

Dear Coordinator,

The implementation phase which is being monitored and assessed within Work Package 5 of the European Union Network for Patient Safety and Quality of Care (PaSQ) lasts one year (September 2013 – September 2014). The baseline questionnaire was administered in September 2013 and the endline questionnaire will be administered in September 2014.

This **self-assessment tool for the monitoring process** is provided to you, to use it on a voluntary basis between the baseline and the endline questionnaire.

Objective

The aim of the self-assessment tool is, to help you in the ongoing implementation process through supplying a material that will let you be aware of your achievements so far in medication safety. The use of the tool is *voluntary* and for your *internal use* only.

Content

When you go through the questions, you probably will remember them. The reason behind is that the contents of the self-assessment tool are derived from the baseline questionnaire. For further background information on this Safe Clinical Practice, please refer to the Tool Box at the following link: <http://www.pasq.eu/Wiki/SCP/WorkPackage5ToolBoxes/MedicationReconciliation.aspx>.

Form

This tool is provided to you as a fillable PDF-form. The answers can be completed electronically. The filled forms can be saved on your computer and assigned with the dates. Responding to the questions takes approximately 10 – 15 minutes.

Please do not hesitate to get in touch with your PaSQ National Contact Point (see www.pasq.eu/Contact/NCP.aspx) in case you have any questions.

Level of implementation of Medication Reconciliation

a. Which implementation steps have been undertaken so far?

Note for completing:

For each statement, please select the most appropriate option. If the answers vary according to the area, you should tick more than one option; in this case please also tick the answer box in the far right column.

Answer category “partly completed”: An example of “partly completed” for implementation step 1 could be that a team has been assembled but a meeting has not yet taken place.

	This has not (yet) been planned	This is planned but has not yet been completed	This has been partly completed	This has been fully completed	Please additionally tick this box, if this varies according to the area
1. An implementation team consisting of colleagues representing the relevant disciplines ¹ has had first discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Baseline data ² has been collected (e.g. data on discrepancies between the medication history and medication orders).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication Reconciliation forms have been developed or the current documentation forms adapted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A pilot Medication Reconciliation process has been implemented on a small scale, e.g. with a specific type of patient group, in a selected area, or during one of the transition points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ The “relevant disciplines” are those disciplines involved in conducting the practice, e.g. physicians and nurses from the participating departments, pharmacists.

² Please note that the “baseline evaluation” here is not the “baseline questionnaire” which was administered to you in September 2013.

	This has not (yet) been planned	This is planned but has not yet been completed	This has been partly completed	This has been fully completed	Please additionally tick this box, if this varies according to the area
5. The pilot process has been evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The Medication Reconciliation process has been expanded to at least one further area, another type of patient group, or another transition point. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. An evaluation plan has been developed to ensure that a few key measures are tracked on an ongoing basis (e.g. monthly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³ In the case that there was no small scale pilot process tested but the practice was implemented at once in the target areas, patient groups and transition points, please tick “This has been fully completed”.

b. To which degree have the process steps of the practice been implemented?

Note for completing:

For each statement, please select the most appropriate option. If the answers vary according to the area, you have to tick more than one option; in this case please also tick the answer box in the far right column.

	Not at all implemented Partly implemented Fully implemented			Please additionally tick this box, if this varies according to the area
1. The process steps related to the phase "Create a complete and accurate Best Possible Medication History (BPMH)" have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The process steps related to the phase "Reconcile medications" have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The process steps related to the phase "Document and communicate any resulting changes in medication orders" have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Qualitative outcomes of implementation

c. For the following statements, please select the most appropriate option according to your current subjective assessment of the practice implementation.

Note for completing:

Please note that it is sufficient to provide your subjective assessment of these statements when answering this question. It is not essential that you evaluate these statements with instruments, e.g. staff questionnaires.

However, should you have data available which you have collected in a prior evaluation of the practice, you may of course use this to inform your selection of the answers.

	I do not agree	I agree somewhat	I agree	I agree strongly	Not applicable at this time
1. Senior leadership/ management continually demonstrate support for the practice implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The physicians in the areas which have implemented Medication Reconciliation are satisfied with the practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The pharmacists in the areas which have implemented Medication Reconciliation are satisfied with the practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The nurses in the areas which have implemented Medication Reconciliation are satisfied with the practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas which are not currently conducting Medication Reconciliation are intending to implement the practice as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I do not agree	I agree somewhat	I agree	I agree strongly	Not applicable at this time
6. The level of patient involvement relating to the Medication Reconciliation process is optimal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Date: