



National Prescribing Service Limited

What you need to know to complete the osteoporosis and calcium supplements self-audit

Why a self-audit on osteoporosis and calcium supplements?

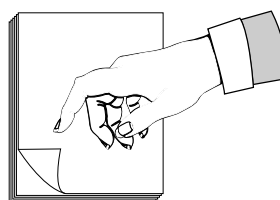
Osteoporosis is an important cause of morbidity among elderly Australians. Pharmacists are ideally placed to:

- identify those at risk of developing osteoporosis
- identify those with osteoporosis who are not diagnosed or not receiving adequate treatment
- give advice on calcium supplements and preventive measures.

Calcium supplements are not scheduled, however they should be provided with the same care as scheduled medications.

Please tear off each section. Registration form, signed confidentiality agreement and self-audit forms to be **received at NPS by 27 June 2003.**

Please tear off forms carefully.



Please read before commencing the self-audit

What do I need to complete the self-audit?

- NPS *Pharmacy Letter 6* (included).
- Ten self-audit forms (included): Complete each form as soon as possible after the interaction with each customer. Ten forms must be completed if you wish to collect CPE or QCPP/CQI points. (If you are unable to complete ten forms you may still participate but will not receive CPE or QCPP/CQI points.)
- Customer sign (included): Advising that you are participating in a quality assurance program, and that their information is confidential.
- The self-assessment and action plan (pages 3–5).

Which customers should be included?

Complete the forms for ten consecutive customers who:

1. **directly requested** a calcium supplement, **OR**
2. **requested advice** on osteoporosis.

Can normal pharmacy procedures be used?

Yes. If your staff have learnt “what, stop, go” in the S2/S3 standards training or QCPP accreditation, then continue using that system. This self-audit will assist you to review these procedures.

Who should complete the self-audit forms?

The staff member(s) who served the customer should complete the form. This may be a combination of: the pharmacy assistant*, pre-registration pharmacist#, pharmacy student# or pharmacist.

*Where the pharmacy assistant has served the customer, either alone or with the pre-registration pharmacist/pharmacist, we suggest the pharmacist oversees the form completion.

#The role of the pre-registration pharmacist or student should be discussed with their supervisor.

What training will my staff need?

Provide staff with training on communication, and the prevention and treatment of osteoporosis as well as instructions on the self-audit process, including:

- which customers and products to include
- location of forms
- when to fill out forms
- how to fill out the forms
- when the self-audit will start.

Over to page 2 for more instructions



Completing the pharmacological management section

To allow for the variety of calcium supplements marketed, complete each column of this section.

If no product was supplied

Please mark "No product supplied" and go to *Non-pharmacological management*.

If a product other than a calcium supplement was supplied

Please mark "Product other than a calcium supplement supplied" and specify the product.

If a calcium supplement has been supplied

Complete each column as shown in the example below.

If a product has more than one calcium salt please indicate each calcium salt and the total elemental calcium in the product.

Example:

You supplied a calcium supplement that contains 1185 mg calcium citrate (250 mg elemental calcium), 200 IU vitamin D3, 50 mg magnesium, 7.5 mg zinc, 1.0 mg copper and 1.8 mg manganese. You advised the patient to take one tablet twice a day.

Pharmacological management

- No product supplied
- Product other than a calcium supplement supplied. Please specify _____

Please indicate the calcium salt, amount of elemental calcium per tablet, other active ingredients and recommended dosing schedule of the product that you supplied.

