



**Community Pharmacy**  
**Opioids**  
**2019-20**

*Every patient, every time*



*Adapted with permission*



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# Section 1: Introduction

## 1.1 Background

A key aim of the Safety in Practice programme is to work with Primary Health Care teams to reduce preventable patient harm from the care they receive. Adverse drug events (ADEs) are major causes of patient morbidity and mortality, and a source of significant costs for both organisations and patients.<sup>1</sup>

In New Zealand hospitals of the top 10 medicines implicated in harm, opioids feature 5 times. Of the individual medicines, morphine causes 16% of harm, and other opioids (fentanyl, oxycodone, codeine and tramadol) account for 14%. Together opioids account for 30% of harm and are implicated in three of the most commonly reported harms, identified as constipation, nausea/vomiting and delirium/confusion/over-sedation.<sup>1</sup>

This clinical module focuses on the safe use of opioids including:

- Codeine
- Dihydrocodeine
- Fentanyl
- Morphine
- Oxycodone
- Pethidine
- Tramadol

**Note:** opioid substitution therapy is not included for this data collection series, however appropriate education should be provided for any opioid dispensed.

Opioid analgesics share a similar adverse effect profile, although qualitative and quantitative differences exist. The incidence and severity of adverse effects in an individual patient are influenced by a number of pharmacogenetic, pharmacodynamic, and pharmacokinetic factors and therefore appropriate monitoring and adverse effect management is essential. Adverse effects may limit achievement of adequate pain control.<sup>2</sup>

## Measuring reliability of your care

### Pharmacist Scope of Practice

According to The Pharmacy Council of New Zealand, “The practice of pharmacy is necessarily broad and is wider than pharmacists working directly with patients, given that such roles influence clinical practice and public safety. In a clinical role, the pharmacist acts as a medicines manager, providing patient-centred medication therapy management, health improvement and disease prevention services, usually in a collaborative environment. Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy”.<sup>3</sup>

Optimal medicines management and patient education are core responsibilities of pharmacy practice. In conjunction with a Pharmacy Expert Group, process and patient outcome measures have

been developed that we believe represent best practice for opioid management and education. These have been further refined following feedback from 5 pharmacies who participated in the opioid pilot in 2017/18.

It is best practice to document all interventions and recommendations made to evidence work that has been carried out. This is one way pharmacists can demonstrate all the work that they do, in line with Pharmacy Council of New Zealand Competence Standard O1.4.7. The process measures are evidence that best practice activities have been performed.

**“Competence Standard O1.4.7**

*Supports and provides continuity of care with accurate and timely documentation of clinical and professional interventions and recommendations, using agreed handover protocols.”*

## 1.2 Aim

All patients receiving prescribed opioids will receive education about the medicine at time of medicine collection. (ie codeine, dihydrocodeine, fentanyl, morphine, oxycodone, pethidine, tramadol) by June 2020.

## 1.3 Equity

We all have a role to play in reducing inequity in health in New Zealand. Particular groups are consistently disadvantaged in regard to health, and these inequities affect us all.<sup>4</sup>

Health inequities are avoidable, unnecessary and unjust differences in the health of groups of people.<sup>4</sup> This may be between socioeconomic groups, ethnic groups, different geographical regions, levels of ability or disability, and between males and females. Research indicates the poorer you are, the worse your health will be.<sup>5</sup> Inequalities experienced in early life influence people in later life, and inequalities take a cumulative toll on an individual’s health over their lifetime.<sup>4</sup>

To promote equity in health, we need to understand the inequity, design interventions to reduce them, review and refine the intervention and evaluate their impact. It is important to minimise the impact of disability and illness on socioeconomic position and access to the determinants of health.<sup>5</sup>

In particular as health providers, we need to emphasise the power of joint decision making and trust with patients, it is important to prioritise time to listen to their health issues in their words, ideally with protected time in consultation room, involving their whānau if preferred by them. It is important they have an understanding of the treatment options, the risks involved and where to go for help.

The most effective conversations are based on a mutual trust and understanding, giving patient’s confidence they are in control and empowered to make informed decisions. There are significantly increased risks of avoidable medicine related harm in Māori and Pasifika, it is important we understand this and take special care to ensure optimal health outcomes for all.

## 1.4 Measures & rationale

This module comprises process and outcome measures. The **process measures** are evidence the activity has taken place. This information needs to be recorded in the patient file (Toniq or RxOne). The **patient outcome measures** assess whether the patient has understood and can recall correctly the information provided.

To assess your processes, we require data from a random sample of 10 patients each month. We do not require NHI or patient identifiable data so please ensure it is anonymous.

- *Please see Table 1 for further guidance regarding these measures*
- *The questions relate to the patient or carer as appropriate*
- *The target population for data collection is patients aged 18 years and over*
- *For prescriptions with repeats, data collection will focus on initial dispensing encounter*
- *Medicine refers to the opioid*

For this module to be successful, it is best to start by getting to know your GPs and informing them that you are part of the Safety in Practice programme. Let them know the measures you are working on with this module, and ask them how they would prefer to be contacted if you have any queries.

**Table 1: Measures and rationale**

Is there documented evidence that the patient has received the following care when they had their opioid dispensed (original dispensing). *These questions relate to the patient or carer.*

