

ACCOUNTABLE MEDICINES AUDITS

PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- [NSW Health Policy Directive PD2013_043 – Medication Handling in NSW Public Health Facilities](#) outlines the auditing expectations. This SCHN Procedure provides the local auditing and SCHN processes relating to accountable medicines audits. Audits are conducted to monitor compliance with the NSW Policy Directive

Audits are conducted to monitor compliance with the NSW Policy Directive, the Poisons and Therapeutic Goods Act 1966 and Therapeutic Goods regulation 2008.

CHANGE SUMMARY

- N/A – new document.

READ ACKNOWLEDGEMENT

- Registered Nurses and Registered Pharmacists are to read and acknowledge they understand the contents of this document.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st January, 2018	Review Period: 3 years
Team Leader:	Director of Nursing	Area/Dept: Executive

Definition

Accountable medicines at SCHN are:

- Schedule 8
- Schedule S4D
- The following Schedule 4 medicines: chloral hydrate, propofol, cannabidiol, tramadol,
- Some clinical trial medicines
- Some special access scheme medicines

From time to time other medicines may be added to this list as deemed appropriate by the SCHN drug committee

Storage and Accountability

- Accountable drugs are stored in the Dangerous Drugs (DD) Safe on the ward
- They are recorded in the NSW Health Controlled Drugs Register
- For further information on the storage and accountability requirements see [NSW Health Policy – Medication Handling in NSW Public Health Facilities PD2013_043](#)

Audit Process

- Audits are conducted to monitor compliance with the NSW Policy Directive , the Poisons and Therapeutic Goods Act 1966 and Therapeutic Goods regulation 2008
- An audit, using the audit tool (in Appendix), is to be conducted in March, June, September and December each year.
- It is to be conducted by a Pharmacist and the Nurse Unit Manager of the clinical area.
- A copy of the completed audit is to be provided to the NUM, so that an action plan is developed for the ward to address areas requiring improvement.
- The original audit is to be stored in the Department of Pharmacy.

Audit Report and Action Plan

- An audit report summarising the hospital wide data is to be produced and reported to the SCHN Drug Committee, Director of Nursing, Clinical Program Director and Director of Pharmacy
- Any areas in the report that do not meet above 80% compliance will be identified in a hospital wide action plan.
 - Hospital wide action plans will be addressed through formal Network nursing education

- Smaller ward/unit based action plans may also be used to improve compliance between hospital wide quarterly audits and may be conducted as frequently as weekly by the NUM.
- If non-compliance with particular items within the audit are identified at a local level, then a unit based action plan is to be prepared by the NUM within 1 week of the audit. The action plan should include the need for additional audits to be conducted weekly for 1 month to ensure compliance with specific areas identified. A copy of this action plan and evidence of audits and compliance should be provided to the Clinical Program Director, Director of Nursing and Director of Pharmacy after 1 month.
- The Clinical Governance Unit will assist in the development of tools for NUMs to use to conduct smaller audits that are specific to their unit.

References

1. *NSW Health Policy – Medication Handling in NSW Public Health Facilities PD2013_043*
(http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf)
- 2.
3. *Schedule 8 drugs (drugs of addiction) list.*
<http://www.health.nsw.gov.au/pharmaceutical/Documents/prescribed-restrict-subst.pdf>
- 4.
5. *Schedule 4 Appendix D Drugs (prescribed restricted substances) list.*
<http://www.health.nsw.gov.au/pharmaceutical/Documents/prescribed-restrict-subst.pdf>

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Appendix 1 – CHW:

Schedule 4 Appendix D (S4D) and Schedule 8 (S8) Medications Audit - Storage, Handling, Checking

