

Prescription audit & Pharmacist

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We are familiar with the audit. In case of prescription, it refers Prescription audit. Each prescription comes to pharmacist before medication, naturally it is first (primary) check point of prescription. Proficiency of pharmacists plays vital roles toward the patient safety and clinical aspect. The patient safety is the prime factor in clinical field. Now days we see that majority of the prescriptions are incomplete, irrational and erroneous irrespective of qualification and clinical experience of prescriber. Poly-pharmacy is the major issue. Especially antimicrobial and proton pump inhibitor or H₂ blockers are the great concern.

The Government of India through the national health policy (2017) emphasise the importance of rational use of medicine including pharmacovigilance in healthcare setting. Rational user medicine mean that patient receive medication appropriate to their clinical needs in dose that's need the requirement for an adequate period and lowest cost to them and their community (WHO 1985) (1).

Irrational prescribing is a global problem. The emerging data reveal that prescribing errors are common and can affect between 4.2 to 82% of the prescriptions (2). Prescription audit is part of the holistic clinical audit which was defined in a paper Principles for Best Practice in Clinical Audit as “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change” (3). Audit was first used by Florence Nightingale in 1854 to prevent post-surgical mortality.

One of the prescription audit's core principles is that it is not a ‘fault-finding exercise’ but a ‘fact-finding exercise’. The emphasis is not on ‘who went wrong’, but on identifying ‘why did it happen’ in terms of system's problem; and ‘what can be done to prevent its recurrence and bring about the improvement’. Therefore it becomes important that the prescription audits are conducted in a candid and transparent environment with no “fear” of punitive actions (4). Routine auditing and feedback is necessary for imbibing safe prescribing practices. Prescribers need to be made aware about the errors and the recommended guidelines.

Objectives of Prescription audit & Pharmacist

The following Key points are the objective of Prescription audit and role of pharmacist implies within.

1. To assess the extent of irrational prescribing.

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2. Detection of prescribing errors with their reasons.
3. To reduce the irrational usage of antibiotics, syrups, injections, etc.
4. To identify opportunities for the improvement and developing benchmarks at the facility level, district, state and national.
5. To channelize the good practice of writing complete, legible and rational prescriptions by the service providers.

Chief Pharmacist/Senior most pharmacists managing dispensary and Medical Store may be vital member in an audit committee at different levels, i.e. DH, SDH, CHC, and PHC. It is not new but modified role of pharmacist like role of pharmacist in pharmacy therapeutic committee.

One of the tools is legibility of prescriptions. Prescription legibility was graded on a subjective scale by two independent investigators. Prescriptions were graded as:

1. Grade 1 (legible with ease)
2. Grade 2 (legible with difficulty)
3. Grade 3 (Illegible).

This could be cent per cent rectified through e-prescription as machine designed or programme base. There is no scope of individual manuscript.

WHO core prescribing indicators which are as (5).

1. Average number of drugs per prescription. (Fixed dose combinations were also counted as one drug Percentage of drugs).
2. Prescribed by generic name.
3. Percentage of antibiotics per prescription– antibiotics were classified based on the WHO model list for antibiotic classification and included penicillin, other antibiotics, anti-infective dermatological drugs, anti-infective ophthalmological agents and anti-diarrhoeal drugs or their combinations .
4. Percentages of injections per prescription – vaccinations were excluded from this list.
5. Percentage of drugs prescribed from the Essential Drugs List.

Prescribing indicators is the centre focus among the WHO core indicators in Prescription audit. It requires professional expertise in pharmacy field.

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Professionally sound pharmacists are the right personnel in this regard. There are adequate number of pharmacists in hospital services under the department of Health & family welfare.

Expected Outcomes of Prescription Audit:

It helps to:

1. Assist public healthcare providers to analyse and interpret the results of Prescription audits and provide feedback to the service providers.
2. Improve prescription quality at public health facilities.
3. Promote the rational use of drugs.
4. Reduce prescription errors and thus improves patient safety.
5. Reduce the cost of treatment by reducing unnecessary prescriptions (e.g. Antibiotics), efficient use of therapeutic agents, encouraging generic medicines, and reducing polypharmacy.
6. Improving Quality of Care (QoC).

The role of pharmacist is expanding exponentially with emergence of new generation pharmacist processing higher qualification like (doctor of pharmacy, Master of pharmacy etc.) that play vital role in direct care of patient(6).

Engagement of pharmacist in Prescription Audit will make the programme a success certainly. Several statutory bodies like Pharmacy council of India, Central Drugs Control & Standard Organisation suggest the same. Practically they are the right personnel to fulfil the objectives.

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“National health policy makes a historical movement in our endeavour to create a healthy India where everyone has access to quality Health Care”---

Narendra Modi

Prime Minister

Ref.

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