



DEDER GENERAL HOSPITAL

EMERGENCY DEPARTMENT

Dyspepsia and PUD management STG utilization monitoring report

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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

Dyspepsia and peptic ulcer disease (PUD) are prevalent gastrointestinal disorders that significantly impact patient quality of life and healthcare resources. Effective management of these conditions relies on strict adherence to Standard Treatment Guidelines (STGs). This report presents findings from a monitoring exercise conducted to evaluate STG utilization in managing dyspepsia and PUD at **Deder General hospital**.

AIM

To assess the adherence to STGs in the management of dyspepsia and peptic ulcer disease and to identify gaps for targeted quality improvement.

Objective

- ♣ To evaluate compliance rates across specific standards of care for dyspepsia and PUD.
- ♣ To identify barriers to full adherence to the STGs.
- ♣ To recommend actionable interventions to address gaps.

Methodology

Data Collection: A retrospective audit was conducted on 10 patient records diagnosed with dyspepsia or PUD between **May 1-30, 2017E.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.	Assessment of dyspepsia symptoms and history
2.	Diagnosis confirmation through physical exam and risk factors
3.	Documentation of "red flag" symptoms
4.	Prescription of lifestyle modifications for dyspepsia
5.	Appropriate initial pharmacotherapy without PPIs
6.	Accurate dosage and choice of H2-blockers or antacids
7.	Use of endoscopy if symptoms persist beyond protocol duration
8.	Patient education on food and medication triggers
9.	Documentation of follow-up schedule and next steps
10.	Adherence to alarm symptom referral guidelines
11.	Avoidance of unnecessary antibiotics
12.	Documentation of treatment outcomes and symptom progression

RESULT

The overall performance of STG utilization in managing dyspepsia and peptic ulcer disease (PUD) in **May 2017E.C** demonstrates a high level of adherence to clinical guidelines, with a compliance rate of **97% (figure 1)**. Out of 100 assessed cases, 97 met the established standards, while only 3 instances were non-compliant. This exceptional rate reflects consistent application of protocols across most criteria, underscoring effective implementation of best practices in patient care for these conditions (**Table 2**).

A closer examination reveals that seven out of the ten standards achieved perfect compliance (100%). Key areas such as symptom assessment, diagnosis confirmation, documentation of "red flag" symptoms, appropriate initial pharmacotherapy without PPIs, adherence to referral guidelines for alarm symptoms, avoidance of unnecessary antibiotics, and documentation of treatment outcomes all showed flawless execution. However, minor gaps were observed in three standards: prescription of lifestyle modifications (90%), accurate dosage/choice of H2-blockers or antacids (90%), and patient education on triggers (90%). These slight deviations suggest occasional lapses in patient education or individualized treatment adjustments (**Table 2**).

