**Patient safety report**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacy name (and branch number, if applicable)** |  | **ODS code** |  |
| **Report completed by (name)** |  | **Date of report** |  |
| **Dates covered by the report** |  | | |
| **Pharmacy team members who participated in preparing this report (initials)** |  | | |

1. **Summary of patient safety incidents and activity in the pharmacy (enter monthly totals in the table below)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Month and year** | **A.**  **Prescribing interventions** | **B.**  **Near misses** | **C.**  **Near misses involving high-risk LASA\* (if known)** | **D.**  **Dispensing incidents** | **E. Dispensing incidents involving high-risk LASA\* (if known)** | **F.**  **National safety alerts** | **G.**  **Other patient safety activity †** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* *‘*Look-Alike, Sound-Alike’ (LASA), [sometimes also referred to as Sound Alike Look Alike Drugs (SALAD). **†** Including drug recalls.

1. **How have the patient safety priorities that were agreed in your previous patient safety report been acted upon?**

|  |
| --- |
|  |

1. **Outline your learnings and actions in relation to LASA medicines (refer to columns C and E in the monthly summary table above).**

|  |  |
| --- | --- |
| **What were the key learning points for the pharmacy team following the completion of the CPPE reducing look-alike, sound-alike errors e-learning and e-assessment?** | **What actions have been implemented to minimise LASA incidents and near misses since your last annual Patient Safety Report?** |
|  |  |
| **How have these learnings and actions helped to reduce the number of LASA incidents occurring in your pharmacy? Quantify where possible.** | **If these learnings have not helped to reduce the number of LASA incidents and near misses, why is this the case and what additional actions will you now take?** |
|  |  |

1. **Outline key patient safety improvements that have occurred within your pharmacy during this review period in relation to:**
   1. **Improvement 1: Pharmacy safety – patient safety incidents (refer to columns A, B and D in the monthly summary table above).**

|  |  |  |
| --- | --- | --- |
| **Reviewing your patient safety incidents, what were the key learning points and how were they identified?** | **What actions have been taken at the pharmacy as a result?** | **How has patient safety improved as a result?** |
|  |  |  |

* 1. **Improvement 2: National patient safety alerts (refer to columns F and G in the monthly summary table above).**

|  |  |  |
| --- | --- | --- |
| **Reviewing your patient safety alerts, what were the key learning points and how were they identified?** | **What actions have been taken at the pharmacy as a result?** | **How has patient safety improved as a result?** |
|  |  |  |

1. **How have you shared what you have learned above (in relation to sections 3, 4.1 and 4.2) both within your team and externally?**

|  |
| --- |
|  |

1. **What will be the team’s patient safety priorities for the next year?**

|  |
| --- |
| **Priority 1:**  **Priority 2:**  **Priority 3:** |