

This template is a guide that can be adapted depending on the Health Centre's governing body. Consult the appropriate state or territory Medicine Poisons and Therapeutic Goods Act to ensure the audit is completed correctly.

Health centre name:				Audit date:	
Primary Health Care Manager (PH	C)/Delegate name:	Date of previous audit:			
IHSPS pharmacy service provider:		Imprest list used: (Or Standard Drug List SDL)	○ NT PHC SDL		
Pharmacist name:			<ul><li>◯ Kimberley SDL</li><li>◯ Site specific SDL</li></ul>		
					0
IHSPS Pharmacist must send	Primary Health Care Manager	$\bigcirc$	Name:	Email:	or 🔘 N/A
copies to:  ▶ Tick all that apply	District Manager	$\bigcirc$	Name:	Email:	or 🔘 N/A
► Check N/A if not applicable	PHC Director of Nursing & Midwifery	$\bigcirc$	Name:	Email:	or 🔘 N/A
at that Health Service Centre	Primary Health Care Pharmacist	$\bigcirc$	Name:	Email:	or 🔘 N/A
	Other parties to be informed <b>Regionally</b> :				
		$\bigcirc$	Name:	Email:	or 🔘 N/A
	Other parties to be informed: Safety, Quality and Accreditation Manager	$\Diamond$	Name:	Email:	or 🔘 N/A
	Medication Safety Nurse	$\bigcirc$	Name:	Email:	or 🔘 N/A

For more information on quality use of medicines support for remote area health services including policies and medicine management go to the <u>NPS Medicine Wise: Medicine Use in Remote Australia</u>

This resource was adapted, with permission, from the Northern Territory Drug Room PHC Remote Audit, in collaboration with NT Health



SECTION 1 – Audit

Please type in boxes provided.

#### Medication storage room

Ref: The National Safety and Quality Health Service standards: Standard 4

STANDARD		FINDINGS		RECOMMENDATIONS
	YES	NO	N/A	
Medication room secure eg, locked when unattended	$\Diamond$	0	0	
Air conditioned (< 25°C) 24 hours per day	0	0	0	
Adequate space and shelving	$\Diamond$	$\Diamond$	0	
Neatness and cleanliness	$\Diamond$	$\Diamond$	0	
Layout according to the <u>Standard Drug List (SDL)/Imprest List categories</u> , (ie, refrigerated, S8 and RS4 drug safe, oral, injectable, topical, infusion, inhalational, non-drug)	$\bigcirc$	$\Diamond$		
<ul> <li>Medicines information/posters displayed:</li> <li><u>Pharmacy contact details</u> (New staff handover summary – Remote Area Aboriginal Health Services)</li> </ul>	$\bigcirc$	0	0	
Networked computer and label printer	$\Diamond$	0	0	
Dispensing equipment present and in good working order including labels, cautionary labels, paper bags, purified water, measuring cylinder, medicine cups, paper cups, syringes, dosettes, pill cutters and mortar and pestle	$\bigcirc$	0	0	
Tamper evident bags and <i>Return of Unwanted Medicine (RUM)</i> bins available for return or disposal of unwanted S8 and RS4 medicines	$\bigcirc$	0	0	
Patient-specific chronic condition medicines stored appropriately	$\Diamond$	0	0	
<u>Dose administration aids</u> (DAAs) – stored appropriately	$\Diamond$	0	0	
Folder containing all current valid patient prescriptions present	0	0	0	
Patient prescriptions and other medicine documentation is retained at the health centre for 2 years from the date of the last entry/use	0	0	0	



