



# **DEDER GENERAL HOSPITAL**

## ***OUTPATIENT DEPARTMENT***

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

**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

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

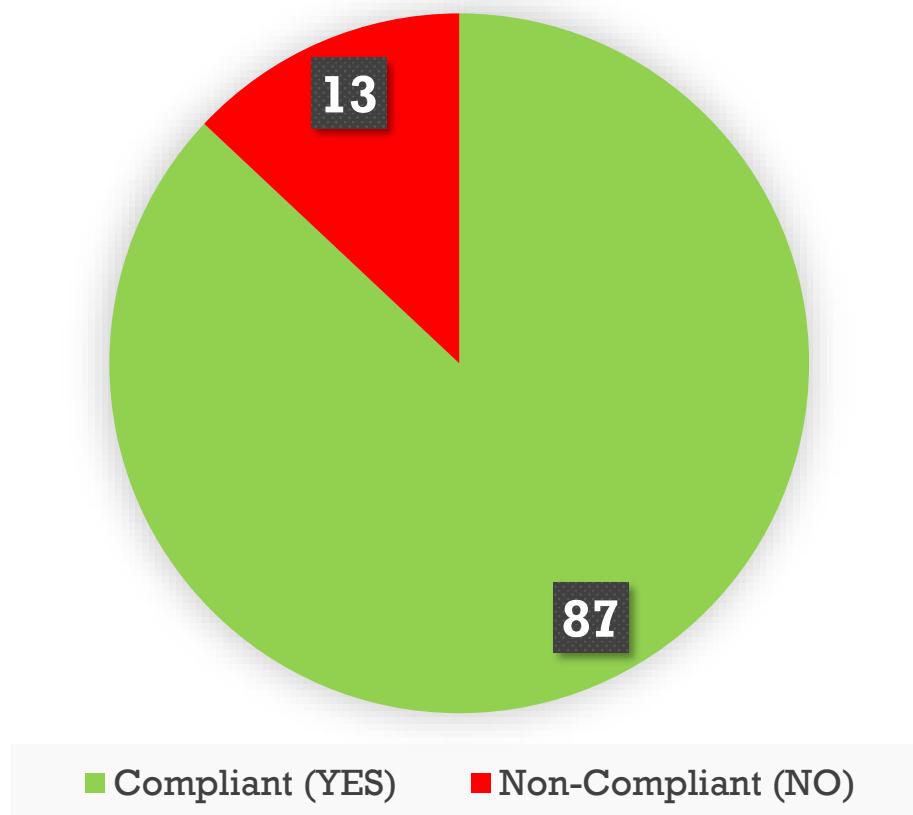
## RESULT

The assessment of STG (Standard Treatment Guideline) utilization in the management of urinary tract infections (UTIs) for April 2017E.C. revealed an overall compliance rate of **87%** (**Figure 1**). Among the evaluated standards, documentation of patient education on hydration and hygiene, adherence to prescribed treatment, and screening for underlying conditions such as diabetes demonstrated full compliance (100%). This suggests that healthcare providers consistently prioritized patient education and holistic assessment in managing UTI cases.

However, moderate gaps were observed in areas such as the use of diagnostic tools (urine dipstick or culture), selection of initial antibiotics based on local antibiogram, and timely administration of antibiotics—each showing an 80% compliance rate. While these figures indicate generally good adherence, they also highlight opportunities for improvement, particularly in diagnostic accuracy and evidence-based prescribing practices (**Table 2**).

