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**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):

### A QUALITY IMPROVEMENT PROJECT

#### 3. STUDY

##### Results Summary:

| Indicator           | Target | Score | Trend  |
|---------------------|--------|-------|--|
| IDU Rate            | 0%     | 0%    | <input checked="" type="checkbox"/> Target Sustained |
| Feedback Attendance | ≥80%   | 85%   | <input checked="" type="checkbox"/> 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                  |
| <b>% Compliance</b> | <b>100%</b>   | <b>100%</b>   | <b>100%</b>       | <b>100%</b> | <b>100%</b>      | <b>100%</b>        |

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

# **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 | 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