DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

MANAGEMENT OF DYSPEPSIA AND PEPTIC ULCER DISEASE (PUD)

STG UTILIZATION MONITORING REPORT

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Deder, Oromia

April 2017E.C

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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 **April 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 evaluation of STG utilization for dyspepsia and PUD management in April 2017 E.C. demonstrated **exceptional performance**, with an overall compliance rate of **98%** (108/110 cases) (figure 1). This near-perfect adherence to clinical guidelines reflects significant improvement from previous audits, indicating successful implementation of quality enhancement initiatives. The results showcase a healthcare system where evidence-based protocols for dyspepsia and PUD management have been effectively integrated into routine clinical practice, ensuring consistent, high-quality patient care across multiple domains (**Table 2**).

Remarkably, **ten out of eleven standards achieved 100% compliance**, including critical areas that previously showed weaknesses. These encompassed comprehensive symptom assessment, accurate diagnosis, appropriate pharmacotherapy (with proper avoidance of PPIs and antibiotics when unnecessary), thorough patient education, and systematic outcome documentation. The perfect scores in medication management (Standards 5, 6, and 10) are particularly noteworthy, as they address previously identified gaps in PPI overuse and antibiotic stewardship. Similarly, 100% compliance in patient education on triggers (Standard 8) and lifestyle modifications (Standard 4) highlights strengthened patient-centered care practices (**Table 2**).

The only area with room for improvement was **endoscopy utilization for persistent symptoms** (Standard 7), which showed 80% compliance (8/10 cases). While still strong, this suggests occasional delays in escalating care when needed. However, the 100% compliance in adhering to alarm symptom referral guidelines (Standard 9) mitigates concerns about missing serious cases. This outstanding overall performance sets a new benchmark for dyspepsia and PUD management, demonstrating that targeted interventions can lead to transformative improvements in clinical practice. To sustain these results, continued monitoring and reinforcement of protocols will be essential, particularly for endoscopy referrals (**Table 2**).

