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DEDER GENERAL HOSPITAL

EMERGENCY DEPARTMENT

Severe pneumonia management STG utilization monitoring report

Reported By: Dr Frezer Girma (EOPD Director)

Date: 30/10/2017

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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

Severe pneumonia, including community-acquired Severe pneumonia (CAP) and hospital-acquired Severe pneumonia (HAP), remain significant contributors to morbidity and mortality. Standard Treatment Guidelines (STG) are critical tools for ensuring evidence-based, consistent, and high-quality management of these infections. Regular monitoring of STG adherence identifies gaps and informs interventions to improve care quality. This monitoring report evaluates the utilization of STG for community-acquired Severe pneumonia (CAP) and hospital-acquired Severe pneumonia (HAP) at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes

AIM

- ☛ To assess and improve the adherence to STG standards in the management of Severe pneumonia at the facility.

Objective

- ▲ To evaluate compliance with key STG standards in the management of Severe pneumonia.
- ▲ To identify areas of non-compliance and root causes.
- ▲ To develop and implement actionable interventions to enhance STG adherence.

Methodology

Data Collection: A retrospective audit was conducted on 10 patient records diagnosed with Severe pneumonia between **June 01-30, 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.	Comprehensive symptom and physical assessment
2.	Diagnosis based on chest X-ray or imaging
3.	Initial assessment of CAP vs HAP risk factors
4.	Correct choice of empiric antibiotics
5.	Antibiotic adjustment based on culture
6.	Timely administration of the first dose of antibiotics
7.	Monitoring of respiratory status
8.	Documentation of risk assessment
9.	Patient education on hygiene and vaccination
10.	Referral to higher care level if deterioration
11.	Use of steroids per severity criteria
12.	Follow-up plan documentation

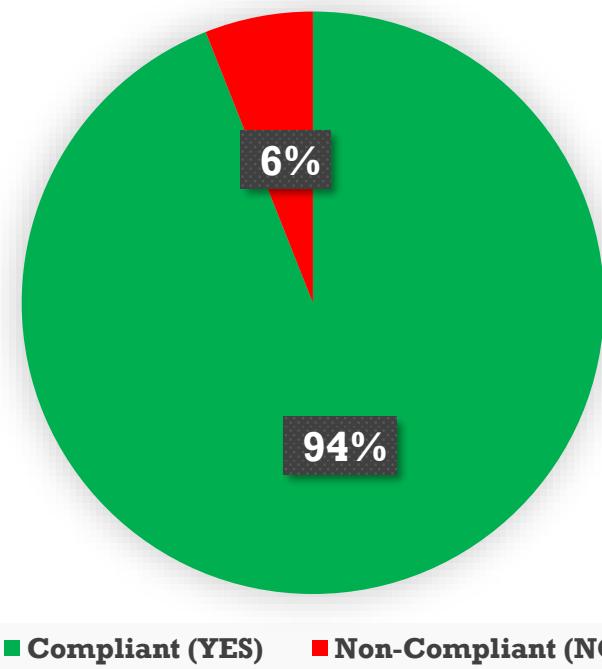
RESULT

Overall, the performance demonstrates exceptionally high adherence to the STG. The aggregate compliance across all 11 audited criteria reached 95%, with 105 compliant instances recorded against only 5 non-compliant instances. Ten out of the eleven specific clinical criteria assessed achieved perfect 100% compliance. This indicates that for the vast majority of guideline elements – including critical steps like completing symptoms and exams, confirming diagnosis with imaging, performing risk assessments (CAP vs HAP), administering timely empiric antibiotics, adjusting therapy based on culture, monitoring respiratory status, assessing complication risk, providing patient education, and making appropriate referrals – the management of severe pneumonia cases was fully compliant with the established protocol during the audit period.

However, one significant area of non-compliance was identified. Criterion 11, "Use of steroids per severity," had only a 50% compliance rate (5 compliant, 5 non-compliant). This single criterion accounted for all 5 recorded non-compliant instances. This finding highlights a specific weakness in applying the guideline recommendations regarding corticosteroid therapy based on the assessed severity of pneumonia. While all other process steps were followed meticulously, adherence to the protocol for steroid administration was inconsistent.

In conclusion, the STG utilization for severe pneumonia management was robust and near-perfect across almost all measured domains, achieving an overall compliance rate of 95%. The consistent 100% compliance on 10 out of 11 criteria reflects strong adherence to diagnostic, therapeutic, monitoring, and educational aspects of the guidelines. Nevertheless, the isolated but notable deviation concerning the appropriate use of steroids according to severity

STG utilization performance on Management of Severe pneumonia



represents a clear opportunity for targeted quality improvement initiatives to ensure complete guideline fidelity in future practice.

