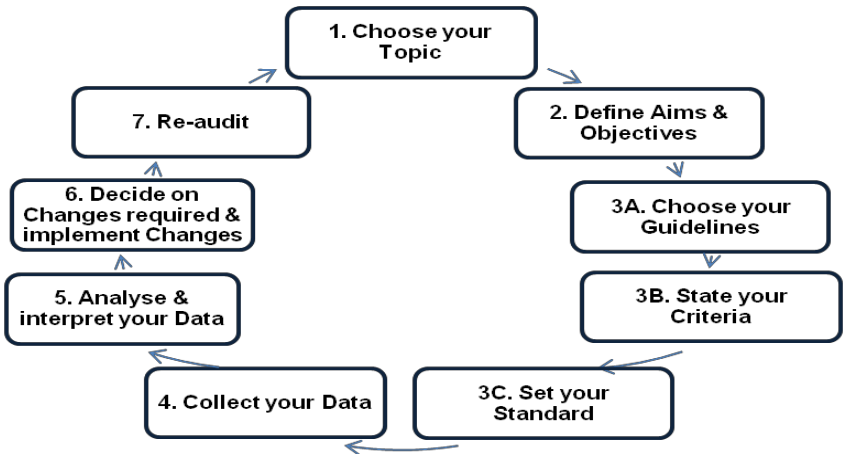
Repeat Prescribing Sample Audit



ICGP QUALITY IN PRACTICE COMMITTEE

AUTHORS

Professor Colin Bradley
Dr. Maria O'Mahony

Purpose of ICGP sample audits on specific topics

The purpose of the ICGP sample audit for each topic area is to provide practitioners with audit topic proposals and related tools in order to aid them in carrying out a clinical audit in this topic area. For each topic, a specific guideline is chosen which identifies best practice for the relevant topic. Following this, examples of the elements of care or activity that could be measured are provided – these are referred to as "criteria". Finally, examples of the type of data that is required in order to audit the sample criteria are provided. A separate document, the ICGP Audit Toolkit provides detailed generic instructions on how to carry out and report your audit and is available at http://www.icgp.ie/go/in_the_practice/quality_initiatives

Sample Audit Topic: Repeat Prescribing

Disclaimer

In all instances where 'your patients' are referred to, this can be taken to mean the patients you see. Where 'your practice' is mentioned, this refers to the work you do, not necessarily that you need to be based in one particular practice."

Evidence: ICGP Repeat Prescribing Quick Reference Guide – updated 2013
Author for 2013 update: Prof Colin Bradley

Professional Competence Domains: Clinical Skills
Management
Patient Safety and Quality of Care
Collaboration and Teamwork

Introduction

Repeat prescribing is a complex system in General Practice whereby a prescription for a medication is issued without a face-to-face consultation with the patient. It involves both administrative and clinical staff in a large number of different tasks along the pathway from the initial patient request for a medicine to the final issuing of a prescription for that medicine without a face-to-face consultation. While it is theoretically possible to audit the entire repeat prescribing system, there is a case for auditing different elements (at least initially) due to the complexity of the system. It can also be helpful to audit administrative and clinical aspects separately in order to drill down into the operational aspects of the system.

An incident reporting mechanism should also be developed as part of the repeat prescribing system and a review of incidents recorded could form a significant event audit.

While each General Practice surgery will have it's own individual repeat prescribing system in

place, there are many commonalities among systems and examples are given below of some administrative and clinical criteria that might form the basis for audit(s) of a practice's repeat prescribing system.

