



# **DEDER GENERAL HOSPITAL**

## ***EMERGENCY DEPARTMENT***

### **Dyspepsia and PUD management STG utilization monitoring report**

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**Figure 1:** STG utilization performance on managing dyspepsia and PUD, **June 2017E.C** ..... Error! Bookmark not defined.

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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 **June 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**

Based on the data presented in Table 2, the STG utilization performance for managing dyspepsia and PUD in **June 2017 E.C.** demonstrated exceptional adherence to clinical guidelines. The audit revealed a **perfect 100% compliance rate** across all ten evaluated standards. Every standard recorded 10 compliant instances ("YES") and zero non-compliant instances ("NO"), resulting in the maximum possible score for each criterion. This indicates uniform and rigorous application of the STGs for these conditions during the audit period.

The high compliance encompassed the entire spectrum of dyspepsia and PUD management. Key areas where standards were consistently met included: thorough **patient assessment** (symptoms, history, physical exam, risk factors, "red flag" documentation); appropriate **initial treatment strategies** (lifestyle modification prescriptions, avoidance of unnecessary PPIs first-line, accurate choice and dosage of H2-blockers/antacids, avoidance of unnecessary antibiotics); effective **patient communication** (education on triggers); strict **adherence to referral protocols** for alarm symptoms; and diligent **documentation practices** tracking treatment outcomes and symptom progression.

This comprehensive 100% compliance rate signifies outstanding conformance to best practices as outlined in the STGs. The results highlight particularly commendable adherence to principles of antibiotic and PPI stewardship, alongside robust patient assessment, education, and follow-up documentation. The absence of any non-compliance across all standards suggests a very high level of guideline integration into routine clinical practice for dyspepsia and PUD management during June 2017 E.C., setting a strong benchmark for performance.

**Table 2: STG utilization performance on managing dyspepsia and PUD, June 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.	Patient education on food and medication triggers	10	0	100
8.	Adherence to alarm symptom referral guidelines	10	0	100
9.	Avoidance of unnecessary antibiotics	10	0	100
10.	Documentation of treatment outcomes and symptom progression	10	0	100
	<b>OVERALL</b>	<b>100/100</b>	<b>0/100</b>	<b>100%</b>

## DISCUSSION

The evaluation of STG utilization in the management of dyspepsia and peptic ulcer disease (PUD) in June 2017 E.C. demonstrates an exceptionally high overall compliance rate of 100%. This indicates that healthcare providers were largely adhering to evidence-based guidelines, particularly in critical areas such as **symptom assessment, diagnosis confirmation, and alarm symptom recognition (all at 100% compliance)**. The strict adherence to protocols for avoiding unnecessary antibiotics and ensuring appropriate initial pharmacotherapy without PPIs further reflects a commitment to rational prescribing practices, which is essential in preventing antibiotic resistance and minimizing side effects.

The near-perfect compliance rate suggests that the STG guidelines for dyspepsia and PUD are well-integrated into clinical practice, likely contributing to improved patient outcomes. However, continuous monitoring and targeted quality improvement initiatives should focus on maintaining high standards while addressing the few areas with minor lapses. Future studies could explore patient perspectives on education received or long-term treatment outcomes to assess the real-world impact of these guidelines. Overall, these findings highlight the effectiveness of standardized protocols in dyspepsia and PUD management while identifying opportunities for incremental enhancements in patient counseling and documentation.

## Recommendations

- ☒ **Sustain High Compliance through routine M&E**
- ☒ **Improvement plan**
- ☒ **No major gap seen**

## REFERENCES

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Guyyaa/ቁጥር/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila Dhibee Hatattamaa /EOPD irraa
- ❖ Garee Qulquullina Tajaajila Fayyaatiif

### **Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol** mon “Management of PUD” Jedhamu kan ji'a 10ffaa bara 2017 xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiiniif beeksiifnaa.

**Nagaya wajjiin!!**

