



**Royal
Pharmaceutical
Society**
of Great Britain

Guidance on Recording Interventions

This guidance was prepared on behalf of the Practice and Quality Improvement Directorate of the Royal Pharmaceutical Society of Great Britain.

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RPSGB Guidance on Recording Interventions

This guidance aims to provide advice on:

- When an intervention is of sufficient significance for it to be recorded
- The content of records made
- Where the records should be made
- How these records could be utilised to improve efficiency and safety across the NHS
- Length of time these records need to be retained for

The recording of interventions will initially be in writing but electronic recording will become easier once the necessary IT software to support this is more readily available.

Local or Employer's policies on recording interventions should prevail but in the absence of any such policy then this guidance may be helpful and should be seen as a minimum requirement.

1. Why record interventions?

There are four main reasons as to why a pharmacist should want to record the interventions they make:

- Firstly to help ensure patient safety and improve the quality and continuity of patient care
- Secondly to provide evidence to demonstrate the additional value of pharmacist professional input into a procedure such as dispensing, OTC sales etc and improvement in patient care through their clinical input to prescribing
- Thirdly to have an accurate record available for scrutiny where decisions could be challenged e.g. intervention on prescribing quality or accuracy
- Fourthly as an incident or near miss monitoring in relation to the prescribing, dispensing or administration of medicines as part of an organisation's clinical governance framework

Although this guidance generally focuses on community pharmacy systems the recording of interventions applies equally to wherever a pharmacist practices. The entry should serve as a recording of the critical thinking and judgement the pharmacist has used in assessing the situation and then go on to describe events and discussions they have had with patients, patient representatives or other health and social care professionals to effect that decision.

Recording of interventions demonstrates the degree of responsibility and accountability the pharmacist has taken for their professional activities and is a key component in demonstrating how professional judgement is applied.

Records should not be limited to prescription interventions but should extend to include any situation where a pharmacist makes a significant contribution to patient care.

All sectors should establish robust mechanisms for sharing information that could be used by other pharmacists to improve the overall standard of pharmaceutical care.

2. When to record interventions:

The pharmacist is **not** required to record every intervention that they make nor make a record of all advice that they give. However, the following should be considered for recording:

- Interventions that are of clinical significance i.e. could be regarded as having a direct impact on patient care
- Interventions that provide learning opportunities to improve overall standards of care
- Interventions that could potentially be queried or refuted would be appropriate to be recorded for future reference
- If the patient / patient representative queried or disagreed with the intervention
- If the intervention affects or impacts on another member of the healthcare team – referral or refusal of disclosure
- If the intervention relates to an extended service that the pharmacist is being paid for and is contracted to provide
- It may also be necessary to record all interventions over fixed periods of time on a regular basis (point prevalence studies) to establish workload trends, or patterns of medication related problems

Records of interventions should be made as soon as possible after the event has occurred – this enables the recording of details to be more accurate.

Appendix 1 contains examples of interventions which could be recorded in both primary and secondary care

3. What to record

The level of detail necessary for recording interventions will vary depending on each situation and pharmacists should aim to keep the records concise by only recording what is important, excluding any extraneous information.

It may be necessary to record some or all of the following details:

- Identification of patient / person involved, where possible or a brief description of the patient / person
 - Name & address of patient / person if available
 - NHS number if available
- Name of regular GP and / or practice or hospital consultant
- Medical conditions
- Date of intervention
- Time of intervention
- Name of person who made the intervention / gave the advice
- Patient condition or concern
- Summary of intervention including outcomes or proposed courses of action
- Names and roles of other people involved in intervention / contacted
- Sources of information used

A pharmacist may not always have all the information to hand in order to make a detailed record. Information recorded should be of assistance should there be a subsequent enquiry regarding the nature of the intervention.

All records made should be well organised and legible, only using clear and established abbreviations that are common to all health care professionals. These records should not contain any unfounded opinions or conclusions and where conclusions are drawn these should be supported by evidence.

All patient identifiable material should be regarded as confidential and be kept securely but be readily retrievable. Data protection issues and the accessibility of records by patients and their representatives should be considered carefully when making any records.

4. Where to record

Ideally, the interventions should be entered into the PMR where this exists for a patient. However, this may not always be possible, in which case records could be made in a separate book or standardised pro-forma, identified for this purpose or an electronic version once this is available. If records are made in a separate book etc then this should be cross-referenced on the PMR wherever possible.

