LABELLING DATE OF EXPIRY UPON OPENING

MS NG WEIWEI (SPONSOR)
HEW XINROU (LEADER)
CELESTE CHNG YUN ZHI
LIM HUILI
THANAGESWARI D/O NAGARASAN
THOMAS HA PAK TUNG (PHARMACIST)

- ☑ SAFETY
- ☑ QUALITY
- ☐ PATIENT EXPERIENCE
- ☑ PRODUCTIVITY
- ☑ COST

Define Problem, Set Aim

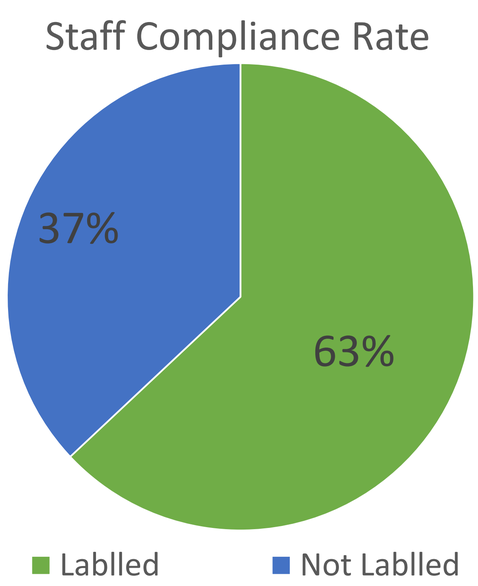
Problem/Opportunity for Improvement

Opened solution bottles e.g. oral syrups / cleansing solution are found unlabelled or labelled with wrong expiry date during random checks. In order not to compromise patient safety all the unlabelled bottles has to be throw away which lead to wastage resulting in losing revenue.

Aim

To achieve 100% staff compliance rate in labelling and dating the opened medications/solutions/vials timely and accurately.

Establish Measures



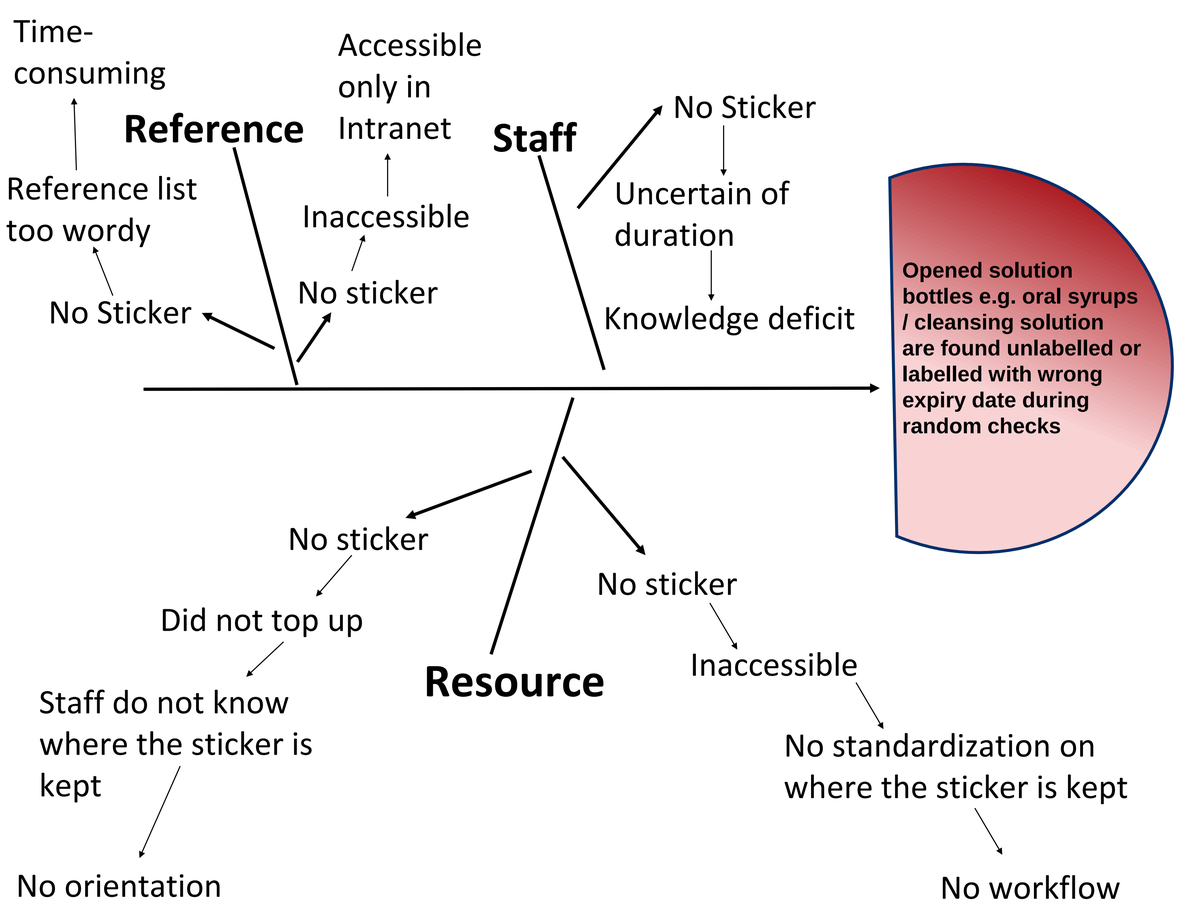
Pre- Project Audit Result

What was your performance before interventions?

