



Nurse and Midwife Medicinal Product Prescribing Toolkit

Guidance for Clinical Audit

June 2020

Changing practice to support service delivery

Introduction

This toolkit provides guidance on preparing, planning and undertaking audit of nurse/midwife medicinal product prescribing practice. The registered nurse/midwife prescriber (RN/MP) must undertake audit of their prescribing practices to ensure that their practice is safe, appropriate, consistent and effectively monitored (HIQA, 2015) as determined by their local health service provider's audit process for prescribing and medicines management (NMBI, 2019). The audit result must be documented and reported to the person with overall responsibility and authority for the governance of registered nurse and midwife prescribing in their health service provider (NMBI, 2019).

The *Commission on Patient Safety and Quality Assurance* (2008) identified clinical audit as a key and essential component of clinical governance, stating that it 'constitutes the single most important method which any healthcare organisation can use to understand and assure the quality of the service that it provides' (DoHC, 2008, p. 12).

What is Clinical Audit?

The *Commission on Patient Safety and Quality Assurance* (2008, p. 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). 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 RN/MP prescribing for example national/local health service provider PPPG.
- **Process:** focuses on the health service provider's processes, for example individual RN/MP prescribing activity, practice of prescription writing and documentation.
- **Outcome:** evaluates the effect of clinical decision making and nurse/midwife prescribing practice for patient/service user outcomes.

The Five Stage Approach to Clinical Audit

Clinical audit is a cyclical process which can be outlined in five stages. The following stages should be considered when planning for audit of RN/MP prescribing practices;

- Stage 1 Planning for audit
- Stage 2 Standard/criteria selection
- Stage 3 Measuring performance
- Stage 4 Making improvements
- Stage 5 Sustaining improvements



The Healthcare Audit Cycle (Health Service Executive, 2013)

Source: HSE Quality and Patient Safety Division, 2013

Stage 1: Planning for Audit

The following steps should be considered when planning for audit of RN/MP prescribing practices;

- Agree where audit of RN/MP sits within your health service provider's governance structure. Include this in the local health service provider PPPG for Nurse/Midwife Medicinal Product Prescribing
- Identify where the audit report is to be formally submitted
- Agree who will take lead responsibility for the audit. For example this could be the Director of Nursing/Midwifery/relevant manager, prescribing site coordinator, nurse/midwife practice development coordinator, clinical audit department, governance committee, quality and risk committee, multidisciplinary team etc.
- Agree who will undertake the audit
- Agree the frequency of the audit
- 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 RN/MP prescribing practice may be undertaken by;

- Self (RN/MP)
- Peer RN/MP/ non-prescriber
- Prescribing Site Coordinator (PSC)
- Nurse or midwife manager
- Clinical audit support staff/practice development coordinator/risk advisor, other identified members of the multidisciplinary team.

It is recommended, where possible, that the person/s undertaking the audit should be rotated for each audit. 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 Guideline for Nurse and Midwife Medicinal Product Prescribing* (HSE, 2020)/*Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority* (NMBI, 2019)
- Agree the audit tool
- For the purposes of this document, a number of tools have been developed and are available at;

<https://healthservice.hse.ie/en/about-us/onmsd/onmsd/specific-programmes/nurse-midwife-medicinal-product-prescribing.html>

Stage 3: Measuring Performance

Population and Sampling

All prescriptions in the selected period constitute the audit population. A random sample of all the prescriptions written by the RN/MP within the timeframe identified should be selected for audit. A minimum of 10 prescriptions and associated documentation should be selected or more if agreed locally.

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;

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

Data Collection

An audit 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 RN/MP
- Incident, medication error and near miss report forms
- Data Collection System for Nurse and Midwife Medicinal Product Prescribing.

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. 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
- Action/s 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). All healthcare 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

Clinical audit does not require ethical approval but as always and in line with best practice ethical issues should still be considered while also adhering to data protection principles (NOCA, 2019). Audit reports should not contain any identifying patient/service user features in line with General Data Protection Regulation (GDPR), (Department of Justice, Equality and Law Reform, 2018). Legal and ethical guidelines should be adhered to and the confidentiality of the patient/service user, staff and the health service provider should be protected at all times. The following principles should be adhered to;

- 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 p. 58)
- Ensure methodology is appropriate and rigorous
- Ensure findings are used to improve patient/service user care.

References

- Department of Health and Children (2008) *Report of the Commission on Patient Safety and Quality: Building a Culture of Patient Safety*. Dublin: Safety Office
- Department of Justice, Equality and Law Reform (2018). *General Data Protection Regulation 2018*. Dublin: Stationery Office
- Donabedian, A., 1980. The definition of quality and approaches to its assessment and monitoring. Vol. I. *Ann Arbor*.
- Health Service Executive (2013) *A Practical Guide to Clinical Audit*, Dublin: HSE
- Health Service Executive (2020) *National Guideline for Nurse and Midwife Medicinal Product Prescribing*, Dublin: HSE
- Health Information Quality Authority (2015) *Medicines Management Guidance* Dublin: Health Information Quality Authority
- Nursing and Midwifery Board of Ireland (2019) *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (4TH Edn)*. Nursing and Midwifery Board of Ireland
- National Office of Clinical Audit (2019) *GDPR Guidance for Clinical Audit*, Dublin: NOCA

Useful Resources

- Health Information and Quality Authority – <http://www.hiqa.ie>
- Health Service Executive (2019) *National Review of Clinical Audit*, Dublin, HSE
- HSE Learning and Development Centre (HSELand) – <http://www.hseland.ie>
- HSE library – <http://hselibrary.ie>
- HSE Nurse Midwife Medicinal Product Prescribing – <https://healthservice.hse.ie/about-us/onmsd/onmsd/specific-programmes/nurse-midwife-medicinal-product-prescribing.html>
- 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>