Figure 1: STG utilization performance on Management of Severe pneumonia, June 2017E.C

Table 2: STG utilization performance on Management of Severe pneumonia, June 2017E.C

S/N	Clinical Criteria	Compliant (Yes)	Non-Compliant (No)	Compliance (%)
1	Symptom & physical exam completed	10	0	100
2	Diagnosis confirmed with imaging	10	0	100
3	Risk assessment (CAP vs HAP)	10	0	100
4	Empiric antibiotics per protocol	10	0	100
5	Adjustment based on culture	10	0	100
6	Timely first dose of antibiotics	10	0	100
7	Monitoring of respiratory status	10	0	100
8	Risk assessment for complications	10	0	100
9	Patient education provided	10	0	100
10	Referral to higher care if needed	10	0	100
11	Use of steroids per severity	5	5	50
		105	5	95

DISCUSSION

Overall, the audit reveals exceptionally high adherence to the Severe Pneumonia Standard Treatment Guidelines (STG), indicating a strong culture of protocol compliance within the audited setting. The aggregate compliance rate of 95% across all 11 criteria is commendable. The perfect 100% compliance achieved on ten critical components – spanning initial assessment (symptoms/exam, diagnostic imaging), risk stratification (CAP vs HAP), core treatment (timely empiric antibiotics, culture-based adjustment), monitoring (respiratory status, complication risk), and patient-centered care (education, referral) – demonstrates a robust and systematic implementation of the guideline. This high level of fidelity across diverse aspects of care suggests effective training, readily available resources (e.g., imaging, antibiotics), and a well-established process for managing severe pneumonia according to the established protocol during this period. The absence of non-compliance in these areas is a significant positive finding.

However, the audit identifies a single, yet significant, area of deviation: the appropriate use of steroids based on severity assessment (Criterion 11). With a compliance rate of only 50% (5 compliant, 5 non-compliant), this criterion stands out starkly against the otherwise flawless performance. This finding suggests a specific challenge or knowledge gap regarding the application of corticosteroid therapy within the severe pneumonia protocol. Potential reasons for this discrepancy could include:

In conclusion, while the overall STG compliance for severe pneumonia management is outstanding, the specific deficit in steroid utilization per severity warrants targeted attention. The near-perfect performance across the vast majority of criteria is a testament to effective guideline implementation and should be recognized. However, the 50% compliance rate for Criterion 11 represents a clear opportunity for quality improvement. Addressing this gap requires focused interventions, such as enhanced training on severity assessment tools, clear reinforcement of the STG recommendations regarding steroid indications and contraindications, potential refinement of the protocol if ambiguity exists, and perhaps clinical decision support or audit feedback specifically on this aspect of care. Closing this specific compliance gap is essential to ensure fully optimized, evidence-based management for all patients with severe pneumonia.

RECOMMENDATIONS

- ☛ Sustain High Compliance through routine M&E
- ☛ Enhance Adherence to Steroid Administration Guidelines

Table 3: Improvement plan, June 2017E.C

Area to be improved	Action to be taken	Responsible body	Timeline
Enhance Adherence to Steroid Administration Guidelines	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	July 01-30, 2017E.C

Table 4. The previous Improvement plan implementation status report, June 2017E.C

Recommendation	Action taken	Implementation Status
Improve adherence to diagnostic imaging	- Written feedback provided to emergency physicians - Monthly audits of 100% pneumonia cases for imaging compliance	Fully implemented

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 TB**. Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of Severe pneumonia** . The American Journal of Gastroenterology, 117(4), 457-478.



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ይህ Garee tajaajila Dhibee Hatattamaa /EOPD irraa

ይህ Garee Qulquullina Tajaajila Fayyaatiif

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

ይህ Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol** mon “Management of SCAP” Jedhamu kan ji'a 10ffaa bara 2017 xalayaa **Fuula 12** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!





DEDER GENERAL HOSPITAL

EMERGENCY DEPARTMENT

Diabetic Mellitus (DM) management STG utilization monitoring report

Reported By: Dr Frezer Girma (EOPD Director)

Date: 30/10/2017E.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

Diabetes Mellitus (DM) is a chronic condition with significant public health implications. Effective management relies on adherence to Standard Treatment Guidelines (STG) to ensure consistency and quality of care. This monitoring report evaluates the utilization of STG for DM at **Deder General hospital**, identifies gaps in compliance, and proposes actionable recommendations to improve outcomes.

