OPIOID TREATMENT PROGRAM (OTP) PRESCRIBING SELF-AUDIT

NSW Health Centre for Alcohol and Other Drugs

Module 1: Treatment planning and assessment

Module 2: Induction and stabilisation

Module 3: Treatment monitoring and unsupervised dosing

Module 4: Prescription writing, regulation and other protocols

MODULE 1: ASSESSMENT AND TREATMENT PLANNING

Indicators of best practice

1. Comprehensive assessment of patient undertaken
2. Treatment choice and setting was informed by clinical factors, including patient safety and patient preferences/goals
3. Comprehensive individualised treatment plan developed, in collaboration with the patient
4. Discussed driving risk during induction and stabilisation
5. Discussed risks with using multiple sedating medicines / substances
6. Provided education about minimising risk of overdose and use of take-home naloxone
7. Obtained patient consent after informing the patient of side effects, the risks associated with the OTP and the challenges associated with withdrawal off the OTP.

Notes

- Complete the self-audit for a random 10% sample (or at least 5 patients) being prescribed opioid agonist treatment.
- Use one audit form per patient record.
- Select the most appropriate options on the audit form based on what is **documented** in the patient records.
- Set targets to reach for each indicator (best practice is 100%)
- Calculate the results of the self-audit and develop an action plan to address identified gaps.
- Complete a follow up self-audit to measure the impact of the action plan.

Module 1: Assessment and treatment planning

Complete self-audit questions based on what is documented on the patient records, usually within the first 4 weeks of initiation of treatment. While treatment planning occurs at the start of a therapeutic relationship, it should be undertaken at every opportunity, as patient needs and goals will change during treatment.

Patient initials: _____ Date of Birth: _ _ / _ _ / _ _ _ _

Prescriber name: _____ Audit date: _ _ / _ _ / _ _ _ _

Auditor name/s: _____

1.1 Prior to initiation of treatment, case formulation included documented assessment of:

1.1.1 Reason for presenting	☐ Yes	☐ No	1.1.7 Medication review	☐ Yes	☐ No
1.1.2 Substance use history[A]	☐ Yes	☐ No	1.1.8 Physical state examination[C]	☐ Yes	☐ No
1.1.3 Prior treatments for substance use	☐ Yes	☐ No	1.1.9 Mental state examination[D]	☐ Yes	☐ No
1.1.4 Comorbid medical conditions	☐ Yes	☐ No	1.1.10 Initial treatment plan	☐ Yes	☐ No
1.1.5 Comorbid mental health conditions	☐ Yes	☐ No	1.1.11 Investigations (inc. baseline UDS)	☐ Yes	☐ No
1.1.6 Comorbid psychosocial conditions[B]	☐ Yes	☐ No			

[A] including current substance use, route of administration, and time of last use, and history of harms from substance use including overdoses

[B] including social problems and high-risk behavior

[C] including injection sites, intoxication and withdrawal

[D] including risk of harm to self/others

1.2 Treatment planning considered

1.2.1 Use of other substances, and risks and complications of use (including dependence, overdose, psychosis)	☐ Yes	☐ No	☐ N/A
1.2.2 Medical conditions (e.g. chronic pain, HIV, acute and chronic medical conditions)	☐ Yes	☐ No	☐ N/A
1.2.3 Psychiatric conditions	☐ Yes	☐ No	☐ N/A
1.2.4 Pregnancy	☐ Yes	☐ No	☐ N/A
1.2.5 Cognitive impairment	☐ Yes	☐ No	☐ N/A
1.2.6 Social circumstances[E]	☐ Yes	☐ No	☐ N/A

[E] consider housing, domestic and family violence, family/friends/partner who may be using drugs, children living with them and / or Dept. of Communities and Justice involvement, employment, residential location.