#### Stock management

Ref: The National Safety and Quality Health Service standards: Standard 4

STANDARD		FINDING:	5	RECOMMENDATIONS
	YES	NO	N/A	
All mandatory <u>SDL/Imprest medication</u> . items stocked	0	0	0	
Each SDL/Imprest medication item organised neatly behind the shelf strip label for the item (eg, only the correct strength and form is present behind each shelf strip label)	0	0	0	
Minimum and maximum stock levels displayed on shelf strip label	0	0	0	
Stock levels appropriate for size of health centre	0	0	0	
Stock levels reviewed within last 12 months (record date of last review)	0	0	0	
Stock rotation evident – random audit	0	0	0	
No expired medicines in circulation – random audit	0	0	0	
Agreed ordering procedure in place and adhered to, including procedure for regular orders and urgent orders	0	0	0	
Imprest order forms / electronic ordering system is up to date with all current SDL and local addition items	0	0	0	
RUM bin in use according to RUM protocol and spare bins available	0	0	0	
Discarded SDL/Imprest medicines are recorded and filed for review by IHSPS pharmacy	0	0	0	
Adequate supply of patient prescription medicines (eg, chronic meds, DAAs) without being in excess	0			
Dispensed medicines are current against the current valid prescription – random audit	0	$\bigcirc$		
DAAs are current against the valid current patient prescription/profile - random audit	0	0	0	
Hard copy prescriptions in folder current against Electronic Health Record (EHR) current prescription – random audit	0	0	0	
DAAs in date (8-week expiry from the packing date) – random audit	0	$\bigcirc$	0	



Cold chain Ref: Strive for 5

STANDARD		FINDINGS	5	RECOMMENDATIONS
	YES	NO	N/A	
Vaccine / medicine refrigerators stored inside the drug storage room (if not, provide each location)	$\bigcirc$	$\Diamond$		
Measures are taken to restrict unauthorised access to vaccine / medicine refrigerators located outside the drug storage room	$\bigcirc$	0	0	
Vaccines stored in a purpose built temperature controlled monitored refrigerator	$\bigcirc$	$\Diamond$	0	
Signage on refrigerator door to prompt staff to locate vaccine/s required before opening the door.	$\bigcirc$	0	0	
Medicines requiring refrigeration are stored in a purpose built refrigerator OR a domestic refrigerator designated for medicines only	$\bigcirc$	0	0	
Power point for each vaccine / medicine refrigerator is <u>identified</u> to avoid accidental disconnection	$\bigcirc$	0	0	
Only vaccines / medicines are stored in the refrigerator, ie no inappropriate storage of items eg, food or pathology.	$\bigcirc$	0	0	
Refrigerator temperature was monitored and recorded on the <u>Vaccine Cold</u> <u>Chain Graph</u> twice a day on weekdays for the last month	$\bigcirc$	$\Diamond$	0	
Data Loggers in use in each vaccine fridge	0	0	0	
Where medicines are stored in a domestic fridge, a digital minimum / maximum thermometer is in use	$\Diamond$	0	0	
Items stored correctly with adequate space between items to allow for air flow and items are not in contact with refrigerator walls	0	0	0	
Stock management standards are adhered to, including shelf labelling, appropriate stock levels, stock rotation and expiry checks	0	0	0	



#### **Emergency kits**

STANDARD		FINDINGS	5	RECOMMENDATIONS
	YES	NO	N/A	
The following emergency kits are stored in the correct location, are locked, with all medicines present and within expiry dates:	$\bigcirc$	$\bigcirc$		
Emergency Outreach Drug Box Contents	0	0	0	
Anaphylaxis Kits Contents	0	0	0	
Fit Kits Contents	0	0	0	
Obstetric Drug Kits Contents	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	

#### Schedule 8 (S8) & Restricted Schedule 4 (RS4) medicines

STANDARD		FINDINGS	;	RECOMMENDATIONS
	YES	YES NO N/A		
S8 medicines secured in a S8 drug safe located within the medication storage room		0	$\bigcirc$	
RS4 medicines secured in a S8 drug safe or dedicated lockable cupboard located within the medication storage room. Note: exception for emergency kits		0	0	
Access to S8 / RS4 medicines limited to health professionals registered under Australian Health Practitioner Regulation Agency (Ahpra)	$\bigcirc$	0	0	
If the S8 drug safe is a key-lock safe, the key is kept in the possession of the responsible health professional. A second key to the safe is in the possession of the PHC manager	0	0	$\Diamond$	



