INTERVENTIONS

AUDIT

PRESCRIPTIONS

Introduction

Why audit interventions

The main role of the community pharmacist can often be the dispensing of prescriptions so it is a very relevant area to audit. The pharmacist's role as the final health care professional in preventing errors in prescriptions affecting the patient cannot be underestimated. There is very little formal evidence about the important interventions made by pharmacists - carrying out audit can provide this. Prescription interventions by pharmacists are one of the main strengths of community pharmacy. It is important to show we are doing it well.

Background

Section 2.7.5 of essential service 8 of the contractual framework for community pharmacy in England and Wales, states that "over and above the basic recording of medication supplied, pharmacists will be encouraged to make records of interventions they have made and advice they have given. The need to make such a record is determined by the pharmacist's professional judgement" This audit will look at some of the interventions being made and ensuring they are recorded for a period of time.

Purpose of the audit

The purpose of the audit is to monitor interventions made by the pharmacist on any prescriptions. The aim is to identify the different types of interventions, the numbers of interventions, the time spent on interventions and most importantly assess the outcome of making the intervention.

Benefits to the patient /customer

1. Improved quality of service.
2. Improved patient care and decreased patient morbidity due to the patient benefiting from receiving the correct medicine.
3. Interventions made on prn / sos / as directed/ as before etc. prescriptions will provide better dosage instructions for the patient and improved compliance.

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Benefits to the pharmacist

1. Increased job satisfaction.
2. Improved patient care can lead to more interactions with other members of the Primary Health Care Team and raise the profile of community pharmacy - enhancing professional status.
3. It can save time (and reduce frustration!) especially if a lot of interventions are being made on administrative type errors e.g. clarifying repeat prescriptions and these errors can be corrected. It may lead to GPs writing less ambiguous / more correct prescriptions. Time can also be reduced in lengthy explanations / counselling to patients if vague dosage instructions prn etc. are clarified.
4. This type of audit can be used to evaluate the benefits of a P.M.R. system.
5. Can identify any recurring problems.
6. May decrease prescribing errors.
7. Will provide documentation about interventions made in case of query.
8. Demonstrates good pharmacy practice.
9. Can identify area of excellence.
10. Will provide the pharmacist with proper knowledge of the types of intervention being made in their pharmacy which may currently be underestimated.

Criteria

The pharmacist responsible for supervising the dispensing, sale or supply of any medicine in a pharmacy bears the associated legal and professional liability.

Every prescription for a medicine must be seen by a pharmacist and a judgement made by him as to what action is necessary. [Code of Ethics 5.2 (c) & (d)].

Pharmacy AUDIT

Data Collection Form

Any data collection form should be as simple as possible.

It is important in whichever data collection form you use to classify the seriousness of the problem e.g. grading according to the severity of the problem had the prescription item been dispensed without any pharmacist intervention.

It is also useful to accurately record any time spent dealing with interventions especially if time has been spent in contact with the GPs or staff. In studies carried out to-date both pharmacists and GPs have been surprised at the time spent sorting out routine queries.

Data Analysis

Forms should be designed to make analysis as straightforward as possible.

Pharmacy AUDIT

Making the change

The results from an Intervention Audit could lead to increased interactions with other members of the Primary Health Care Team. You may have saved both your pharmacy and the local GP surgery a lot of time - this may lead to shared clinical audits, shared protocols e.g. recommending O.T.C. products, minor ailment schemes or formulary development.

It would be useful to do a re-audit to see if any discussions with GPs have led to a decrease in interventions on prescriptions e.g. if better dosage instructions are now appearing on prescriptions.

I acknowledge with thanks the help of the Pharmacy Practice Research Resource Centre.

References.

C& D. At the professional interface. J Smith. 29.6.91. P1082.

A Method of Recording & Analysing Pharmacist Prescription Interventions, Pharmacy Practice Research Resource Centre, Department of Pharmacy, University of Manchester, Manchester M13 9PL.

R Greene. P J Vol.254. 24.6.95. P873.

