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| Clinical Practice Medication Safety Observation Audit 2021 (new focus on Medication Safety in IV link role) | | | | | | | | | | | | | | | |
| Location of Audit: | Month/Date/s: | | | | | | Auditors Name/Designation: | | | | | | | | |
| Use Y (Yes), N (No) or NA (not applicable) below | | | | | | | | | | | | | TOTALS | | |
| **Procedure** | | **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** | **9** | **10** | **Yes** | **No** | **NA** |
| **Q 1** Medication requiring DIC is checked by two persons prior to drawing/preparing the medication and if not, the prepared medication is checked thoroughly and **independently** by the 2nd person in the medication room (i.e. unguided by the person who prepared the medication). | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 2** Two persons to patient to confirm ID | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 3** Reconfirmed patients allergy status with patient/ whānau | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 4** 2nd moment of hand hygiene performed before accessing the device or providing the medication to the patient | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 5** The final ‘sign off’ by both was completed after dual ID confirmation (not just when the medication/fluid was prepared, MedChart - both witness green splash) | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 6** With IV therapy the administrator waited for hub to dry (30 sec) | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 7** Where IV fluids are prescribed on paper, the out and total columns on the prescription form are fully completed | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 8** Where venepuncture is performed, this is done to the current standard – Patient ID, Clean technique, PPE – gloves, IP&C disposal of equipment, documentation (identify in comments what not done) | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Q 9** The current CD and RD drug registers are written up appropriately (according to the resource book direction) | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| Comments: | | | | | | | | | | | | | | | |

**Methodology**: For clinical monitoring this tool requires the auditor to be witnessing or being involved in a double independent check either with IV medication or medication that requires a 2-person check. Additionally, the auditor is requested to witness venepuncture where possible and review the current pages of the drug registers for any omissions/ documentation education opportunities. **Rationale:** To assist in raising and maintaining medication and fluid related safety standards from anecdotal feedback by recert IV link nurses and data analysis of past audit results. To meet the current corrective actions related to fluid prescription documentation and Misuse of drugs act burden of proof requirements. The tool has been adjusted to concentrate on the standards that require improvement or that have been newly introduced to measure understanding and uptake. For community/smaller facilities/DHB’s the tool can be adjusted to meet your requirements. Please contact Robyn Cumings ph: 033641289 or [Robyn.cumings@cdhb.health.nz](mailto:Robyn.cumings@cdhb.health.nz) for assistance.

**Direction for answering the audit indicators (for CDHB staff – please create your own for any other facility or organisation or contact Robyn as above)**

**Q. 1** Independent checking is the focus on our DIC process currently. This means that both parties must have the opportunity to go through the prescription and preparation independently of each other. Giving staff time in this heightened cognitive process to avoid errors in paramount. If medications have been prepared beforehand by the administrator, the expectation is that the administrator allows the second person to review the prescription and perform the preparation checking steps independently so to meet the standards of double independent checking. If you witness or are involved in independent checking and preparation in the medication room with the two parties agreeing on the preparation at the end of the process Mark Y. If you witness or are involved in the first party drawing up or preparing the medication and asking for a check, the second person must be encouraged to go back and independently review the process for themselves. Double independent checking is performed when both parties have time to go through the prescription and 7 rights independently. Telling the 2nd person what you have drawn up/prepared is not meeting the standard for DIC. If you witness or are asked by the administrator for a check without having independent time to review, Mark N. This is an opportunity for feedback to the parties to support the correct process.

**Q 2.**  If the administrator indicates that they will go alone to the bedside for the ID dual check, Mark N (and go anyway). If the administrator follows the correct procedure with you and doesn’t need prompting to do the procedure correctly, Mark Y. If they need prompting Mark N. There should be no reason to mark NA.

**Q 3.** If the administrator has already identified that they will go alone for the ID dual check and allergy status assessment procedure Mark N. If the allergy status history is checked and an assessment was performed to determine any adverse reactions from the last drug/fluid dose, Mark Y. If allergy status is not performed or you need to prompt this, Mark N. There should be no reason to use NA. Use this as an opportunity to feedback.

**Q.4.** The administrator should perform hand hygiene directly before accessing the device or provision of the medication. Gloves should be removed and hand hygiene performed before accessing the device/providing the medication. Mark Y for compliance, Mark N if this wasn’t performed or needed to be prompted.

**Q 5. MedChart users –** As well as the co-sign at the preparation phase of the procedure, there is a requirement to watch the administrators final sign off that the procedure has been performed correctly and medication/fluid administered or has begun infusing – this means witnessing the green splash. If the administrator has indicated, they will go alone to do the bedside checks Mark N. If the administrator indicates that the procedure has been completed before you witness the green splash Mark N. **Paper Chart use -** The paper chart must be signed off at the end of the whole procedure, not in the preparation stage, but at the bedside after the allergy status, ID check and commencement or conclusion of therapy administration. If the administrator has indicated that they will go alone to do the bedside checks, Mark N. If the administrator signs the paper chart after conclusion or commencement of the therapy, and asks you to sign the paper chart too, Mark Y.

**Q 6.** Where IV therapy is being witnessed the hub should be cleaned appropriately and left to dry for at least 30 sec before access to prevent infection. If the hub was allowed to dry for the correct time period use Yes, if not, use N. NA can be used if you are not witnessing a IV administration.

**Q 7.** This is a corrective action from Certification. The fluid prescription chart as a column for commencement time and date AND a column for volume infused and stop time date. The vol infused and stop time date are often missed. This is an opportunity for education on the requirement despite if the patient has a fluid balance chart or not. Use NA if you cannot determine if a stop date and volume will be completed i.e. initial fluids still infusing and no past documentation to review. Use NA if no fluids infusing currently or in the past. Use Y if you can note the columns are being completed. The missed documentation is an opportunity for feedback.

**Q 8. Try and find some to venepuncture procedures to audit.** Use NA for no venepuncture witnessed in that month, review the Venepuncture policy, training and the Lippincott procedure for best standards to meet. Add in comments if any not to standards.

**Q. 9.** When in the medication room check that all documentation in the registers complies and feedback to staff on current standards.

*Place results in the IV link folders and report back to the Senior staff on findings and areas for improvement. Consider improvement project with ongoing issue.*