

Community Pharmacy Safety in Practice (CP-SiP)

Change Package Clinical Module – NSAIDs 2018-19



Background

A key aim of the Safety in Practice programme is to work with Primary Health Care teams to reduce preventable patient harm from the care they receive. Adverse drug events (ADEs) are major causes of patient morbidity and mortality, and a source of significant costs for both organisations and patients.¹

Non-steroidal anti-inflammatory drugs (NSAIDs) are the most frequently prescribed medicines for analgesia in primary care, after paracetamol.² However, NSAID use can be associated with a range of serious adverse effects including:

- cardiovascular events
- gastrointestinal complications
- renal failure
- hypersensitivity reactions.

Even if the risk of an individual patient experiencing an NSAID-related adverse event is relatively low, the frequency of NSAID use within the community means that the potential for NSAID-related adverse events to occur is a concern. NSAID use therefore requires careful consideration of individual patient risk factors.²

The Centre for Adverse Reactions Monitoring (CARM) received 119 reports of renal adverse reactions associated with NSAID (including COX-2 inhibitor) use from 1 January 2000 to 31 December 2012. Approximately 70% of reports were serious, including four deaths and 12 that were considered to be life-threatening. The majority of reports (74%) occurred in patients aged 50 years and over.³

This clinical module focuses on best practice and safe use of NSAIDs (including COX-2 Inhibitors). Although the focus of this clinical module is on prescribed NSAIDs for data collection purposes, it is expected that equivalent clinical checks and education will also be provided for over-the-counter NSAIDs.

Clinical module aim

By June 2019, all patients receiving a prescribed NSAID will have clinical checks performed and receive education at time of medicine collection.

Measuring reliability of your care

Pharmacist Scope of Practice

According to The Pharmacy Council of New Zealand, “The practice of pharmacy is necessarily broad and is wider than pharmacists working directly with patients, given that such roles influence clinical practice and public safety. In a clinical role, the pharmacist acts as a medicines manager, providing patient-centered medication therapy management, health improvement and disease prevention services, usually in a collaborative environment. Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy”.⁴

Good medicines management and patient education are core responsibilities of pharmacy practice. In conjunction with a Pharmacy Expert Group, we have developed process and patient outcome measures that we believe represent best practice for NSAID management and education, in a succinct manner.

These measures indicate expectations of best practice for ‘every patient, every time’, for those taking NSAIDs.

It is best practice to document all interventions and recommendations made to evidence work that has been carried out. This is one way pharmacists can show all the work that they do, in line with Pharmacy Council of New Zealand Competence Standard O1.4.7. Therefore, the process measures relate to documented evidence that the best practice activities have been performed.

“Competence Standard O1.4.7

Supports and provides continuity of care with accurate and timely documentation of clinical and professional interventions and recommendations, using agreed handover protocols.”

Process and patient outcome measures

The process measures assess whether there is documented evidence of the activity taking place. This information needs to be recorded in the patient file (Toniq or RxOne).

The patient outcome measures assess whether the patient has understood and can recall correctly the information provided.

To assess your processes, we require data from a random sample of 10 patients each month. We do not require NHI or patient identifiable data so please ensure it is anonymous.

- Please see Table 1 for further guidance regarding these measures
- These questions relate to the patient or carer as appropriate
- The target population for data collection is patients aged 18 years and over
- Medicine refers to the NSAID

Part 1: Process measures (every patient, every time)

1. If the patient is prescribed a Triple Whammy, is there evidence the prescriber was notified?
2. If the patient is considered to be in a high-risk group and not on gastroprotection, is there evidence the prescriber was notified?
3. Is there evidence the patient was informed how to use their medicine?
4. a) Is there evidence the patient was informed about possible side effects?

b) If yes, (they were informed about possible side effects) is there evidence the patient was informed what to do?
5. Is there evidence the patient was informed of the risks of a dehydrating illness and to keep hydrated?
6. Is there evidence the patient was offered written information about the medicine?

Part 2: Outcome measures (for 10 random patients)

7. Was the patient able to correctly describe (dose and frequency) how to use their medicine?
8. Was the patient able to identify a possible side-effect of their medicine?
9. Was the patient able to identify who to ask for help with their medicine?

Table 1: Measures and rationale

Please note: these questions relate to the patient or carer as applicable.

