DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

MANAGEMENT OF DYSPEPSIA AND PEPTIC ULCER DISEASE (PUD)

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 **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 assessment of Standard Treatment Guideline (STG) utilization for dyspepsia and peptic ulcer disease (PUD) revealed a high overall compliance rate of **93%**, with **102 out of 110 total standards met** across evaluated cases. Several clinical practices showed full adherence, including the **prescription of lifestyle modifications**, **initial pharmacotherapy without PPIs**, **avoidance of unnecessary antibiotics**, and **adherence to referral guidelines for alarm symptoms**—each scoring a **100% compliance rate**. These results reflect strong alignment with national protocols in critical decision points where overuse or mismanagement is common (**Table 2**).

Meanwhile, areas such as **diagnosis confirmation**, **documentation of red flag symptoms**, and the **use of endoscopy based on protocol timing** each achieved a commendable **90% compliance**, with only minor deviations. Similarly, patient education on dietary and medication triggers and proper documentation of treatment outcomes also scored 90%, indicating generally consistent clinical behavior but still allowing room for improvement in reinforcing provider consistency (**Table 2**).

One relatively lower-performing area was the **assessment of dyspepsia symptoms and history**, which recorded an **80% compliance rate**, suggesting a need for better adherence to initial evaluation protocols. While this remains above average, it highlights a potential gap in early clinical documentation or thoroughness during patient intake. Addressing this could further improve overall quality of care and diagnostic accuracy. The findings overall demonstrate strong STG implementation, with targeted feedback and refresher training likely sufficient to close the few remaining gaps (**Table 2**).

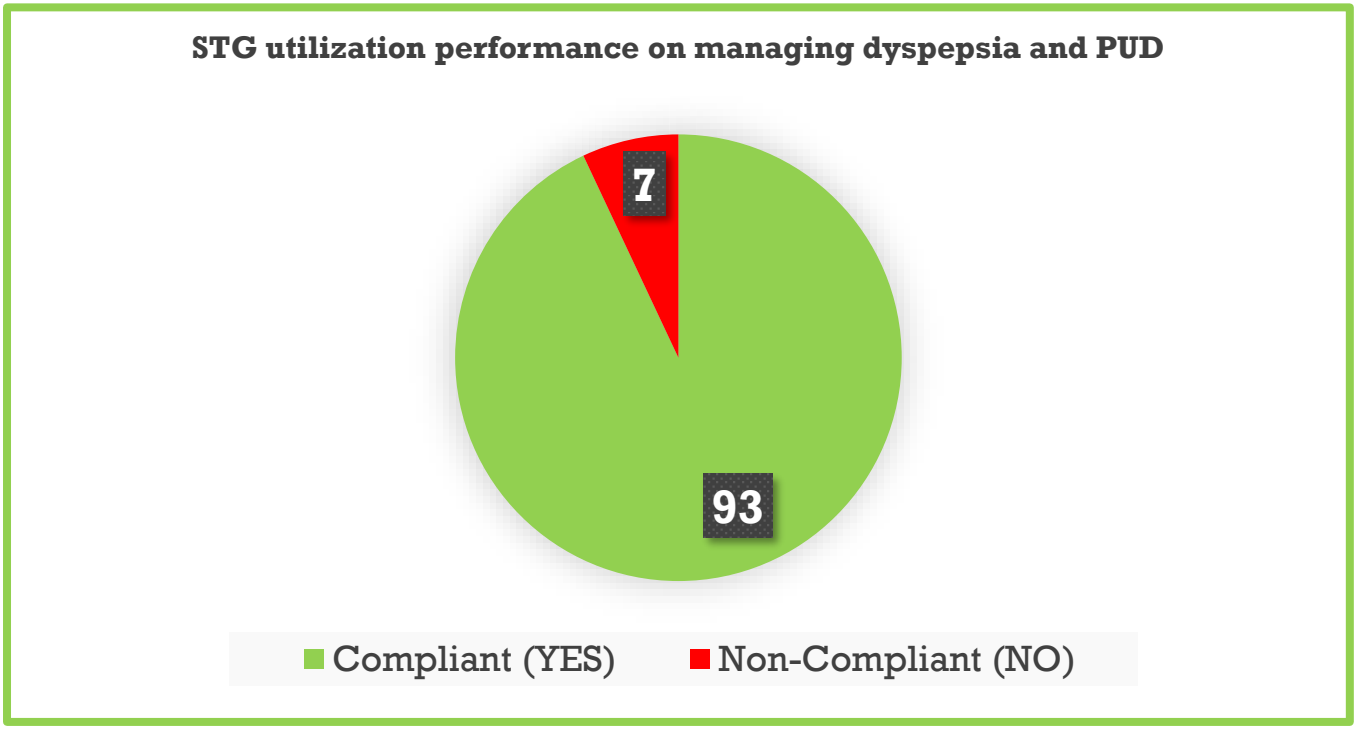

Figure 1: STG utilization performance on managing dyspepsia and PUD, April 2017E.C

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	8	2	80
2.	Diagnosis confirmation through physical exam and risk factors	9	1	90
3.	Documentation of "red flag" symptoms	9	1	90
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	9	1	90
7.	Use of endoscopy if symptoms persist beyond protocol duration	9	1	90
8.	Patient education on food and medication triggers	9	1	90
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	9	1	90
	OVERALL	102/110	8/110	**93%**

Discussion

The results of our assessment clearly show that healthcare providers at Deder General Hospital are largely following national guidelines when it comes to managing dyspepsia and PUD. With an impressive 93% overall compliance rate, it's encouraging to see that core practices—like recommending lifestyle changes, avoiding unnecessary antibiotics, and referring patients with alarm symptoms—are being applied consistently and appropriately. These are not just checklist items; they reflect a growing commitment among staff to provide safe, evidence-based care that puts patients first. The 100% adherence in several key areas shows that providers are not only aware of the guidelines but also trust and apply them in daily clinical decisions.

That said, the few areas that showed slightly lower compliance—particularly the 80% adherence in symptom assessment—remind us that even strong systems have room for improvement. This gap could reflect time pressures, incomplete documentation, or inconsistent history-taking practices. Rather than being seen as failures, these findings offer opportunities for targeted mentorship and training. Reinforcing the basics of patient assessment can further strengthen diagnostic accuracy and ensure that treatment plans are based on a complete understanding of the patient's condition. Overall, the data tell a story of success—with a few clear next steps to raise the bar even higher.

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	Hospital Administration (CEO & MD)	Until the end of 2017EFY
2.	Reinforce Comprehensive Initial Assessment	OPD Director & OPD head	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 March 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; 4 staff trainings held.	Health Literacy Unit (Balisa S)	End of March 2017 E.C	**Completed**

References

1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals**. Addis Ababa: Ethiopian Public Health Institute.
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4. Fashner, J., & Gitu, A. C. (2015). **Diagnosis and Treatment of Peptic Ulcer Disease and H. pylori Infection**. American Family Physician, 91(4), 236-242.
5. Ethiopian Food and Drug Authority. (2020). **Guidance on the Rational Use of Antimicrobials**. Addis Ababa: EFDA.

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- **Garee tajaajila Dadeebi'anii Yaalamuu /OPD 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 8ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!