



Date: September 4, 2017 E.C

✉ **To:** Health Service Quality Unit

✉ **From:** Health Literacy Unit

Subject: Final Monthly & Sustainability Report: Diabetes Patient Knowledge (**August 01-30, 2017**)

Dear Colleagues,

This report summarizes the results for August 2017 and the conclusive five-month sustainability period (April-August) for the Diabetes Patient Knowledge QI initiative.

All standardized activities were maintained without deviation, and the final FGD on "My Diabetes Success Story + Goal Setting" was highly successful.

The results for August demonstrate sustained excellence:

✉ **Average Knowledge Score:** 95% (Target: >90%)

✉ **FGD Attendance Rate:** 75% (Target: >50%)

✉ **Process Compliance:** 97% (Target: >90%)

Sustainability Achievement:

We are proud to report that the project has successfully achieved and sustained all its goals for five consecutive months. The combination of individual feedback and group support has created a powerful and sustainable learning environment for our patients.

We extend our gratitude for your unit's invaluable support and collaboration throughout this successful initiative.

Sincerely,

Balisa Seifudin

Health Literacy Unit focal person

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN DIABETES PATIENT KNOWLEDGE: 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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SUSTAINING IMPROVEMENT IN DIABETES PATIENT KNOWLEDGE: A QUALITY IMPROVEMENT PROJECT

1. PLAN

Aim Statement: By August 2017, sustain an **average diabetes patient knowledge score of >90%** for five consecutive months through **structured knowledge audits, immediate feedback, and monthly FGDs.**

Rationale: Post-initial improvement, sustaining knowledge gains requires embedding education into every patient interaction. ***Audits, feedback, and peer learning*** were identified as key drivers for long-term retention.

Interventions (What will we do?):

- Final month of the sustained improvement period. Focus on solidifying gains.
- Conduct FGD on "My Diabetes Success Story + Goal Setting."
- Maintain all standardized processes without changes.

2. DO

Implementation Activities (August 2017):

- All activities continued as per the established SOP without deviation.
- Monthly FGD conducted with theme "My Diabetes Success Story + Goal Setting."
- Routine knowledge audits and feedback sessions completed for all patients.
- Monthly QI meeting held to review five-month trend data.

3. STUDY

Results Summary

Indicator	Target	August
Avg. Knowledge Score	>90%	95%
FGD Attendance Rate	>50%	75%
Process Compliance	>90%	97%

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Key Learnings:

The project has successfully achieved and sustained its goal for five consecutive months (April-August).

- The combination of individual feedback and group support creates a powerful learning environment.
- The SOP provides a robust framework for maintaining these gains.
- Peer-to-peer learning in FGDs has proven particularly effective for long-term knowledge retention.

Challenges Observed:

- None. The process is fully optimized and embedded in routine care.

4. ACT

What Worked?

- The PDSA cycles in May efficiently addressed initial workflow barriers.
- The structured yet flexible approach allowed for continuous improvement.
- The combination of clinical audits with group education created a comprehensive learning system.

What Needs Adjustment?

- **None.** The process is fully embedded, effective, and achieving all goals.

Next Steps (September 2017 Onward):

1. **Formally conclude the intensive improvement phase.** The process is now a standard of care in the Chronic Care OPD.
2. **Continue quarterly audits** using the Sustainability Checklist to ensure gains are maintained.
3. **Share the successful model** with other chronic disease clinics in the hospital as a best-practice example.
4. **Plan annual refresher training** for staff to maintain protocol adherence.

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Knowledge Audit & Feedback Report

Sample Size: 10 patients

Patient ID	Knowledge Score (%)	Feedback Given? (Y/N)	Primary Knowledge Gap Identified	Overall Compliant? (Y/N)
002557	95	Y	-	Y
000630	90	Y	-	Y
161496	95	Y	-	Y
198615	100	Y	-	Y
066108	95	Y	-	Y
014834	90	Y	-	Y
256611	100	Y	-	Y
343962	95	Y	-	Y
110641	100	Y	-	Y
000620	90	Y	-	Y
% Compliance/Average	95%	100%		

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Monthly FGD Report

Topic: My Diabetes Success Story + Goal Setting

Date: August 12, 2017

Facilitator: Dr. Bahar Abdi-OPD Director

Attendees: 15 Patients (10 Female, 5 Male)

Duration: 90 minutes

AGENDA:

- ☛ Introduction and purpose
- ☛ Success stories from long-term patients
- ☛ Interactive goal-setting workshop using SMART criteria
- ☛ Peer support network building

MEETING MINUTES:

1. Introduction and Purpose

- ➡ Inspire and motivate through peer success stories and goal setting.

2. Success Stories and Goal Setting

- ➡ Three long-term patients shared their journeys.
- ➡ Group set collective goal: "HbA1c below 7.5% by next review."

3. Feedback from Patients

- ➡ "Hearing from others gave me so much hope."
- ➡ "Setting a small, specific goal makes me feel accountable."
- ➡ "The peer support is invaluable."

Action Plan:

- Incorporate "success story" segment in future FGDs.
- Establish a patient buddy system for ongoing support.
- Share success stories in clinic waiting area

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Five-Month Sustainability Summary (April-August 2017)

Month	April	May	June	July	August	Trend
Knowledge Score	85%	88%	91%	92%	94%	Consistent Improvement
Process Compliance	80%	92%	95%	96%	97%	Sustained Excellence
FGD Attendance	40%	65%	70%	68%	75%	Significant Growth

Sustainability Achievement:

 **GOAL MET** - All targets achieved and sustained for five consecutive months