



## Service Priorities and Programmes Electronic Presentations

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### **Minor but Important Steps you may encounter in IPMOE Conversion**

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#### **Introduction**

Written documents will be no longer existing in this explosive information technology world, especially documentations will soon be gradually electronic and well-managed by computers, and it will make no exception to administration of medication too. Therefore, IPMOE came into HA, launching some years ago and live-running in almost half of the public hospitals' units in Hong Kong.

#### **Objectives**

Now, it is worth to launch ways to improve running IPMOE in different hospitals. The crux of the matter is to investigate a systemic method to highly shorten the time spent for live-running IPMOE and reduce risk created from written Drug-Sheet profile to IPMOE in the coming units.

#### **Methodology**

1 : align the common drugtime-slot      The first step is to unite the drug administration time-slot, because there are different explanations among a drug regime, like Ryle's tube user with TDS Drug may have different time-slot such as 0800, 1200, 1600 or 1000, 1600, 2000. Beware of there is no right or wrong, just to align the common time-slot before running IPMOE, in order to have a clear instruction for IT support to make a default setting. On top of it, flexible time-slot can be provided for users to select like bed time drug can be set as 2100 or 2130.      2 : get the staff be prepared for IPMOE      In order to develop the nursing informatics, IPMOE exist and this is a very important step from the old method of AOM to a brand new digital and intellectual style in documentation and Checking system. As such, to facilitate front-line user (nurses and doctors), we encourage users to actively attend meetings and trainings of IPMOE, having 3-hour training is basic, and there is an IPMOE ambassador from each unit to raise questions and solve problems collected from their college. This can prevent expected problems, minimize and consolidate issues among the IPMOE before it came into the live-run. On the other hand, information of the IPMOE can be gained from the web-page easily.      At last, setting up In-house

Rule for difference units is useful to prevent problems from new practice, such as charting I/O for IV fluid calculation is more feasible than reviewing IPMOE infusion function, since tracing record of the suspend, resume or ending of drug order is not easy.

**Result**

Short conclusion      Spreading the message of the importance of IPMOE and enhance the participation of the staff can highly power up the efficiency of live-run of IPMOE.