Convention ID: 592
Submitting author: Miss Sherry TSANG
Post title: Health Informatics Analyst, Finance Division, HO

Implementation of In-patient Medication Order Entry (IPMOE) to acute hospital and Lesson Learned
Tsang SKY (1), Pang J (1)
(1)Health Informatics, Hospital Authority Information Technology Section

Keywords:
Clinical Information system
In-patient Medical Order Entry

Introduction
Hospital Authority had successfully implemented the Medication Order Entry system (MOE) in out-patient for all Special Out-patient clinics and General Out-patient setting for over a decade. In view for better medication management, and reduction of medication errors for drug ordering, dispensing and administration in in-patient setting, the hospital authority planned to implement the In-patient Order Entry (IPMOE) system incorporated with the Barcode Assisted Medication (BCMA) to be implemented to acute hospitals in Hong Kong. The project was first piloted in PMH, and the following lesson learnt mainly described the situation for implementation of BCMA at ward setting.

Objectives
It is suggested that by sharing experience of the lesson Learnt in the first pilot site to facilitate future implementation and promote adoption in future implementation. The experience can also be used for similar clinical IT projects.

Methodology
Nil

Result
BCMA implementation is a complex project that requires a multidisciplinary team and careful workflow analysis of the issues concerning nursing, pharmacy IT and administration. Local stakeholders and local champions should be identified to facilitate the overall coordination and implementation of the system. The efforts for the preparation should start early to identify tasks and objectives to be accomplished to meet the milestones to prepare for the implementation. Suboptimal implementation may lead to poor adoption or to nurses using BCMA workarounds. End-user training on the use of the system needs to be ongoing, with monitoring and reinforcement of good practices essential to mitigate the risks of BCMA workarounds, such as bypassing the scanning of medications and/or the patients. Learning the BCMA application is incremental to IPMOE and the nurses generally have a fast learning curve. Go-live support is also essential to let nurses to gradually work out what they have learnt to every day practice. Most importantly, the improvement of patient safety

is contingent on appropriate BCMA workflow. BCMA is a complement to good patient care, and is not a substitute for good clinical practice. The patient identification and medication administration must happen at the point of care, and mechanisms to monitor workflow compliance must be ongoing.