Medicine refers to the NSAID

#	Measure	Rationale
1.	<p>If the patient is prescribed a Triple Whammy, is there evidence the prescriber was notified?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A (not on Triple Whammy) <input type="checkbox"/></p>	<p>A Triple Whammy is the concurrent use of ACE (Angiotensin-converting enzyme) inhibitor or ARB (Angiotensin-2 receptor blocker), a diuretic and an NSAID. This combination is associated with an increased rate of acute kidney injury compared to double therapy (diuretic plus ACE inhibitor or ARB). The greatest risk is observed in the first 30 days of use.³</p> <p>The Triple Whammy is best avoided to prevent occurrence of acute kidney injury. Contact the prescriber if the patient is found to be on a Triple Whammy and ask them to reconsider and check the patient's renal function.</p> <p>Offer the following information to the prescriber if appropriate:</p> <ul style="list-style-type: none"> • www.saferx.co.nz/triplewhammy.pdf • https://bpac.org.nz/2018/triple-whammy.aspx <p>Use patient information leaflets as appropriate:</p> <ul style="list-style-type: none"> • www.saferx.co.nz/Patient_info_Triple_Whammy.pdf

<p>2.</p>	<p>If the patient is considered to be in a high-risk group and not on gastro-protection, is there evidence the prescriber was notified?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A (not a high risk patient) <input type="checkbox"/></p>	<p>People at increased risk of gastrointestinal adverse events from NSAIDs include:</p> <ul style="list-style-type: none"> • Aged over 65 years • Concomitant use of medicines known to increase risk of GI bleeds (ie anticoagulants, antiplatelets, aspirin, corticosteroids, SSRIs, venlafaxine, duloxetine) • History of GI ulcer or bleeding excessive alcohol or smoking. <p>If the patient presents with one of the above risk factors and is prescribed an NSAID, contact the prescriber to discuss other options including:</p> <ul style="list-style-type: none"> • The use of alternative analgesia or • Gastro-protection with a proton pump inhibitor (PPI). <p>*Note: the PPI requirement will depend on the patient, duration of treatment and clinical judgement including likelihood of further NSAID use. If it is a short course of NSAID treatment, use your clinical judgement as to whether gastro-protection should be advised.</p> <p>Unnecessary PPI treatment also has risks, for example increased risk of <i>C. difficile</i> infections, which can cause chronic diarrhoea.</p>
<p>3.</p>	<p>Is there evidence the patient was informed how to use their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Taking NSAID formulations with milk or food, or using enteric-coated formulations may partially reduce symptoms such as dyspepsia.</p>
<p>4.</p>	<p>a) Is there evidence the patient was informed about possible side effects?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) If yes, (they were informed of possible side effects), is there evidence the patient was informed what to do?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A (not informed about side effects) <input type="checkbox"/></p>	<p>Adverse effects such as gastro-intestinal disturbances including pain or discomfort, dyspepsia or indigestion, nausea, diarrhoea, and occasionally bleeding and ulceration can occur with NSAID use.³</p> <p>When supplying the NSAID, discuss the importance of reporting any side effects so that these can be managed.</p> <ul style="list-style-type: none"> • Heart burn, indigestion, stomach discomfort – take with food, refer to prescriber if painful • Severe stomach pain, blood in stools, coughing up or vomiting blood or dark vomit – see doctor immediately • Allergic reaction, swelling of lips, face, itching – contact doctor immediately

<p>5.</p>	<p>Is there evidence the patient was informed of the risks of a dehydrating illness and to keep hydrated?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>All NSAIDs have been associated with the development of acute kidney injury (AKI). This is more likely to occur in patients with other risk factors including:</p> <ul style="list-style-type: none"> • Hypovolaemic states • Aged over 65 years • Chronic hypertension or atherosclerosis • Pre-existing renal or glomerular disease • Use of ACE inhibitors or ARBs • Use of the 'triple whammy' (ACE inhibitor or ARB, a diuretic and an NSAID)^{2,3} <p>Pharmacists should advise patients that if they are vomiting or have diarrhoea, they should keep hydrated to help prevent kidney damage. Patients should consider alternative analgesia or withhold the NSAID if not required during the period of acute illness. The patient should contact their healthcare professional for advice in the event of severe vomiting or diarrhoea lasting longer than 2 days.</p> <p>Patients who are on NSAIDs long-term or often should be aware of this advice.</p>
<p>6.</p>	<p>Has the patient been offered written information about the medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>To offer, is to specifically ask if they would like to receive some written patient information. This could include:</p> <ul style="list-style-type: none"> • Yellow Card to clarify appropriate dosing and frequency • SafeRx® ibuprofen patient information sheet www.saferx.co.nz/Patient_info_ibuprofen.pdf • Medsafe www.medsafe.govt.nz or NZF http://nzf.org.nz/ consumer medicines information leaflets • Resources available on www.healthnavigator.org.nz • Self-Care cards

Patient outcomes		
<p>For this section, you need to check understanding of 10 randomly selected patients who have been dispensed an NSAID either via follow up phone call or if they come back into the pharmacy. Remember to use open questions and listen carefully to the answers from the patient.</p> <p>If you are unable to contact a patient, please note this in the data collection spreadsheet.</p>		
7.	<p>Was the patient able to correctly describe (dose/frequency) how to use their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>Do you know how to take your medicine?</i></p> <p>Answer guidance:</p> <ul style="list-style-type: none"> • Yes - if they could tell you how to correctly take their medicine • No - if they didn't know how correctly to take their medicine
8.	<p>Can you tell me a possible side effect of the medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>'Do you know any side effects that might happen?'</i></p> <p>This question is to assess whether the education provided to the patient was effective. Relying on spoken, and non-verbal cues such as the person saying 'yes' or nodding is not accurate.⁶</p>
9.	<p>Was the patient able to identify who to ask for help with their medicines?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>'Who would you ask for help if you are worried about your medicines or side effects?'</i></p> <p>It is important that the patient is clear about what they should do if they experience a side effect.</p> <p>Appropriate answers may include examples such as:</p> <ul style="list-style-type: none"> • Pharmacist, Pharmacy staff member, Doctor, Nurse

Randomising patients

For sample sizes up to 10

Audit all 10 patients.

