Improving the Documentation of Medication Suspension in an Elderly Care Ward: A Quality Improvement Project

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PROBLEM STATEMENT

Incomplete or unclear suspension reasons can lead to medication errors, inappropriate re-prescribing, or care delays.

INTERVENTIONS IMPLEMENTED

- **Raised staff awareness** through handovers, posters and in M&M meeting.
- Adding a mandatory field in **Electronic Prescribing and Medicines Administration** for documenting suspension reasons.

RESULTS

- **Significant increase** in documentation of reason for medications suspension.
- **Enhanced collaboration** between nursing and medical staff, leading to a more cohesive and efficient documentation.
- **Improved efficiency in discharge process**, contributing to improved patient care quality and safety.

Plan

- Identified lack of documentation issues.
- Developed interventions
- Established specific goals.

Do

- Implemented interventions.
- Multiple sessions of awareness.
- Proposed adding a mandatory section in EPMA for documenting suspension reasons.

Study

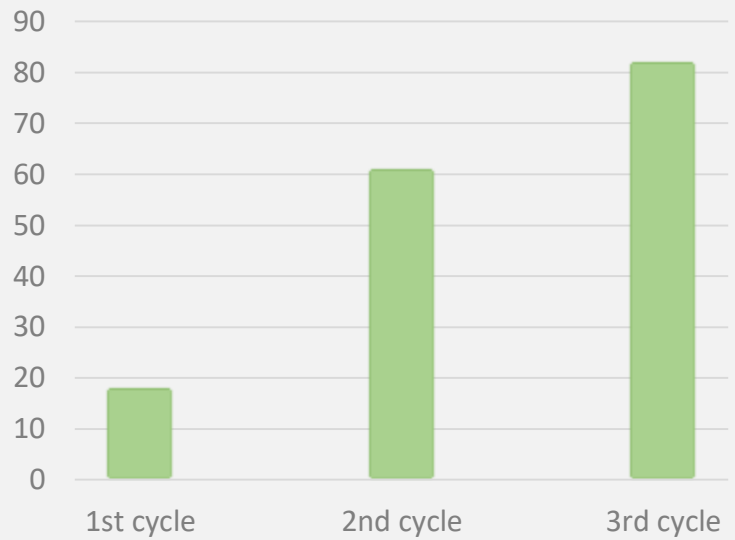
- Collected data on intervention effectiveness.
- Assessed impact on patient safety due to lack of documentation.
- Analysed staff feedback.

Act

- Made adjustments based on findings.
- Incorporated staff feedback.
- Continued monitoring and evaluation.
- Initiated further PDSA cycles as needed.

CONCLUSION

- Multidisciplinary QI approach effectively addressed **safety concerns and enhanced communication.**
- Findings shared in departmental teaching sessions and QI meetings **to promote best practices.**



Improvement in % of reasons documented after each cycle