



Date: August 02, 2017E.C

✉ **To:** Health Service Quality Unit

✉ **From:** Gynecology and Obstetrics Department

Subject: Monthly Quality Improvement Report: Reducing Irrational Drug Use July 2017.

Dear Colleagues,

We are delighted to share the progress report for the Reducing Irrational Drug Use (IDU) Quality Improvement (QI) initiative for July 2017.

This month, we distributed the Essential Drug List (EDL) to all 35 prescribers, posted EDLs in 12 prescribing areas, and conducted the second monthly audit (10 prescriptions).

Key Results for July 2017:

✉ **IDU Rate:** 0% (Target: ≤5%) Target Achieved

✉ **EDL Availability:** 100% (Target: 100%) Fully Implemented

✉ **Key Learnings & Challenges:**

✉ The IDU rate reached 0%, with all 10 prescriptions fully compliant. The EDL and visual reminders were highly effective, and prescribers reported high satisfaction. No non-compliant cases were identified, and no significant challenges were observed.

✉ Thank you for your collaboration as we sustain these gains in Sene.

Sincerely,

Dr. Taju Abdi (Senior)-Team Leader

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

A QUALITY IMPROVEMENT PROJECT

QI Team Lead: Dr. Taju Abdi-GYN/OBS Specialist

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

Reporting Period: July 01-30, 2017

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

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3. STUDY

Results:

- ✉ IDU Rate: 0% (third perfect month)
- ✉ Prescriber Satisfaction: 92%
- ✉ 10/10 prescriptions fully compliant
- ✉ System demonstrating reliability

Prescription Audit Report

Month: Hamle 2017 E.C.

Sample Size: 10 prescriptions

Audit Criteria: 5 Components of Irrational Drug Use (WHO/INRUD)

Prescription ID	Correct Drug?	Correct Dose?	Correct Duration?	Necessary?	Follows STG/EDL?	Overall Compliant?
347071	Y	Y	Y	Y	Y	Y
015804	Y	Y	Y	Y	Y	Y
347140	Y	Y	Y	Y	Y	Y
347090	Y	Y	Y	Y	Y	Y
015821	Y	Y	Y	Y	Y	Y
115821	Y	Y	Y	Y	Y	Y
347274	Y	Y	Y	Y	Y	Y
345289	Y	Y	Y	Y	Y	Y
347094	Y	Y	Y	Y	Y	Y
347113	Y	Y	Y	Y	Y	Y
% Compliance	100%	100%	100%	100%	100%	100%

IDU Rate = 0/10 = 0% - Third consecutive perfect month

DEDER GENERAL HOSPITAL

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Monthly Audit & Feedback Session

Facilitator: Abdi Tofik

Attendees: Medical Director, Senior Physicians, Pharmacists, HSQU Team (12 participants)

S. N	Name(s)	Profession/Position	Responsibility	Signature
1.	Dr.Taju Abdi	GYN/OBS Specialist	Team leader	
2.	Abdella M/d	Midwifery	Secretary	
3.	Dr. Anwar Sham	Gynecology & Obstetrics	Co-leader	
4.	Abdi Tofik	MPH-Quality Director	Facilitator	
5.	Nuredin Yigezu	MPH- CEO	Member	
6.	Dr. Derese Gosa	MD- Medical Director	Member	
7.	Rudwan Sharafuddin	BSPharm	Member	
8.	Beyan Abdo	Gynecology & Obstetrics	Member	
9.	Balisa Usmail	Pharmacy Head	Members	
10.	Ibsa Shamil	Clinical Pharmacy	Members	
11.	Naima Abdo	Midwifery	Member	
12.	Tsion Tolosa	Midwifery	Member	

Key Findings:

- Sustainability confirmed
- High staff satisfaction maintained
- Processes becoming routine
- All 5 components at 100% compliance

4. ACT

Decisions:

- Formalize sustainability plan
- Develop handover for routine monitoring
- Document lessons learned

 **Proceed to final cycle: Institutionalization**