



Key Definitions (for purposes of the self assessment tool)

AGE-SPECIFIC MEDICATIONS

Medications packaged in concentrations and/or volumes of varying sizes that are intended for ease of administration and control of waste for a specific age group (e.g. neonatal, paediatric, adult).

CAREGIVER

Family member, friend, or other person assisting or monitoring the patient's adherence to instructions in the outpatient setting.

CLINICAL PHARMACY SERVICE

The Society of Hospital Pharmacists of Australia (SHPA) Standards lists the three minimum components of a basic clinical pharmacy service: accurate medication history; assessment of current medication management; and provision of medicines information to patients. (Refer to Society of Hospital Pharmacists of Australia *Standards of Practice for Clinical Pharmacy* August 2004, *J Pharm Pract Res* 2005; 35 (2): 122-46).

COMPUTERISED PRESCRIBER ORDER ENTRY (CPOE)

A computer-based system of ordering medications. Prescribers directly enter orders into a computer system that can have varying levels of sophistication. Also known as "e-prescribing". (In the USA the acronym relates to Computerised Physician Order Entry and may refer to systems for other orders e.g. diagnostic tests as well as medications).

DRUG AND THERAPEUTICS COMMITTEE (DTC)

A multidisciplinary committee that convenes on a scheduled basis, or when necessary, to review the safety, use, efficacy, and monitoring of medications that will be available for use in the hospital. The committee also sets policy and procedures, on behalf of the medical staff and hospital administration, regarding safety of medication use processes.

ERROR-PRONE ABBREVIATIONS

Certain medical abbreviations, symbols, and dose designations that are considered dangerous and have often contributed to serious medication errors. A complete list can be found at www.ismp.org. (An Australian guide to error-prone abbreviations is available at www.nswtag.org.au).

FAILURE MODE AND EFFECTS ANALYSIS (FMEA)

A proactive risk assessment method based on the simultaneous analysis of possible failure modes, their consequences, and associated risk factors. Also referred to as Failure Mode Effects and Criticality Analysis (FMECA) and Healthcare Failure Mode and Effects Analysis (HFMEA).

HIGH-ALERT MEDICATIONS

Medications that have a high risk of causing serious injury or death to a patient if they are misused. Errors with these products are not necessarily more common, but their results can be more devastating. Examples of high-alert medications include warfarin and intravenous (IV) antithrombotics, insulin, chemotherapy, concentrated electrolytes, IV digoxin, opiate narcotics, neuromuscular blocking agents, and adrenergic agonists. A complete list can be found at www.ismp.org.

HUMAN FACTORS

The study of the interrelationships between humans, the tools they use, and the environment in which they work.

IMPLEMENTED

Accomplished or achieved in practice, not just policy; carried into effect.

INDEPENDENT DOUBLE CHECK

A procedure in which two individuals, preferably two registered practitioners, separately check each component of the work process. An example would be one person calculating a medication dose for a specific patient and a second individual independently performing the same calculation (not just verifying the calculation) and matching the results. This would involve for example, checking the accuracy of the dose/kg and the weight being used in the calculation. In the case of receiving a telephone order an INDEPENDENT DOUBLE CHECK means that the order must be read back to the prescriber (in figures and words – e.g. 50mg: fifty milligrams, five 0 mg). As a further check, the prescriber should repeat the order to a second person.

INTERFACED

A direct link between two information systems in which information from one system is immediately available to the user of the second system, and integrated in a way that supports clinical decision making (e.g. interfacing the laboratory and pharmacy computer systems would immediately provide corresponding laboratory data to the pharmacist while he/she is entering a specific medication order). This may or may not include a bi-directional interface of the systems to allow communication in both directions.

MACHINE-READABLE CODING

Any encoded identifying mark or electronic tag (e.g. bar code) representing data that can be read with a computerised reading device, such as a scanner or imager.

MAXIMUM DOSE

The dose of a medication that represents the upper limit that is normally found in the literature and/or manufacturer recommendations. Maximum doses may vary according to age, weight, or diagnosis.

MEDICATION

Medication includes: prescription medications; herbal remedies; vitamins; nutraceuticals; over-the-counter medicines; vaccines; diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other

abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood derivatives; intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Therapeutic Goods Administration (TGA) as a drug. The definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

MEDICATION ADMINISTRATION RECORD (MAR)

The Medication Administration Record provides a documentation of medication administration. In the USA and in many electronic medication management systems, the doctor's prescription is on a separate document or screen and the medications are transferred (either manually or electronically) onto a separate record of medication administration. Currently, in Australia when medications are prescribed manually, the medication chart combines the doctor's prescription and the medication administration record in the one document.

