Service Priorities and Programmes

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Submitting author: Mr Man Kit SHEK
Post title: NULL, United Christian Hospital

Nurse Luncheon Meeting for Medication Safety in Acute Medical Ward

Shek MK(1), Chow YT(1)
(1)Medicine and Geriatrics, United Christian Hospital

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Introduction

Medication error remains a major component of total incident in hospital. Medication incidents are often classified as physiciansâ€™ prescription error and nursesâ€™ management error. In order to ensure safe storage, dispensing and administration of medications, besides just carrying out the physiciansâ€™ orders, the nurses should know the pharmacological principles of each medication and apply it to the current patient condition [1]. Junior nurses usually experience insufficient medication knowledge due to deficiencies in the basic nursing education and the continuing training during working years [1].
Literature review was performed and medication luncheon meetings among junior nurses in acute medical ward 9B was affirmed for strengthen pharmacological knowledge.

Objectives

Promoting medication safety by strengthen junior nurses pharmacological knowledge
Reducing medication incident related to nurse administration

Methodology

Seven major topics were identified by the medication safety working group of ward 9B and include hospital medication policy, resuscitation drugs, Insulin, dangerous drugs, antiarrhythmic agents, inotropes, and medication allergic reaction. Nurses with lesser than 3 years medical ward working experience were invited to the luncheon meeting with individual topic in a monthly basis. In each luncheon meeting, a small group of about 3 â€“ 5 nurses were involved to promote an effective discussion and interaction with greater satisfaction [2]. The pharmacological knowledge and related experience or incidents were shared by APN or experienced nurses of the medication safety

working group. Handouts were prepared in form of Microsoft Powerpoint file for easy and effective presentation and uploaded to ward local computer for staff access.

Result

After the implementation of the project, the medication incident related to nurse administration was recorded for evaluation and root-cause analyze. Up to date, no incident related was noted. Multiple choice questions (MCQ) tests related to each topic were designed for evaluating the effectiveness in an countable form of staffsâ€™ learning. Besides pharmacological knowledge of nurses, medication safety including other important aspect such as medication reconciliation for in-patient or discharging patient, we prospect that to integrate multiple aspect for a medication safety bundle measures.

References

1 Simonsen, et al (2014). Differences in medication knowledge and risk of errors between graduating nursing students and working registered nurses: comparative study. BMC series, 2014, 14:580.

2 Zuzana de Jong, et al (2010). Interactive seminars or small group tutorials in preclinical medical education: results of a randomized controlled trial. BMC Medical Education, 2010, 10:79.