**INTERSHIP TRAINING**

**AT**

**RAJIV GANDHI CANCER INSTITUE AND RESEARCH CENTRE**

**(FEBRUARY 12TH TO MAY 11TH, 2024)**

# OPTIMIZING PATIENT CARE- PRESCRIPTION AUDIT IN OPD PHARMACY

**BY**

**MANSI JAIN**

**PG/22/052**

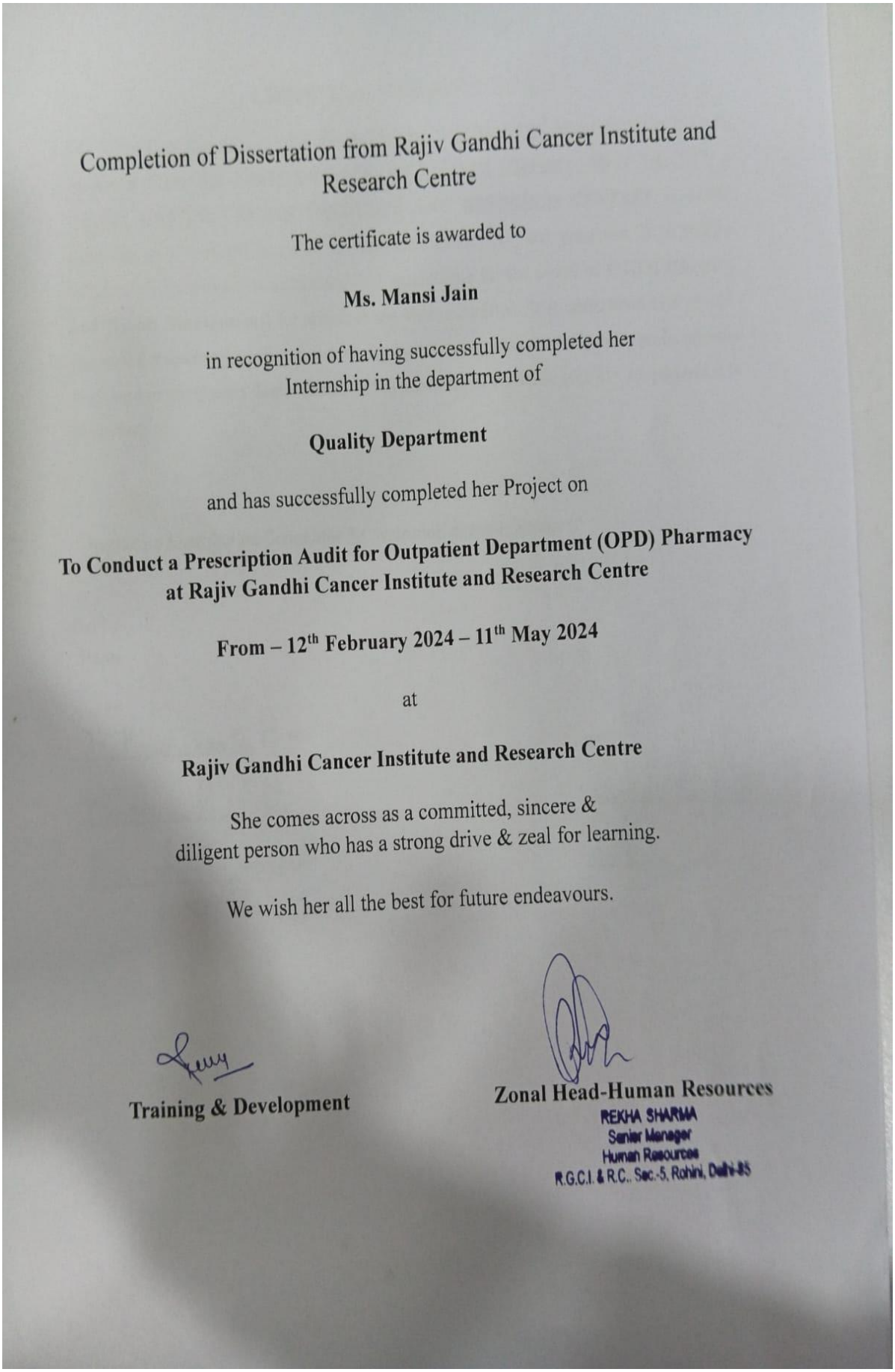
**UNDER THE GUIDANCE OF**

**DR. SUMESH KUMAR**

**PGDM (HOSPITAL AND HEALTH MANAGEMENT)**

**2022-2024**


**INTERNATINAL TNSTITUE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI**



Completion of Dissertation from Rajiv Gandhi Cancer Institute and Research Centre

The certificate is awarded to

**Ms. Mansi Jain**

in recognition of having successfully completed her Internship in the department of

**Quality Department**

and has successfully completed her Project on

**To Conduct a Prescription Audit for Outpatient Department (OPD) Pharmacy at Rajiv Gandhi Cancer Institute and Research Centre**

**From – 12th February 2024 – 11th May 2024**

at

**Rajiv Gandhi Cancer Institute and Research Centre**

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavours.

