

## Pharmacy Audits PHC Remote Guideline

<b>Target Audience</b>	All Clinical Employees
<b>Jurisdiction</b>	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
<b>Jurisdiction Exclusions</b>	N/A
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<b>Approval Authority</b>	Chair Primary Health Care Executive CAHS; Primary Health Care Remote Safety and Quality Committee TEHS
<b>Author</b>	PHC Safety and Quality Team; Remote Health Pharmacy Group

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

### Purpose

Primary Health Care Remote guideline to provide remote staff with information about pharmacy related audits promoting safe and effective use of medicines.

### Guideline

## 1. General Information

Primary Health Care (PHC) supports the use of pharmacy related audits to promote safe and effective use of medicines. For the purpose of this document pharmacy audits refer to any audit related to medicines management, drug storage rooms and pharmacy services. For PHC remote health centres, audits are generally conducted by the [Section 100 \(S100\) contracted pharmacist](#) once in every six month period, and by Authorised Officers (previously Poisons Inspectors) under the [NT Medicines and Poisons and Therapeutic Goods Act](#) (MPTGA) as required.

Primary Health Care Managers and staff provide ongoing Quality Assurance (QA) activities which promote safe and effective medicines management. Audits comprise one aspect of QA activities, currently provided by the Accountable Drugs and Cold Chain Storage QA returns and the Essential Checks form documenting that the monitoring requirements, including for medicines maintained in emergency kits, have been met. In addition, a range of pharmacy related documents provide systems and process for managing medicines.

## 2. Definitions

**Authorised Officer:** under the MPTGA, this is the Chief Health Officer (CHO); or a person appointed by the Chief Health Officer (CHO) (section 274(2) MPTGA) as an authorised officer; or a police officer of or above the rank of sergeant.

**Health Profession Manager:** for the purpose of this document refers to the Director of Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs), Director of Nursing and Midwifery and PHC Director of Medical Services.

### 3. Responsibilities

#### 3.1 Primary Health Care Manager (PHCM)

- Ensure management of drug storage rooms and medicines is in accordance with the relevant legislation and PHC Remote policies as detailed in pharmacy related documents
- Conduct pharmacy related quality assurance activities to ensure safe and effective medicines management
- Liaise with the S100 Contracted Pharmacist regarding pharmacy audits as required
- Document incidents identified by the S100 pharmacist in RiskMan
- Support Pharmacist S100 site visits
- Support Authorised Officers inspections (also known as Poisons Inspections)

#### 3.2 Clinical Staff

- Contribute to the management of drug storage rooms and medicines in accordance with relevant legislation and PHC Remote policies as detailed in pharmacy related documents
- Participate in pharmacy related quality assurance activities as delegated by the PHCM

#### 3.3 District Manager / Health Profession Manager

- Ensure management of drug storage rooms and medicines is in accordance with relevant legislation and PHC Remote policy
- Support Quality Assurance activities in health centres
- Follow up on QA reports / health centre site visit reports / issues with PHCMs
- Incorporate pharmacy related audits into health centre visits

#### 3.4 S100 Contracted Pharmacist

- Liaise with the Primary Health Care Manager (PHCM) as required
- Conduct health centre site visits at a minimum of once in every six month period
- Audit and promote relevant legislation, standards and PHC Remote policies during site visits
- Provide a [report](#), including audit results, for each health centre visit to the professionals outlined below in [section 4.1.1](#) within five (5) working days of the site visit.

#### 3.5 Primary Health Care Pharmacist

- Receive and review health centre site visit reports
- Forward health centre site visit reports to relevant personnel as required
- Provide advice on report recommendations and action as appropriate
- Respond to service provision issues where referred
- Provide updates to the S100 Pharmacists regarding changes in management personnel
- Provide updates to the S100 Pharmacists regarding changes in SDL stock or relevant policies
- Provide site visits as indicated. These may include additional audits and education to staff

### 4. Procedure

#### 4.1 Section 100 Pharmacist Health Centre Site Visit Audit

Under the Section 100 Pharmacy contract, the S100 Contracted Pharmacy arranges for a suitably qualified and experienced pharmacist to visit each PHC remote health centre at least once in each six-month period. During the site visit, the contracted pharmacist will assess whether medicines are managed in accordance with the [NT MPTGA](#) and other medicine management policies and guidelines and will provide staff with professional advice and guidance.

