

Introducing New Implementation of Bar Code System



N. Abubaker

DHA

Introduction: Implementation of barcode system in such hospital had substantial effects on change by improving the process of medication administration and reducing the occurrence of medication administration mistakes (Seibert et al., 2014).

In public hospital, the trial had taken place and found the significant result before and after implementation of the new system and how this technology improved the hospital management performance (Seibert et al., 2014).

Enhancing patient safety by applying new technology system in healthcare settings in dropping the medication error and accumulative the timeframe and accurateness of drug documentation (Pereira et al., 2014).

Different public health in Canada was leading a project to assess the effectiveness of barcode scanning the termination date and the code number of vials before administration to a patient (Pereira et al., 2014).

Therefore, the result was beneficial in cost cutting, better performance, minimizing the medication administration error and increasing the quality of patient care (Pereira et al., 2014).

The implementation of barcode medication administration in Hospital A was one of the most significant decision making in improving the excellence of patient care.

Aim and Objective: The main aim will be conducting a post-survey to address the improvement of the patient safety by implementation of barcode medication administration system as well as to address the employees perception by implementation of new technology changes in the hospital A in 2017-2018.

The Objective will be:

- 1- By February 2018, 80% of patient safety improvement with new system implementation of barcode medication administration system in the hospital A.

Methodology: HSE model of change defines the drivers of change that qualifies the individuals to shift from present condition to anticipated state. HSE (2008) had split the process of the organizational development of change into four stages see figure 1 (Hse.ie, 2008).

Thus, the HSE change model were selected for organizational developmental project change see the figure (1) below
Figure 1: HSE Change Model

- 1- Initiation: Identifying the requirements of change, produce the common sense of importance, recognize the key influence of shareholder, swot, assess the willingness of the change and the impact.
- 2- Planning: to assemble a vision and communication for the change, review the present condition, comment the investigation for the key shareholder, explain the requirement of the change, undertake the complete plan of transform, summarize the arrangement for accomplishment.
- 3- Implementation: the main aim is to concentrate on the implementation process of the project change plan in the organization and ensuring and assessing all the aspects are meeting the commitments and participants with presence sympathetic influences that maintain the sustainability of transformation.
- 4- Mainstreaming: verify the effectiveness of the change and make sure the choice production with support the modification. Collecting the feedback from the survey of the new project

change to evaluate the efficiency and the effectiveness of barcode system.

Evaluation: The Kirkpatrick model of evaluation was used to appraise the barcode system in enhancement of patient safety by conducting the survey to obtain the end-use feedback about new changes figure 2.

<https://doi.org/10.1016/j.jiph.2018.10.039>

Evaluation of the Effectiveness of Helicobacter Pylori Infection Treatment at an Ambulatory Clinic in the United Arab Emirates



Z. Koutoubi*, Z. Alchikh, J. Fansa, O. Kalagieh

Cleveland Clinic Abu Dhabi

a. Background and Purpose: Helicobacter Pylori infection is a well-known cause of gastric and duodenal ulcers, gastritis and the possibility of development of gastric cancer. It was observed that there are higher resistance rates of H. Pylori and there is a paucity of data regarding the effective H. Pylori treatments in the United Arab Emirates.

The purpose of the study is to evaluate the effectiveness of treating H. Pylori infection based on various treatment regimes and to identify treatment regimens that are associated with high eradication rates

b. Methodology: Patients diagnosed with H. Pylori infection and treated in 2017 were identified using Electronic Health Record.

Patients included in the study received one of the following regimens:

- ACP (Amoxicillin, Clarithromycin, PPI).
- ALP (Amoxicillin, Levofloxacin, PPI).
- Pylera: Bismuth quadruple therapy (bismuth subsalicylate, metronidazole, tetracycline, PPI).
- Sequential Therapy.

c. Results and Discussions: 239 patients were selected with diagnosis of H. Pylori between January 2017 to December 2017.

192 received treatment and 127 patients had complete data and follow up.

First Course of Treatment Results: Pylera success rate 85%, ACP 60%, sequential therapy 58% and ALP it was 54%.

Second Course of Treatment Results: Pylera success rate 90%, ALP success rate 27%, sequential therapy 100% but this was only one patient.

Overall Treatment Results: The highest success rate was with Pylera 88%, sequential therapy 62%, ACP 60%, ALP was 48%.

d. Conclusions: We conclude that 85% of patients who received Pylera as first treatment were successfully treated (was not statistically significant), 90% of patients who received Pylera as second treatment were successfully treated (was statistically significant). Overall, Pylera eradicated the H. Pylori in 88% of patients in first and second treatment combined (statistically significant). ACP regimen can still be used as first line treatment with success rate of 60%.

<https://doi.org/10.1016/j.jiph.2018.10.040>