DEDER GENERAL HOSPITAL

Standard Operating Procedure (SOP) for Sustaining improvement in Reducing Irrational Drug Use (IDU)

BY: HSQU

April 2025

Deder, Eastern Ethiopia

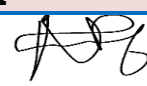**Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar**
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SMT SOP APPROVAL
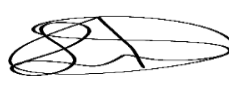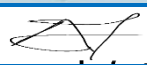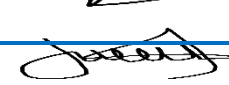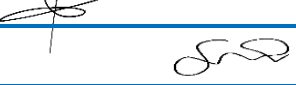
TITLE	SOP for Sustaining improvement in Reducing Irrational Drug Use (IDU) Version: DGH-SOP-RDU-001			
	NAME	**POSITION**	**ROLE**	**SIGN**

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Approved Date: April 2025

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REVIEW	**Review date: April 2026**

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1. Purpose

To provide a structured, sustainable, and measurable approach to reduce irrational prescribing from 47% to 0% using systematic **PDSA cycles**, continuous monitoring, training, and feedback mechanisms. This update strengthens **implementation, measurement, and documentation** to ensure lasting results.

2. Scope

This SOP applies to:

- ✍ All prescribers (junior and senior physicians), pharmacists, and nurses.
- ✍ Health Service Quality Unit (HSQU).
- ✍ Hospital administrators responsible for medication management and resource allocation.

3. Definitions

- ✍ **Irrational Drug Use (IDU):** Prescribing not aligned with evidence-based guidelines (over-, under-, incorrect, extravagant, or multiple prescribing).
- ✍ **Rational Drug Use (RDU):** Right drug, right dose, right duration, lowest cost.
- ✍ **PDSA Cycle:** Plan–Do–Study–Act approach for testing and scaling up changes.
- ✍ **Implementation Checklist:** Tool used to ensure measurement, training, documentation, and resources are aligned before, during, and after changes.

4. Responsibilities

Role	Key Responsibilities
Prescribers	Ensure RDU, participate in weekly audits, implement feedback immediately.
Pharmacy Head	Provide weekly updated essential drug lists, monitor stock-outs, report shortages.
HSQU & QI Team	Conduct baseline & weekly audits, maintain monitoring database, analyze data, run PDSA cycles.
Ward Head	Facilitate data collection, organize forums, follow up on corrective actions.
Hospital Management	Allocate resources (training, drugs, staff), review performance quarterly, enforce accountability.

5. Procedures (Updated with Implementation Elements)

5.1 Planning & Standardization (PLAN)

- ✍ Review current prescribing guidelines and update based on WHO/ national protocols.
- ✍ Standardize **job descriptions, feedback processes**, and **drug list update procedures.**
- ✍ Use an **implementation checklist** to confirm readiness before each intervention.

5.2 Training & Awareness (DO)

- ✍ Conduct structured training before each cycle (on-site)
- ✍ Include new staff induction + refresher sessions every 6 months.
- ✍ Allocate budget for training resources and confirm attendance logs.

5.3 Measurement & Data Collection (STUDY)

✑ Define **measurement indicators** (IDU rate, readmission rate, audit completion rate).

✑ Assign clear data collection responsibility (HSQU lead).

✑ **Schedule monthly** data reviews with prescribers and hospital management.

✑ Use **PDSA measurement worksheet** to track impact **after each cycle**.

5.4 Implementation & Feedback (ACT)

✑ Pilot changes with a small group of prescribers → scale up when successful.

✑ Provide **written/verbal feedback within 72 hours** of each audit.

✑ Document all corrective actions with timelines and responsible person.

5.5 Clinical Forum Integration

✑ Keep IDU reduction a **standing agenda item** at monthly ward forums.

✑ Share trend charts and improvement run-charts with staff.

5.6 Sustainability & Resourcing

✑ Ensure drug supply chain is monitored weekly to prevent stock-outs.

✑ Maintain equipment (computers, forms, checklists) for continuous data entry.

✑ Conduct quarterly self-audits to check adherence to SOP.

5.7 Documentation & Change Control

✑ Update SOP whenever guidelines or workflows change (at least annually).

