An innovative auditing system: validation of community pharmacy

By Lilian M. Azzopardi, Sam Salek*, Anthony Serracino Inglott and Maurice Zarb Adami

Introduction Due to the present climate and search for quality, professional audit has become a valuable exercise.[1] Professional audit is part of a quality assurance program and involves the establishment of objectives and standards by the profession.[2,3] An additional feature within the quality assurance framework is to confirm the standards of professional services that are expected from the end-user. The process of validation of community pharmacy aims to measure the standards of professional services provided by the community pharmacist adapting a monitoring system which includes perception held by consumers and non-pharmacist health professionals.

Method The process of validation of community pharmacy was based on a quantitative appraisal system. Seven validation tools were developed. Five validation tools were intended to be used by a professional body or by the individual pharmacist. The tools measured the intervention of the pharmacist during dispensing and re-

Pharmacy department, University of Malta; *Welsh school of pharmacy, Cardiff

sponding to symptoms and monitored the standards of professional services provided by the pharmacist in a community setting. International guidelines were used to identify indicators of good pharmacy practice. The two other validation tools were aimed at discerning patient satisfaction with professional services offered by the pharmacist and to evaluate the perception held by other health professionals of the intervention of the pharmacist in patient care. Psychometric evaluation of the validation tools was carried out. Subsequently a case study was undertaken and the validation process was implemented in 50 community pharmacies. Factor analysis was carried out using Biomedical Data Package software. Correlation tests were used to assess reliability of the validation tools. Internal consistency of the validation tools was measured using Cronbach's alpha.

Results Face and content validity of the validation tools were found to be strong. Correlation coefficients for the overall score obtained by each rater for each tool were high ($r_s > 0.70$) indicating reliability of the tools. Internal consistency was also found to be high (Cronbach's alpha >0.80). The

case study showed that the process of validation of community pharmacy can be successfully adapted within the practice setting. An average of six hours of observation in a community pharmacy was necessary to implement the process in one community pharmacy.

Discussion The study led to the development and to the psychometric evaluation of the process of validation of community pharmacy which is a quantitative measure of the pharmacist's contribution to patient care. A characteristic of this process is that it involves an element of evaluation of consumer and non-pharmacist health professionals perception of community pharmacy services.

An audit of current practice within home care services in Lewisham borough in assisting clients with their medicines

By B. Taylor, M. Harris and L. Sanford

Introduction Home carers are developing their role in assisting clients with their medication.[1,2] In Lewisham, social services managers, community nurses and pharmacists have collaborated to prepare and implement suitable policies and practice notes, and provide a pharmacist-led training programme for home carers and their managers.

The medication policy had been in place for three years and allowed trained home carers to administer medication from the pharmacist's original labelled containers. Subsequently, a proposal to audit current social services home carer activity in comparison with agreed standards of practice was developed. This was funded through the health authority's interface audit programme and was carried out by pharmacists within Optimum Health Services NHS trust (now part of Community Health

Community Health South London NHS trust and London Borough of Lewisham social services

South London NHS trust from April, 1999). The aims were:

● To provide data on the range of activity currently provided by home care workers and supervisors in relation to their clients' medication needs
● To determine the extent to which the medication policy and practice notes introduced in 1995 (the standards for the audit) are followed, and to encourage consistent practice within the borough.
● To identify any difficulties home care workers have with implementation of the practice notes, and to address these through feedback to service managers and review of future training provision.

Method A data collection form was prepared and a pharmacist collected data by direct observation of home carer practices at 40 accompanied visits. The clients visited were selected by home care managers to

represent three groups of clients; those with average medication needs, complex needs, and where an agency carer was also involved. The resulting data was analysed using Epi-info.

Result The results showed that 39 of the 40 home carers stated they understood their role in relation to medication, and 36 had attended medication training. At the 40 visits observed, medication practices were carried out exactly in line with the expected standard in 19 cases, minor variations were observed in eight cases, and major variances were recorded in 13. Practices in relation to medication record-keeping showed the biggest variance from agreed standards. Details of these variances were discussed and fed back to service managers. As a result, changes to the policy and recording system were implemented.

In addition, data was collected on the types of medicines and medication-related tasks currently undertaken in home care