

Deder General Hospital

Outpatient Department (OPD)

Standard Treatment Guideline (STG) Utilization Monitoring Report

Management of Dyspepsia and Peptic Ulcer Disease (PUD)

Reporting Period: 4th Quarter – July 2017 E.C.

Prepared by: Quality Improvement Unit

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Location: Deder, Oromia Region

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1. Purpose

In line with the national health strategy to ensure evidence-based and standardized clinical care, Deder General Hospital routinely monitors adherence to Standard Treatment Guidelines (STGs). This report presents findings from the 4th Quarter audit of 2017 E.C., focusing on the management of dyspepsia and peptic ulcer disease (PUD) in the outpatient department (OPD). The purpose is to evaluate the level of compliance, highlight successes, and propose recommendations to sustain high standards of care.

2. Introduction

Dyspepsia and PUD are common gastrointestinal conditions that affect quality of life and healthcare resources. Proper management requires adherence to clinical guidelines to ensure accurate diagnosis, effective treatment, and timely follow-up. National STGs issued by the Ethiopian Ministry of Health provide comprehensive guidance on managing these conditions. Regular monitoring ensures these protocols are followed consistently, improving patient outcomes and promoting rational drug use.

3. Aim

To assess and validate the level of adherence to National Standard Treatment Guidelines in the outpatient management of dyspepsia and PUD at Deder General Hospital during the 4th quarter of 2017 E.C.

4. Objectives

- To measure the compliance rate with STG indicators in dyspepsia and PUD management.
- To evaluate the impact of ongoing quality improvement interventions.
- To recommend actions for sustaining high adherence and quality of care.

5. Methodology

Study Design

A retrospective descriptive cross-sectional audit of patient records was conducted.

Inclusion Criteria

- Outpatient records of patients diagnosed with dyspepsia or PUD.
- Patients seen between July 1 and July 30, 2017 E.C.
- Complete medical records with diagnosis, treatment, and follow-up documentation.

Exclusion Criteria

- Incomplete patient records lacking key clinical information.
- Patients referred from other facilities without a complete management record.
- Patients with non-gastrointestinal primary complaints.

Sampling Method

A **purposive sampling** approach was used to select **10 patient records** that met the inclusion criteria. The sample was chosen to ensure representation of the facility's routine PUD/dyspepsia management practices.

Data Collection Tool

A structured audit checklist based on the National STGs for dyspepsia and PUD was used. The checklist included 12 core standards for clinical management, documentation, and follow-up.

Data Analysis

A total of **120 observations** were assessed ($10 \text{ charts} \times 12 \text{ standards}$). Results were analyzed using simple descriptive statistics. Compliance was calculated as the number of "YES" responses (compliant) over the total number of applicable criteria, expressed as a percentage.

6. Clinical Assessment Criteria

S.No	Clinical Standard
1	Assessment of dyspepsia symptoms and history
2	Diagnosis confirmation via physical examination and risk assessment
3	Documentation of alarm ("red flag") symptoms
4	Prescription of lifestyle and dietary modifications
5	Initial pharmacologic therapy without unnecessary PPI use
6	Correct selection and dosage of H2-blockers or antacids
7	Referral for endoscopy if symptoms persist

S.No	Clinical Standard
8	Patient education on dietary and medication triggers
9	Documentation of follow-up and next steps
10	Adherence to alarm symptom referral criteria
11	Avoidance of unnecessary antibiotic use
12	Documentation of treatment outcomes and symptom progression

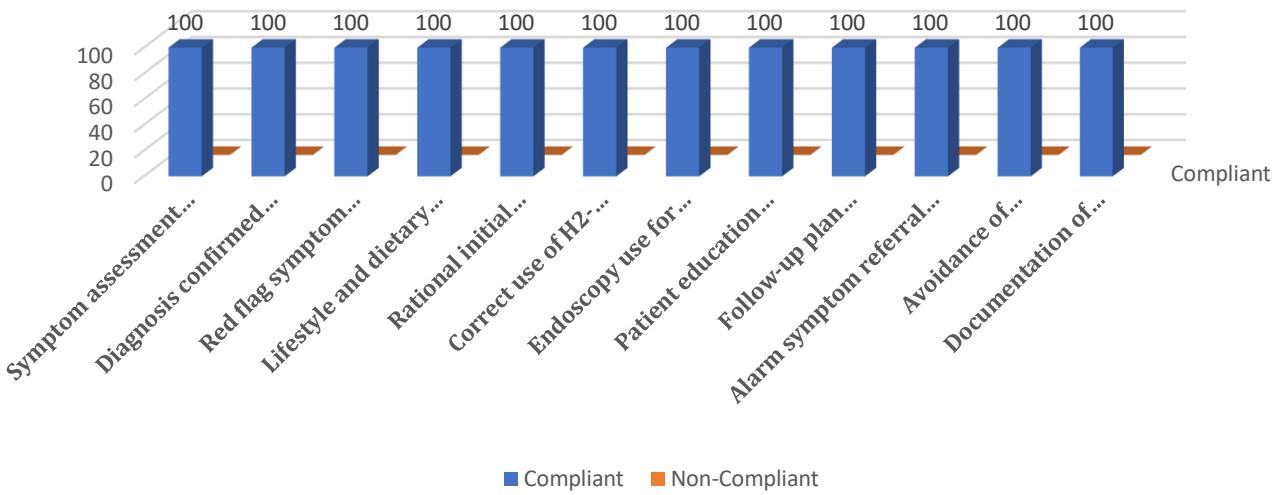
7. Results

All 10 patient records reviewed were **fully compliant** with the STGs across all 12 parameters.

