



Service Priorities and Programmes Electronic Presentations

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Accelerated Implementation of In-patient Medication Order Entry (IPMOE) in Pamela Youde Nethersole Eastern Hospital

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Keywords:

IPMOE

Staff Engagement

Training

Introduction

In-patient Medication Order Entry (IPMOE) was a closed-loop computerized system in Clinical Management System (CMS) with support of mobile device, wireless network, blue tooth technology, and electronic signature for was prescribing, dispensing & administering drugs for HA in-patients. It originated in 2006 and first launch in Hospital Authority hospital in 2013. The key benefits of IPMOE were to enhance patients's safety through reducing medication error.

IPMOE scheduled to rollout in Pamela Youde Nethersole Eastern Hospital (PYNEH) in June 2016. The PYNEH IPMOE Task force was set up in May 2015 to engage the multidisciplinary staff in rollout preparation. The members of task force included specialties representatives (doctors and nurses), implementation office (designated nurse, pharmacist and staff from local information technology department) representative from Quality & Safety Office, and executive support from Human Resource, Administration and Finance. The preliminary schedule for full Implementation in PYNEH estimated for 9 months (22nd June 2016 to 7 Mar 2017). After discussion, comment and feedback were collected from IPMOE Implementation Team HAHO. The IPMOE Task Force is ambitious to condense the schedule for full Implementation into 5 months (22nd June 2016 to 22nd Nov 2017) in order reduce the potential turmoil due to switching from paper system to computerized system.

Objectives

To accelerate and condense the IPMOE Implementation Schedule in PYNEH

Methodology

Staff Engagement:

Medical and nursing representatives from clinical departments to join the IPMOE Task Force to devise discuss and review the implementation

Site Visits and Walkthroughs:

The task force conducted site visits to other IPMOE hospitals to learn the experience in rolling out IPMOE. Besides, the two Walkthroughs were conducted by Implementation Team HAHO to brief the operation of IPMOE.

Workflow:

There were series of meetings to collect the opinions, comments and feedbacks from clinical department to devise the workflow of IPMOE.

Training:

Set up training site and demo site for classroom training and demonstrating features for the system function. Systematic training was provided to doctor, pharmacist and nurse. Health Informatics and Chief Pharmacist Office provided Doctor and pharmacist trainings respectively. As a tremendous change of workflow of Administration of Medicine (AOM), every nurse should attend three-hour compulsory hand-on training to familiarize the system. Every nurse also required completing an online assessment after training.

Briefing and Debriefing:

Briefing sessions were conducted to the unit before the live run. Debriefing also conducted after the live run in each department to share the problem and suggest the possible solution.

Result

The accelerated IPMOE implementation was completed in 55 wards/units across 10 clinical departments within 5 months. The well-planned strategy, strong commitment from hospital management, seamless support from Implementation Team and dedicated Task Force were key elements to success of accelerated IPMOE implementation in PYNEH.