

# Improved Medication Safety Related to Insertion of Cervical Priming Agents

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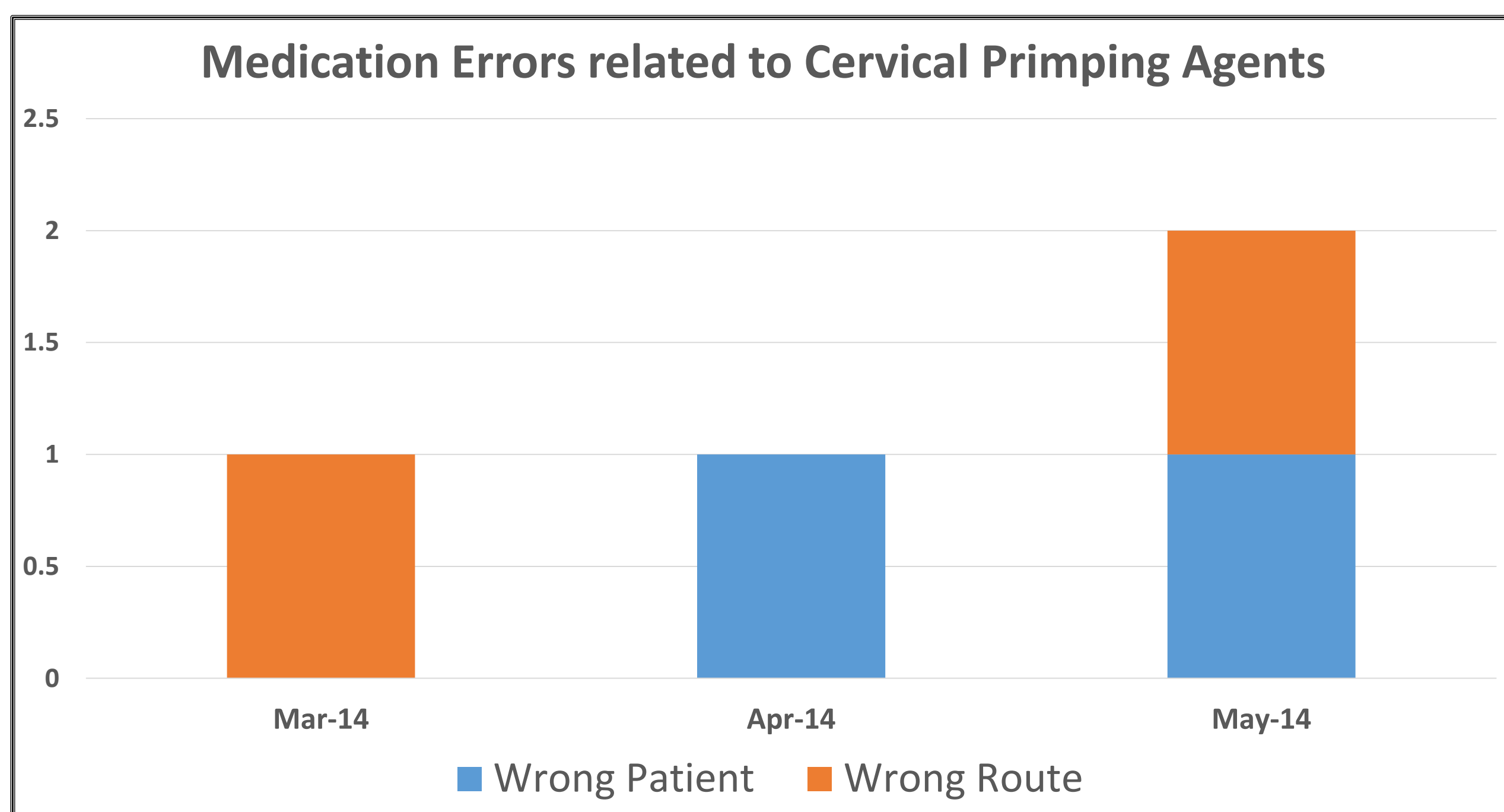
## INTRODUCTION

### - What are cervical priming agents?

Cervical priming agents are commonly used in gynaecology wards for patients going for trans-cervical intrauterine procedures or pregnancy termination. Cervical priming agents soften and dilate the cervix, therefore lowering the risk of cervical laceration in patients undergoing trans-cervical intrauterine procedures.

