**The road to IPMOE**
Tang MK; Wong SP
*Medicine and Geriatric Department, Princess Margaret Hospital*

**Keywords:**
The road to IPMOE

**Introduction**
It is known that most of the medication incidents are related to human errors. If these problems have been foreseen, we need to be imperative to find the way for improvement. IPMOE is the integration of electronic device with seamless workflow design between physician, nurses and pharmacist which intends to reduce preventable hospital acquired risks and improves the transitional process.

**Objectives**
Objectives: 1 Improve patient safety. 2 Enhance productivity of health care professionals

**Methodology**
Methodology 1 IPMOE workgroup development The workgroup is multidisciplinary with strong knowledge of current workflow, recognition of problem and buy in initiative for improvement. Together with periodic communications with frontlines, we tried our utmost to deal with serious problems in 4 areas 1.1 To eliminate redundancies, gaps in process or potential failures., 1.2 Have standardization across disciplines or different practice setting 1.3 Integration of medication reconciliation in a more efficient and effective manner. 1.4 Pertains to politics and the reality. 2 Implementation phases Other than procurement of suitable IT devices, installation consideration was also required to ensure the program design meeting all pertinent clinical and regulatory requirements. In addition, extraordinary effort was make to accommodate large number of staff training with hands on demonstration 3 Time motion study Such reform program still in need of study, the aim is to investigate the impact of system in administrative efficiency. The finding on average nursing time spent on medication administration will serve as a baseline for designing the IPMOE and also act as a reference for evaluation afterwards.

**Result**
It can be seen from the above that IPMOE can be recognized as a campaign against traditional practice. Of course, there may be lots of controversial issues raised, barriers like high cost of purchase, implementation and maintenance of system, trial of new software products and vendors. Therefore it is premature to say whether the program will have great success or not, but it is certain that it creates one advance step in connection with patient safety and medication reconciliation.