# Improving Medication Safety through Standardization of Labels in Wards



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### Introduction

Having a well organised and clearly labelled medication cart is key to preventing medication errors and improving patient safety.

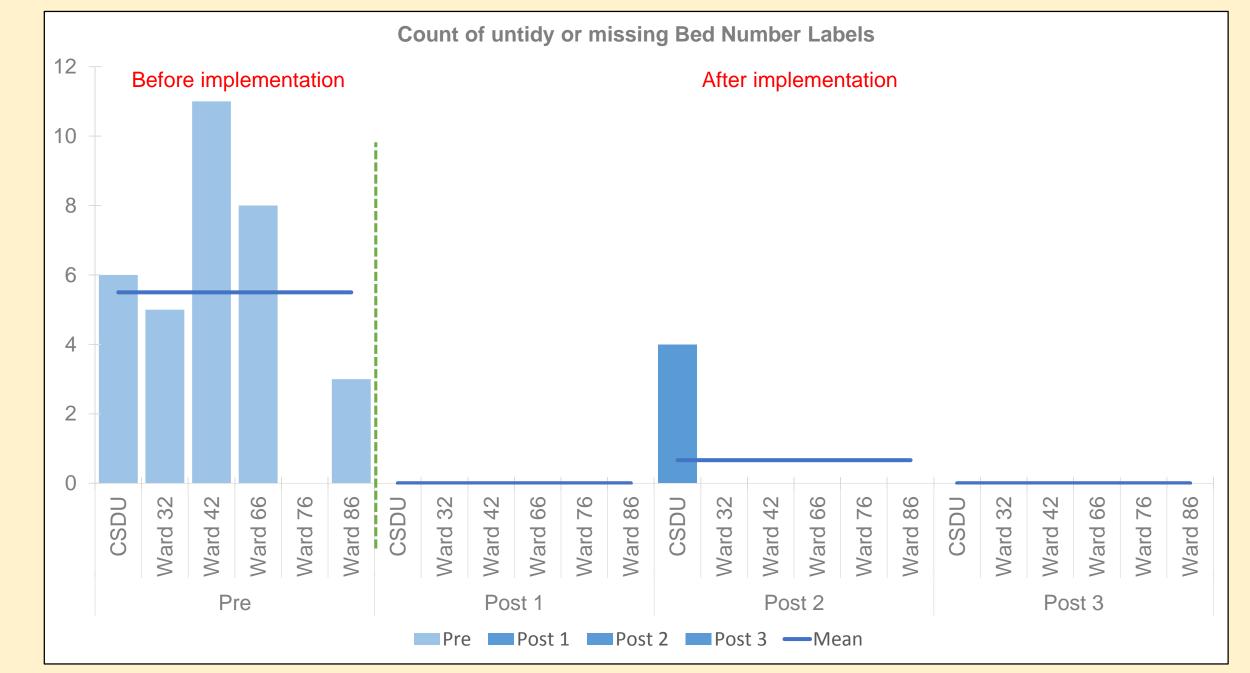
## Aim(s)

Standardize Bed Number Labels in Wards to prevent untidy and

#### Results

Standardize Bed Number Labels in Wards to prevent untidy and missing labels

 ✓
 ACHIEVED



- missing labels hence easier to locate correct patient's drawer
- Standardize Medication Labels in Medication Cart in Wards to improve tidiness and ease of retrieving the correct medication by pharmacy and nursing staff

# Methodology

- Pre-implementation Survey was conducted to identify areas for improvement and collate suggestions and ideas
- Pilot of new labels in Ward 42, followed by Ward 71 before roll out to all other wards
- Post-implementation Survey was conducted to check if new labels are helpful to staff and if there are any concerns on the ground

