
Deder General Hospital

Standard Treatment Guidelines (STG) Compliance Review Report

Condition Reviewed: Dyspepsia and Peptic Ulcer Disease

Quarter: 4th Quarter of 2017 E.C.



July 2017 E.C.
Deder, Oromia, Ethiopia

Table of Contents

1. Executive Summary
 2. Introduction
 3. Objective
 4. Methodology
 5. Results
 6. Analysis and Discussion
 7. Recommendations
 8. Action Plan
 9. Conclusion
 10. References
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1. Executive Summary

This report presents findings from a standards-based review assessing adherence to national clinical guidelines in the management of **dyspepsia and peptic ulcer disease** at Deder General Hospital. A total of **10 patient records** were evaluated during the **4th quarter of 2017 E.C.**, and all parameters reviewed were found to be in **100% compliance** with the recommended treatment protocols.

2. Introduction

Dyspepsia and peptic ulcer disease (PUD) are common gastrointestinal conditions that require standardized diagnostic and therapeutic approaches to ensure optimal outcomes and avoid complications. The Ministry of Health's Standard Treatment Guidelines (STG) provide clear recommendations for evaluating, diagnosing, managing, and following up on such cases. This audit aims to verify if patient care at Deder General Hospital aligns with these nationally endorsed standards.

3. Objective

- To evaluate adherence to STG in the diagnosis and management of dyspepsia and peptic ulcer disease.
 - To ensure key clinical steps—including assessment, pharmacotherapy, patient education, and documentation—are consistently practiced.
 - To identify any performance gaps and suggest improvements.
 - To promote evidence-based practice through regular performance audits.
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4. Methodology

4.1 Study Design

A retrospective chart review based on standard audit checklists.

4.2 Sampling

- **Sample Size:** 10 patient records.
- **Inclusion Criteria:** Patients diagnosed and treated for dyspepsia or peptic ulcer disease during the 4th quarter of 2017 E.C.

- **Exclusion Criteria:** Incomplete records or patients managed outside the STG framework.

4.3 Data Collection Tools

- Checklist adapted from the National STG 2017
- Data abstracted from patient files using structured forms

4.4 Review Period

- July 2017 E.C. (4th Quarter)

5. Results

All ten charts met the compliance criteria set forth in the national STG for dyspepsia and PUD. Each parameter achieved full adherence.

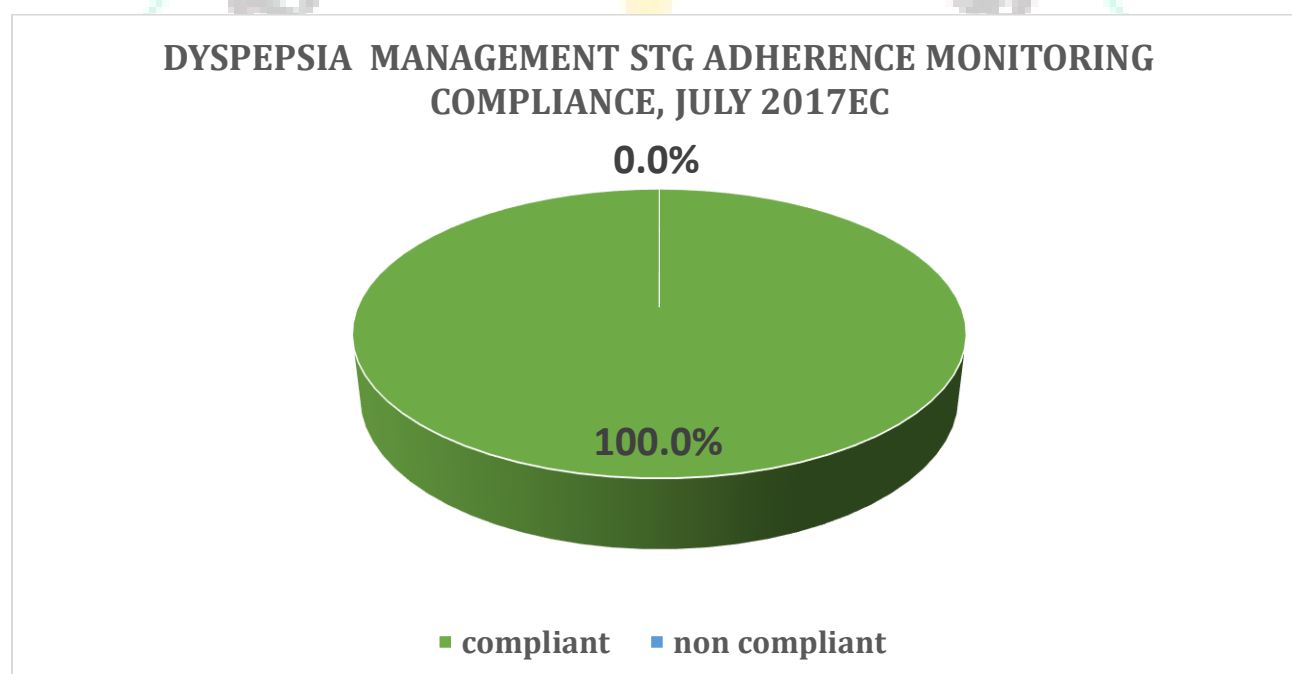
 **Table 1: Adherence to STG for Dyspepsia and PUD – July 2017 E.C.**

