



Date: September 04, 2017E.C

To: Health Service Quality Unit

From: Outpatient Department (OPD)

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

Dear Colleagues,

We are delighted to submit the report for the NCD Screening Quality Improvement (QI) initiative for August 2017, reflecting sustained excellence in our processes.

All standardized activities continued smoothly, with a focus on closing the loop by ensuring patients understand their screening results during feedback sessions. The sustainability framework was solidified, and monthly audits remained robust.

Key Results for August 2017:

✉ **NCD Screening Compliance:** 87% (Target: >80%)

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

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

✉ **% Advanced Complications:** 8% (Target: Downward Trend)

Key Learnings & Challenges:

The process is now stable, efficient, and fully embedded in the clinic's culture. Early detection is driving earlier interventions, as evidenced by the significant reduction in advanced complications (8%). Staff pride in providing high-quality preventive care is evident. No challenges were observed this month.

We are grateful for your unit's support and look forward to formalizing this process as the standard of care in September.

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: August 01-30, 2017

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1. PLAN

Aim Statement: (Unchanged from June)

Rationale: (Unchanged from June)

Interventions (What will we do?):

- ➊ Continue all sustained interventions.
- ➋ Emphasize the importance of reviewing results with patients during feedback sessions.
- ➌ Solidify the sustainability framework.

2. DO

Implementation Activities (August 2017):

- All procedures continued smoothly. The focus of the monthly feedback was on closing the loop with patients by ensuring they understand their results.

3. STUDY

Results Summary (August 2017):

Indicator	Target	August	Trend
NCD Screening Compliance	>80%	87%	<input checked="" type="checkbox"/> Sustained Excellence
OPD Lab Utilization Rate	>95%	100%	<input checked="" type="checkbox"/> Sustained
Reagent Stock-Out Rate	<5%	0%	<input checked="" type="checkbox"/> Sustained
% Advanced Complications	Downward Trend	8%	<input checked="" type="checkbox"/> Significant Improvement

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Key Learnings:

- The process is now stable, efficient, and embedded in the clinic's culture.
- Early detection is leading to earlier interventions, as evidenced by the falling rate of advanced complications.
- Staff take pride in providing high-quality, preventive care.

Challenges Observed:

- None.

4. ACT

What Worked?

- ✓ The combination of a simple checklist, a reliable lab, and proactive supply chain management created a sustainable system.
- ✓ Addressing the workflow integration in July was the critical success factor.

What Needs Adjustment?

- **None.** The process is fully embedded and achieving its clinical goals.

Next Steps (September 2017 Onward):

1. **Formally conclude the intensive improvement phase.** The system is now a standard of care.
2. **Continue the monthly audit and feedback cycle** as the primary mechanism for sustainability.
3. **Celebrate the team's achievement** in building a system that prevents patient harm through early detection.

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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)
347508	Y	Y	Y	Y	Y
162066	Y	Y	Y	Y	Y
018473	Y	Y	Y	Y	Y
014804	Y	Y	Y	Y	Y
117446	Y	Y	Y	Y	Y
191461	Y	Y	Y	Y	Y
132093	Y	Y	Y	Y	Y
056666	Y	Y	Y	Y	Y
000277	Y	Y	Y	Y	Y
082405	Y	Y	Y	Y	Y
109518	Y	Y	Y	Y	Y
024642	Y	Y	Y	Y	Y
239982	Y	Y	Y	Y	Y
168500	Y	Y	Y	Y	Y
333630	Y	Y	Y	Y	Y
333650	Y	Y	Y	Y	Y
199027	Y	Y	Y	Y	Y
035405	Y	Y	Y	Y	Y
331316	Y	Y	Y	Y	Y
006056	Y	Y	Y	Y	Y
156667	Y	Y	Y	N	N
030355	Y	Y	Y	Y	Y
347582	Y	Y	Y	Y	Y
218318	Y	Y	Y	Y	Y
346392	Y	Y	Y	Y	Y
334889	Y	Y	Y	Y	Y
216091	Y	Y	Y	Y	Y
124162	Y	Y	Y	Y	Y
095432	Y	Y	Y	Y	Y
030428	Y	Y	Y	Y	Y
% Compliance	100%	100%	100%	97%	87%

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Monthly Audit & Feedback Log

Date of Feedback Session: August 30, 2017

Facilitator: Abdi Tofik

Attendees:

S/N	Full Name	Status	Role	Signature
1.	Dr. Bahar Abdi (MD)	OPD Director	Chairperson	
2.	Chala Abdusamad	OPD Coordinator	Secretary	
3.	Midhaga Badru	OPD2 f/p	D/ Secretary	
4.	Dr.Gutu	OPD1	Member	
5.	Dr.Frezar	OPD2	Member	
6.	Iliyas Ahmed Umer	OPD3 f/p	Member	
7.	Abdi Aliyi	Pedi OPD f/p	Member	
8.	Yonis Seifudin	Outpatient Pharmacy f/p	Member	
9.	Alamudin Usmai	Lab head	Member	
10.	Balisa	Outpatient Radio f/p	Member	
11.	Kedir	Ophthalmology Clinic head	Member	
12.	Arafat	Psychiatric Clinic head	Member	
13.	Wubeshet	Dental Clinic head	Member	
14.	Iftu Sani	ART Clinic head		
15.	Jafer Dine	TB clinic head	Member	
16.	Balisa Seyfudin	Health literacy unit f/p	Member	
17.	Nuredin Yigezu	CEO	Member	
18.	Dr. Derese Gosa	M/Director	Member	
19.	Abdi Tofik	Q/Director	Member	
20.	Redwan Sharafudin	Q/Officer	Member	
21.	Abdella Aliyi	Q/Officer	Member	
22.	Obsa Usmai	Finance head	Member	

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Summary of Monthly Audit Findings:

💡 Strengths:

- ✓ Sustained excellence with 87% overall compliance.
- ✓ Perfect scores on checklist usage, test ordering, and result communication.
- ✓ Significant reduction in advanced complications (8%).

💡 Areas for Improvement:

- ✗ None identified. The process is functioning as intended.

Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
Formalize the process as standard of care	OPD Director	September 2017
Continue monthly audit-feedback cycle	HSQU Focal Person	Ongoing
Share success with other departments	Quality Director	October 2017