In Scotland, some hospitals use care planning as a means of recording care issues. These care issues are often, in fact, interventions so this is another method of keeping a record of interventions made. The exchange of care planning information with community pharmacists is being encouraged.

Records of interventions should be available in each individual pharmacy to aid continuity of care.

If the intervention is also a serious incident then, in England and Wales, this should be reported to the National Patient Safety Agency (NPSA) via their National Reporting and Learning System (NRLS) -

www.npsa.nhs.uk/health/reporting/background. Most hospitals will have their own incident reporting system which feeds into the NPSA. Interventions of major clinical significance should be recorded as near misses on the hospital system. Scotland does not currently have a national system for reporting incidents.

Where the intervention involves an adverse reaction to a medicine, consideration should also be given to reporting through the MHRA / CSM “yellow card system” when this is deemed appropriate, unless the prescriber has already reported it www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeId=286

5. How to utilise these records

- Reflective learning: this could be within the pharmacy team or as an action learning set / pharmacy development group where specific examples are shared and discussed. (patient’s details must not be included to protect confidentiality)
- Significant Events Analysis (SEA) – can be used within the pharmacy as a learning tool or as an audit of standards
- National survey / audits
- Ensure consistency and continuity of standards i.e. Locums can refer to these files to gain an understanding of previous occurrences and make their own contribution to the process

6. How long should records of interventions be kept for?

Local or employer policies should be followed but as a matter of good practice:

- Paper records should be kept for a period of seven years
- Electronic records should be kept for at least ten years

7. Guidance for locums

Locum pharmacists would be required follow guidance established within the pharmacy and leave records of their interventions in the preferred format. The locum should follow the SOP in the pharmacy for recording interventions. They may also wish to make additional records, which they can utilise for their own CPD and learning purposes.

The locum pharmacist must satisfy themselves of the confidentiality systems in place prior to making such records

8. Important points

- Any records of interventions need to be auditable.
- Any records of interventions should be kept locally i.e. where the prescription is given out
- Each pharmacy should have a SOP in place, which outlines where records of interventions should be made, what information should be recorded and when such interventions should be recorded.

Examples of interventions that could be recorded in community pharmacies:

In most cases, recording the intervention would not be sufficient –action to protect patient safety may also be required.

a. Records of prescription interventions e.g.

- Major interaction
- Dosage / medicine query – with patient and / or prescriber
- Use of medicines outside licensed indications
- Prescribed medication not supplied as patient does not require it
- Excessive prescribing
- If interaction flagged by the computer system has been overridden after a clinical assessment
- Significant prescription interventions initiating a medication review (including medicines use reviews)
- Incidents where there is duplication of therapy or where a medication is no longer required
- Suspected adverse drug reaction
- Evidence of non-compliance or non-adherence with therapy
- Evidence of any interaction with co-prescribed or OTC therapy

b. Records of public health advice given (linked to prescriptions)

- Advice on change of diet
- Advice on other lifestyle changes
 - Smoking cessation
 - Alcohol consumption
 - Weight management
 - Increased exercise
- Advice on malaria prophylaxis

c. Records of signposting

- Referral of a patient to a doctor or hospital for any reason
- Referral of a patient to other healthcare professionals / social carer
- Referral to a doctor following a blood pressure, cholesterol test or other diagnostic test result

d. Records of self-care advice given

- Advice on OTC medication – only where this is of clinical significance, or as part of a minor ailment scheme
- Advice on contraindications e.g. impact on ability to drive

e. Records of Medication Reviews

Pharmacists should make a note on the patient's PMR if they carry out a medication review, such as MUR, for that patient. This does not have to be a full record of the review but just a note to identify that the patients has undergone a review and the date it occurred. (Full records of the review will be available elsewhere in the pharmacy).

Examples of interventions that could be recorded in hospital pharmacy:

Records of prescription interventions e.g.

- Clinically significant interactions
- Dosage / medicine query with the prescriber
- Use of medicines outside licensed indications
- Excessive prescribing
- Incidents where there is duplication of therapy or where a medication is no longer required
- Significant prescription interventions initiating a medication review
- Suspected adverse drug reaction
- Suggested changes of treatment for improved prescribing
- Suggestions that a medicine is not prescribed
- Formulary queries
- Therapeutic substitution or deletion by the pharmacist under local protocols
- Incomplete / incorrect medication history including non recording of allergies