Calcium salts	Total amount of elemental calcium		Other active ingredients				Recommended dose	
							Number of tablets	Frequency
<input type="radio"/> Calcium carbonate	<input type="radio"/> < 250 mg	<input type="radio"/> 600 mg	<input type="radio"/> Boron	<input checked="" type="radio"/> Vitamin D3	<input checked="" type="radio"/> One	<input type="radio"/> Once daily		
<input checked="" type="radio"/> Calcium citrate	<input checked="" type="radio"/> 250 mg	<input type="radio"/> 1000 mg	<input checked="" type="radio"/> Copper	<input checked="" type="radio"/> Zinc	<input type="radio"/> Two	<input checked="" type="radio"/> Twice daily		
<input type="radio"/> Calcium gluconate	<input type="radio"/> 360 mg	<input type="radio"/> > 1000 mg	<input checked="" type="radio"/> Magnesium	<input type="radio"/> Other	<input type="radio"/> Three	<input type="radio"/> Three times daily		
<input type="radio"/> Calcium lactate	<input type="radio"/> 500 mg		<input checked="" type="radio"/> Manganese	<input type="radio"/> No other active ingredient	<input type="radio"/> Four	<input type="radio"/> Four times daily		
<input type="radio"/> Other					<input type="radio"/> > Four	<input type="radio"/> > Four times daily		

Finishing the self-audit cycle

After completing the forms

1. Look over all forms, read *Self-assessment* on page 3 and complete the action plan, page 5. Keep this in your records.
2. Attach the completed registration form/signed confidentiality agreement to the 10 completed self-audit forms and return to the NPS.

When you receive your results

You will receive your results, aggregate results of all participants and an expert commentary. These are to assist you to reflect on the practice in your pharmacy.

Consider whether changes made during and after the self-audit period have been successful then plan any further modifications and monitor their implementation.

Self-assessment

Review the self-audit forms for every customer audited and feed back results to all pharmacy staff. The self-audit process may have highlighted areas of your practice or practice within the pharmacy that could be enhanced. Areas to consider and possible actions are listed below. Where appropriate involve all staff in identifying and implementing solutions.

This self-audit applies the same process of screening and referral as previous self-audits and is auditing against the same professional standards (see below). The parts of the standards that remain applicable to unscheduled products are marked with an asterisk (*). The entire standard has been included for completeness.

Explicitly plan ongoing review of how over-the-counter (OTC) medicines are supplied in your pharmacy. Record this plan on the action plan on page 5 and keep it for reference when you receive your results.

Consider the following areas. Use the boxes on the right-hand side to identify areas that need attention.

Customer care and advice (Guild POP-2, PSA standard 2)

	Yes	Usually	No
— Does the pharmacy have a functioning screening and referral system?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Was the pharmacist involved in all <i>Pharmacist Only</i> medicine requests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Did customers purchasing <i>Pharmacy</i> medicines have appropriately trained staff assisting them with their product selection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Were there gaps in your therapeutic knowledge?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Were pharmacy staff trained adequately for their role?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Were customers appropriately referred (e.g. to general practitioner, support services) by the pharmacist?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resource management (Guild POP-1, PSA standard 1)

— Were customers able to access the pharmacist for consultation on OTC medicines?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Did you have access to the resources that you needed to provide service and information to the customer (e.g. <i>Australian Medicines Handbook, Aus DI</i>)?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— Did the customer have access to information materials (e.g. <i>PSA Self Care Cards</i>)?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other issues

Other issues surrounding the supply of OTC medicines not addressed by this self-audit include: indirect supply, documentation, display and storage, customer consultation and the rights and needs of consumers. Issues arising concerning these areas should also be considered. Further information can be found in the Pharmacy Guild *QCPP Pharmacy Standards*¹, and Pharmaceutical Society of Australia (PSA) *Standards for the Provision of Pharmacist Only and Pharmacy Medicines in Community Pharmacy*.²

1. Pharmacy Standards. Quality Care Pharmacy Program. Pharmacy Guild of Australia. March 2000.

2. Pharmaceutical Society of Australia. Standards for the Provision of Pharmacist Only and Pharmacy Medicines in Community Pharmacy. In: Australian Pharmaceutical Formulary and Handbook 18th ed. Canberra: PSA. 2002.

Consider the following actions and record your individual action plan on page 5.

Please note: These are examples only and are not an exhaustive list.

