

Prescriptions written in Capital in compliance with NABH standards

INTRODUCTION

The hospital is presently running in its 3rd cycle of NABH. It mandates institutionalization of the revised standards (4th Edition) by 31st July 2016. One of the CQI 3j Indicator "Compliance to medication prescription in capitals" will be reviewed in the study. The Medication Administration Records compliance to documentation standards as per NABH policy in wards and Intensive Care Units was covered, along with the drug chart of pediatric and Neonatal Intensive Care Units.

OBJECTIVES

- To study compliance rate of prescriptions written in capital letters according to CQI 3j indicator of NABH(4th Edition).
- To study compliance to Doctors and patient details, Legibility of prescriptions, Strength and Dose, Frequency, Route of administration, Dosage form, abbreviation for drug, allergy detail and leading zeros in the dose.

METHODOLOGY

STUDY AREA

Wards, Intensive Care Unit, Pediatric ICU's and Neonatal ICUs of a tertiary care hospital.

STUDY DESIGN

Retrospective, descriptive, observational study.

SAMPLE DESIGN

Convenient random sampling technique was used to select Medical Prescriptions (MAR)

SAMPLE SIZE

Prescription from
a) Ward – 55
b) ICU – 55
c) PICU's and NICU's – 22

STUDY TIME

Various MAR sheets from existing one month of hospital data were observed and data was recorded over a period of 11 days.

STUDY TOOL

Prepared checklist. Microsoft Excel for Analysis of data

STUDY TOOL (MAR)

		Patient's Name : _____ UHID : _____ IPID : _____ Age : _____ Sex : _____ D.O.A. : _____ Unit : _____	
MEDICATION ADMINISTRATION RECORD			
(Previous Hospitalization Yes ☐ No ☐ Blood Group : _____ Drug Hypersensitivities/Allergies: _____ Previous Medications: _____	Weight in kg _____ Diagnosis: _____ Surgery/ Procedure : _____ Date of Surgery: _____	Special Diet _____ Key: WH = Withheld Note : Actual timings may vary as per ward routine. Administration of drugs half-an-hour before and after is acceptable.	
DRUG _____ Special Instructions _____ Dose _____ Doctor's Name _____ Signature _____	Generic Name _____ Route _____ Date _____ Time _____ Initial _____ Time _____ Initial _____ Time _____ Initial _____ Time _____ Initial _____	DRUG _____ Special Instructions _____ Dose _____ Doctor's Name _____ Signature _____	
DRUG _____ Special Instructions _____ Dose _____ Doctor's Name _____ Signature _____	Generic Name _____ Route _____ Date _____ Time _____ Initial _____ Time _____ Initial _____ Time _____ Initial _____	DRUG _____ Special Instructions _____ Dose _____ Doctor's Name _____ Signature _____	
All Drug Names Will Be Written In Capital Letters By Doctor FF_LRCH47Nup/1801-0310			
Stat / Once Only / Premedication Drugs			
Date _____	Drug (Approved Name) _____	Dose _____	Time _____
Route _____	Doctor's Signature _____	Given By _____	Checked by I / C _____