For sample sizes of 11 - 28

1. Select a random number between 1 and 10 by picking pieces of paper out of a hat.
2. If you select an odd number audit every other patient starting at 1 e.g. 1st, 3rd, 5th, 7th etc. If you select an even number audit every other patient starting with the second patient e.g. 2nd, 4th, 6th, 8th etc.

For sample sizes 29+

1. Select a random number between 1 and 10 by picking pieces of paper out of a hat.
2. Audit every other patient starting at this number e.g. if 6 is drawn audit the 6th, 8th, 10th patient etc.

Data collection and submission

In order to assess your processes for NSAID management and education, you will need to collect data from 10 random patients dispensed these medicine every month. As a team, you will then reflect on your results monthly and look for opportunities for improvement.

Note: We DO NOT require NHI or patient identifiable data, so please ensure it is anonymous.

1. When you receive a script for an NSAID, go through the Process Measures for “Every patient, every time”.
2. Document the information in the patient file eg in Toniq as an intervention or in RxOne as an event audit so it can be found easily.

3. Data collection - at the end of the month:
 - a. Run a report on Toniq or RxOne for all NSAIDs dispensed during the month.
 - b. From the report, randomly select 10 patients.
 - c. For the 10 patients, review their patient file for **documented** evidence that the Process Measures occurred. Record this on the spreadsheet.
 - d. Contact the 10 patients and go through the Outcome Measures with them - record results on spreadsheet.
 - e. Submit spreadsheet to audit@safetyinpractice.co.nz by the 10th of every month.

4. Discuss results with your team each month and look for opportunities for improvement (Change Ideas).
5. Test Change Ideas using Plan-Do-Study-Act (PDSA) cycles. Enter your PDSAs into the PDSA template in the spreadsheet (tab 6) to keep a record of changes that you have tried, and also update the PDSA log (tab 7).
6. Repeat the above processes every month.

- Refer to the Toniq or RxOne screenshots in appendix 2 and 3 for more guidance on selecting patients.
- Documented evidence is required for compliance to Process Measures - please tick ‘No’ on the spreadsheet if the information has not been documented in the patient file.
- Outcome measures require patient follow-up either via phone call or if they return to the pharmacy. If you are unable to locate a patient for one of the 10 sample patients, please note this in the data collection spreadsheet.

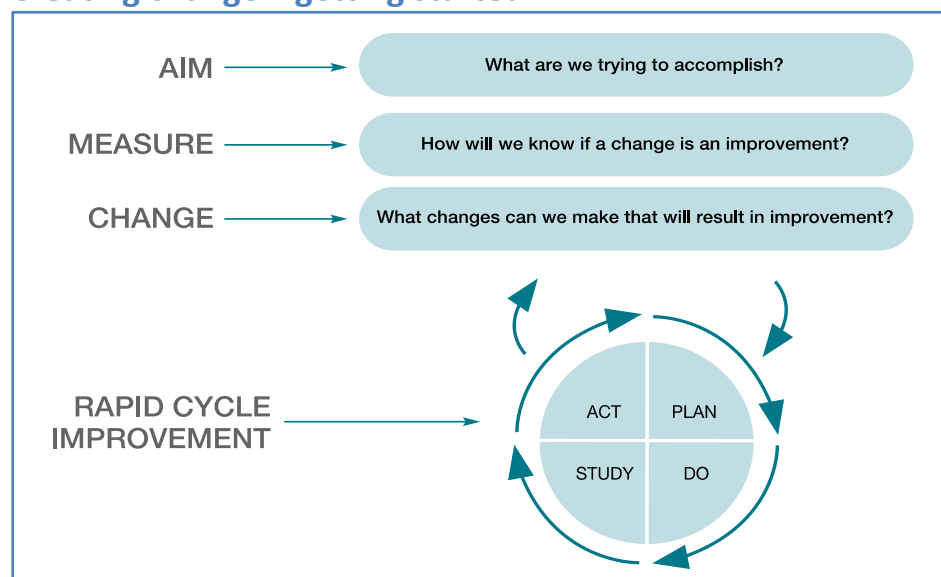
Please note: we expect low scores for the baseline August 2018 data, where interventions occurred prior to the Safety in Practice programme beginning, so do not worry.