	Need to take action	
	Yes	No
— Examine workflow and staffing levels, review and reallocate work duties if necessary.	<input type="radio"/>	<input type="radio"/>
— Discuss with non-pharmacist staff:		
<input type="radio"/> screening questions you would like them to ask	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> when you would like them to refer to you.	<input type="radio"/>	<input type="radio"/>
— Document systems in a standard operating procedure (SOP). Ensure that the SOP is accessible to staff and that new staff are oriented to the SOP.	<input type="radio"/>	<input type="radio"/>
— Obtain current drug information references such as the <i>Australian Medicines Handbook</i> , <i>AusDI</i> , and the <i>Therapeutic Guidelines</i> series. Register for <i>Australian Prescriber</i> (which includes <i>NPS News</i> and ADRAC reports) and subscribe to other professional journals.	<input type="radio"/>	<input type="radio"/>
— Use the NPS Therapeutic Advice and Information Service (TAIS), a dedicated telephone service which provides therapeutic information to doctors and pharmacists. Call 1300 138 677.	<input type="radio"/>	<input type="radio"/>
— Encourage customers to seek advice from the pharmacist, e.g. display signs.	<input type="radio"/>	<input type="radio"/>
— Promote consumer resources, e.g. PSA Self Care Fact Cards.	<input type="radio"/>	<input type="radio"/>
— Direct the customer to appropriate resources. Ideally discuss the information with the customer.	<input type="radio"/>	<input type="radio"/>
— Identify situations where you should refer to another health professional.	<input type="radio"/>	<input type="radio"/>
— Devise an ongoing plan for keeping up-to-date, e.g. journals, courses, NPS publications (<i>NPS News</i> and <i>Prescribing Practice Review</i>) and NPS case studies.	<input type="radio"/>	<input type="radio"/>
— Set aside professional development time for yourself and your staff.	<input type="radio"/>	<input type="radio"/>
— Concentrate on communication skills; role play difficult situations.	<input type="radio"/>	<input type="radio"/>
— Get your staff to identify situations where they feel uncomfortable.	<input type="radio"/>	<input type="radio"/>
— Formal training courses with regular updates should be used, e.g. pharmacist/pharmacy assistant training seminars on complying with the <i>Standards for the Provision of Pharmacist Only and Pharmacy Medicines</i> conducted by PSA State branches.	<input type="radio"/>	<input type="radio"/>

Important privacy information

Self-audit is an educational and quality improvement activity where the purpose of data collection is to enable peer feedback; data are not for research purposes. Your individual self-audit results are confidential.

Participating pharmacists will receive the aggregate results along with an expert commentary. Aggregate results will not identify any customer, pharmacist or pharmacy and may be used in NPS publications or reports.

Your participation will be revealed to professional bodies only for the allocation of Continuing Pharmacy Education (CPE), Professional Development Assurance Program (PDAP) points and/or Quality Care Pharmacy Program (QCPP) Continuous Quality Improvement (CQI) credit points.

A sign is enclosed to display while conducting the self-audit. Customers should know what health data are being collected, and how these are being used, and that they can choose not to have their health information included in the self-audit.

The NPS ensures that the collection, storage and use of all health information for this self-audit complies with the National Privacy Principles. We are confident that the privacy of patients, pharmacists and their staff is protected.

For more information about confidentiality and self-audit please refer to the confidentiality agreement on the reverse of the registration form.

Important note: The confidentiality agreement must be signed to participate in the self-audit.

If you require further information

For information about the self-audit

Contact Louise Kenyon at NPS:
email: lkenyon@nps.org.au
phone: (02) 9699 4499
fax: (02) 9699 5155

To order further copies of this pack

email: info@nps.org.au
phone: (02) 9699 4499
fax: (02) 9699 5155

For further information on osteoporosis and calcium supplements

National Prescribing Service. NPS News 26: Preventing Osteoporotic fractures. Sydney: National Prescribing Service Ltd, February 2003. www.nps.org.au

National Prescribing Service. Pharmacy Letter 6: Osteoporosis and calcium supplements. Sydney: National Prescribing Service Ltd, March 2003. www.nps.org.au

Australian Medicines Handbook 2002. Australian Medicines Handbook Pty Ltd, Adelaide 2002.

Therapeutic Guidelines: Endocrinology Version 2, 2001. North Melbourne: Therapeutic Guidelines Limited.

