

**M O D E L
STANDARDS
FOR SELF AUDIT
IN COMMUNITY
PHARMACY
IN ENGLAND**

7

Domiciliary Services

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INTRODUCTION TO AUDIT STANDARDS

The purpose of this document is to:-

- define the main aspects of professional pharmacy practice
- propose criteria for good service in each aspect
- list standards of practice which contribute to successful accomplishment of each criterion.

What is contained in the manuals?

You will find criteria which reflect good pharmaceutical care. Proposed standards are given and it is these which can be amended to reflect your particular practice. Should a standard be mandatory, this is brought to your attention in the text.

Delete any standard which is not applicable to your situation. If you find that you undertake activities not covered by these booklets, add standards to cover them.

Most of the standards given are for self-audit of activities which take place on pharmacy premises. These activities are generally considered to be the core business of community pharmacy. You will be able to carry out audits which measure current “ability” against such standards and, thus, enable you to improve your practice should it be necessary.

The appendices contain written systems of work. Such protocols are becoming increasingly necessary to demonstrate adherence to good standards of practice. They are model documents to be amended as necessary for an individual pharmacy.

How were the standards determined and for what purpose?

Professional audit is a process which can help an individual or group to achieve and maintain standards of practice within their everyday working environment. The standards to be achieved are chosen by the people involved and are usually based on professional or business requirements.

These manuals have been produced, with the help of a grant from the Department of Health, by a research team at Keele University. They contain suggested criteria which can be used as written or amended to suit your situation.

The research team developed an initial list of criteria and possible standards. After discussion with a steering group of practising community pharmacists, a second draft set of standards was produced. The initial standards were amended and widened to include further aspects of practice.

A pharmacist researcher visited all participating pharmacies to measure the relevance of the proposed standards to pharmacy practice. Following this observational analysis, results from this study were anonymised and fed back to the participating pharmacists for further comment and discussion. It became clear that:

- **Some of the proposed standards were only necessary in some, not all, pharmacies**
- **Other standards were not currently achieved but could easily become so if pharmacists were given model written systems for adaptation**

For every aspect of standard setting the team sought to identify suitable outcome measurements. Pharmacists could then use them, within an audit cycle, to show the benefits of standard setting within their practice.

The refined standards were sent to 100 community pharmacists in a number of locations to seek their views. All comments received were considered by the research team and the standards modified when appropriate.

How to use the manual

1. Choose an aspect of practice that you wish to audit. Discuss areas of concern with your staff. This will highlight particular problems which worry everyone. Narrow them down to one question which everyone feels needs to be answered.
2. Explain the purpose of the audit you are undertaking to everyone concerned. Emphasise that audit is to improve work flow, give better patient care, identify gaps in advice giving, not to find fault. If the exact purpose of the study is explained to all those involved in it, everyone should benefit.
3. Look through the criteria to find which set of standards applies to the question chosen for the audit. Decide which are relevant and delete any which do not apply. There may be other standards which relate to your situation. Add them if necessary.
4. Think about the period of time or the number of prescriptions which will be studied during the audit. Do not attempt too much. An audit gives a “snapshot in time” result and is not meant to be continuous process. The same “picture” can be taken at a point in the future to see how things have changed.
5. Decide who will collect the data and when and how they will do it. Consider the most appropriate time for data collection. It will not help you to only look at the process during a “quiet time”. Counselling may be easy when there are few prescriptions but more difficult when dispensing is in full swing!
6. Collect the data.
7. Look at the results and compare them with the standards which seemed to be appropriate to your audit question. If all standards have been met you may decide to set more challenging targets when you repeat the audit. If you were unhappy with the results, look at ways you could improve the situation. These may involve changes in procedure, staff training or developing written material for staff or patients.
8. Implement any changes which will improve your services to patients.
9. Re-audit, after a suitable period of time, to monitor the effectiveness of any changes.
10. Advertise your achievements! The staff involved should already know how the study turned out but the people you service and your purchasers, such as the Health Authority, local surgeries or Social Services, may also find the results interesting.

Introduction to Domiciliary Services Standards

The following criteria ensure a safe and cost effective service.

