



**HIQA's Medication Safety Monitoring
Programme against the *National Standards for
Safer, Better Healthcare* in acute healthcare
services**

Pre Inspection Information Request

Date of publication: January 2019

Hospital

Hospital Name:

Hospital Group:

No of inpatient beds in hospital:

Lead Respondent

Lead respondent's name:

Lead respondent's role:

Lead respondent's email address:

Lead respondent's contact phone number:

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A. Please provide the names of staff in the roles outlined below

Role	Name
Chief Executive Officer/General Manager	
Director of Nursing	
Director of Midwifery (as applicable)	
Chair of the Drugs and Therapeutics Committee	
Clinical Director	
Chief Pharmacist	
Medication Safety Officer (if in post)	
Lead Anaesthesiologist	
Quality and Risk Manager (or equivalent position)	

B. Leadership, governance and management

Line of enquiry 1: Patient safety is enhanced through an effective medication safety programme underpinned by formalised governance structures and clear accountability arrangements.

Essential elements:

- 1.1. Hospitals have formalised governance and accountability arrangements for medication management and safety that are clear and unambiguous.
- 1.2. Hospitals set clear objectives in a strategic plan for medication safety with evidence of implementation of identified quality improvements.
- 1.3. There is evidence of a functioning Drugs and Therapeutics Committee in operation.
- 1.4. Leaders at all levels promote medication safety to strengthen a culture of quality and safety

B.1	What is the name and role of the person with executive accountability, responsibility and authority for medication safety within your hospital?		
B.2	Is your Drugs and Therapeutics membership multidisciplinary, representing the service provided by the hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B.3	Please list any representatives identified for inclusion in the membership of the Drugs and Therapeutics Committee membership that are currently vacant (for example directorate/speciality or community representative)?		

B.4	Outline how the Drugs and Therapeutics Committee escalate identified medication related risks.		
B.5	List any Drugs and Therapeutics Committee subgroups/subcommittees (if applicable)		
B.6	Does the hospital have a Medication Safety Committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B.7	Does the hospital have a strategic plan for medication safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Include any additional comments for the section above, indicating related question e.g. B.3</i>		

C. Risk management

Lines of enquiry 2: There are arrangements in place to proactively identify report and manage risks related to medication safety throughout the hospital.

Essential elements:

- 2.1. There is proactive identification, management, reduction and elimination of risks associated with medication use.
- 2.2. Hospitals monitor and learn from information regarding the risks associated with medication use and actively promote learning.
- 2.3. Hospitals act on standards and alerts and take into account recommendations and guidance as formally issued by relevant authorities and regulatory bodies as they apply to their service, e.g. HPRA.

C.1	Do you have a system in place for reporting of medication safety incidents and near misses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C.2	Is the system for reporting of medication safety incidents and near misses outlined in a policy, procedure or guideline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please outline title below		
C.3	Have any medication safety related Serious Reportable Events (SRE) occurred in the hospital within the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Number of medication safety related SREs in 2017		
	Number of medication safety related SREs in 2018		
	Have reviews been conducted or commenced in relation to these SREs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C.4	What governing committee has oversight and responsibility for reviewing and addressing reported medication safety incidents?		
C.5	Does your hospital use an evidence based classification system to categorise medication safety incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name the classification system(s) used		
C.6	Is hospital data from medication safety incidents routinely analysed to identify trends or patterns in relation to risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C.7	How often are medication safety incident analysis reports generated?		
	Monthly	<input type="checkbox"/>	
	Quarterly	<input type="checkbox"/>	
	Annually	<input type="checkbox"/>	
	Other (please detail in the comment section)	<input type="checkbox"/>	
C.8	To whom (individuals/ groups/committee) are the reports of analysis of medication safety incidents circulated? (tick as appropriate)		
	Drugs and Therapeutics Committee	<input type="checkbox"/>	
	Hospital Risk Management Committee (or equivalent)	<input type="checkbox"/>	
	Executive Management Team (or equivalent)	<input type="checkbox"/>	
	Doctors	<input type="checkbox"/>	
	Nurses	<input type="checkbox"/>	

