Seamless Integration of Inpatient Medication Order Entry (IPMOE) System into Daily Practice in United Christian Hospital
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Introduction
Following the implementation of IPMOE System at United Christian Hospital (UCH) in January 2016, a proper practice on using IPMOE functions is the key element to strive for the long-term medication safety. To strengthen the patient identification in IPMOE drug administration, the data of bypass wristband 2D barcode scanning in drug administration with IPMOE is being analyzed so as to formulate the improvement measures and uphold the medication safety.

Objectives
(i) To analyze the IPMOE data of bypass scanning wristband during drug administration.
(ii) To formulate the strategy for unifying the practice with IPMOE system at hospital-wide.

Methodology
The project initiatives were employed at hospital-wide.
(I) Data Collection and Analysis: To analyze the IPMOE data of bypass scanning wristband during drug administration on a regular 3-month basis and study the underlying reasons for not scanning patient’s wristband.
(II) From Top-down to Bottom-up Approach: With well-established multidisciplinary governance structure at Corporate and Local levels, the approach of top-down management with bottom-up involvement facilitated the discussion to identify the operational obstacles and tackle the measures for breakthrough.
(III) Conversion of Findings into Action: The analyzed results were highlighted and shared with corresponding Departments for studying the reasons of behavior so that wards could grasp the latest situation for feasible actions. The key message on proper use of IPMOE functions was further promulgated at different platforms; for instance, IPMOE Sharing Forum, IPMOE Training Workshop and meetings.
(IV) From Reactive to Proactive Perspective: To minimize the hardware factors affecting the drug administration procedure, a hospital-wide Preventive Maintenance
for all IPMOE hardware was launched in 3Q2016 with IT Team and technicians’ support to ensure the hardware in good condition and optimize the readiness of hardware always.

(V) Standardization of Workflow and Audit Form: The workflow of drug administration was unified; and a new audit form was tailored to drive the proper practice on using IPMOE system.

**Result**
In 4Q2016 at UCH, the number of bypass scanning the wristband during drug administration has a significant drop to 0.25% (Overall HA: 3.23% from 1-3Q2016) which is decreased over 84% comparing with 1Q2016. For the way forward, it is crucial to strengthen a proper practice and uphold the standardized workflow upon using IPMOE system. Eventually, we all get prepared for the seamless integration of IPMOE into daily nursing so as to strive for medication safety in UCH.