

		Project identifier no.		Waitemata DHB Medication Safety Action Plan 2015-2018		By whom			By when	
Theme	Key areas	Individual project number	Project output(s) for FY2015-2018	Examples of measures of project success for FY2015-2018		Completed by	2015/2016	2016/2017	2017/2018	
[1] Nurture a Safe and Just Culture	A	i	Medication Safety Strategy and Action Plan is updated three yearly and endorsed by governance groups	MSSA score ≥65% Published as controlled documents	Jerome	Q4 of FY2018. i.e. Jun 2019	√			
		ii	Waitemata DHB strategic plans (i.e. Quality Plan, Annual plans) communicate the Medication Safety Strategy	MSSA score ≥65% Published as controlled document	Andrew		√			
	B	i	Pharmacy is formally involved in investigations and management of medication related incident investigation and management	MSSA score ≥65%	Wynn HoDs Nsg/Mid			√		
		ii	Regular communications on medication safety matters is published to address urgent matters, in a targeted manner	Number of publications on priority issues	Wynn				√	
	C	i	Medication safety is included as part of the patient safety culture improvement programme	MSSA score ≥65%	Penny					
	D	i	Medication Safety Group risk register is reviewed monthly	MSSA score ≥65%	Jerome	N/A - as monthly review		√		
		ii	A medication safety measurement, surveillance and analysis program and dashboard is published to facilitate organisational learning and improvement (incl. analysis of aggregated incident data)	MSSA score ≥65%	Jerome	Q2 of FY2017 – i.e. Dec 2017				√
[2] Optimise Capacity and Capability	A	i	Pharmacy service is capacity plan is resourced to meet to, projected requirements	MSSA score ≥65% Pharmacy staff FTE/discharges % of D/C with pharmacist input	Marilyn				√	
	B	i	Key staff receive medication safety curriculum and training	% of staff who have completed and passed medication safety curriculum MSSA score ≥65%	RMOs Nurses & Midwives Pharmacy		√	√	?	
[3] Implement Electronic Medicines management	A	i	eMedRec on all inpatient admissions and transfer of care and high risk outpatients rolled out across DHB	% of admitted patients with eMedRec bundle of care within 24h of admission	Marilyn				√	
		ii	eMedRec discharge pathway bundle of care implemented	HQSC patient experience survey score	Marilyn				√	
		iii	Electronic Discharge summary is further progressed to facilitate the transfer of accurate and relevant medicines related information between sectors of care	% EDS completed [medication section] Consumer satisfaction [ARC, GPs] Audit of quality EDS medication information	David				√	
	B	i	Rollout of ePA on all hospital inpatient care units	% of wards with ePA fully implemented, MSSA score ≥65%, Pyxis override rates <15%	Dean David				√	
	C	i	Document and communicate allergies and adverse drug reactions (ADR) using e-prescribing & CARM referrals	No. of patients who are harmed from the administration of medications to which they have a documented allergy or ADR (e.g. Never event)	Andrew/Penny/ David				√	
	D	i	Robotic medicines storage and pick systems within pharmacy (ROWA) implemented	Average time to dispense an item, reliability rate	David					√
		ii	Pyxis Medstations implemented across all relevant WDHB units	% of WDHB units with Pyxis medstation units	David			√		
		iii	Automated real time temperature monitoring systems [RTTMS] implemented in all in medicine storage areas and systems	% of medicine storage areas with RTTM, % drug write offs	Marilyn/Jos	POCT monitoring		√		
	E	i	Guardrail infusion pumps implemented across all Waitemata DHB units which includes: <ul style="list-style-type: none"> Maintenance of Guardrail & Cadds Solis Safety Infusion Library Process of updating pumps & maintaining pool 	% of infusion which are administered using the Guardrails pump safety software, MSSA score ≥65%	Wynn Biomedical Engineers			√		
	F	i	Implement barcoding: in collaboration with the National Programme		David					√
[4] Manage High Risk Areas	A	i	Parenteral medicines administration is compliant with approved process	MSSA score ≥65%, Audit results	Jocelyn				√	
	B	i	Process established for risk assessment of new medicines and mitigation	Audit of all new medications against process criteria	Wynn		√			
	C	i	Quality improvement project to optimise pain assessment and management and related complications implemented	Audit of patients in ward/unit with uncontrolled pain [%], % of patients with opioid related complications, HQSC patient experience survey	Jerome/Wynn	Q4 of FY2015		√		
	D	i	e-Learning module for insulin use implemented	% of pts administered insulin safely according to current standards of practice (e.g. IV audits) Utilisation of e-learning as & of eligible nurses	Wynn				√	
	E	i	Standardised aminoglycoside guideline updated	Audit of utilisation shows % consistency	Wynn				√	
[5] Best care for everyone	A	i	Patients satisfied with knowledge of medication side effects	HQSC patient experience survey scores	Marilyn				√	