AIM

- To assess adherence to Standard Treatment Guidelines for managing Diabetes Mellitus and enhance the quality of care provided to patients.

Objective

- Evaluate the compliance of healthcare providers with STG standards for DM management.
- Identify gaps and challenges in STG utilization.
- Provide actionable recommendations to address identified gaps.
- Develop an action plan with clear responsibilities and timelines.

Methodology

Study Design: Cross-sectional audit of DM case management.

- **Data Collection:**

- **Sources:** Patient medical records, and audit checklists.
- **Study period:** from **June 01-30, 2017E.C**
- **Sample Size:** **10 cases of DM** management reviewed.
- **Key Indicators:** Compliance with 12 key STG standards, including diagnosis confirmation, glucose monitoring, dietary counselling, and foot care.

Data Analysis:

- Compliance rates were calculated as the percentage of compliant cases out of the total reviewed.
- Non-compliance trends were identified and categorized.

Table 1:CRITERIA AND STANDARDS

S.No	Standards
1.	Diagnosis type confirmed (Type 1, Type 2, etc.)
2.	Baseline blood glucose and HbA1c levels documented
3.	Treatment initiation based on severity and type
4.	Accurate insulin or oral agent dosing based on STG
5.	Administration of DKA management per protocol if required
6.	Monitoring of blood glucose as per protocol
7.	Dietary and exercise counseling provided
8.	Documentation of foot care and eye examination
9.	Adherence to protocol for comorbid conditions
10.	Regular follow-up and HbA1c monitoring
11.	Assessment for hypoglycemia risk and prevention
12.	Documentation of patient education and compliance

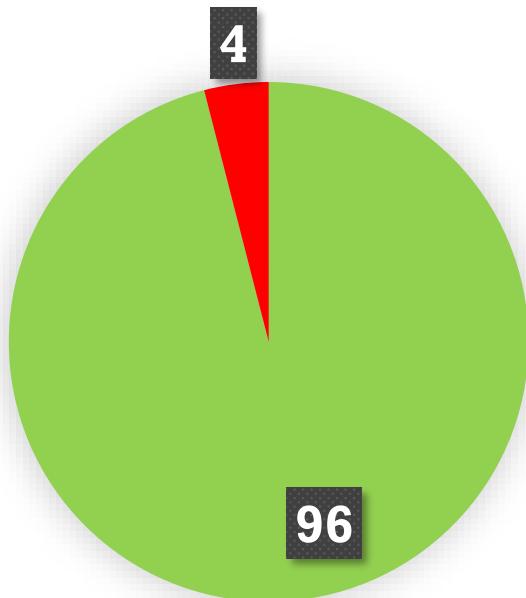
RESULT

Overall, the STG utilization performance for diabetes management in June 2017 E.C. demonstrates a high level of compliance. The overall compliance rate across all 12 standards was **96% (115 compliant instances out of 120 possible instances)**. This indicates that the established protocols were followed effectively in the vast majority of cases reviewed, reflecting strong adherence to clinical guidelines overall during this period.

However, one specific standard stands out as a significant area of non-compliance. Standard 8, concerning "Foot care and eye exam documentation," achieved only a 50% compliance rate (5 compliant vs. 5 non-compliant). This highlights a critical gap in the documentation or performance of essential preventative care components for diabetes patients, namely foot examinations and eye screenings, which are vital for preventing long-term complications.

In contrast, all other 11 individual standards achieved perfect 100% compliance. This includes crucial aspects like confirming diagnosis type, documenting baseline glucose/HbA1c, initiating appropriate treatment, accurate medication dosing, managing DKA, blood glucose monitoring, providing dietary/exercise counseling, managing comorbidities, ensuring regular follow-up/HbA1c monitoring, assessing hypoglycemia risk, and documenting patient education. The consistent perfect scores across these diverse elements underscore the robustness of protocol adherence in nearly all facets of diabetes management captured by this audit.

