

# FOREWORD

Medication Safety plays a key role in hospital care and focussing on improvement in this area is an important part of wider quality and safety improvement programs.

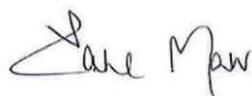
We know medication errors can impact patient outcomes, therefore safe and appropriate use of medicines is an important part of patient safety in hospitals. Fortunately, there is increasing knowledge on how to improve medication practices and it is important for hospitals to be aware of these measures so they can avoid medication errors. This knowledge provides the basis for the *Medication Safety Self Assessment*<sup>®</sup> for Australian Hospitals (2015).

Hospitals that use this comprehensive resource will be able to assess the safety of medication practices in their facility, identify opportunities for improvement, and take concrete actions to enhance their medication safety systems. Those that utilise the online database will be able to visualise their results, and compare their results against demographically similar hospitals in a de-identified way.

This revised self-assessment is the result of extensive review and consultation, and builds on the previous 2007 Australian self-assessment and the *ISMP 2011 Medication Safety Self Assessment*<sup>®</sup> for Hospitals. A range of health professionals from around Australia provided input into the development and review of the tool to ensure it remains relevant and useful in the Australian context.

I urge all Australian hospitals to participate in this program to enhance the safety and quality of care for patients. The Clinical Excellence Commission encourages feedback and comments to improve the program and resources available.

If you have a comment or suggestion, please email us [cec-mssa@health.nsw.gov.au](mailto:cec-mssa@health.nsw.gov.au).



**Carrie Marr**

Chief Executive  
Clinical Excellence Commission

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# ABOUT US

## Clinical Excellence Commission

The Clinical Excellence Commission (CEC) is responsible for leading safety and quality improvement in the NSW public health system. It was established in 2004 to promote and support improved clinical care, safety and quality across NSW. The CEC is guided by NSW Health values of Collaboration, Openness, Respect and Empowerment.

Our programs, projects and initiatives address quality and safety issues identified in the NSW health system. Areas of focus include engaging patients and consumers in care, improving clinical practice, building capacity in health care and using data to drive change.

The Clinical Excellence Commission is a board-governed statutory health corporation established under the Health Services Act 1997.

## Institute for Safe Medication Practices

The Institute for Safe Medication Practices (ISMP) is the only non-profit, charitable organisation devoted entirely to medication error prevention and safe medication use in the United States. ISMP is known and respected worldwide as the leading resource for independent and effective medication safety recommendations.

The Institute's strategies are based on up-to-the minute information gained from analysis of reports to the national, voluntary ISMP Medication Errors Reporting Program, onsite visits to individual healthcare organisations, and advice from outside advisory experts.

ISMP's highly effective initiatives, which are built upon system-based solutions, include: four medication safety newsletters for healthcare professionals and consumers that reach more than three million total readers; educational programs, including conferences on medication use issues; confidential consultation services to healthcare systems to proactively evaluate medication systems or analyse medication related sentinel events; advocacy for the adoption of safe medication standards by accrediting bodies, manufacturers, policy makers, and regulatory agencies; independent research to identify and describe evidence-based safe medication practices; and a consumer website ([www.consumermedsafety.org](http://www.consumermedsafety.org)) that provides patients with access to free medication safety information and alerts.

ISMP works with healthcare practitioners and institutions, regulatory and accrediting agencies, consumers, professional organisations, the pharmaceutical industry, and others to accomplish its mission. It is a federally certified patient safety organisation (PSO), providing legal protection and confidentiality for patient safety data and error reports it receives.

As an independent non-profit organisation, ISMP receives no advertising revenue and depends entirely on charitable donations, educational grants, newsletter subscriptions, and volunteer efforts to pursue its lifesaving work. For more information that will make a difference to patient safety, please visit ISMP online at: [www.ismp.org](http://www.ismp.org).

## NSW Therapeutic Advisory Group

The New South Wales Therapeutic Advisory Group Inc. (NSW TAG) is an independent, not-for-profit, member-based association representing the Drug and Therapeutics Committees in NSW public hospitals. Its members include clinical pharmacologists, pharmacists, nurses and clinicians committed to promoting quality use of medicines in NSW public hospitals and the wider community.

