NSQHS Standard 4 Medication Safety

Facility audit tool

Hospital and Health Service:	Facility:	Audit Date/Period:

Facility audit tool: collects facility level data and collates the ward/unit level responses.

Notes:

- *Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review*
- *Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements*
- *The measurement plan details each audit question and the action/criteria it aligns to in the standard*

Facility Questions		Response
1.0	Is there evidence that the facility (or at service level) has a committee such as safe medication practice, drug & therapeutics, clinical governance that oversees medication safety?	☐ Yes ☐ No
1.1	If yes: Is there evidence the committee: • has Terms of Reference?	☐ Yes ☐ No
	• has strategic and operational plans detailing the development, implementation and maintenance of facility wide medication safety systems?	☐ Yes ☐ No
	• has documents that detail responsibilities for facility wide medication safety systems at all levels including board members or owners, senior executive or senior managers, unit or facility managers and clinicians?	☐ Yes ☐ No
	• has quality improvement plans that outline designated responsibilities and timeframes for completion of improvement actions?	☐ Yes ☐ No
	• has orientation and ongoing training resources for the workforce on their roles and responsibilities for the medication management system?	☐ Yes ☐ No
	• has a mechanism for dissemination of medication safety alerts?	☐ Yes ☐ No
	• has meeting minutes/reports that include medication incident reports?	☐ Yes ☐ No
	• has meeting minutes/reports that detail performance measures of medication safety?	☐ Yes ☐ No
	• regularly reviews the storage, prescribing, dispensing and administration of high-risk medicines?	☐ Yes ☐ No

Facility Questions		Response
1.2	If yes to 1.0: Outline details of the committee/s, when they meet, who the members are etc. and any other comments.	
2.0	Is there evidence that the facility (or at service level) records and acts upon breaches of security e.g. unauthorised access to the Pharmacy department?	☐ Yes ☐ No
2.1	If yes: Provide details of how these are recorded and acted upon.	
3.0	Is there evidence that the facility (or at service level) provides staff education (to all facility staff) on medication safety systems eg. NPS medication safety course, NIMC online learning module, national prescribing curriculum, QH medication risk awareness training program for nurses, QH safe medication practice tutorials for 4th year medical students etc.?	☐ Yes ☐ No
3.1	If yes: Is there evidence that: • staff attendance at the education/training sessions is recorded?	☐ Yes ☐ No
	• training is matched to staff training needs?	☐ Yes ☐ No
	• staff feedback reports of the sessions are evaluated and incorporated into the next revision?	☐ Yes ☐ No
3.2	If yes to 3.0: Provide comments on the education provided and when.	
3.3	Is there evidence .that the facility (or at service level) provides orientation and ongoing training for the clinical workforce who prescribe, dispense and administer medications?	☐ Yes ☐ No
3.4	If yes: Is there evidence that: • staff attendance at the education/training sessions is recorded?	☐ Yes ☐ No
	• training is matched to staff training needs?	☐ Yes ☐ No
	• staff feedback reports of the sessions are evaluated and incorporated into the next revision?	☐ Yes ☐ No
3.5	If yes to 3.3: Provide comments on the education provided and when.	
4.0	Is there evidence that the Director of Pharmacy or the Pharmacist in Charge within the facility (or at service level) has a departmental training plan for the Pharmacy department?	☐ Yes ☐ No