	Pharmacists	<input type="checkbox"/>
	Other (please detail in the comment section)	<input type="checkbox"/>
C.9	List any proactive medication safety risk assessments undertaken in the past two years	
C.10	What areas of medication safety have been identified as requiring targeted improvement based on incidents analysis and risk assessments in 2017/2018?	
	<i>Include any additional comments for the section above, indicating related question e.g. C.3</i>	

D. High-risk medications

Line of enquiry 3: Hospitals implement appropriate safety measures for high risk medications that reflect national and international evidence to protect patients from the risk of harm.

Essential elements:

- 3.1. Hospitals have identified high-risk medications with associated risk-reduction strategies in place to reduce the associated risks.
- 3.2. Hospitals have identified Sound-alike look-alike drugs (SALADs) and implemented associated risk reduction strategies.
- 3.3. Hospitals have safe systems in place for antimicrobials which require therapeutic drug monitoring.
- 3.4. Hospitals have specific measures in place to prevent inadvertent administration of concentrated electrolytes.
- 3.5. Hospitals have systems in place to support safe medication management during the perioperative period.
- 3.6. Hospitals have systems in place to mitigate against the risks associated with the following classes/categories of medications:
 - anticoagulants: heparin, direct oral anticoagulants and warfarin.
 - intravenous paracetamol
 - oral methotrexate
 - insulin's, including high strength insulin.
 - medications administered for procedural sedation
 - opioids.

D.1	Is there a list of high-risk medications identified by the hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D.2	List the concentrated electrolytes approved for use in the hospital.		
D.3	Are medications administered for procedural sedation in units/areas outside the Operating Theatre Department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	<p>If yes, list units/areas where procedural sedation is used</p>
	<p><i>Include any additional comments for the section above, indicating related question e.g. D.3</i></p>

E. Person centred care and support

Line of enquiry 4: There is a person centred approach to safe and effective medication use to ensure patients obtain the best possible outcomes from their medications.

Essential elements:

- 4.1. There is a person centred approach in place to promote medication optimisation and reduce polypharmacy, particularly for high-risk patient groups.
- 4.2. There is a person centred approach in place to provide patients with clear, timely and relevant information in relation to medications.
- 4.3. Medication reconciliation is conducted by a suitably trained individual in accordance with hospital policy at admission/discharge and transitions in care.

E.1	List specific initiatives undertaken in your hospital to promote medication optimisation and reduce the risk of polypharmacy, especially for high-risk patient groups?		
E.2	Who provides patients with medication related information including information on side effects when a patient commences a new medication (tick as appropriate)		
	Doctor	Nurse	Pharmacists
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E.3	Are patients routinely given evidence based and up-to-date information leaflets when they commence on a new medication while in hospital or at discharge	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E.4	Is formal medication reconciliation undertaken by a suitably trained individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	On patient admission ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	On patient discharge ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E.5	If yes, which health care professional(s) undertakes medication reconciliation on admission and discharge for patients:			
	On admission <small>(tick as appropriate)</small>	Nurse	<input type="checkbox"/>	On discharge <small>(tick as appropriate)</small>
		NCHD	<input type="checkbox"/>	
		Consultant	<input type="checkbox"/>	
		Pharmacist	<input type="checkbox"/>	
		Other	<input type="checkbox"/>	
Nurse	<input type="checkbox"/>	<input type="checkbox"/>		
NCHD	<input type="checkbox"/>	<input type="checkbox"/>		
Consultant	<input type="checkbox"/>	<input type="checkbox"/>		
Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
E.6	<i>If yes to E.4</i>			
	What percentage of patients (approximately) have medication reconciliation undertaken (tick as appropriate)			
	On patients admission?	0 - 25%	<input type="checkbox"/>	
		25 - 50%	<input type="checkbox"/>	
		50- 75%	<input type="checkbox"/>	
		75 - 100%	<input type="checkbox"/>	
	On patient discharge	0 - 25%	<input type="checkbox"/>	
		25 - 50%	<input type="checkbox"/>	
		50 - 75%	<input type="checkbox"/>	
75 - 100%		<input type="checkbox"/>		

Include any additional comments for the section above, indicating related question e.g. E.3

F. Model of service and systems for medication management

Line of enquiry 5: The model of service and systems in place for medication management are designed to maximise safety and ensure patients' healthcare needs are met.

