Project Title

Labelling Date of Expiry Upon Opening

Project Lead and Members

Project lead: Hew Xinrou

Project members: Celeste Chng Yun Zhi, Lim Huili, Thanageswari D/O Nagarasan, Thomas Ha (Pharmacist)

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing, Pharmacy

Applicable Specialty or Discipline

Not Applicable

Project Period

Start date: 04 May 2022

Completed date: 18 June 2022

Aims

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

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

- With visual aids it increases staff compliance rate to 95% in labelling expiry date

- Provide quicker and faster reference

- Provide a sense of ownership and accountability

- For sustainability and spread change

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Risk Management, Preventive Approach

Keywords

Labelling, Date of Expiry, Solution Bottles

Name and Email of Project Contact Person(s)

Name: Hew Xinrou

Email: xinrou96@hotmail.com

LABELLING DATE OF EXPIRY UPON OPENING

☑ SAFETY ☑ PRODUCTIVITY
☑ QUALITY ☑ COST
☐ PATIENT EXPERIENCE

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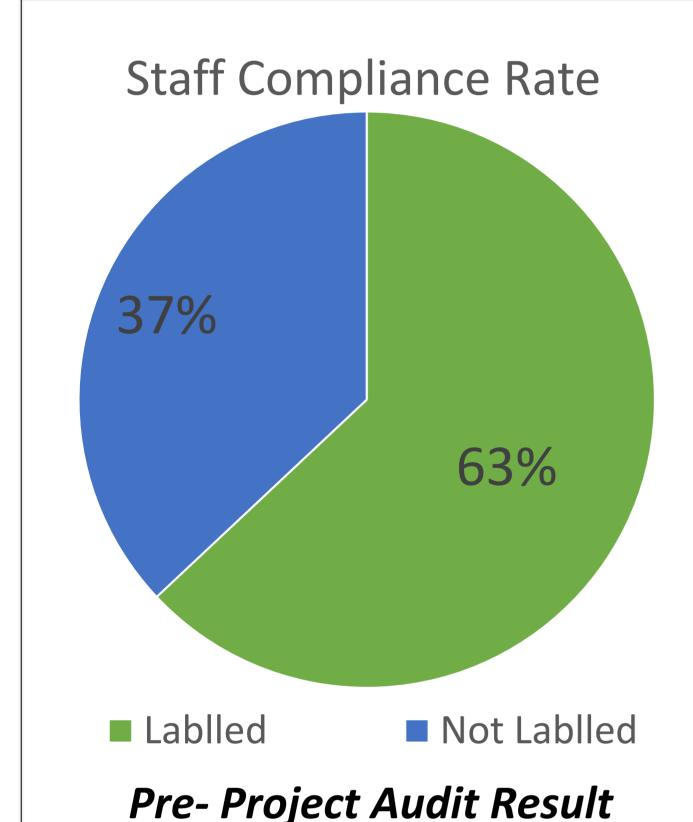
Define Problem, Set Aim

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 underlined timely and accurately.

