



Service Priorities and Programmes Electronic Presentations

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Review of an Evidenced-based Inpatient Medication Error Reduction Trial

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Introduction

According to 2017 annual report of Sentinel and Serious Untoward Events(SUE) of Hospital Authority, in total 86 of all SUE, 73 were medication error. Medication safety remains the main concern in hospital service. In order to reduce medication error and promote medication safety, two paired programs were launched at 4Q2016 in ward 9B of United Christian Hospital (UCH), based on evidenced-based findings.

Objectives

1 Reducing medication incident 2 Promote medication safety awareness among nurses

Methodology

3 main areas were targeted and 2 programs were designed: Enhancement areas: 1. Enhancing therapeutic training 2. Improving medication knowledge 3. Standardizing medication reconciliation protocol Program-1: "Standardization of Nurse-led Medication Reconciliation Procedure for Medication Safety in Acute Medical Ward" Medication Reconciliation involves five steps: 1 Develop a list of current medications 2 Develop a list of medications to be prescribed 3 Compare the medications on the two lists 4 Clinical decision based on the comparison 5 Education to patients/caregivers A checklist was standardized in order to avoid errors of omission, duplication, incorrect dose or timing of medication. Prescriptions were checked upon patient admitted, transfer-in and discharge. Program-2: "Enhancing In-patient Medication Administration Safety via Medication Luncheon Meeting among Nurses" The yearly trend of the top three common drugs involved in medication error are Known drug allergen, Dangerous drug, Anticoagulant. Other common drugs involved are insulin, inotrope, oral hypoglycemic agent. Topics covered the above medications were selected and ward 9B nurses were invited to the luncheon meeting with individual topic in a monthly basis. The pharmacological knowledge and related experience or incidents were shared. Pre/post quiz were designed for evaluation.

Result

1 Positive feedback was obtained from both junior and senior nurses for the standardized medication reconciliation checklist 2 Encouraging comments come from staffs as error was actually detected and corrected before reach to patient 3 All nurses with experience < 5 years were engaged in programs 4 All participants agreed program-2 was able to meet their knowledge needs 5 Encouraging results of pre/post quiz of program-2 were also noted as average >50% scores improvement of post-quiz archived 6 According to data from Nursing Service Division of UCH, the medication incident number was decreasing from 5 at 1Q2017 to 1 at 2Q2017 and 0 at 3Q2017 of ward 9B