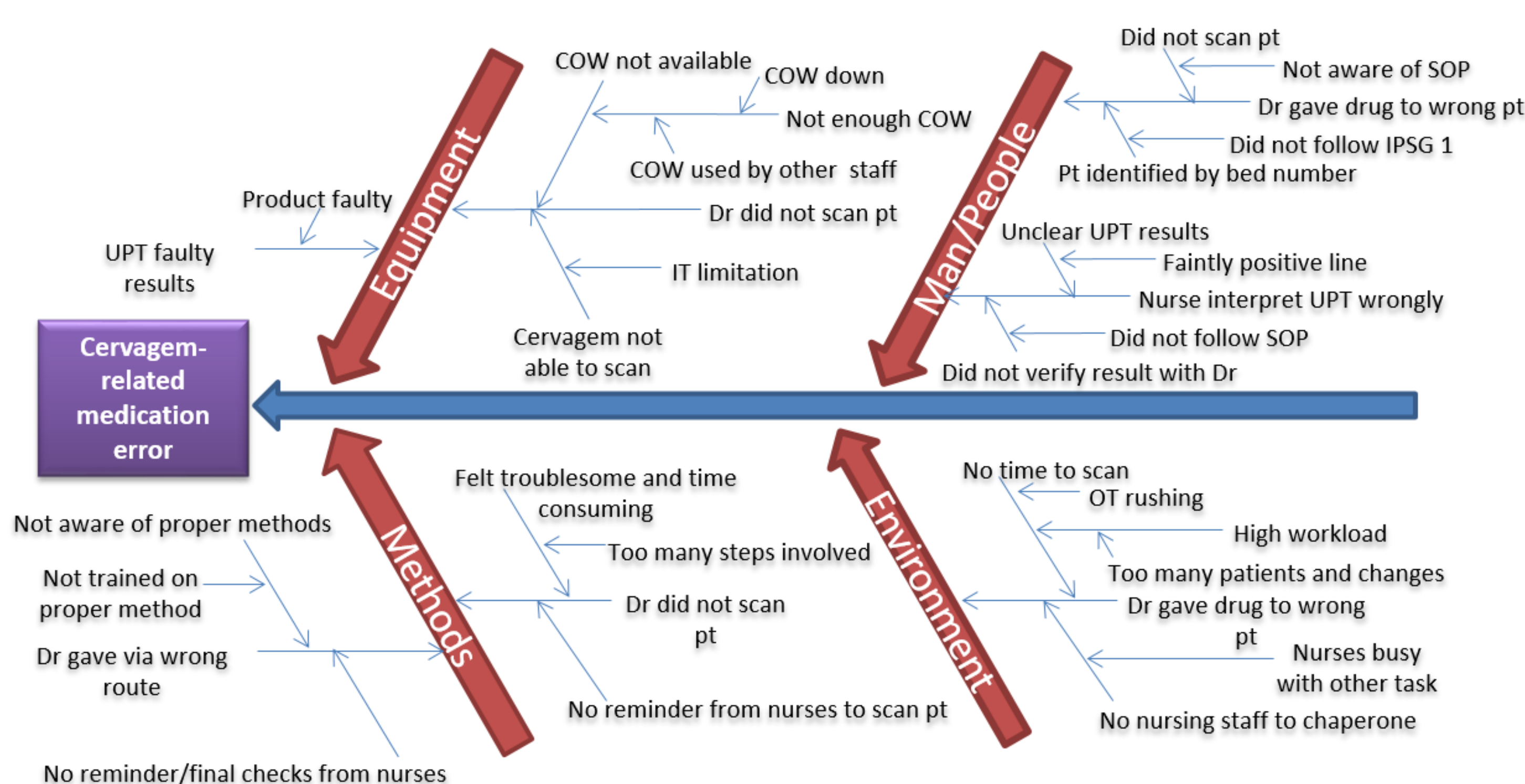
### - Problem: Why we need a new workflow?

Medication errors related to insertion brings about undesired patient outcomes such as unnecessary pain and bleeding or even unintended pregnancy termination. There were a total of four medication errors related to the insertion of cervical priming agents over three months from March 2014 to May 2014. The cervical priming agent was inserted for the wrong patient on two occasions and on two other isolated cases, the agents was inserted through the wrong route.