Establish Measures

Staff Compliance Rate

37% Not Lablled
63% Lablled

Pre- Project Audit Result

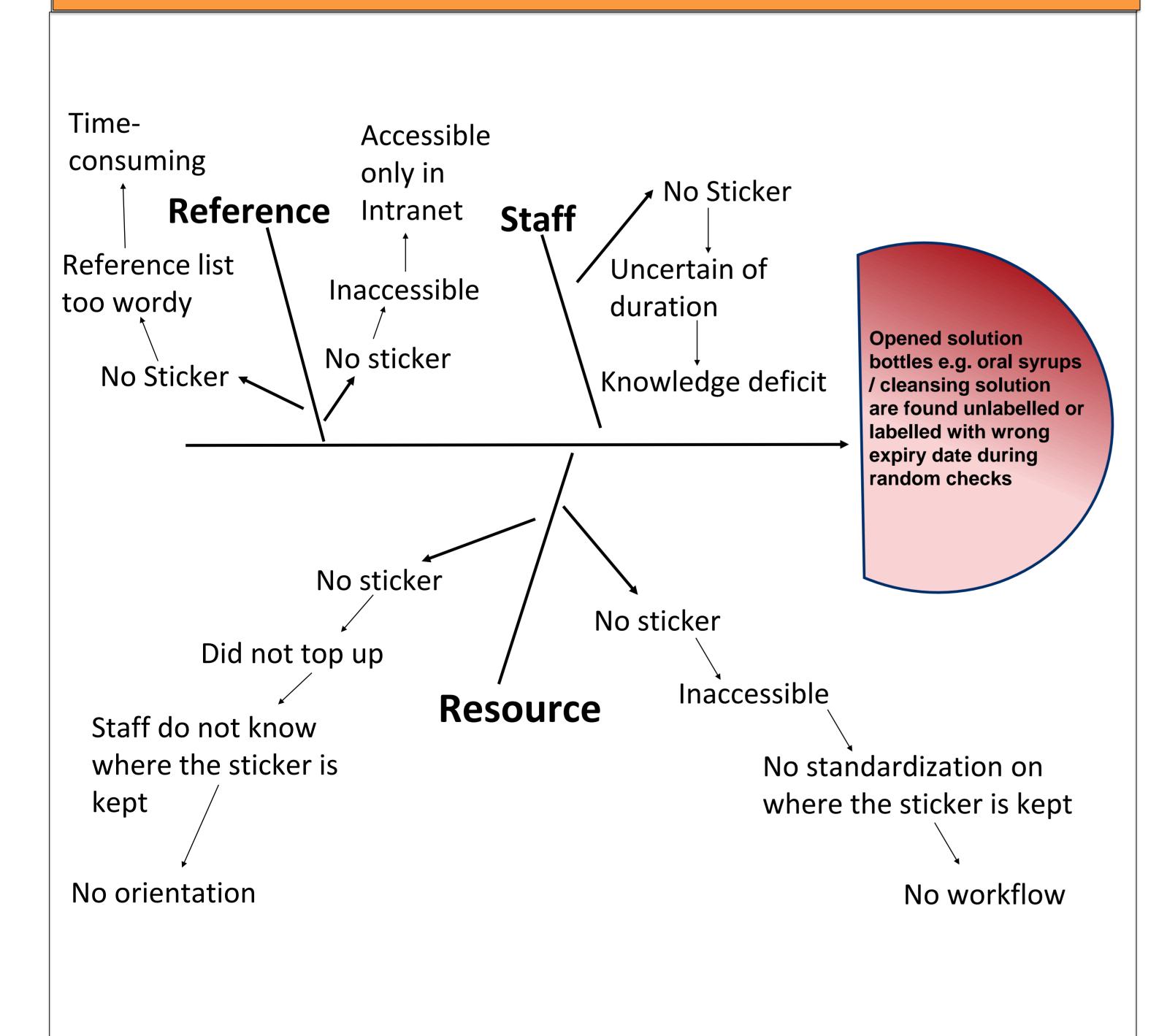**What was your performance before interventions?**