Essential elements:

- 5.1. Hospitals have a clinical pharmacy service in place which is led by a Chief Pharmacist.
- 5.2. Hospitals have an approved list of medications for use in the hospital (formulary).
- 5.3. Hospitals have effective processes, to promote medication safety including the use of technologies, that are implemented and supported by clear up-to-date policies, procedures, protocols and guidelines.

F.1	Is there a clinical pharmacy service available to all clinical units/wards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please list units/wards where clinical pharmacy services are not provided		
F.2	Does the hospital have a list of medications approved for use in the hospital? (formulary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F.3	Does the hospital have a system for the approval of new medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F.4	How often is a formal review undertaken of the medications approved for use within the hospital? <i>e.g. periodic review of list of medications approved for use in the hospital</i>		
F.5	Is there a system in place for the supply of medications out of hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

F.6	Outline specific electronic technology used to support medication safety
<i>Include any additional comments for the section above, indicating related question e.g. F.3</i>	

G. Use of Information

Lines of enquiry 6: Essential information of the safe use of medications is readily available in a user-friendly format and is adhered to when prescribing, dispensing and administering medications.

Essential elements:

6.1. Essential information for the safe use of medications are available to staff in the clinical area that have been locally developed / adapted and approved for use at the hospital and are available at the point of prescribing, preparing and administration.

G.1	Which medication information is available to guide the safe use of medications?			
	Medications guide	Medications guide available	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Locally developed/adapted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Approved for use in the hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Available to staff at the point of care and in clinical areas as required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Medication protocols	Medication protocols available	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Locally developed/adapted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Approved for use in the hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Available to staff at the point of care and in clinical areas as required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Intravenous medication administration guidance (monographs)	Intravenous medication administration guidance (monographs) available	Yes <input type="checkbox"/>	No <input type="checkbox"/>

		Locally developed/adapted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Approved for use in the hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Available to staff at the point of care and in clinical areas as required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Antimicrobial Medicines Guide	Antimicrobial Medicines Guide available	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Locally developed/adapted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Approved for use in the hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Available to staff at the point of care and in clinical areas as required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	British National Formulary	British National Formulary available	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Approved for use in the hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Available to staff at the point of care and in clinical areas as required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G.2	Outline any additional sources of information available to guide staff on the safe use of medications below:			

G.3	Are pharmacists available to provide medication information to front line staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G.4	If yes, please outline the availability of a pharmacist to provide information to front line staff		
G.5	During core hours		
	Out of hours		
<i>Include any additional comments for the section above, indicating related question e.g. G.3</i>			

H. Monitoring and evaluations

Line of enquiry 7: Hospitals systematically monitor the arrangements in place for medication safety to identify and act on opportunities to continually improve medication safety.

Essential elements:

- 7.1. The hospital has systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of medication management to support medication safety.
- 7.2. The hospital conducts regular audits and implements recommendations from audit to evaluate the systems in place to support medication safety.