	Process measure	Rationale
1.	<p><b>Is there evidence the patient was informed how to use the medicine?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do they know if they should take their medicines regularly or as required?</p> <p>Do they know how to use breakthrough doses?</p> <p>Do they know to record any breakthrough doses used?</p>
2.	<p><b>Is there evidence there was a discussion about possible side effects?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Nausea and vomiting:</b> Has an antiemetic been prescribed? If not, ask if they have been experiencing nausea. Routine use of an antiemetic is no longer recommended unless they are experiencing nausea or vomiting. If it is the first time an opioid has been prescribed, antiemetic may be required in the first week; nausea and vomiting usually lessens with continued opioid use. Prochlorperazine is generally preferred over metoclopramide due to the prokinetic effect of metoclopramide.</p> <p><b>Constipation:</b> Have laxatives been prescribed? If not, contact the GP to prescribe, or offer OTC options. Laxatives are recommended as soon as opioid treatment is started. Suggest softener and stimulant eg Laxsol 1 to 2 tablets twice a day. Recommend increasing fibre and fluid intake.</p>
3.	<p><b>Is there evidence the patient was informed about interactions with other substances that can increase the risk of sedation?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>These include alcohol, sedatives such as benzodiazepines or zopiclone, tricyclic antidepressants and sedative antihistamines, and the combination of opioid medicines. Inform about the risk of falls, decreased alertness, drowsiness, and risks of driving and operating machinery. Avoid driving at the start of therapy, and following dose changes until the effects are known.<sup>2</sup></p>
4.	<p><b>Is there evidence the patient was informed when to seek advice relating to alarm symptoms?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Alarm symptoms include vomiting, over sedation, dizziness and uncontrolled pain. <b>Note:</b> sedation precedes respiratory depression.<sup>2</sup> <b>Breakthrough pain:</b> Does the patient know what to do if their medicines are not providing enough pain relief or if they wear off? It is best to use a short-acting form of the same medication at 1/6 of the total 24hour dose. (eg mEslon® 30mg twice daily, requires breakthrough Sevredol® 10mg) check appropriate prescribing.</p>
5.	<p><b>Is there evidence the patient was offered written information about their medicine?</b></p>	<p>To offer is to specifically ask if they would like to receive some written patient information. This could include:</p> <ul style="list-style-type: none"> <li>• Yellow Card to clarify appropriate dosing and frequency</li> <li>• SafeRx® tramadol, codeine or oxycodone patient information <a href="http://www.saferx.co.nz">www.saferx.co.nz</a></li> <li>• Medsafe <a href="http://www.medsafe.govt.nz">www.medsafe.govt.nz</a> or NZF <a href="http://nzf.org.nz/">http://nzf.org.nz/</a></li> </ul>

	Yes <input type="checkbox"/> No <input type="checkbox"/>	consumer medicines information leaflets • Self Care cards or <a href="http://www.healthnavigator.org.nz">www.healthnavigator.org.nz</a> patient info.
<b>Outcome Measures</b>		
<p>From the 10 random patients selected, ask the following questions. This can be via follow up phone call or when they return for a repeat. Use open questions and listen carefully to their answers.</p> <p>If you are unable to locate a patient after 2 attempts, document as NA in the spreadsheet.</p>		
<b>6.</b>	<p><b>Was the patient able to correctly describe (dose and frequency) how to use their medicine?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p><b><i>‘Tell me, how do you usually take your medicine?’</i></b></p> <p>Answer guidance:</p> <ul style="list-style-type: none"> <li>• Yes - if they could tell you how to correctly take their medicine</li> <li>• No - if they didn’t know how correctly to take their medicine</li> <li>• N/A – if you could not get hold of the patient</li> </ul>
<b>7.</b>	<p><b>Was the patient able to identify a possible side effect of their medicine?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p><b><i>‘Do you know any side effects that might happen?’</i></b></p> <p>This question is to assess whether the education provided was effective. Relying on spoken, and non-verbal cues such as the person saying ‘yes’ or nodding is not accurate.<sup>6</sup></p>
<b>8.</b>	<p><b>Was the patient able to identify who to ask for help with their medicines?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p><b><i>‘Who would you ask for help if you are worried about your medicines or side effects?’</i></b></p> <p>It is important that they are clear about what they should do if they experience a side effect.</p> <p>Appropriate answers may include examples such as: Pharmacist, Pharmacy staff member, Doctor, Nurse</p>

# Section 2: Instructions

When you receive a script for an Opioid, go through the Process Measures for “Every patient, every time”.

Document the information in the patient file e.g. in Toniq as an intervention or in RxOne as an event audit, so it can be found easily. To upload a checklist onto Toniq, there is a guide in the resources section of your clinical module on the website [here](#). If you are using RxOne, the checklists have been incorporated for you.

## 2.1 Monthly data collection and submission

In order to assess your processes for opioid management and education, you will need to collect data from 10 *random* patients dispensed these medicines every month. As a team, you will then reflect on your results monthly, look for opportunities for improvement and undertake PDSA cycles (Plan, Do, Study, Act)

Note: We DO NOT require NHI or patient identifiable data, so please ensure it is anonymous.



### 2.1.1 Identify patients

On the day of the data collection each month, run a report on Toniq or RxOne for all opioids dispensed during the month. (Refer to Appendix for detailed instructions on how to generate a report)

### 2.1.2 Randomize

From the report generated in step 2.1.1 it is important to select a **random sample of 10 patients**. If you have more than 10 patients in your report, you can randomise patients using an online random number generator.

**Note** the SiP programme does not endorse any advertising that comes with these online tools.

### 2.1.3 Audit

#### a) Evidence for Process Measures

For the 10 **selected** patients, review their patient file for documented evidence that the Process Measures occurred. **Record responses into the audit spread sheet.**

Documented evidence is required for compliance to Process Measures - please tick 'No' on the spreadsheet if the information has not been documented in the patient file.

#### b) Evidence for Outcome Measures

Contact the selected 10 patients and go through the Outcome Measures with them. Record responses into audit spreadsheet.

Outcome measures require patient follow-up either via phone call or if they return to the pharmacy. If you are unable to locate a patient after 2 attempts, please select NA and note this in the data collection spreadsheet comment column.

Tip: Advise patients that you are doing random follow-ups as part of your new service and they may be contacted via a phone call and asked three short questions. Let them know this is about checking how you and the team are working; it is not testing the patient in any way.

Having this information scripted may help e.g. *"We are now providing a follow-up service for people who use NSAIDs. We select 10 patients in the month and give them a quick phone call about using their medicine. This is to check how we as a pharmacy team are working, its is not to test you"*

### 2.1.4 Complete the spreadsheet

Tip: Your first set of data (baseline data) is relating to the month of August so this is due on September 10<sup>th</sup>.

