**WA Medication Chart Policy Compliance Assessment and Action Form**

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| **Compliance source:** | *MP 0078/18 Medication Chart Policy* |
| **Compliance owner:** |  |
| **Hospital:** |  |
| **Documents reviewed** | **Attached (y/n)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| **Policy Requirements** | **Evidence summary** | **Conformance (Y/N)** | **Non-conformance summary (major/minor and actions required to improve compliance)** |
| Implementation of WA Hospital Medication Chart - Short Stay (Adult Chart) |  □ Attached |  |  |
| Implementation of WA Hospital Medication Chart - Long Stay (Adult Chart) |  □ Attached |  |  |
| Implementation of WA Hospital Paediatric Medication Chart - Short Stay |  □ Attached |  |  |
| Implementation of WA Hospital Paediatric Medication Chart - Long Stay | □ Attached |  |  |
| Implementation of WA Anticoagulation Medication Chart (Adult Chart) | □ Attached |  |  |
| Implementation of WA Clozapine Initiation and Titration Chart (Adult Chart) | □ Attached |  |  |
| Implementation of WA Agitation and Arousal ‘PRN’ Chart (Adult Chart) | □ Attached |  |  |
| Implementation of WA Intramuscular Long-Acting Injection Chart (Adult Chart) | □ Attached |  |  |
| Participation in the ACSQHC Hospital Medication Chart Audit (every 2 years) | □ Attached |  |  |

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| **Additional Actions Required to Achieve Compliance** |
| **Action/s** | **Responsibility** | **Completion deadline** |
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| **Auditor** | **Name:** |  | **Position:** |  |
| **Date of assessment completion:** |  |
| **Endorsed by** | **Name:** |  | **Position:** |  |
| **Date of endorsement:** |  |