S/N	Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Assessment of dyspepsia symptoms and clinical history	10	0	100%
2	Confirmation of diagnosis through physical exam and risk factors	10	0	100%
3	Documentation of “red flag” symptoms	10	0	100%
4	Lifestyle modification advice provided	10	0	100%
5	Prescribed pharmacotherapy aligned with STG (H2-blockers/antacids)	10	0	100%
6	Correct dosage and choice of medication	10	0	100%
7	Use of endoscopy as per protocol (when symptoms persist)	10	0	100%
8	Patient education on food, medication triggers	10	0	100%
9	Follow-up and return plan documented	10	0	100%
10	Referral for alarm symptoms (as per guideline)	10	0	100%
11	Avoided unnecessary antibiotic use	10	0	100%

12	Treatment outcome and symptom resolution properly documented	10	0	100%
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✓ **Overall Compliance: 120/120 = 100%**

PIECHART: DYSPEPSIA MANAGEMENT STG ADHERENCE MONITORING COMPLIANCE, JULY 2017EC



6. Analysis and Discussion

The audit demonstrated excellent adherence to STG recommendations in all evaluated aspects of dyspepsia and PUD management. Clinicians consistently assessed symptoms, evaluated risk factors, and selected appropriate pharmacologic agents. Proper documentation was evident across all cases, including patient education, symptom tracking, and follow-up arrangements.

The high compliance can be attributed to strong staff orientation on treatment protocols, ongoing supervision, and routine internal audits. The appropriate and restrained use of antibiotics, based on protocol, reflects rational prescribing behavior—a key element in preventing resistance.

Such performance is commendable and represents a model of protocol-driven clinical practice.

7. Recommendations

- **Maintain** the current high level of adherence through continuous support and recognition.
 - **Conduct quarterly reviews** to monitor performance consistency.
 - **Encourage knowledge sharing** between departments using this case as a benchmark.
 - **Ensure protocol updates** are disseminated and incorporated timely.
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8. Action Plan

Focus Area	Intervention	Responsible Body	Timeline
Sustain current performance	Continuous quarterly audit, with results shared and acted upon	Clinical Audit Committee	Ongoing
Prevent performance decline	Regular feedback sessions & recognition of high-performing teams	QI Department	Quarterly
Maintain STG awareness	Reinforce STG adherence during case presentations & mentoring	Case Team Lead	Monthly

9. Conclusion

The adherence monitoring for dyspepsia and peptic ulcer disease at Deder General Hospital in the 4th quarter of 2017 E.C. confirms full alignment with national treatment standards. This achievement underscores the facility's dedication to high-quality, evidence-based care and can serve as a benchmark for other units.

10. References

1. Federal Ministry of Health Ethiopia. **Standard Treatment Guidelines, 2017.**
 2. WHO. **Appropriate Use of Antimicrobials in Clinical Practice.**
 3. Deder General Hospital Quality Assurance Office, **Clinical Audit Tools and Guidance, 2016 E.C.**
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