1.3 A detailed treatment plan was:

1.3.1 Documented	☐ Yes	☐ No
1.3.2 Developed in collaboration with the patient	☐ Yes	☐ No

1.4 Documented discussion and review of risks associated with the opioid agonist treatment (OAT) included:

1.4.1 Challenges associated with withdrawing from treatment	☐ Yes	☐ No
1.4.2 Side effects of treatment	☐ Yes	☐ No
1.4.3 Impairment of driving ability during induction or switching treatment	☐ Yes	☐ No

1.5 Education about overdose risk included documented discussions about:

1.5.1 Intentional or accidental use of OAT by a person for whom not prescribed (e.g. children)	☐ Yes	☐ No
1.5.2 Increased risks of overdose following withdrawal	☐ Yes	☐ No
1.5.3 Increased risk of overdose if combining OAT with other sedating substances	☐ Yes	☐ No
1.5.4 When and how to use naloxone and provision of prescription or referral to obtain take home naloxone	☐ Yes	☐ No

1.6 Has patient consent been documented following a discussion about risks and treatment expectations?

☐ Yes ☐ No

Results table (use this template to record results following data collection)							
Indicator	**Meets the indicator if**	**Y/N Pt 1**	**Y/N Pt 2**	**Y/N Pt 3**	**Y/N Pt 4**	**Y/N Pt 5**	**Total Y (%)**
1. Comprehensive assessment of patient undertaken	Q1.1 all 'Yes'						
2. Treatment choice (and setting) was informed by clinical factors, including patient safety and patient preferences/goals	Q1.2 all 'Yes' or 'N/A'						
3. Comprehensive individualised treatment plan developed, in collaboration with the patient	Q1.3 all 'Yes'						
4. Discussed driving risk during induction and stabilisation	Q1.4.3 is 'Yes'						
5. Discussed risks with using multiple sedating medicines / substances	Q1.5.3 is 'Yes'						
6. Provided education about minimising risk of overdose and use of take-home naloxone	Q1.5 all 'Yes'						
7. Obtained patient consent after informing patient of side effects, challenges associated with withdrawal off OTP and risks associated with OTP	Q1.6 is 'Yes'						

Action plan (use this template to plan actions to address gaps and record dates of completion)		
Indicators where less than target 100% achieved	**Planned actions to address gap**	**Date actions completed**

Re-audit: Following action plan completion, conduct another self-audit, eg after 3 months and compare the results.

MODULE 2: INDUCTION AND STABILISATION

Indicators of best practice

1. Authority to prescribe the specific OAT obtained from NSW Health
2. Starting doses prescribed within guideline recommendations*
3. Dose increases were gradual and followed guideline recommendations*
4. Supervised dosing undertaken during induction and switching of OAT*
5. Adequate monitoring during induction and stabilisation, including for intoxication and withdrawal
6. Frequency of clinical review during induction reflected clinical need
7. Evidence of AOD specialist input where required, i.e. complex needs

*variations must be clinically justified and documented in patient notes

Notes

- Complete the self-audit for a random 10% sample (or at least 5 patients) being prescribed opioid agonist treatment.
- Use one audit form per patient record.
- Select the most appropriate options on the audit form based on what is **documented** in the patient records.
- Set targets to reach for each indicator (best practice is 100%)
- Calculate the results of the self-audit and develop an action plan to address identified gaps. Only one results sheet is required per self-audit cycle.
- Complete a follow up self-audit to measure the impacts of your action plan.

Module 2: Induction and stabilisation

Along with assessment, treatment planning, and the provision of health care and social support, the main goal in the first 1-3 months is to safely achieve an adequate dose to assist in stabilising the patient's opioid use. Complete the following questions based on the period where the dose of treatment is being titrated.

Patient initials: _____ Date of Birth: _ _ / _ _ / _ _ _ _

Prescriber name: _____ Audit date: _ _ / _ _ / _ _ _ _

Auditor name/s: _____

2.1 Has the NSW Health authority to prescribe the selected agonist treatment has been obtained through the Pharmaceutical Regulatory Unit (PRU)?