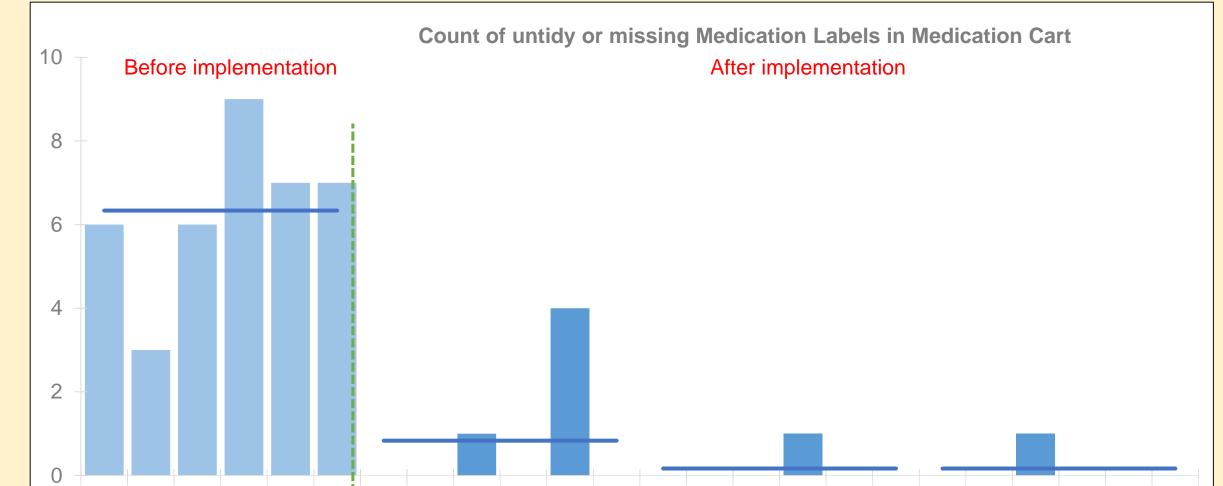
#### **Bed Number Labels (Before & After)**





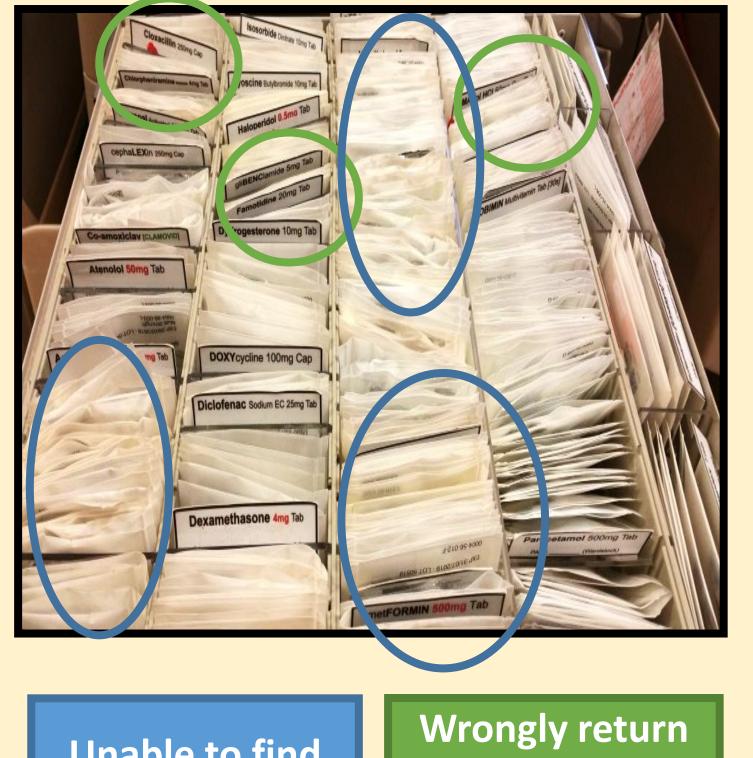
Graph 1. Average number of untidy or missing bed number labels per ward decreased from 5.5 to 0

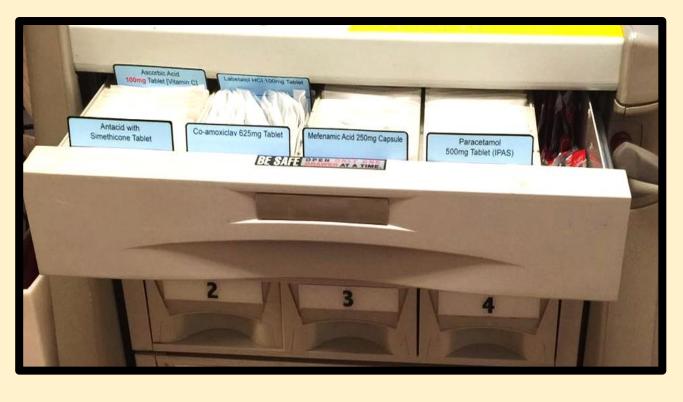
 Standardize Medication Labels in Medication Cart in Wards to improve tidiness
 ACHIEVED



