National Safety and Quality Health Service Standards
Standard 4 Medication Safety - MEASUREMENT PLAN

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
Governance and systems for medications safety	Health service organisations have mechanisms for the safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines.	4.1 Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines		Facility	Identify if the facility has a committee that oversees medication safety	Evidence of a committee that oversees medication safety	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? 1.1 If yes: is there evidence the committee: • has Terms of Reference? • has strategic and operational plans detailing the development, implementation and maintenance of facilty wide medication safety systems? • 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 facilitiy managers and clinicians? • has quality improvement plans that outline designated responsibilities and timeframes for completion of improvement actions? • has orientation and ongoing training resources for the workforce on their roles and responsibilities for the medication management system? • has a mechanism for dissemination of medication safety alerts? • has meeting minutes/reports that include medication incident reports? • has meeting minutes/reports that detail performance measures of medication safety? • regularly reviews the storage, prescribing, dispensing and administration of high-risk medicines? 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.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
				Facility	Identify if the facility records and acts upon breaches of security?	Evidence the facility records and acts upon breaches of security?	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? 2.1 If yes: Provide details of how these are recorded and acted upon.	Yes; No text box			
				Facility	Identify if the facility provides staff education (to all facility staff) on medication safety systems	Evidence the facility provides staff education (to all facility staff) on medication safety systems (inline with the policies, procedures or protocols)	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.? 3.1 If yes: Is there evidence that: • staff attendance at the education/training sessions is recorded? • training is matched to staff training needs? • staff feedback reports of the sessions are evaluated and incorporated into the next revision? 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? 3.4 If yes: Is there evidence that: • staff attendance at the education/training sessions is recorded? • training is matched to staff training needs? • staff feedback reports of the sessions are evaluated and incorporated into the next revision? 3.5 If yes to 3.3: Provide comments on the education provided and when.	Yes ; No Yes ; No Yes ; No Yes ; No text box Yes ; No Yes ; No Yes ; No Yes ; No text box			
				Facility	Identify if the Director of Pharmacy or the Pharmacist in Charge has a departmental training plan and an observed competency evaluation schedule for the Pharmacy department	Evidence the Director of Pharmacy or the Pharmacist in Charge has a departmental training plan and an observed competency evaluation schedule for the Pharmacy department	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? 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 Yes ; No			
				Facility	Identify if the facility has pharmacist/s employed on site providing a clinical pharmacy service	Evidence the facility has pharmacist/s employed on site providing a clinical pharmacy service	5.0 For facilities that have a pharmacist/s employed on site: Is there evidence that a clinical pharmacy service is provided?	Yes; No			
				Ward	Identify if the ward/unit has a clinical pharmacy service (where applic) or provides a pharmacy service by other means	% of wards/units that have a clinical pharmacy service (where applic) or provide a pharmacy service by other means	1.0 For facilities that have a pharmacist/s employed on site: Is there evidence that the ward/unit has a clinical pharmacy service? 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? 1.3 If yes: How is this provided?	Yes; No; N/A text box Yes; No; N/A Telepharmacy; Outreach; Sessional Pharmacist on Contract; Other (specify)			
				Facility			25.0 What is the number of wards/units that have a clinical pharmacy service (where the facility have 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)		Number of wards/units that have a clinical pharmacy service (where applic) or provide a pharmacy service by other means	Total number of wards/units audited for provision of clinical pharmacy service	
				Facility	Identify if the facility evaluates clinical pharmacist competencies via an observed competency evaluation and identifies training needs	Evidence the facility evaluates clinical pharmacist competencies via an observed competency evaluation and identifies training needs	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? 6.1 If yes: Is there evidence that those clinical pharmacists have completed training needs identified from the observed competency evaluation? 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 Yes; No Yes; No			
				Facility	Identify if the facility evaluates pharmacy assistant/technician competencies via an observed competency evaluation and identifies training needs	Evidence the facility evaluates pharmacy assistant/technician competencies via an observed competency evaluation and identifies training needs	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? 7.1 If yes: Is there evidence that those pharmacy assistants/technicians have completed training needs identified from the observed competency evaluation?	Yes; No Yes; No			

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				Facility	Identify if the facility pharmacy interns participate in the Queensland Health Pharmacy Intern Training Year	Evidence the facility pharmacy interns participate in the Queensland Health Pharmacy Intern Training Year	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? 8.1 If yes: Is there evidence that those pharmacy interns are on track to complete the Intern Level Framework (ILF)? 8.2 Is there evidence that ALL pharmacy interns within the facility (or at service level) have participated in the statewide Foundation Workshop 1? 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 Yes; No Yes; No Yes; No			
