

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 (PHC)/Delegate name:	Date of previous audit:	
IHSPS pharmacy service provider:	Imprest list used: (Or Standard Drug List SDL)	 NT PHC SDL Kimberley SDL Site specific SDL
Pharmacist name:		Site specific SDL
		\bigcirc

 IHSPS Pharmacist must send copies to: Tick all that apply Check N/A if not applicable at that Health Service Centre 	Primary Health Care Manager District Manager PHC Director of Nursing & Midwifery Primary Health Care Pharmacist	Name: Name: Name:	Email: Email: Email: Email:	or () N/A or () N/A or () N/A or () N/A
	Other parties to be informed Regionally: Other parties to be informed: Safety, Quality and Accreditation Manager Medication Safety Nurse	Name: Name: Name:	Email: Email: Email:	or () N/A or () N/A 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 NPS MedicineWise: Medicine Use in Remote Australia

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.

dication storage room Ref: The National Safety and Quality Health Service standards: Standard 4									
STANDARD		FINDINGS	5	RECOMMENDATIONS					
	YES	NO	N/A						
Medication room secure eg, locked when unattended	\bigcirc	\bigcirc	\bigcirc						
Air conditioned (< 25°C) 24 hours per day	\bigcirc	\bigcirc	\bigcirc						
Adequate space and shelving	\bigcirc	\bigcirc	\bigcirc						
Neatness and cleanliness	\bigcirc	\bigcirc	\bigcirc						
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	\bigcirc	\bigcirc						
 Medicines information/posters displayed: <u>Pharmacy contact details</u> (New staff handover summary – Remote Area Aboriginal Health Services) 	\bigcirc	\bigcirc	\bigcirc						
Networked computer and label printer	\bigcirc	\bigcirc	\bigcirc						
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	\bigcirc	\bigcirc						
Tamper evident bags and <u>Return of Unwanted Medicine (RUM)</u> bins available for return or disposal of unwanted S8 and RS4 medicines	\bigcirc	\bigcirc	\bigcirc						
Patient-specific chronic condition medicines stored appropriately	\bigcirc	\bigcirc	\bigcirc						
Dose administration aids (DAAs) – stored appropriately	\bigcirc	\bigcirc	0						
Folder containing all current valid patient prescriptions present	\bigcirc	\bigcirc	\bigcirc						
Patient prescriptions and other medicine documentation is retained at the health centre for 2 years from the date of the last entry/use	\bigcirc	\bigcirc	\bigcirc						



Stock management

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

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



Cold chain

Ref: Strive for 5

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



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	\bigcirc	
Emergency Outreach Drug Box Contents	\bigcirc	\bigcirc	\bigcirc	
Anaphylaxis Kits Contents	\bigcirc	\bigcirc	\bigcirc	
Fit Kits Contents	\bigcirc	\bigcirc	\bigcirc	
Obstetric Drug Kits Contents	\bigcirc	\bigcirc	\bigcirc	
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Schedule 8 (S8) & Restricted Schedule 4 (RS4) medicines

STANDARD		FINDING	5	RECOMMENDATIONS
	YES	NO	N/A	
S8 medicines secured in a S8 drug safe located within the medication storage room	\bigcirc	\bigcirc	\bigcirc	
RS4 medicines secured in a S8 drug safe or dedicated lockable cupboard located within the medication storage room. Note: exception for emergency kits	\bigcirc	\bigcirc	\bigcirc	
Access to S8 / RS4 medicines limited to health professionals registered under <u>Australian Health Practitioner Regulation Agency</u> (Ahpra)	\bigcirc	\bigcirc	\bigcirc	
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	\bigcirc	\bigcirc	\bigcirc	



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

STANDARD		FINDINGS	;	RECOMMENDATIONS
		NO	N/A	
Health centre stock of S8 and RS4 medicines is in accordance with the <i>SDL/ Imprest medications</i> and approved local additions	\bigcirc	\bigcirc	\bigcirc	
Patient-dispensed S8 and RS4 medicines are correct against a current valid prescription	\bigcirc	\bigcirc	\bigcirc	
Stock management standards are adhered to, including appropriate stock levels, stock rotation and expiry checks	\bigcirc	\bigcirc	\bigcirc	
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	\bigcirc	\bigcirc	
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	\bigcirc	\bigcirc	
S8 and RS4 medicines are 'checked and correct' by the pharmacist and another clinician (where available) during the site visit	\bigcirc	\bigcirc	\bigcirc	
S8 and RS4 orders dispatched by the pharmacy have been received and the appropriate paperwork kept at the health centre for 2 years	\bigcirc	\bigcirc	\bigcirc	
Unwanted / expired S8 and RS4 medicines disposed of appropriately depending on state or territory legislation and documented in the S8 Register	\bigcirc	\bigcirc	\bigcirc	

Standard reference list

STANDARD		FINDINGS			RECOMMENDATIONS
		YES	NO	N/A	
The current edition of all mandatory medicines references are accessible: Suggested resources:					* Discard superseded versions and obsolete references
CARPA STM (7th edition)	One per clinical area	\bigcirc	\bigcirc	\bigcirc	
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	\bigcirc	\bigcirc	
<i>Clinical Procedures Manual for</i> <u>remote and rural practice</u> (4th ed)	One per area where procedures are performed	\bigcirc	\bigcirc	\bigcirc	
Additional clinical protocols folder	One per health centre emergency room	\bigcirc	\bigcirc	\bigcirc	



Standard reference list (Cont.)

STANDARD			FINDINGS	;	RECOMMENDATIONS
		YES	NO	N/A	
Australian Medicines Handbook (current/previous year edition)	Annual publication or website login	\bigcirc	\bigcirc	\bigcirc	
AMH Children's Dosing Companion (current/previous year edition)	Annual publication or website login	\bigcirc	\bigcirc	\bigcirc	
Therapeutic Guidelines Australia	Website login	\bigcirc	\bigcirc	\bigcirc	
The Australian Immunisation Handbook	Online resource	\bigcirc	\bigcirc	\bigcirc	
<i>Injectable Drugs Handbook</i> (current/previous year edition)	One per health centre or website login	\bigcirc	\bigcirc	\bigcirc	
Medicines Book for Aboriginal and Torres Strait Islander Health titioners and workers (4th ed)	One per health centre	\bigcirc	\bigcirc	\bigcirc	
Rural and remote emergency services standardisation guidelines (RRESSG) (QLD)	Online resource	\bigcirc	\bigcirc	\bigcirc	
<u>Chronic conditions manuals</u> (QLD)	Online resource	\bigcirc	\bigcirc	\bigcirc	
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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	FINDIN	GS		RECOMMENDATIONS	ACTION OFFICER	REVIEW DATE	Ουτςομε	STATUS UPDATE
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Content for this resource has been reviewed for culturally appropriateness by indigenous health professionals.

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