MEDICATION DEVICES

Equipment such as infusion pumps, implantable pumps, syringes, tubing, patient controlled analgesia pumps, automated compounding devices, robotics, and other related devices that are used for medication preparation, dispensing, and administration.

MODERATE SEDATION

The administration of any pharmacological agent, which will likely cause a medically controlled state of depressed consciousness. This state would be limited to short periods and utilised for diagnostic and therapeutic procedures that: 1) allow protective reflexes to be maintained, 2) retain the patient's ability to maintain a patent airway, respiratory rate and rhythm, and 3) permit expected responses by the patient to physical stimulation and verbal command.

NURSE-CONTROLLED ANALGESIA

The intermittent dosing of a patient controlled analgesia pump or device performed by a nurse or other licensed practitioner rather than the patient. This practice should only be performed according to nursing protocol when the patient is capable of requesting a dose of medication within the prescribed limits, but not capable of performing the function him/herself.

ORDER SETS

A set group of medicines which according to protocol are standard treatment for a specific condition and are prescribed as a complete set.

PATIENT-SPECIFIC MEDICATION (OR DOSE)

A ready-to-administer patient-specific dose of medication that exactly matches the dose ordered by the prescriber. This may or may not correspond to the manufacturer unit-dose package. (See UNIT-DOSE.)

PHARMACEUTICAL REVIEW

Pharmaceutical review is a minimum standard of systematic appraisal of all aspects of patients' medication management within an institution conducted or supervised by a qualified and suitably trained health professional (ideally a pharmacist) acting as part of a multidisciplinary team. It includes objective review of medication prescribing, dispensing, distribution, administration, monitoring of outcomes and documentation of medication related information in order to optimise Quality Use of Medicines (QUM).

PRACTITIONER

A registered healthcare professional such as a doctor, nurse or pharmacist.

ROOT CAUSE ANALYSIS

A retrospective process for identifying the most basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event.

SMART INFUSION PUMP

An infusion pump with computer software that is capable of alerting the user to unsafe dose limits and programming errors if standard concentrations and dose limits have been programmed into the pump's library.

STAT

In the context of medication administration "stat" is used as an abbreviation to mean *give as a single dose immediately*. The expected time of administration should be specified whenever a stat dose is prescribed.

TALL-MAN LETTERING

Enhancement of unique letter characters of drug names by use of upper case characters and may also include italics, color background, or a combination of these elements to improve differentiation of look-alike drug names.

TURNAROUND TIME

An interval that represents the period of time it takes for a medication order to be processed, typically from the time an order is written or electronically prescribed until the drug is available to a practitioner for administration to a patient.

UNIT-DOSE

Unit dose is a system of packaging whereby each dosage unit is separately packed in a protectively sealed unit and labelled with the name of the medicine, strength, dose contained within the pack, batch number and expiry date. The presentation should minimise or eliminate the preparation required for the medicine to be administered. Unit dose packaging should be consistent with requirements of the Society of Hospitals Pharmacists of Australia *Drug Design and Presentation Guidelines*. The advantage of a unit dose system is that each dosage unit is identifiable up to the point of administration. Dosage integrity minimises wastage as unused doses may be reissued. (For more information, refer to the Society of Hospital Pharmacists of Australia *Standards of Practice for the Distribution of Medicines in Australian Hospitals*. June 2006, *J Pharm Pract Res* 2006; 36(2): 143-9).

UNIT-OF-USE

This distribution system is based on dispensing individual patient supplies for a short period in a presentation that minimises or eliminates the preparation required for the medicine to be administered. Medicines are usually dispensed in unit dose packs or in individually labelled containers. The amount of medicine dispensed should be determined by hospital policy; three to seven days is commonly used in acute care facilities. (For more information refer to the Society of Hospitals Pharmacists of Australia *Standards of Practice for the Distribution of Medicines in Australian Hospitals*. June 2006, *J Pharm Pract Res* 2006; 36(2): 143-9).

WALK ROUNDS™

A formal process in which a core group, including senior executives, conducts weekly visits to different areas of the hospital to ask specific questions about adverse events or near misses and about the factors or systems issues that lead to these events. [Frankel A, Graydon-Baker E, Neppel C, Simmonds T, Gustafson M, Gandhi TK. Patient safety leadership WalkRounds™. *Jt Comm J Qual Safety*. 2003;29:16-26.]

WARD or IMPREST STOCK

Medications that are not labelled or stored for a specific patient and that are available outside the pharmacy. This would include medications stored in medication rooms, storage cabinets, and automated dispensing cabinets for potential administration to various patients.

Key terms with definitions are designated throughout the text with CAPITAL LETTERS.