**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 NoNot applicable |[ ]   |
|  |  |[ ]   |
|  |  |[ ]   |
| 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: | SafeguardingCIW | [ ] [ ]  |
| 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**

**and**

**CCU@NPT.GOV.UK**

|  |
| --- |
| 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**