Nurse and Midwife Medicinal Product Prescribing Toolkit

Guidance for Clinical Audit

Changing practice to support service delivery
Introduction
This toolkit provides guidance on preparing, planning and undertaking audit of nurse and midwife medicinal product prescribing (hereafter referred to as nurse and midwife prescribing). Audit of nurse and midwife prescribing is essential to support best practice in the delivery and evaluation of their practice. It is a requirement of the Nursing and Midwifery Board of Ireland (NMBI) and the Health Service Executive (HSE) that each health service provider has a mechanism in place to review and audit prescribing practices of Registered Nurse Prescribers (RNP) as part of its overall organisational audit programme for prescribing and medicines management.

What is clinical audit?
The Commission on Patient Safety and Quality Assurance (2008, page 152) defines clinical audit as “a clinically led, quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and to act to improve care when standards are not met”. In essence, clinical audit is the process of assessing clinical practice against standards (HSE, 2013).

Audit of nurse and midwife prescribing is required at multiple levels throughout the health service provider. An example of this is Donabedian’s (1980) Classification of Structure, Process and Outcome:

- **Structure**: relates to the setting and resources that are established in the health service provider to support nurse and midwife prescribing, for example a valid Collaborative Practice Agreement in place.
- **Process**: focuses on the organisational processes, for example individual RNP’s activity and practice of prescription writing including documentation.
- **Outcome**: evaluates the effect of clinical decision making and nurse and midwife prescribing practice for patient or service user outcomes.

The Healthcare Audit Cycle (Health Service Executive, 2013)

![Healthcare Audit Cycle](image)

Source: HSE Quality and Patient Safety Division, 2013
Stage 1: Planning for Audit

The following steps should be considered when planning for audit of nurse and midwife prescribing:

- Agree where audit of nurse and midwife prescribing sits within your health service provider’s governance structure. Include this in your prescribing policy and Collaborative Practice Agreement (CPA).
- Identify where the audit report is to be formally submitted. This could be to the Director of Nursing/Midwifery/Public Health Nursing/Service Manager, Clinical Audit Committee, Drugs and Therapeutics Committee, Governance Committee, or Quality and Risk Committee.
- Agree who will take lead responsibility for the audit. For example this could be Prescribing Site Coordinator, Nurse/Midwife Practice Development Coordinator, line manager, Clinical Audit Department, Governance Committee, Quality and Risk Committee, Multidisciplinary Team etc. This should be identified in the Policy for Nurse and Midwife Medicinal Product Prescribing and also in the CPA.
- Agree who will undertake the audit.
- Agree the frequency of the audit (recommendation is quarterly for the first year following registration as a RNP and 6 monthly thereafter).
- Identify the process for providing feedback to the relevant personnel/committees.

Who should undertake the audit?

Audit can be carried out by an individual, a group or a department. Audit of nurse and midwife medicinal product prescribing may be undertaken by:

- self (RNP)
- peer RNP
- Prescribing Site Coordinator
- Nurse or Midwife Manager
- Clinical Audit Support Staff/Practice Development Coordinator/Risk Advisor
- Other identified members of the multidisciplinary team (for example Collaborating Medical Practitioner/Pharmacist).

Having identified who will undertake the audit, the individual or group should set the objectives, key responsibilities and audit timeframe.

Stage 2: Standard/Criteria Selection

- Prepare and agree the criteria for audit and what is to be audited e.g. prescription writing practices, documentation, and/or clinical outcomes.
- Refer to best practice/evidence based resources, for example National Policy for Nurse and Midwife Medicinal Product Prescribing (HSE, 2012)/Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (An Bord Altranais, 2010).
- Agree the audit tool.
- For the purposes of this document, a number of tools have been developed in fulfilment of the Standard/Criteria Selection Stage. These are available at www.hse.ie/go/nurseprescribing.
Stage 3: Measuring Performance

Population and Sampling

All prescriptions in the selected period constitute the audit population/denominator. A random sample of, or all the prescriptions written by the RNP within the timeframe identified should be selected for audit.

The audit group should identify the sample size; that is the number of prescriptions and health care records that will be audited. Sample size may vary and should take account of who is carrying out the audit and the size of the population being audited. At a minimum, a total of 10% or 10 prescriptions, whichever is greater, should be selected.

The hyperlink below provides a link to a sample calculator:
http://www.raosoft.com/samplesize.html

The sample size should be small enough to allow for speedy data collection but large enough to be representative (HSE, 2013). A sample may be selected to review any of the following objectives:

- A sample of completed prescription forms may be selected for audit of nurse and midwife prescription writing practice.
- A sample of health care records may be selected and reviewed to audit documentation/clinical assessment.