**Training & Development**

**Zonal Head-Human Resources**

REKHA SHARMA
Senior Manager
Human Resources
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# TO WHOMSOEVER IT MAY CONCERN

This is to certify that **MANSI JAIN** student of PGDM (Hospital and Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Rajiv Gandhi Cancer Institute and Research Centre, Rohini** from **February 12th to may 11th, 2024.**

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

Dr. Sumesh Kumar
Associate Dean,
Academic and Student Affairs
IIHMR, New Delhi

Dr. Sumesh Kumar
Associate Dean.
Academic and Student Affairs
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## CERTIFICATE OF APPROVAL

The following dissertation titled **"OPTIMIZING PATIENT CARE – PRESCRIPTION AUDIT IN OPD PHARMACY"** at **"RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital and Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Rahul Khandelwal.

Pankaj Taneja

Preetha RS

## Certificate from Dissertation Advisory Committee

This is to certify that **Ms. MANSI JAIN,** a graduate student of the **PGDM (Hospital and Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled "**OPTIMIZING PATIENT CARE- PRESCRIPTION AUDIT IN OPD PHARMACY"** at **Rajiv Gandhi Cancer Institute and Research Centre, Rohini** in partial fulfilment of the requirements for the award of the **PGDM (Hospital and Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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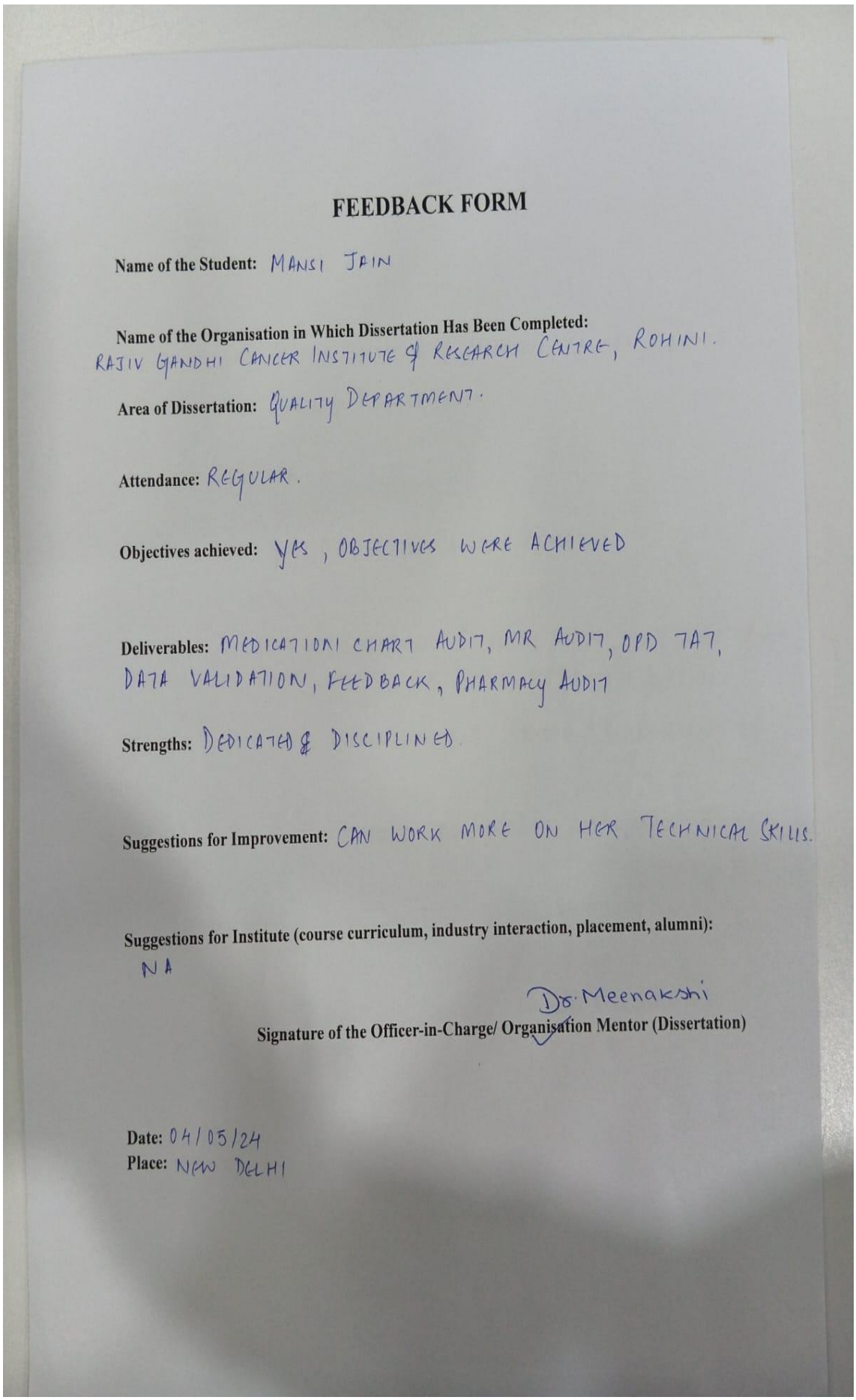
| Associate Dean, Academic and Student Affairs | Head Quality |
| IIHMR Delhi | RGICRC, Rohini |

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI**

## CERTIFICATE OF SCHOLAR

This is to certify that the dissertation titled "**OPTIMIZING PATIENT CARE-PRESCRIPTION AUDIT IN OPD PHARMACY"** and submitted by **MANSI JAIN** Enrollment No. **PG/22/052** under the supervision of **Dr. SUMESH KUMAR** for the award of **PGDM (Hospital and Health Management)** of the Institute carried out during the period from **February 12th to may 11th, 2024** embodies my original work and has not found the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature



## FEEDBACK FORM

**Name of the Student:** MANSI JAIN

**Name of the Organisation in Which Dissertation Has Been Completed:**
RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE, ROHINI.

