



DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

MANAGEMENT OF DYSPEPSIA AND PEPTIC

ULCER DISEASE (PUD)

STG UTILIZATION MONITORING REPORT

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March 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 **March 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.	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 in managing dyspepsia and peptic ulcer disease (PUD) during March 2017 E.C. revealed an **overall compliance rate of 72%**, indicating moderate adherence to clinical guidelines (**Figure 1**). Out of 100 assessed cases, 72 met the established standards, while 28 showed deviations. This suggests that while foundational aspects of care were generally followed, significant gaps remain in several critical areas of dyspepsia and PUD management. The results highlight the need for targeted improvements to enhance the quality and consistency of care provided to patients with these conditions.

Performance varied considerably across individual standards. **Areas of relative strength** included assessment of dyspepsia symptoms and history (90% compliance), diagnosis confirmation through physical exam and risk factors (90%), and documentation of "red flag" symptoms (80%). These higher compliance rates suggest that clinicians are generally thorough in initial evaluations and identifying high-risk cases. However, **notable weaknesses** emerged in pharmacotherapy practices, with only 60% compliance in appropriate initial treatment without PPIs, accurate dosage of H2-blockers or antacids, and avoidance of unnecessary antibiotics. These gaps indicate potential overreliance on PPIs, suboptimal medication management, and inappropriate antibiotic use, which could compromise patient outcomes and contribute to antibiotic resistance.

Patient education and follow-up processes also showed **room for improvement**, with 70% compliance in educating patients about food and medication triggers and 60% compliance in documenting follow-up schedules. The 80% compliance in documenting treatment outcomes suggests inconsistent tracking of patient progress. These findings underscore the need to strengthen patient-centered care components, including education on lifestyle modifications (70% compliance) and systematic follow-up planning. Addressing these gaps could enhance long-term management of dyspepsia and PUD, reduce recurrence rates, and improve patient satisfaction. The variability in compliance across standards points to opportunities for refining protocols, training, and workflow processes to achieve more consistent adherence to STGs.

