Older people living in nursing homes are potentially at greater risk of medication error than most other groups. Evidence suggests that one of the contributory factors is difficulty in checking the medication administration system. Therefore this change project was carried out to improve staff adherence to the nine rights of medication administration in order to reduce medication error and ensure resident's safety. A combination of the PDSA cycle and Kotter's eight step model was used to guide this change project.

**Aims & Objectives**

The aim of this change project was to implement best practice in medication management in a nursing home and the objectives were as follows:

- To reduce medication errors
- To ensure resident's safety
- To ensure compliance with both professional and national standards on medication management.

**Change process**

**Plan stage:**
- An action plan was developed
- Data collected prior to implementation

**Do stage**
- Blister pack discontinued and the new medication administration system was implemented.
- Force-field analysis adopted to identify and overcome resistance.

**Study stage**
- Data collected to determine the effectiveness of the new medication administration system.
- Result showed that there was reduction in transcription error.

**Act stage**
- The new administration system was institutionalized with some modification in the nurses' hand over.

**Evaluation**

Quantitative data was collected pre and post implementation using chart review, observation and medication incident reporting form.

**Organisational Impact**

The new medication administration system: (1) improves adherence to nine rights of medication management (2) improves resident's safety and (3) promotes compliance with the national and professional standards on medication management.

**Conclusion**

The involvement of the stakeholders through action planning coupled with their trust in the change champion contributed hugely to the successful implementation of this change project.

**References**