Ward/Unit Name:		Date of Audit: ____/____/____			
Part A: Drug Register Review		Drug Register Audited S4D / S8			Action taken/ comments
Audit 3 medications. (Attach copy of the requisition to Pharmacy for each audited medication). Document the Name of the drug / Requisition number Oxycodone liquid must be one of the medicines audited if it is present		Med 1: ----- -----	Med 2: ----- -----	Med 3: ----- -----	
1	The receipt of stock from pharmacy is recorded in the correct column in all instances				
2a	Check & verify full signatures are identifiable against signature register retained by NUM				
2b	Routine balance checks have been conducted at least once per shift . (Check on the pages that were in use when the 3 audited medications were received)				
3	Drug register contents page matches against the corresponding drug register pages. (Check for the 3 audited medications)				
4a	Check that entries have been made in the sections: Transferred Balance from Page:... AND Transferred Balance to Page:... (Check on the pages that were in use when the 3 audited medications were received)				
4b	Check carried forward balances have been correctly entered for the 3 audited medications (Check on the pages that were in use when the 3 audited medications were received)				
6	Entries dated and timed in last 24hr for each audited drug				
7	Patient's name for administrations in the last 24hrs for each audited drug				
8	Discard amounts entered appropriately in the last 24hrs for each audited drug				
9	Prescriber name clearly written in the last 24hrs for each audited drug				

Signature of person completing survey: _____ Print Name: _____ Designation: Nursing Unit Manager

Signature of person completing survey: _____ Print Name: _____ Designation: Pharmacist

Schedule 4 Appendix D (S4D) and Schedule 8 (S8) Medications Audit - Storage, Handling, Checking

Ward/Unit Name:		Date of Audit: ____ / ____ / ____		
Part A: Drug register review continued...		Drug Register Audited S4D / S8		Action taken/ comments
<i>Audit 3 medications. (Attach copy of the requisition to Pharmacy for each audited medication). Document the Name of the drug / Requisition number</i>		Med 1: -----	Med 2: -----	Med 3: -----
S4D and S8 medications that have been found to have a discrepancy in balance, be lost or stolen, including broken ampoules, have been reported and recorded in accordance with policy. (Check on the pages that were in use when the 3 audited medications were received) or N/A				
Have any broken ampoules been recorded? (Check on the pages that were in use when the 3 audited medications were received) If yes - review frequency of broken ampoules How many times have broken ampoules been recorded within the last 24 hours <i>(Check the pages in use for the last 24 hours, for the 3 audited medications):</i> ____				
Any altered, obliterated or cancelled entries within the last 24 hours? <i>(Check the pages in use for the last 24 hours, for the 3 audited medications)</i> If yes - check to ensure if it has been done in accordance with policy requirements.				
		Compliant		Actions/Comments
		Yes	No	
Balance of each drug in the safe is correct				
Other issues/Comments:				

Signature of person completing survey: _____ Print Name: _____ Designation: Nursing Unit Manager

Signature of person completing survey: _____ Print Name: _____ Designation: Pharmacist

Schedule 4 Appendix D (S4D) and Schedule (S8) Medications Audit - Storage, Handling, Checking

Part B: Medication Order review

Ward/Unit Name	Date of Audit: ____/____/____
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Identify 3 patients who have received S4D/S8 medications within the past 48 hours

Patient 1 MRN..... Medication.....	Patient 2 MRN..... Medication.....	Patient 3 MRN..... Medication.....
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Review criteria below against medication chart and drug register
 To score a "Yes" response, criteria must be met 100%

	Patient 1		Patient 2		Patient 3	
	Yes	No	Yes	No	Yes	No
All actual doses administered match the dose in drug register and on medication chart						
All actual doses administered have been signed for on the medication chart by the nurse administering it and the RN supervising its administration.						
Signatures on NIMC or name in MAR matches signatures in drug register						

Signature of person completing survey: _____ Print Name: _____ Designation: Nursing Unit Manager

Signature of person completing survey: _____

Appendix 2 – SCH

Schedule 4 Appendix D (S4D) and Schedule 8 (S8) Medications Audit - Storage, Handling, Checking

Ward/Unit Name:		Date of Audit: ____/____/____			
Part A: Drug register review		Drug Register Audited			Action taken/ comments
To score a "Yes" response, criteria must be met 100%		S4D / S8			
Audit 3 medications. (Attach copy of the requisition to Pharmacy for each audited medication). Document the Name of the drug / Requisition number		Med 1:	Med 2:	Med 3:	
		-----	-----	-----	
		