PREPARED CHECKLIST AND AUDIT TOOL



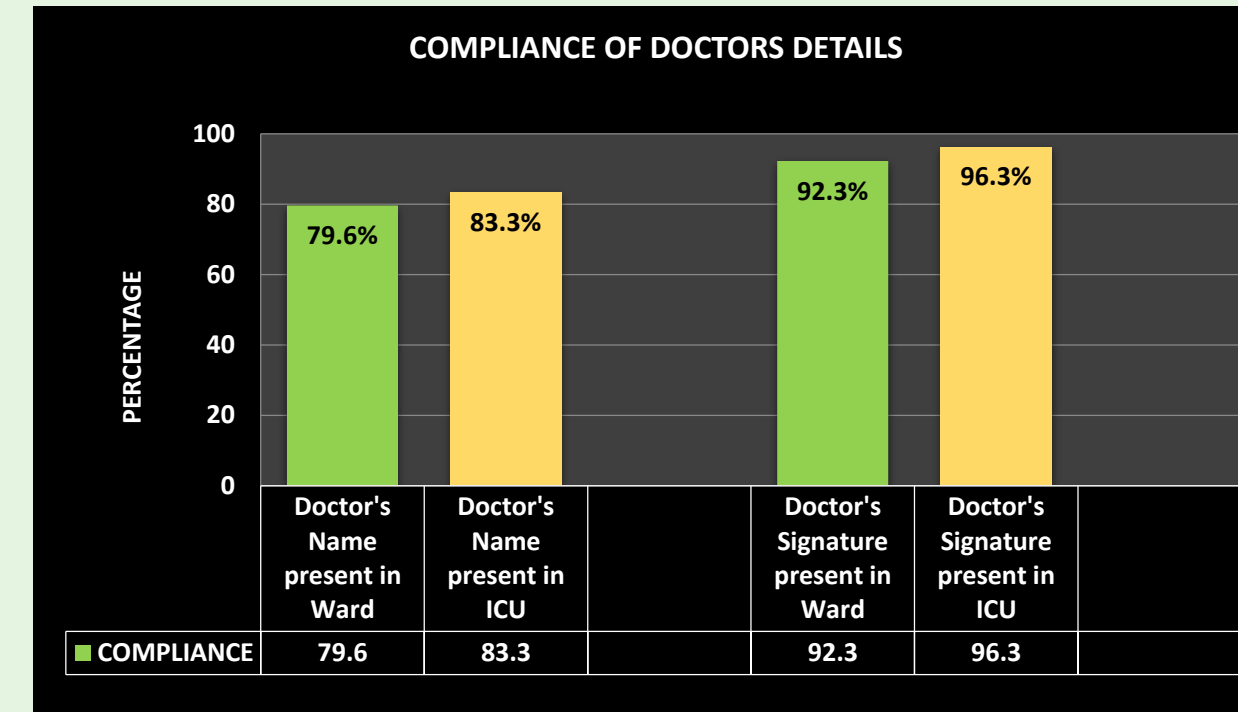
DETAILS PERTAINING TO DOCTORS		
S. No.	Identification Criteria	Response
a)	Doctor's name written on the prescription	Total No name
b)	Doctor's signature	Present Absent

DETAILS PERTAINING TO PATIENTS		
S. No.	Identification Criteria	Response
a)	Patient's full name	Present Absent
b)	Patient's age and sex	Present Absent
c)	Patient's ID number	Present Absent
d)	Patient's weight	Present Absent
e)	Date of admission	Present Absent

