

***Date: May 02, 2017E.C***

 **To:** Health Service Quality Unit




 **From:** Gynecology and Obstetrics Department

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




**Dear Colleagues,**

The GYN/OBS Ward Quality Improvement (QI) Team, led by Dr. Taju Abdi, is pleased to report significant progress in the "Sustaining Improvement in Reducing Irrational Drug Use (IDU)" project for the reporting period of April 01-30, 2017.

### **Progress Summary**




-  **Aim Achieved:** Reduced the IDU rate from a baseline of 47% to 10% through the initial PDSA Cycle 1 (Knowledge Building), conducted in Miazia 2017 E.C.
-  **Training:** A 3-day mandatory Rational Drug Use (RDU) training was held (April 5-7) with a 95% attendance rate, exceeding the target of  $\geq 90\%$ .
-  **Audit Results:** Monthly prescription audits of 10 charts using the 5-component IDU audit tool showed 90% overall compliance, with one non-compliant prescription (#340932) identified.

### **Feedback and Observations**

-  The monthly audit & feedback session, facilitated by you on [date], highlighted an exceptional improvement from 47% to 10% IDU rate.
-  Case review of prescription #340932 revealed an antibiotic prescribed for a viral URI, attributed to a knowledge gap in differentiating viral vs. bacterial infections.
-  Prescribers valued the training highly and requested more case-based examples.

### **Action Plan**

To sustain and further improve these outcomes, the following actions are proposed:

-  Distribute the weekly Essential Drug List (EDL) to all prescribers by Pharmacy Lead by 05 Ginbot 2017.
-  Post EDL in all prescribing areas by HSQU Focal Person by 03 Ginbot 2017.
-  Develop case-based learning materials for the next training session.

We seek your support and collaboration to implement these actions and continue monitoring prescriber adherence. Please let us know if further coordination is required.

**Sincerely,**

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

# **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: April 01-30, 2017**

# DEDER GENERAL HOSPITAL

## SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

### A QUALITY IMPROVEMENT PROJECT

#### 1. PLAN

##### Aim Statement:

By **Nehase 2017 E.C.**, reduce the **irrational drug use (IDU) rate from 47% to 0%** through a **sequential PDSA approach** involving training, practical tools, visual reminders, and targeted coaching, while monitoring **prescriber adherence** as a process measure.

##### Rationale:

Irrational prescribing leads to treatment failure, antimicrobial resistance, and increased costs. Baseline audits revealed **47% IDU**, driven by knowledge gaps and inconsistent use of guidelines. A **stepwise intervention strategy** was designed to address root causes systematically.

##### Predicted Change:

- ✍ Rapid reduction in IDU rate within first month
- ✍ Sustained 0% IDU by mid-project
- ✍ Improved prescribing culture and guideline adherence

##### Interventions (What will we do?):

- ✍ Conduct **mandatory in-service training** on Rational Drug Use (RDU) principles.
- ✍ Perform **monthly prescription audits** (10 charts/month) using the **5-component IDU audit tool**.
- ✍ Launch **PDSA Cycle 1: Knowledge Building**.

##### Measures:

- ✍ **Primary:** IDU Rate (%)
- ✍ **Process:** Training Attendance Rate (%)
- ✍ **Balancing:** Prescriber Satisfaction with Support Tools (%)

##### Roles & Responsibilities:

- ✍ **Quality Director:** Overall accountability, leads QI team.
- ✍ **Medical Director:** Supports prescriber engagement.
- ✍ **Pharmacy Lead:** Prepares and distributes EDL
- ✍ **HSQU Focal Person:** Conducts audits, facilitates training, compiles data.

# DEDER GENERAL HOSPITAL

## SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

### A QUALITY IMPROVEMENT PROJECT

#### 2. DO

##### Implementation Activities (Miazia 2017 E.C.):

📅 **Week 1:** Conducted 3-day mandatory RDU training (April 5--7).

📅 **Week 2--4:** Launched monthly audit (10 prescriptions).

##### Data Collection:

📅 IDU assessed using **5 WHO/INRUD components** (see Annex 2).

##### Tools Used:

📅 Prescription Audit Tool (Annex 2)

📅 Monthly Audit & Feedback Log (Annex 3)

#### 3. STUDY

##### Results Summary:

Indicator	Target	Miazia	Trend
IDU Rate	≤5%	<b>10%</b>	✅ <b>Significant Improvement</b>
Training Attendance	≥90%	95%	✅ <b>Excellent</b>

##### Prescription Audit Report

**Month:** Miazia 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?
249099	Y	Y	Y	Y	Y	Y
344464	Y	Y	Y	Y	Y	Y
344726	Y	Y	Y	Y	Y	Y
344863	Y	Y	Y	Y	Y	Y
057648	Y	Y	Y	Y	Y	Y
340982	Y	Y	Y	Y	Y	Y
005287	Y	Y	Y	Y	Y	Y
344561	Y	Y	Y	Y	Y	Y
340932	<b>N</b>	Y	Y	<b>N</b>	<b>N</b>	<b>N</b>
345228	Y	Y	Y	Y	Y	Y
<b>% Compliance</b>	<b>90%</b>	<b>100%</b>	<b>100%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>

\*IDU Rate = 1/10 = 10%

# DEDER GENERAL HOSPITAL

## SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

### A QUALITY IMPROVEMENT PROJECT





#### 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	BSP Pharm	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	

#### Feedback Discussion Summary:

-  **Positive Findings:** Exceptional improvement from baseline 47% to 10%.
-  **Case Review:** Prescription #009 - antibiotic for viral URI discussed.
-  **Root Cause:** Knowledge gap in differentiating viral vs bacterial infections.
-  **Prescriber Feedback:** Training highly valued, request for more case examples.

#### Action Plan:

-  Distribute weekly Essential Drug List (EDL) to all prescribers (Pharmacy Lead, 05 Ginbot)
-  Post EDL in all prescribing areas (HSQU Focal Person, 03 Ginbot)
-  Develop case-based learning materials for next training session