Introduction
To enhance medication safety, Inpatient Medication Order Entry (IPMOE) system was designed to support doctors, pharmacists and nurses in medication prescription, dispensing and administration. After thorough planning and preparation, this system started roll-out in all surgical units in October 2014.

Objectives
The objective of this project was to ensure smooth roll-out of IPMOE in Department of Surgery safely, orderly and methodically within the time frame.

Methodology
Prior to IPMOE roll-out in Department of Surgery, all nursing staff should be scheduled to attend IPMOE classroom training. With experience learned from medical wards, a designated surgical team of senior nursing staff was formed to support each surgical unit during IPMOE implementation, as all team members were trained, delegated with clear roles and same familiar workflow was applied. With the help of IT and hospital IPMOE support teams, the T-sets, IPMOE system, networking and contingency system were ensured ready beforehand. A checklist was designed to make sure all hardware and software were readily prepared before roll-out. Besides, all medication administration records (MAR) were screened and remarks were written to facilitate the transcription process from MAR sheets to IPMOE smoother. On the day of system roll-out, more manpower was deployed in am and pm duty. In order to minimize disturbance to clinical work and transitional roll-out period, a well-prepared environment was crucial. Earlier doctors’ round was advised, clinical admissions were rescheduled and emergency admission was diverted to other surgical wards. There would be a briefing regarding the rundown before IPMOE roll-out. Same standardized setting with central items such as signage and communication whiteboard were
applied in all wards. Staff from next coming ward planned to run IPMOE would be invited successively to participate in transcription checking to familiarize the procedure. A debriefing session would be arranged afterwards, joined with multidisciplinary teams, e.g. doctors, nurses, pharmacists, IT team and quality & safety officers, to discuss and share any problems faced or foreseen, optimizing for the next ward’s system roll-out.

**Result**
IPMOE system was implemented in 15 surgical units successfully within 6 weeks. No medication error occurred within the IPMOE roll-out period. With good collaboration, commitment and communication among multidisciplinary teams, the whole roll-out process was fluent and excellent.