✑ Keep digital and paper copies of audit tools, feedback logs, and training records.

✑ Introduce a **change request form** to track process modifications.

6. Documentation

- ✎ PDSA Cycle Worksheets
- ✎ Audit & Feedback Records
- ✎ Updated Essential Drug Lists
- ✎ Meeting Minutes
- ✎ Monthly & Quarterly IDU Reports
- ✎ Change Request & Implementation Checklists

7. Review of SOP

- ✎ Annual review by HSQU & Medical Director.
- ✎ Earlier review if >5% increase in IDU rate or major systemic change is introduced.
- ✎ Use PDSA cycles to test revisions before full roll-out.

Reducing Irrational Drug Use (IDU) – Implementation & Monitoring Tools

1. PDSA Cycle Worksheet

Stage	Items to Complete	Response / Notes
PLAN	Objective	_____
	Prediction	_____
	Plan for data collection	_____
	Who is involved	_____
	When & Where	_____
DO	What was implemented	_____
	What actually happened	_____
	Problems encountered	_____
STUDY	Data collected	_____
	Results vs. prediction	_____
	Lessons learned	_____
ACT	☐ Standardize successful change	
	☐ Modify plan and test again	

2. Audit & Feedback Record

Date	Auditor	Patient / Chart ID	Audit Finding (Type of IDU)	Corrective Action	Prescriber Feedback (Verbal/Written)	Follow-Up Date
2025-09-21	Dr. A	001	Over-prescribing	Adjust dose to standard	Written	Next Audit

3. Weekly Updated Essential Drug List

Date: _____   **Prepared By:** _____   **Department:** Pharmacy / Maternity Ward

Drug Category	Generic Name	Formulation	Strength	Available (Yes/No)	Remarks
Antibiotics	Amoxicillin	Tablet	500 mg	Yes	
Analgesics	Paracetamol	Syrup	125 mg/5ml	Yes	
Antihypertensives	Methyldopa	Tablet	250 mg	No	Out of stock

4. Meeting Minutes Template

Date: _____   **Facilitator:** _____   **Department:** _____

Agenda Item	Discussion Summary	Decisions / Action Points	Responsible Person	Timeline
IDU Audit Results				
Drug Stock Status				
Training Update				
Challenges & Recommendations				

5. Monthly & Quarterly IDU Report

Hospital: _____   **Reporting Period:** _____

Key Performance Indicators (KPIs)

S/N	Indicator	Target	Current Result	Status (Achieved/Not Achieved)	Remarks
1.	IDU Rate (%)	0%	____%		
2.	Readmission Rate (%)	<5%	____%		
3.	Average Length of Stay (Days)	≤5 days	____ days		
4.	Audit Completion Rate (%)	100%	____%		
5.	Feedback Timeliness (%)	≥90%	____%		

Corrective Actions

 Issue Identified Corrective Action Responsible Person Timeline Status

Way Forward:

- _____
- _____

6. Change Request & Implementation Checklist

Requested Change	Reason for Change	Requested By / Date	Impact on Process / Outcome	Approved By	Implementation Date	Status
Update IDU SOP	Align with latest WHO guideline	Dr. A / 21-09-2025	Improved prescribing compliance	Medical Director		Pending

Pre/Post Implementation Checklist

Key Implementation Area	Checklist Items	Responsible Person	Status (Yes/No/ Partial)	Comments / Notes
Standardization	Prescribing guidelines reviewed & updated	HSQU Lead		
	Job descriptions and roles aligned	Hospital HR + Ward Head		
Documentation	Updated audit tools available	HSQU		
	Feedback log format standardized	HSQU		
Training	Training procedure developed	QI Coordinator		
	Training resources allocated (budget, materials)	Hospital Management		
	Training schedule completed	HSQU		

	New staff induction process updated	Ward Head		
Measurement	Indicators defined (IDU, readmission, ALOS)	HSQU		
	Measurement responsibilities assigned	HSQU Lead		
	Monthly review meetings scheduled	Medical Director		
Resourcing	Essential drug supply chain monitored	Pharmacy Head		
	Computer/forms for data entry available	Hospital Management		
Sustainability	Quarterly self-audit planned	HSQU		
	Corrective actions documented & closed	Ward Head		
	Lessons scaled to other wards	QI Team		