***Please note: we expect low scores for the baseline August 2019 data, prior to the Safety in Practice programme beginning***



## 2.2 Getting your team ready for Safety in Practice

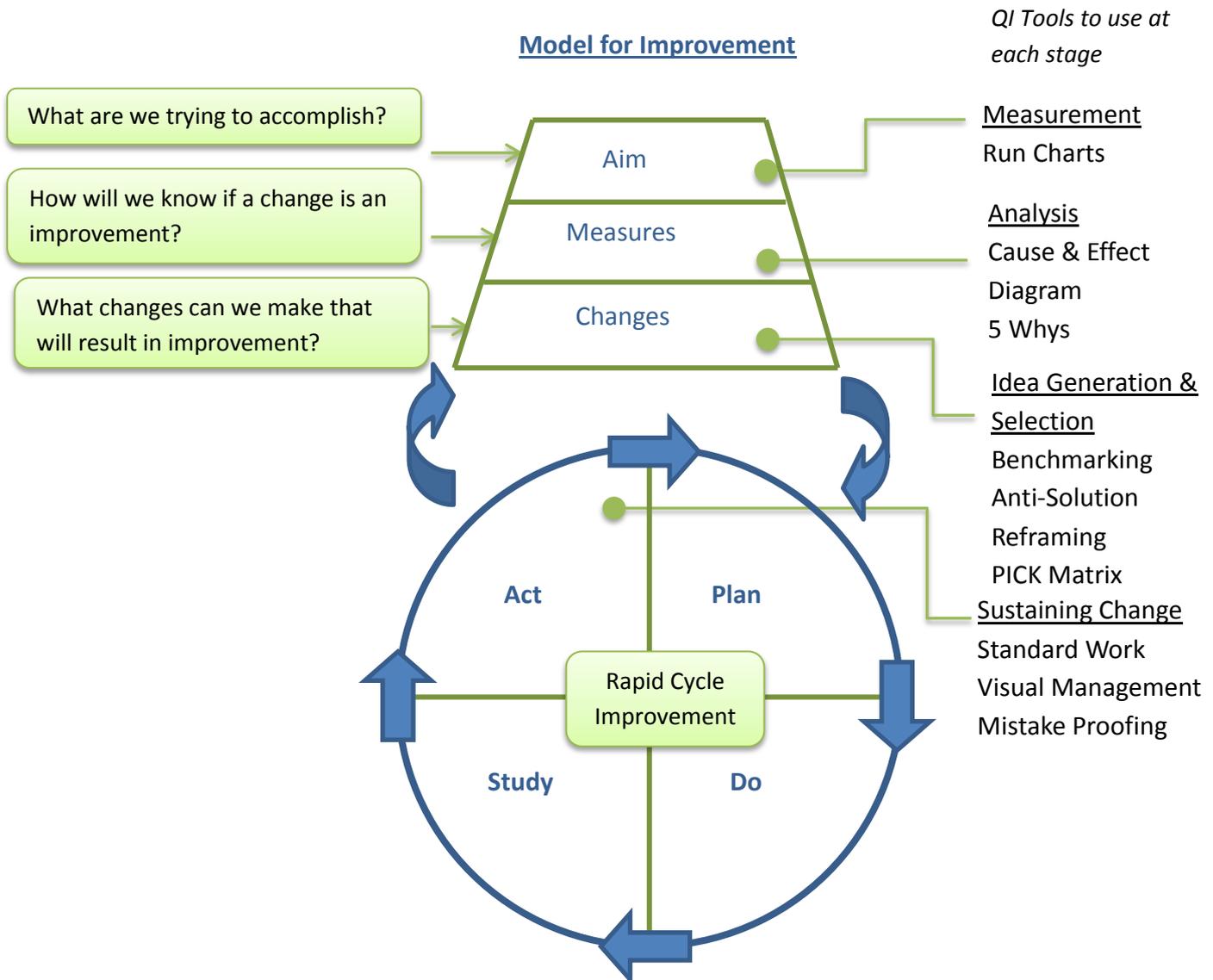
### Points to consider

- Read through this document so you are familiar with the content
- Identify responsible leads to drive the programme in your pharmacy
- Organise a staff meeting to talk about Safety in Practice and what is involved and answer their questions. Direct them to the website for more information. This is a critical step to ensure there is team engagement from the start for participating in the programme. Safety in Practice is all about all team members taking part and making processes safer for all of your patients.
- Develop a process or a Standard Operating Procedure (SOP) document for locums and new staff. Think about how you and your team can ensure the locums are up to speed on what you do and why you do it. That way, you should hopefully find your results continue to show improvement when covered by locums.
- Decide on which patient resources your team would prefer to use and make sure there is agreement on this, they are readily available and staff members understand their role in distributing them.
- Think about how you could make this process work for over-the-counter codeine products
- Decide how you will document any interventions and discussions with prescribers and agree to this as a team
- Decide how to document patient education on the patient file and agree to this as a team
- Discuss how you will randomise the 10 patients per month for data collection (Refer to the Toniq and RxOne screen shots attached for more details)
- Decide who will be responsible for completing the data collection sheet and submitting data  
Note: It is a good idea to share this task as this ensures the skills are developed across team members.
- Engage with your GPs regarding the CP SiP programme and discuss opioid prescribing and the resources you will be using. Advise them you will be following up with patients about medication use and if your GP teams have any questions you can refer them to the Safety in Practice website.

Display posters in the pharmacy so patients are aware that you are a 'Safety in Practice' pharmacy. Posters will be available at the learning sessions, or you can request one from

[info@safetyinpractice.co.nz](mailto:info@safetyinpractice.co.nz)

## 2.3 Creating Change – Using the Model for Improvement



Before you start:

- Bring together your team – this is the group that will work with you to plan and carry out the test of change
- Select the process you wish to change