Auditing is used to assess compliance with medicines management requirements. The pharmacist will work collaboratively with staff at each remote health centre to audit:

- all pharmaceutical storage locations in accordance with regulatory requirements and relevant Department of Health and PHC policies, systems and procedures, in particular [Drug Storage Room Standards](#)
- medicines for condition of stock, expiry dates, compliance against the [Standard Drug List \(SDL\)](#), stock levels and ordering processes
- compliance of medicines documentation, including S8 and RS4 registers, S8 and RS4 delivery receipts,
- availability of medicines references against the [standard reference list](#)
- [cold chain](#) management for vaccines and medicines requiring refrigerated storage
- medicines in the designated emergency kits
  - ~ [Emergency Outreach Drug Box](#)
  - ~ [Anaphylaxis Kit](#)
  - ~ [Fit Kit](#)
  - ~ [Obstetric Drug Kit](#)

See the [S100 Pharmacist Site Visit Report - Form](#) which provides the audit template.

#### 4.1.1 Following the Health Centre Site Audit

Following the site audit, the S100 Contracted Pharmacist will:

- discuss the results of the audit, and any issues arising, with the PHCM and staff at the time of the health centre site visit
- provide support and guidance to health centre staff to address issues identified by the audit
- discuss any significant issues with the Primary Health Care Pharmacist within one week of each site visit
- ensure relevant RiskMan reporting is completed if necessary
- complete a report (utilising the standard DoH audit tool [template](#)) of each visit and dispatch reports within five (5) working days. All significant issues will be highlighted, eg incorrect storage of pharmaceutical products or issues affecting the provision of a quality pharmaceutical service.
- distribute copies of the report to the Primary Health Care Pharmacist, relevant PHCM, District Manager and Director of Nursing and Midwifery.

The PHC Pharmacist will also forward copies to other relevant personal as required.

## 4.2 Poisons Inspections by Authorised Officers

Under the NT MPTGA, Authorised Officers may inspect premises for compliance with medicines and poisons legislation (including storage, record keeping, packaging, labelling, advertising and supply). PHCMs and health centre staff are obliged to accommodate and assist the authorised officers as required during poisons inspections.

## 4.3 Ad Hoc Audits

Audits may be conducted on an ad hoc basis in response to issues or incidents identified at health centres. The audit and the team responsible for conducting the audit would be commissioned by PHC management. This may include the PHC Pharmacist and/or Medication Safety Nurse.

## Compliance

Receipt of timely health centre audit reports from S100 Pharmacist	Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS
Monitor relevant quality returns from health centres	Professional Practice Nurse CAHS Relevant District Manager PHC TEHS
Issues / incidents will be entered into RiskMan as necessary and will be followed up	Relevant Manager

## Document Quality Assurance

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
<b>Review</b>	Document is to be reviewed within three years, or as changes in practice occur	Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS

## Key Associated Documents

<b>Forms</b>	<a href="#">S100 Pharmacist Site Visit Audit PHC Remote Form</a> Quality Return Forms: Accountable Drugs Checks - <a href="#">CAHS</a>   <a href="#">TEHS</a> Essential Quality Checks - <a href="#">CAHS</a>   <a href="#">TEHS</a> Cold Chain Storage - <a href="#">CAHS</a>   <a href="#">TEHS</a>
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<a href="#">Cold Chain PHC Remote Guideline</a> <a href="#">Drug Storage Room Standards PHC Remote Guideline</a> <a href="#">Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</a> <a href="#">Section 100 Pharmacy Arrangements PHC Remote Guideline</a> <a href="#">Section 250 NT MPTGA PHC Remote Guideline</a> <a href="#">Standard Drug List PHC Remote Guideline</a> <a href="#">Standard Reference List PHC Remote Guideline</a> S8 and RS4 Drug Register Example PHC Remote - <a href="#">CAHS</a> / <a href="#">TEHS</a> Emergency Kits: <a href="#">Anaphylaxis Kit Contents PHC Remote List</a> <a href="#">Emergency Outreach Drug Box Contents PHC Remote List</a> <a href="#">Fit Kit Contents PHC Remote List</a> <a href="#">Obstetric Drug Kit Contents PHC Remote List</a> <a href="#">NT Medicines, Poisons and Therapeutic Goods Act and Regulations</a>

	<p><a href="#">NT Medicines Management Framework</a></p> <p><a href="#">Quality Medicine Use in Aboriginal Communities</a></p> <p><a href="#">Pharmaceutical Society of Australia</a></p> <p><a href="#">Guide to providing Pharmacy Services to Aboriginal and Torres Strait Islander people</a></p> <p><a href="#">Professional Practice Standards</a> (also available via the 'Supporting practice' tab)</p> <p><a href="#">Professional Practice Standards Version 4 2010</a></p> <p>Standard 1: Fundamental Pharmacy Practice</p> <p>Standard 6: Indirect Pharmacy Services</p> <p>Standard 15: Pharmacy Services to Aboriginal and Torres Strait Islander Health Services</p> <p>RiskMan (intranet)</p>
<b>References</b>	As above

**Evidence Table**

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A