H.1	Indicate specific measures used to monitor medication safety within the hospital (tick as appropriate)		
	Analysis of medication incidents	<input type="checkbox"/>	Patient experience surveys
	Benchmarking	<input type="checkbox"/>	Patient focus groups
	Chart Review	<input type="checkbox"/>	Safety Culture Surveys
	Clinical Audit	<input type="checkbox"/>	Self-assessment tools
	Direct observation	<input type="checkbox"/>	Staff Surveys
	Key performance indicators/metrics	<input type="checkbox"/>	Trigger tools
	Other (please Specify)		

H.2	List medication safety key performance indicators/metrics and outline to whom they are reported to.	
	Key performance indicators	Reported to
H.3	List any trigger tools used in the past two years to monitor medication safety e.g. use of naloxone	
H.4	List medication safety audits completed in 2017/2018 , including role/department involved and date of completion?	
	Medication safety audit	Completed by role/department
	Date audit completed	

H.5	Briefly outline how medication safety audits are selected.			
H.6	Are medication safety audits results and recommendations communicated to staff listed below (tick as appropriate)	Yes	No	Method used for feedback
	Nurses	<input type="checkbox"/>	<input type="checkbox"/>	
	Doctors	<input type="checkbox"/>	<input type="checkbox"/>	
	Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	
	Drugs and Therapeutics Committee	<input type="checkbox"/>	<input type="checkbox"/>	
	Hospital Senior Management	<input type="checkbox"/>	<input type="checkbox"/>	
	Other prescribers	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>	

H.7	List medication safety related quality improvements implemented in 2017/2018 based on your monitoring and evaluation and outline what prompted the quality improvement (<i>e.g. analysis of local incidents, recommendation from audit etc. and indicate if a re-audit had been done to measure compliance with recommendations implemented.</i>)	
	Quality improvement initiative	Prompted by
<i>Include any additional comments for the section above, indicating related question e.g. H.3</i>		

I. Education and training

Line of enquiry 8: Safe prescribing and drug administration practices are supported by mandatory and practical training on medication management for relevant staff.

Essential elements:

8.1. Training on medication safety is provided by the appropriate person during orientation of new medical, nursing and pharmacy workforce.

8.2. Staff involved in medication use are provided with on-going education that includes education on medication error prevention and the safe use of medication.

I.1	Does the hospital have a structured, targeted programme of education for medication safety for new staff on induction for the following staff (tick as appropriate):			
	Nurses	Doctors	Pharmacists	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.2	Does the hospital have an on-going structured, targeted programme of education for medication safety for the following staff (tick as appropriate):			
	Nurses	Doctors	Pharmacists	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.3	Which methods are used to provide information and education sessions on medication safety for medical, nursing, pharmacy and other staff (tick as appropriate).			
	Induction programme			<input type="checkbox"/>
	Class room based education sessions			<input type="checkbox"/>
	Ward based education sessions			<input type="checkbox"/>
	E-learning programmes			<input type="checkbox"/>
	Medication safety awareness days			<input type="checkbox"/>
	Grand rounds			<input type="checkbox"/>
	Alerts			<input type="checkbox"/>

	Other (please detail below)			
1.4	Does the hospital have a system in place to maintain and manage medication safety staff training records for the following staff members(tick as applicable)			
	Nurses	Doctors	Pharmacists	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Can managers identify which staff have or have not attended required medication safety training for the following staff members:			
	Nurses	Doctors	Pharmacists	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Include any additional comments for the section above, indicating related question e.g. 1.3</i>				

I.6 Pharmacy staff				
Please provide the number of staff employed in roles outlined below				
Position	Approved whole time equivalent	Approved posts filled (permanent contract)	Approved posts filled by agency staff/ temporary contract (specify)	Approved posts unfilled (not filled by agency staff)
Chief Pharmacist I				
Chief Pharmacist II				
Senior Pharmacist				
Basic Grade Pharmacist				
Senior Pharmaceutical Technician				
Staff Grade Pharmaceutical Technician				
Others specify:				

Include any additional comments for the section above, including if any posts are located in other sites or services

I.7 Pharmacy Service

Please list services provided by the Pharmacy Department external to the hospital (e.g. clinical pharmacy, service dispensing, medication reconciliation, medicine information, antimicrobial pharmacist, compounding, clinical trials etc.)

