Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Date: August 02, 2017E.C

To: Quality Unit (QU)

From: Health Literacy Unit

Subject: Monthly Quality Improvement Report: FGD Readmission Report (**July 01-30, 2017**)

Dear Colleagues,

Please find below the summary report for the FGD Readmission Quality Improvement (QI) initiative for the month of **July 2017.**

The launch of the new Standard Operating Procedure (SOP) was completed, with full staff training on the knowledge audit tool and feedback technique. The first Focus Group Discussion (FGD) on "CHF Self-Care & Early Warning Signs" was held.

Key results for the month are as follows:

- Average FGD Participation Rate: 100% (Target: ≥80%)
- Readmission Rate (within 30 days): 1.2% (Target: <5%)
- Discharge Plan Compliance: 100% (Target: 100%)
- Follow-Up Appointment Scheduled: 100% (Target: 100%)

Key Learnings & Challenges:

The FGD session was well-received, with patients and caregivers showing good understanding and requesting culturally appropriate materials. Transport challenges were identified as a barrier, addressed through social worker referral.

Sincerely,

Dr.Dawit Seiufu-Team leader

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN SUSTAINING IMPROVEMENT IN PATIENT CARE: A QI TO PREVENT READMISSION

QI Team Lead: **Dr. Dawit Seifu-IPD Director**

Facilitator: **Abdi Tofik (BSc, MPH)-HSQ Director**

Reporting Period: **July 01-30, 2017**

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SUSTAINING IMPROVEMENT IN SUSTAINING IMPROVEMENT IN PATIENT CARE: A QI TO PREVENT READMISSION

1. PLAN

Aim Statement: (As previously defined)

Rationale: (As previously defined)

Interventions (What will we do?):

- Implement the sustained improvement SOP for all CHF patients.
- Conduct knowledge audits at each visit.
- Deliver immediate structured feedback.
- Hold monthly FGDs based on the annual calendar.

2. DO

Implementation Activities (July 2017):

- Week 1-2: Launched the new SOP with full staff training on the knowledge audit tool and feedback technique. PDSA Cycle 1 (Awareness & Launch): Focused on policy communication and initial training. First FGD held on theme "**CHF Self-Care & Early Warning Signs."**
- Week 3-4: Monitored initial adoption of the audit and feedback process.

3. STUDY

Results Summary

Indicator	**Target**	**July**
FGD Participation Rate	≥80%	100%
Readmission Rate	<5%	1.2%
Discharge Plan Compliance	100%	Yes (1/1)
Follow-Up Appointment	100%	Yes

Key Learnings:

- Patients and caregivers found the FGD engaging and requested materials in Afan Oromo.

- Transport barriers were identified but addressed with social worker support.
- The process is understood but not yet fully habitual.

4. ACT

Challenges Observed:

- Transport issues impacted initial attendance.

What Worked?

- The FGD topic was relevant and well-received.
- The structured agenda provided excellent guidance.

What Needs Adjustment?

- FGD Promotion: Need a better system to address transport barriers.

Next Steps (December 2017 Onward):

1. PDSA Cycle 2 (Promotion): Implement a transport support system for FGDs during the registration process one week prior.

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SUSTAINING IMPROVEMENT IN SUSTAINING IMPROVEMENT IN PATIENT CARE: A QI TO PREVENT READMISSION

Monthly FGD Report

Month: July 2017

Topic: CHF Self-Care & Early Warning Signs

Date: July 30, 2017

Facilitator: Dr. Bahar Abdi-OPD Director

Patient ID	Age	Sex	Diagnosis	Attended (Y/N)	Caregiver Present (Y/N)
343419	68	F	Congestive Heart Failure (CHF)	Y	Y

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SUSTAINING IMPROVEMENT IN SUSTAINING IMPROVEMENT IN PATIENT CARE: A QI TO PREVENT READMISSION

1. Monthly FGD Summary

Date	Topic of FGD	# of Eligible Patients	# of Attended	Attendance %	Key Discussion Points (Highlights)	Patient/Caregiver Feedback	Action Points Taken	Remarks
30/11/2017	**CHF Self-Care & Early Warning Signs**	1	1	100%	Medication adherence, daily weight, diet, warning signs	**Good** understanding; requested leaflet in Afan Oromo	**Leaflet** to be provided; follow-up in 2 weeks; transport barrier addressed with social worker	Case readmission rate 1.2% for month

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ROVEMENT IN SUSTAINING IMPROVEMENT IN PATIENT CARE: A QI TO PREVENT READMISSION

1. Monthly Performance Summary

Indicator	Target	July Result	Trend
FGD Participation Rate	≥80%	100%	✅ **Achieved**
Readmission Rate (within 30 days)	<5%	1.2%	✅ **Achieved**
Discharge Plan Compliance	100%	Yes (1/1)	✅ **Achieved**
Follow-Up Appointment Scheduled	100%	Yes	✅ **Achieved**

Narrative Summary (July 2017)

One FGD session was conducted on Congestive Heart Failure self-care with 100% attendance (1/1 eligible patient). Patient and caregiver actively engaged, understood medication adherence, and requested culturally appropriate education material. Transport challenges were identified as a potential barrier and addressed through referral to a social worker. Readmission rate for the month was 1.2% (1 case of CHF), which remained below the 5% target.

RUN CHART WITH MULTIPLE PDSA TO SUSTAINING IMPROVEMENT IN SUSTAINING IMPROVEMENT IN PATIENT CARE: A QI TO PREVENT READMISSION