Pharmacy AUDIT

Pharmacist Rx Intervention Report Form

1. Type of Intervention
(please tick one)

1 ☐ Problem with prescription form
2 ☐ Problem with item

2. Reason for Intervention
(tick as many as apply)

Rx Illegal:

01 ☐ No GP signature
02 ☐ No date
03 ☐ No patient address
04 ☐ No patient name
05 ☐ Doesn't conform with CD requirements
06 ☐ No age (under 12 only)

Queries about Rx:

07 ☐ about form
08 ☐ about strength
09 ☐ about dose
10 ☐ about timing for dose
11 ☐ about drug item/brand
12 ☐ about frequency
13 ☐ about quantity
14 ☐ about patient name
15 ☐ incorrect spelling
16 ☐ Rx ambiguous
17 ☐ Rx illegible/incoherent
18 ☐ possible interaction
19 ☐ possible ADR
20 ☐ supply/availability problem
21 ☐ Rx not in drug tariff
22 ☐ Other (please state on reverse of form)

3. Query initiated by:
(please tick one)

1 ☐ Pharmacist
2 ☐ Other pharmacy staff
3 ☐ Customer/patient/patient representative
4 ☐ Patient Medication Record (PMR)
5 ☐ Other (please state) _____

4. BNF Therapeutic Category
(please tick one)

01 ☐ 1. Gastro-intestinal System
02 ☐ 2. Cardiovascular System
03 ☐ 3. Respiratory System
04 ☐ 4. Central Nervous System
05 ☐ 5. Infections
06 ☐ 6. Endocrine System
07 ☐ 7. Obstetrics, Gynaecology, Urinary Tract
08 ☐ 8. Malignant Diseases
09 ☐ 9. Nutrition and Blood
10 ☐ 10. Musculoskeletal and Joint Disease
11 ☐ 11. Eye
12 ☐ 12. Ear, Nose and Oropharynx
13 ☐ 13. Skin
14 ☐ 14. Immunological Products and vaccines
15 ☐ 15. Anaesthesia
16 ☐ ***Appliances***
17 ☐ Miscellaneous

5. Prescription Information

1 ☐ New prescription **OR** 2 ☐ Repeat prescription
1 ☐ Hand written **OR** 2 ☐ Computer generated

6. Age Group of Patient
(if known tick one)

1 ☐ < 12 yrs 2 ☐ 12 - 19yrs
3 ☐ 20 - 60/65 yrs 4 ☐ 60/65 yrs +

7. Seriousness of problem
(please tick one)

1 ☐ Type A: Potentially serious
2 ☐ Type B: Major nuisance
3 ☐ Type C: Minor nuisance
4 ☐ Type D: Trivial

8. Query solved by/Action taken
(please tick all that apply)

1 ☐ GP contacted
2 ☐ Practice manager/receptionist contacted
3 ☐ Patient consulted (or patient's representative)
4 ☐ PMR checked
5 ☐ Took own action/decision - without GP contact
6 ☐ Consulted own reference sources (e.g. MIMS)
7 ☐ Consulted Drug Information Centre
8 ☐ Consulted other information sources
9 ☐ Other (please state) _____

9. Outcome
(please tick one)

1 ☐ Script confirmed as written
2 ☐ Script clarified
3 ☐ Script changed in accordance with pharmacist's advice
4 ☐ Script changed other than in accordance with pharmacist's advice
5 ☐ Script not dispensed - patient referred to GP
6 ☐ Patient took script away
7 ☐ Patient counselled

10. Time taken to resolve query

Approximate time taken (in minutes) ____
Number of local calls to resolve the matter ____
Number of long distance calls ____

(please tick as applicable)

1 ☐ Resolved by letter?
2 ☐ Resolved by personal visit?
3 ☐ Resolved urgently?

Intervention ID Number: _____ Date: _____

GP responsible for the script (code #) _____

If Intervention is Type A or Type B please give brief details of the query ?

Pharmacy Information Form

1. Pharmacy Code number ____

2. Pharmacist's position *(please tick one box as appropriate)*

- ☐ Owner
- ☐ Manager
- ☐ Employee
- ☐ Locum

3. Area of pharmacy *(please tick one box as appropriate)*

- ☐ Vilage/small town
- ☐ Central urban shopping centre
- ☐ Suburban housing development
- ☐ Suburban shopping area
- ☐ Central urban housing area
- ☐ Other (please state)_____

4. Years qualified *(please tick one box as appropriate)*

- ☐ 0 -5
- ☐ 6 - 10
- ☐ 11 - 20
- ☐ 21 - 30
- ☐ >30

5. Type of business *(please tick one box as appropriate)*

- ☐ Single independent Pharmacy
- ☐ Member of small local group
- ☐ Member of local/regional chain
- ☐ Member of a national chain

6 a) Do you have a PMR system *(please tick one box as appropriate)*

☐ Yes computerised ☐ Yes manual ☐ No

b) What make of computer PMR system do you have?