STG utilization performance on Management of DM



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

Figure 1: STG utilization performance on Management of DM, June 2017E.C

Table 2: STG utilization performance on management of DM, June 2017E.C

S. No	Standards	Compliant (YES)	Non-Compliant (NO)	Compliance (%)
1.	Diagnosis type confirmed	10	0	100
2.	Baseline blood glucose and HbA1c documented	10	0	100
3.	Treatment initiation based on severity/type	10	0	100
4.	Accurate insulin/oral agent dosing	10	0	100
5.	DKA management as per protocol	10	0	100
6.	Blood glucose monitoring	10	0	100
7.	Dietary and exercise counseling	10	0	100
8.	Foot care and eye exam documentation	5	5	50
9.	Adherence to comorbid conditions protocol	10	0	100
10.	Regular follow-up and HbA1c monitoring	10	0	100
11.	Hypoglycemia risk assessment	10	0	100
12.	Patient education documentation	10	0	100
	OVERALL	115/120	5/120	96

STG utilization performance on Management of DM

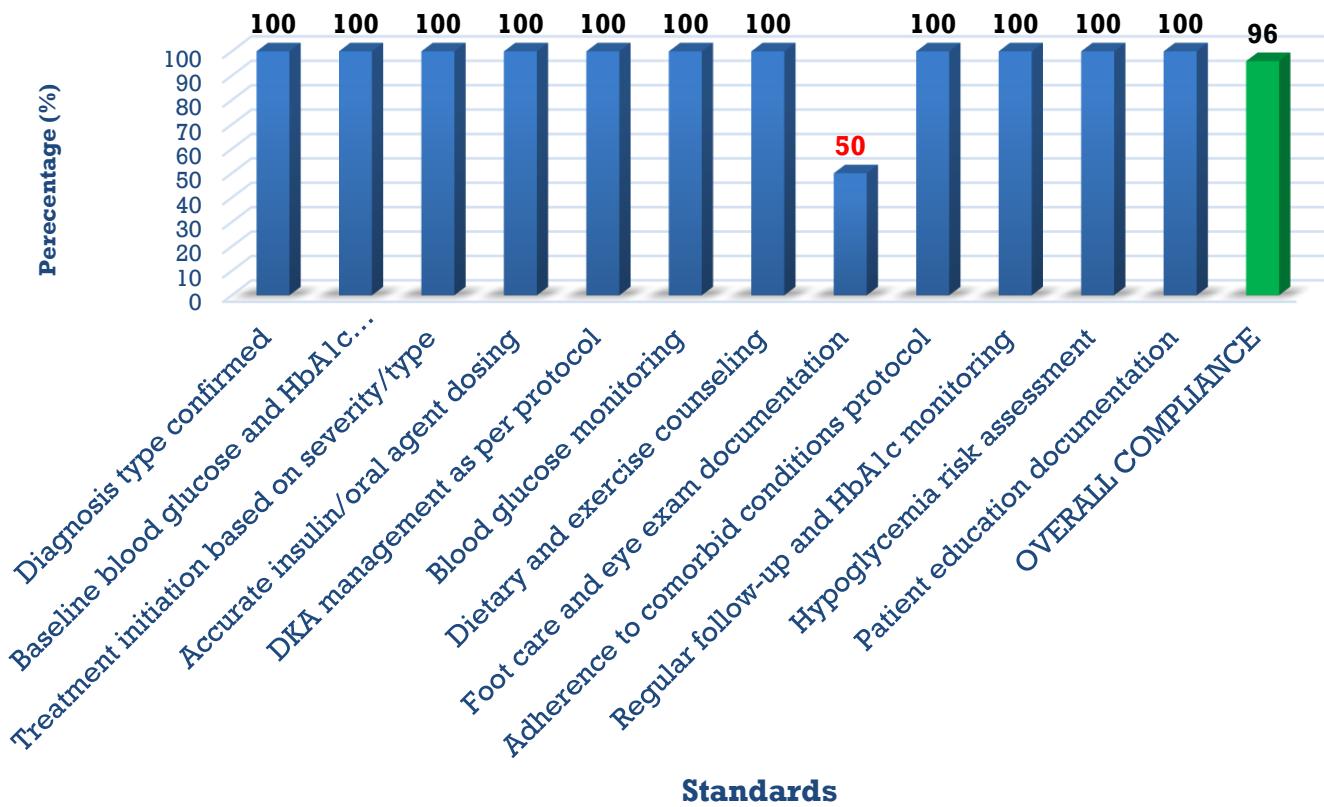


Figure 2: STG utilization performance on management of DM, June 2017E.C

DISCUSSION

The data reveals exceptionally strong adherence to Standard Treatment Guidelines (STGs) for Diabetes Mellitus management overall (96% compliance), indicating a well-functioning system in most critical areas. Eleven of the twelve specific standards achieved perfect 100% compliance. This encompasses fundamental aspects of diabetes care: accurate diagnosis confirmation, thorough baseline documentation (blood glucose, HbA1c), appropriate treatment initiation and dosing (insulin/oral agents), acute complication management (DKA protocol), essential monitoring (blood glucose, HbA1c follow-up), core patient education (diet, exercise, hypoglycemia risk), and management of comorbidities. This high level of compliance across such a broad range of standards suggests that established protocols for routine diabetes care and acute management are consistently understood and implemented by the clinical staff. The perfect scores in critical areas like treatment initiation, dosing accuracy, and DKA management are particularly noteworthy, reflecting robust clinical processes and patient safety regarding immediate risks.

However, the significant outlier is Standard 8 (Foot care and eye exam documentation), with only 50% compliance. This starkly contrasts with the otherwise outstanding performance. It highlights a potentially serious gap in the documentation (and possibly the delivery) of essential preventative care for diabetes-related complications. Diabetic foot ulcers and retinopathy are leading causes of amputation and blindness, respectively, and regular screening/foot care is a cornerstone of long-term management to prevent these devastating outcomes. The 50% non-compliance rate suggests that either the importance of these screenings is not fully prioritized, the process for performing or documenting them is flawed, or resources/training for these specific aspects are inadequate. This finding is critical as it identifies a specific vulnerability in the system that could lead to increased long-term morbidity for patients, despite otherwise excellent acute and metabolic management.