☐ Yes ☐ No

2.2 The starting dose (day 1) for sublingual buprenorphine or methadone at initiation based on clinical assessment was:

2.2.1 ≤ 8mg s/l buprenorphine	☐ Yes	☐ No	☐ N/A
2.2.2 ≤ 40mg oral methadone	☐ Yes	☐ No	☐ N/A
2.2.3 Higher than recommended dose with addiction specialist consultation	☐ Yes	☐ No	☐ N/A
2.2.4 Higher than recommended dose **without** addiction specialist consultation	☐ Yes	☐ No	☐ N/A

2.3 Dose increases for s/l buprenorphine or methadone were:

2.3.1 s/l buprenorphine: ≤ 8mg per day	☐ Yes	☐ No	☐ N/A
2.3.2 Methadone: 5-10mg every 3-5 days based on clinical assessment	☐ Yes	☐ No	☐ N/A
2.3.3 More rapidly than recommended with addiction specialist consultation	☐ Yes	☐ No	☐ N/A
2.3.4 More rapidly than recommended **without** addiction specialist consultation	☐ Yes	☐ No	☐ N/A

2.4 If the patient was commenced on depot buprenorphine, were regular clinical reviews documented during dose titration?

☐ Yes ☐ No ☐ N/A

2.5 During induction and stabilisation, all doses were supervised (i.e. no 'take away' doses)

☐ Yes

☐ No (but with documented specialist consultation)

☐ No

2.6 Frequency of reviews during induction reflected clinical need

☐ Yes ☐ No

2.7 During induction and titration of OAT, there was regular review of the following:

2.7.1 Intoxicated presentations	☐ Yes	☐ No
2.7.2 Symptoms of withdrawal	☐ Yes	☐ No
2.7.3 Ongoing cravings	☐ Yes	☐ No
2.7.4 Other substance use	☐ Yes	☐ No
2.7.5 Patient goals[A]	☐ Yes	☐ No
2.7.6 Patient wellbeing and satisfaction with treatment	☐ Yes	☐ No
2.7.7 Evidence of injected or other drug use	☐ Yes	☐ No
2.7.8 Adherence to treatment[B]	☐ Yes	☐ No

[A] e.g. reduction in medical use, reduction in high-risk activity, progress towards abstinence

[B] e.g. checking with pharmacy dosing point

2.8 Addiction specialist consultation is documented for patients with more complex clinical presentations including:

2.8.1 Rapid dose increases required	☐ Yes	☐ No	☐ N/A
2.8.2 The patient must suddenly discontinue prescribed opioids	☐ Yes	☐ No	☐ N/A
2.8.3 The patient has an unclear level of opioid tolerance	☐ Yes	☐ No	☐ N/A
2.8.4 The patient engages in high-risk polydrug use	☐ Yes	☐ No	☐ N/A
2.8.5 The patient has concomitant physical conditions and/or uses other medicines that may affect the metabolism of methadone	☐ Yes	☐ No	☐ N/A
2.8.6 The patient has already discontinued their opioids (e.g. disrupted supply / treatment)	☐ Yes	☐ No	☐ N/A
2.8.7 Difficulty stabilising on a dose of methadone due to continued substance use, side effects and poor adherence (e.g. frequent missed doses, dose diversion)	☐ Yes	☐ No	☐ N/A

Results table (use this template to record results following data collection)							
Indicator	**Meets the indicator if**	**Y/N Pt 1**	**Y/N Pt 2**	**Y/N Pt 3**	**Y/N Pt 4**	**Y/N Pt 5**	**Total Y (%)**
1. Authority to prescribe the specific OAT obtained from NSW Health	Q2.1 is 'Yes'						
2. Starting doses prescribed within guideline recommendations*	Q2.2						
3. Dose increases were gradual and followed guideline recommendations*	Q2.3						
4. Supervised dosing undertaken during induction and switching of OAT*	Q2.5 if 'Yes' or 'No (but with documented specialist consultation)'						
5. Adequate monitoring during induction and stabilisation, including for intoxication and withdrawal	Q2.7 is all 'Yes'						
6. Frequency of clinical review during induction reflected clinical need	Q2.6 is 'Yes'						
7. Evidence of AOD specialist input where required, i.e. complex needs	Q2.8 if all questions answered with 'Yes' or 'N/A'						

Action plan (use this template to plan actions to address gaps and record dates of completion)		
Indicators where less than target 100% achieved	**Planned actions to address gap**	**Date actions completed**

Re-audit: Following action plan completion, conduct another self-audit, eg after 3 months and compare the results.

