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| **QUALITY IMPROVEMENT REVIEW** |
| **PHARMACY INFORMATION** |
| Pharmacy Permit Number: **99123** | Pharmacy Trade Name: **SCPP Test Pharmacy #1** |
| Pharmacy Location Address: 123 Test Location Street Saskatoon, Saskatchewan S3P 9Y7Canada |
| Pharmacy Manager First Name: **Harry** | Pharmacy Manager Last Name: **Piper TESTER** |
| SCPP Field Officer: **Jeannette Sandiford** |
| SCPP Admin Assistant: **Pat Guillemin** | SCPP Admin Assistant email: **zduay8@hotmail.com** |

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| **Quality Improvement Review Goals** |
| **FORMAL SYSTEM - There is a formal system in place in the pharmacy that identifies and resolves all issues involving medication errors, near misses and unsafe practices. All pharmacy staff are aware of the applicable policies and procedures. Quality improvement processes are in place.** |
| **KEY ELEMENT #1 - Managing Medication Errors - Manages known, alleged and suspected medication errors that reach the patient consistent with the best practices.** | 1 |
| 1. All medication errors are promptly disclosed to the patient and/or the patient’s agent.Please change from “is” to “are”, in the online form as well. | D-implemented for somepatients |
| 2. An apology and explanation is provided to the patient or patient's agent. | A-no activity/evidence |
| 3. Patients are provided with adequate information to manage any medical effects of the medication errors and any follow up required. | C-partial implementation oractivity |
| 4. Practitioners are notified of any adverse events/effects of medication errors.Please add a comma after discussed, in the online form as well. | C-partial implementation oractivity |
| 5. All medication errors and near misses are discussed and all pharmacy staff are consulted to determine the contributing factors (causal factors). | D-implemented for someincidents |
| 6. Potential causal factors are determined and communicated to the patient or patient's agent. | B-discussed for possibleimplementation |
| 7. Actions are taken to reduce the likelihood of the error occurring again. | A-no activity/evidence |

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| **KEY ELEMENT #2 - Reporting Medication Errors - Enables and requires anonymous reporting of medication errors to an independent, objective third party organization for population of a national aggregate database from which learnings arising from trends and patterns can be communicated across the profession.** | 2 |
| 8. Pharmacy staff has the capacity to anonymously report medication errors, near misses, and unsafe practices to an independent, objective, national organization (staff members have password/username, and access to the incident reporting program). | C-partial implementation oractivity |
| 9. Pharmacy staff is reporting medication errors and near misses to the independent, objective, third-party, national organization. | B-discussed for possibleimplementation |
| 10. All pharmacy staff is involved in reporting (not just one person, but all staff are submitting reports). | C-limited staff involved with reporting incidents |

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| **KEY ELEMENT #3 - Completing a Medication Safety Self-Assessment (MSSA) - Requires completion of a Medication Safety Self- Assessment biennially** | 3 |
| 11. Medication Safety Self-Assessment is completed every two years. | A-no activity/evidence |
| 12. Summary report of the most recent Medication Safety Self-Assessment is in the possession of the pharmacy manager and available for review. | A-no activity/evidence |

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| **KEY ELEMENT #4 - Implementing a Continuous Quality Improvement (CQI) Plan - Encourages open dialogue on medication incidents between pharmacy staff and management through review of the pharmacy's aggregate medication incident data (e.g. total number of incidents, type of incidents, etc.) and monitoring the progress of the resulting CQI plan from the Medication Safety-Self Assessment and medication incident analysis discussed at Continuous Quality Improvement (CQI) meetings.** | 1 |
| 13. There is an open dialogue about medication incidents between pharmacy staff and management. | D-implemented for someincidents |
| 14. There is a documented plan for improvement. CQI plan is available for review. | D-plan is mostly complete |
| 15. CQI plan is monitored and updated during CQI meeting. | D-some of the plan is monitoredand updated |
| 16. CQI meetings are being held regularly (at least annually). | E-meetings are held regularly |
| 17. The majority of pharmacy staff are attending CQI meetings. | C-partial implementation oractivity |
| 18. Quality improvements are planned and documented as a result of CQI meetings. | B-discussed for possibleimplementation |
| 19. There is ongoing education of the pharmacy staff on current best practices in medication incident management and patient safety. | D-some education is provided |
| 20. Pharmacy has a designated Quality Improvement (QI) Coordinator. | E-QI Coordinator is designatedand trained |
| General Comments:Hi there |

