National Standard Medication Chart (NSMC) Audit
WA Quick Reference Guide

General Instructions

Complete one audit tool per patient.

NOTE: The REDCap® audit tool is set up with branching logic, therefore questions will only appear if they are relevant to the responses entered into the audit. If a question does not apply, then the user is redirected to a different set of questions or will skip a set of questions altogether.

Health Service: (follow the prompts to select appropriate HSP, hospital group or WACHS site and hospital)
Date of audit:
Patient UMRN: (for auditor reference purposes only)
Ward:

Select the appropriate health service/hospital name by following the prompts when using the REDCap® audit tool and enter the date the chart was audited.

Record patient's Unique Medical Record Number (UMRN) and ward.

Chart type and age of patient
Chart type
- [ ] WA Adult HMC* (acute)
- [ ] WA Adult HMC* (long-stay)
- [ ] WA Paediatric HMC* (acute)
- [ ] WA Paediatric HMC* (long-stay)

Is the patient aged 12 years or under	Y / N

- Adult patients in public hospitals – select either WA Adult Hospital Medication Chart acute or long-stay version.
- Paediatric patients in public hospitals – select either WA Paediatric Hospital Medication Chart acute or long-stay version.

Section 1 Patient Identification

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1.1 Patient identification section is completed using: (select **one** option only) ☐ Handwritten patient details ☐ Printed patient identification labels ☐ A mix of printed patient identification labels and handwritten details	
1.2 Patient identification section is completed on all pages of ALL active charts	Y / N
1.3 Where handwritten, patient details are legible and complete. (i.e. at least 3 patient identifiers documented – UMRN, patient name – family and given names, DOB, gender, patient address) (*only when handwritten details are selected*)	Y / N
1.4 Patient's name is handwritten under patient identification label(s) by first prescriber	Y / N
Additional comments	

Review ALL pages of ALL active medication charts.

1.1 Select ONE option.
1.2 Select Y or N accordingly.
1.3 Wherever patient ID is handwritten, select YES if at least three identifiers are present on the WA HMC (visible and correct). These identifiers include: UMRN, patient name – family and given names, DOB, gender, or address.

1.4 Select YES if first prescriber has handwritten patient's name. Select NO if it is a different prescriber, or pharmacist who has handwritten patient's name.

Section 2 Adverse drug reactions (ADR)

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2.1 The following has been documented in the ADR section: (select **one** option only) ❑ Details of any medicine (or other) allergies or ADR(s) *(go to question 2.2)* ❑ "Nil known" or "unknown" box marked *(go to question 2.4)* ❑ None of the above apply *(go to section 3)*	
2.2 If ADR has been identified for the patient, has the medicine (or other) section and reaction type been documented on ALL active charts	**Y / N**
2.3 If ADR has been identified for the patient, has an "Adverse Drug Reaction" sticker been affixed to the ADR box on ALL active charts	**Y / N**
2.4 The ADR documentation includes signature, name and date on ALL active charts	**Y / N**
Additional comments	

Review page 3 of ALL active charts.

2.1 This section aims to identify if the ADR details have been completed fully, partially or not at all. Select ONE option only. Then follow prompts to next appropriate question.

If the prescriber has ticked the "Nil known" and included their signature but no name or date, then this would be considered the third option "none of the above apply".

2.2 Documentation needs to include medicine (or other) AND reaction type. If reaction is documented as "patient unsure" or "patient can't remember", select YES.

2.3 Check that an "Adverse Drug Reaction" sticker has been affixed to the ADR box on ALL active charts. Please also refer to the back page (page 4) of the WA HMC to see if the sticker has been affixed here.

2.4 Documentation requires signature/initial and name of the person documenting the ADR(s) and date of documentation on ALL active charts.

Section 3 VTE risk assessment and VTE prophylaxis

This section is only applicable if auditing the WA Adult HMC acute and long-stay charts.

Section 3 VTE risk assessment and VTE prophylaxis (WA Adult HMC acute and long-stay)

3.1 The following has been documented in the VTE risk assessment section: (select **ALL** that apply) ❑ "Indicated" box marked ❑ Signature and date documented ❑ "Not Indicated" or "Contraindicated" box ❑ None of the above apply marked	
3.2 VTE prophylaxis has been prescribed *(if **N** is selected, go to question 3.4)*	**Y / N**
3.3 Section in which VTE prophylaxis was prescribed: ❑ The VTE prophylaxis order section only (WA Anticoagulation Chart) ❑ The regular medicines order section only (WA Hospital Medication Chart) ❑ Both the VTE prophylaxis and regular medicines sections	
3.4 Where has the VTE Risk Assessment been documented? ❑ WA HMC ❑ Other *(go to question 3.5)*	
3.5 If 'Other' in Q 3.4, please specify where VTE Risk Assessment is documented.	
Additional comments	

3.1 Refer to the VTE risk assessment tool within the WA HMC. Look specifically at the pharmacological prophylaxis section of the tool.
VTE risk assessment needs to be documented within at least ONE of the active charts (if multiple charts are present). Select all options that apply:
- If "**Indicated**" box is marked, select this option.
- If either the "**Not indicated**" or "**Contraindicated**" box is marked, select this option.
- If prescriber has signed AND dated the VTE risk assessment tool, select "signature and date documented"
- If VTE risk assessment tool has not been completed for at least ONE of the active charts, select "None of the above apply"

3.2 Refer to the pharmacological (not mechanical) VTE prophylaxis section only of WA Anticoagulation Medication Chart (WA AMC) and cross check the WA HMC.
- Select YES if pharmacological prophylaxis prescribed.