				Facility	Identify if the facility has competent pharmacy practice evaluators	Evidence the facility has competent pharmacy practice evaluators	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? 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? 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 Yes; No Yes; No			
			4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines	Facility	Identify if the facility has policies, procedures, protocols and/or guidelines related to safe management and quality use of medicines	Evidence of policies, procedures, protocols and/or guidelines related to safe management and quality use of medicines	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? 10.1 If yes: Is there evidence they include: • the safe distribution and storage of medicines? • monitoring of temperature in refrigerators and freezers used to store medicines and vaccines throughout the facility? • the disposal of unused, unwanted or expired medications? • specific procedures / guidelines for areas of high risk such as oncology and anaesthesia? • the use of the National Inpatient Medication Chart and statewide clinical forms and charts? • the management of high risk medicines, including a list of high risk medicines relevant to the organisation? • labelling injectable medicines, fluids and lines? • the use of approved abbreviations for use in prescribing and administering of medicines? • the use of oral dispensers for administering liquid oral medicines? • specific procedures / guidelines to ensure continuity of medicine management? 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? • of processes for implementation and distribution of these throughout the facility? • that the policies, procedures, protocols and/or guidelines are current and regularly reviewed? 10.3 If yes to 10.0: Outline the policy owner, file location and review date of the documents and any other comments.	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No text box			
	4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks	4.2.1 The medication management system is regularly assessed		Facility	Identify if the facility assesses the medication management system	Evidence the facility assesses the medication management system	11.0 Is there evidence that the facility (or at service level) undertakes risk assessments of: • systems for managing medicines? • processes for handling high risk medicines and action plans? • the safe distribution and storage of medicines? • monitoring of temperature in refrigerators and freezers used to store medicines and vaccines? • the disposal of unused, unwanted or expired medications? 11.1 Is there evidence that the facility (or at service level) has: • audit of compliance with policies on medication management systems? • audit reports of daily checks of medication refrigerators? • clinical pharmacy review reports that identify medication related risks? • safety and quality presentations delivered to the senior executive and/or relevant management committees? • reports on the implementation of recommendations from medication safety alerts?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No			
		4.2.2 Action is taken to reduce the risks identified in the medication management system	AS PER 4.2.1								
	4.3 Authorising the relevant clinical workforce to prescribe, dispense and administer medications	4.3.1 A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice		Facility	Identify if the facility verifies that the clinical workforce have medication authorities appropriate to their scope of practice	Evidence the facility verifies that the clinical workforce have medication authorities appropriate to their scope of practice	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? • position descriptions, staff duty statements and/or employment contracts detailing responsibilities, accountabilities and scope of practice of the workforce in medication management? 12.1 If yes: Outline details of where they are stored, when they are updated etc.	Yes; No Yes; No text box			
		4.3.2 The use of the medication authorisation system is regularly monitored	AS PER 4.2.1								
		4.3.3 Action is taken to increase the effectiveness of the medication authority system	AS PER 4.2.1								
	4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents	4.4.1 Medication incidents are regularly monitored, reported and investigated		Facility	Identify if the facility has a system for reporting, investigating and analysing medication incidents	Evidence the facility has a system for reporting, investigating and analysing medication incidents	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? 13.1 If yes: Is there evidence of: • a register/log that documents analysis and review of medication incidents? • records of adverse drug reaction reports sent to the Therapeutic Goods Administration? • root cause analysis of breaches of policies, procedures and/or protocols resulting in a serious breach or sentinel event? • audit of patient clinical records that demonstrate reporting and investigation of adverse medication incidents, eg. using trigger tools to identify adverse medication events? • mechanisms for disseminating lessons learnt from medication incidents to the clinical workforce and escalation to relevant statewide and national authorities? 13.2 If yes to13.0: Outline the process for reporting, investigating and analysing medication incidents.	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No text box			
		4.4.2 Action is taken to reduce the risk of adverse medication incidents	AS PER 4.2.1								

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