- Missing Bed<br/>NumbersUntidy or<br/>Dropping OutNon-uniform<br/>across WardsOvercrowding<br/>Drawer
- Reverse sticker printing to increase life span of label
- Standardize Font/Color across all wards

# Medication Labels (Before & After)



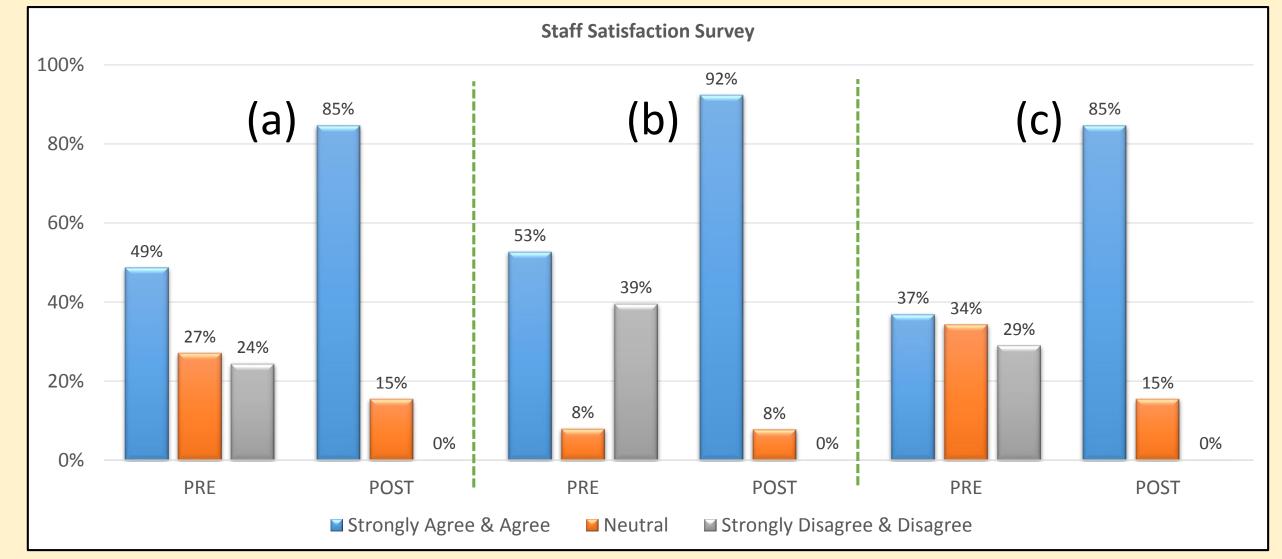


Flexible and protruding labels
 for ease of reading drug names

WICU	Ward 46	Ward 71	Ward 75	Ward 82	Ward 86	WICU	Ward 46	Ward 71	Ward 75	Ward 82	Ward 86	WICU	Ward 46	Ward 71	Ward 75	Ward 82	Ward 86	WICU	Ward 46	Ward 71	Ward 75	Ward 82	Ward 86
Pre						Post 1					Post 2					Post 3							
Pre Post 1 Post 2 Post 3 —Mean																							

Graph 2. Average number of untidy or missing medication labels per ward decreased from 6.3 to 0.8

Comparison of Pre- and Post- implementation survey showed that staff are happy with the new labels as they make it easier for them to locate the correct medication.



Graph 3. (a) Percentage of staff who are satisfied with labelling of WS items in the Medication cart increased from 49% to 85% (b) Percentage of staff who are satisfied

- Unable to find<br/>medicationWrongly return<br/>or top-up of<br/>medication\* In<br/>re<br/>laOvercrowdingWrong drug<br/>description\* Re<br/>lis
- Blue background to differentiate from white UD bags
  - Installed permanent dividers to reduce the likelihood of falling labels
  - Reviewed the ward stock (WS) list and PAR level with Nursing
  - Reviewed to standardize drugs as much as possible among
     Obstetric and Gynae wards

with arrangement of WS items in the Medication cart increased from 53% to 92% (c) Percentage of staff who are satisfied with the ease of retrieving and returning the unit dose bag fast and timely increased from 37% to 85%.

## Conclusion

This project helped to standardize the bed number labels and medication cart labels design and ensure consistency throughout the hospital. With the tidier environment, staff finds it easier to locate the correct medication, improving medication safety. Improving patient safety and preventing medication error is in alignment with our hospital priority - Target ZERO Harm!

## Acknowledgment

Pharmacy Labelling Team and Pharmacy Management Support