

Standard 5: Medicines Management

Patients medicines are stored and administered accurately and safely

5.1	Element: Safe and effective patient care	Process Evidence (CCAAT available as an appendix)	Evidence Compliant	Comments	Mapped to
5.1.1	Staff will administer medicines in accordance with "NHS GGC Safe and Secure Handling of Medicines Policy". Nursing staff administering medicines use the "Chance to Check" initiative.	Observe: <ul style="list-style-type: none"> Medicine administration rounds Review: <ul style="list-style-type: none"> CCAAT 6.4 – 6.5 			NHSGGC Safe and Secure Handling of Medicines Policy NMC – The Code Chance to Check NHSGGC No Interruptions Policy
5.1.2	Medicines Reconciliation will be completed within 24 hours on admission to hospital and at discharge, utilising at least two sources of information. All completed IDLs have their status changed to "authorised" prior to patient discharge to ensure their GP receives an electronic copy.	Review: <ul style="list-style-type: none"> Clinical Portal MR/IDL, Prescription charts, transfer summary, discharge summary and care record (This data will be available per Ward / Department each month, automated via the MR/IDL system) CCAAT Section 6.1 – 6.3 			NHSGGC Medicines Reconciliation in Hospital policy
5.1.3	Staff will accurately document medicine administrations on the medicine prescription chart, e.g., 2 registrants signing for an i.v. drug administration, reasons for any medicine omissions and any actions taken documented in the appropriate care record	Review: <ul style="list-style-type: none"> Prescription charts and care records (Check 5 medicine prescription charts as per EIC process measure) CCAAT Section 6.4 			NHSGGC Safe and Secure Handling of Medicines Policy The Royal Pharmaceutical Society and NMC: Professional Guidance on the administration of medicines in healthcare settings 2019 NMC – The Code Excellence in Care: SPSP Medicine Omissions NHSGGC Faith and Beliefs Communities Manual

5.1.4	All medicines, including IV infusions and controlled drugs, are stored in accordance with National Legislation and “ NHS GGC Safe and Secure Handling of Medicines Policy”	Review: <ul style="list-style-type: none"> CD audit result reports and action plans Observe: <ul style="list-style-type: none"> Storage conditions of drug cupboards/trolleys are in accordance with NHS GGC Safe and Secure Handling of Medicine Policy 			NHSGGC Safe and Secure Handling of Medicines Policy
5.1.5	Staff know of the requirement to report medication incidents on DATIX and can give examples of the types of incident they have reported / would report.	Review <ul style="list-style-type: none"> Are Datix reports reviewed within expected time frames? Discussion: <ul style="list-style-type: none"> Can staff describe changes made as a result of learning from incidents 			NHS GGC Medicines Polices Adverse drug reactions: Yellow Card Scheme
5.2	Element: Leading, managing and developing the performance of the team	Process Evidence (CCAAT available as an appendix)	Evidence Compliant	Comments	Mapped to
5.2.1	Staff have knowledge and competency skills, commensurate with role, in relation to medicines administration. Evidence of this will be demonstrated by accurate records of education held by the SCN / Link person. The clinical area will ensure that access to key information sources (e.g. eBNF, BNF, I.V Monographs, medicines information sheets and pharmacy support) are readily available.	Review: <ul style="list-style-type: none"> Staff competencies records held and maintained 		Medicine administration training programmes are available from: Practice Development	The Royal Pharmaceutical Society and NMC: Professional Guidance on the administration of medicines in healthcare settings 2019 NMC – The Code
5.3	Element: Contributing to the organisation’s objectives	Process Evidence (CCAAT available as an appendix)	Evidence Compliant	Comments	Mapped to
5.3.1	In accordance with “NHS GGC Safe and Secure Handling of Medicines Policy”; There is effective and efficient management of medicines stock levels and spending: Medication stock lists are reviewed at least annually in conjunction with pharmacy staff.	Review: <ul style="list-style-type: none"> Allocation reports allowance in relation to budget. Evidence of annual stocking review of drug cupboards/trolleys, in accordance with NHSGGC Safe and Secure handling of Medicines policy 			NHSGGC Safe and Secure Handling of Medicines Policy

Additional Information:

Outcome measures are (signed off, live and taken from EiC): (a) - % of omitted medicines (omitted medicines rate) (b) - % of patients with omitted medicines (c) – Datix reports of medication incidents	Process measures would be: Documentation review: A random sample of 5 sets of patient medication charts should be reviewed each week (or 20 pts per month).The regular and stat sections of the medication charts should be reviewed for the last 5 days to determine the total number of dose omissions (blank space)
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