

# NSQHS Standard 4 Medication Safety

## Ward/Unit audit tool



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

**Ward/Unit audit tool:** collects ward/unit level data and collates the patient 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

Ward/Unit Questions		Response
1.0	For facilities that have a pharmacist/s employed on site: Is there evidence that the ward/unit has a clinical pharmacy service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.1	If yes: How is this provided?	
1.2	For facilities that DO NOT have pharmacist/s employed on site: Is there evidence at the ward/unit level that a pharmacy service is provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.3	If yes: How is this provided?	<input type="checkbox"/> Telepharmacy
		<input type="checkbox"/> Outreach
		<input type="checkbox"/> Sessional Pharmacist on Contract
		<input type="checkbox"/> Other (specify) _____
2.0	Is there evidence that the ward/unit has evaluation, audit and feedback processes for medication safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes, is there evidence of:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• regular auditing of medication charts e.g. NIMC, Clozapine, PCA , Heparin, MAP form, insulin charts?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• regular reporting and evaluation of performance measures?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/Unit Questions		Response
2.2	If yes to 2.0: Outline the processes, where the reports are filed and where/who/how often they are reported to.	
2.3	Is there evidence that the ward/unit has a Drug Use and Evaluation (DUE) program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If yes to 2.3: Provide details.	
3.0	Is there evidence that the ward/unit undertakes quality improvement activities to reduce the risk of patient harm and increase the quality and effectiveness of medicine use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: Provide examples of the quality improvement activities implemented.	
4.0	Is there evidence that the ward/unit uses the National Inpatient Medication Chart (NIMC) or Medication Action Plan (MAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.0	Is there evidence that the ward/unit has 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.0	Is there evidence that the ward/unit stores potassium ampoules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	If yes: Is the ward/unit a specialised unit e.g. ICU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.0	Is there evidence that the ward/unit has information such as consumer medicine information (CMI) leaflets accessed via CKN or Mental Health information leaflets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1	Is there evidence that the ward/unit has information regarding medication treatment options, benefits and associated risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	If yes to 7.0 and/or 7.1: Is there evidence the workforce is aware of the information and can access it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.3	If yes to 7.0 and/or 7.1: Is there evidence that the needs of culturally and linguistically diverse patients are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
8.0	What is the number of patients who have evidence at the bedside that the (best possible) medication history was documented?(MS_Patient_Q1.0)			
8.1	Provide a breakdown of where documented. (MS_Patient_Q1.1)			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
9.0	What is the number of patients aged 12 years or under, who have evidence of a Paediatric National Inpatient Medication Chart (PNIMC) at the bedside?(MS_Patient_Q2.0)			
10.0	What is the number of patients who have documented evidence at the bedside of medication allergies and adverse drug reaction (ADR) status (including nil known & unknown) in the medication chart? (MS_Patient_Q3.0)			
10.1	What is the number of patients with a documented medication allergy or ADR in the medication chart, whose charts containing medication orders ALL have a visual alert (e.g. ADR alert sticker)? (MS_Patient_Q3.1)			
11.0	What is the number of patients on admission or transfer of care between healthcare settings, who have documented evidence of medication reconciliation either on the Medication Action Plan (MAP) or on the Discharge Medication Record or Interim Medication Administration Record? (MS_Patient_Q4.0)			
12.0	What is the number of patients who have "Prescribing Intravenous Fluids and Electrolytes for Adults" (4th Edition) at the bedside? (MS_Patient_Q5.0)			
13.0	What is the number of patients who have "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside? (MS_Patient_Q6.0)			
14.0	What is the number of patients who have documented evidence at the bedside of a VTE risk assessment in the medication chart or site specific chart? (MS_Patient_Q7.0 & Q7.1)			
15.0	What is the number of patients with an IV line for administering medication who have ALL IV lines labelled correctly based on target tissue? (MS_Patient_Q9.0 & Q9.1)			
16.0	What is the number of patients concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred? (MS_Patient_Q8.0)			
17.0	What is the number of patients who started new medicine therapy, who were provided with information about specific medication treatment options, benefits and associated risks prior to starting any new medications? (MS_Patient_Q10.0)			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
18.0	What is the number of patients who have documented evidence of a medication management plan in the patients clinical notes? (MS_Patient_Q11.0)			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
18.1	What is the number of patients who have documented evidence of a medication management plan in their clinical notes where the plan has been discussed with the patient/carer AND they were in agreement with the plan? (MS_Patient_Q11.0, Q11.1 & Q11.2)			
19.0	What is the number of patients who started new medicine therapy, who were provided with medicine information leaflets or booklets prior to starting any new medications? (MS_Patient_Q12.0)			

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](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.**

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