Table 1: STG Compliance Summary – July 2017 E.C (4th Quarter)

S.No	Clinical Standard	Compliant	Non-Compliant
1	Symptom assessment and history	10 (100%)	0 (0%)
2	Diagnosis confirmed with physical exam and risk assessment	10 (100%)	0 (0%)
3	Red flag symptom documentation	10 (100%)	0 (0%)
4	Lifestyle and dietary modifications prescribed	10 (100%)	0 (0%)
5	Rational initial pharmacotherapy without unnecessary PPIs	10 (100%)	0 (0%)
6	Correct use of H2-blockers or antacids	10 (100%)	0 (0%)
7	Endoscopy use for persistent symptoms	10 (100%)	0 (0%)
8	Patient education provided	10 (100%)	0 (0%)
9	Follow-up plan documented	10 (100%)	0 (0%)
10	Alarm symptom referral adherence	10 (100%)	0 (0%)
11	Avoidance of unnecessary antibiotics	10 (100%)	0 (0%)
12	Documentation of outcomes and progression	10 (100%)	0 (0%)
Total		120 (100%)	0 (0%)

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8. Discussion

The audit findings show exceptional performance in the outpatient management of dyspepsia and PUD at Deder General Hospital. The **100% adherence** rate across all 12 standards reflects a mature and effective clinical governance system.

Several factors contributed to this result:

- **Clinical excellence and awareness:** Medical staff demonstrated high familiarity with STG protocols.
- **Use of documentation tools:** Checklists and electronic templates helped standardize recordkeeping.
- **Previous improvement interventions:** Past gaps in diagnostic referrals, patient education, and rational drug use have been successfully addressed.
- **Mentorship and supervision:** Continuous professional development and routine feedback sessions have strengthened accountability.

This outcome not only confirms effective diagnosis and treatment, but also supports:

- Rational use of antibiotics and medications.
- Early identification and referral for alarm symptoms.
- Improved patient safety and satisfaction.

Moving forward, it will be critical to maintain this standard of care and replicate these practices in other units.

9. Recommendations

1. Sustain Excellence

Continue current practices, recognizing and supporting staff who demonstrate consistent adherence.

2. Quarterly Re-Audits

Institutionalize regular audits to monitor STG compliance and detect early signs of deviation.

3. Knowledge Sharing

Disseminate the findings of this audit during clinical meetings and integrate them into CME sessions.

10. Performance Improvement Plan (PIP)

No.	Recommendation	Action Plan	Responsible Team	Timeline
1	Sustain excellent adherence	Continue mentorship and peer learning	OPD Coordinator, QI Team	Continuous
2	Quarterly re-audit	Include PUD/STG adherence in Q4 and future audits	QI Unit	Next Audit: October 2017 E.C
3	Expand model	Share report in internal CME and QI sessions	Medical Director	August 2017 E.C
4	Promote documentation quality	Include checklist reviews in monthly supervision	HMIS & Quality Officers	Monthly

11. Status of Previous Improvement Plan

No.	Prior Recommendation	Action Taken	Responsible Team	Status
1	Improve endoscopy referrals	Referral protocols implemented and adhered to	Quality team, quality team	Fully Implemented

No.	Prior Recommendation	Action Taken	Responsible Team	Status
2	Rational pharmacotherapy	PPI and antibiotic use aligned with STGs	Pharmacy Unit	Fully Sustained
3	Standardized education	Consistent patient counseling on triggers	Health Literacy Unit	Sustained
4	Follow-up planning	All charts included next-step documentation	OPD Providers	Fully Implemented

12. References

1. Ethiopian Federal Ministry of Health. (2021). *National Standard Treatment Guidelines for General Hospitals*. Addis Ababa: EPHI.
2. World Health Organization. (2017). *Guidelines for the Management of Dyspepsia*. Geneva: WHO.
3. Ethiopian Food and Drug Authority. (2020). *Guidelines for Rational Use of Medicines*. Addis Ababa: EFDA.
4. American College of Gastroenterology. (2022). *Clinical Practice Guidelines for Peptic Ulcer Disease*.

✓ Conclusion

The 4th Quarter STG audit at Deder General Hospital confirms full adherence (100%) to national guidelines in managing dyspepsia and peptic ulcer disease. This result demonstrates strong clinical performance, effective supervision, and a culture of continuous improvement.

We recommend sustaining this excellence through quarterly audits, ongoing capacity building, and knowledge-sharing initiatives.