**Patient safety report**

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| **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)**

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

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

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| **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?** |
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| **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?**  |
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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).**

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

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| **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?** |
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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?**

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

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