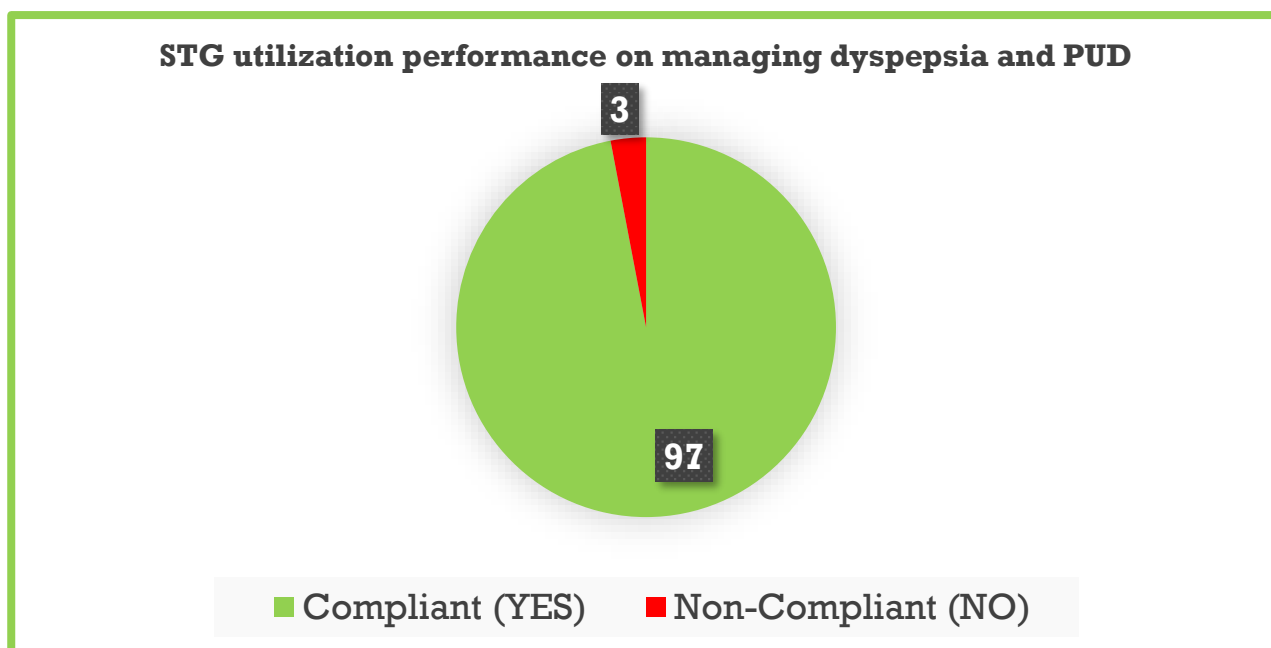


Figure 1: STG utilization performance on managing dyspepsia and PUD, *May 2017E.C*

Table 2: STG utilization performance on managing dyspepsia and PUD, *May 2017E.C*

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Assessment of dyspepsia symptoms and history	10	0	100
2.	Diagnosis confirmation through physical exam and risk factors	10	0	100
3.	Documentation of "red flag" symptoms	10	0	100
4.	Prescription of lifestyle modifications for dyspepsia	9	1	90
5.	Appropriate initial pharmacotherapy without PPIs	10	0	100
6.	Accurate dosage and choice of H2-blockers or antacids	9	1	90
7.	Patient education on food and medication triggers	9	1	90
8.	Adherence to alarm symptom referral guidelines	10	0	100
9.	Avoidance of unnecessary antibiotics	10	0	100
10.	Documentation of treatment outcomes and symptom progression	10	0	100
	OVERALL	97/100	3/100	97%

DISCUSSION

The evaluation of STG utilization in the management of dyspepsia and peptic ulcer disease (PUD) in May 2017 E.C. demonstrates an exceptionally high overall compliance rate of **97%**, with only 3 instances of non-compliance out of 100 assessed standards. This indicates that healthcare providers were largely adhering to evidence-based guidelines, particularly in critical areas such as **symptom assessment, diagnosis confirmation, and alarm symptom recognition (all at 100% compliance)**. The strict adherence to protocols for avoiding unnecessary antibiotics and ensuring appropriate initial pharmacotherapy without PPIs further reflects a commitment to rational prescribing practices, which is essential in preventing antibiotic resistance and minimizing side effects.

Despite the strong performance, minor gaps were observed in **lifestyle modification counseling (90%), accurate dosage selection of H2-blockers or antacids (90%), and patient education on dietary/medication triggers (90%)**. These slight deviations may stem from time constraints, variability in provider practices, or documentation inconsistencies. Given that lifestyle modifications and proper medication use are key to managing dyspepsia and preventing recurrence, reinforcing these areas—through structured training, checklist reminders, or patient handouts—could further optimize care.

The near-perfect compliance rate suggests that the STG guidelines for dyspepsia and PUD are well-integrated into clinical practice, likely contributing to improved patient outcomes. However, continuous monitoring and targeted quality improvement initiatives should focus on maintaining high standards while addressing the few areas with minor lapses. Future studies could explore patient perspectives on education received or long-term treatment outcomes to assess the real-world impact of these guidelines. Overall, these findings highlight the effectiveness of standardized protocols in dyspepsia and PUD management while identifying opportunities for incremental enhancements in patient counseling and documentation.

Recommendations

🔗 **Sustain High Compliance through routine M&E**

Improvement plan

🔗 **No major gap seen**

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Guyyaa/የ?/Date: ____/____/____

- ✍ **Garee tajaajila Dhibee Hatattamaa /EOPD irraa**
- ✍ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "Management of PUD"** Jedhamu kan **ji'a 9ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!

