Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Date: August 01, 2017E.C

To: Health Service Quality Unit

From: Outpatient Department (OPD)

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

Dear Colleagues,

We are pleased to share the progress report for the NCD Screening Quality Improvement (QI) initiative for July 2017.

This month, we implemented two PDSA cycles: integrating the NCD Screening Checklist as a mandatory front sheet in patient files and introducing nurse-led pre-identification of eligible patients. Staff were trained on these new processes, and their effectiveness was monitored throughout the month.

Key Results for July 2017:

- NCD Screening Compliance: 84% (Target: >80%) ✅
- OPD Lab Utilization Rate: 100% (Target: >95%) ✅
- Reagent Stock-Out Rate: 0% (Target: <5%) ✅
- % Advanced Complications: 10% (Target: Downward Trend) ✅

Key Learnings & Challenges:

The integrated checklist significantly increased usage by serving as a visual reminder, and nurse pre-identification ensured no eligible patients were missed. A minor challenge was the learning curve for nurses in accurately identifying eligibility criteria. The process is now cohesive and effective.

We appreciate your collaboration and look forward to sustaining these gains in August.

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: **July 01-30, 2017**

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1. PLAN

Aim Statement: (Unchanged from June)

Rationale: (Unchanged from June)

Interventions (What will we do?):

✍ Continue all core interventions from the SOP.

✍ **Pilot the revised patient file with the integrated checklist** (PDSA Cycle 2).

✍ **Implement nurse-led pre-identification of eligible patients** (PDSA Cycle 3).

2. DO

Implementation Activities (July 2025):

- **Week 1:** Introduced the new patient files with the integrated checklist for all new NCD patients. Trained nurses on the pre-identification process.
- **Week 2-4:** Monitored the use of the new files and the effectiveness of nurse pre-identification.

3. STUDY

Results Summary (July 2025):

Indicator	Target	July	Trend
NCD Screening Compliance	**>80%**	84%	✅ Target Met
OPD Lab Utilization Rate	**>95%**	100%	✅ Sustained
Reagent Stock-Out Rate	**<5%**	0%	✅ Sustained
% Advanced Complications	**Downward Trend**	10%	✅ Improving

Key Learnings:

- The integrated checklist acts as a constant visual reminder, significantly increasing usage.
- Nurse pre-identification ensures no eligible patient is missed and prepares the physician.
- The system is now functioning as a cohesive whole.

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Challenges Observed:

- A small learning curve for nurses in accurately identifying eligibility criteria.

1. ACT

What Worked?

✅ Integrating the checklist directly into the workflow was the key to success.

✅ The multi-disciplinary approach (nurses and physicians) created a reliable safety net.

What Needs Adjustment?

- **None.** The core process is now effective.

Next Steps (August 2025 Onward):

1. **Adopt the new patient file and pre-identification process** as the standard for the NCD clinic.
2. **Focus on sustainability** through continuous monitoring.
3. **Begin tracking the long-term trend** in advanced complications as the primary outcome measure.

NCD Screening Process Audit Report

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)
343853	Y	Y	Y	Y	Y
074661	Y	Y	Y	Y	Y
203969	Y	Y	Y	Y	Y
233121	Y	Y	Y	N	N
344751	Y	Y	Y	Y	Y
087457	Y	Y	Y	Y	Y
095432	Y	Y	Y	Y	Y
019035	Y	Y	Y	Y	Y
112203	Y	Y	Y	Y	Y
149564	Y	Y	Y	Y	Y

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113468	Y	Y	Y	Y	Y
113468	Y	Y	Y	Y	Y
113468	Y	Y	Y	Y	Y
007640	Y	Y	Y	Y	Y
246805	Y	Y	Y	Y	Y
244659	Y	Y	Y	Y	Y
244659	Y	Y	Y	Y	Y
192961	Y	Y	N	Y	N
003351	Y	Y	Y	Y	Y
214143	Y	Y	Y	Y	Y
226586	Y	Y	Y	Y	Y
038708	Y	Y	Y	Y	Y
038708	Y	Y	Y	Y	Y
038708	Y	Y	Y	Y	Y
332360	Y	Y	Y	Y	Y
341860	Y	Y	Y	Y	Y
345874	Y	Y	Y	Y	Y
331077	Y	Y	Y	Y	Y
186716	Y	Y	Y	Y	Y
014666	Y	Y	Y	Y	Y
% Compliance	**100%**	**100%**	**97%**	**93%**	**84%**

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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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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