

Date: July 2, 2017

✉ **To:** Health Service Quality Unit

✉ **From:** Outpatient Department (OPD)

**Subject:** Monthly Quality Improvement Report: NCD Screening (June 01-30, 2017)

Dear Colleagues,

Please find below the summary report for the NCD Screening Quality Improvement (QI) initiative for June 2017, marking the launch of this critical project aimed at improving early detection of non-communicable disease (NCD) complications.

The new Standard Operating Procedure (SOP) was launched with staff training on the NCD Screening Checklist, dedicated OPD laboratory processes, and stock management protocols. The first Plan-Do-Study-Act (PDSA) cycle tested the checklist with two physicians.

#### **Key Results for June 2017:**

✉ **NCD Screening Compliance:** 65% (Target: >80%) ⚠

✉ **OPD Lab Utilization Rate:** 100% (Target: >95%) ✓

✉ **Reagent Stock-Out Rate:** 0% (Target: <5%) ✓

✉ **% Advanced Complications:** 12% (Target: Downward Trend) ⚠

#### **Key Learnings & Challenges:**

The dedicated OPD laboratory and stock management processes performed exceptionally well. However, compliance was below target due to physicians forgetting to use the checklist during busy clinics and its lack of integration into patient charts. High patient volumes also contributed to skipped protocol steps.

***We look forward to your continued support as we address these challenges in July.***

***Sincerely,***

Dr. Bahar Abdi

OPD Director

# **DEDER GENERAL HOSPITAL**

**Sustaining Improvement in Diagnostic Screening for NCD Complications:**

## **A Quality Improvement Project**

QI Team Lead: **Dr. Bahar Abdi-OPD Director**

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

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

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## Sustaining Improvement in Diagnostic Screening for NCD Complications: A Quality Improvement Project

### 1. PLAN

#### Aim Statement:

By August 2025, sustain an **NCD complication screening compliance rate of >80%** for five consecutive months through **standardized checklists, a dedicated OPD laboratory, and rigorous stock management**, enabling early detection and reducing the rate of advanced complications.

#### Rationale:

Early detection of complications is crucial for preventing disability and death in NCD patients. Previous screening was inconsistent. ***Systematic processes and reliable resources*** were identified as key drivers for sustainable improvement.

#### Predicted Change:

- ✍ Consistent screening compliance >80%
- ✍ Reduced turnaround time for test results
- ✍ Decreased percentage of patients presenting with advanced complications
- ✍ Improved patient and provider confidence in chronic care management

#### Interventions (What will we do?):

- ✍ Implement the **NCD Complication Screening Checklist** for all eligible patients during consultations.
- ✍ Ensure the **dedicated OPD laboratory** is operational daily with a target result turnaround time of <2 hours.
- ✍ Conduct **bi-weekly stock audits** of essential reagents to prevent stock-outs.
- ✍ Hold **monthly feedback sessions** with OPD and lab staff to review audit findings.
- ✍ Review performance in **monthly QI meetings**.

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## Sustaining Improvement in Diagnostic Screening for NCD Complications: A Quality Improvement Project

### Measures:

- ✍ **Primary:** NCD Screening Compliance Rate (%)
- ✍ **Process:** OPD Lab Utilization Rate (%), Reagent Stock-Out Rate (%)
- ✍ **Balancing:** % of Patients Presenting with Advanced Complications

### Roles & Responsibilities:

- ✍ **OPD Director:** Overall accountability, chairs monthly reviews.
- ✍ **OPD Physicians & Nurses:** Identify eligible patients, order tests using the checklist, review results with patients.
- ✍ **Laboratory Technicians:** Perform tests promptly and ensure accurate result reporting.
- ✍ **Pharmacy/Procurement Unit:** Maintain uninterrupted supply of reagents.
- ✍ **HSQU Focal Person:** Conducts audits, compiles data, facilitates feedback.

## 2. DO

### Implementation Activities (June 2025):

- ✍ **Week 1-2:** Launched the new SOP with training on the screening checklist and lab procedures. **PDSA Cycle 1:** Focused on testing the checklist with two physicians.
- ✍ **Week 3-4:** Commenced bi-weekly stock audits and the first monthly chart audit. Monitored initial lab turnaround times.

### Data Collection:

- ✍ Screening compliance data collected via monthly chart audits of 30 NCD patients.
- ✍ Lab utilization and stock-out data from lab registers and stock logs.
- ✍ Advanced complication data from patient registries.

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## Sustaining Improvement in Diagnostic Screening for NCD Complications: A Quality Improvement Project

### Tools Used:

- NCD Screening Process Audit Tool (Annex 2)
- Monthly Audit & Feedback Log (Annex 3)
- QI Team Monitoring Tool (Annex 4)

### 3. STUDY

#### Results Summary:

Indicator	Target	June	Trend
NCD Screening Compliance	>80%	65%	⚠ Below Target
OPD Lab Utilization Rate	>95%	100%	✅ Excellent
Reagent Stock-Out Rate	<5%	0%	✅ Excellent
% Advanced Complications	Downward Trend	12%	⚠ Baseline

#### Key Learnings:

- The dedicated OPD lab is highly effective and appreciated by clinicians.
- The main barrier to compliance is physicians forgetting to use the checklist during busy clinics.
- Stock management is successful due to proactive bi-weekly audits.