For further information on professional practice standards

- Pharmaceutical Society of Australia. Standards for the Provision of Pharmacist Only and Pharmacy Medicines in Community Pharmacy. In: Australian Pharmaceutical Formulary and Handbook 18th ed. Canberra: PSA 2002.
- Pharmaceutical Society of Australia. Pharmacy Practice Handbook. Curtin: PSA 2000.
- The Pharmacy Guild of Australia – Quality Care Pharmacy Program materials.



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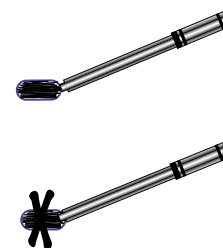
National Prescribing Service Limited ACN 082 034 393
An independent, Australian organisation for Quality Use of Medicines

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Phone: 02 9699 4499 | Fax: 02 9699 5155 | email: info@nps.org.au | web: <http://www.nps.org.au>

Calcium supplements for osteoporosis: self-audit form

Completing the form

- Complete the form as soon as possible after serving each customer who:
 - makes a direct product request for calcium supplements **or**
 - requests advice about prevention and/or treatment of osteoporosis.
- Complete sections A, C and D for **all** customers.
- Complete section B if required.
- **Either the pharmacist or pharmacy assistant may complete the form.** The pharmacist conducting the self-audit should oversee the completion of all forms.
- Completely fill in the bubbles with black biro (as shown). Do not use pencil.
- If you make a mistake use white correction fluid or cross through the bubble clearly (as shown).



SECTION A: Screening the request (to be completed by pharmacist and/or pharmacy assistant)			
Was the customer the patient?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
How old was the patient?	<input type="radio"/> child ≤12 years old	<input type="radio"/> adult ≤65 years old	<input checked="" type="radio"/> adult >65 years old
How did the customer present?	<input type="radio"/> Direct product request	<input checked="" type="radio"/> Requested advice	
Had the patient used a calcium supplement before?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not asked
Did the patient have any questions about the use of a calcium supplement?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
Was the patient pregnant/breastfeeding, or did they have any medical conditions, e.g. heart or kidney problems?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
Was the patient taking any other medications?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
If no coloured responses were marked above, go to section C.			
If any coloured responses were marked above, go to section B. If these were marked by the pharmacy assistant, the customer should have been referred to the pharmacist.			

SECTION B: Gathering more information (pharmacist involvement recommended)	
<p>Was a calcium supplement recommended by anyone?</p> <p><input type="radio"/> General practitioner, medical specialist or surgeon</p> <p><input type="radio"/> Other health professional, e.g. dietician</p> <p><input type="radio"/> Other, e.g. friend, magazine article, television program</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Customer not asked</p>	<p>Patients often have prior knowledge about a product. Knowing the source of this information may help to guide subsequent communication.</p>
<p>Was the patient at high risk of osteoporosis or known to have osteoporosis?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not considered</p>	<p>Preventing or treating osteoporosis requires more than a calcium supplement.</p> <p>Refer to a GP those people with known osteoporosis, loss of height or a minimal trauma fracture who are not receiving specific therapy for osteoporosis.</p> <p>Address modifiable risk factors such as smoking, excess alcohol consumption and inactivity.</p>
<p>Was the patient taking any other medications?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Hormone replacement therapy (HRT)</p> <p><input type="radio"/> Bisphosphonates</p> <p><input type="radio"/> Iron, quinolones, tetracyclines, sotalol</p> <p><input type="radio"/> Calcitriol</p> <p><input type="radio"/> Thyroxine, glucocorticoids, antiepileptic drugs</p> <p><input type="radio"/> Other (please specify) _____</p> <p><input type="radio"/> Customer not asked</p>	<p>If used for osteoporosis, combine with calcium supplements.</p> <p>Should be combined with calcium supplements, however calcium decreases absorption of bisphosphonates. Do not take calcium within 2 hours of bisphosphonate administration.</p> <p>Calcium may decrease absorption of these drugs; separate administration by several hours.</p> <p>Risk of hypercalcaemia; avoid concurrent use.</p> <p>Patients taking these medications are at increased risk of osteoporosis. Consider referral to a general practitioner.</p>

SECTION B

SECTION B: Gathering more information (pharmacist involvement recommended) (continued)**Did the patient have any medical conditions?**

- No Customer not asked

Renal impairment or previous renal stones

Refer to general practitioner for monitoring if commencing calcium supplements.

