

Quality Account midyear progress report for the Quality & Safety Group

Priority	<i>Reduce harm from omitted and delayed medicines</i>
Monitoring/meetings held.	2 Discussed also as part of service level routine meetings
Chair	Philomena Arthur. Head of Integrated Community Services
Summary of key outcome measures	<ul style="list-style-type: none"> • Revised competencies developed for the administration of medication for the 3 inpatient areas for all registered nurses. This will be reviewed at staff appraisals. • The policy for managing and supporting staff following a medication error will be utilized in all cases, including omissions of signatures on prescription charts • We have raised the profile of the reporting of incidents as very few reported to date. Where incidents are reported a review is undertaken to identify the root cause. • Information and data to be collected regarding trends and types of medication omitted or delayed • Attendance records for training updates being reviewed • We have implemented regular audit of prescription charts for inpatient areas
Key outcome measure results / progress made where data is not yet available	<ul style="list-style-type: none"> • Action learning sessions • Check medication charts at all handovers • Consider how topical creams and supplements are recorded • Medication charts to be reviewed to ensure that

	<p>prescriptions are clear; not cluttered</p> <ul style="list-style-type: none">• Introduction of red apron in all areas• All clinicians to report individual drug errors• Encourage self-medication• Identify trends with individual staff competencies. Develop action plans for staff members and monitor• Introduce post medication check audit with ward managers
Actions outstanding/delayed	Continue to monitor the progress above