

Date: July 02, 2017E.C

 **To:** Health Service Quality Unit

 **From:** Gynecology and Obstetrics Department



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

Dear Colleagues,

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


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

Key Results for June 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: June 01-30, 2017

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN REDUCING IRRATIONAL DRUG USE (IDU):

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3. STUDY

Results Summary:

Indicator	Target	Sene	Trend
IDU Rate	0%	0%	✔ Target Sustained
Feedback Attendance	≥80%	85%	✔ Good Engagement

Prescription Audit Report

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

Prescription ID	Correct Drug?	Correct Dose?	Correct Duration?	Necessary?	Follows STG/EDL?	Overall Compliant?
346371	Y	Y	Y	Y	Y	Y
346310	Y	Y	Y	Y	Y	Y
348431	Y	Y	Y	Y	Y	Y
346365	Y	Y	Y	Y	Y	Y
346363	Y	Y	Y	Y	Y	Y
348587	Y	Y	Y	Y	Y	Y
346450	Y	Y	Y	Y	Y	Y
345566	Y	Y	Y	Y	Y	Y
346826	Y	Y	Y	Y	Y	Y
077834	Y	Y	Y	Y	Y	Y
% Compliance	100%	100%	100%	100%	100%	100%

IDU Rate = 0/10 = 0% - Perfect compliance achieved

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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	

Feedback Discussion Summary:

- **Celebration:** Second consecutive perfect audit month achieved.
- **Positive Findings:** System stability evident, cultural shift observed.
- **Case Review:** No non-compliant cases to discuss.
- **Prescriber Feedback:** Increased confidence in prescribing, team morale high.

Action Plan:

- Share success story with hospital leadership.
- Plan sustainability measures for long-term maintenance.
- Continue monthly audits with same rigor