**Area of Dissertation:** QUALITY DEPARTMENT.

**Attendance:** REGULAR.

**Objectives achieved:** YES, OBJECTIVES WERE ACHIEVED

**Deliverables:** MEDICATION CHART AUDIT, MR AUDIT, OPD TAT, DATA VALIDATION, FEEDBACK, PHARMACY AUDIT

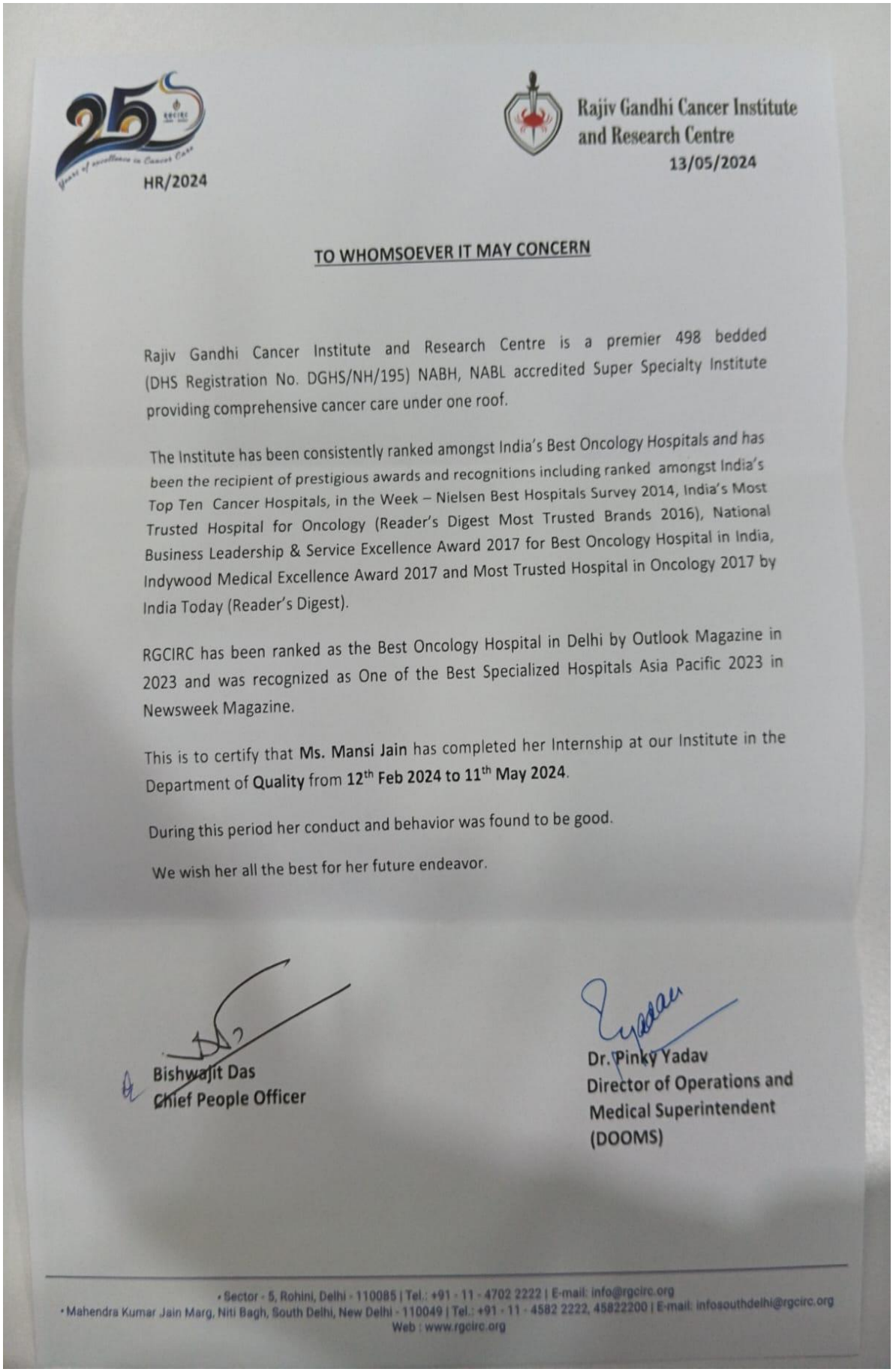
**Strengths:** DEDICATED & DISCIPLINED.