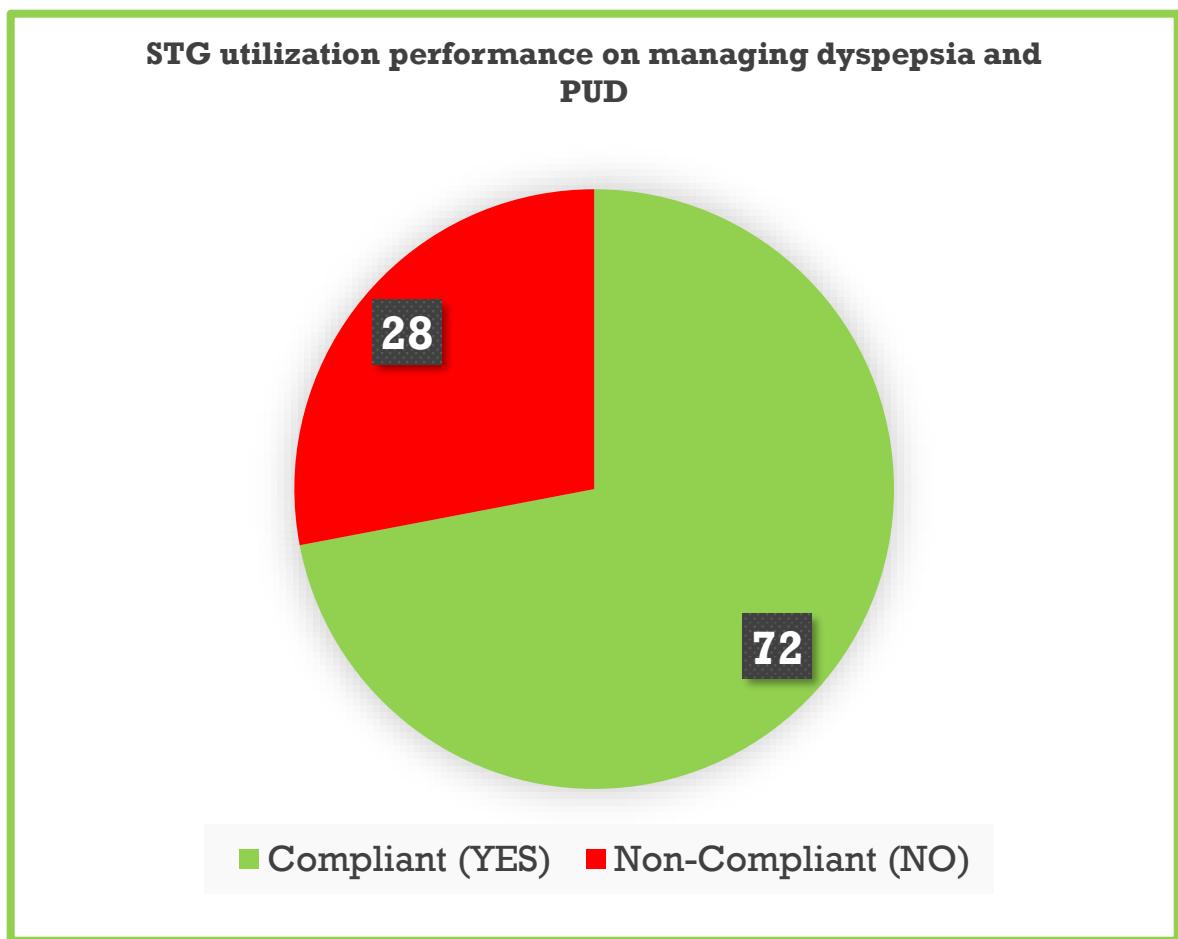


Figure 1: STG utilization performance on managing dyspepsia and PUD, March 2017E.C

Table 2: STG utilization performance on managing dyspepsia and PUD, March 2017E.C

S.No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance Rate (%)
1.	Assessment of dyspepsia symptoms and history	9	1	90
2.	Diagnosis confirmation through physical exam and risk factors	9	1	90
3.	Documentation of "red flag" symptoms	8	2	80
4.	Prescription of lifestyle modifications for dyspepsia	7	3	70
5.	Appropriate initial pharmacotherapy without PPIs	6	4	60
6.	Accurate dosage and choice of H2-blockers or antacids	6	4	60
7.	Patient education on food and medication triggers	7	3	70
8.	Documentation of follow-up schedule and next steps	6	4	60
9.	Avoidance of unnecessary antibiotics	6	4	60
10.	Documentation of treatment outcomes and symptom progression	8	2	80
	OVERALL	72/100	28/100	72%

Discussion

This audit of STG utilization for dyspepsia and peptic ulcer disease (PUD) management reveals an overall compliance rate of 72%, indicating generally acceptable adherence but highlighting significant areas requiring targeted improvement. The performance demonstrates a clear pattern: compliance is strongest in the initial diagnostic and assessment phases (Standards 1, 2, 3, 10 achieving 80-90%), suggesting clinicians are proficient in identifying symptoms, confirming diagnoses, recognizing red flags, and documenting outcomes. This foundation is crucial for appropriate management. However, compliance notably declines in the domains of active treatment initiation and patient engagement.

The most concerning deficiencies lie in pharmacotherapy selection and follow-up planning (Standards 5, 6, 8, 9 all at 60%). The relatively low compliance with **appropriate initial pharmacotherapy without PPIs** (60%) and **accurate dosage/choice of H2-blockers or antacids** (60%) suggests potential over-reliance on PPIs as first-line treatment or incorrect dosing of recommended alternatives, deviating from STG protocols aimed at cost-effectiveness and minimizing unnecessary PPI use. Equally troubling is the 60% compliance with **avoidance of unnecessary antibiotics**, indicating inappropriate prescribing practices for non-H. pylori related dyspepsia, which contributes to antimicrobial resistance. The low rate of **documenting follow-up schedules** (60%) risks fragmented care and inadequate monitoring of treatment response or symptom progression.

Furthermore, while moderately better (70%), the compliance rates for **prescribing lifestyle modifications** and **providing patient education on triggers** indicate suboptimal patient counseling. Effective management of chronic conditions like dyspepsia heavily relies on patient understanding and adherence to dietary and behavioral changes; neglecting this aspect likely diminishes treatment efficacy and patient self-management capabilities. Addressing these gaps in pharmacotherapy, antibiotic stewardship, follow-up coordination, and patient education is essential to elevate overall STG compliance beyond 72% and improve patient outcomes. Strategies could include focused clinician education on STG medication algorithms, implementing antibiotic stewardship prompts, standardizing follow-up documentation templates, and providing resources for effective patient counseling on lifestyle modifications.

Recommendations

To address these issues, we recommend:

1. Targeted clinician education on current pharmacotherapy guidelines, emphasizing:
2. Implementation of clinical decision support tools to:
 - o Prompt assessment of "red flag" symptoms
3. Development of standardized patient education materials covering:
 - o Lifestyle modifications
 - o Medication adherence

Table 3: STG utilization PUD performance improvement Plan on management of PUD, March 2017 E.C

Recommendations	Action Taken	Responsible body	Time Frame
Strengthen Documentation Practices	Written feedback provided	Quality Improvement Team	1 Month
Enhance Diagnostic Capacity	Endoscopy procurement proposal submitted; pending budget approval.	Hospital Administration (CEO/MD)	End of 2017 E.C
Monitor Pharmacotherapy Practices	Monthly audits of PUD prescriptions; guidelines reinforced in pharmacy SOPs.	Pharmacy Department (Murtessa M)	1 Month
Sustain Education Efforts	Patient leaflets on lifestyle modifications distributed;	Health Literacy Unit (Balisa S)	1 Month

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