Getting your team ready for Safety in Practice

Points to consider

- Read through this document so you are familiar with the content
- Identify responsible leads to drive the programme in your pharmacy
- Organise a staff meeting to talk about Safety in Practice and what is involved
- Develop a process or an SOP document for locums and new staff
- Decide on which patient resources your team would prefer to use and make sure they are readily available
- Decide how you will document any interventions and discussions with prescribers
- Decide how to document patient education on the patient file
- Discuss how to select the 10 patients per month for data collection (Refer to the Toniq and RxOne screen shots attached for more details)
- Decide who will be responsible for completing the data collection sheet and submitting data
- Engage with your GPs regarding the CP SiP programme and discuss NSAID prescribing, the Triple Whammy and the resources you will be using
- Display posters in the pharmacy so patients are aware that you are a 'Safety in Practice' pharmacy

Creating change – getting started



Before you start your plan phase:

- Bring together your team – these people will work with you to plan and carry out the test of change
- Select the process you wish to change

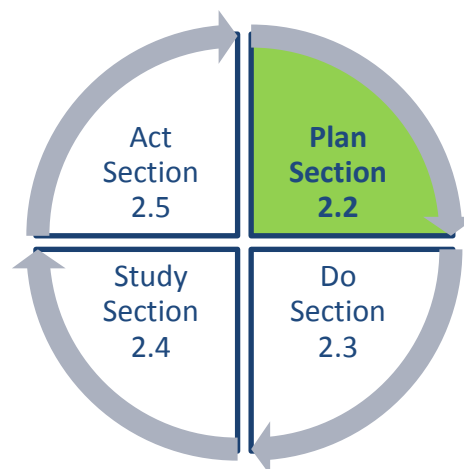
As a team answer the 3 questions above:

1. What are we trying to accomplish? (write an objective for this PDSA cycle)
2. How will we know if a change is an improvement?
3. What changes can we make that will result in improvement?

Plan stage

Plan how the changes will happen – ask yourselves and write down the following:

- What will we do?
- Who will carry out the plan?
- When will it take place?
- Where will it happen
- What data and information will we collect ie what will help us determine if the change is an improvement?
- Do we need training or materials?



Make predictions –what do you think will happen when you test the change and why?

Ask yourself:

- What do we hope to learn by testing the change?
- What will happen when we test the change?
- How will the change be carried out?

Change Idea examples

General	<ul style="list-style-type: none"> • Discuss results of baseline data collection at a team meeting and include SiP as a regular agenda item at team meetings • Arrange education session for pharmacy team about NSAIDs, the Triple Whammy and patient education • Think about whether you will also use a checklist for 'over the counter' purchased NSAIDs
Clinical processes	<ul style="list-style-type: none"> • As a team, identify barriers that will prevent you from providing education to patients and look for ways of addressing them
Documentation	<ul style="list-style-type: none"> • See Toniq and RxOne screen shots for examples of measures templates
Discussion with patient	<ul style="list-style-type: none"> • Create prompt card for education points • Optimise use of Self Care Cards • Utilise SafeRx® patient information leaflets for ibuprofen and the Triple Whammy • Arrange education session for pharmacy team about NSAIDs and high-risk patients • Provide information to patients about their reason for being on an NSAID and what to do if they experience side effects <p>See www.healthnavigator.org.nz and www.saferx.co.nz for resources</p>

Previous teams' experiences

Benefits

- Confidence within the team that patient education is taking place
- Good conversations with patients
- Improved concordance and understanding of medication
- Good staff buy in to process.

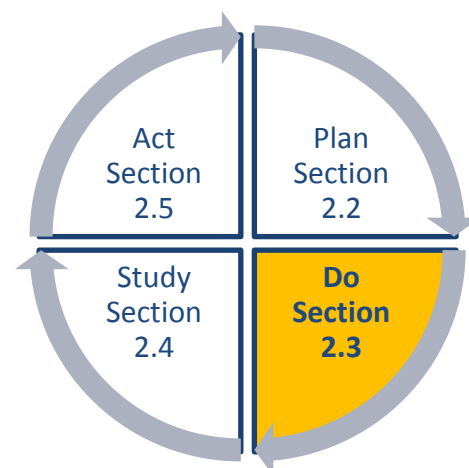
Challenges

- Time commitment required – no easy way out
- Frequent reinforcement needed to effect change
- Took time to effect change
- Contacting patients afterwards and thinking about how to best approach the conversation.

Some pharmacies found a scripted conversation useful for when they had to call patients e.g. *"We are trying to improve the service we provide to our patients. You received a (x) prescription from us this month, is it ok if we asked you 3 questions about this? It should only take 2 minutes"*.

