| **Medication/Class: Assessment Performed by: Date:** | | |
| --- | --- | --- |
| **Key Safety Principles** | **Current Strategies in place** | **Possible Strategies for improvement** |
| **Simplify** |  |  |
| **Externalise or Centralise Error­ prone Processes** |  |  |
| **Differentiate Items** |  |  |
| **Standardise** |  |  |
| **Redundancies** |  |  |
| **Reminders** |  |  |
| **Improve Access to Information** |  |  |
| **Limit Access or Use** |  |  |
| **Forcing Functions and Fail-safes** |  |  |
| **Patient Monitoring** |  |  |
| **Failure Mode and Effects Analysis (FMEA)** |  |  |
| **KPI** |  |  |
| **Audit schedule/plan** |  |  |

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| Agreed Actions | Person Responsible | Timeframe |
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