**Suggestions for Improvement:** CAN WORK MORE ON HER TECHNICAL SKILLS.

**Suggestions for Institute (course curriculum, industry interaction, placement, alumni):**
NA

Dr. Meenakshi
**Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)**

**Date:** 04/05/24
**Place:** NEW DELHI



Rajiv Gandhi Cancer Institute and Research Centre

HR/2024

13/05/2024

**TO WHOMSOEVER IT MAY CONCERN**

Rajiv Gandhi Cancer Institute and Research Centre is a premier 498 bedded (DHS Registration No. DGHS/NH/195) NABH, NABL accredited Super Specialty Institute providing comprehensive cancer care under one roof.

The Institute has been consistently ranked amongst India's Best Oncology Hospitals and has been the recipient of prestigious awards and recognitions including ranked amongst India's Top Ten Cancer Hospitals, in the Week – Nielsen Best Hospitals Survey 2014, India's Most Trusted Hospital for Oncology (Reader's Digest Most Trusted Brands 2016), National Business Leadership & Service Excellence Award 2017 for Best Oncology Hospital in India, Indywood Medical Excellence Award 2017 and Most Trusted Hospital in Oncology 2017 by India Today (Reader's Digest).

RGCIRC has been ranked as the Best Oncology Hospital in Delhi by Outlook Magazine in 2023 and was recognized as One of the Best Specialized Hospitals Asia Pacific 2023 in Newsweek Magazine.

This is to certify that **Ms. Mansi Jain** has completed her Internship at our Institute in the Department of **Quality** from **12th Feb 2024 to 11th May 2024**.

During this period her conduct and behavior was found to be good.

We wish her all the best for her future endeavor.

**Bishwajit Das**
**Chief People Officer**

**Dr. Pinky Yadav**
**Director of Operations and Medical Superintendent (DOOMS)**

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# ABSTRACT

## Background:

The Outpatient Department (OPD) Pharmacy plays a major role in ensuring patients receive accurate and optimal medicine. Prescription is a written order from a licensed healthcare provider to a pharmacist, directing them to dispense a specific medication for a patient. It includes details like patient identifiers, doctor name, medication name, dose, route of administration. Audit is a simple tool to measure and monitor what we do against a standard. Prescription Audit if regularly done can help improving patient health outcomes.

## Materials and Methods:

An observational study was conducted in Outpatient department Pharmacy of Rajiv Gandhi Cancer Institute and Research Centre for a period of 10 days. A total of 357 prescriptions were taken for the study. A checklist was created according to NHM guidelines.

## Results:

A study of 357 prescriptions found that 60% were handwritten and 40% were printed. Essential patient identifiers like name and gender were included. Age was mentioned in 51.82%, diagnosis in 28.01%, and allergy information in 23.53% of the prescriptions. Drug names were written in capital letters in 49.86% of cases, and dosage details were provided in 99.16%. The route of drug administration was specified in 95.52%, but only 75.07% included the duration of drug use. Readability was high, with 79% clear, 10% partially legible, and 11% illegible. Patient names appeared in 65% of prescriptions, dates in 95%, and times in 20% (only in printed ones). Doctors signed 95% of the prescriptions, highlighting the need for improved documentation practices.

## Conclusion:

Prescription audits serve as a cornerstone for improving healthcare delivery by fostering a culture of continuous improvement and accountability. By leveraging audit findings to implement targeted interventions and educate healthcare providers, organizations can uphold standards of care, enhance patient outcomes, and ensure optimal patient satisfaction across healthcare settings.



## Keywords:

Prescription Audit, Medication error, Patient health Outcome

# ACKNOWLEDGEMENT

First of all, I would like to thank the supreme power Almighty God who is obviously the one who has always guided me to work on the right path of life and has made possible for me to reach this so far.

I acknowledge with thanks the kind of patronage, loving inspiration and timely guidance which I have received from family.

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I would like to express my sincere thanks to **REKHA, SENIOR MANAGER, RGCIRC** for giving me the opportunity to work at RGCIRC to enhance and upgrade my skills.

I would like to thank my supervisor **RENU CHAUDHARY, HEAD, QUALITY, RGCIRC** for a great support and guidance in selecting as well as in conducting the study.

I would like to acknowledge with much appreciation the crucial role of all the **Quality and Pharmacy staff**, who provided me patient information, data and helped me to connect with patients.

I would like to express my appreciation towards my teammate **DR. RIDHI JAIN** who constantly supported and motivated me, without her kind support it would not be possible for me to complete this project report.

Last but not least, I Would like to thanks all those who in whatsoever extent contributed their bit in completion of my work.

**MANSI JAIN**

## TABLE OF CONTENT

# ABBREVATIONS

**IPD-** Inpatient Department

**OPD-** Outpatient Department

**MRD-** Medical Records Department

**PET-** Positron Emission Tomography

**CT-** Computed Tomography

**NABH-** National Accreditation Board for Hospital

**NABL-** National Accreditation Board for Testing and Calibrations Laboratories

**OT-** Operation Theatre

**EWS-** Economy weaker section

**MICU**- Medical Intensive Care Unit

**SICU**- Surgical Intensive Care Unit

## ABOUT INDRAPRASTHA CANCER SOCIETY AND RESEARCH CENTRE

Indraprastha Cancer Society & Research Centre is a non-profit public society managed by a group of socially responsible philanthropists. It was established in 1994 under the society's registration act, 1860. In addition to providing patient care, the society's main objective is to conduct scientific research on various aspects of cancer. This includes studying its incidence, prevalence, distribution, causes, symptoms, and promoting prevention and cures.