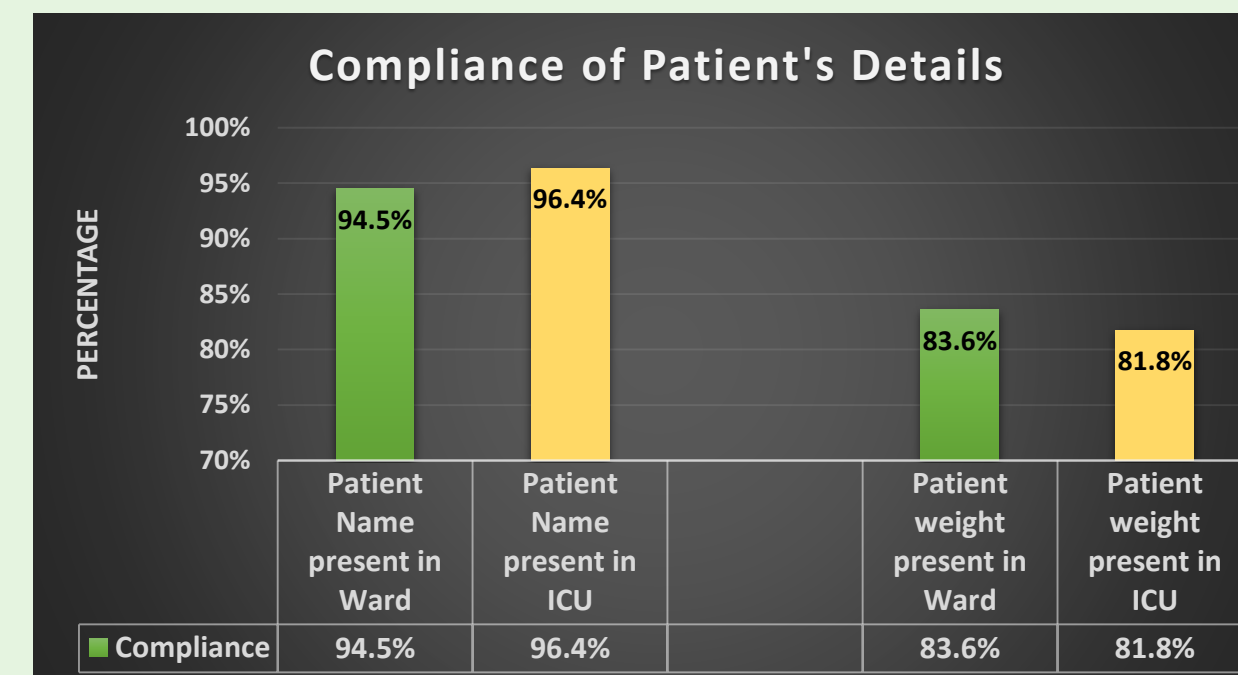


DETAILS PERTAINING TO MEDICATIONS		
S. No.	Identification Criteria	Response
a)	Name of drug written legibly Legibility of prescriptions was assessed on the basis of the following points: • Point 1: Prescription details are clear and legible. • Point 2: Clear but requires effort to read • Point 3: Prescription details not at all clear Legibility of drug name was assessed on the basis of the following points: • Point 4: One drug name is not clear • Point 5: More than one drug name is not clear • Point 6: All drug names are clear	Point 1 Point 2 Point 3 Point 4 Point 5 Point 6
b)	Name of drug written in CAPITAL.	No. of drugs prescribed No. of drugs not written in capital
c)	Strength and Dose of the prescribed drugs not mentioned	Not Mentioned Strength _____ Dose _____
d)	Is the frequency of drugs prescribed mentioned?	Not present
e)	Is the route of administration of the prescribed drugs mentioned	Not present
f)	Is the dosage form of the medications mentioned	Not present
g)	Abbreviation for drug name used in the prescription	Present
h)	Allergy details mentioned	Present Absent
h)	Use of leading zeros in dose of the drug used	Present
i)	Stat/once only/pre medication drugs consultations signed by the consulting doctor within 24 hours or not	No. of drugs _____ Drugs not in capital Overwriting present Not Signed in 24 hrs.