		4.5 Undertaking quality improvement activities to enhance the safety of medicines use	4.5.1 The performance of the medication management system is regularly assessed	Facility	Identify if the facility has evaluation, audit and feedback processes for medication safety	Evidence the facility has evaluation, audit and feedback processes for medication safety	14.0 Is there evidence that the facility (or at service level) has evaluation, audit and feedback processes for medication safety? 14.1 If yes: Is there evidence of: • regular auditing of medication charts e.g.. NIMC, Clozapine, PCA , Heparin, MAP form , insulin charts? • regular reporting and evaluation of performance measures? 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? 14.4 If yes to 14.3: Provide details.	Yes ; No Yes ; No Yes ; No text box Yes ; No text box			
				Ward	Identify if the ward/unit has evaluation, audit and feedback processes for medication safety	% of wards/units that have evaluation, audit and feedback processes for medication safety	2.0 Is there evidence that the ward/unit has evaluation, audit and feedback processes for medication safety? 2.1 If yes: Is there evidence of: • regular auditing of medication charts e.g.. NIMC, Clozapine, PCA , Heparin, MAP form , insulin charts? • regular reporting and evaluation of performance measures? 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? 2.4 If yes to 2.3: Provide details.	Yes ; No Yes ; No Yes ; No text box Yes ; No text box			
				Facility			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) 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)		Number of wards/units that have evaluation, audit and feedback processes for medication safety	Total number of wards/units audited for medication safety audit process	
			4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use	Ward	Identify if the ward/unit undertakes quality improvement activities to reduce the risk of patient harm and increase the quality and effectiveness of medicine use	% of wards/units that undertake quality improvement activities to reduce the risk of patient harm and increase the quality and effectiveness of medicine use	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? 3.1 If yes: Provide examples of the quality improvement activities implemented.	Yes; No text box			
				Facility			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)		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	Total number of wards/units audited for undertaking quality improvement activities to reduce the risk of patient harm and increase the quality and effectiveness of	
Documentation of patient information	The clinical workforce accurately records a patient's medication history and this history is available throughout the episode of care.	4.6 The clinical workforce taking an accurate medication history when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at the point of care	4.6.1 A best possible medication history is documented for each patient	Patient	Identify patients in the ward/unit that had a (best possible) medication history documented in the medication chart or the MAP (Medication Action Plan) at the bedside	% of patients that had a (best possible) medication history documented in the medication chart or the MAP (Medication Action Plan) at the bedside	1.0 Is there evidence at the bedside that the (best possible) medication history was documented? 1.1 If yes: Where is the medication history documented? Select all that apply.	Yes; No Medication chart; Medication Action Plan		Total number of eligible patients.	
				Ward			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)		Number of patients that had a medication history documented in the medication chart or the MAP (Medication Action Plan) at the bedside	Total number of eligible patients.	
			4.6.2 The medication history and current clinical information is available at the point of care	Ward	Identify if the ward/unit uses standardised tools to record the best possible medication history	% of wards/units that use standardised tools to record the best possible medication history	4.0 Is there evidence that the ward/unit uses the National Inpatient Medication Chart (NIMC) or Medication Action Plan (MAP)?	Yes; No			
				Facility			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)		Number of wards/units that use standardised tools to record the best possible medication history	Total number of wards/units audited for the use of standardised tools to record the best possible medication	
				Patient	Identify patients in the ward/unit < = 12 years who had current clinical information is available at the point of care	% of patients < = 12 years of age who had a Paediatric National Inpatient Medication Chart (PNIMC) at the bedside	2.0 If the patient is aged 12 years or under, is there evidence at the bedside that the patient has a Paediatric National Inpatient Medication Chart (PNIMC)?	Yes; No; N/A		Total number of eligible patients <=12 years of age	N/A = patients aged over 12 years
				Ward			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)		Number of patients < = 12 years of age who had a Paediatric Inpatient Medication Chart (PNIMC) at the bedside	Total number of eligible patients <=12 years of age	N/A = patients aged over 12 years
		4.7 The clinical workforce documenting the patient's previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care	4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record	Patient	Identify patients in the ward/unit where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart at the bedside	% of patients where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart at the bedside	3.0 Is there documented evidence at the bedside of medication allergies and adverse drug reaction (ADR) status (including nil known & unknown) in the medication chart? 3.1 Where a patient has a documented medication allergy or ADR in the medication chart, do ALL charts containing medication orders have a visual alert (e.g. ADR alert sticker)?	Yes; No Yes; No	Number of patients where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart	Total number of eligible patients.	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			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)		Number of patients where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart	Total number of eligible patients.	
