**Medication Error and Adverse Drug Event Analysis and Action Plan for Non-Sentinel or Critical Incident Medication Errors**

If completing this plan, you are acknowledging the medication errors fall into these criteria:

1. This error **did not** result in face-to-face emergency treatment.
2. This error **did not** involve death or a serious physical or psychological injury (emotional harm) or the risk thereof.
3. Incident reporting has been completed per MCCMH policy 9-321.

*Please check one*:

* MEDICATION ERROR ANALYSIS AND ACTION PLAN
* ADVERSE DRUG EVENT ANALYSIS AND ACTION PLAN

Date:

Program:

Case Number:

Date Medication Error Occurred:

Date Medication Error Analysis Completed:

Meeting Attendees:

|  |  |
| --- | --- |
| **NAME, CREDENTIALS** | **POSITION** |
|  |  |
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Send form with completed non-sentinel or critical Medication Error Analysis and Action Plan, or Adverse Drug Event Analysis and Action Plan, to the Nursing Administrator or his/her designee via **Fax: (586) 465-8320**

**The attached template is provided as an aid in organizing the steps to identify and prevent future medication errors. Not all possibilities and questions will apply in every case, and there may be others that will emerge in the course of the analysis. However, all possibilities and questions should be fully considered in your quest for risk reduction. Extra sheets may be used if needed.**

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| --- | --- |
| **Non-Sentinel or Critical Incident Medication Errors Section (ONLY)** | Clinically Responsible Provider Response |
| **Which Right of Medication was involved in the Error?**  Right Person  Right Medication  Right Dose  Right Route  Right Time  Right Documentation  Right Reason  Right Response |  |
| **Why did this error occur?** |  |
| **Which staff was involved in the Error?**  Program  Name  Credentials |  |
| **What could have been done differently to have prevented this error?** |  |
| **What can be done moving forward to prevent this error from reoccurring?** |  |
| **What steps has the provider taken, or will take, to improve overall quality standards around mitigating these type of medications errors in the future?**  (Training, Environmental, Policy changes, etc.) |  |

MCCMH Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For Adverse Drug Events (ONLY)** | Clinically Responsible Provider Response |
| **What symptoms led the provider to claim this was an adverse drug event?** |  |
| **Did a Medical Professional confirm this was a possible or probable adverse drug event?** |  |
| **Was this drug added to the individual’s allergy list?** |  |
| **What can be done moving forward to prevent this reaction from being repeated?** |  |

MCCMH Recommendations to the above Adverse Drug Event:

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