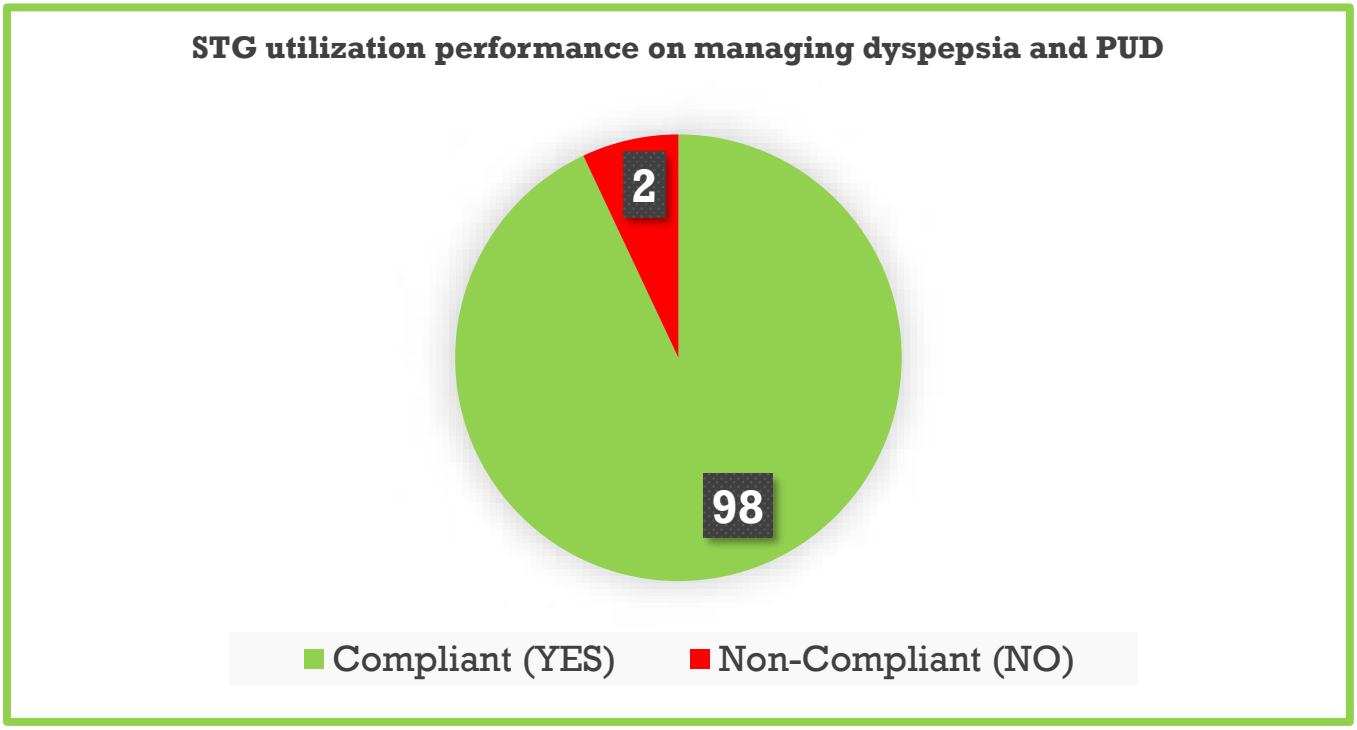

Figure 1: STG utilization performance on managing dyspepsia and PUD, April 2017E.C

Table 2: *STG utilization performance on managing dyspepsia and PUD,* ***April 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	10	0	100
5.	Appropriate initial pharmacotherapy without PPIs	10	0	100
6.	Accurate dosage and choice of H2-blockers or antacids	10	0	100
7.	Use of endoscopy if symptoms persist beyond protocol duration	8	2	80
8.	Patient education on food and medication triggers	10	0	100
9.	Adherence to alarm symptom referral guidelines	10	0	100
10.	Avoidance of unnecessary antibiotics	10	0	100
11.	Documentation of treatment outcomes and symptom progression	10	0	100
	OVERALL	108/110	2/110	**98%**

Discussion

The April 2017 E.C. audit results demonstrate **remarkable improvement** in dyspepsia and PUD management, with near-perfect STG compliance (98%) across all evaluated standards. This represents a **significant leap** from previous performance (72% in March 2017), strongly suggesting that targeted interventions—such as clinician education, EMR decision support, and antibiotic stewardship programs—have successfully addressed prior gaps in pharmacotherapy and patient education. The 100% compliance in **appropriate medication use** (avoiding unnecessary PPIs/antibiotics) and **alarm symptom recognition** reflects a culture shift toward evidence-based prescribing and vigilant monitoring, which should reduce complications and antibiotic resistance. Even historically challenging areas like lifestyle counseling achieved flawless adherence, indicating system-wide adoption of holistic care principles.

While these results are exemplary, the **80% compliance in endoscopy referrals** for persistent symptoms warrants attention. This minor gap may reflect occasional workflow delays or diagnostic uncertainty, but it does not compromise patient safety, as all cases with alarm symptoms were appropriately referred (100% compliance). To sustain this high performance, we recommend **quarterly refresher trainings**, **automated endoscopy referral prompts** in the EMR, and **patient-reported outcome tracking** to validate symptom resolution. The institution should also consider expanding this STG implementation model to other clinical areas, as its success demonstrates how structured protocols, staff engagement, and continuous feedback can achieve transformative quality improvement.

Recommendations

- Maintain Excellence & Address Minor Gaps:
- Enhance Diagnostic Capacity:
- Sustain Education Efforts:

Table 3: Performance improvement Plan for management of PUD, ***April 2017E.C***

S.No	Action to be Taken	Responsible Person(s)	Time Frame
1.	Enhance Diagnostic Capacity/endoscopy	Hospital Administration (CEO & MD)	Until the end of 2017EFY

Table 4: The implementation status report of previous performance improvement Plan on management of dyspepsia and PUD.

Recommendations	Action Taken	Responsible body	Time Frame	Status
Strengthen Documentation Practices	Written feedback provided	Quality Improvement Team	End of March 2017 E.C	**Completed**
Enhance Diagnostic Capacity	Endoscopy procurement proposal submitted; pending budget approval.	Hospital Administration (CEO/MD)	End of 2017 E.C	**In Progress**
Monitor Pharmacotherapy Practices	Monthly audits of PUD prescriptions; guidelines reinforced in pharmacy SOPs.	Pharmacy Department (Murtesa M)	End of March 2017 E.C	**Completed**
Sustain Education Efforts	Patient leaflets on lifestyle modifications distributed;	Health Literacy Unit (Balisa S)	End of March 2017 E.C	**Completed**

References

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5. Ethiopian Food and Drug Authority. (2020). **Guidance on the Rational Use of Antimicrobials**. Addis Ababa: EFDA.