Service	Location of service provided	Which role and number of staff provide this service (e.g. 2.5 WTE Senior Pharmacists/ 0.8 WTE Pharmacy Technician etc.)

Include any additional comments for the section above, including if any posts are located in other sites or services

Required Documentation

Please provide the following additional documentary information alongside this completed self-assessment tool in electronic format to HIQA at qualityandsafety@hiqa.ie

Please tick 'yes' if document available and supplied or 'not available' if the hospital does not have the document. If the document requested does not apply to the hospital please indicate by ticking 'not applicable' and explain in the text box at the end of this section giving further information.

Please include the related number in the title of each file submitted

e.g. J.1 Organogram, J.2 Minutes of D&T.

J. Pre inspection document request.				
		Yes	Not available	Not applicable
J.1	A copy of organogram(s) outlining lines of communication between the Drugs and Therapeutics Committee/Medication Safety Committee, the Pharmacy Department, Risk Management and Executive Management Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.2	The Drugs and Therapeutics Committee terms of reference <i>Please include the names and roles of the members outlining the Directorate/speciality area they represent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.3	Minutes of the Drugs and Therapeutics Committee for the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.4	The Medication Safety Committee terms of reference <i>Please include the names and roles of members outlining the Directorate/speciality area they represent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.5	Minutes of the Medication Safety Committee for the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.6	Strategic Plan for Medication Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J.7	Medication Safety Annual Report for 2017/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.8	Copy of the Medication Prescribing and Administration Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.9	Copy of any other records where medications are prescribed e.g. Insulin charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.10	Reports of tracking, trending and analysis of medication safety incidents for 2017/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.11	List of high-risk medications and documentation outlining risk reduction strategies employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation outlining the systems and or risk reduction strategies for the following classes/categories of medications (for example policies, procedures, protocols or guidelines)				
J.12	<ul style="list-style-type: none"> ▪ Antimicrobials that require therapeutic drug monitoring 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.13	<ul style="list-style-type: none"> ▪ Anticoagulants (heparin, direct oral anticoagulants, warfarin) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.14	<ul style="list-style-type: none"> ▪ Intravenous paracetamol 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.15	<ul style="list-style-type: none"> ▪ Insulins 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.16	<ul style="list-style-type: none"> ▪ Oral methotrexate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.17	<ul style="list-style-type: none"> ▪ Opioids 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.18	<ul style="list-style-type: none"> ▪ Sound-alike look- alike drugs (SALADs) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.19	<ul style="list-style-type: none"> ▪ Medications administered for procedural sedation outside the Operating Theatre Department. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.20	<ul style="list-style-type: none"> ▪ Concentrated electrolytes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.21	<ul style="list-style-type: none"> ▪ Medications used in the perioperative setting 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J.22	Medication safety audit plan 2017/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.23	Medication safety key performance indicator compliance reports for 2017 and 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.24	Evidence of implementation of time-bound quality improvements related to medication safety undertaken in response to the National Patient Experience Survey e.g. Question 45 and 46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.25	Evidence of implementation of time-bound quality improvements related to medication safety in response to the Previous HIQA Medication Safety inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please briefly outline below the reason why any documents requested do not apply:

K. Declaration

To be completed by the Chief Executive Officer/General Manager

I declare, that to the best of my knowledge and belief, all of the information that I have given in connection with this **Pre inspection information request**, is full and correct. I am aware that under the Health Act 2007 it is an offence to provide false or misleading information.

In the event that a digital signature cannot be provided please date and type your name below.

Type name:

Title:

Date:

L. Glossary of terms and abbreviations

This glossary details key terms and a description of their meaning within the context of this document.

Clinical guidelines: systematically developed statements, based on a thorough evaluation of the evidence, to assist healthcare professional and patient decisions about appropriate healthcare for specific circumstances, across the entire clinical spectrum.

Clinical pharmacy service: describes the activity of pharmacy teams in ward and Clinical settings.

