

**PATIENT**

**COUNSELLING**

**AUDIT**



# Introduction

|                                   |  |
|-----------------------------------|--|
| Main Role                         | Audit is a process of setting standards, maintaining and measuring performance, and review of those standards. It is a cycle that should ensure quality of performance. The standards are set by the people who must work to them and are a combination of those standards that are mandatory and those which are not. Audit is a tool not a rod - it exists to serve those who wish to ensure that the standards they aspire to reach are in fact attained. |
| Purpose                           | The purpose of the audit is to identify the key areas of pharmacy practice, suggest criteria for good practice, and list the standards which should ensure that the criteria are met.  |
| Benefits to the patient /customer | Patients most at need are given most attention<br>Understanding of medication improved<br>Advice from primary healthcare team reinforced<br>Improved treatment due to increased safety/compliance  |
| Benefits to the pharmacist        | Increased job satisfaction<br>Increased efficiency<br>Improved time-management<br>Increased customer/prescriber loyalty/relationship<br>Quality of service demonstrable to outside agencies if required<br>Improved team work  |

## Criteria and standards

|          |   |
|----------|---|
| Criteria | <ol style="list-style-type: none"><li>1. Guidelines are available indicating customers by name, by their "at risk" group, or by their drug group, who should be counselled specifically.</li><li>2. Customers receive sufficient information at time of collection (verbal and written) to ensure no further queries later.</li></ol> |
|----------|---|



**Criterion**

**1 Guidelines are available indicating customers by name, by their "at risk" group, or by their drug group, which should be counselled specifically.**

**Standards**

1.1 Customers who will always be automatically offered advice on their medicines

- Confused customers and carers
- Sight impaired
- Those with poor understanding of English
- Those whose PMR shows a change in medication or dose has occurred
- New customers or those receiving a medicine for the first time
- Children and parents receiving medication unless this is prescribed monthly.

*List here any additional groups which you may feel are appropriate to your pharmacy:*

1.2 Customers who will be offered advice at certain intervals. This advice to be recorded on PMR

- asthmatic
- diabetic
- those taking 4 or more prescribed medicines
- mentally ill
- those using appliances
- epileptic
- those suffering with skin complaints
- drug misusers
- terminally ill

*List here any additional groups which you may feel are appropriate to your pharmacy:*



**Criterion**

**2 Customers receive sufficient information at time of collection (verbal and written) to ensure no further queries later**

**Standards**

2.1 Customers using the following drugs will always receive additional verbal information:

- New drugs under Intensive Surveillance by CSM
- Those with special storage conditions
- Those with significant side-effects which might cause concern or reduce compliance
- Those with complicated directions
- Those with additional warning labels which frequently cause queries and confusion
- Those where alcohol is contra indicated

*List here any additional groups which you may feel are appropriate to your pharmacy:*

2.2 Customers will receive verbal information only automatically when the medication is given for the first time

- novel dosage forms
- anti-depressants
- post-coital contraception
- benzodiazepines
- antibiotics
- anti-coagulants
- ergotamine containing

*List here any additional groups which you may feel are appropriate to your pharmacy:*



2.3 Customers will receive verbal information automatically the first time and then periodically depending upon customer's condition at a reasonable reminder time interval

- lithium
- MAOI's

*List here any additional groups which you may feel are appropriate to your pharmacy:*

2.4 Customers will receive additional written information automatically

- when manufacturers supply it (unless specifically instructed not to do so)
- when it is available for ethnic minorities
- when warning cards are required
- when dosage is complicated and additional written information is deemed to be of assistance

*List here any additional groups which you may feel are appropriate to your pharmacy:*

2.5 Customers will receive labels for medication (not appliances) which give directions when the GP has written no directions on the label. This needs to be checked with customer or prescriber and should be included on the PMR.

*List here any additional groups which you may feel are appropriate to your pharmacy:*

**Data Collection**

Example:

Pharmacy GreenCross decided to look at the levels of advice given to parents collecting medicines for children :

where they thought that the required standard (1.1) was met greater than 90% of the time,

where additional verbal information was given to children and parents when medication was given for the first time. (Standard 1.1)

When a prescription for a child was dispensed it was marked '1' for first time or 'x' for repeat prescription (regularly prescribed) . This does not include prescriptions for antibiotics which have been prescribed before but not on a regular basis.

The script was then ticked if additional verbal information was given at time of dispensing.

The prescriptions were placed in a box in the normal way and were identified in some way as to the time of collection: either marked on the script or every 30 minutes a separating card was placed on the pile in order to define approximately the time of collection and volume of business at the time.

At a suitable time the data was recorded thus:

|  | Time of collection |         |       |        |
|--|--------------------|---------|-------|--------|
|  | 9-10am             | 10-11am | 11-12 | 12-1pm |
| No. of items collected   |                    |         |       |        |
| No. of items collected for children  |                    |         |       |        |
| No of items collected for children where additional verbal information given |                    |         |       |        |
| % no of children's items where additional information given                  |                    |         |       |        |
| Additional notes: eg staff absences, particular problems                     |                    |         |       |        |
| Staff present:   |                    |         |       |        |
| Date:  |                    |         |       |        |
| Duration of audit:   |                    |         |       |        |



### Analysing the data

Was the data collected sufficient/appropriate? Perhaps the number of prescriptions collected does not reflect the work load. Is it more appropriate to measure the numbers of items dispensed?

Are there any trends which indicate a problem or indeed a solution? Is there an indication of staff variations in performance or is it a matter of workload? Is there an improvement just because the data is being collected as opposed to conscious changes in practice?

### Making the change

1. Consider the current practice first.
2. Consider the practice variations according to the volume of work/numbers of staff available
3. Consider which standards should or could be improved
4. Consider the target level for the standard : consistent despite variations in work load or variable staffing.
5. Consider how this can be achieved ( reduction of other work, better time-management, redistribution of staff, staff hours, increased numbers of staff?)
6. Consider involving staff in setting required standards, measuring them and implementing them
7. Consider how locum staff can be involved to ensure consistency of approach
8. Consider training needs of all staff.



### Tips for Change

Don't try and do too much.

You could take one area of interest and measure your current practice. The collection of data should be quick and simple, otherwise measurements will only be completed at quiet times. A mark or a code for information given should be marked on the prescriptions for analysis later. Solicited advice given as a result of customer queries relating to dispensed medication should also be recorded.

Future audits could look at the content of information instead of its frequency or any of the other standards could be used.

All staff should be involved in deciding which areas should be looked at, and interpretation of data. Targets for level of performance can then be set. Re-audit can be done at regular intervals and improvements noted. Target levels should be re-assessed frequently.

It may well be that simply a staff meeting discussing the model standards in itself raises awareness and standards so working alone on this is unlikely to be beneficial. In order to improve standards it may be helpful to check that information resources as well as staff resources are adequate.

### Suggestions for additional help

1. A list of new drugs under Intensive Surveillance by CSM is available in the dispensary
2. A list of requirements for counselling (patient groups and drug groups) available for all staff in dispensary.
3. The Pharmacy contains appropriate reference material and computer resources
4. The Pharmacy is sufficiently staffed, particularly during busy dispensing times, to allow required standards to be met.
5. CPPE Distance Learning Packs : Patient Compliance, Adverse Drug Reactions.