The lowest compliance (70%) was recorded in the adjustment of antibiotic therapy based on culture results. This shortfall may reflect delays in obtaining lab results or inconsistencies in follow-up practices. Overall, while the results reflect a strong baseline performance in several essential areas of UTI management, targeted efforts are needed to improve antibiotic stewardship and the integration of laboratory data into treatment decisions (**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 or culture for diagnosis	8	2	80
3.	Initial antibiotic choice based on local antibiogram	8	2	80
4.	Timely administration of first antibiotic dose	8	2	80
5.	Patient education on hydration and hygiene practices	10	0	100
6.	Adjustment of antibiotic therapy based on culture results	7	3	70
7.	Documentation of patient adherence to the prescribed treatment	10	0	100
8.	Screening for underlying health conditions (e.g., diabetes)	10	0	100
9.	Documentation of patient improvement or discharge	8	2	80
	<b>OVERALL</b>	<b>78/90</b>	<b>12/90</b>	<b>87%</b>

## **Discussion**

The findings from the assessment highlight both strengths and areas for improvement in the utilization of Standard Treatment Guidelines (STG) for UTI management. High compliance in patient education, treatment adherence documentation, and screening for underlying conditions indicates strong provider commitment to holistic care and patient engagement. These practices are crucial for preventing recurrence and ensuring better treatment outcomes. The full compliance in these domains also suggests that non-pharmacologic aspects of care are well-integrated into routine clinical workflows.

On the other hand, lower compliance in areas like antibiotic adjustment based on culture results (70%) and diagnostic testing (80%) suggests gaps in laboratory service utilization and follow-through. These deficiencies could lead to inappropriate antibiotic use, contributing to antimicrobial resistance and suboptimal patient outcomes. The consistent 80% compliance in initial antibiotic choice and timely administration indicates partial adherence to evidence-based protocols, which may be improved through enhanced training, better access to local antibiogram data, and strengthened supervision. Overall, while the general performance is commendable, focused interventions in antibiotic stewardship and diagnostic practices are essential for achieving full STG adherence.

## Recommendations

1. Promote Use of Local Antibiogram:
2. Strengthen Documentation Practices:

*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>Low compliance in antibiotic adjustment based on culture</b>	Improve lab turnaround time and ensure timely communication of culture results	Laboratory Dept., medical Director	<b>Within 2 months</b>
2.	<b>Inconsistent use of local antibiogram for initial treatment</b>	Make local antibiogram available in all clinical units and provide training on its use	Pharmacy Dept., Infection Prevention Committee	<b>Within 1 month</b>
3.	<b>Documentation of Urinary Symptoms.</b>	Implement regular audits and provide feedback on documentation practices.	Department head & EMR team	<b>Ongoing (start within 1 month)</b>

**Table 4: Implementation status of previous performance improvement plan**

S.n	Area to Be Improved	Action to Be Taken	Responsible Body	Timeline	Status	Remarks
1	<b>Timely Administration of Antibiotics</b>	Conduct training sessions on the importance of timely antibiotic administration.	Hospital Administration & QI Unit	March 1 – April 30, 2017 E.C	Completed	Training conducted, improvement observed.
2	<b>Initial Antibiotic Choice Based on Antibiogram</b>	Develop and distribute updated local antibiogram guidelines to all healthcare providers.	Pharmacy & Laboratory Departments	March 1 – March 30, 2017 E.C	Partially Completed – Distribution done, usage limited.	
3	<b>Patient Education on Hydration and Hygiene</b>	Standardize educational materials and conduct workshops for healthcare providers.	Nursing Director & Health Literacy Unit	March 1 – April 30, 2017 E.C	Completed – Materials in use; education documented.	
4	<b>Documentation of Urinary Symptoms</b>	Implement regular audits and provide feedback on documentation practices.	Department Head & EMR Team	Ongoing (starting within 1 month of plan)	Ongoing – Audit system initiated, continuous follow-up	

## References

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2. World Health Organization. (2017). **WHO Guidelines for the Diagnosis and Management of Dyspepsia.** Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of urinary tract infections.** The American Journal of Gastroenterology, 117(4), 457-478.
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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 urinary tract infection (UTI)” Jedhamu kan **ji'a 8ffaa** bara **2017** xalayaa **Fuula 12**\_qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beekebsiifnaa.

**Nagaya wajjiin!!**