# Medicines Discrepancy Report Form

|  |
| --- |
| **IMPORTANT INFORMATION**This form is to be used to report a medicines discrepancy as per MP0103/19 - see Policy and Guidelines for information on when a report is required and when to complete this form. All sections are mandatory: complete all fields in full. After completing each Part, email to the Department of Health **AND** your relevant Health Service Provider (HSP). **PART 1:** An initial review of every discrepancy is required. *If the medicine is located, no report is required*. If the medicine cannot be located, then Part 1 of this form is to be completed and submitted within 24 hours.**PART 2:** On receipt of Part 1, the HSP is to assign an officer to undertake a preliminary inquiry. On conclusion of the inquiry, Part 2 of this form is to be completed. This form is a fillable word document. It is designed to be filled in electronically. Once complete it should be saved and emailed.  |
| **PART 1 –** Initial Review |
| **Location** |
| **Health Service:**  | **Hospital / Site:** | **Ward / Unit:**  |
| **Time identified** |
| **Date:**  | **Time:**  |
| **Medicine(s) involved** |
|  | **Drug Name:** | **Dose Form:** | **Strength:** | **Type:** | **Discrepancy quantity:** |
| **1** |   |   |   |   |   |   |
| **2** |   |   |   |   |   |   |
| **3** |   |   |   |   |   |   |
| **Initial review** |
|  | **Action performed:** | **Details:** | **Result:** |
| **1** | [ ]  recount stock |   |   |
| **2** | [ ]  rule out counting / transcription / clinical error  |   |   |
| **3** | [ ]  re - balance register |   |   |
| **4** | [ ]  search safe and surrounding area |   |   |
| **5** | [ ]  other: |   |   |
| **Person making Part 1 report** |
| **Person 1** | **First name:**  | **Surname:**  | **Position:**  | **HE number:**  | **Date:** |
| **Person 2 (witness)** | **First name:**  | **Surname:**  | **Position:**  | **HE number:**  | **Date:** |
| **Complete Part 1, save and then email to** |
| **Health Service** | **AND** | **Department of Health** |
| **Click here to select email**  | **medicine.discrepancies@health.wa.gov.au** |
| **HSP Use Only**  |
| **CMS ID Number:** | **Inquiry assigned to:**  | **Date:**  | **Time:** |
| **Notes:** |

|  |  |
| --- | --- |
| **PART 2 –** Preliminary Inquiry | Continue on from Part 1 |
| **Preliminary Inquiry** |
|  | **Action performed:** | **Details:** | **Result:** |
| **1** | [ ]  repeat initial review |   |   |
| **2** | [ ]  audit register / record keeping |   |   |
| **3** | [ ]  interview staff / patient / other |   |   |
| **4** | [ ]  review CCTV |   |   |
| **5** | [ ]  reconcile charts / usage |   |   |
| **6** | [ ]  review storage conditions / security |   |   |
| **7** | [ ]  other: |   |   |
| **Persons consulted / notified** |
|  | **Name:** | **Position:** | **Date:** | **Comments:** |
| [ ]  Pharmacy |   |   |  |  |
| [ ]  Security |   |   |  |  |
| [ ]  Nurse Manager |   |   |  |  |
| [ ]  Police notified |   |   |  |  |
| [ ]  Other |   |   |  |  |
| **Outcome** |
| [ ]  **No loss** | [ ] Stock located [ ] Missing entry/transfer error [ ] Calculation error [ ] Clinical error (dose/drug) [ ] Damaged stock [ ] Other |
| [ ]  **Loss confirmed** |   |
| **Probable cause of discrepancy** |
|  | **Details** | **Comment** | **Action / referral** |
| [ ]  Failure to adhere to policy |  |  |  |
| [ ]  Suspected theft/misconduct |  |  |  |
| [ ]  Other  |  |  |  |
| **Recommendation:**  |
| **Supporting documents (attach when e-mailing form)**  |
|  | **Name:** | **Type:** | **Comment:** |
| **1** |   |   |   |
| **2** |   |   |   |
| **3** |   |   |   |
| **Person making Part 2 report** |
| **Person**  | **First name:**  | **Surname:**  | **Position:**  | **HE number:**  | **Date:** |
| **Complete Part 2, save and then e-mail to** |
| **Health Service**  | **AND** | **Department of Health** |
| **Click here to select email**  | **medicine.discrepancies@health.wa.gov.au** |
| **HSP Use Only**  |
|  | **Details:** | **Date:** | **Time:** |
| [ ]  Assessment of potential misconduct |   |  |  |
| [ ]  Referral required |   |  |  |
| [ ]  Misconduct notification |   |  |  |
| **Notes:**  |