#### Schedule 8 (S8) & Restricted Schedule 4 (RS4) medicines (Cont.)

STANDARD		FINDINGS	;	RECOMMENDATIONS
	YES	NO	N/A	
Health centre stock of S8 and RS4 medicines is in accordance with the <u>SDL/Imprest medications</u> and approved local additions	$\Diamond$	0	0	
Patient-dispensed S8 and RS4 medicines are correct against a current valid prescription	$\bigcirc$		$\Diamond$	
Stock management standards are adhered to, including appropriate stock levels, stock rotation and expiry checks	$\bigcirc$		0	
The S8 and RS4 drug register maintained in a neat and ordered manner and in accordance with the state or territory legislation and PHC Remote Policy	$\bigcirc$	0	0	
A drug register balance check is performed as per the S8 and RS4 policy, including daily 'checked and correct' counts and shift change balance checks	$\bigcirc$	0	0	
S8 and RS4 medicines are 'checked and correct' by the pharmacist and another clinician (where available) during the site visit	$\bigcirc$	0	0	
S8 and RS4 orders dispatched by the pharmacy have been received and the appropriate paperwork kept at the health centre for 2 years	$\bigcirc$		0	
Unwanted / expired S8 and RS4 medicines disposed of appropriately depending on state or territory legislation and documented in the S8 Register	$\Diamond$	0	0	

#### Standard reference list

STANDARD			FINDINGS		RECOMMENDATIONS
		YES	NO	N/A	
The current edition of all mandatory medi	cines references are accessible: Suggested r	esources:			* Discard superseded versions and obsolete references
<u>CARPA</u> STM (7th edition)	One per clinical area	$\bigcirc$	0	0	
Primary Clinical Care Manual (10th ed)	One per clinical area	$\bigcirc$	$\bigcirc$	$\bigcirc$	
<u>Women's Business Manual</u> (6th ed)	One per clinical area	$\bigcirc$	$\Diamond$	0	
Clinical Procedures Manual for remote and rural practice (4th ed)	One per area where procedures are performed	$\bigcirc$	0	0	
Additional clinical protocols folder	One per health centre emergency room	$\bigcirc$		0	



#### Standard reference list (Cont.)

STANDARD		FINDINGS			RECOMMENDATIONS
		YES	NO	N/A	
Australian Medicines Handbook (current/previous year edition)	Annual publication or website login	0	$\Diamond$		
AMH Children's Dosing Companion (current/previous year edition)	Annual publication or website login	$\Diamond$	$\Diamond$		
Therapeutic Guidelines Australia	Website login	$\bigcirc$			
The Australian Immunisation Handbook	Online resource	0	$\bigcirc$		
Injectable Drugs Handbook (current/previous year edition)	One per health centre or website login	$\bigcirc$	0		
Medicines Book for Aboriginal and Torres Strait Islander Health titioners and workers (4th ed)	One per health centre	$\bigcirc$	0	0	
Rural and remote emergency services standardisation guidelines (RRESSG) (QLD)	Online resource	$\Diamond$	0	0	
Chronic conditions manuals (QLD)	Online resource	$\Diamond$	0	0	
		0	$\Diamond$		
		0	$\Diamond$		
		0	0	0	
		0	0	0	
		0	0	0	



#### Follow-up actions summary list - recommendations from above audit to be actioned

'Recommendations summary list' may be left blank for the PHC Pharmacist / Medication Safety Nurse to complete and follow up with appropriate staff

DATE	STANDARD FINDINGS RECOMMENDATIONS	FINDIN	GS		RECOMMENDATIONS	ACTION OFFICER	REVIEW DATE	OUTCOME	STATUS UPDATE
						(in progress/complete)			
			$\bigcirc$	$\Diamond$					
		$\Diamond$	0	0					
		0	0	0					
		$\Diamond$	0	0					
		0	0	0					
		0	0	0					
		0	0	0					
		0	0	0					
		0	0	0					
		0	0	0					
		0	0	0					
		0	$\bigcirc$	$\bigcirc$					
	number: ent review date: EDIT THIS FIELD					Approved date:			

Content for this resource has been reviewed for culturally appropriateness by indigenous health professionals.