NSW TAG has been supporting its members and providing advice and resources for the quality use of medicines for over 25 years. It aims to provide consumers of pharmaceutical health care in NSW with the most suitable medicines in the most appropriate manner whilst ensuring that the limited resources of the health care budget devoted to medicines are used according to sound economic principles. In pursuing this goal, NSW TAG focuses on providing information, advice and support to decision-makers in NSW public hospitals, the NSW Ministry of Health, the Clinical Excellence Commission and other relevant organisations.

## ACKNOWLEDGEMENTS

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The Clinical Excellence Commission would like to thank the steering group for providing oversight during the project. The steering group consisted of the following individuals:

- Harvey Lander/Peter Kennedy\*, Director/Deputy Chief Executive, Clinical Excellence Commission
- David Hutton, Director of Clinical Governance, Northern NSW Local Health District
- Kate Oliver/ Margaret Duguid\*, Senior Project Officer/ Pharmaceutical Advisor, Australian Commission on Safety and Quality in Health Care
- Sasha Bennett, Executive Officer, NSW Therapeutic Advisory Group
- Melita Van De Vreede, Associate Director of Pharmacy (QUM), Eastern Health
- Nina Muscillo/Daniel Lalor\*, Medication Safety Manager, Clinical Excellence Commission

The CEC and NSW TAG gratefully acknowledge the expertise and contribution of the individuals, organisations and hospitals, who provided direction for the initial Australian adapted version of the ISMP Medication Safety Self Assessment® for Hospitals. This second version of MSSA is based on their advisory, review and field testing work.

(\* this position was filled by different individuals during the duration of the project. Their affiliation is true to what it was at the time of membership on the Steering Group).

# ABOUT THE 2015 MEDICATION SAFETY SELF ASSESSMENT®

The self-assessment is divided into ten key elements that significantly influence safe medication use. Each element is defined by one or more core characteristics that further define a safe medication system. Each core characteristic contains individual self-assessment items to help you evaluate your success with achieving each core characteristic.

The 2015 Medication Safety Self Assessment® for Australian Hospitals is subject to copyright in the name of the Institute for Safe Medication Practices and has been adapted with permission by the Clinical Excellence Commission. It may not be used in whole or in part for any other purpose or by any other entity except for self-assessment by Australian hospitals as part of their ongoing quality improvement activities. New Zealand hospitals may also participate and if interested should email [cec-mssa@health.nsw.gov.au](mailto:cec-mssa@health.nsw.gov.au) in the first instance.

ISMP and the Clinical Excellence Commission are not standard setting organisations. The self-assessment items in this document are not purported to represent a minimum standard of practice and should not be considered as such. In fact, some of the self-assessment items represent innovative practices and system enhancements that are not widely implemented in most hospitals today. However, their value in reducing errors is grounded in scientific research and/or expert analysis of medication errors and their causes.

Findings from the Medication Safety Self Assessment® for Australian Hospitals are intended for internal use and become even more useful as repeat assessments are performed to see where you have improved over time. The aggregate results of this assessment will be used for research and educational purposes only.

# INSTRUCTIONS

It is important that each hospital in a multihospital system completes the self-assessment individually, and follows the following steps as closely as possible to maximise the quality of results.

1. Establish a multidisciplinary team to complete the self-assessment.

The team should at a minimum consist of appropriate representatives from medical, pharmacy and nursing professions. Ideally the following personnel should be included:

- Director of pharmacy
- Patient safety officer
- IT representative/patient information service representative
- At least two staff nurses from different specialty areas
- At least two staff pharmacists
- At least two active staff doctors from different specialty areas
- Senior hospital administrator

Your team should appoint a team leader who will be responsible for coordinating self-assessment team activities.

The team should be provided with sufficient time to complete the self-assessment and be charged with responsibility to evaluate, accurately and honestly, the current status of medication practices in your facility. Because medication use is a complex, multidisciplinary process, the value and accuracy of the self-assessment is significantly reduced if it is completed by a single discipline. We anticipate that it will take four team meetings of approximately 1 to 2 hours each to complete this self-assessment.

2. Read and review the self-assessment document.

Each team member should read and review the self-assessment in its entirety before the assessment process begins. Items with FAQs that provide additional clarifying information are highlighted. The copyright allows you to make copies of the self-assessment for internal use.