Do

- Prepare to test; gather resources
- Try out your change idea – it is usually best to try it out on a small sample or area of your practice.
Starting on a small scale might mean 1 or 2 patients – that way if it doesn't work it is easier to remove the step or process
- While you are testing keep track of what happens in real time – don't wait to write it up



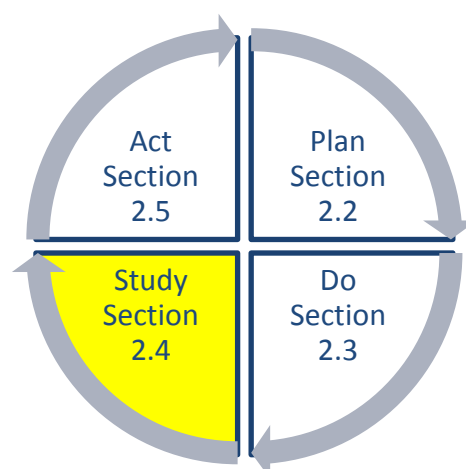
Study

Complete the analysis of the data.

Ask yourself:

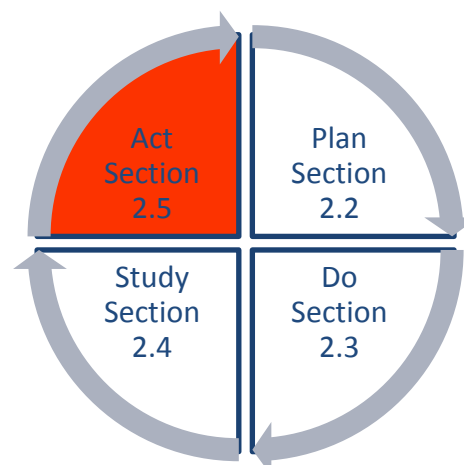
- What has changed?
- Who was affected?
- Are the effects positive or negative?
- Are they worth keeping or removing, adapting or developing?

Compare the data to your predictions.



Act

- Summarise and reflect on what was learned
- Refine the change based on what was learned
- Are you going to adopt the change, adapt and retest, or abandon?
- Prepare a plan for your next PDSA cycle – back to the Plan step for your next cycle!



Contacts

- Questions, feedback or general enquiries: info@safetyinpractice.co.nz
- Submitting data: audit@safetyinpractice.co.nz
- Website: www.safetyinpractice.co.nz
- Meet our team: <http://aucklandnc.safetyinpractice.co.nz/our-programme/meet-the-team/>

Resources

- BPAC information
NSAIDS - www.bpac.org.nz/bpi/2013/october/nsaids.aspx
Triple Whammy - <https://bpac.org.nz/2018/triple-whammy.aspx>
- Medsafe Information
NSAIDs and Acute Kidney Injury and Triple Whammy
www.medsafe.govt.nz/profs/PUArticles/June2013NSAIDS.htm
- SafeRx[®] leaflets
NSAIDs www.saferx.co.nz/Patient_info_ibuprofen.pdf
Triple Whammy www.saferx.co.nz/Patient_info_Triple_Whammy.pdf
- New Zealand Formulary www.nzf.org.nz
- Health Navigator www.healthnavigator.org.nz

References

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5. New Zealand Formulary, NZF 2017;v62(10.1.1) http://nzf.org.nz/nzf_5476 (Accessed 27-07-18)
6. Health Quality & Safety Commission. Three steps to better health literacy – a guide for health professionals. www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/health-literacy-booklet-3-steps-Dec-2014.pdf (Accessed 27-07-18)

Appendix 1: Measures template

Feel free to adapt for use in your pharmacy

Community pharmacy Safety in Practice – NSAID checklist

Patient NHI/Name	Date
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Clinical Checks	<p>1. If the patient is prescribed a Triple Whammy, is there evidence the prescriber was notified?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (not on Triple Whammy) <input type="checkbox"/></p>
	<p>2. If the patient is considered high-risk group and not on gastroprotection, is there evidence the prescriber was notified?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (not a high-risk patient) <input type="checkbox"/></p>
Patient Counselling	<p>3. Is there evidence the patient was informed how to use their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>4. a) Is there evidence the patient was informed about possible side effects?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>b) If yes, (they have been informed about possible side effects), is there evidence the patient was informed what to do?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (not been informed about SE) <input type="checkbox"/></p>
	<p>5. Is there evidence the patient was informed of the risks of a dehydrating illness and to keep hydrated?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>6. Is there evidence the patient was offered written information about the medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>7. Was the patient able to correctly describe (dose and frequency) how to use their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Patient Outcomes	<p>8. Was the patient able to identify a possible side-effect of their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>9. Was the patient able to identify who to ask for help with their medicines?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Appendix 1

How to search for patients dispensed NSAIDs using Toniq

Go to 'Prescription Reports'

ESC	F1 Help	(RH) Menu	6054	Tue 12/09/2017 12:48pm	TONIQ	WIN
Staff	Toniq Library	Green Papers	Help Desk		Diary Tasks	About
F2	F3	F4	F5		F9	F10

Prescription reports

1. Repeats due
2. Prescription details
3. Owings
4. IMMP
5. Special authority expiry
6. Prescriptions held on file
7. A4 prescription summary

Staff Tasks

Late	Today	<5 days
1	0	2
1	0	0

Choose search criteria e.g. 'NSAIDs'