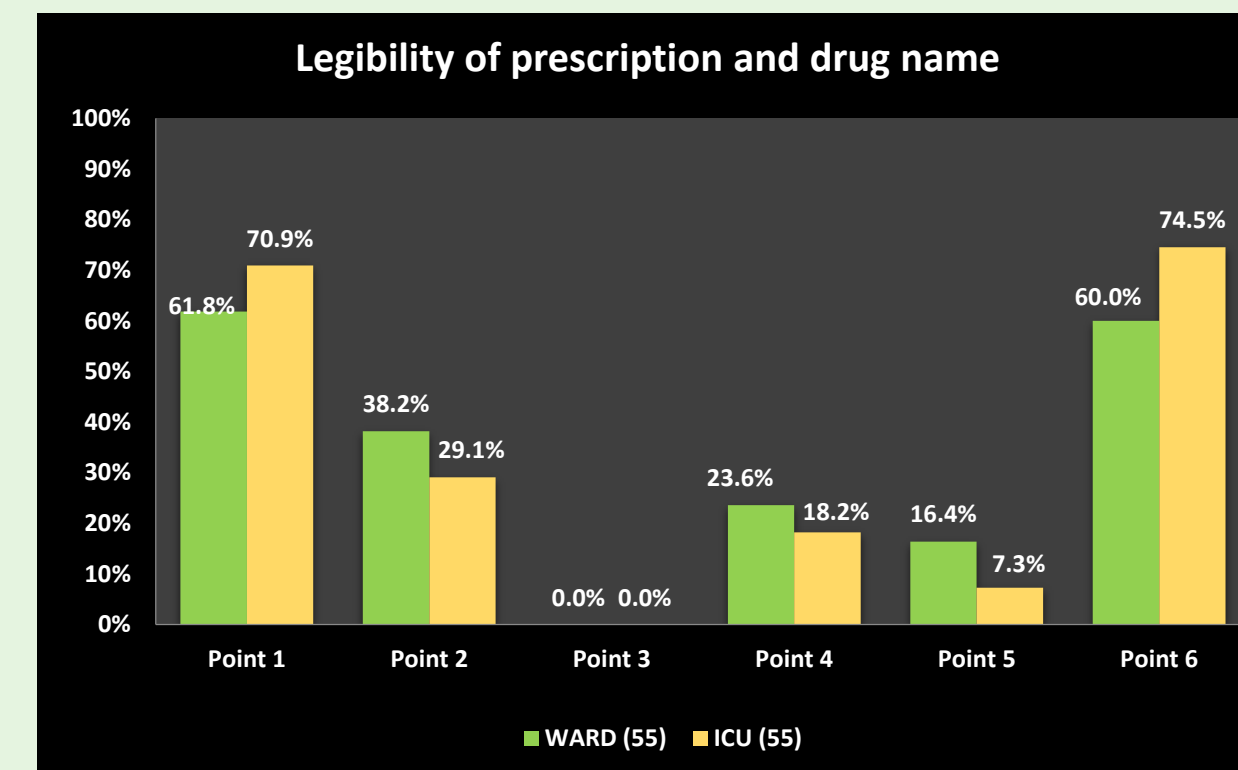
RESULTS AND ANALYSIS



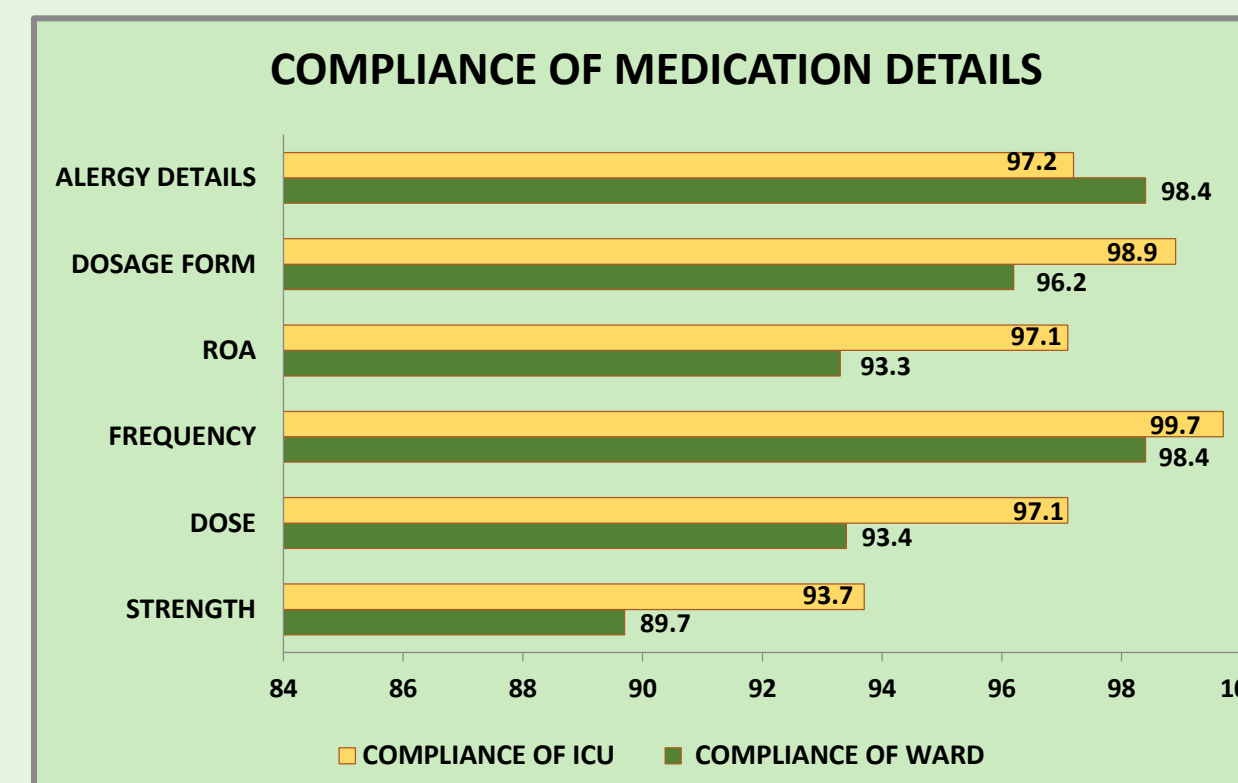
Sample Size (no. of drugs observed) of Ward (N_w) = 624; of ICU (N_i) = 652