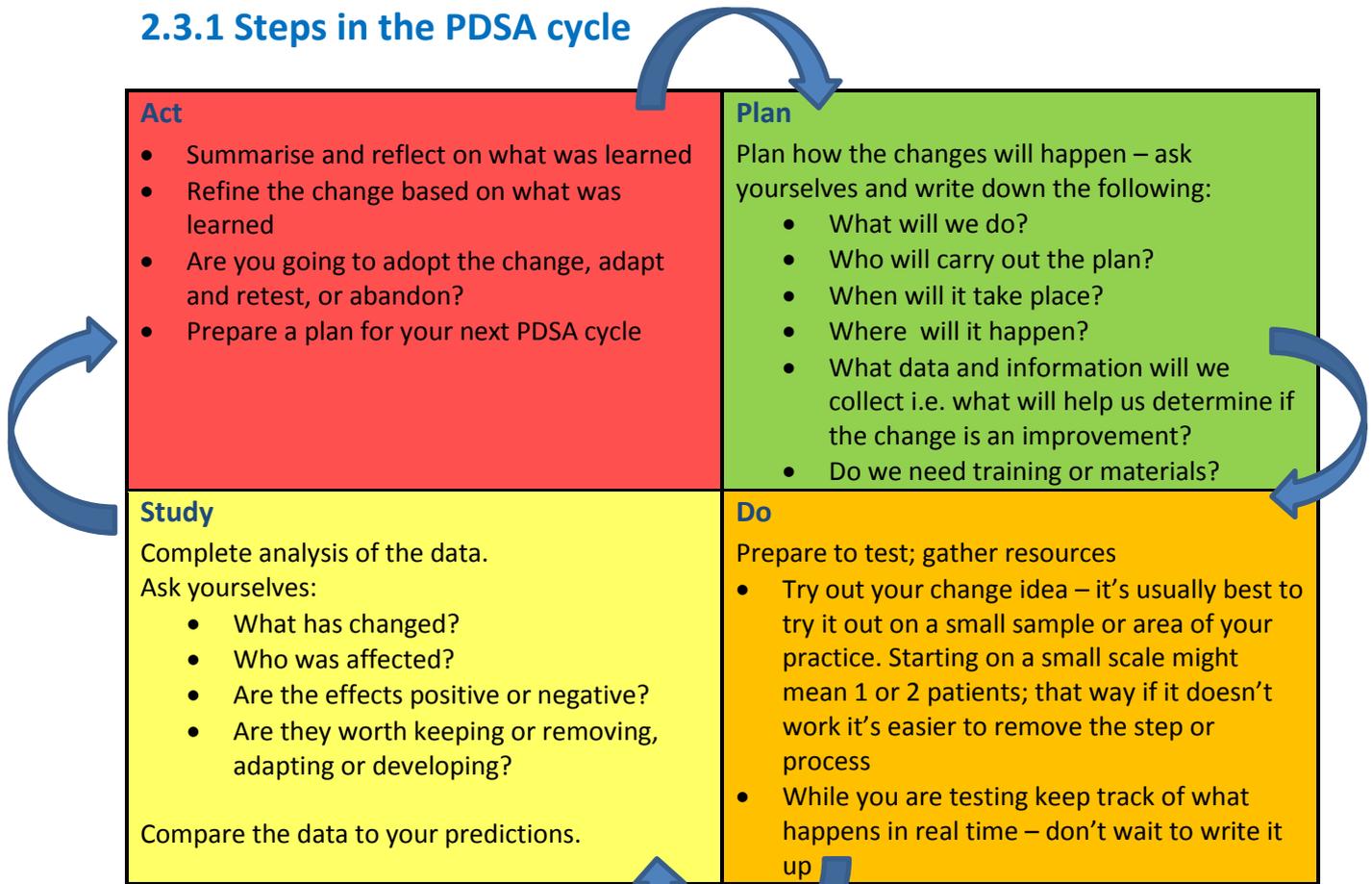
As a team answer the 3 questions above:

1. Aim: *What are we trying to accomplish? (write an objective for this PDSA cycle)*
2. Measure: *How will we know if a change is an improvement?*
3. Changes: *What changes can we make that will result in improvement?*

The following QI techniques will help you engage your team at every step:

- Meeting Facilitation Tips
- Silent Brainstorming
- Post-it Note Brainstorming
- Dot Voting

### 2.3.1 Steps in the PDSA cycle



### 2.3.2 Change Idea examples

<b>General</b>	<ul style="list-style-type: none"> <li>Discuss results of baseline data collection together and include SiP as a regular agenda item at team meetings</li> <li>Arrange education session for pharmacy team about opioids and patient education</li> <li>Get to know your GP teams and let them know you are part of the Safety in Practice programme.</li> </ul>
<b>Clinical processes</b>	<ul style="list-style-type: none"> <li>As a team, identify barriers that will prevent you from providing education to patients and look for ways of addressing them</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>Use templates in Toniq and RxOne</li> </ul>
<b>Discussion with patient</b>	<ul style="list-style-type: none"> <li>Create prompt card for education points</li> <li>Optimise use of Self Care Cards</li> <li>Utilise SafeRx® patient information leaflets</li> <li>Arrange education session for pharmacy team about pain management, opioids and adverse effects</li> <li>Provide information to patients about their opioid eg See <a href="http://www.healthnavigator.org.nz">www.healthnavigator.org.nz</a> and <a href="http://www.saferx.co.nz">www.saferx.co.nz</a> for resources</li> </ul>

## 2.4 Previous teams' experiences

### Benefits

- Confidence within the team that patient education is taking place
- Good conversations with patients
- Improved concordance and understanding of medication and possible side effects
- Good staff buy in to process.
- Better relationships with the GP teams in our area

### Challenges

- Time commitment required – no easy way out
- Frequent reinforcement needed to effect change
- Took time to effect change and engage the whole team in the process
- Contacting patients afterwards and thinking about how to best approach the conversation.

Tip: Some pharmacies found a scripted conversation useful for when they had to call patients e.g. *"We are trying to improve the service we provide to our patients. You received a (x) prescription from us this month, is it ok if we asked you 3 questions about this? It should only take 2 minutes"*.

# Section 3: Resources

## 3.1 Contacts

- Questions, feedback or general enquiries: [info@safetyinpractice.co.nz](mailto:info@safetyinpractice.co.nz)
- Submitting data: [audit@safetyinpractice.co.nz](mailto:audit@safetyinpractice.co.nz)
- Website: [www.safetyinpractice.co.nz](http://www.safetyinpractice.co.nz)

## 3.2 Resources

- SafeRx® tramadol patient information sheet [www.saferx.co.nz/tramadol-patient-guide.pdf](http://www.saferx.co.nz/tramadol-patient-guide.pdf)
- SafeRx® oxycodone patient information sheet [www.saferx.co.nz/Patient\\_info\\_oxycodone.pdf](http://www.saferx.co.nz/Patient_info_oxycodone.pdf)
- Medsafe [www.medsafe.govt.nz](http://www.medsafe.govt.nz) consumer medicines information leaflets
- NZF <http://nzf.org.nz/> consumer medicines information leaflets
- Health Navigator [www.healthnavigator.org.nz](http://www.healthnavigator.org.nz) health resources for patients and health professionals
- Best Practice Journal, Managing pain in Primary Care <https://bpac.org.nz/2018/pain-topics.aspx>

## 3.3 References

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## Appendix 1: Opioid checklist