ESC	F1 Help	(RH) Select Prescription details	6054	Tue 12/09/2017 12:48pm	TONIQ	WIN
	Add		Show Hidden			
	F3		F7			

Enter search criteria and/or press ENTER for a list of prescription details

Type in name of your report

ESC	F1 Help	(RH) Select Prescription details	6054	Tue 12/09/2017 01:40pm	TONIQ	WIN
	Add		Show Hidden			
	F3		F7			

Criteria Name

nsaids

nsaids

Enter search criteria and/or press ENTER for a list of prescription details

ESC	F1 Help	(RH) Edit Prescription details Pg1	6054	Tue 12/09/2017 01:41pm	TORUQ	WIN
Date Range			No Pat. Details	Other	Next Page	Accept Details
F3			F8	F10	F11	F12

Prescription details report options

Report name: nsaid
 Start date: 01/08/17 00:00 End date: 31/08/17 23:59
 Select medicine:
 Select mixture:
 Select prescriber:
 Select patient:
 Institution:
 Institution group:
 Rx codes:
 Medicine class:
 Stock points:
 Therapeutic group: Musculo-Skeletal System/Anti-inflammatory Non Steroidal Drugs (NSAIDs)
 Patient condition:
 Show patient name ☒ Reverse Order ☐ Include Prices ☐ Include dispensing staff ☐
 Include New Rxs ☒ Show patient address ☐ Include Rx Notes/comment ☐ Show Rx repository details ☐
 Include Repeats ☒ Show NHI number ☒ Include dose/freq/contract ☒ Outstanding Tel. Rxs Only ☐
 Patient Name order ☐ Show patient phone no. ☒ Include prescriber details ☐ Outstanding Fax Rxs Only ☐
 Medicine order ☐ Show patient birth date ☒ Show spec rec details ☐ Outstanding Ref. Rxs Only ☐
 Rx number order ☒ Include Directions ☒ Show E script source details ☐ Disp Freq Trial only ☐

Date order - ascending, Patient name order - descending, Medicine name order- descending

Include date range

Type in therapeutic group

Tick appropriate criteria

ESC	F1 Help	(RH) Print	6054	Tue 12/09/2017 12:52pm	TORUQ	WIN
Pdf File	Csv File		File	View Scrns	View Pages	Print
F4	F5		F7	F9	F10	F12

Report

Prescription details

Title: Prescription details report

Printer

Type:
 Name: KyocerA4
 Font:
 Left: 0
 Top: 0
 Width: 0
 Height: 0

File

Name: C:\Toniq Users\Reports\Report.txt
 Append ☐

Csv

Name: C:\Toniq Users\Exports\Export.csv

Pdf

Name: C:\Toniq Users\Pdfs\Report.pdf

Status

0%

Click on CSV file, F5

You can export to excel

A1		Rx number																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Rx number	Repeat	Date time	Repeat co	Repeats	Repeat expiry date	Inactive d	Tx/Fx	Code	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Prescriber	Patient ID	Patient I
1	493996	3	1/08/2017 13:00	2		22/08/2017 0:00			A4										
2	494341	2	15/08/2017 15:53	2		24/08/2017 0:00			A4										
3	494475	3	5/08/2017 11:23	2		27/08/2017 0:00			A4										
4	495745	3	21/08/2017 11:06	2		4/09/2017 0:00			X4										
5	495844	2	11/08/2017 11:27	2		5/09/2017 0:00			A4										
6	495928	3	5/08/2017 9:55	2		5/09/2017 0:00		T	X4										
7	496017	3	3/08/2017 17:03	2		6/09/2017 0:00			A4										
8	496018	3	3/08/2017 17:03	2		6/09/2017 0:00			A4										
9	496265	2	4/08/2017 13:34	2		7/09/2017 0:00			A4										
10	496266	2	4/08/2017 13:34	2		7/09/2017 0:00			A4										
11	496301	2	31/08/2017 16:46	2		7/09/2017 0:00			A4										
12	496346	3	21/08/2017 8:46	2		7/09/2017 0:00			X4										
13	496347	3	21/08/2017 8:46	2		7/09/2017 0:00			X4										
14	496613	3	7/08/2017 12:25	2		10/09/2017 0:00			X1										
15	496729	3	9/08/2017 11:42	2		11/09/2017 0:00			X4										
16	496987	3	10/08/2017 9:11	2		12/09/2017 0:00			X4										
17	498231	3	16/08/2017 13:56	2		20/09/2017 0:00			A4										
18	498261	3	22/08/2017 12:00	2		20/09/2017 0:00			A4										
19	498297	2	1/08/2017 14:13	2		20/09/2017 0:00			A4										
20	498297	3	28/08/2017 11:02	2		20/09/2017 0:00			A4										
21	498298	2	1/08/2017 14:13	2		20/09/2017 0:00			A4										
22	498298	3	28/08/2017 11:02	2		20/09/2017 0:00			A4										
23	498316	2	3/08/2017 12:00	2		20/09/2017 0:00			X4										
24	498441	2	4/08/2017 12:14	2		21/09/2017 0:00			A4										

All prescriptions for NSAID analgesics will appear. Then randomly select 10 patients who have been prescribed NSAIDs during that month. Ensure that the patients meet the target population criteria for the data collection.

