



Singapore Healthcare
Management 2022

Improving the Rate of Medication Error for Patient Post TBCU Review at Bukit Merah Polyclinic



Polyclinics
SingHealth

SSN Nur Hazwinah Binte Mohamadan, SSN Herwanny Binte Omar,
SSN Christine Pok Wei Ting, SN Angeline Lau Fen Li

Introduction

The National Tuberculosis (TB) Programme, also known as the Singapore TB Elimination Programme (STEP) was launched by MOH in 1997 to strengthen the national TB control efforts.

Tuberculosis treatment - Directly Observed Therapy (DOT) ensures patient compliance to TB treatment by ensuring regular visits to polyclinics, either daily or thrice a week, for patients to take their medications under nurses' supervision. DOT eligible patients will need to see TBCU doctors on a regular basis for review of their treatment plan.

Problem

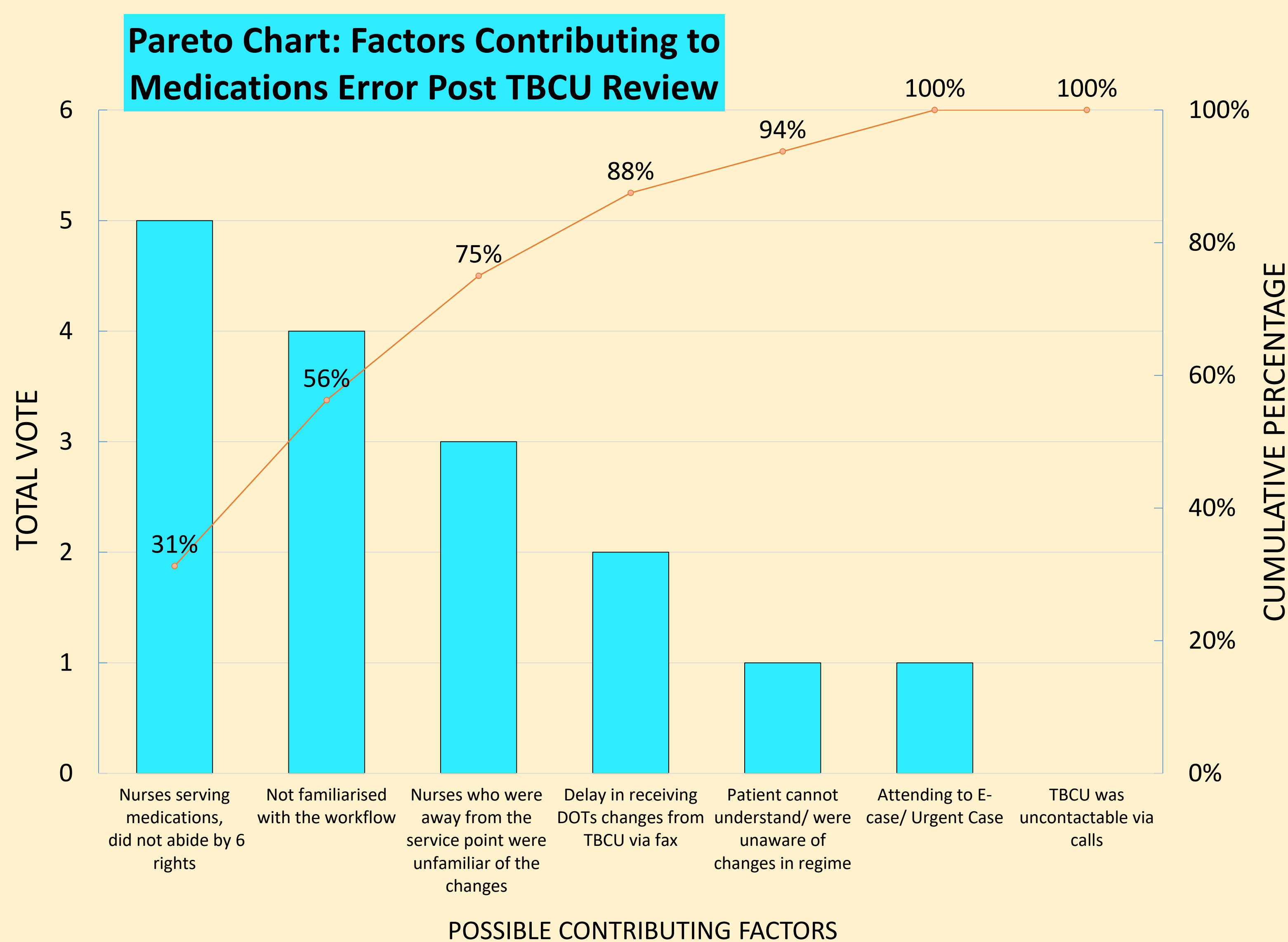
Between February to December 2021, there were a total of **4** medication errors in SingHealth Polyclinics related to post TBCU review. Bukit Merah Polyclinic had **1** such medication error.

Aim

To reduce the rate of medication error for patient returning for TBCU review at Bukit Merah Polyclinic to 0% within 6 months.

Methodology

The project started in **February 2021**. An Ishikawa Diagram was used to analyze the cause and effect of medication errors. After a second round of voting, a Pareto chart was used to determine the top three causes (12 rule of voting).



3 main factors were identified to be worked on:

- 1 Nurses did not abide by the **6 RIGHTS** when serving medications.
- 2 Nurses were unfamiliar with Post TBCU review workflow.
- 3 Nurses assigned to the service point after a period of time were unfamiliar to the workflow changes.

Interventions

Goals:

1. To ensure all nurses utilize the checklist as a visual reference.
2. To reinforce nurses on checking the **6 Rights** on every medication administration.

Intervention 1:

A new checklist was created to include the patient's name, NRIC, review date, drug regimen, nurse's name and signature.

Intervention 2:

Nurses provided comments on how to enhance the checklist. A new checklist was subsequently produced, including items such as the patient's DOT registration number and the expected date of review return.

Intervention 3:

A poll was conducted to assess the effectiveness of the treatment room checklist. To improve visibility and accountability, the listing items of the checklist were rearranged.

Results

From an online survey, it was noted that the checklist had helped them to be more focused and efficient during medication administration. There had been no report of medication error among post-TBCU reviewed patients.

Conclusion

The objective was achieved. Nurses were encouraged to make the most of the checklist in order to administer DOT medication safely.