_____

Weekly Log Form

Week One

Number of items dispensed : ____

Number of forms dispensed ____

Week Two

Number of items dispensed : ____

Number of forms dispensed ____

Week Three

Number of items dispensed : ____

Number of forms dispensed ____

Week Four

Number of items dispensed : ____

Number of forms dispensed ____

Definition Sheet

Section one
The first section asks whether the intervention relates to a problem with the form (e.g. missing date/GP signature etc.) or a problem with one of the items on the form. If both types of intervention are required for one prescription form then it will be necessary to fill in two report forms.

Section two
Section two of the Report Form is to record the reason for the intervention. You may tick as many boxes as apply to any one particular item. So for example, if there is a query about the strength AND you suspect a possible ADR tick both these boxes in Section two.

'Illegible / incoherent' could refer to poor handwriting but also, for example, to computer generated prescriptions when a GP has selected the wrong item resulting in nonsense.

If your reason for a particular intervention is not included in this section, please use the back of the Form to write a brief description of the exact nature of the problem.

Section three
This section should record who in the pharmacy initiated the query. For example, it could be either the patient themselves, the pharmacist or other member of staff, or even the PMR system. If it is none of these please remember to state exactly who it was.

Section four
This section is to enable you to record the BNF category of the drug involved. Please tick one box only.

Section five
This section records some basic general information about the prescription item: whether it is a new or a repeat prescription item, whether the prescription was handwritten or computer generated.

Section six
This section is for recording the age group, if known, of the patient. In most instances the age group will simply be obtained from the prescription itself rather than by asking the patient directly.

Section seven
The seriousness of the problem should the item have been dispensed is recorded here.

The research literature classifies the potential threat or seriousness of the error intervened on by the pharmacist in different ways. The most useful and the one used for this study, is the classification of prescription errors devised by Neville et al (1989). The authors arrived at a classification of errors based on the potential effects and inconvenience to patients, pharmacists and doctors.

You should classify the error as one of the four indicated below. Where there is any doubt liaise with a colleague(s) to try to reach a consensus opinion. If this proves too difficult to do simply write out a full description of the problem on the reverse of the Report Form.

'Type A: Potentially serious to the patient'. The prescription would be dangerous to the patient if dispensed. The examples given in the paper include: dose of cardiac drug wrong by a factor of 10; confusion of handwriting between chlorpromazine and chlorpropamide.

'Type B: Major Nuisance'. The pharmacist has to contact the prescriber in order to dispense the prescription . Patient, doctor and pharmacist are thus all inconvenienced. The examples given include phenytoin prescriptions which omit to mention whether capsules or tablets, and completely illegible script.

'Type C: Minor Nuisance'. The pharmacist has to make a professional decision before dispensing, although is able to do so without contacting the prescriber. This is annoying for pharmacists and can cause slight delays to patients. Example given is the wrong pack size of dermatological preparation.

'Type D: Trivial'. This will also include the more trivial type of intervention such as when the prescription does not strictly conform to the guidelines in the BNF although the prescriber's intentions are not in doubt. Examples given include: liquid instead of gel with antacid preparations; spelling errors.

Section eight

How the query was solved is recorded in this section. Examine it closely to familiarise yourself with the different answer categories. You may tick as many boxes as apply for any given intervention episode. For instance, you might take your own decision, aided by a reference source such as MIMS.

Section nine

The outcome of your intervention is recorded here. You may tick only one box.

Section ten

Information about the time taken to resolve the query is recorded in this section. Approximate time (in minutes) should be recorded; whether a personal visit to the GP was necessary, whether it was resolved by letter or by phone, and whether it was resolved urgently.

At the very bottom of the Report Form is a box in which you are asked for the date and the intervention ID number. The date to include is the date of the actual intervention. The ID number is for you to use as a reference number when carrying out the project, and to keep track of the number of interventions you are carrrying out.

If you wish to record information about individual GPs you should allocate an exclusive code number to each of the GPs you deal with. Keep a separate record of the codes and enter code numbers, not individual names, onto the computer. Simply leave the category blank if you prefer not to record this information.

Research Method

1 Examine the Prescription Intervention Report form and familiarise yourself with the different sections, categories and definitions.

2 Collect some data on the report forms over a few days to ensure that you understand and feel comfortable with the form.

3 Decide on a start date for your project, any will do. Select a period of at least four weeks during which time documentation of all prescription interventions may be performed.

4. During the study period, document all professional interventions, using one Report Form for each intervention. If two separate interventions are performed on one script then this will need to be recorded on two separate forms.

5 If you cannot complete the Prescription Intervention Report Form immediately the intervention is made, make sure you keep the prescription to one side until you get an opportunity to complete the Report Form.

6. Record the total number of items that are dispensed each week of the study using the Weekly Log Form provided. Please also record the total number of prescription forms dispensed. This will allow the calculation of intervention rates.