After you have selected the 10, go into each of their files, and check the 'Intervention' section to see if an intervention was documented.

During the course of this programme, if any interventions are made, document them here so everyone can see what has happened. If you have another method of reliably documenting interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.

ESC	F1 Help	(RH) Add Intervention Pg1	6054	Tue 12/09/2017 01:02pm	TOMUQ	WIN
Edit Note	Change Date	Goto Time	Reason Code	Action Code	Outcome Code	Print
F2	F3	F4	F6	F7	F8	F9
Intervention Description: Intervention Importance: Improve drug therapy Status: In progress Time taken: minutes Date/Time: 12/09/17 13:01			Link to: <input type="checkbox"/> Rx <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Prescriber <input type="checkbox"/> Medicine			
Script med:						
Reasons: Patient concern/question		Actions: Patient history reviewed		Outcomes: Patient educated/counselled		

Enter the total time take so far in minutes.

This section could also be used to record contacts with the patient and prescriber.

ESC	F1 Help	(RH) New Rx	6054	Tue 12/09/2017 01:43pm	TORIQ	WIN			
Edit Patient	LTC/ Services	Ph/Fax Refer	Use History	Dose Pack	Supply Option	Use Log	Bag Option	Other	End Visit
F2	F3	F4	F5	F6	F7	F8	F9	F10	F11
Patient/ Rx	Select option S Patient Services L LTC Details C Conditions P CCMS Portal O Open Patient Diary T Task U Use Diary Template 1 QuickNote - Face To Face Meeting 2 QuickNote - Phone Call - Spoke to Patient 3 QuickNote - Phone Call - Unavailable 4 QuickNote - Hospital Visit 5 QuickNote - Reconciled medicines 6 QuickNote - Synchronised medicines 7 QuickNote - Returned medicines 8 QuickNote - Delivered medicines 9 QuickNote - Contact prescriber 0 QuickNote - Other						contract LTC score 21 = A10, L6, O5 taking medicines but picking up more than 80% hibe impairment, LTC PF: unstable health status and/or Depression or Chronic Obstructive Pulmonary disease more /3 Not paid in claim so ran repeat 27/02/15 Patient has outstanding owes Diary items (active) linked to patient 4 historical notes 4 historical quick notes		

Appendix 2

How to search for patients dispensed NSAIDs using RxOne

Go to Drug Usage to create a Patient Drug Usage Report.

The screenshot shows the RxOne Patient Drug Usage Report window. On the left is a sidebar with navigation links: Go Back, Drug Disp History / MMP, Drugs Query, Stat List Report, BSO/MPSO Report, Missing Medication Report, Med-Map Bulk Export, and tChart Bulk Export. The main window has tabs for Script Details, Extra Script Criteria, Person Criteria, Stock Criteria, and Doctor Criteria. The 'Script Details' tab is active, showing fields for Date Dispensed (Start Date: 18 Aug 2017, End Date: 18 Sep 2017), Script Number, Stockcard Options, and Audit Date. A blue arrow points to the 'Date Dispensed' section with the text 'Select start and end dates'. At the bottom, there are buttons for OK (Alt=O) and Cancel (Alt=C), and a status bar indicating 'Patient Drug Usage Report Ver:2017.8.10.4 Viewing Main Database User:MARIE Status'.

This screenshot is similar to the one above, showing the RxOne Patient Drug Usage Report window. The 'Date Dispensed' section is highlighted in yellow. The 'Start Date' is 18 Aug 2017 and the 'End Date' is 18 Sep 2017. The sidebar and main window tabs are the same. The status bar at the bottom indicates 'Patient Drug Usage Report Ver:2017.8.10.4 Viewing Main Database User:MARIE Status'.

Click 'Stock Criteria'

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver: 3017.6.2601 (S14) Installed

More Care
Better Business

Select 'Prescription'

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver: 3017.6.2601 (S14) Installed

More Care
Better Business

The screenshot shows the 'Patient Drug Usage Report' window. The 'Prescription' tab is selected. Under 'Therapeutic Group', the 'Selected Therapeutic Group's' list includes 'NSAIDs'. A blue arrow points to this list with the text 'Select therapeutic group'. The window also shows 'Add Selected Item' and 'Remove Highlighted Items' buttons. The status bar at the bottom indicates 'All Sales For Living Rewards for 17 09 17 successfully sent.' and 'Last Backup to DB Master C Drive: 17 Sep 17 9 PM'.

The screenshot shows the 'Patient Drug Usage Report' window. The 'Prescription' tab is selected. Under 'Therapeutic Group', the 'Selected Therapeutic Group's' list includes 'NSAIDs Other'. A blue arrow points to this list with the text 'Select NSAIDs*'. The 'Add Selected Item' button is highlighted in yellow. The status bar at the bottom indicates 'All Sales For Living Rewards for 17 09 17 successfully sent.' and 'Last Backup to DB Master C Drive: 17 Sep 17 9 PM'.