MODULE 3: TREATMENT MONITORING AND UNSUPERVISED DOSING

Indicators of best practice

1. Regular clinical review based on treatment needs (by prescriber, nurse or allied health)
2. Regular medical review based on treatment needs
3. Reviewed at least every 3 months (following induction)
4. There is evidence of multidisciplinary team involvement in patient care, including regular contact with dosing points, and other treatment providers e.g. medical practitioners, case workers and pharmacists
5. When switching therapies, followed guideline recommendations for doses
6. Acted on evidence of intoxication, or missed doses to ensure safety
7. Unsupervised (takeaway) doses prescribed in accordance with guideline recommendations* and regularly reviewed to ensure continued safety
8. Tailored and coordinated psychosocial support including interventions to address use of other drugs and alcohol, and/or mental health problems if applicable
9. Discussed long-term goals of OTP and provided information and planning if goal is to withdraw from OTP
10. Cessation of OAT involved psychosocial support, gradual reduction in dose and continuing support, noting the risk of relapse or overdose
11. Regular discussions concerning safety, including driving safety and secure storage of any unsupervised doses and responding to an overdose

*variations must be clinically justified and documented in patient notes

Notes

- Complete the self-audit for a random 10% sample (or at least 5 patients) being prescribed opioid agonist treatment.
- Use one audit form per patient record.
- Select the most appropriate options on the audit form based on what is **documented** in the patient records.
- Set targets to reach for each indicator (best practice is 100%)
- Calculate the results of the self-audit and develop an action plan to address identified gaps. Only one results sheet is required per self-audit cycle.
- Complete a follow up self-audit to measure the impacts of your action plan.

Module 3: Treatment monitoring and unsupervised dosing

Complete the questions based on patient records once a relatively stable dose has been achieved (usually after 3 months). This module focusses on ongoing treatment monitoring, prescriber reviews, and prescribing of unsupervised doses.

Patient initials: _____ Date of Birth: _ _ / _ _ / _ _ _ _

Prescriber name: _____ Audit date: _ _ / _ _ / _ _ _ _

Auditor name/s: _____

3.1 According to clinical complexity, this patient has:

- ☐ High treatment needs ***[go to 3.2]***
- ☐ Moderate treatment needs ***[go to 3.3]***
- ☐ Low treatment needs ***[go to 3.4]***

3.2 You consider this patient to have high treatment need. Documented reviews included:

3.2.1 Clinical review at least once a month	☐ Yes	☐ No
3.2.2 Medical review at least every 2 months	☐ Yes	☐ No
3.2.3 Comprehensive treatment review at least every 3 months ***[go to 3.5]***	☐ Yes	☐ No

3.3 You consider this patient to have moderate treatment needs. Documented reviews included:

3.3.1 Clinical review at least every 2 months	☐ Yes	☐ No
3.3.2 Medical review at least every 3 months	☐ Yes	☐ No
3.3.3 Comprehensive treatment review at least every 6 months ***[go to 3.5]***	☐ Yes	☐ No

3.4 You consider this patient to have low treatment needs. Documented reviews included:

3.4.1 Clinical review at least every 3 months	☐ Yes	☐ No
3.4.2 Medical review at least every 6 months	☐ Yes	☐ No
3.4.3 Comprehensive treatment review at least every 6 months ***[go to 3.5]***	☐ Yes	☐ No

3.5 During reviews, is there documented discussions about the patient's long-term goals, including providing advice if the patient's goal is to withdraw from OTP?