		Patient NHI/Name	Date				
Process measures	<b>1. Is there evidence the patient was informed how to use the medicine?</b> (eg long acting and/or short acting opioid, regular or PRN, frequency to take each medicine)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	<b>2. Is there evidence there was a discussion about possible side effects?</b> (eg nausea and vomiting, taking laxatives for constipation, drowsiness)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	<b>3. Is there evidence the patient was informed about interactions with other substances that can increase the risk of sedation?</b> (eg risk of falls, decreased alertness, drowsiness, risks with driving and operating machinery)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	<b>4. Is there evidence the patient was informed when to seek advice relating to alarm symptoms?</b> (e.g. uncontrolled pain, severe constipation, drowsiness, shortness of breath)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	<b>5. Is there evidence the patient was offered written information about the medicine?</b> (eg Yellow Card, SafeRx® information sheet or Self Care card)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Outcome measures	<b>6. Was the patient able to correctly describe (dose and frequency) how to use their medicine?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	<b>7. Was the patient able to identify a possible side effect of their medicine?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	<b>8. Was the patient able to identify who to ask for help with their medicine?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

## Appendix 2: How to search for patients dispensed opioids in Toniq:

Go to 'Prescription Reports'

The screenshot shows the Toniq software interface. At the top, there is a menu bar with options: ESC, F1 Help, (RH) Menu, Tue 12/09/2017 12:48pm, TONIQ, and WIN. Below this is a secondary menu with options: Staff, Toniq Library (F3), Green Papers (F4), Help Desk (F5), Diary Tasks (F9), and About (F10). The main area is titled 'Prescription reports' and contains a list of seven items: 1. Repeats due, 2. Prescription details, 3. Owings, 4. IMMP, 5. Special authority expiry, 6. Prescriptions held on file, and 7. A4 prescription summary. To the right of this list is a 'Staff Tasks' table.

	Late	Today	<5 days
	1	0	2
	1	0	0

Choose report name e.g. 'opioid analgesics'

The screenshot shows the Toniq software interface with the search criteria input field highlighted in yellow. The menu bar is the same as in the previous screenshot. The search criteria input field is empty, and the text 'Enter search criteria and/or press ENTER for a list of prescrip...' is visible below it. A blue arrow points from the right towards the input field, with the text 'Type in name of your report' next to it.

The screenshot shows the Toniq software interface with the search results for 'opioids'. The search criteria input field now contains the text 'opioids'. Below the input field, the search results are displayed in a list. The first result, 'opioids', is highlighted in yellow. The text 'Criteria Name' is visible above the list. The text 'Enter search criteria and/or press ENTER for a list of prescription details' is visible at the bottom of the screen.

ESC	F1 Help	(RH) Edit Prescription deta	Tue 12/09/2017 01:42pm				TONIQ	WIN
Date Range	No Pat. Details	Other	Next Page	Accept Details				
F3	F8	F10	F11	F12				

**Prescription details report options**

Report name: **opioids** Start date: 01/08/17 00:00 End date: 31/08/17 23:59

Select medicine: \_\_\_\_\_ Medicine notes: \_\_\_\_\_  
 Select mixture: \_\_\_\_\_ Patient age: From \_\_\_\_\_ To \_\_\_\_\_ At Rx date:   
 Select prescriber: \_\_\_\_\_ Professional group: \_\_\_\_\_  
 Select patient: \_\_\_\_\_ Patient notes: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Patient address: \_\_\_\_\_  
 Institution group: \_\_\_\_\_ Exclude:  Dispensing staff: \_\_\_\_\_  
 Rx codes: \_\_\_\_\_ Excl. Rx codes: \_\_\_\_\_ Rx notes: \_\_\_\_\_  
 Medicine class: \_\_\_\_\_ Excl. class: \_\_\_\_\_ Hospital Category: \_\_\_\_\_ Any Rx note:   
 Stock points: \_\_\_\_\_  
 Therapeutic group: **Nervous System/Analgesics/Opioid Analgesics**  
 Patient condition: \_\_\_\_\_ Entry Date: / /

Show patient name  Reverse Order  Include Prices  Include dispensing staff   
 Include New Rxs  Show patient address  Include Rx Notes/comment  Show Rx repository details   
 Include Repeats  Show NHI number  Include dose/freq/contract  Outstanding Tel. Rxs Only   
 Patient Name order  Show patient phone no.  Include prescriber details  Outstanding Fax Rxs Only   
 Medicine order  Show patient birth date  Show spec rec details  Outstanding Ref. Rxs Only   
 Rx number order  Include Directions  Show E script source details  Disp Freq Trial only

Enter the name for the report criteria.

Include date range

Type in therapeutic group

Tick appropriate criteria

Enter F12 to accept details

ESC	F1 Help	(RH) Print	Tue 12/09/2017 12:52pm				TONIQ	WIN
Pdf File	Csv File	File	View Scrns	View Pages	Print			
F4	F5	F7	F9	F10	F12			