			4.7.2 Action is taken to reduce the risk of adverse reactions	AS PER 4.7.1							
			4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	AS PER 4.4.1							
		4.8 The clinical workforce reviewing the patient's current medication orders against their medication history and prescriber's medication plan, and reconciling any discrepancies	4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	Patient	Identify patients in the ward/unit where medication reconciliation activity is documented either on the Medication Action Plan or electronically (e.g. in eLMS)	% of patients with documented medication reconciliation activity at admission and transfer of care between healthcare settings	4.0 For patients on admission or transfer of care between healthcare settings: Is there documented evidence of medication reconciliation either on the Medication Action Plan (MAP) i.e.: in the reconcile column or on the Discharge Medication Record or Interim Medication Administration Record i.e. the change column is completed?	Yes; No; N/A	Number of patients with a documented medication reconciliation activity at admission and transfer of care between healthcare settings	Total number of eligible patients	
				Ward			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)		Number of patients with a documented medication reconciliation activity at admission and transfer of care between healthcare settings	Total number of eligible patients	
Medication management processes	The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing compounding and monitoring of medicines.	4.9 Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use	4.9.1 Information and decision support tools for medicines are available to the clinical workforce at the point of care	Ward	Identify if the ward/unit has statewide medication charts with decision support tools available	% of wards/units that have statewide medication charts with decision support tools available	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?	Yes; No			
				Facility			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)		No. of wards/units that have statewide medication charts with decision support tools available	Total number of wards/units audited for use of statewide medication charts with decision support tools available	
				Patient	Identify patients in the ward/unit with "Prescribing Intravenous Fluids and Electrolytes for Adults" (4th Edition) at the bedside	% of patients with "Prescribing Intravenous Fluids and Electrolytes for Adults" (4th Edition) at the bedside	5.0 Is there "Prescribing Intravenous Fluids and Electrolytes for Adults" (4th Edition) at the bedside? (N/A for paediatrics, mental health and maternity)	Yes; No; N/A	Number of patients with "Prescribing Intravenous Fluids and Electrolytes for Adults" (4th Edition) at the bedside	Total number of eligible patients.	N/A = Paediatrics, Mental health & Maternity)
				Ward			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)		Number of patients with "Prescribing Intravenous Fluids and Electrolytes for Adults" (4th Edition) at the bedside	Total number of eligible patients.	N/A = Paediatrics, Mental health & Maternity)
				Patient	Identify patients in the ward/unit with "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside	% of patients with "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside	6.0 Is there "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside? (N/A for paediatrics, mental health and maternity)	Yes; No; N/A	Number of patients with "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside	Total number of eligible patients.	N/A = Paediatrics, Mental health & Maternity)
				Ward			13.0 What is the number of patients who have "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside? (MS_Patient_Q6.0)		Number of patients with "Guidelines for Anticoagulation using Warfarin" (Version 7) at the bedside	Total number of eligible patients.	N/A = Paediatrics, Mental health & Maternity)
				Patient	Identify patients in the ward/unit with VTE risk assessment documented at the bedside	% of patients with VTE risk assessment documented at the bedside	7.0 Is there documented evidence at the bedside of a VTE risk assessment in the medication chart or site specific chart? 7.1 If yes: Where is it documented?	Yes; No Medication chart; Site specific chart	Number of patients with VTE risk assessment	Total number of eligible patients.	
				Ward			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)		Number of patients with VTE risk assessment documented at the bedside	Total number of eligible patients.	