☐ Yes ☐ No

3.6 The following multidisciplinary team members were engaged proactively in coordinating patient care:

3.6.1 Nurse practitioners / Clinical Nurse Consultants	☐ Yes	☐ No	☐ N/A
3.6.2 Dosing point / pharmacy	☐ Yes	☐ No	☐ N/A
3.6.3 Other medical practitioners involved in the care of the patient, eg, GP and specialist	☐ Yes	☐ No	☐ N/A
3.6.4 Allied health services	☐ Yes	☐ No	☐ N/A

3.7 Is there evidence of assessment and coordination of psychosocial support to address the individual needs of the patient?

☐ Yes ☐ No ☐ N/A

3.8 If transferred between methadone, s/l buprenorphine and depot buprenorphine, was it done in accordance with NSW OAT clinical guidelines?

☐ Yes ☐ No ☐ N/A

3.9 Where there was documentation of intoxicated presentations, were there actions taken to ensure safety?

☐ Yes ☐ No ☐ N/A

3.10 Following a risk assessment concerning unsupervised ('take away') doses, including the ability to store doses safely, the patient's risk was documented as:

3.10.1 ☐ High risk ***[go to 3.11]***

3.10.2 ☐ Moderate risk ***[go to 3.12]***

3.10.3 ☐ Low risk ***[go to 3.13]***

3.10.4 ☐ No documented risk ***[go to 3.14]***

3.11 Guidelines recommend no takeaway doses for patients at high risk except in special circumstances. Does the patient record reflect this?

☐ Yes ☐ No ☐ No, but addiction specialist consulted ***[go to 3.14]***

3.12 Guidelines recommend up to 2 unsupervised methadone doses or up to 4 unsupervised buprenorphine / buprenorphine-naloxone doses a week for patients at moderate risk. Does the patient record reflect this?

☐ Yes ☐ No ☐ No, but addiction specialist consulted ***[go to 3.14]***

3.13 Guidelines recommend up to 4 unsupervised doses of methadone or buprenorphine a week, and up to 1-4 weeks of buprenorphine-naloxone for patients at low risk. Does the patient record reflect this?

☐ Yes ☐ No ☐ No, but addiction specialist consulted

3.14 Is there documentation of a structured safety review at least every 3 months and included review of unsupervised dosing arrangements (inc. secure storage), UDS, responding to overdose and driving risk assessment?

☐ Yes ☐ No

3.15 When planning for the cessation of OAT[A], there was documented discussions about:

3.15.1 The process for withdrawal and patient engagement in decision-making	☐ Yes	☐ No	☐ N/A
3.15.2 Gradual dose taper over months, vs rapid reductions (days/weeks) or sudden cessation	☐ Yes	☐ No	☐ N/A
3.15.3 Psychosocial support addressing coping strategies, risk behaviours, support systems	☐ Yes	☐ No	☐ N/A
3.15.4 Regular reviews of progress & plans	☐ Yes	☐ No	☐ N/A
3.15.5 Continuing care / monitoring after ceasing OAT, due to risk of relapse and overdose risk (as tolerance decreases)	☐ Yes	☐ No	☐ N/A

[A] most patients take at least 1-2 years to achieve stability that optimises the chances of successful cessation