3.3 Confirm the section where VTE prophylaxis has been prescribed.
- Select "The VTE prophylaxis order section" if a pharmacological VTE agent has been prescribed on the VTE prophylaxis section of the WA AMC.
- Cross check the WA HMC to confirm no VTE prophylaxis has been charted here and select the appropriate option.

3.4 Confirm where the VTE Risk Assessment has been documented.
- Select "WA HMC" if this is documented in the VTE Risk Assessment section of the chart.
- Select "other" if your site has a separate tool to document VTE Risk Assessment.

3.5 If you selected other in Q3.4, you will be prompted in this section to specify where this has been documented.

National Standard Medication Chart (NSMC) Audit - Frequently Asked Questions

Topic Question	Answer
General information	
Preparation for participating in WA NSMC Audit 2024	The WA NSMC 2024 audit will be coordinated via REDCap. 1. Site Coordinators will require access to REDCap® to be able to run reports for their site. 2. Register for access to REDCap® – Complete the registration form 3. Site Coordinators will then need to email MTU to ask for specific access to the National Standard Medication Chart Audit 2024 REDCap® project. 4. Auditors can either: Enter data via the REDCap® link provided, OR Alternatively, they can request access to the National Standard Medication Chart Audit 2024 REDCap® Project if deemed appropriate by their site coordinators following the above steps. This local WA NSMC Audit 2024 has been adapted from the Australian Commission on Safety and Quality in Health Care NSMC Audit. The WA NSMC Audit 2024 is a targeted audit that focuses on 3 key areas of medication safety: • patient identification (ID), • adverse drug reactions (ADRs) and, • venous thromboembolism (VTE) risk assessment. The audit period will run from **Tuesday 5th November to Monday 18th November 2024**. MTU has developed this Quick Reference Guide document, and a Train-the-Trainer presentation to assist WA auditors in completing the audit. Refer to the WA Health Safety and Quality website for further information. Sites must decide the method for collecting the data either by: i. Collecting data on the paper based tool, which then needs to be entered into REDCap®. ii. Entering the data directly into REDCap® using the REDCap® **National Standard Medication Chart Audit Tool** (an electronic version of the Audit Form) via the following link, or through the REDCap® project. It is recommended that auditors become familiar with the audit questions and the electronic REDCap® audit tool. • A meeting involving all auditors may be necessary to ensure consistency in the interpretation of the information on the NSMCs and the audit questions. • Sites will need to determine the number of patients that are going to be audited, and how the spread of charts will be managed. Sites will also need to determine the auditors involved, and any separate data entry personnel (if appropriate). • Print off the required number of paper audit tools. Multiple uploads of data can occur from one site as each auditor can use the REDCap audit tool link to enter data simultaneously.
Selection of sample patients	• The audit must be conducted on medication charts that are active and in current use. Therefore, the audit should be done prospectively and not retrospectively (i.e. patients must be current inpatients, and not recently discharged). • It is up to the individual sites how the quota of patients is selected for audit. • The guidelines recommend that as many medication charts as possible are audited from each ward type, however if not all charts can be audited ensure charts are chosen at random.
Number of charts to be audited	The ACSQHC have provided a recommended sample size (Table 1) which is dependent on the number of beds at your facility. WA Health supports this recommendation to ensure that sample sizes across NSMC audits are consistent. However, as mentioned previously, it is recommended that as many medication charts are audited (as feasible based on

Topic Question	Answer
	resources and time). **Table 1: Suggested audit sample size*** | Number of adult beds in hospital	Sample size | |---|---| | 150 or more | 20% of current patients | | 30 -149 | 30 current patients | | Less than 30 | All current patients | * Suggested sample size derived from Indicators for Quality Use of Medicines in Australian Hospitals[2]
Time to complete survey per patient	Fully trained and experienced auditors will work more quickly than poorly trained or inexperienced auditors. To enable adequate numbers of patients charts to be reviewed, the data collection may take place over several days. For example, if your hospital needs to audit a total of 40 charts - this can be done over the 2 week period by auditing 20 charts per week, or 3 charts per day. This only accounts for the time required for data collection. Consideration needs to be given to time required to enter patient data into the REDCap®.
VTE prophylaxis	
Prescription of anticoagulants	*What if my hospital doesn't use the WA Anticoagulation Medication Chart (WA AMC) to prescribe anticoagulants?* The recent Medication Chart Policy mandates the use of the WA Anticoagulation Chart to prescribe all anticoagulants.
Separate/different VTE risk assessment tool	*What if my hospital has a separate VTE risk assessment tool?* If your site has a separate form/tool to document the patient's VTE Risk Assessment, select "Other" for Q3.4. You will then be prompted to specify where the VTE risk assessment has been documented in Q3.5. In this scenario, document your site specific VTE risk assessment tool. It may be helpful to identify where this tool is kept, so please provide information – e.g. in the Medical Records or with the Medication Chart folder.

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