1	The receipt of stock from pharmacy is recorded in the correct column in all instances				
2	Check & verify full signatures are identifiable against signature register retained by NUM				
3	Drug register contents page matches against the corresponding drug register pages. (Check for the 3 audited medications)				
4a	Check that entries have been made in the sections: Transferred Balance from Page:... AND Transferred Balance to Page:... (Check on the pages that were in use when the 3 audited medications were received)				
4b	Check carried forward balances have been correctly entered for the 3 audited medications (Check on the pages that were in use when the 3 audited medications were received)				
5	Routine balance checks have been conducted at least once per shift . (Check on the pages that were in use when the 3 audited medications were received)				
6	Entries dated and timed in last 24hr for each audited drug				
7	Patient's name documented for administrations in the last 24 hours for each audited drug				
8	Discard amounts entered appropriately in the last 24 hours for each audited drug				
9	Prescriber name clearly written in the last 24 hours for each audited drug				

Signature of person completing survey: _____ Print Name: _____ Designation: Nurse Unit Manager

Signature of person completing survey: _____ Print Name: _____ Designation: Pharmacist

Ward/Unit Name:	Date of Audit: ____/____/____			
Part A: Drug register review continued.... To score a "Yes" response, criteria must be met 100%	Drug Register Audited S4D / S8			Action taken/ comments
<i>Audit 3 medications. (Attach copy of the requisition to Pharmacy for each audited medication). Document the Name of the drug / Requisition number</i>	Med 1: -----	Med 2: -----	Med 3: -----	
S4D and S8 medications that have been found to have a discrepancy in balance, be lost or stolen, including broken ampoules, have been reported and recorded in accordance with policy. (Check on the pages that were in use when the 3 audited medications were received) or N/A				
Have any broken ampoules been recorded? (Check on the pages that were in use when the 3 audited medications were received) If yes - review frequency of broken ampoules How many times have broken ampoules been recorded within the last 24 hours (Check the pages in use for the last 24 hours, for the 3 audited medications): _____				
Any altered, obliterated or cancelled entries within the last 24 hours? (Check the pages in use for the last 24 hours, for the 3 audited medications) If yes - check to ensure if it has been done in accordance with policy requirements.				
Other issues/Comments:				

Signature of person completing survey: _____ Print Name: _____ Designation: Nurse Unit Manager

Signature of person completing survey: _____ Print Name: _____ Designation: Pharmacist

Schedule 4 Appendix D (S4D) and Schedule (S8) Medications Audit - Storage, Handling, Checking

Part B: Medication Order review

Ward/Unit Name	Date of Audit: ___ / ___ / ___								
<ul style="list-style-type: none"> Identify 3 patients who have received S4D/S8 medications within the past 48 hours <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td style="width: 33%; padding: 5px;">Patient 1 MRN..... Medication.....</td> <td style="width: 33%; padding: 5px;">Patient 2 MRN..... Medication.....</td> <td style="width: 33%; padding: 5px;">Patient 3 MRN..... Medication.....</td> </tr> </table> <ul style="list-style-type: none"> Review criteria below against medication chart and drug register To score a "Yes" response, criteria must be met 100% 							Patient 1 MRN..... Medication.....	Patient 2 MRN..... Medication.....	Patient 3 MRN..... Medication.....
Patient 1 MRN..... Medication.....	Patient 2 MRN..... Medication.....	Patient 3 MRN..... Medication.....							
	Patient 1		Patient 2		Patient 3				
	Yes	No	Yes	No	Yes	No			
All actual doses administered match the dose in drug register and on medication chart									
All actual doses administered have been signed for on the medication chart / MAR by the nurse administering it and the RN supervising its administration.									
Signatures on NIMC or name in MAR matches signatures in drug register									

Signature of person completing survey: _____ Print Name: _____ Designation: Nurse Unit Manager

Signature of person completing survey: _____ Print Name: _____ Designation: Pharmacist