3. Verify your demographic information.

The team leader should review and verify the responses in this section with the hospital's administration. If you are completing the assessment as part of a collaborative that plans to aggregate the group's results please contact [cec-mssa@health.nsw.gov.au](mailto:cec-mssa@health.nsw.gov.au) for further information.

4. Convene the team

During the evaluation process, ensure that each team member can view either a hardcopy or electronic version of the self-assessment during the meeting. A hardcopy of the self-assessment can be completed and transcribed into the online database, or results can be completed directly online with results saved between meetings.

5. Discuss each core characteristic and evaluate the hospital's success with implementing the self-assessment items.

As necessary, investigate and verify the level of implementation with other healthcare practitioners outside your team. When a consensus on the level of implementation for each self-assessment item has been reached, select the appropriate column (A through E, or Not Applicable), using the following scoring key and guidelines:

- A. No activity to implement
- B. Considered, but not implemented
- C. Partially implemented in some or all areas
- D. Fully implemented in some areas
- E. Fully implemented throughout

Organisations may want to consider assigning an individual to record any discussion generated around each self-assessment item and the rationale behind the selected choice. This information, meant for internal use only, can assist the team when reviewing scores for individual items or reassessing your organisation at a later date. This will provide insight into why the choice selected for each self-assessment item had been chosen at that point in time.

#### *Important Choice Selection Guidelines*

For all self-assessment items: Unless otherwise stated, self-assessment items refer to medications prescribed, dispensed, and administered to all inpatients and outpatients typically seen in most hospitals, including patients admitted to the emergency department and ambulatory surgery/procedure units.

For self-assessment items with multiple components: Full implementation (choice of D or E) is evidenced only if all components are present in some or all areas of the organisation. If only one or some of the components have been partially or fully implemented in some or all areas of the organisation, self-assessment choices should not exceed Level C.

For self-assessment items with two or three distinct components, each separated with the word “OR,” and labelled (a) and (b), or (a), (b), and (c): Choose the one component within the item that is most relevant to your hospital, and select your choice (A through E, or Not Applicable) for only that one element.

For self-assessment items with an option of “Not Applicable”: Select “Not Applicable” only if the item does not correspond to any services you provide in your hospital, either to inpatients or outpatients. Where relevant follow the scoring guideline provided for the item.

6. Repeat the process outlined in Step 5 for all self-assessment items.
7. If you wish to utilise the online database to assist with analysing your results, apply for an account at [cec-mssa@health.nsw.gov.au](mailto:cec-mssa@health.nsw.gov.au) with the following information: person responsible for the account; official hospital name; and physical address of the facility.

Once you have an account you can enter your data by logging in at: <https://mssa2.cec.health.nsw.gov.au/>. The online database allows you analyse and visualise your results. More information about utilising the database is available from: [www.cec.health.nsw.gov.au/programs/mssa](http://www.cec.health.nsw.gov.au/programs/mssa).

# GENERAL QUESTIONS

**I want to do the self-assessment for my health service, but it contains multiple hospitals. What should I do?**

The MSSA is designed to be used by individual hospitals. If you wish to conduct a single self-assessment for a group of hospitals you are able to do so, however you will not be able to enter the data into the online database in this format. Accounts in the database are only created for individual hospitals. This is to preserve the integrity and comparability of data in the system.

Collaborative accounts that allows you to see data from multiple facilities is available. For more information email [cec-mssa@health.nsw.gov.au](mailto:cec-mssa@health.nsw.gov.au).

**What benefits does the online database provide?**

The online database provides users with automated calculation of weighted scores, and graphical visualisation of results. You are also able to compare your hospital against groups of hospitals that meet criteria you specify (in a deidentified way), or compare your own results over time. More information about accessing and using the database is available through the MSSA webpage.

**What if a specific item does not apply in my hospital and there is no 'Not Applicable' option?**

You should score no higher than B.

**Our hospital does not have a formulary. What should we score for items that refer to a formulary?**

Small public hospitals and private hospitals may not have their own formulary. If your facility does not have access to a process for assessing drugs for inclusion in a formulary do not score higher than B.