

Appendix 2

Template for Care Home staff for Reporting and Learning from a medicine-related Patient Safety Incident (PSI) *(error/ incident/ near miss/ concern)*

<u>PART 1: REPORTING a MEDICINE-RELATED PSI</u>		
Name and organisation of person completing this form:		Date form completed:
Name & organisation of person identifying error/ incident/ near miss/ concern		
Date medication error/ incident/ near miss/ concern took place:		Date Incident Identified:
Location of Incident:		
Own Home <input type="checkbox"/>	Residential Care Home <input type="checkbox"/>	Nursing Home <input type="checkbox"/>
Learning Disability Home <input type="checkbox"/>	Supported Living <input type="checkbox"/>	Out of Hours Centre <input type="checkbox"/>
GP practice <input type="checkbox"/>	Community Hospital <input type="checkbox"/>	Community Pharmacy <input type="checkbox"/>
Other (please describe) <input type="checkbox"/>		
Type of medication error		
Error <input type="checkbox"/>		Incident <input type="checkbox"/>
Near miss <input type="checkbox"/>		Concern <input type="checkbox"/>
Stage of medication process:		
Documentation/ communication <input type="checkbox"/>	Prescribing <input type="checkbox"/>	Administration <input type="checkbox"/>
Dispensing <input type="checkbox"/>	Monitoring <input type="checkbox"/>	Advice <input type="checkbox"/>
Other (please describe) <input type="checkbox"/>		
Name of medication(s) involved:		
Description of medication error / incident/ near miss/ concern. What happened?		
Resident Date of Birth:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Not stated / unknown <input type="checkbox"/>
Ethnicity of Resident:		
White <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Mixed <input type="checkbox"/>
Asian or Asian British <input type="checkbox"/>	Other <input type="checkbox"/>	Not stated / unknown <input type="checkbox"/>
What was the actual effect on the resident and/ or service?		
Action taken at the time of the medicines-related event		

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<u>PART 2: LEARNING</u> from a MEDICINE-RELATED PSI	Date of meeting
What could have been done better?	
What went well?	
Key risk issues identified:	
Lessons learned:	
Names and organisations of persons present at meeting:	
Date to review actions:	
Care Home to return completed form to NHS Frimley MOCH Team via email: frimleyicb.moch@nhs.net	

Care Home Medicines Safety Champion contact name and email address:

Please tick here if you consent for any learning from this event to be shared:	<input type="checkbox"/>
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For completion by Medicines Optimisation in Care Homes (MOCH) Team only
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What impact or potential impact did the event have on the patient?		
Degree of harm to the patient (severity)	Potential Harm	Actual Harm
<ul style="list-style-type: none"> • None • Low Harm (patient(s) required extra observation or minor treatment) • Moderate Harm (patient(s) required further treatment, or procedure) • Severe Harm (permanent or long-term harm) • Death (related to the incident) 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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