Data Collection

A data collection tool should be agreed by the audit group. Data can be collected from sources including some or all of the documents listed below:

- A randomly selected sample of completed prescription forms (or duplicate prescriptions where relevant).
- Health care records that have been cross-referenced with the prescription forms
- Signature bank/evidence of signature of RNP as per Nursing and Midwifery Board of Ireland (for cross-referencing with completed prescriptions)
- Incident, medication error and near miss report forms
- The CPA, including the list of medicines the RNP has authority to prescribe.

Data Analysis

The purpose of analysing the data is to establish if the criteria are meeting the standards and to identify areas where practice needs to be improved. The basic aim of data analysis is to convert a collection of facts (data) into useful information in order to identify the level of compliance with the agreed standard (HSE, 2013). “For the single healthcare professional carrying out an audit with a small dataset, a pen, paper and calculator may be all that is required to carry out a simple analysis. Alternatively a spreadsheet programme such as Microsoft Excel may be a useful tool” (HSE, 2013).

Tools

The HSE Nurse Midwife Medicinal Product Prescribing website audit section has links to a range of tools to support audit. Follow the link below:
http://www.hse.ie/eng/about/Who/ONMSD/Practicedevelopment/NursePrescribing/Clinical_Audit_related_to_nurse_prescribing.html
Stage 4: Making improvements

Presentation of Results

The audit should be completed by writing a clinical audit report, which compares the actual practice with the standard. It should identify areas for improvement if required. The audit report should include the following headings:

- Title of audit
- Background and Aim (Introduction)
- Standard/s
- Methodology
- Results
- Conclusion
- Recommendations

The report should be simple and clear; use plain English; use a structured, systematic approach; and include an agreed quality improvement plan if required.

The clinical audit cycle may require a quality improvement plan (QIP). The health service provider should identify who is responsible for the development of a quality improvement plan if required, including timeframe for completion. The QIP should include:

- Problem identified
- Appropriate intervention
- Actions required, including relevant resources
- Timeframe for completion
- Identified person/s responsible for actions
- Evidence of completion (how progress will be measured)
- Review dates (when progress will be measured)
- Outcome following review.

Stage 5: Sustaining Improvements

The audit cycle is a continuous process. Where quality improvement plans are put in place, monitoring should be performed to ensure plans are implemented as agreed and within the agreed timeframe (HSE, 2013). The health service provider should identify who is responsible for implementing and monitoring the QIP.

The audit and quality improvement plans should be subject to ongoing monitoring and evaluation.

All health care professionals are responsible for their own professional practice. There is an obligation that reasonable steps should be undertaken to address areas for improvement that have been identified in the course of a clinical audit.

Ethical considerations

All legal and ethical guidelines should be adhered to and the confidentiality of patient or service user, staff and the health service provider should be protected at all times. The following principles should be adhered to:

- Audit should “do good and not do harm”
• Clinical audits do not require the approval of a Research Ethics Committee (Irish Council of Bioethics, 2004). However, if the audit team is concerned about the ethicality of their audit, ethical advice should be sought.

• Clinical audit does not require informed consent (HSE, 2013). However it is recommended to work collaboratively with all stakeholders including the patient/service user where relevant in the audit process where possible.

• “No Clinical Audit should examine the work of another professional or speciality without their knowledge” (HSE, 2013. Page 58).

• Ensure methodology is appropriate and rigorous.

• Ensure findings are used to improve patient care.

• Audit reports should not contain any identifying patient/service user features in line with Data Protection Acts 1988, 2003 (Department of Justice, Equality and Law Reform 2003).
References


Donabedian A. (1980) The Definition of Quality and Approaches to its Assessment, Ann Arbor: Health Administration Press


Useful Resources

Health Information and Quality Authority – http://www.hiqa.ie

HSE Learning and Development Centre (HSELaND) – http://www.hseland.ie

HSE library – http://hselibrary.ie

HSE Nurse Midwife Medicinal Product Prescribing – http://www.hse.ie/go/nurseprescribing

HSE Quality and Patient Safety Patient Division - http://www.hse.ie/eng/about/Who/qualityandpatientsafety

National Clinical Effectiveness Committee- http://www.ncec.ie

Nursing and Midwifery Board of Ireland – http://www.nmbi.ie

National Institute for Health and Care Excellence (NICE) – http://www.nice.org.uk

Scottish Intercollegiate Guideline Network (SIGN) – http://www.sign.ac.uk