Administrative Criteria

1. Requests for repeat prescriptions should only be accepted from patients or designated patient representatives
2. Repeat requests should only be accepted at designated times
3. Requests for repeat prescriptions should only be received in the agreed forms decided by the practice (i.e. telephone, at reception, by e-mail etc. as decided by the practice)
4. Requests for repeat prescriptions should be recorded in the designated fashion
5. Requests for repeat prescriptions should record:-
    a. Name, address and date of birth of the patient
    b. The medicines requested including dose, frequency and quantity
    c. The number of months the repeat prescription is for (if applicable/ if not default should be one month)
6. Requests for repeat prescriptions should be processed within an agreed timeframe
7. Patients making repeat prescription requests should receive or have received the practice's repeat prescription leaflet
8. Repeat prescriptions should be authorised for issue on repeat by a doctor as indicated by the practice computer system
9. Patient details and medication information (dose, frequency, quantity) on repeat prescription requests should match those on the practice computer system – if not a doctor should be notified
10. Requests for unauthorised repeat prescriptions should be referred to a doctor
11. Requests for repeat prescriptions before the next prescription is due (early) should be notified to a doctor
12. Requests for repeat prescriptions that are overdue (late) should be notified to a doctor
13. Repeat prescriptions should be left in a designated location for assessment and signature by a doctor
14. Repeat prescriptions issued and not collected should be notified to a doctor within an agreed timeframe

Clinical Criteria (excluding medication review)

1. Medicines which are designated for repeat prescribing should have been authorised by a doctor who was familiar with the patient's clinical condition
2. Patients whose medicines have been authorised for repeat prescription should have been seen face-to-face by a doctor prior to initial authorisation
3. Medicines which are authorised for repeat prescription, their dosage, frequency, quantity and their indication(s) should be recorded in the patient's medical record (as well as on the medication record)
4. Medical records of patients authorised for repeat prescriptions should indicate that the patient was informed of the repeat prescribing system (including when they are expected to attend for medication review) and was given the practice's repeat prescription leaflet
5. Medical records of patients authorised for repeat prescriptions should indicate that any patient concerns or questions were dealt with
6. Records of patients authorised for repeat prescriptions should indicate any allergies, drug interactions, contra-indications and/or special precautions to which the patient is liable
7. Any laboratory monitoring required by patients authorised for repeat prescriptions should be recorded in the medical record
8. Any laboratory monitoring required by patients authorised for repeat prescriptions should be carried out as required and any abnormal results responded to
9. If the repeat prescription is changed this should be recorded in the medical record; the details of the change(s) should be recorded; and the fact that the patient has been informed of the change(s) should be recorded
10. Where the change in medicines on the repeat prescription has been prompted by a hospital visit or discharge this should be recorded in the patient's medical record along with the prescription/ prescription recommendations from the hospital
11. Repeat prescriptions should be signed by a doctor familiar with the patient and who had access to the patient's notes at the time of signing

12. Before signing a repeat prescription the doctor should have checked:
    a. The patient's details – name, address, date of birth
    b. The details of the medicine(s) – dose, frequency/ regimen, duration, quantity
    c. The indication(s) for the medicine(s)
    d. No new clinical problems nor contra-indications have emerged since the patient was last issued the medicine(s) on repeat prescription
    e. The medicine is neither overdue nor being requested prior to the authorised time for repeat
    f. When the next medication review is due

Clinical Criteria for Medication Review

1. Patients authorised for repeat prescriptions should have a full clinical medication review at least annually – this should be reflected in the patient's medical record
2. During the medication review, each medication on the repeat prescribing list should be reviewed to determine
    a. Has the patient responded to the medication as expected?
    b. Is it still indicated?
    c. Is the patient experiencing any adverse effects or interactions ?
    d. Does the patient suffer from any conditions which are contra-indications to the medication?
    e. Has any monitoring required by the medication been undertaken and are results of monitoring satisfactory?
    f. Are the doses and intervals for taking the medication correct?
    g. Is the patient's condition sufficiently stable to warrant continuing with the repeat prescription?
    h. Does the patient understand what the medicine is for, how to take it, what adverse effects to look out for, and what to do if the medicine is ineffective or adverse effects occur?
    i. When is the next medication review due?

Criteria choice, Standard setting and Patient Sample

Choose the criteria (criterion) from the above on which to conduct your audit. Given that the repeat prescribing system involves both clinical and administrative staff, and its quality assurance involves both, it might be advisable to begin with one or two criteria from both the administrative and clinical criteria.