			4.9.2 The use of information and decision support tools is regularly reviewed	AS PER 4.9.1							
			4.9.3 Action is taken to improve the availability and effectiveness of information and decision support tools	AS PER 4.9.1							
		4.10 Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives	4.10.1 Risks associated with secure storage and safe distribution of medicines are regularly reviewed	Facility	Identify if the facility regularly reviews the risks associated with the secure storage and safe distribution of medicines	Evidence the facility regularly reviews the risks associated with the secure storage and safe distribution of medicines	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? 15.1 If yes: Is there evidence of a consistently applied scale to rate risks? 15.2 If yes to 15.0: Is there evidence the risks are reviewed on a regular basis? 15.3 If yes to 15.0: Provide details on the risk assessments undertaken.	Yes; No Yes; No Yes; No text box			
			4.10.2 Action is taken to reduce the risks associated with storage and distribution of medicines	Facility	Action to reduce the risks associated with storage and distribution of medicines is undertaken	Evidence the facility monitors the misappropriation of medicines	16.0 Is there evidence that the facility (or at service level) monitors the misappropriation of medicines? 16.1 If yes: Provide details on how this is monitored.	Yes; No text box			

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			4.10.3 The storage of temperature-sensitive medicines is monitored	Facility	Identify if the facility monitors the storage of temperature-sensitive medicines	Evidence the facility monitors the storage of temperature-sensitive medicines	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? 17.1 Is there evidence that temperature breaches are handled appropriately? 17.2 If yes: Provide details on how they are handled.	Yes; No Yes; No text box			
			4.10.4 A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place	Facility	Identify if the facility has a system in place that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications	Evidence the facility has a system in place that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications	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? 18.1 If yes: Provide details on the system.	Yes; No text box			
			4.10.5 The system for disposal of unused, unwanted or expired medications is regularly monitored	Facility	Identify if the facility has appropriate paper and electronic records that provide an audit trail on the disposal of unused, unwanted or expired medicines	Evidence the facility has appropriate paper and electronic records that provide an audit trail on the disposal of unused, unwanted or expired medicines	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? 19.1 If yes: Provide details on how this is monitored and when.	Yes; No text box			
			4.10.6 Action is taken to increase compliance with the system for storage, distribution and disposal of medications	AS PER 4.10.1, 4.10.2, 4.10.3, 4.10.4 & 4.10.5							
		4.11 Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely	4.11.1 The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed	Facility	Identify if the facility regularly reviews the risks associated with secure storage and safe distribution of medicines	Evidence the facility regularly reviews the risks associated with secure storage and safe distribution of medicines	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? 20.1 If yes: Is there evidence of a consistently applied scale to rate risks? 20.2 If yes to 20.0: Is there evidence the risks are reviewed on a regular basis? 20.3 If yes to 20.0: Provide details on the risk assessments undertaken.	Yes; No Yes; No Yes; No text box			
			4.11.2 Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines	Patient	Action to reduce the risk of administering medication incorrectly is undertaken	% of patients with an IV line for administering medication with all IV lines labelled correctly based on target tissue	9.0 Does the patient have a peripheral IV line for administration of medication? 9.1 If yes: Are <u>all</u> peripheral IV lines labelled correctly with route (target tissue)? *(Observation Questions)*	Yes; No Yes; No	Number of patients who have lines labelled correctly	Total number of patients who were audited who have a peripheral IV line	
				Ward			15.0 What is the number of patients with an IV line for administering medication who have <u>all</u> IV lines labelled correctly based on target tissue? (MS_Patient_Q9.0 & Q9.1)		Number of patients who have lines labelled correctly	Total number of patients who were audited who have a peripheral IV line	
				Ward	Action to reduce the risk of storing potassium ampoules outside of pharmacy is undertaken	% of wards/units (that are not specialised units) that store potassium ampoules (outside of pharmacy)	6.0 Is there evidence that the ward/unit stores potassium ampoules? 6.1 If yes: Is the ward/unit a specialised unit e.g.. ICU?	Yes; No Yes; No			
				Facility			30.0 What is the number of wards/units that are not specialised units that store potassium ampoules? (MS_Ward_Q6.0 & Q6.1)		No of wards/units (that are not specialised units) that store potassium ampoules (outside of pharmacy)	Total number of wards/units (that are not specialised units) audited for storage of potassium ampoules	
Continuity of medication management	The clinician provides a complete list of a patient's medicines to the receiving clinician and patient when handing over care or changing medicines.	4.12 Ensuring a current comprehensive list of medicines, and the reason(s) for any change, is provided to the receiving clinician and the patient during any clinical handovers	4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines	Facility	Identify if the facility provides a medicines list and explanation of changes for patients on transfer or discharge	Evidence that the facility provides a medicines list and explanation of changes for patients on transfer or discharge	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			
			4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	Patient	Identify patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	% of patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	8.0 For patients concluding an episode of care: Is there documented evidence that the patient was provided with a Discharge Medication Record (DMR) or Interim Medication Administration Record (IMAR) when discharged or transferred?	Yes; No; N/A	Number of patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	Total number of patients concluding an episode of care who were audited	