*NOTE: There may be several categories of NSAIDs, so can 'Add selected item' to include them all.

A report will be generated like this:

Patent Drug Usage Report For All Scripts/For All Scripts/Therapeutic Group Of Non-Steroidal Anti-inflammatory Drugs/Non-steroidal Anti-inflammatory Drugs (NSAIDs)/NSAIDs/Other/MS Classification Of 'Prescription'/Date Dispensed Between 18 Aug 2017 00:

Script Number	Drug Dispensed	ExpandedSig	Date Dispensed	Person Name	Person Address	Dr. Name	Dr. Address
16212489	DICLOFENAC SR 75MG T (AP)	Take ONE tablet twice daily with food and a large glass of water, if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	07/Sep/2017				
16224242	DICLOFENAC SR 75MG T (AP)	Take ONE tablet twice daily with food for pain and inflammation	22/Aug/2017				
16224330	DICLOFENAC SR 75MG T (AP)	Take ONE tablet twice daily with food and a glass of water, if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	11/Sep/2017				
16253942	NAPROXEN 500MG T (MY)	Take ONE tablet twice daily with food and a large glass of water for acute good pain and inflammation	22/Aug/2017				
16268043	DICLO SR 75MG T (AP)	Take ONE tablet twice daily with food for pain or inflammation SWALLOW WHOLE, DO NOT CHEW	12/Sep/2017				
16291782	NAPROXEN 500MG T (MY)	Take ONE tablet twice daily with food if required for pain or inflammation	24/Aug/2017				
16293513	DICLOFENAC SR 75MG T (AP)	Take ONE tablet twice daily with food and a glass of water, if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	05/Sep/2017				
16317520	SULINDAC 200MG T (MYL)	Take TWO tablets ONCE daily with food and a glass of water	07/Sep/2017				
16319152	DICLO SR 75MG T (AP)	Take ONE tablet twice daily after food if required for muscle and joint pain	07/Sep/2017				
16339492	DICLOFENAC SR 75MG T (AP)	Take ONE tablet twice daily with food if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	09/Sep/2017				
16348730	NAPROXEN 250MG T (MY)	Take ONE tablet THREE (3) times a day if required with food	18/Aug/2017				
16350670	IBUPROFEN 200MG T	Take TWO tablets THREE times daily with food and a glass of water, if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	18/Aug/2017				
16351531	IBUPROFEN 200MG T	Take TWO tablets twice daily (morning and midday) with food and a large glass of water for pain and inflammation	18/Aug/2017				
16351532	IBUPROFEN 200MG T	Take TWO tablets twice daily (morning and midday) with food and a large glass of water for pain and inflammation	06/Sep/2017				
16352210	DICLOFENAC SR 75MG T (AP)	Take ONE tablet twice daily with food and a large glass of water, if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	18/Aug/2017				
16352590	IBUPROFEN 200MG T	Take TWO tablets THREE times daily with food and a glass of water, if required for pain and inflammation SWALLOW WHOLE, DO NOT CHEW	18/Aug/2017				
16353100	IBUPROFEN 100MG/5ML (AFT)	Shake well and give THREE AND A HALF mL (3.5 mL) THREE times daily with food if required for pain or fever	19/Aug/2017				
16353150	IBUPROFEN 100MG/5ML (AFT)	SHAKE WELL and give THREE mL (3 mL) THREE times daily with food if required for pain or inflammation or fever	19/Aug/2017				
16353150	IBUPROFEN 100MG/5ML (AFT)	Take ONE to TWO tablets with food THREE times daily	18/Aug/2017				

Can export to excel

Patent Drug Usage Report For All Scripts/For All Scripts/Therapeutic Group Of Oral Anticoagulants/MS Classification Of 'Prescription'/Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

Export Format: Export to Selected File

File to Export To: Select file to export to

Export All To Bulk Stock Edit
Export All To Mailing Labels
Email As CSV
Email As PDF
Email As XML

Export (AB+E)
Export Selected Rows (AB+S)
Save Options As Default For This Report (AB+C)
Cancel (AB+C)

Settings For ABSelect

Field Name	Export Column
Script Number	<input checked="" type="checkbox"/>
Drug Dispensed	<input checked="" type="checkbox"/>
ExpandedSig	<input checked="" type="checkbox"/>
Date Dispensed	<input checked="" type="checkbox"/>
Person Name	<input checked="" type="checkbox"/>
Person Address	<input checked="" type="checkbox"/>
Dr. Name	<input checked="" type="checkbox"/>
Dr. Address	<input checked="" type="checkbox"/>
PrescriberID	<input checked="" type="checkbox"/>

Select what you would like to export

Interventions can be recorded in the Events Audit section where you can record face-to-face or phone conversations, or insert comments.