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.
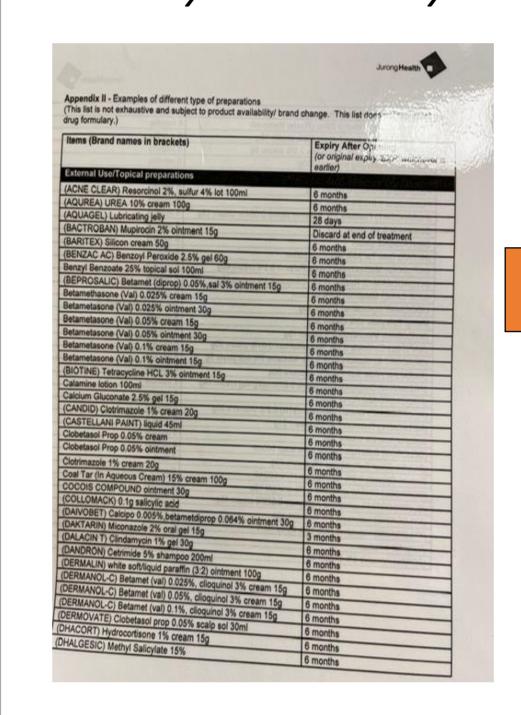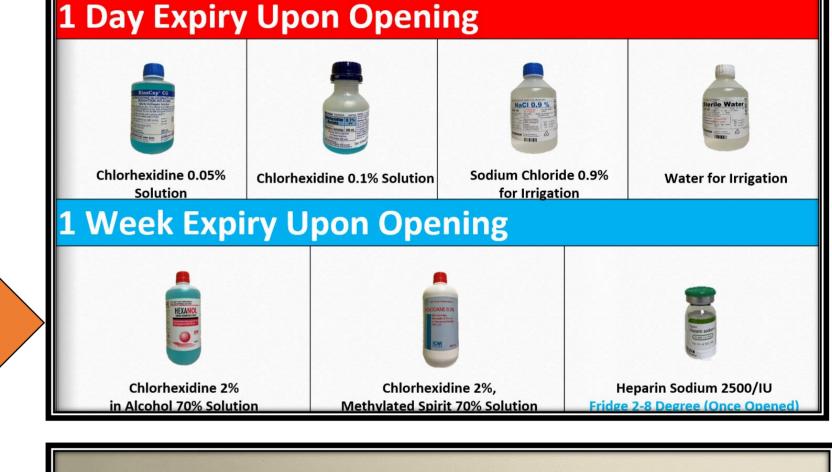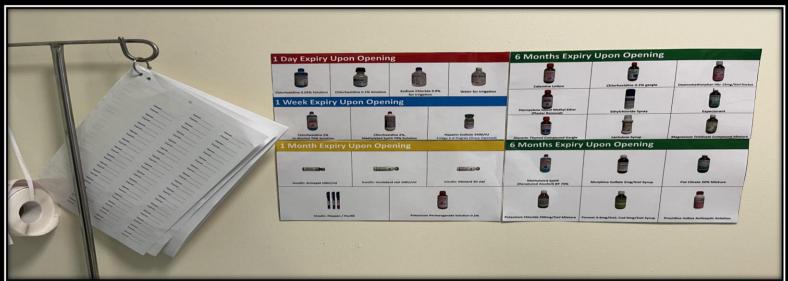- Coloured stickers are paste on ADC and medication shelves according to colour coding.

Shorter Expiry Date → Longer Expiry Date
1 Day | 1 Week | 1 Month | 6 Months

Shelves

2. **Pictorial Guide in Medication Room and Sub Clean Utility Rooms**
- *Better visualization compared to pharmacy reference list*
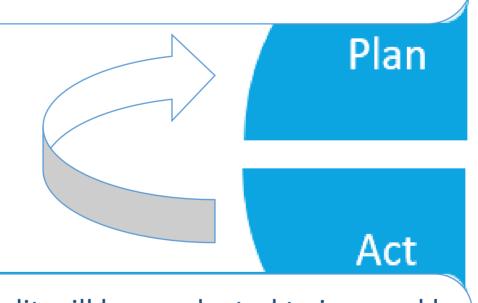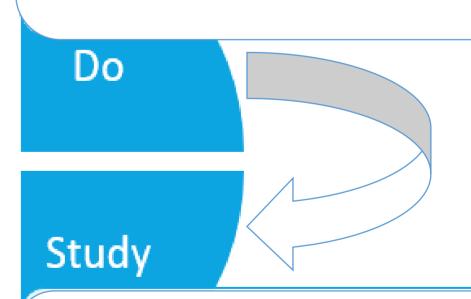- *Easy accessibility*

Test & Implement Changes

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

- 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.

- 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.

Plan → **Do** → **Study** → **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.

- 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.

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