## Opportunity for Improvement

This form documents:  □ Unusual Occurrence—Pharmacy Medication Error

<table>
<thead>
<tr>
<th>Client Name: ________________________________</th>
<th>Student ID Number: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Report: ______________________________</td>
<td>Date Error was Discovered _________________________</td>
</tr>
</tbody>
</table>

### I. Description of medical error (medication error is any variation from a prescription or drug order not corrected prior to furnishing the drug to the patient):

Include department in which event occurred, circumstances preceding it, personnel involved with or mentioned in event/feedback, and, if an unusual occurrence, document witnesses and describe any injuries. Attach an additional page if necessary.

- **Date of Event:** ________
- **Documented by:** ____________________
- **Dept:** Pharmacy

- **Name of Pharmacy Staff involved:** ____________________________________________________

- **Date Ancillary Services Coordinator Notified:** ________________________

- **Prescriber Name:** ________________________________  **Date Notified:** ________________________

- **Description of Event:**

### II. Research and Follow-up--Document finding of fact.

- **Date:** ___________  **Completed by:** _________________________

### III. Outcome/Intervention

Document action taken, including communication with client and SHS staff, and note if case was referred to a committee for further intervention.

- **Date:** ___________  **Completed by:** _________________________

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Check if referred to any of the following:

- □ Continuing Education  □ Other

When complete, send this original form to Assistant to Director’s office.
Opportunity for Improvement

Instructions for completing this form:

This form is used to document an unusual occurrence in the pharmacy.

An Unusual Occurrence is a medication error.

This report is a confidential document, not available for use in litigation. To protect this privilege:

1. **Do not photocopy the completed form**, except to send to the Assistant to the Director.
2. **Do not refer to this form in the medical record**.
3. **Do not place this form in personnel records**.

This form will be kept in a confidential locked file in the SHS Administration office and a copy kept in the Pharmacy for the Board of Pharmacy’s inspection

How to complete:

1. Describe the event or feedback in Section I including the unit in which it occurred, circumstances preceding it, personnel involved with or mentioned in the event or feedback. If an unusual occurrence, document witnesses and describe any injuries.
   
a. If staff member initiating the form resolves the issue, document the action taken and the outcome in Section III, Outcome/Intervention. When document is complete, send the original form to the Assistant to the Director.
   
b. If staff member initiating the form refers it to a supervisor or manager for action, note to whom the form is being referred on the form. Send the original form to the supervisor or manager and a copy to the Assistant to the Director.

2. Manager or supervisor completes research on the event and documents outcome and intervention in Section II as appropriate. Send original form to the Assistant to the Director when complete.

3. If you have any questions or need assistance, please call the Assistant to the Director at 9-2869.

*Please return completed form to the Assistant to the Director’s office.*