Sample Size (no. of prescriptions observed) of Ward = 55 of ICU = 55

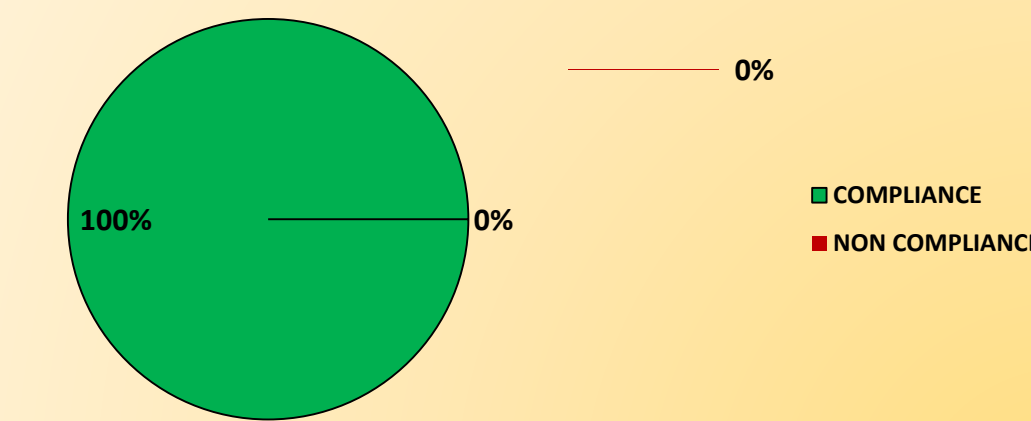


Sample Size (no. of prescriptions observed) of Ward and ICU (n) = 55 each



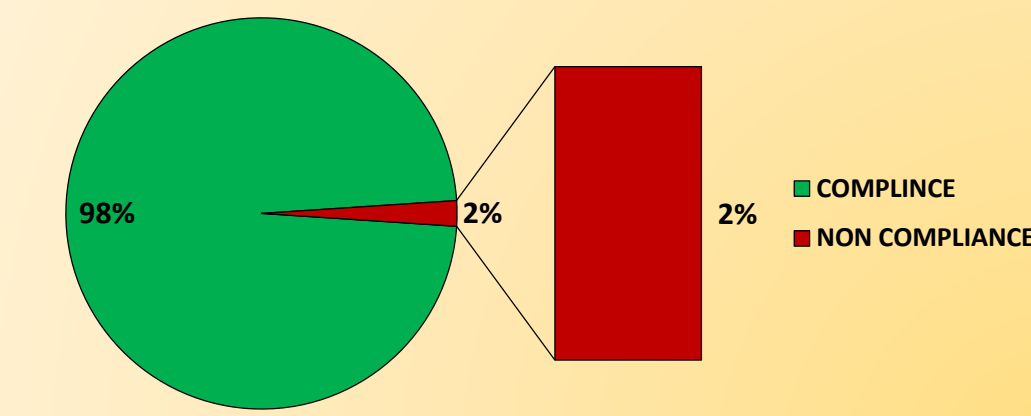
Sample Size(no. of drugs observed) of Ward (N_w) = 624; of ICU (N_i) = 652