Rajiv Gandhi Cancer Institute and Research Centre is a project initiated by the Indraprastha Cancer Society and Research Centre. Its goal is to provide exceptional oncological care to those in need. The institute is governed by a Governing Council and managed by a management committee.

The institute began its operations on July 1, 1996, with a soft opening by Hon'ble Smt. Sonia Gandhi. The formal inauguration took place on August 20, 1996, in the presence of the then President of India, Dr. Shankar Dayal Sharma, Smt. Sonia Gandhi, and other dignitaries. Starting with 152 beds, it has steadily grown and now has 302 beds. It offers state-of-the-art facilities for cancer diagnosis and treatment and is recognized as one of the leading institutes in northern India and the entire country. Since its inception, the institute has served over 200,000 patients from India and abroad, including a significant number from Nepal, Bangladesh, Sri Lanka, and other neighbouring countries.

## ABOUT RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

The Indraprastha Cancer Society and Research Centre is a non-profit organization established under the Societies Registration Act of 1860. In 1996, they established the Rajiv Gandhi Cancer Institute and Research Centre, which is a dedicated oncology care centre located in Delhi. The society was founded by a group of socially responsible and selfless philanthropists who, despite having limited financial resources, worked hard and were determined to raise funds to operate the hospital. The primary driving forces behind establishing the hospital were to provide quality, affordable, and easily accessible healthcare to patients suffering from cancer.

The institute provides highly specialized tertiary care services in the fields of Medical, Surgical, and Radiation Oncology. These services are organized into dedicated teams focused on specific cancer sites.

Spanning an area of nearly 200,000 square feet, Rajiv Gandhi Cancer Institute and Research Centre (RGCIRC) is one of the largest tertiary cancer care centres on the continent. It currently has a capacity of 500 beds. The institute is equipped with 14 state-of-the-art modular Operation Theatres, featuring three-stage air filtration and gas scavenging systems, as well as 2 Minor Operation Theatres specifically designed for Day Care Surgeries.

Within the institute, there is a 51-bedded Surgical Intensive Care Unit (ICU), a 21-bedded Medical ICU, a dedicated Leukaemia ward, a separate Thyroid ward, and an independent 22-bedded Bone Marrow Transplant Unit. The Bone Marrow Transplant Unit has earned recognition for its pioneering work in unrelated donor transplants, MUD (Matched Unrelated Donor) transplants, and stem cell transplants. Additionally, RGCIRC provides supportive facilities such as Renal Replacement Therapies and various endoscopies, including EBUS (Endobronchial Ultrasound) and Endoscopic Ultrasound.

The Institute offers best in class techniques such as whole-body robotic surgery, Intra-Operative Brachytherapy, True Beam (the next generation Image Guided Radiation Therapy), PET- MRI fusion, High Frequency Ultrasound, Tomosynthesis (first-of-its-kind revolutionary 3D mammography machine), Nucleic Acid Testing (for safest possible blood), and advanced diagnostic and imaging techniques, including Digital PET CT, Circulating Tumour Cell testing, liquid biopsy, and Next Generation Sequencing. Institute has established Molecular Laboratory for gene profiling, Biorepository (Tissue Bank) for clinical and research purpose and a dedicated Cath Lab for cancer patients has been started to do all interventional radiology procedures, few such as portal venous embolization, carotid artery embolization, TACE, TARE etc.

The Institute is accredited by NABH and NABL and has Green OT and Nursing Excellence certifications.

## VISION, MISSION AND VALUES

## VISION

To Provide Affordable Oncological Care of International Standard and Help to Eliminate Cancer

From India Through Research, Education, Prevention & Patient Care.

## MISSION

To be the premier cancer care provider in India and be the preferred choice of Patients, Care

Givers, Faculty and Students

• By Offering comprehensive services at an affordable price

• And excellence of our personnel leveraging best technology

## VALUES

We hold our patients in high esteem and work with ethics and compassion We care and function with mutual respect, trust and transparency

We deliver accurate diagnosis, correct advice and effective treatment

## DEPARTMENT OF RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

The Rajiv Gandhi Cancer Institute and Research Centre offers comprehensive care through various departments specializing in different aspects of cancer diagnosis, treatment, and research. Some of the key departments within the institute include:

**Medical Oncology:** This department focuses on the diagnosis, treatment, and management of cancer using medical therapies such as chemotherapy, targeted therapy, immunotherapy, and hormonal therapy.

**Surgical Oncology:** The surgical oncology department specializes in performing surgical procedures for the treatment of cancer. Surgeons in this department are skilled in various cancer surgeries, including tumor removal, organ preservation, and reconstructive surgeries.

**Radiation Oncology:** This department utilizes radiation therapy techniques, such as external beam radiation therapy, brachytherapy, and stereotactic radiosurgery, to target and destroy cancer cells while minimizing damage to healthy tissues.

