Service Priorities and Programmes

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Submitting author: Ms W Y TSANG
Post title: Ward Manager, United Christian Hospital, KEC

Does IPMOE system reduce administration errors and improve efficiency?

Tsang WY (1), Tang SK Eric (1)
(1) Department of Medicine & Geriatrics, United Christian Hospital

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Introduction

Inpatient Medication Order Entry (IPMOE) System which aims at improving medication safety is implemented at United Christian Hospital (UCH) M&G department since July to Sep 2015. The systems have the potential to reduce administration errors and enhanced the efficiency but are sometimes used incorrectly due to technology and design limitations. The system believed to enable the efficiency and verification of the 5 rights of medication manage¬ment (and so prevent wrong-patient, wrong-dose, wrong-time, wrong-drug and wrong-route errors). It also ensures accurate and complete docu¬mentation of the medication administration process.

Objectives

Proved the IPMOE system improves efficiency on administration of medication.

Methodology

To be conducted the observation surveys for focusing observe time spent administering medications with IPMOE system on morning round (0800) in nine medical & Geriatrics ward. Selected ward included four general medical ward and five specialty unit/ ward (Resp, Heam, Renal, Palliative and CCU). The surveys group was formed and consistent to collected data according pre-set criteria that included ward occupancy, nursing manpower and amount of the IPMOE equipment. Surveys data collection will be selected before one day of IPMOE system implementation, day 7 and day 28 after IPMOE system implementation in M&G department.

Result

Surveys conducted from July to October 2015 and received total nine M&G wards results. Before IPMOE system implementation, the average of total wards on time spent administering medications of each patient around 8 minutes. But, on day 7 after IPMOE system implemented, the average drug admin times spent of each patient increase to 10- 11.5 minutes. As a result of day 28, the average on time spent administering medications of each patient in general wards have decreased time to 8.87 minutes. But on compared with specialty wards, they average drug admin time

was significant increase to 12.9 minutes. In conclusion, the IPOME system are potentially effective in reducing administration errors when designed well and used correctly, but the evidence for the improve efficiency of drug administration outcomes with IPMOE systems is less. On the other hand, informing nurses of the impact of IPMOE systems on time spent administering medications and time spent with patients may result in more frequent use and improved medication safety with this technology.