabetes)	10	0	100
7.	Documentation of patient improvement	10	0	100
	OVERALL	70/70	0/70	100%

Discussion

The June 2017 E.C. audit results demonstrate **exceptional adherence (100% compliance)** to Standard Treatment Guidelines (STGs) in UTI management, reflecting a highly effective clinical system. The perfect scores across all seven standards—from diagnostic accuracy to patient education and follow-up—suggest that healthcare providers have fully integrated evidence-based protocols into routine practice. This consistency is particularly noteworthy in areas like **timely antibiotic administration** and **comorbidity screening**, which are critical for preventing complications and ensuring optimal outcomes. Such uniform compliance likely contributes to reduced treatment failures, lower recurrence rates, and improved patient satisfaction, aligning with global best practices for UTI care.

While these results are commendable, sustaining 100% compliance requires ongoing vigilance. Potential challenges—such as staff turnover, evolving antibiotic resistance patterns, or increased patient volume—could strain existing protocols. To maintain this standard, we recommend **quarterly refresher trainings**, **real-time clinical decision support tools** (e.g., EHR alerts for antibiotic timing), and **patient feedback mechanisms** to identify unseen gaps. Additionally, correlating compliance data with clinical outcomes (e.g., hospitalization rates for pyelonephritis) could further validate the effectiveness of these protocols. By proactively addressing these areas, the institution can preserve its exemplary performance while adapting to future challenges in UTI management.

Recommendations

- ✎ Sustain current performance through regular M&E

Table 3: Implementation status of previous performance improvement plan

S.No	Area to Be Improved	Action to be taken	Status
1.	Incomplete symptom documentation	Train staff on document UTI symptoms in EMR	✓ Completed
2.	Delayed antibiotic administration	Administer antibiotic as prescribed	✓ Completed
3.	Underuse of urine dipsticks	Feedback for physician on usage of urine dipsticks for diagnosis	✓ Completed
4.	No UTI prevention job aids	Distribute UTI prevention job aids posters	✓ Completed

References

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