Culture: the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Drugs and therapeutics committee: a multidisciplinary group of people from within and outside a hospital or group of hospitals, which reports to senior management. The committee is responsible for expert governance oversight and review of the service to ensure safe and effective medication usage in the hospital or hospitals in question.

Effective: a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Formulary: A formulary is a managed list of preferred medications that have been approved by the hospital's Drugs and Therapeutics Committee for use at the hospital. Use of a formulary ensures governance oversight of the introduction and ongoing use of medications in practice at the hospital, and in doing so ensures an appropriate level of management control over medications use, in the interest of both patient safety and financial management.

Governance: in healthcare, an integration of corporate and clinical governance; the systems, processes and behaviours by which services lead, direct and control their functions in order to achieve their objectives, including the quality and safety of services for service users.

Healthcare: services received by individuals or communities to promote, maintain, monitor or restore health.

High-risk medications: medications that bear a heightened risk of causing significant patient harm when they are used in error.

High-risk situations : a term used by the World Health Organization to describe situations where there is an increased risk of error with medication use. These situations could include high risks associated with the people involved within the medication management process (such as staff or patients), the environment (such as higher risk units within a hospital or community) or the medication. High-risk situations require risk reduction strategies to reduce avoidable errors.

Indicators are measurement tools, screens, or flags that are used as guides to monitor, evaluate, and improve the quality of patient care, clinical support services, and organisational function that affect patient outcomes

Key performance indicator: specific and measurable elements of practice that can be used to assess quality and safety of care.

Medication error: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Medication Management: patient-centred care to optimize safe, effective and appropriate drug therapy. Care is provided through collaboration with patients and their health care teams.

Medication safety: freedom from preventable harm with medication use.

Medication safety officer: a clinical practitioner designated by the hospital to serve as the authoritative expert in safe medication use.

Medications optimisation: a person-centred approach to safe and effective use of medications, to ensure people obtain the best possible outcomes from their medications. Medications optimisation differs from medication management in a number of ways with a focus on outcomes and patients rather than process and systems.

Medication reconciliation: is the process of creating and maintaining the most accurate list possible of all medications a person is taking including drug name, dosage, frequency and route in order to identify any discrepancies and to ensure any changes are documented and communicated, thus resulting in a complete list of medications.

Medication safety programme: a programme designed to drive best practice in medication safety by guiding and collaborating with healthcare professionals involved in the medication use process in order to proactively assess and minimise patient risk, and implement quality initiatives to eliminate avoidable harm from medication.

Monitoring: systematic process of gathering information and tracking change over time. Monitoring provides a verification of progress towards achievement of objectives and goals.

Multidisciplinary: an approach to the planning of treatment and the delivery of care for a service user by a team of healthcare professionals who work together to provide integrated care.

Patient: a person who is receiving healthcare or treatment (sometimes referred to as a service user).

Patient safety: the identification, analysis and management of patient-related risks and incidents, in order to make patient care safer and minimise harm to patients.

Policy: a written operational statement of intent which helps staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.

Quality improvement: a systematic approach using specific methods to improve quality through achieving successful and sustained improvement.

Risk: the probability of danger, loss or injury within the healthcare system.

Risk assessment: refers to the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed priorities for the identified risks. It involves collecting information through observation, communication and investigation.

Risk reduction strategies: a term used to describe different ways of dealing with risks. Strategies include risk avoidance, transfer, elimination, sharing and reducing to an acceptable level.

Risk management: the systematic identification, evaluation and management of risk. It is a continual process with the aim of reducing the risk of injury to patients, staff, and visitors and the risk of loss to the organisation itself.

Safety culture: the product of the individual and group values, attitudes, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation's health and safety.

System: a set of interdependent elements, both human and non-human, interacting to achieve a common aim.

Staff: the people who work in, for or with the service provider. This includes individuals who are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to patients.

Trigger tools: are ways of identifying and documenting patient harm using a systematic record review process on a randomly selected set of medical records using triggers as flags for patient harm.

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