**Medication Error/Incident Form for Domiciliary Care**

*To be completed and sent to Medicines Management Team* ***and*** *Commissioning Team*

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| 1. **SERVICE USER’S DETAILS** | | | | | | | | | | | | | |
| Name: | | |  | | | Address: | | |  | | | | |
| Date of Birth: | | | Click or tap to enter a date. | | |  | | |
| ID Number: | | |  | | |  | | | | | | | |
| Level of support: | | |  | | |
| Care provider: | | |  | | | Community pharmacy: | | | |  | | | |
| Have the next of kin been informed? | | | Yes  No  Not applicable | |  |  | | | | | | | |
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|  |
| 1. **INCIDENT DETAILS** | | | | | | | | | | | | | |
| Date and time incident was identified: | | | | | | |  | | | | | | |
| Date and time incident occurred: | | | | | | |  | | | | | | |
| Incident location details (where the incident was noticed e.g. patient’s home, community pharmacy): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name(s) of Care worker(s) involved: | | | | | | |  | | | | | | |
| **C. What type of incident happened? Tick all that apply.** | | | | | | | | | | | | | |
| **Pharmacy/MAR issue** | | | | | | | | | | | | | |
| Mismatch between patient and label  Medicines not delivered/received  Wrong medicine/dose  Wrong instructions on label | | | | | | | Wrong quantity issued  Wrong type of MAR issued  Insufficient instructions  Other (please state): | | | | | | |
| **Prescription management/Administration issue** | | | | | | | | | | | | | |
| Medicines not ordered  Medicines not administered/delayed treatment  Medicines administered without sufficient labelling  Incorrect/omitted documentation e.g. not signing MAR  Other (please state): | | | | | | | | | | | | | |
| What happened: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Immediate action taken following the incident: (e.g. GP contacted) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Where the any contributing factors? (lack of knowledge, working environment etc) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Medicine details: (form, strength etc.) | | | | | | |  | | | | | | |
| 1. **INCIDENT OUTCOME** | | | | | | | | | | | | | |
| Was the person harmed? | | | | | | | Yes  No | | | | | |  |
| If yes- Please give details of other referrals made in relation to this incident: | | | | | | | Safeguarding  CIW | | | | | |  |
| Treatment received: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Action taken as a result of error (e.g. dates of further monitoring, clarification of procedure etc): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Overall outcome (e.g. health of service user, guidance from CIW etc): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. **REVIEW OF INCIDENT AND LEARNING** | | | | | | | | | | | | | |
| Consequence: (see example on page 4) | | | | | | | | | | | | | |
| No harm | | Minor | | Moderate | | | | Major | | | | Catastrophic | |
| **Lessons learnt:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. **DETAILS OF THE PERSON COMPLETING THE FORM** | | | | | | | | | | | | | |
| Name: |  | | | | | Designation: | | | | |  | | |
| Date: | Click or tap to enter a date. | | | | | Time: | | | | |  | | |
| Signature: |  | | | | | Contact Number: | | | | |  | | |
| Names of current MMCAs: |  | | | | | | | | | | | | |

**For advice on completing this form please contact the Community Medicines Management team on 01639 862788**

**PLEASE SEND A COPY OF THIS FORM TO THE NEATH PORT TALBOT MEDICINES MANAGEMENT TEAM AND CONTRACT & MONITORING.**

**PLEASE REMEMBER FORMS CONTAIN PERSONAL INFORMATION AND MUST BE SENT SECURELY FOLLOWING YOU ORGANISATIONAL POLICY.**

**Forms can be submitted via:**

**Email:**

[**SBU.MEDSMANAGEMENTDOMICILIARYCARE@WALES.NHS.UK**](mailto:SBU.MEDSMANAGEMENTDOMICILIARYCARE@WALES.NHS.UK)

**and**

[**CCU@NPT.GOV.UK**](mailto:CCU@NPT.GOV.UK)

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| --- | --- | --- | --- | --- | --- |
| 1. **MEDICINES MANAGEMENT TO COMPLETE THIS SECTION** | | | | | |
| Date received: | | Click or tap to enter a date. | | Received by: |  |
| Further action required: Y  N  Details: | | | | | |
|  | | | | | |
| **Descriptor** | **Score** | | **Consequence** | | |
| Negligible | 1 | | * No harm to the individual. * Minimal injury requiring no or minimal intervention or treatment. * Informal complaint/inquiry, Can be easily and quickly resolved. | | |
| Minor | 2 | | * Short term harm to a single individual. * Minor injury or illness, requiring minor intervention. * Formal complaint with local resolution. | | |
| Moderate | 3 | | * Harm affecting a single individual for up to a year or minor harm to multiple individuals * Moderate injury requiring professional intervention * Safeguarding/CIW/ RIDDOR/other agency reportable incident * Treatment or service has significantly reduced effectiveness * Repeated failure to meet internal standards * Formal complaint with local resolution (with potential to go to independent review) | | |
| Major | 4 | | * Major injury to a single individual leading to long-term incapacity/disability or moderate harm to multiple individuals. * Mismanagement of individual care with long-term effects * Non-compliance with national standards with significant risk to individuals if unresolved * Multiple complaints/ independent review * Low performance rating * Critical report | | |
| Catastrophic | 5 | | * Incident leading to death of a single individual or multiple permanent injuries or irreversible health effects * An event which impacts on a large number of individuals * Totally unacceptable level or quality of treatment/service * Gross failure of individual safety if findings not acted on * Inquest/ombudsman inquiry * Gross failure to meet national standards | | |

**Risk grading of NPT incidents**