SELF-AUDIT FOR COMMUNITY PHARMACIES PROVIDING OTP SERVICE

This resource is a quality improvement tool for pharmacies providing OTP services. It highlights the involvement of pharmacists to optimise patient safety when providing care. Measures relate to quality of practice for individual patients as well as general pharmacy procedures. Use the results to address identified areas for improvement (e.g., documentation practices, staff training and process refinement).

Re-audit regularly as part of continuous quality improvement. It is recommended that you complete the self-audit every 6-12 months, or more often if staff turnover is high. **Complete the QUALITY MEASURES checklist for at least 15% of patients (a minimum of 3 patients) receiving OTP dose administration at your pharmacy.**

Patient identifier: _____ Date of audit: _____ Name of auditor: _____

	QUALITY MEASURES There should be **evidence** or **documentation** of the following for each patient audited	**Y/N**
1	Direct communication with the prescriber to facilitate initiation and shared management of the patient. Matters that should be discussed include: ( ) first day of dosing ( ) prescriber contact details and preferred methods of communication ( ) obtaining prescriptions (should not be handled by the patient) ( ) arrangements for takeaway doses ( ) arrangements for missed doses ( ) intoxication management ( ) any medicines (OTC or prescribed) that should not be provided without confirming with prescriber ( ) other (e.g., current concomitant medicines and comorbidities) specify _____	
2	Patient identification and a recent photograph to be kept with the current prescription	
3	A valid prescription, compliant with Schedule 8 regulatory requirements (must not be back-dated, with clear dose instructions and individually authorised takeaway doses if applicable)	
4	Discussed concomitant drug and alcohol use with the patient	
5	Discussed the safe use and storage of takeaway doses with the patient (if applicable)	
6	Discussed procedures and legal requirements around missed doses with the patient (e.g., if more than 5 doses missed, referral to prescriber for re-induction required)	
7	Discussed driving safety and intoxication with the patient (consider providing written information)	
8	Details of inter-professional communication for matters affecting treatment (e.g., to discuss adherence, reports of intoxication, multiple prescribers and concomitant drug use of concern)	
9	Discussed with the prescriber any instances where prescribing represents a clear and clinically significant deviation from the Clinical Guidelines. Recorded justification for variance should be documented in patient notes (e.g., number of takeaways prescribed)	
10	Full prescription details to be recorded in dispensing software (includes all of the following) ( ) a unique prescription number ( ) name of the prescriber, address of prescriber and contact telephone number ( ) date of the prescription ( ) name and address of the patient ( ) dose of methadone or buprenorphine and provisions for takeaway doses as individually authorised on the prescription ( ) date of supply ( ) name of pharmacist	
	Total number of 'N' responses (considered gaps in practice)	**/10**

➔ **Review your PHARMACY PROCEDURES.** Date of audit: _____ Name of auditor: _____

	PHARMACY PROCEDURES, record keeping, storage and other legislative requirements	**Y/N**
1	Suitable area for dosing (quiet or private area of pharmacy)	
2	Ready access to current therapeutic resources i.e. NSW Clinical Guidelines, NSW OTP Community pharmacy dosing protocol (TG201/4), consumer resources (eg, yourroom, self-care cards)	
3	Documented procedures for supervised dosing (must be a registered pharmacist using adequately maintained equipment for accurate measurement of doses and single use cups)	
4	Documented procedures and provisions for the safe supply of takeaway doses, including ( ) each takeaway dose labelled as described in section 5.2.7 of the current TG201 Protocol, including auxiliary label 1 ( ) new child resistant containers (methadone)/cardboard dispensing box or plastic container (buprenorphine)	
5	Compliance to legislative requirements for ordering, storage and receipt of methadone and buprenorphine in a compliant safe	
6	Hard copies of original prescriptions kept on the premises for 2 years ( ) kept separately from other prescriptions, as per all S8 and anabolic steroids ( ) cancelled/superseded prescriptions separate from current prescription to avoid dosing from an old script	
7	Proper use of an approved drug register, kept on the premises for 2 years ( ) if using approved subsidiary drug registers (SDR), a separate SDR used for each formulation of OAT, all fields completed correctly, recording dosing details using one line for each patient. Excel spreadsheets are NOT approved. ( ) balance transferred every day from SDR'	
8	Regular stock checks at the end of every bottle or monthly (whichever is sooner) ( ) reporting of loss or theft of drug of addiction to the Pharmaceutical Regulatory Unit ( ) reconcile any 'overage'	
Total number of 'N' responses (considered gaps in practice)		**/8**

➔ **Document corrective and planned actions to address gaps identified** (suggested format)

Patient id	Quality measures: Corrective and planned actions	completion date
Pharmacy procedures: Corrective and planned actions		completion date