				Ward			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)		Number of patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	Total number of patients concluding an episode of care who were audited	
			4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	Facility	Identify if the facility 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	Evidence the facility 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	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? 22.1 If yes: Provide details.	Yes; No text box			
			4.12.4 Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover	Facility	Action to increase the number of DMRs, IMARs and discharge summaries containing medicine information is undertaken	Evidence the facility regularly monitors the number of DMRs, IMARs and discharge summaries containing medicine information	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? 23.1 If yes: Detail the actions taken to improve supply?	Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
Communicating with patients and carers	The clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.	4.13 The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks	4.13.1 The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks	Patient	Identify patients in the ward/unit who were provided with specific medication treatment options, benefits and associated risks prior to starting any new medications	% of patients in the ward/unit who were provided with specific medication treatment options, benefits and associated risks prior to starting any new medications	10.0 For patients who have started new medicine therapy: Ask the Patient/Carer: Did the healthcare staff provide you with information about specific medication treatment options, benefits and associated risks prior to starting any new medications?	Yes; No; N/A	Number of patients in the ward/unit who were provided with specific medication treatment options, benefits and associated risks prior to starting any new medications	Total number of patients who were audited	
				Ward			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)		Number of patients in the ward/unit who were provided with specific medication treatment options, benefits	Total number of patients who were audited	
			4.13.2 Information that is designed for distribution to patients is readily available to the clinical workforce	Ward	Identify if the ward/unit has access to medication information that is designed for distribution to patients and accessible to the clinical workforce	% of wards/units that have access to medication information that is designed for distribution to patients and accessible to the clinical workforce	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? 7.1 Is there evidence that the ward/unit has information regarding medication treatment options, benefits and associated risks? 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? 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?	Yes; No Yes; No Yes; No; N/A Yes; No; N/A			
				Facility			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)		Number of wards/units that have access to medication information that is designed for distribution to patients and accessible to the clinical workforce	Total number of wards/units audited for access to medication information that is designed for distribution to patients and accessible to the clinical workforce	
		4.14 Developing a medication management plan in partnership with patients and carers	4.14.1 An agreed medication management plan is documented and available in the patient's clinical record	Patient	Identify patients in the ward/unit who have documented evidence of a medication management plan which was discussed with the patient	% of patients who have documented evidence of a medication management plan which was discussed with the patient	11.0 Is there documented evidence of a medication management plan in the patient's clinical notes? 11.1 If yes: Ask the patient/carer: Did the healthcare staff discuss your medication treatment plan with you? 11.2 If yes to 11.1: Ask the patient/carer: Were you in agreement with the plan?	Yes; No Yes; No Yes; No	Number of patients who have documented evidence of a medication management plan which was discussed with the patient	Total number of patients who were audited	
				Ward			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) 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)		Number of patients who have documented evidence of a medication management plan which was discussed with the patient	Total number of patients who were audited	
		4.15 Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed or dispensed	4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful *(Development action)*	Patient	Identify patients in the ward/unit who were provided with medicine information leaflets prior to starting any new medications	% of patients in the ward/unit who were provided with medicine information leaflets prior to starting any new medications	12.0 For patients who have started new medicine therapy: Ask the Patient/Carer: Did the healthcare staff provide you with medicine information leaflets or booklets prior to starting any new medications? (Note: these may include consumer medicine information (CMI) leaflet, warfarin booklet, mental health information leaflets etc.)	Yes; No; N/A	Number of patients in the ward/unit who were provided with medicine information leaflets prior to starting any new medications	Total number of patients who were audited	
				Ward			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)		Number of patients in the ward/unit who were provided with medicine information leaflets prior to starting any new medications	Total number of patients who were audited	
			4.15.2 Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients *(Development action)*	Facility	Action in response to facility consumer complaints and compliments feedback or local patient satisfaction survey feedback to improve provision of medicines information is undertaken	Evidence that the facility uses consumer complaints and compliments feedback or local patient satisfaction survey feedback to improve provision of medicines information	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? 24.1 If yes: What type of feedback is used? 24.2 If yes to 24.0: Is there evidence that the feedback has been incorporated into the next revisions? 24.3 If yes to 24.2: Provide details.	Yes; No Complaints & Compliments data; Patient satisfaction data; Other (specify) Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
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 improvem ent. **The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and th e measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for th e next version.** **Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.**											