**Report** Prescription details

Title: Prescription details report

**Printer**  
 Type: \_\_\_\_\_  
 Name: **KyocerA4**  
 Font: \_\_\_\_\_  
 Left: 0  
 Top: 0  
 Width: 0  
 Height: 0

**File**  
 Name: C:\Toniq Users\Reports\Report.txt  
 Append:

**Csv**  
 Name: C:\Toniq Users\Exports\Export.csv

**Pdf**  
 Name: C:\Toniq Users\Pdfs\Report.pdf

**Status**

0%

Click on CSV file, F5

You can export to excel

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Rx number	Repeat	Date time	Repeat co	Repeats	Is Repeat	expiry date	Inactive d	Tx/Fx	Code	Prescriber	Patient ID	Patient ID						
493996	3	1/08/2017 13:00	2			22/08/2017 0:00			A4									
494341	2	15/08/2017 15:53	2			24/08/2017 0:00			A4									
494475	3	5/08/2017 11:23	2			27/08/2017 0:00			A4									
495745	3	21/08/2017 11:06	2			4/09/2017 0:00			X4									
495844	2	11/08/2017 11:27	2			5/09/2017 0:00			A4									
495928	3	5/08/2017 9:55	2			5/09/2017 0:00		T	X4									
496017	3	3/08/2017 17:03	2			6/09/2017 0:00			A4									
496018	3	3/08/2017 17:03	2			6/09/2017 0:00			A4									
496265	2	4/08/2017 13:34	2			7/09/2017 0:00			A4									
496266	2	4/08/2017 13:34	2			7/09/2017 0:00			A4									
496301	2	31/08/2017 16:46	2			7/09/2017 0:00			A4									
496346	3	21/08/2017 8:46	2			7/09/2017 0:00			X4									
496347	3	21/08/2017 8:46	2			7/09/2017 0:00			X4									
496613	3	7/08/2017 12:25	2			10/09/2017 0:00			X1									
496729	3	9/08/2017 11:42	2			11/09/2017 0:00			X4									
496987	3	10/08/2017 9:11	2			12/09/2017 0:00			X4									
498231	3	16/08/2017 13:56	2			20/09/2017 0:00			A4									
498261	3	22/08/2017 12:00	2			20/09/2017 0:00			A4									
498297	2	1/08/2017 14:13	2			20/09/2017 0:00			A4									
498297	3	28/08/2017 11:02	2			20/09/2017 0:00			A4									
498298	2	1/08/2017 14:13	2			20/09/2017 0:00			A4									
498298	3	28/08/2017 11:02	2			20/09/2017 0:00			A4									
498316	2	3/08/2017 12:00	2			20/09/2017 0:00			X4									
498441	2	4/08/2017 12:14	2			21/09/2017 0:00			A4									

All prescriptions for opioid analgesics will appear (including combination products). Then randomly select 10 patients who have been prescribed opioids (or opioid combination products) during that month.

After you have selected the 10, go into each of their files, and check the 'Intervention' section (or where you usually record interventions) to see if an intervention was documented.

During the course of this programme, if any interventions are made it is good practice to document them here so everyone can see what has happened. If you have another method of reliably documenting interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.

ESC	F1 Help	(RH) Add Intervention Pg1	Tue 12/09/2017 01:02pm				TONIQ	WIN	
Edit Note	Change Date	Goto Time	Reason Code	Action Code	Outcme Code	Print	Change Rx	Attach/Audit	Accept Details
F2	F3	F4	F6	F7	F8	F9	F10	F11	F12
<b>Intervention</b>									
Description	Intervention								
Importance	Improve drug therapy								
Status	In progress								
Time taken	minutes								
Date/Time:	12/09/17 13:01								
<b>Link to</b>									
<input type="checkbox"/>	Rx								
<input checked="" type="checkbox"/>	Patient								
<input type="checkbox"/>	Prescriber								
<input type="checkbox"/>	Medicine								
<b>Script med:</b>									
Reasons: Patient concern/question			Actions: Patient history reviewed			Outcomes: Patient educated/counselled			
Enter the total time take so far in minutes.									

This section could also be used to record contacts with the patient and prescriber.

ESC	F1 Help	(RH) New Rx										
Edit Patient	LTC/ Services	Ph/Fax Refer	Use History	Dose Pack	Supply Option	Use Log	Bag Option	Other	End Visit			WIN
F2	F3	F4	F5	F6	F7	F8	F9	F10	F11			
Patient/ Rx code	Select option										<b>contract</b>	
Prescribe	<ul style="list-style-type: none"> <li>S Patient Services</li> <li>L LTC Details</li> <li>C Conditions</li> <li>P CCMS Portal</li> <li>O Open Patient Diary</li> <li>T Task</li> <li>U Use Diary Template</li> <li>1 QuickNote - Face To Face Meeting</li> <li>2 QuickNote - Phone Call - Spoke to Patient</li> <li>3 QuickNote - Phone Call - Unavailable</li> <li>4 QuickNote - Hospital Visit</li> <li>5 QuickNote - Reconciled medicines</li> <li>6 QuickNote - Synchronised medicines</li> <li>7 QuickNote - Returned medicines</li> <li>8 QuickNote - Delivered medicines</li> <li>9 QuickNote - Contact prescriber</li> <li>0 QuickNote - Other</li> </ul>											
Medicine											LTC score 21 = A10, L6, O5 taking medicines but picking up more than 80% cognitive impairment, LTC PF: unstable health status and/or Depression or Chronic Obstructive Pulmonary disease more	
Quantity												
Repeat												
Directions												
Rx Notes											/3 Not paid in claim so ran repeat 27/02/15	
											<b>Patient has outstanding owes</b>	
											<b>Diary items (active) linked to patient</b> 4 historical notes 4 historical quick notes	

## Appendix 3: How to search for patients dispensed opioids in RxOne:

Go to 'Drug Usage' to create a 'Patient Drug Usage Report'.

The screenshot shows the RxOne Patient Drug Usage Report window. A blue arrow points to the 'Date Dispersed' section, specifically the 'Start Date' and 'End Date' fields, with the text 'Select start and end dates' overlaid. The 'Start Date' is currently set to '18 Aug 2017' and the 'End Date' is '18 Sep 2017'. The window also displays various filters for 'Person Details', 'Stock Criteria', and 'Doctor Criteria'. The background shows the RxOne dashboard with a 'KeepSafe' status indicator and system information.

This screenshot is similar to the one above but highlights the 'Start Date' field in yellow, which is now set to '18 Aug 2017'. The 'End Date' remains '18 Sep 2017'. The 'Sort By' dropdown menu is open, showing options like 'Script Number', 'Person Name', 'Doctor Name', 'Date Dispersed', and 'Drug'. The background dashboard and system information are also visible.

RuOne Start Menu  
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat List Report
- BSOMPPO Report
- Missing Medication Report
- Medi-Map Bulk Export
- TChart Bulk Export

KeepSafe Status  
Keep Safe

KeepSafe not set up.

DB Master: MASTER 3017.6.2601  
September 17 Program and Drug Files  
Ver: 3017.6.2601 (S14) Installed

Message RuOne Dashboard Update Details 14 Sep Advanced Update Details 24 Sep

Patient Drug Usage Report  
Script Details Extra Script Criteria Person Criteria **Stock Criteria** Doctor Criteria

MS Classification  
[All]

Therapeutic Group  
All Therapeutic Group's  
Selected Therapeutic Group's

Items  
Select An Item From Above And Click On Add Selected Item to Add Item

Item Name

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patient Drug Usage Report 1/er:2017 & 10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:02 AM 18/09/2017

RuOne Start Menu  
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat List Report
- BSOMPPO Report
- Missing Medication Report
- Medi-Map Bulk Export
- TChart Bulk Export

KeepSafe Status  
Keep Safe

KeepSafe not set up.