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| **MedSCIM Tool:** |
| Medication Incident Report Number : 123 |
| Core Event Description | Level 1 - Report fully complete |
| Maturity of Medication Safety Culture | Grade A - Generative |
| Medication Incident Report Number : 456 |
| Core Event Description | Level 2 - Report semi-complete |
| Maturity of Medication Safety Culture | Grade C - Reactive |
| Medication Incident Report Number : 789 |
| Core Event Description | Level 3 - Report not complete |
| Maturity of Medication Safety CultureIn all instances where a colon is used (for the entire document), please eliminate the space between the word/title/label and the colon. | Grade D - Pathological |
| Medication Incident Report Number : 159 |
| Core Event Description | Level 1 - Report fully complete |
| Maturity of Medication Safety Culture | Grade D - Pathological |
| Medication Incident Report Number : 357 |
| Core Event Description | Level 2 - Report semi-complete |
| Maturity of Medication Safety Culture | Grade B - Calculative |

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| Medication Incident Report Number : 753 |
| Core Event Description | Level 1 - Report fully complete |
| Maturity of Medication Safety Culture | Grade A - Generative |
| Medication Incident Report Number : 951 |
| Core Event Description | Level 3 - Report not complete |
| Maturity of Medication Safety Culture | Grade B - Calculative |
| Medication Incident Report Number : 852 |
| Core Event Description | Level 1 - Report fully complete |
| Maturity of Medication Safety Culture | Grade C - Reactive |
| Medication Incident Report Number : 741 |
| Core Event Description | Level 2 - Report semi-complete |
| Maturity of Medication Safety Culture | Grade B - Calculative |
| Medication Incident Report Number : 963 |
| Core Event Description | Level 1 - Report fully complete |
| Maturity of Medication Safety Culture | Grade D - Pathological |

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| Medication Incident Report Number : 862 |
| Core Event Description | Level 2 - Report semi-complete |
| Maturity of Medication Safety Culture | Grade B - Calculative |
| Medication Incident Report Number : 742 |
| Core Event Description | Level 2 - Report semi-complete |
| Maturity of Medication Safety Culture | Grade D - Pathological |
| Medication Incident Report Number : 984 |
| Core Event Description | Level 2 - Report semi-complete |
| Maturity of Medication Safety Culture | Grade C - Reactive |
| Medication Incident Report Number : 785 |
| Core Event Description | Level 1 - Report fully complete |
| Maturity of Medication Safety Culture | Grade B - Calculative |

**MedSCIM Final Score**

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| **Medication Incident Report Number** | **Level 3 - Report not complete** | **Level 2 - Report semi- complete** | **Level 1 - Report fully complete** | **Grade D - Pathological** | **Grade C - Reactive** | **Grade B - Calculative** | **Grade A - Generative** |
| 123 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 456 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 789 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| 159 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 357 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 753 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 951 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| 852 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| 741 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 963 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 862 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 742 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 984 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 785 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| **Total** | 2 | 6 | 6 | 4 | 3 | 5 | 2 |

Grade D -Pathological Grade C - Reactive Grade B - Calculative Grade A - Generative

Level 1 - Report fully complete Level 2 - Report semi-complete Level 3 - Report not complete

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| 2 | 1 | 1 | 2 |
| 1 | 2 | 3 | 0 |
| 1 | 0 | 1 | 0 |

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| **Top Safety Issues (at least three)** |
| asdf ghj jkl lkjh posdf njoji |
| Top Safety Follow-Up Issues : lskdfjasdkj |
| Top Safety Recommendations : l;askdfj;lasdkfj |
| **Specialty Services Safety Issues** |
| ovjinawoerjfn aervnjapsjfn a;woeifh;sdmfn alsvfnaosif;awjkefnapwjf |
| Specialty Services Follow-Up Issues: cmaeroifha;jkThe Other Comments box is still not populating, the title has just been added again to the comment box.Also, please delete the colon from the title. |
| Specialty Services Recommendations: a;seifas;dkfkl |
| **Other Comments:** |
| Other Comments: |
| QIR is now complete : Yes | QIR Completion by Field Officer Date : 01/22/2019 |

Please **bold** the text in this line.

Please add a gap between the Other Comments box and the QIR is now complete line.