A Continued Quality Improvement Program on Known Drug Allergy Alert
Workflow in acute medical wards at NDH
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Keywords:
Drug Allergy
CQI

Introduction
Screening on patients' known drug allergy history is one of the preventive measures to avoid prescribing and giving allergenic medication to patient leading to hypersensitivity reaction. The alertness of nurses on patients' history of known drug allergy is crucial in preventing this adverse response. In addition to implementation of ‘Policy and Procedures to Prevent Inadvertent Prescription and Administration of Known Drug Allergy’ (‘Policy’ hereafter), the CND NDH has also implemented a ‘Photo Guide for Known Drug Allergy Alert in NDH’ (‘Photo Guide’ hereafter) in August 2014. In order to promote this supplemented photo guide and to enhance staff compliance on the ‘Known Drug Allergy Alert Workflow’ (‘Workflow’ hereafter), a Continued Quality Improvement (CQI) Program on staff alertness and compliance on the workflow was conducted.

Objectives
To reduce risk of medication incident related to known drug allergy by increasing staff alertness thus aimed at 100% staff compliance on the Workflow.

Methodology
Pre and post one day prevalence retrospective audits were conducted in eight medical wards from 3 Oct 2014 to 2 Nov 2014. Convenience samples of in-patients with alert to ‘Known Drug Allergy’ in CMS were recruited. An audit checklist was formulated to assess staff's compliance on the Workflow. Based on the result of the pre-audit, a promotion exercise on compliance enhancement was introduced. Then, outcomes measures in both audits were categorized for comparison: (1) the overall compliance and (2) the compliance rate in all items.

Result
The total number of samples recruited in both pre and post-promotion audits were
also 30. The overall compliance rate in pre-audit was 87.5%. The lowest score among all items was 66.6% on filing red Drug Allergy Alert Sheet to Front page in case note. As a critical item, placing red alert sticker on allergy box of MAR form only scored 73.3% compliance which was the second lowest. 1 sample was found using white clasp button on wrist band for patient with known drug allergy. 2 samples were found having white patient privacy ordinance notice just beneath the red allergy alert sheet instead of the allergy information sheet. No standard place for Allergy signage on head end of bed and patients’ gum label on patient panel. After the promotion exercise, the overall compliance rate in the post-audit achieved 100% in all items. The promotion exercise was effective on arousing staff’s alertness on patient’s ‘known drug allergy’ data and enhanced their compliance on the Workflow.