



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Risk Prevention of IPMOE in clinical practice (for new staff)**

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**Keywords:**

IPMOE

medication safety

risk prevention

**Introduction**

- IPMOE started within two years since 2015, the changing environment may cause new problem in ward practice, posing new potential risks.

- New staff were new to IPMOE, who's facing new technique problem and already found predisposing risks of using IP

**Objectives**

1. Updating the latest clinical practice of IPMOE to the new staff, with evidence support in the keep changing environment in front line (clinical area) every 3 months.
2. Monthly provide incidence report discussion, so as to share the learning point from the past experience, in order to reach the purpose of risk prevention directly
3. to provide education of handling dangerous drugs not only locked in the DDA locker, but also for other drugs like insulin injection, within the first 2 months. Because

**Methodology**

1. One to one clinical tutoring and coaching to use IPMOE (1-2 months)
2. Risk identifying by users will be collected by link nurse in ward, who could provide suggestion in a safer and more reasonable way to solve the newly found problems after discussion with senior representatives
3. To provide handout or notes of finalized specific ward practice and standardized requirement in a checklist, which audited by any senior RN with more than 5-year-experience
4. Stress in Dangerous drug workflow, especially for indication and contraindication of insulin administration

**Result**

1. The number of case in AIRS reported relating to IPMOE will be decreasing or even no case reported.
2. Staff using IPMOE will become more safe and more feasible