DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

MANAGEMENT OF DYSPEPSIA AND PEPTIC ULCER DISEASE (PUD)

STG UTILIZATION MONITORING REPORT

By: ***Dr Bahar Abdi (OPD Director)***

May 2017E.C

Deder, Oromia

Table of Contents

No table of figures entries found.

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, 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 May 2017 E.C. audit results demonstrate **sustained excellence** in dyspepsia and PUD management, achieving a **99% overall compliance rate** (109/110 cases) with STG standards. This represents continued improvement from April's 98% compliance, further solidifying the healthcare system's success in implementing evidence-based protocols. The near-perfect adherence across all measured domains confirms that the quality improvement initiatives implemented in previous months have been effectively maintained and refined, resulting in consistently high-quality patient care.

All standards except one achieved perfect 100% compliance, including critical areas such as appropriate pharmacotherapy (avoidance of unnecessary PPIs and antibiotics), comprehensive patient education, and thorough documentation of treatment outcomes. The sustained 100% compliance in medication is particularly noteworthy, as it confirms the lasting impact of targeted interventions to address previous gaps in prescribing practices. Similarly, the continued perfect scores in alarm symptom recognition and lifestyle modification counseling demonstrate that clinicians have fully integrated these essential components into their routine practice.

The only minor deviation was observed in **endoscopy utilization for persistent symptoms**, which improved to 90% compliance (9/10 cases) from April's 80%. While this represents progress, it remains the sole area requiring further attention. However, the persistent 100% compliance in alarm symptom referrals ensures that all high-risk cases are appropriately managed. These outstanding results, building on April's achievements, suggest that the implemented changes have become embedded in clinical workflows. To maintain this exceptional standard of care, continued focus on optimizing endoscopy referral processes and ongoing monitoring will be essential (**Table 2**).

Table 2: *STG utilization performance on managing dyspepsia and PUD,* ***May 2017E.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	9	1	90
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	109/110	1/110	**99%**

DISCUSSION

The STG utilization performance for managing dyspepsia and peptic ulcer disease (PUD) in May 2017 demonstrates exceptionally high compliance across nearly all assessed standards. 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.

Recommendations	Action Taken	Responsible body	Time Frame	Status
Enhance Diagnostic Capacity	Endoscopy procurement proposal submitted; pending budget approval.	Hospital Administration (CEO/MD)	End of 2017 E.C	**In Progress**

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.