## METHODOLOGY

Patient safety is our utmost priority. The increase in medication errors related to the use of cervical priming agents and its potential harm to patient was worrisome. A team, comprising of doctors and nurses, was formed to identify the gaps in practice through root cause analysis using the fishbone diagram.

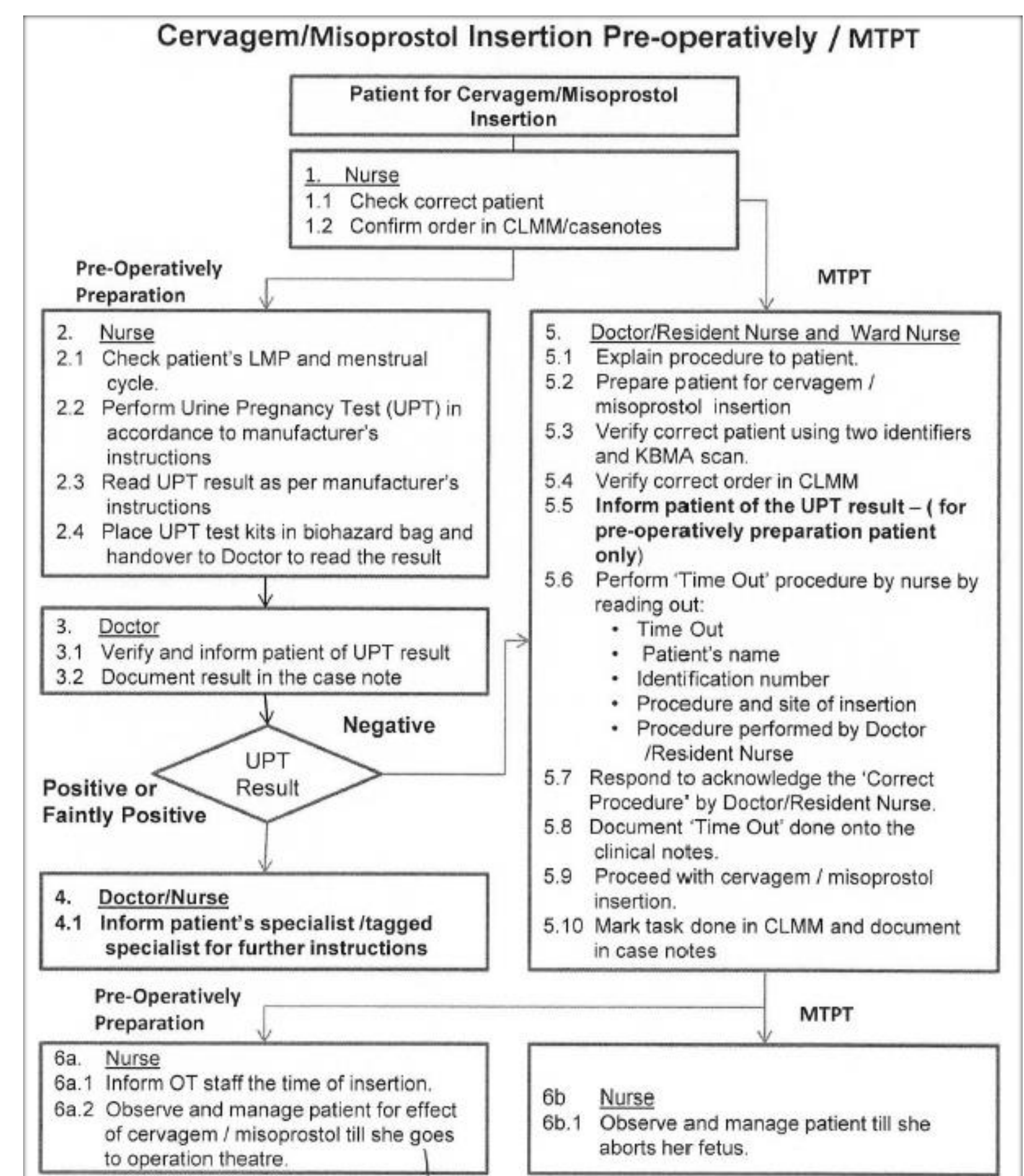


After several brainstorming sessions, three areas of focus were identified and they are:

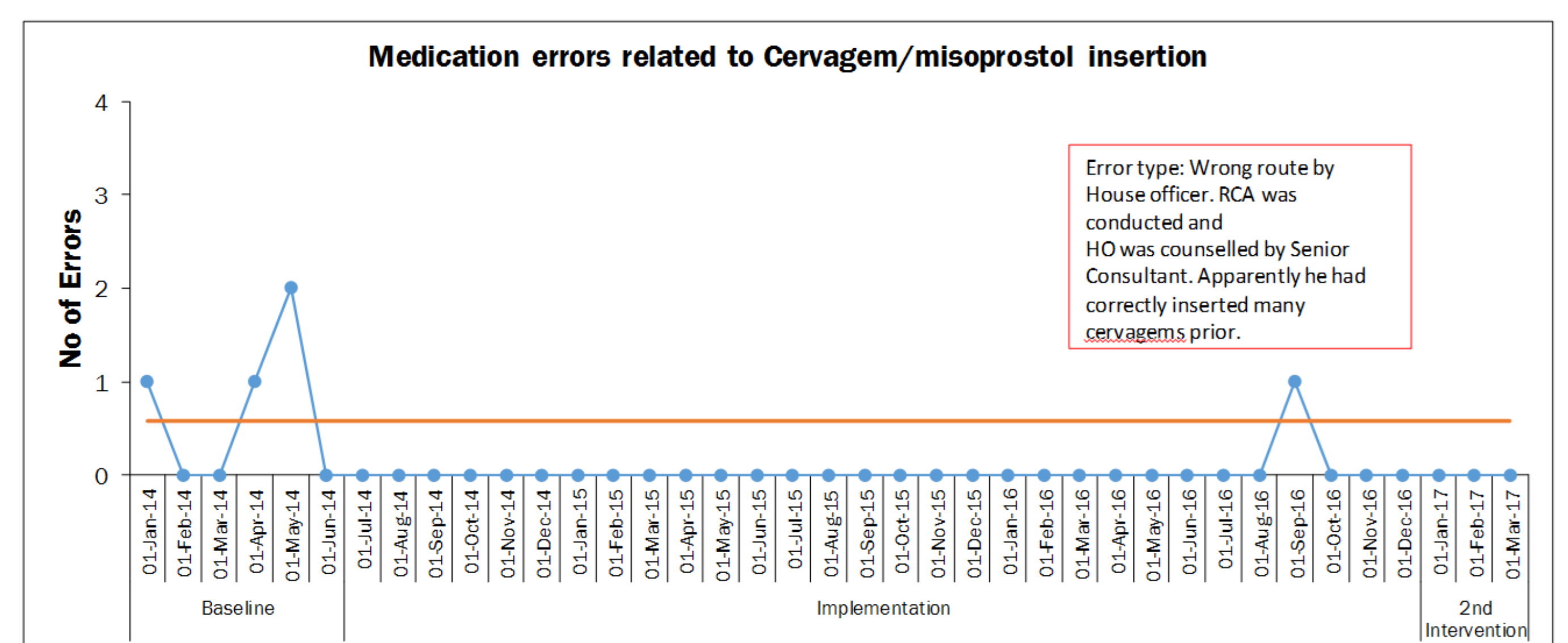
1. Identify patient correctly
2. Correct method of inserting cervagem
3. Verify urine pregnancy test correctly

## RESULTS

A new workflow was developed to improve medication safety related to the insertion of cervical priming agents. The new workflow required a dedicated time-out process to be carried out before the insertion of the cervical priming agent is carried out.



Since the implementation of the new workflow which included the dedicated time-out process from 1<sup>st</sup> July 2014, there was only one medication error related to insertion of cervical priming agents over a period of two years.



## CONCLUSION

The new workflow had effectively reduced medication errors related to the insertion of cervical priming agents. There was also an increased staff satisfaction after the implementation of the new workflow due to improved teamwork among doctors and nurses. With the new workflow, the team was also able to have a clear guide on managing patients with unclear urine pregnancy test results.

Moving on, regular audits will be conducted to determine its compliance and its effectiveness so as to bring about zero errors related to the insertion of cervical priming agents.