



Service Priorities and Programmes Electronic Presentations

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An Additional Piece of Jigsaw to Prevent Medication Incident

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Introduction

Early Allergy Record (EAR) programme has been launched since May 2014 in North District Hospital Accident & Emergency Department, prior to the promotion campaign of “eHealth”. It is a collaboration programme between A&E nurses and physicians. It serves to fill the gap of known drug allergy which is not recorded in CMS and hence minimising the occurrence of medication incident. The nurse attaches an EAR form into patient’s file when a new allergic history is identified at triage. The attending physician will verify the allergic history and enter the information in Clinical Management System (CMS) accordingly. On average, we recorded about 40-50 entries per month. The compliance of updating CMS record and issuing allergy card is monitored. We could not prove a direct correlation but there has been no incident related to drug allergy since EAR. However, when we studied the EAR forms collected, we recognised that physicians handle the allergic histories in various ways. We wish to study the impact of EAR programme on staff, especially physicians who play the key role in drug prescription.

Objectives

To study if EAR programme influence physicians’ perceptions and behaviours in handling allergy history and drug prescriptions.

Methodology

A questionnaire was distributed to the physicians in Jan 2017.

Result

There were 21 physicians serving in our department. 18 questionnaires were received. The data gathered from questionnaire showed EAR programme increased the capture of allergy history and raised the awareness among physicians. This, in turn, influences their drug prescriptions. In our department, awareness and alertness of medication safety regarding drug allergy is raised. Nurses are very familiar to initiate EAR at triage, check CMS entry and issue allergy card. Physicians are more aware of the importance and documentation of drug allergy in CMS. Some would study patient’s previous prescription history to avoid the prescription of “high risk” or new drugs even for allergy to unknown medication. A direct correlation of EAR programme

and reduced medication incidents cannot be established but it is meaningful as more allergic histories are discovered and recorded in CMS. This does not only help to avoid medication incidents within our department but also HA-wide and even in the private healthcare settings if patients registered eHealth. We also issue a hardcopy of allergy card to patient for them to relate the information when seeking healthcare services in other private or overseas facilities. It requires tremendous works and collaboration from different parties to prevent medication incidents. As our programme is being initiated at the very front door of A&E, we believe it can be a useful piece of jigsaw to the puzzle.