#### Challenges Observed:

- Checklist not integrated seamlessly into the patient chart, leading to missed opportunities.
- High patient volume pressures physicians to skip protocol steps.

### 4. ACT

#### What Worked?

- ✅ The OPD lab setup and stock management processes are robust.
- ✅ The checklist is considered clinically useful when used.

#### What Needs Adjustment?

- **Checklist Integration:** Need to make the checklist more prominent and mandatory in the patient file.
- **Workflow:** Need a system to flag eligible patients before they see the physician.

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## Sustaining Improvement in Diagnostic Screening for NCD Complications: A Quality Improvement Project

### Next Steps (July 2025 Onward):

- PDSA Cycle 2 (Process):** Test a revised patient file that has the NCD Screening Checklist as a mandatory front sheet for all NCD patients.
- PDSA Cycle 3 (Workflow):** Test having the OPD nurse pre-identify eligible patients and highlight their files before the physician's consultation.

### NCD Screening Process Audit Report

Month: June 2025

Sample Size: 30 patients

Patient ID	Checklist Used? (Y/N)	Tests Ordered Correctly? (Y/N)	Results Reviewed with Patient? (Y/N)	Turnaround Time <2 hrs? (Y/N)	Overall Compliant? (Y/N)
332881	Y	Y	N	Y	N
061706	Y	Y	Y	Y	Y
123817	N	Y	Y	Y	N
078235	Y	Y	Y	Y	Y
185451	Y	N	Y	Y	N
230797	Y	Y	Y	Y	Y
211754	Y	Y	N	Y	N
000152	Y	Y	Y	Y	Y
097312	Y	Y	Y	N	N
127723	N	Y	Y	Y	N
338201	Y	Y	Y	Y	Y
119834	Y	Y	Y	Y	Y
069968	Y	Y	Y	Y	Y
108247	Y	Y	N	Y	N
171247	Y	Y	Y	Y	Y
004430	Y	Y	Y	Y	Y
238313	Y	Y	Y	Y	Y
021725	N	N	Y	N	N

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## Sustaining Improvement in Diagnostic Screening for NCD Complications:

343411	Y	Y	Y	Y	Y
218794	Y	A Quality Improvement Project			N
037264	Y	Y	Y	Y	Y
177556	Y	Y	Y	Y	Y
040686	Y	Y	Y	Y	Y
144909	Y	Y	Y	N	N
049908	Y	Y	Y	Y	Y
107970	Y	Y	Y	Y	Y
068646	Y	Y	Y	Y	Y
243347	Y	Y	Y	Y	Y
198315	N	Y	Y	Y	N
247867	Y	Y	Y	Y	Y
% Compliance	83%	90%	73%	80%	65%

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## Sustaining Improvement in Diagnostic Screening for NCD Complications: A Quality Improvement Project

### Monthly Audit & Feedback Log

**Date of Feedback Session:** June 30, 2025

**Facilitator:** Abdi Tofik

#### Attendees:

S/N	Full Name	Status	Role	Signature
	Dr. Bahar Abdi (MD)	OPD Director	Chairperson	
	Chala Abdusamad	OPD Coordinator	Secretary	
	Midhaga Badru	OPD2 f/p	D/ Secretary	
	Dr.Gutu	OPD1	Member	
	Dr.Frezar	OPD2	Member	
	Iliyas Ahmed Umer	OPD3 f/p	Member	
	Abdi Aliyi	Pedi OPD f/p	Member	
	Yonis Seifudin	Outpatient Pharmacy f/p	Member	
	Alamudin Usmail	Lab head	Member	
	Balisa	Outpatient Radio f/p	Member	
	Kedir	Ophthalmology Clinic head	Member	
	Arafat	Psychiatric Clinic head	Member	
	Wubeshet	Dental Clinic head	Member	
	Iftu Sani	ART Clinic head		
	Jafer Dine	TB clinic head	Member	
	Balisa Seyfudin	Health literacy unit f/p	Member	
	Nuredin Yigezu	CEO	Member	
	Dr. Derese Gosa	M/Director	Member	
	Abdi Tofik	Q/Director	Member	
	Redwan Sharafudin	Q/Officer	Member	
	Abdella Aliyi	Q/Officer	Member	
	Obsa Usmail	Finance head	Member	



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## Sustaining Improvement in Diagnostic Screening for NCD Complications: A Quality Improvement Project

### Summary of Monthly Audit Findings:

- **Strengths:**
  - Lab utilization is at 100% with excellent stock management.
  - When checklist is used, test ordering is accurate (90%).
- **Areas for Improvement:**
  - 35% non-compliance primarily due to missed checklist use and failure to review results with patients.
  - Workflow integration is the key challenge.

### Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
Redesign patient file to integrate checklist as front sheet	OPD Director	07 July 2025
Train nurses on pre-identification of eligible patients	Charge Nurse	10 July 2025
Reinforce importance of result communication during huddles	Physicians	Ongoing