4 May 2022 – 10 May 2022 (1 Week)

Outcome measure : *Reduce non-compliance rate for labelling opened vials, medication bottles and dressing solutions in Ward B9 Subsidised.*
Process measure : *Rate of nurses compliance to labelling opened vials, medication bottles and dressing solutions in Ward B9 Subsidised increase to 100%.*
Balancing measure : *Internal audit conducted twice a week throughout the project.*

Analyse Problem

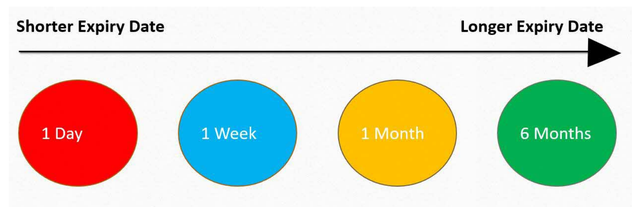


Select Changes

What are all the probable solutions?

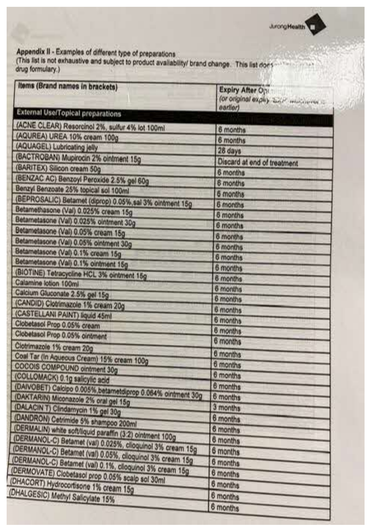
1. ***Colour Coding (Label different expiry dates in different colours)***

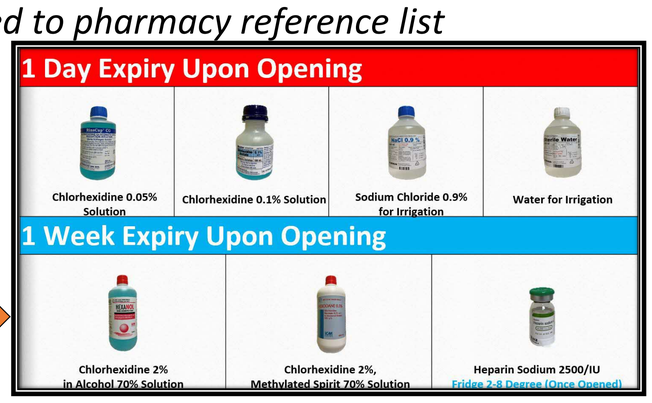
- Adopted 'Traffic Light' Colours (Red, Amber, Green) with an additional Blue Colour for the outlier.
- Coloured stickers are paste on ADC and medication shelves according to colour coding.

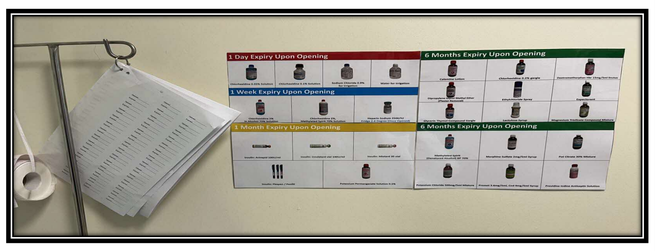


2. Pictorial Guide in Medication Room and Sub Clean Utility Rooms

- *Better visualization compared to pharmacy reference list*
- *Easy accessibility*







Test & Implement Changes

How do we pilot the changes? What are the initial results?

Plan

- All commonly used medication bottles/ vials are classified with different colours (coloured stickers paste accordingly in ADC and Med Room)
- Pictorial Guide prepared as per colour coding, pasted on Med Room and Sub CUs.

Do

- Information was mass shared with staffs in Ward B9 Subsidised.
- One week later, the audit was conducted to evaluate the staff compliance rate in labelling the expiry date.

Study

- The audit finding has illustrated a significant improvement of staff compliance rate in labelling the expiry date from **63% to 95%** within 25 May 2022 to 18 June 2022 (4 weeks) of piloting the project.

Act

- Ongoing audit will be conducted twice weekly to evaluate staffs' compliance rate as well as the accuracy of labelling such as: correct expiry date, complete label including patients' initial and NRIC.

Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?

1. Sharing and implementing to ortho-surgical wards in NTFGH
2. Identify 2 ward champions to spread the change in their respective area. Project team members will directly train ward champions.
3. Project team members timely communicate via TigerText for issue/ improvement
4. Online survey for ward staffs to complete to evaluate the change

What are the key learnings from this project?

1. *With visual aids it increases staff compliance rate to 95% in labelling expiry date*
2. *Provide quicker and faster reference*
3. *Provide a sense of ownership and accountability*
4. *For sustainability and spread change*

Ng Teng Fong General Hospital

Jurong Community Hospital