Facility Questions		Response
4.1	Is there evidence that the Director of Pharmacy or the Pharmacist in Charge within the facility (or at service level) has an observed competency evaluation schedule for ALL staff in the Pharmacy department i.e. pharmacists, pharmacy interns, pharmacy assistants?	☐ Yes ☐ No
5.0	For facilities that have a pharmacist/s employed on site: Is there evidence that a clinical pharmacy service is provided?	☐ Yes ☐ No
6.0	Is there evidence that ALL clinical pharmacists within the facility (or at service level) have undergone an observed competency evaluation i.e. General Level Framework (GLF) or ShpaClinCAT within the last 12 months?	☐ Yes ☐ No
6.1	If yes: Is there evidence that those clinical pharmacists have completed training needs identified from the observed competency evaluation?	☐ Yes ☐ No
6.2	Is there evidence that ALL clinical pharmacists within the facility (or at service level) have undergone a mini-Peer Assessment Tool (PAT) within the last 12 months?	☐ Yes ☐ No
7.0	Is there evidence that ALL pharmacy assistants/technicians within the facility (or at service level) have undergone an observed competency evaluation i.e. Assistant/Technician Level Framework (ATLF) within the last 12 months?	☐ Yes ☐ No
7.1	If yes: Is there evidence that those pharmacy assistants/technicians have completed training needs identified from the observed competency evaluation?	☐ Yes ☐ No
8.0	Is there evidence that ALL pharmacy interns within the facility (or at service level) are participating in the Queensland Health Pharmacy Intern Training Year?	☐ Yes ☐ No
8.1	If yes: Is there evidence that those pharmacy interns are on track to complete the Intern Level Framework (ILF)?	☐ Yes ☐ No
8.2	Is there evidence that ALL pharmacy interns within the facility (or at service level) have participated in the statewide Foundation Workshop 1?	☐ Yes ☐ No
8.3	Is there evidence that ALL pharmacy interns within the facility (or at service level) have participated in the Monthly Therapeutic sessions (9 topics)?	☐ Yes ☐ No
9.0	Is there evidence that ALL pharmacy practice evaluators within the facility (or at service level) who are evaluating clinical pharmacists have been trained to use the GLF or ShpaClinCAT by either Medication Services Queensland (MSQ) or Society of Hospital Pharmacists of Australia (SHPA) to administer the observed competency evaluation tool?	☐ Yes ☐ No
9.1	Is there evidence that ALL pharmacy practice evaluators within the facility (or at service level) who are evaluating pharmacy assistants have been trained to use the ATLF by Medication Services Queensland (MSQ) to administer the observed competency evaluation tool?	☐ Yes ☐ No
9.2	Is there evidence that ALL pharmacy practice evaluators within the facility (or at service level) have certification as an evaluator that is current?	☐ Yes ☐ No
10.0	Is there evidence that the facility (or at service level) has policies, procedures, protocols and/or guidelines related to safe management and quality use of medicines?	☐ Yes ☐ No

Facility Questions		Response
10.1	If yes: Is there evidence they include: • the safe distribution and storage of medicines?	☐ Yes ☐ No
	• monitoring of temperature in refrigerators and freezers used to store medicines and vaccines throughout the facility?	☐ Yes ☐ No
	• the disposal of unused, unwanted or expired medications?	☐ Yes ☐ No
	• specific procedures / guidelines for areas of high risk such as oncology and anaesthesia?	☐ Yes ☐ No
	• the use of the National Inpatient Medication Chart and statewide clinical forms and charts?	☐ Yes ☐ No
	• the management of high risk medicines, including a list of high risk medicines relevant to the organisation?	☐ Yes ☐ No
	• labelling injectable medicines, fluids and lines?	☐ Yes ☐ No
	• the use of approved abbreviations for use in prescribing and administering of medicines?	☐ Yes ☐ No
	• the use of oral dispensers for administering liquid oral medicines?	☐ Yes ☐ No
	• specific procedures / guidelines to ensure continuity of medicine management?	☐ Yes ☐ No
10.2	If yes to 10.0: Is there evidence: • the policies, procedures, protocols and/or guidelines are accessible to the clinical workforce at the point of care, for managers and the senior executive?	☐ Yes ☐ No
	• of processes for implementation and distribution of these throughout the facility?	☐ Yes ☐ No
	• that the policies, procedures, protocols and/or guidelines are current and regularly reviewed?	☐ Yes ☐ No
10.3	If yes to 10.0: Outline the policy owner, file location and review date of the documents and any other comments.	
11.0	Is there evidence that the facility (or at service level) undertakes risk assessments of: • systems for managing medicines?	☐ Yes ☐ No
	• processes for handling high risk medicines and action plans?	☐ Yes ☐ No
	• the safe distribution and storage of medicines?	☐ Yes ☐ No
	• monitoring of temperature in refrigerators and freezers used to store medicines and vaccines?	☐ Yes ☐ No
	• the disposal of unused, unwanted or expired medications?	☐ Yes ☐ No
11.1	Is there evidence that the facility (or at service level) has: • audit of compliance with policies on medication management systems?	☐ Yes ☐ No