Results table (use this template to record results following data collection)							
Indicator	**Meets the indicator if**	**Y/N Pt 1**	**Y/N Pt 2**	**Y/N Pt 3**	**Y/N Pt 4**	**Y/N Pt 5**	**Total Y (%)**
1. Regular clinical review based on treatment needs (by prescriber, nurse or allied health)	Q3.2.1, Q3.3.1 or Q3.4.1 is 'Yes'						
2. Regular medical review based on treatment needs	Q3.2.2, Q3.3.2 or Q3.4.2 is 'Yes'						
3. Reviewed at least every 3 months (following induction)	'Yes' to ANY for Q3.2 Q3.3.1 or Q3.3.2 is 'Yes' Q3.4.1 is 'Yes'						
4. There is evidence of multidisciplinary team involvement in patient care, including regular contact with dosing points, and other treatment providers e.g. medical practitioners, case workers and pharmacists	Q3.6 all 'Yes' or 'N/A'						
5. When switching therapies, followed guideline recommendations for doses	Q3.8 is 'Yes' or 'N/A'						
6. Acted on evidence of intoxication, or missed doses to ensure safety	Q3.9 is 'Yes' or 'N/A'						
7. Unsupervised (takeaway) doses prescribed in accordance with guideline recommendations* and regularly reviewed to ensure continued safety	Q3.10.1 or Q3.10.2 or Q3,10.3 AND Q3.11 or Q3.12 or Q3.13 is 'Yes' or 'No, but addiction specialist consulted'						
8. Tailored and coordinated psychosocial support including interventions to address use of other drugs and alcohol, and/or mental health problems if applicable	Q3.7 is 'Yes' or 'N/A'						
9. Discussed long-term goals of OTP and provided information and planning if goal is to withdraw from OTP	Q3.5 is 'Yes'						
10. Cessation of OAT involved psychosocial support, gradual reduction in dose and continuing support, noting the risk of relapse or overdose	Q3.15 all 'Yes' or 'N/A'						
11. Regular discussions concerning safety, including driving safety and secure storage of any unsupervised doses and responding to an overdose	Q3.14 is 'Yes'						

Action plan (use this template to plan actions to address gaps and record dates of completion)		
Indicators where less than target 100% achieved	**Planned actions to address gap**	**Date actions completed**

Re-audit: Following action plan completion, conduct another self-audit, eg after 3 months and compare the results.

MODULE 4: PRESCRIPTION WRITING, REGULATION AND OTHER PROTOCOLS

Indicators of best practice

1. Adequate discussion of dosing arrangements, clinical documentation and valid prescription provided to dosing point / pharmacy at commencement of and regularly during treatment
2. All prescriptions were valid / legal *
3. All phone ordered or 'owing' prescriptions followed up with original prescription forwarded within 24 hours **
4. All prescriptions sent directly to dosing point pharmacy
5. If prescribing depot buprenorphine, protocol followed for direct receipt of product (without patient handling)
6. Locum arrangements made and communicated to care team prior to taking leave
7. Where transfer of care is required, adequate communication, clinical handover and fulfilment of authority requirements occurred
8. Current NSW Health authority reflects current treatment
9. Where takeaway doses authorised, prescription has clear instructions and guideline recommendations not exceeded ***

* in accordance with clause 80 of the Poisons and Therapeutic Goods Regulation

** in accordance with clause 81 of the Poisons and Therapeutic Goods Regulation

*** variations must be clinically justified and documented in patient notes

Notes

- Complete the self-audit for a random 10% sample (or at least 5 patients) being prescribed opioid agonist treatment.
- Use one audit form per patient record.
- Select the most appropriate options on the audit form based on what is **documented** in the patient records.
- Set targets to reach for each indicator (best practice is 100%)
- Calculate the results of the self-audit and develop an action plan to address identified gaps. Only one results sheet is required per self-audit cycle.
- Complete a follow up self-audit to measure the impacts of your action plan.

Module 4: Prescription writing, regulation & other protocols

Methadone and buprenorphine are Schedule 8 (S8) drugs of addiction, and when prescribing such medicines, due care should be taken to ensure compliance with the Poisons and Therapeutic Goods legislation.

Patient initials: _____ Date of Birth: _ _ / _ _ / _ _ _ _

Prescriber name: _____ Audit date: _ _ / _ _ / _ _ _ _

Auditor name/s: _____

4.1 Prior to referring the patient to a community pharmacy dosing site:

4.1.1 The dosing point pharmacy was contacted to discuss dosing arrangements	☐ Yes	☐ No	☐ N/A
4.1.2 Adequate documentation including patient ID was provided	☐ Yes	☐ No	☐ N/A
4.1.3 A valid prescription was provided directly to the pharmacy (not given to the patient)	☐ Yes	☐ No	☐ N/A

4.2 All prescriptions are written in accordance with clause 80 of the Poisons and Therapeutic Goods Regulation (PTGR)[A]

☐ Yes ☐ No

[A] including the date of issue; name and address of the patient; name, strength and quantity (expressed in both words and figures) of the drug; adequate directions; maximum number of times the drug may be supplied on the prescription

4.3 Were all phone ordered or 'owing' prescriptions followed up by forwarding the original prescription within 24 hours, in accordance with clause 81 of the PTGR?