Throughout this document where the standards proposed are close in wording or intent to those referred to in Royal Pharmaceutical Society documents this has been indicated. These are annotated as legal (L) ethical (E) and standards of professional practice (S).

Criteria

- 7.1 *The service is delivered to written standards and notified to prescribers, community care teams and patients.*
- 7.2 *A comprehensive pharmaceutical service is provided.*

7.1 Criterion

The service is delivered to written standards and notified to prescribers, community care teams and patients.

Standards

1. Those patient groups to whom a service is to be offered will be identified and will include:
 - (a) Those recently discharged from hospitals and nursing homes.
 - (b) Those who are terminally ill.
 - (c) Those on high technology products which require regular review.
 - (d) Those for whom carers have identified pharmaceutical problems.
 - (e) Those for whom compliance is of great importance.
 - (f) Those who are housebound.
 - (g) Other patient groups you have identified in your practice.
2. A visiting protocol exists.
3. The existence of the visiting service is made known to*:
 - a. Patients.
 - b. Local primary care teams
 - c. Local community care teams
(see Appendix 1)
 - d. Patient carers.

| Scoring | Score |
|-----------------|-------|
| | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| | |
| | |
| Yes=0.5 No=0 | |
| Yes=0.5 No=0 | |
| Yes=0.5 No=0 | |
| Yes=0.5 No=0 | |
| ##### | |

Total Score

RPSGB Reference

* E 7.1 - 7.3

Scoring hints for standard two

Visits are made by appointment Score 0.5
Identification is carried Score 0.5

Measurement Option

- Analysis of visiting records.

A draft visiting record can be found in the CPPE distance learning package 'Visiting Patients at Home'.

| Outcomes for the Pharmacist. | Outcomes for the Patient, General Practitioner, Community Care Teams and/or FHSA. |
|---|--|
| Development of relationships with prescribers and community care teams. | Communication with pharmacist. |
| Implementation of pharmaceutical care. | Continuity of pharmaceutical care. |

7.2 Criterion

A comprehensive pharmaceutical service is provided.

Standards

1. A pre-visit record is made and kept.
2. A medicine review is undertaken.
3. Immediate action is taken where patient safety is compromised.
4. Advice is given to ensure the optimum use of medicines.
5. If deemed necessary understanding of advice is checked.
6. Relevant health promotion is given.*
7. A post visit record is made and kept.**
8. Action is undertaken as a result of the visit.

| Scoring | Score |
|---------------|-------|
| | |
| | |
| Yes=2 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| Yes=1 No=0 | |
| | |
| Yes=1 No=0 | |
| #### | |

Total Score

RPSGB References

- * S8.1 Guidance 3 (advice on general health care matters).
- ** S5 Guidance 4 (records)

Scoring hints for standard one

The pre-visit record includes:

- Patient's name and address
- Date and time of visit
- PMR reference number
- List of medication (prescription and OTC)
- List of possible problems
- Record of any other information

Six or more items

Score 1

Less than six items

Score 0

Outcomes for the Pharmacist.

Identification of role in care in the community.

Establishment of role in community care team.

Outcome for the Patient, General Practitioner, Community Carers and/or FHSA.

Patient safety.

Patients remain in the community.

Confirmation of optimum drug treatment.

Identification of hazards of treatment.

Appendix 1.- Local Community Care Teams

These are made up from two separate areas, the local authority and the health authority.

Local authority

Includes:

- Social Workers
- Home care assistants

and services such as:

- Meals on wheels
- Day care centres
- Residential homes
- Sheltered housing

Health authority

Includes:

- Dieticians
- Occupational Therapists
- Physiotherapists
- "Community nurses":
 - Midwives
 - Health visitors
 - District nurses
 - Community psychiatric nurses
 - School nurses
 - Practice nurses
 - Nurse specialists in asthma, diabetes, continence
- Chiropodists
- General practitioners
- Dentists
- Pharmacists
- Opticians
- Speech Therapists

and services such as:

- Hospitals
- Clinics
- Health centres
- Nursing homes
- Rehabilitation centres
- Family planning
- Drug and alcohol advisory service