One you have chosen your criteria (criterion), then set your standard (sometimes known as your target). This is your desired level of performance and is usually stated as a percentage. Beware of setting standards of 100%; standards should be realistic for your practice (perfection is rarely possible).

It is usual to audit a sample of patients rather than the entire relevant patient population. As repeat prescribing is an extremely frequent activity, it might be possible to get a good indication of performance by looking at a sample of patients issued repeat prescriptions over a one week period, for example.

Data Collection

Data collection should be possible by using the practice computer system in combination with the system which is in place for receiving, recording and processing repeat prescription requests. For some criteria, though, it may be necessary for administrative staff or clinical staff (or both) to make a more specific record of what they have done (or not done) in respect of the requirements of the repeat prescribing system. Recording by staff of their own non-compliance with the system is a key requirement of audit.
Examples of the types of data required to audit some of the suggested criteria are provided below.

Administrative Criterion 1

Requests for repeat prescriptions should only be accepted from patients or designated patient representatives

Data to be collected

- Number of repeat prescription requests received over the recording period

- Number of repeat prescription requests received from patients themselves

- Number of repeat prescription requests received from designated patient representatives

- Number of repeat prescription requests received from persons other than patients or their designated representatives

For each of the above it should also be recorded whether the request was granted or refused

Administrative Criterion 2

Repeat requests should only be accepted at designated times

Data to be collected

- Number of repeat prescription requests received over the recording period

- Number of repeat prescriptions requested at the designated time(s)

- Number of repeat prescriptions requested outside the designated time(s)

For each of the above it should also be recorded whether the request was granted or refused

Administrative Criterion 3

Requests for repeat prescriptions should only be received in the agreed forms decided by the practice (i.e. telephone, at reception, by e-mail etc. as decided by the practice)

- Number of repeat prescription requests received over the recording period

- Number of repeat prescriptions requested by the agreed means

- Number of repeat prescriptions requested by means other than those agreed

For each of the above it should also be recorded whether the request was granted or refused

Clinical Criterion 1

Medicines designated for repeat prescribing should have been authorised by a doctor who was familiar with the patient's clinical condition

- Number of repeat prescription requests received over the recording period

- Number of repeat prescriptions authorised by a doctor familiar with the patient's condition (either through prior knowledge or by accessing the patient's notes)

- Number of repeat prescriptions requested authorised by a doctor not familiar with the patient who had not accessed the patient's notes

- Number of repeat prescriptions not issued because a doctor familiar with the patient was not available and/or the doctor could not access the patient's notes (in a timely fashion)

Clinical Criterion 2

Patients allowed their medicines on repeat prescription should have been seen face-to-face by a doctor prior to initial authorisation

- Number of repeat prescription requests received over the recording period

- Number of repeat prescriptions where the records indicate a face-to-face consultation preceded initial authorisation

- Number of repeat prescriptions where there is no indication in the records of a face-to-face consultation prior to initial authorisation

- Number of records where initial authorisation cannot be determined

Clinical Criterion 3

Medicines allowed on repeat prescription and their dosage, frequency, quantity allowed and their indication(s) should be recorded in the patient's medical record (as well as on the medication record)

- Number of repeat prescription requests received over the recording period

- Number of repeat prescriptions where dosage, frequency and quantity allowed are clear from the patient medical record and medication record

- Number of repeat prescriptions where dosage, frequency and quantity allowed are not clear from the patient medical record and medication record

- Number of repeat prescriptions where the indication(s) for the medicines are clear from the patient medical record and medication record

- Number of repeat prescriptions where the indication(s) for the medicines are not clear from the patient medical record and medication record

The next steps are to:

- Analyse and interpret your data via comparison with your target
  - For each of the criteria it should be possible to determine how well performance matched (or failed to match) the standard set.
- Decide on what changes need to be made and implement these changes
  -Data analysis and comparison with your target should suggest ways in which the repeat prescribing system could be changed or tightened up so that performance more closely matches your target
- Re-audit your practice

A detailed explanation of all of these steps can be found in the ICGP Audit Toolkit, which is available on the ICGP Website at: http://www.icgp.ie/go/in_the_practice/quality_initiatives