While the overall 96% compliance is commendable and reflects significant strengths, the deficit in foot/eye care documentation demands targeted intervention. The high compliance in other areas demonstrates the capacity of the system to adhere to protocols effectively. Therefore, addressing Standard 8 should be a clear quality improvement priority. Strategies could include: reinforcing education on the importance of preventative screenings for complications, implementing structured templates or checklists within patient records specifically for foot exams and eye referral/documentation, auditing the actual performance (not just documentation) of these exams, and investigating any systemic barriers (time, resources, awareness) preventing consistent execution. Focusing improvement efforts on this specific gap is essential to ensure truly comprehensive diabetes care that addresses both immediate metabolic control and the prevention of debilitating long-term complications.

RECOMMENDATIONS

- ☒ Strength foot Care & Eye Exams documentation
- ☒ Monitor blood glucose protocol

Table 3: Improvement plan, June 2017E.C

Area to be improved	Action to be taken	Responsible body	Timeline
Strength foot Care & Eye Exams documentation	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	July 01-30, 2017E.C

Table 4. The previous Improvement plan implementation status report, June 2017E.C

Area to be improved	Action to be Taken	Responsible Body	Implementation Status	Evidence/Comments
Monitor blood glucose protocol	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	Completed	Written feedback addressing adherence/compliance gaps with the blood glucose monitoring protocol were delivered to all assigned Emergency physicians
Strength foot Care & Eye Exams documentation	Give written feedback for Emergency assigned physician	Emergency Director (Dr. Samuel Shimelis) Em dept head (Jabir M)	Pending	

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 Diabetic Mellitus.** Geneva: WHO Press.
3. American College of Gastroenterology. (2022). **Clinical Guidelines for the Management of Diabetic Mellitus.** The American Journal of Gastroenterology, 117(4), 457-478.
4. Fashner, J., & Gitu, A. C. (2015). **Diagnosis and Treatment of Diabetic Mellitus Disease.** American Family Physician, 91(4), 236-242.
5. Ethiopian Food and Drug Authority. (2020). **Guidance on the Rational Use of Antimicrobials.** Addis Ababa: EFDA.



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- ፩ Garee tajaajila Dhibee Hatattamaa /EOPD irraa
- ፪ Garee Qulquullina Tajaajila Fayyaatiif

Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon “Diabetic Mellitus (DM) management”** Jedhamu kan **ji'a 10ffaa** bara **2017** xalayaa **Fuula 10** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!





DEDER GENERAL HOSPITAL

EMERGENCY DEPARTMENT

Dyspepsia and PUD management STG utilization monitoring report

Reported By: Dr Frezer Girma (EOPD Director)

Date: 30/10/2017E.C

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

Table 1::CRITERIA AND STANDARDS.....2

Table 2: STG utilization performance on managing dyspepsia and PUD, June 2017E.C4

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
	OVERALL	100/100	0/100	100%

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

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.
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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 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 isiniif beeksiifnaa.

Nagaya wajjiin!!