DB Master: MASTER 3017.6.2601  
September 17 Program and Drug Files  
Ver: 3017.6.2601 (S14) Installed

Message RuOne Dashboard Update Details 14 Sep Advanced Update Details 24 Sep

Patient Drug Usage Report  
Script Details Extra Script Criteria Person Criteria **Prescription** Doctor Criteria

MS Classification  
[All]

Therapeutic Group  
All Therapeutic Group's  
Selected Therapeutic Group's

Items  
Select An Item From Above And Click On Add Selected Item to Add Item

Item Name

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patient Drug Usage Report 1/er:2017 & 10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:02 AM 18/09/2017

RuOne Start Menu  
File Help System Info Reports Utilities Monthly Update Remote Support

Go Back

Drug Disp History / MMP

Drugs Qwing

Stat List Report

BSOAMPS Report

Missing Medication Report

Medi-Map Bulk Export

TChart Bulk Export

KeepSafe Status  
Keep Safe

KeepSafe not set up.

DB Master: MASTER 3017.6.2601  
September 17 Program and Drug Files  
Ver: 3017.6.2601 (S14) Installed

Message RuOne Dashboard Update Details 14 Sep Advanced Update Details 24 Sep

Patient Drug Usage Report

Script Details Extra Script Criteria Person Criteria **Stock Criteria** Doctor Criteria

MS Classification

Prescription

Therapeutic Group

All Therapeutic Group's

Selected Therapeutic Group's

Alcohol

Alcohol

5-Alpha Reductase Inhibitors

ACE Inhibitors

ACE Inhibitors with Diuretics

Acute Migraine Treatment

Adult Products High Calorie

Agents for Control of Status Epilepticus

Agents for Essential Tremor, Chorea and Related Disorders

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patient Drug Usage Report 1/er:2017 & 10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:05 AM 18/09/2017

RuOne Start Menu  
File Help System Info Reports Utilities Monthly Update Remote Support

Go Back

Drug Disp History / MMP

Drugs Qwing

Stat List Report

BSOAMPS Report

Missing Medication Report

Medi-Map Bulk Export

TChart Bulk Export

KeepSafe Status  
Keep Safe

KeepSafe not set up.

DB Master: MASTER 3017.6.2601  
September 17 Program and Drug Files  
Ver: 3017.6.2601 (S14) Installed

Message RuOne Dashboard Update Details 14 Sep Advanced Update Details 24 Sep

Patient Drug Usage Report

Script Details Extra Script Criteria Person Criteria **Stock Criteria** Doctor Criteria

MS Classification

Prescription

Therapeutic Group

All Therapeutic Group's

Selected Therapeutic Group's

Opioid Analgesics

Selected An Item From Above And Click On Add Selected Item to Add Item

Item Name

Opioid Analgesics

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

Patient Drug Usage Report 1/er:2017 & 10.4 Viewing Main Database User:MARIE Status

All Sales For Living Rewards for 17 09 17 successfully sent.

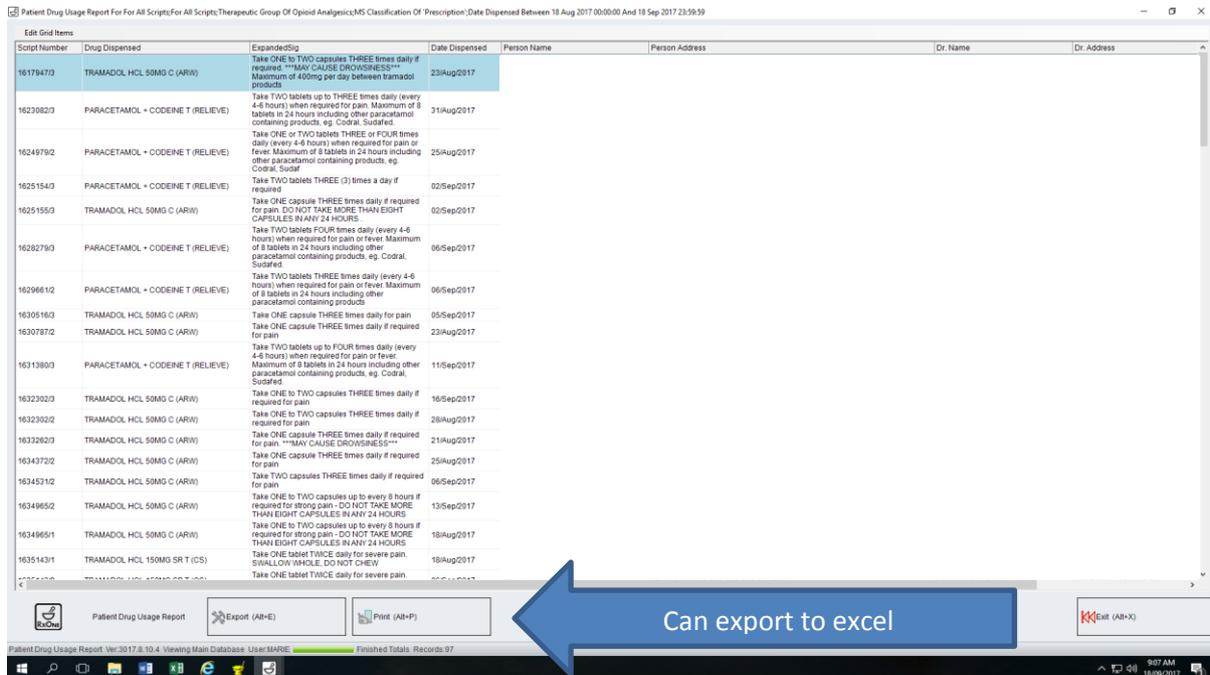
Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:05 AM 18/09/2017

A report will be generated like this:

