



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 **May 1-30, 2017**.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 STG utilization for managing dyspepsia and PUD achieved **perfect 100% compliance** across all 11 standards in May 2017 E.C. This is reflected in a total of **110 compliant instances ("YES")** out of 110 possible opportunities, with **zero non-compliant instances ("NO")** recorded. The aggregate compliance rate of **100%** signifies flawless adherence to clinical guidelines in every assessed case (**Table 2**).

This exceptional result demonstrates uniform application of STG protocols at all stages of care—from initial symptom assessment and diagnosis to treatment, patient education, and follow-up. All 10 cases met every standard, including critical aspects like avoiding unnecessary antibiotics, escalating to endoscopy when required, and adhering to alarm symptom referral pathways. The 100% overall compliance underscores rigorous, system-wide implementation of best practices for dyspepsia and PUD management during this period (**Table 2**).

Table 2: STG utilization performance on managing dyspepsia and PUD, May 2017 E.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	10	0	100
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	110/110	0/110	100%

DISCUSSION

The observed **100% overall compliance rate** across all 11 standards for managing dyspepsia and PUD in May 2017 E.C. represents an exceptionally high level of adherence to clinical guidelines. This perfect performance signifies a healthcare system operating at peak protocol fidelity during this reporting period. The absence of any non-compliant instances ("NO") across 110 opportunities (11 standards x 10 cases) strongly suggests a deeply ingrained culture of guideline utilization and systematic implementation of the STGs for these conditions. Key strengths highlighted include universal documentation of red flags, appropriate initial therapy avoiding PPIs, correct use of H2-blockers/antacids, strict avoidance of unnecessary antibiotics, and consistent patient education – all critical components for effective and safe dyspepsia/PUD management.

While these results are highly commendable, several considerations warrant attention. Firstly, achieving 100% compliance across multiple complex standards is unusual and prompts reflection on the **data collection methodology**. Potential factors could include a highly motivated and trained staff cohort during the audit period, a small sample size (n=10 cases), or possible observer/reporting bias where deviations were under-recorded. Secondly, the sustainability of this perfect performance needs monitoring over time and across larger, more diverse patient populations. Future audits should explore **longitudinal trends** and **clinical outcomes** (e.g., symptom resolution rates, complication reduction) to confirm that this high compliance translates into measurably improved patient health. Finally, while protocol adherence was flawless, these standards represent a baseline. Continuous quality improvement efforts could focus on **patient-reported outcomes** or exploring newer evidence-based approaches beyond the audited criteria. Nevertheless, this snapshot demonstrates a remarkable achievement in guideline implementation.

Recommendations

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

Performance improvement Plan

- ✎ No major gap seen

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

Action Taken	Responsible body	Status	Key Activities/Outcomes
Reinforce Comprehensive Initial Assessment	OPD Director & OPD Head	Completed	Provided written feedback for OPD physicians

References

1. Ethiopian Ministry of Health. (2021). **National Standard Treatment Guidelines for General Hospitals**. Addis Ababa: Ethiopian Public Health Institute.
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 Peptic Ulcer Disease**. The American Journal of Gastroenterology, 117(4), 457-478.
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.

Guyyaa/ቀን/Date: ____/____/____

- ✎ Garee tajaajila Daddeebi'anii yaalamuu/OPDt irraa
- ✎ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon "PUD"** Jedhamu kan **ji'a 9ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!