**Paediatric Oncology:** The paediatric oncology department focuses on the diagnosis and treatment of cancer in children and adolescents. It provides specialized care and treatment options tailored to the unique needs of paediatric patients.

**Haematology:** The haematology department deals with the diagnosis and treatment of blood disorders, including various types of leukaemia, lymphomas, and other haematological malignancies.

**Pathology:** The pathology department plays a crucial role in cancer diagnosis by examining tissue samples and conducting laboratory tests to determine the nature and stage of the disease.

**Radiology:** The radiology department provides imaging services, including X-rays, CT scans, MRI scans, and PET scans, to aid in the diagnosis and staging of cancer.

**Supportive Care Services:** RGCIRC also offers supportive care services such as pain management, palliative care, nutrition counselling, psycho-oncology, and rehabilitation to improve the quality of life for cancer patients and their families.

These departments work collaboratively to provide comprehensive and multidisciplinary care to patients, combining medical expertise, advanced technology, and a patient-centred approach.

# OBSERVATIONAL LEARNINGS

## RGCIRC PHARMACY

RGCIRC Pharmacy has three pharmacy that are – OPD Pharmacy, IPD pharmacy and EWS pharmacy. Moreover, there are floor pharmacists as well.

In the starting I observed the work flow of the IPD pharmacy. There are 2 IPD pharmacy in the hospital. One which runs 24 hours which is the central pharmacy in the hospital which is located in -2 basement. This pharmacy supply medicine to all the patients in the hospital in wards, ICU, EWS wards. Another one is the ground pharmacy which runs in daytime. It is located on ground floor. This pharmacy supply medicine to the daycare patients and MICU and SICU patients.

In both the pharmacy I observed their workflow and I helped them in pulling the medicines from racks and packaging of medicines.

After a couple of days, I went with floor pharmacists to observe their workflow.

Then I also went to OPD pharmacy to know their workflow and challenges they faced in dealing the patient and challenges patient faced in purchasing the medicines.

## DAYCARE

RGCIRC daycare facility operates within the hospital but allows patients to be discharged before midnight, without requiring an overnight stay. The daycare facility has a total of 75 beds, spread across the 2nd and 6th floors of the hospital.

There are two types of daycare services offered:

1. **Regular Daycare**: This section comprises 65 beds, catering to both children and adults. Among these, 7 beds are designated for children, while the remaining are for adult patients. The regular daycare area includes medical liners on racks and standard beds for patient comfort.
2. **Special Daycare**: Located on the 6th floor, this specialized section consists of 10 beds with cubicles for patients requiring special attention or treatment.

The daycare facility is equipped with a cytotoxic mixing centre for the preparation of chemotherapy drugs. All medication orders are processed through the hospital pharmacy,

and billing procedures are completed before patients are assigned beds. This ensures efficient and streamlined care for all patients utilizing the daycare services at RGCIRC.

## QUALITY DEPARATMENT

In this department I observed how the quality is maintained in the hospital. I learned about the various parameters which is required for patient care as wells as staff care. I learned about how this department collects the data to analyse the error for better patient care and to improve the services. Here I came to know about the various accreditation the hospital is having such as NABH, NABL. I came to know about the various emergency codes used in the hospital such as

**TABLE 1 – DIFFERENT EMERGENCY CODES IN HOSPITALS**

| CODES | SITUATION |
|---|---|
| BLUE | INDIVIDUAL DISASTER |
| RED | FIRE EMERGENCY |
| PINK | MISSING PERSON |
| YELLOW | EXTERNAL DISASTER |
| PURPLE | DANGEROUS PERSON |
| BLACK | BOMB THREAT |

I learned their about how to do audit in different departments such as medication error audit, file audit that is MR audit, crash cart audit, how to collect feedback from the patients.

## MOCK DRILLS

I was a part of organizing mock drills for code red and code yellow in the hospital.

# PROJECT REPORT

# OPTIMIZING PATIENT CARE- PRESCRIPTION AUDIT IN OPD PHARMACY

## INTRODUCTION

The Outpatient Department (OPD) Pharmacy plays a major role in ensuring patients receive accurate and optimal medicines. Prescription is a written order from a licensed healthcare provider (such as doctor or nurse practitioner) to a pharmacist, directing them to dispense a specific medication for a patient. It includes details like patient details, doctor name, medication name, dosage, frequency, route of administration and instruction for use. Audit is a simple tool to measure and monitor what we do against a given standard. Prescription auditing if regularly done can help in improving prescription quality enhancing patient health outcomes. I undertook this study to audit the quality of OPD prescriptions for its completeness, legibility and rational use of drugs.

## PARTS OF PRESCRIPTION

A prescription typically consists of several parts, each providing essential information for the patient, pharmacist, and healthcare provider. Here are the common components of a prescription:

**1. PRESCRIBER INFORMATION**- Details about the healthcare provider issuing the prescription, including their name, title, contact information, and sometimes their medical license number.

**2. DATE -** The date the prescription was written.

**3. PATIENT DATA-** This includes the patient's full name, address, age, and sometimes additional identification information such as date of birth or patient ID number.

