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.