Facility Questions		Response
	• audit reports of daily checks of medication refrigerators?	☐ Yes ☐ No
	• clinical pharmacy review reports that identify medication related risks?	☐ Yes ☐ No
	• safety and quality presentations delivered to the senior executive and/or relevant management committees?	☐ Yes ☐ No
	• reports on the implementation of recommendations from medication safety alerts?	☐ Yes ☐ No
12.0	Is there evidence that the facility (or at service level) has: • a system in place to ensure that individual workforce members with the authority to prescribe medicines have professional registration/endorsements that are current?	☐ Yes ☐ No
	• position descriptions, staff duty statements and/or employment contracts detailing responsibilities, accountabilities and scope of practice of the workforce in medication management?	☐ Yes ☐ No
12.1	If yes: Outline details of where they are stored, when they are updated etc.	
13.0	Is there evidence that the facility (or at service level) has a system for reporting, investigating and analysing medication incidents e.g. medication safety committee?	☐ Yes ☐ No
13.1	If yes: Is there evidence of: • a register/log that documents analysis and review of medication incidents?	☐ Yes ☐ No
	• records of adverse drug reaction reports sent to the Therapeutic Goods Administration?	☐ Yes ☐ No
	• root cause analysis of breaches of policies, procedures and/or protocols resulting in a serious breach or sentinel event?	☐ Yes ☐ No
	• audit of patient clinical records that demonstrate reporting and investigation of adverse medication incidents, eg. using trigger tools to identify adverse medication events?	☐ Yes ☐ No
	• mechanisms for disseminating lessons learnt from medication incidents to the clinical workforce and escalation to relevant statewide and national authorities?	☐ Yes ☐ No
13.2	If yes to 13.0: Outline the process for reporting, investigating and analysing medication incidents.	
14.0	Is there evidence that the facility (or at service level) has evaluation, audit and feedback processes for medication safety?	☐ Yes ☐ No
14.1	If yes: Is there evidence of: • regular auditing of medication charts e.g. NIMC, Clozapine, PCA , Heparin, MAP form, insulin charts?	☐ Yes ☐ No

Facility Questions		Response
	• regular reporting and evaluation of performance measures?	☐ Yes ☐ No
14.2	If yes to 14.0: Outline the processes, where the reports are filed and where/who/how often they are reported to.	
14.3	Is there evidence that the facility (or at service level) has a Drug Use and Evaluation (DUE) program?	☐ Yes ☐ No
14.4	If yes to 14.3: Provide details.	
15.0	Is there evidence that the facility (or at service level) undertakes risk assessments associated with the secure storage and safe distribution of medicines?	☐ Yes ☐ No
15.1	If yes: Is there evidence of a consistently applied scale to rate risks?	☐ Yes ☐ No
15.2	If yes to 15.0: Is there evidence the risks are reviewed on a regular basis?	☐ Yes ☐ No
15.3	If yes to 15.0: Provide details on the risk assessments undertaken.	
16.0	Is there evidence that the facility (or at service level) monitors the misappropriation of medicines?	☐ Yes ☐ No
16.1	If yes: Provide details on how this is monitored.	
17.0	Is there evidence that the facility (or at service level) monitors the storage of temperature-sensitive medicines in line with current statewide guidelines?	☐ Yes ☐ No
17.1	Is there evidence that temperature breaches are handled appropriately?	☐ Yes ☐ No
17.2	If yes: Provide details on how they are handled.	
18.0	Is there evidence that the facility (or at service level) has a system in place that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications?	☐ Yes ☐ No