COMPLIANCE OF DRUGS IN CAPITAL IN ICU

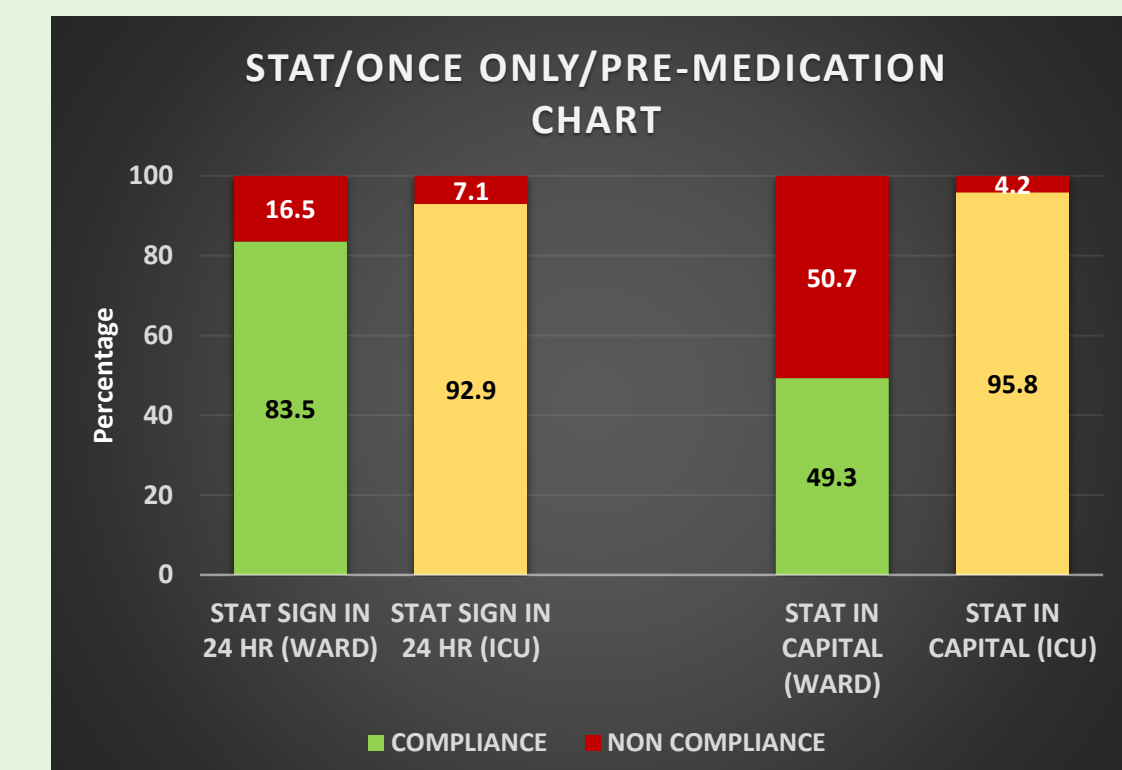


Sample Size (no. of drugs observed) ICU (N_i) = 652

COMPLIANCE OF DRUGS IN CAPITAL IN WARD

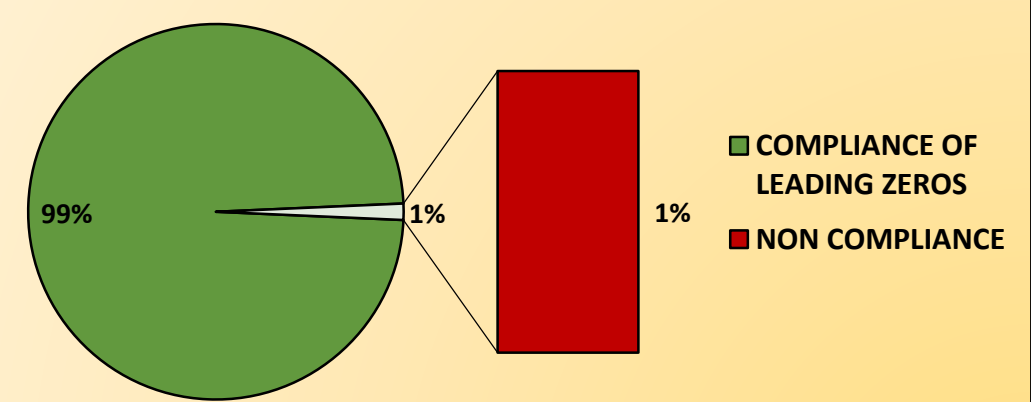


Sample Size (no. of drugs observed) of Ward (N_w) = 624



Sample Size (no. of stat drugs observed) of Ward (N_w) = 164; of ICU (N_i) = 212

COMPLIANCE FOR LEADING ZEROS



Sample Size (no. of drugs observed) of PICU and NICU (N_p) = 74

LIMITATIONS

- Due to time constraint, sample size was not adequate as per the required standard sample size set by NABH. This study can also be conducted with a large sample size and for a longer duration and perhaps the result can then be generalized. (For 1000 screening population, NABH recommends 278 sample size)
- Other limitations also include study exclusion criteria.
- Outpatient department prescriptions
 - Some data of prescription like (generic name of drug, use of archaic terminologies, spellings of drugs, time and date of dosage, word "discontinued" "mentioned or not).
- Accuracy of prescriptions
- Doctor progress report

CONCLUSION

- The study revealed that the level of completeness of handwritten prescriptions was low in terms of doctor's details and patient's weight, which indicates unsatisfactory commitment of the prescribers to follow the hospital guidelines of prescribing. Remaining compliances showed less discrepancy. Majority of prescriptions showed compliance to medication written in capital but still the compliance to clear and legible prescriptions is only three fourth of the total prescriptions.

RECOMMENDATIONS

- Additional research studies must be conducted in the hospital as per the NABH sample size.
- The study highlights the need of more training programs and regular assessments to train and sensitize the prescriber about prescribing skills and the importance of neglected criteria. Also encourage them to follow the hospital prescription guidelines to make 100% compliance for the upcoming CQI 3j indicator of NABH.
- There is a need to move towards electronic prescribing to allow the hospital immediate benefit of improving legibility, completeness and elimination of transcription errors.
- After implementation of e-prescriptions, studies can be conducted to compare them to handwritten prescriptions.

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