Assess-ERR™

Community Pharmacy Version

Medication System Worksheet

Rx # _____

Date of error: _____ Date information obtained: _____

Patient age: _____

Drug(s) involved in error: _____

STEP 1

Was indication for use on the prescription?	☐ Yes	☐ No
Was the prescription obtained electronically?	☐ Yes	☐ No
Were two unique patient identifiers used at pickup?	☐ Yes	☐ No
Did the patient accept the offer to counsel?	☐ Yes	☐ No
Did the error reach the patient?	☐ Yes	☐ No
Was the prescriber notified of the incident?	☐ Yes	☐ No

Brief description of the event (what, when, and why):

_____

_____

_____

STEP 2

Key Element	Possible Causes	Y / N	Comments
I	**Critical patient information missing?** (e.g., age, weight, allergies, pregnancy, patient identity, address, indication for use)		
II	**Critical drug information missing?** (e.g., outdated/absent references, inadequate computer alerts, independent checks for high-alert drugs/high-risk patient)		
III	**Miscommunication of drug order?** (e.g., illegible, ambiguous, incomplete, misheard, or misunderstood spoken rx, poor fax, unable to clarify with prescriber)		
IV	**Drug name, label, packaging problem?** (e.g., look- and sound-alike names, look-alike packaging, no drug image, NDC or barcode not available or not used)		

Key Element	Possible Causes	Y / N	Comments
V	**Drug storage or delivery problem?** (e.g., drug stocked incorrectly, stock on crowded shelves, look-alike products stored next to each other)		
VI	**Drug delivery device problem?** (e.g., automated dispensing devices not calibrated or maintained, oral measuring device not dispensed)		
VII	**Environmental, staffing, or workflow problems?** (e.g., poor lighting, excessive noise, clutter, interruptions, human factors, workload, inefficient workflow, breaks not scheduled)		
VIII	**Lack of staff education?** (e.g., competency validation, new or unfamiliar drugs/devices, orientation process, feedback about errors/prevention)		
IX	**Patient education problem?** (e.g., lack of information, non-adherence, not encouraged to ask questions, lack of investigating patient inquiries, patient barriers)		
X	**Quality processes and risk management?** (e.g., no culture of safety, fear of error reporting, system-based causes not analyzed, independent double-check not performed)		

Patient Outcome: _____

_____

_____

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STEP 3
As a team, identify, prioritize and record "Identified Problem" from the "Comment" section in Step 2. Using the specific key element for those comments, refer to the recommendation strategies chart and select the most appropriate and effective interventions. Write selected strategies in the "Interventions Implemented" column below. This table will be used to document medication safety activities. Recommended interventions should address breakdowns in the *Key Elements* identified during event investigation. The staff should reconvene in three months time to determine if the proposed strategies have been implemented, if they are still pertinent, and if other strategies have been offered or considered since the initial review. Use a variety of strategies to help generate appropriate interventions.

Identified Problem (from Comments, above)	Key Element	Interventions Implemented	Person/Dept. Responsible for Follow Up	Date Completed