**4. SUPERSCRIPTION (SYMBOL R) -** The symbol "Rx," derived from the Latin word "recipe," which means "to take" or "take thou," traditionally used at the beginning of a prescription.

**5. INSCRIPTION (MEDICATION PRESCRIBED)-** It is a main part of a prescription. The name of the medication being prescribed, which may be the brand name or the generic name, along with the dosage strength

**6. SUBSCRIPTION-** Direction to pharmacist/ dispenser on how to produce a dose. The section of this prescription specifics the number of dosages units and the amount to be administered.

**7. SIGNATURA OR TRANSCRIPTION (DIRECTION FOR PATIENT) -** Instructions on how much of the medication to take, how often, and at what time of day. This may include specific instructions such as "take with food" or "take on an empty stomach." Information on how the medication should be administered, such as orally (by mouth), topically (on the skin), intravenously (into a vein), etc.

**8. RENEWAL INSTRUCTIONS-** The number of times the prescription can be refilled, if applicable. Some prescriptions may be labelled "PRN," meaning "as needed," indicating that the patient can take the medication as required.

**9. PRESCRIBER'S SIGNATURE AND REGISTRATION NUMBER -** The signature of the prescribing healthcare provider, indicating that they have authorized the prescription.

**10. SPECIAL INSTRUCTIONS**- Any additional information or special instructions provided by the prescriber, such as warnings about potential side effects, precautions, or storage instructions.

## AIM:

To conduct a Prescription Audit for Outpatient Department (OPD) Pharmacy at the Rajiv Gandhi Cancer Institute and Research Centre.

## RESEARCH QUESTION:

How can a prescription audit in the OPD Pharmacy of our cancer hospital contribute to optimizing oncology prescribing practices and ensuring patient safety?

## OBJECTIVE:

1. To assess the adherence of OPD pharmacy prescriptions to established prescribing guidelines.
2. To channelize the good practice of writing complete, legible and rationale prescriptions.

## METHODOLOGY

**STUDY DESIGN:** Observational study for a period of 10 days

**STUDY PERIOD:** 12th February 2024 – 11th May 2024

(20 days for observation and 10 days data collection, 20 days for data analysis,1 month for report writing)

**SAMPLE SIZE:** Considering an error margin of 5%, confidence interval of 95%, and population size as 5000 which is approximate average OPD footfall for 10 days (500/day) of the department. The minimum sample size was calculated as 357 prescriptions.

**STUDY AREA:** OPD Pharmacy of RGCIRC

**SAMPLING METHOD:** 357 prescriptions were picked up (irrespective of patient characteristics like age, sex, diagnosis) by convenience sampling and included in the audit.

**INCLUSION CRITERIA:** All OPD cases

**EXCLUSION CRITERIA:** Discharge summary and all Holidays were excluded

**RESEARCH INSTRUMENT:** Data will be collected through observation. A checklist is created to check on various parameters of prescription taking reference from NHM Guidelines and with the help of department head.

**AUDIT TOOL:** This tool is designed to assess prescribing practices such as accuracy, appropriateness, completeness and compliance with guidelines.

## FORMULA:

$$n = \frac{\{Z^2 * p(1-p)\}/e^2}{1 + \{Z^2 * p(1-p)\}/e^2 N}$$

Where n = Sample Size

N = Population Size

Z = Score for level of confidence

p = Expected proportion (if the prevalence is 50%)

e = Precision

$$n = \frac{\{(1.96)^2 * (0.5)(1-0.5)\} / (0.05)^2}{1 + \{(1.96)^2 (0.5)(1-0.5)\} / (0.05)^2 * 5000}$$

= 357

## EXPECTED OUTCOME:

1. Optimization of OPD Pharmacy workflows to minimize dispensing errors and delays.
2. Improved Prescription Accuracy
3. Enhanced Patient Education

## DATA ANALYSIS AND INTERPREATATION

First the data is collected to gather the required amount of sample including all the cases coming in RGCI OPD Pharmacy. After data collection, all the attributes are added on an Excel sheet to provide a holistic view of the samples. Data is then assessed on the basis of these attributes and responses is recorded as YES or No. Compliance and Non-compliance is then converted to percentages and a bar graph is created to show the data in more presentable form.