Facility Questions		Response
18.1	If yes: Provide details on the system.	
19.0	Is there evidence of appropriate paper and electronic records that provide an audit trail on the disposal of unused, unwanted or expired medicines?	☐ Yes ☐ No
19.1	If yes: Provide details on how this is monitored and when.	
20.0	Is there evidence that the facility (or at service level) undertakes risk assessments associated with the storing, prescribing, dispensing and administration of high-risk medicines?	☐ Yes ☐ No
20.1	If yes: Is there evidence of a consistently applied scale to rate risks?	☐ Yes ☐ No
20.2	If yes to 20.0: Is there evidence the risks are reviewed on a regular basis?	☐ Yes ☐ No
20.3	If yes to 20.0: Provide details on the risk assessments undertaken.	
21.0	Is there evidence that the facility (or at service level) provides a medicines list and explanation of changes for patients on transfer or discharge e.g. through the Enterprise-wide Liaison Medication System (eLMS) or the Enterprise Discharge Summary (EDS)?	☐ Yes ☐ No
22.0	Is there evidence that the facility (or at service level) has a clinical handover program in place which includes tools to ensure the list of medicines is provided to the receiving clinician during clinical handover?	☐ Yes ☐ No
22.1	If yes: Provide details.	
23.0	Is there evidence that the facility (or at service level) regularly monitors the number of DMRs, IMARs and discharge summaries containing medicine information?	☐ Yes ☐ No
23.1	If yes: Detail the actions taken to improve supply?	
24.0	Is there evidence that the facility (or at service level) uses consumer complaints and compliments feedback or local patient experience survey feedback to improve provision of medicines information?	☐ Yes ☐ No

Facility Questions		Response
24.1	If yes: What type of feedback is used?	☐ Complaints & Compliments data ☐ Patient satisfaction data ☐ Other (specify) _____
24.2	If yes to 24.0: Is there evidence that the feedback has been incorporated into the next revisions?	☐ Yes ☐ No
24.3	If yes: Provide details.	

Collation of ward/unit data **(This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)**		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
25.0	What is the number of wards/units that have a clinical pharmacy service (where the facility has a pharmacist/s employed on site)? (MS_Ward_Q1.0)			
25.1	Provide details of the breakdown of the clinical pharmacy services wards/units provide. (MS_Ward_Q1.1)			
25.2	What is the number of wards/units that provide a clinical pharmacy service (where the facility does not have a pharmacist/s employed on site)? (MS_Ward_Q1.2)			
25.3	Provide details on how the clinical pharmacy services are provided if they do not have a pharmacist/s employed on site. (MS_Ward_Q1.3)			
26.0	What is the number of wards/units that have evaluation, audit and feedback processes for medication safety? (MS_Ward_Q2.0)			
26.1	What is the number of wards/units (with evaluation, audit and feedback processes) that have regular auditing of medication charts? (MS_Ward_Q2.1)			
26.2	What is the number of wards/units (with evaluation, audit and feedback processes) that have regular reporting and evaluation of performance measures? (MS_Ward_Q2.1)			

Collation of ward/unit data **(This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)**		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
26.3	Collate information on the processes, where the reports are filed and where/who/how often they are reported to.(MS_Ward_Q2.2)			
26.4	What is the number of wards/units that have a Drug Use and Evaluation (DUE) program? (MS_Ward_Q2.3)			
26.5	Collate information on the details. (MS_Ward_Q2.4)			
27.0	What is the number of wards/units that undertake quality improvement activities to reduce the risk of patient harm and increase the quality and effectiveness of medicine use? (MS_Ward_Q3.0)			
27.1	Collate information on the examples provided and the wards/units that implemented the activities. (MS_Ward_Q3.1)			
28.0	What is the number of wards/units that use the National Inpatient Medication Chart (NIMC) or Medication Action Plan (MAP) (MS_Ward_Q4.0)			
29.0	What is the number of wards/units that have statewide medication charts with decision support tools available for use e.g. clozapine titration chart, Insulin forms, Heparin form, IV Fluid form, Acute pain forms, rural and remote charts? (MS_Ward_Q5.0)			
30.0	What is the number of wards/units that are not specialised units that store potassium ampoules? (MS_Ward_Q6.0 & Q6.1)			
31.0	What is the number of wards/units that have information such as consumer medicine information (CMI) leaflets accessed via CKN or Mental Health information leaflets? (MS_Ward_Q7.0)			
31.1	What is the number of wards/units that have information regarding medication treatment options, benefits and associated risks? (MS_Ward_Q7.1)			
31.2	What is the number of wards/units that have information where the workforce is aware of the information and can access it? (MS_Ward_Q7.2)			
31.3	What is the number of wards/units that have information where the needs of culturally and linguistically diverse patients are met? (MS_Ward_Q7.3)			

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.