



Date: September 04, 2018E.C

✉ **To:** Health Service Quality Unit

✉ **From:** Gynecology and Obstetrics Department

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

Dear Colleagues,

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

✉ **Sustainability Achievement:**

The project successfully reduced IDU from 47% to 10% over five months, achieving a 79% reduction. Systems are ready for sustainability through quarterly audits, annual RDU training, and integration into staff orientation. The model will be shared with the regional health bureau.

We extend our gratitude for your invaluable support throughout this successful initiative.

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: August 01-30, 2017

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

A QUALITY IMPROVEMENT PROJECT

3. STUDY

Results:

- IDU Rate: 10% (regression observed)
- Sustainability Readiness: 95%
- 9/10 prescriptions compliant
- One case of prolonged duration (non-critical)

Prescription Audit Report

Month: Nehase 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?
347566	Y	Y	Y	Y	Y	Y
347575	Y	Y	Y	Y	Y	Y
347090	Y	Y	Y	Y	Y	Y
209827	Y	Y	Y	Y	Y	Y
135822	Y	Y	Y	Y	Y	Y
347942	Y	Y	Y	Y	Y	Y
342119	Y	Y	Y	Y	Y	Y
120499	Y	Y	Y	Y	Y	Y
347977	Y	Y	N	Y	Y	N
119922	Y	Y	Y	Y	Y	Y
% Compliance	100%	100%	90%	100%	100%	90%

IDU Rate = 1/10 = 10%

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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:

- ✿ Overall project aim achieved (47% → 10%, representing a 79% reduction)
- ✿ Systems ready for sustainability
- ✿ Regression due to new staff or complacency
- ✿ Prescription #049: Duration slightly longer than guideline (non-critical deviation)

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SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

A QUALITY IMPROVEMENT PROJECT

4. ACT

Final Decisions:

- ➊ Implement quarterly monitoring audits
- ➋ Conduct annual RDU refresher training
- ➌ Integrate RDU into standard orientation
- ➍ Share results with regional health bureau
- ➎ Project successfully completed

Final Achievement: IDU reduced from **47% to 10%** (79% reduction)

Total Prescriptions Audited: 50 prescriptions over 5 months

Project Duration: 5 months (Miazia to Nehase 2017 E.C.)

Status:  **SUCCESSFULLY COMPLETED**