High-Alert Medication Management and Safety Training Course

12 – 16 April 2027
Amsterdam

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Training Center

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Ref: 1471_208583 **Date:** 12 – 16 April 2027 **Location:** Amsterdam **Fees:** 5700 Euro

Overview

High-Alert Medication Management and Safety Training Course is a one-week intermediate course for pharmacists, nurses, medication-safety officers, clinical educators, quality staff, and healthcare supervisors who leave with a High-Alert Medication Safety Control Pack. Participants apply high-alert medication governance, medication risk identification, safe storage and access controls, prescribing and verification safeguards, safe preparation and administration, independent double checks, incident learning, and medication safety audit methods across hospital and ambulatory-care scenarios. Agile Leaders Training Center presents high-alert medication management as a coordinated clinical safety practice.

Who Should Attend

- Personnel responsible for medication governance, formulary controls, and safety policies
- Teams responsible for prescribing review, pharmacy verification, and dispensing controls
- Personnel responsible for medication preparation, administration, and patient monitoring
- Functions responsible for incident reporting, investigation, and organizational learning
- Supervisors responsible for audits, education, and medication-safety improvement

The course assumes participants already contribute to medication-use processes and leaves out individualized treatment decisions, specialist pharmacotherapy, and patient-specific prescribing authority.

Departments and Industries

The course supports departments and industries that manage medicines through controlled clinical and care-delivery processes.

- Hospital pharmacy and medication-safety departments
- Nursing operations and clinical education functions
- Quality, patient safety, and risk-management teams
- Ambulatory care and day-procedure services
- Long-term care and rehabilitation facilities

Learning Objectives

By the end of this course, participants will be able to:

- Apply risk criteria to identify high-alert medications
- Build governance, storage, and access controls
- Analyze prescribing, verification, preparation, and administration interfaces
- Use independent double-check and technology safeguards appropriately
- Evaluate medication incidents and near misses
- Prioritize audit findings and improvement actions

Course Agenda

Day 1: High-Alert Medication Governance

- High-Alert Medication Definition and Risk Classification Matrix
- Organization-Specific High-Alert Medication List Method
- Medication-Use Process Risk Map
- Governance Roles and Accountability Chart
- High-Alert Medication Policy Gap Checklist

Day 2: Storage, Access, and Prescribing Controls

- Segregated Storage and Auxiliary Label Control Plan
- Automated Dispensing Cabinet Access Review
- Concentrated Electrolyte Restriction Decision Guide
- Standardized Prescribing and Order-Set Checklist
- Pharmacist Verification and Escalation Pathway

Day 3: Preparation and Administration Safeguards

- Standard Concentration and Preparation Control Sheet
- Patient, Medicine, Dose, Route, and Time Verification Method
- Barcode Medication Administration Exception Log
- Smart Infusion Pump Guardrail Review
- Independent Double-Check Design Test

Day 4: Incident Learning and Improvement Monitoring

- Medication Error and Near-Miss Reporting Form
- System Contributor and Human-Factor Analysis Map
- Root-Cause and Contributing-Factor Review Method
- High-Alert Medication Audit Scorecard
- Corrective Action and Effectiveness Monitoring Plan

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Day 5: Medication Safety Control Practice

- Suggested Exercise: High-Alert Medication List Review
- Suggested Exercise: Storage and Access Control Assessment
- Suggested Exercise: Preparation and Administration Risk Walkthrough
- Suggested Exercise: Incident Learning and Audit Prioritization
- Capstone Exercise: High-Alert Medication Safety Control Pack

Practical Exercises

The course uses suggested activities with fictional hospital, ambulatory-care, and long-term-care medication scenarios.

- Suggested activity: classify medicines by harm potential and document organization-specific selection criteria.
- Suggested activity: test storage, access, prescribing, verification, preparation, and administration controls against a mapped workflow.
- Suggested activity: evaluate when an independent double check or technology safeguard adds effective risk reduction.
- Suggested activity: analyze an incident, prioritize audit findings, and assemble a control and monitoring pack.

FAQs

Who suits high-alert medication management training, and what does it assume?

High-alert medication management training suits multidisciplinary personnel who already participate in medication-use processes. It assumes workplace familiarity with prescribing, dispensing, administration, safety, quality, or supervision, while leaving patient-specific treatment decisions outside scope.

How does high-alert medication management training differ from general medication safety training?

High-alert medication management training concentrates on medicines whose errors can cause serious harm and the targeted controls they require, while general medication safety training addresses a wider range of medication-use risks and routine practices.

How should an organization identify high-alert medications?

An organization should combine recognized high-alert categories with its formulary, care settings, incident history, workflows, and local risk evidence, then document selection criteria, accountable owners, review intervals, and required safeguards.

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When are independent double checks useful for high-alert medications?

Independent double checks are useful when designed for a defined high-risk step, performed independently, and supported by clear verification criteria. They should not replace stronger system controls or be applied automatically where they add little risk reduction.

How can medication incident learning improve high-alert medication controls?

Medication incident learning improves controls by examining system contributors and near misses, converting findings into corrective actions, assigning owners, and monitoring whether changes reduce recurring vulnerabilities.

Conclusion

Participants leave with a High-Alert Medication Safety Control Pack containing a risk matrix, governance chart, storage and access review, verification tools, incident analysis, audit scorecard, and monitoring plan. The pack connects controls across the medication-use process. It supports consistent decisions, traceable review, and prioritized safety improvement.