



# **DEDER GENERAL HOSPITAL**

## ***OUTPATIENT DEPARTMENT***

**Management of urinary tract infection (UTI)**

**STG utilization monitoring report**

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*April 2017E.C,  
Deder, Oromia*

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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 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 **December 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::CRITERIA 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

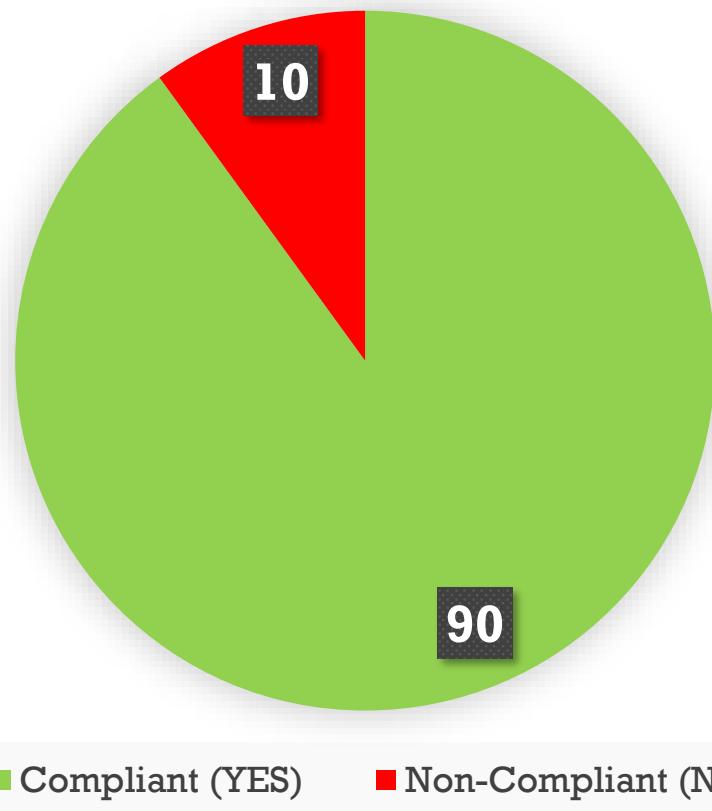
## RESULT

The overall performance of STG utilization in the management of urinary tract infections (UTIs) during April 2017 E.C. demonstrated **90% compliance** with established standards, indicating generally strong adherence to clinical guidelines. Out of 70 evaluated cases, 63 were fully compliant, while 7 showed deviations from protocol. This high compliance rate suggests that most aspects of UTI diagnosis, treatment, and patient education were being effectively implemented, contributing to standardized and quality care for patients presenting with UTIs (**Table 2**).

A closer examination of individual standards reveals **three areas of perfect compliance (100%)**: patient education on hydration and hygiene practices, documentation of treatment adherence, and screening for underlying conditions like diabetes. These results highlight particular strengths in patient counseling and comprehensive care, ensuring that individuals received not only appropriate treatment but also essential preventive education. The perfect scores in these areas reflect a well-structured approach to holistic UTI management that addresses both acute treatment and long-term prevention strategies (**Table 2**).

However, **four standards showed room for improvement**, with compliance rates of 80-90%. These included documentation of symptom assessment (90%), use of urine dipsticks for diagnosis (80%), timely antibiotic administration (80%), and documentation of patient improvement (80%). The lower performance in these areas suggests potential gaps in diagnostic consistency, treatment urgency, or follow-up documentation. Addressing these specific aspects through targeted training, process reminders, or workflow adjustments could help elevate overall compliance to match the exemplary performance seen in other standards (**Table 2**).

## STG utilization performance on managing UTI,



**Figure 1:** STG utilization performance on managing UTI, April 2017E.C

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

S.No	Standards	Compliant (YES)	Non- Compliant (NO)	Compliance Rate (%)
1.	Documentation of symptom assessment (dysuria, frequency, etc.)	9	1	90
2.	Use of urine dipstick for diagnosis	8	2	80
3.	Timely administration of first antibiotic dose	8	2	80
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	8	2	80
	<b>OVERALL</b>	63/70	7/90	<b>90%</b>

## **Discussion**

The evaluation of STG utilization in UTI management revealed generally strong adherence to clinical guidelines, with an overall compliance rate of 90%. This high level of performance suggests that the healthcare system has successfully implemented most aspects of evidence-based UTI management, particularly in patient education and comprehensive care. The perfect compliance in patient education on hydration/hygiene practices, documentation of treatment adherence, and screening for comorbidities demonstrates particular strengths in preventive care and holistic patient management. These findings are encouraging as they indicate that patients are receiving not only appropriate treatment but also crucial information to prevent recurrence and manage underlying risk factors.

However, the analysis identified several areas requiring improvement, particularly in diagnostic processes and treatment documentation. The 80% compliance rates in urine dipstick use, timely antibiotic administration, and documentation of patient improvement suggest potential systemic challenges. These may include time constraints during busy clinical shifts, variability in staff training, or gaps in documentation protocols. The slightly lower compliance in symptom documentation (90%) similarly points to opportunities to strengthen clinical assessment practices. These findings are clinically significant as incomplete symptom assessment or delayed antibiotic administration could potentially impact treatment efficacy and patient outcomes.

To enhance performance, we recommend targeted interventions focusing on the identified gaps. These might include streamlined diagnostic protocols, standardized documentation templates, and staff training emphasizing timely antibiotic administration. Regular audits with feedback mechanisms could help sustain improvements. Future evaluations should also consider assessing clinical outcomes (e.g., treatment failure rates, recurrence rates) to determine if these compliance variations actually impact patient health. The generally strong performance provides a solid foundation for achieving even higher standards in UTI management through focused quality improvement initiatives.

## Recommendations

1. Enhance Diagnostic Documentation & Urine Dipstick Utilization
2. Improve Documentation of Patient Progress
3. Regular Compliance Audits with Feedback

*Table 3: STG utilization performance improvement plan for UTI management, April 2017E.C*

S/N	Area to Be Improved	Action to be taken	Responsible Body	Timeline
1.	<b>Incomplete symptom documentation</b>	Train staff on document UTI symptoms in EMR	OPD Nurse Coordinator & Director	1 month
2.	<b>Delayed antibiotic administration</b>	Administer antibiotic as prescribed	OPD Nurse Coordinator & Director	
3.	<b>Underuse of urine dipsticks</b>	Feedback for physician on usage of urine dipsticks for diagnosis	Lab Staff, Nursing Supervisor	2 weeks
4.	<b>No UTI prevention job aids</b>	Distribute UTI prevention job aids posters	HLU f/person &, OPD Nurse Coordinator	1 month

## References

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