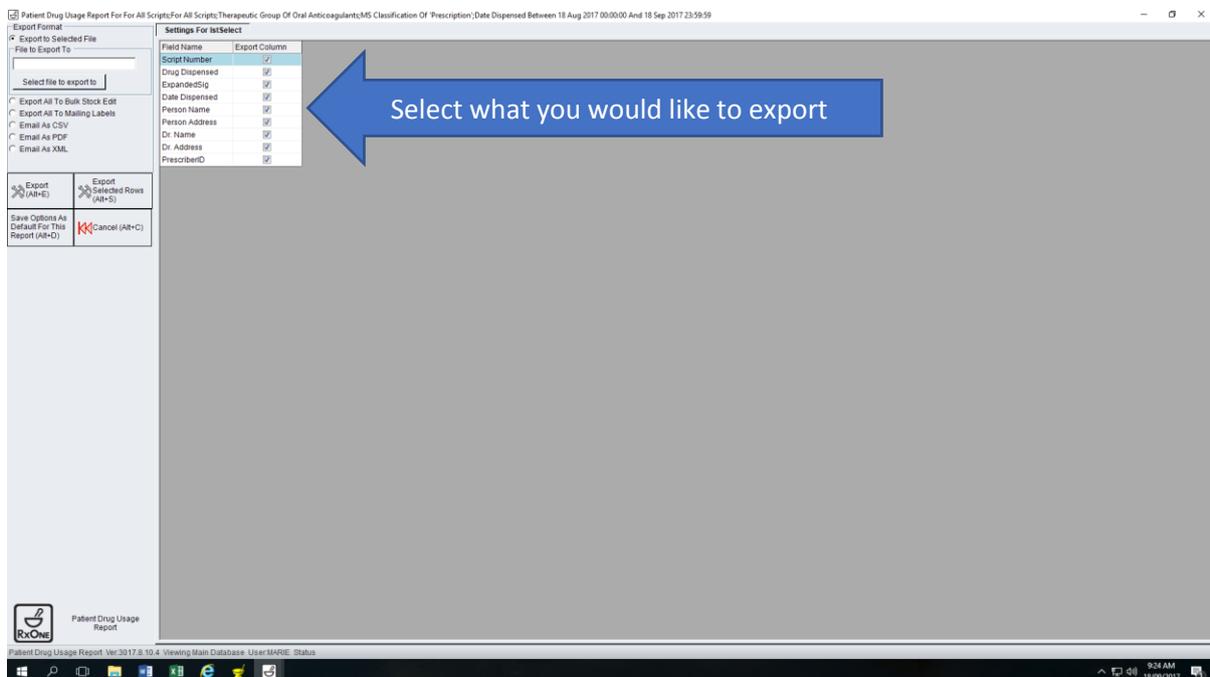
All prescriptions for opioid analgesics will appear (including combination products). Then randomly select 10 patients who have been prescribed opioids (or opioid combination products) during that month.



Patent Drug Usage Report For For All Scripts;For All Scripts;Therapeutic Group Of Opioid Analgesics;MS Classification Of Prescription;Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

Script Number	Drug Dispensed	ExpandedSig	Date Dispensed	Person Name	Person Address	Dr. Name	Dr. Address
16178470	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules THREE times daily if required. ***MAY CAUSE DROWSINESS*** Maximum of 400mg per day between tramadol products	23/Aug/2017				
16230820	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets up to THREE times daily (every 4-6 hours) when required for pain. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	31/Aug/2017				
16249792	PARACETAMOL + CODEINE T (RELIEVE)	Take ONE or TWO tablets THREE or FOUR times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	25/Aug/2017				
16251540	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets THREE (3) times a day if required	02/Sep/2017				
16251550	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain. DO NOT TAKE MORE THAN EIGHT CAPSULES IN ANY 24 HOURS	02/Sep/2017				
16282790	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets FOUR times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	06/Sep/2017				
16296610	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets THREE times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products	06/Sep/2017				
16305160	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily for pain	05/Sep/2017				
16307870	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain	23/Aug/2017				
16313800	PARACETAMOL + CODEINE T (RELIEVE)	Take TWO tablets up to FOUR times daily (every 4-6 hours) when required for pain or fever. Maximum of 8 tablets in 24 hours including other paracetamol containing products, eg. Codral, Sudafed	11/Sep/2017				
16323020	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules THREE times daily if required for pain	16/Sep/2017				
16323020	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules THREE times daily if required for pain	28/Aug/2017				
16322620	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain. ***MAY CAUSE DROWSINESS***	21/Aug/2017				
16343720	TRAMADOL HCL 50MG C (ARW)	Take ONE capsule THREE times daily if required for pain	25/Aug/2017				
16345120	TRAMADOL HCL 50MG C (ARW)	Take TWO capsules THREE times daily if required for pain	06/Sep/2017				
16349650	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules up to every 8 hours if required for strong pain - DO NOT TAKE MORE THAN EIGHT CAPSULES IN ANY 24 HOURS	13/Sep/2017				
16349651	TRAMADOL HCL 50MG C (ARW)	Take ONE to TWO capsules up to every 8 hours if required for strong pain - DO NOT TAKE MORE THAN EIGHT CAPSULES IN ANY 24 HOURS	18/Aug/2017				
16351431	TRAMADOL HCL 150MG SR T (CS)	Take ONE tablet TWICE daily for severe pain. SWALLOW WHOLE. DO NOT CHEW	18/Aug/2017				
16351432	TRAMADOL HCL 150MG SR T (CS)	Take ONE tablet TWICE daily for severe pain					

Can export to excel



Patent Drug Usage Report For For All Scripts;For All Scripts;Therapeutic Group Of Oral Anticoagulants;MS Classification Of Prescription;Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

Export Format: Export to Selected File

File to Export To: [Select file to export to]

Export All To Bulk Stock Edit

Export All To Mailing Labels

Email As CSV

Email As PDF

Email As XML

Export (A+E)

Export Selected Rows (A+S)

Save Options As Default For This Report (A+D)

Cancel (A+C)

Field Name	Export Column
Script Number	<input checked="" type="checkbox"/>
Drug Dispensed	<input checked="" type="checkbox"/>
ExpandedSig	<input checked="" type="checkbox"/>
Date Dispensed	<input checked="" type="checkbox"/>
Person Name	<input checked="" type="checkbox"/>
Person Address	<input checked="" type="checkbox"/>
Dr. Name	<input checked="" type="checkbox"/>
Dr. Address	<input checked="" type="checkbox"/>
PrescriberID	<input checked="" type="checkbox"/>

Select what you would like to export

After you have selected the 10, go into their files, and check the 'Events audit' section (or where you usually record interventions) to see if an intervention was documented. In the Events Audit section you can record face-to-face or phoned conversations, or insert comments.

During the course of this programme, if any interventions are made it is good practice to document them here so everyone can see what has happened. If you have another method of reliably documenting interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.