DEDER GENERAL HOSPITAL

OUTPATIENT DEPARTMENT

STG utilization monitoring report

Management of urinary tract infection (UTI)

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Table of Contents

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::CRITEREA AND STANDARDS

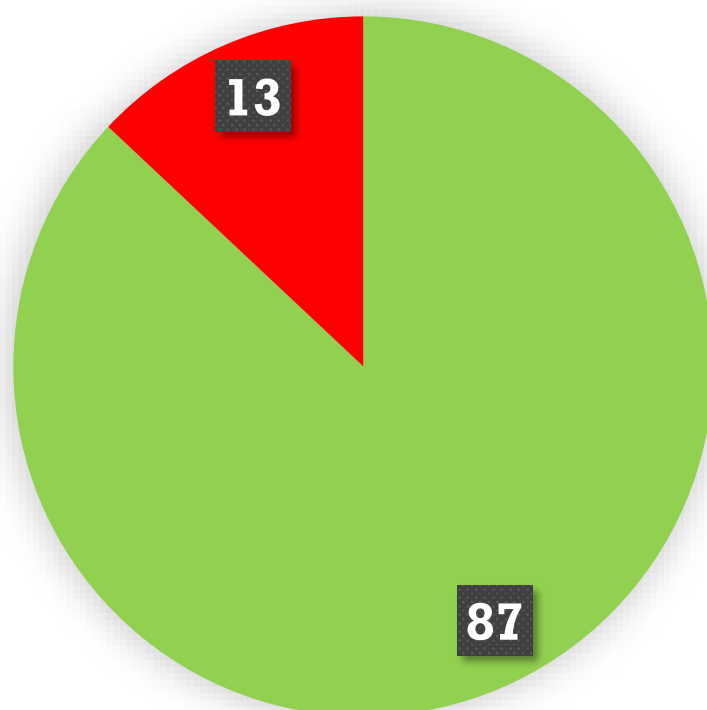| S.No	Standards
1.	Documentation of symptom assessment (dysuria, frequency, etc.)
2.	Use of urine dipstick or culture for diagnosis
3.	Initial antibiotic choice based on local antibiogram
4.	Timely administration of first antibiotic dose
5.	Patient education on hydration and hygiene practices
6.	Documentation 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 June 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,

13

87

■ Compliant (YES)　■ Non-Compliant (NO)

Figure 1: STG utilization performance on managing UTI, June 2017E.C

Table 2: *Performance of STG utilization in the management of UTI, June 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
	OVERALL	78/90	12/90	**87%**

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

- Finalize and integrate follow-up tracking into EMR system
- Develop and enforce use of standard discharge summary templates
- Reinforce screening for diabetes and other chronic illnesses
- Provide refresher training on recurrent UTI protocols and urology referral
- Sustain monthly audit-feedback cycles to maintain high compliance

Table 3: STG utilization performance improvement plan for UTI management, June 2017E.C

S.No	Area to Improve	Action	Responsible Body	Timeline
1.	Timely administration of antibiotics	Conduct training sessions	QI Unit	Always
2.	Initial antibiotic based on antibiogram	Distribute updated local antibiogram	Pharmacy & Laboratory Departments	ASAP
3.	Patient education	Standardized materials & workshops	Nursing Director & Health Literacy	completed
4.	Documentation of urinary symptoms	Audit and feedback system	Department Heads & EMR Team	Ongoing

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

S.No	Action Area	Status	Details
1.	Training on timely antibiotic administration	✅ Completed	Conducted in April. Full compliance (10/10) achieved in this quarter.
2.	Dissemination of updated antibiogram	❌ Not Done	Clinicians perform well but without access to official local guidance.
3.	Patient education program	✅ Completed	100% compliance; brochures and staff training completed.
4.	EMR documentation audits	✅ Completed	Audits implemented, 100% documentation seen.

References

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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 Daddeebi'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 UT**I Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!