Perimenopausal or early menopause

At increased risk of osteoporosis; consider referral to a general practitioner.

Parathyroid, thyroid, renal or liver diseases, malabsorption or chronic cardiorespiratory disorders

Patients with these conditions are at increased risk of osteoporosis. Consider referral to a general practitioner.

Other (please specify) _____

SECTION C

SECTION C: Management (to be completed by pharmacist and/or pharmacy assistant)**Pharmacological management**

- No product supplied
 Product other than a calcium supplement supplied. Please specify _____

Please indicate the calcium salt, amount of elemental calcium per tablet, other active ingredients and recommended dosing schedule of the product that you supplied. See page 2 of *What you need to know to complete the self-audit* for an example.

Calcium salts	Total amount of elemental calcium		Other active ingredients		Recommended dose	
					Number of tablets	Frequency
<input type="radio"/> Calcium carbonate	<input type="radio"/> < 250 mg	<input type="radio"/> 600 mg	<input type="radio"/> Boron	<input type="radio"/> Vitamin D3	<input type="radio"/> One	<input type="radio"/> Once daily
<input type="radio"/> Calcium citrate	<input type="radio"/> 250 mg	<input type="radio"/> 1000 mg	<input type="radio"/> Copper	<input type="radio"/> Zinc	<input type="radio"/> Two	<input type="radio"/> Twice daily
<input type="radio"/> Calcium gluconate	<input type="radio"/> 360 mg	<input type="radio"/> > 1000 mg	<input type="radio"/> Magnesium	<input type="radio"/> Other	<input type="radio"/> Three	<input type="radio"/> Three times daily
<input type="radio"/> Calcium lactate	<input type="radio"/> 500 mg		<input type="radio"/> Manganese	<input type="radio"/> No other active ingredient	<input type="radio"/> Four	<input type="radio"/> Four times daily
<input type="radio"/> Other					<input type="radio"/> > Four	<input type="radio"/> > Four times daily

Non-pharmacological management

Provided advice on dietary calcium

The recommended daily intake of calcium should be around 3–4 serves of calcium rich food in men, premenopausal women and postmenopausal women taking HRT. Postmenopausal women not taking HRT should increase their intake to 4–5 serves.

Provided advice on calcium supplements

Include dose, frequency, administration and side effects.

Provided advice on modifying other risk factors for osteoporosis

Advise patients to quit cigarette smoking, moderate alcohol consumption and participate in regular physical activity.

Provided advice about reducing risk of falls

Consider regular weight-bearing exercise, balance training, reduced use of sedatives, improvement in poor vision, and home and environment modification.

Provided written information

For example, *Pharmacy Self Care Card*.

Other (please specify) _____

Referral

- Referred to a general practitioner
 Referred to another health professional, e.g. dietician, physiotherapist, optometrist

Written referral preferred.

Other (please specify) _____

SECTION D

SECTION D: Self-assessment (to be completed by pharmacist and any other staff member involved in serving the customer)**Which staff members were involved with this customer? (More than one response possible)**

- Pharmacist Pharmacy assistant Pre-registration pharmacist Pharmacy student

Did section A of the self-audit form suggest that the pharmacist should see the customer?

- Yes No

If the customer should have seen the pharmacist and didn't, please indicate reason.

- Pharmacist busy Pharmacy staff busy Not aware that customer should have seen the pharmacist
 Customer did not want to see the pharmacist Other (please specify) _____

Do you think that this customer received quality advice about calcium supplements and osteoporosis?

- Fully Substantially Partially No

Please indicate all barriers to providing quality advice: (more than one response may apply)

- Customer in a hurry Customer not the patient Pharmacy busy Customer not receptive to questioning
 Other (please specify) _____