



Service Priorities and Programmes Electronic Presentations

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Change of Practice on Documentation of Dangerous Drug Register in PWH

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Introduction

Nursing staff must sign their signature in the Dangerous Drug (DD) Register when checking out the Dangerous Drug. The signatures of different nurses were sometimes similar and were very difficult to be identified. A change of practice on signature with recognized full name on documentation of the DD Register was initiated in May 2016 in PWH to enhance safety checking of Dangerous Drug.

Objectives

- (1) to change the practice on documentation of Dangerous Drug Register;
- (2) to enhance safety checking of Dangerous Drug

Methodology

Plans for the change: (1) a documentation review of the signature and recognized full name at each entry in all DD Registers in PWH was conducted in Jan 2016 and the result was shared in DOMs meeting & Nurses Forum (2) a success pilot result of the same practice in NDH was also shared to all staff in PWH to get staff engagement (3) it was recommended to use a staff 331 chop which had full name of each staff to facilitate full name writing (4) a promotional poster was uploaded in iCND@PWH (5) a DD bookmark for DD Register was designed as a reminder to promote this practice in April 2016.

Implement the change: (1) the change of practice was implemented on 1 May 2016 (2) ward visits to assess the progress of this practice were conducted in June, staff suggested enlarging the line space for 331 chop in the DD Register and the suggestion was accepted by hospital management (3) a documentation review on the last completed page of each DD was conducted in Sept 2016 (The last page if there is no completed page) & the entry before 1st May 2016 would be excluded.

Result

On 1st September 2016, 70 DD Registers were reviewed. 59 DD Registers (84.29%) were fully compliance with signature with recognized full name on each entry. The result was analyzed and discussed with nursing managers. However some name chops were illegible in the DD register leading to the low compliance rate. Well-functioning of staff 331 chop was followed up. Nurses were advised to write full name if the 331 chop was not functioning well. Clinical supervision should be enhanced to sustain the change of this practice and review this practice regularly to ensure an accurate documentation to maintain the safety checking of Dangerous Drug. In summary, the change of practice on documentation of the DD Register has enhanced the safety in Dangerous Drug checking. Further monitoring and clinical supervision on this practice would make the change more sustainable.