☐ Yes ☐ No ☐ N/A

4.4 All prescriptions are forwarded directly to the dosing point/pharmacy and not given to the patient

☐ Yes ☐ No

4.5 If prescribing depot buprenorphine, a protocol is followed to ensure the product is received at the practice directly from the supplying pharmacy or from the wholesaler / distributor

☐ Yes ☐ No ☐ N/A

4.6 Prior to taking leave, locum arrangements were made and:

4.6.1 A handover was performed and scripts were checked to be up to date	☐ Yes	☐ No	☐ N/A
4.6.2 Communicated to the care team (including dosing point / pharmacy)	☐ Yes	☐ No	☐ N/A
4.6.3 PRU was notified in writing	☐ Yes	☐ No	☐ N/A
4.6.4 Documentation of locum arrangements	☐ Yes	☐ No	☐ N/A

4.7 If the patient has been transferred into your care or out of your care, there is documentation of

4.7.1 Clinical handover and communication with other prescriber	☐ Yes	☐ No	☐ N/A
4.7.2 Regulatory requirements and mandatory notifications met in a timely way (including notification of transfer of doing site, exit forms if applicable)	☐ Yes	☐ No	☐ N/A
4.7.3 Documentation of handover	☐ Yes	☐ No	☐ N/A

4.8 Does the current NSW Health Authority in the patient records reflect the current treatment being provided?

- ☐ Yes, the authority matches the treatment
- ☐ No, the current authority does not match the treatment
- ☐ There is no documented authority

4.9 If unsupervised ('take away') doses were prescribed:

4.9.1 Directions are clearly included on the prescription	☐ Yes	☐ No	☐ N/A
4.9.2 Where guideline recommendations are exceeded, there is documentation of clinical justification in patient notes	☐ Yes	☐ No	☐ N/A

Results table (use this template to record results following data collection)							
Indicator	**Meets the indicator if**	**Y/N Pt 1**	**Y/N Pt 2**	**Y/N Pt 3**	**Y/N Pt 4**	**Y/N Pt 5**	**Total Y (%)**
1. Adequate discussion of dosing arrangements, clinical documentation and valid prescription provided to dosing point / pharmacy at commencement of treatment	Q4.1 all are 'Yes' or 'N/A'						
2. All prescriptions were valid / legal	Q4.2 is 'Yes'						
3. All phone ordered or 'owing' prescriptions followed up with original prescription mailed within 24 hours	Q4.3 is 'Yes' or 'N/A'						
4. All prescriptions sent directly to dosing point pharmacy	Q4.4 is 'Yes'						
5. If prescribing depot buprenorphine, protocol followed for direct receipt of product (without patient handling)	Q4.5 is 'Yes' or 'N/A'						
6. Locum arrangements made and communicated to care team prior to taking leave	Q4.6 all are 'Yes' or 'N/A'						
7. Where transfer of care is required, adequate communication, clinical handover and fulfilment of authority requirements occurred	Q4.7 all are 'Yes' or 'N/A'						
8. Current NSW Health authority reflects current treatment	Q4.8 is 'Yes'						
9. Where takeaway doses authorised, prescription has clear instructions and guideline recommendations not exceeded	Q4.9 are all 'Yes' or 'N/A'						

Action plan (use this template to plan actions to address gaps and record dates of completion)		
Indicators where less than target 100% achieved	**Planned actions to address gap**	**Date actions completed**

Re-audit: Following action plan completion, conduct another self-audit, eg after 3 months and compare the results.