## INTERPRETATION

### TABLE 2 - TYPE OF PRESCRIPTIONS

| | |
|---|---|
| TOTAL NO. OF PRESCRIPTIONS | 357 |
| HANDWRITTEN | 214 |
| PRINTED | 143 |

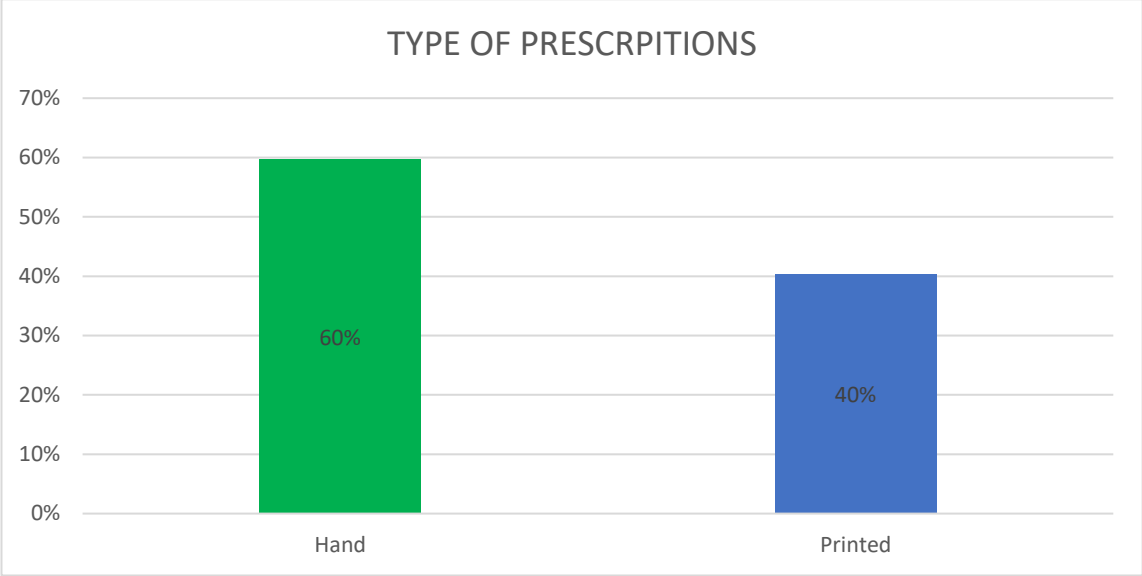


FIG 1 – TYPE OF PRESCRPITIONS

According to the graph above, out of total 357 prescriptions, 60% (214) were handwritten and 40% (143) were printed. This distribution highlights the prevalence of handwritten prescriptions over printed ones in the dataset.

## ➢ TABLE 3 - WHETHER AGE IS MENTIONED OR NOT

| WHETHER AGE IS MENTIONED OR NOT | |
|---|---|
| YES | 172 |
| NO | 185 |

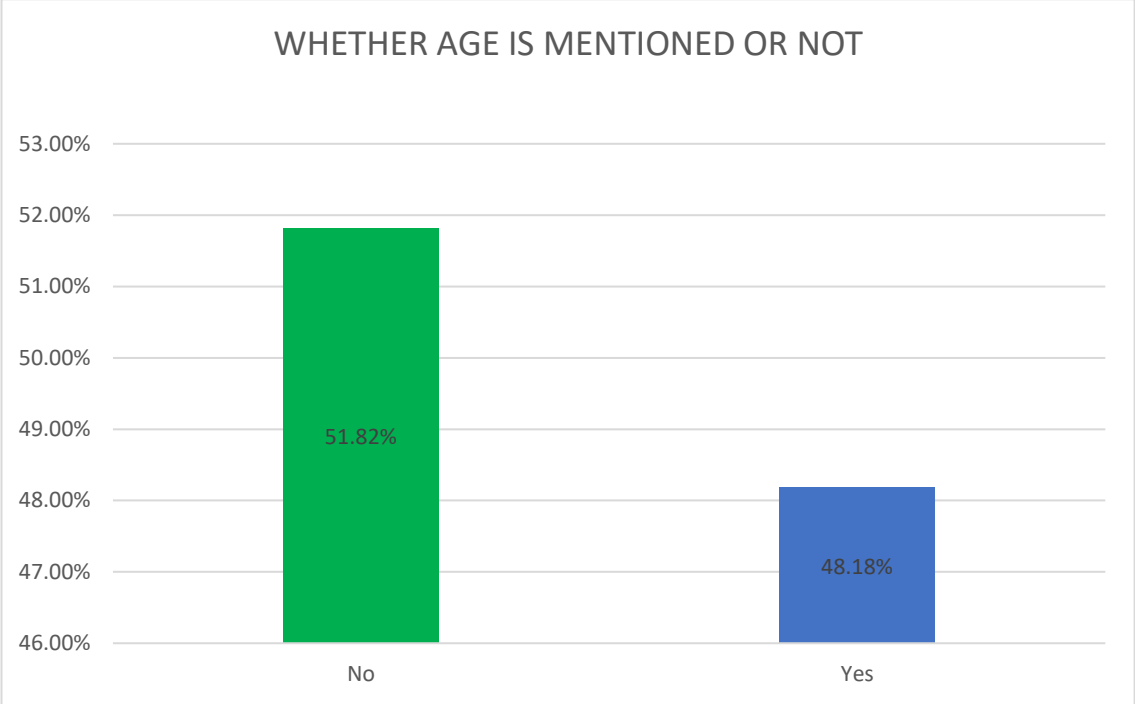


FIG 2 – WHETHER AGE IS MENTIONED OR NOT

According to the graph, age was not mentioned in 51.82% of the prescriptions analyzed, whereas in 48.18% of prescriptions, the age of the patient was documented. This data underscores that a significant portion of the prescriptions analyzed did not include information regarding the patient's age, indicating potential variability in the completeness of medical documentation across the sample.

## ➢ TABLE 4 - DIAGNOSIS IS WRITTEN ON PRESCRIPTIONS OR NOT

| DIAGNOSIS IS WRITTEN ON PRESCRIPTIONS OR NOT | |
|---|---|
| YES | 100 |
| NO | 257 |

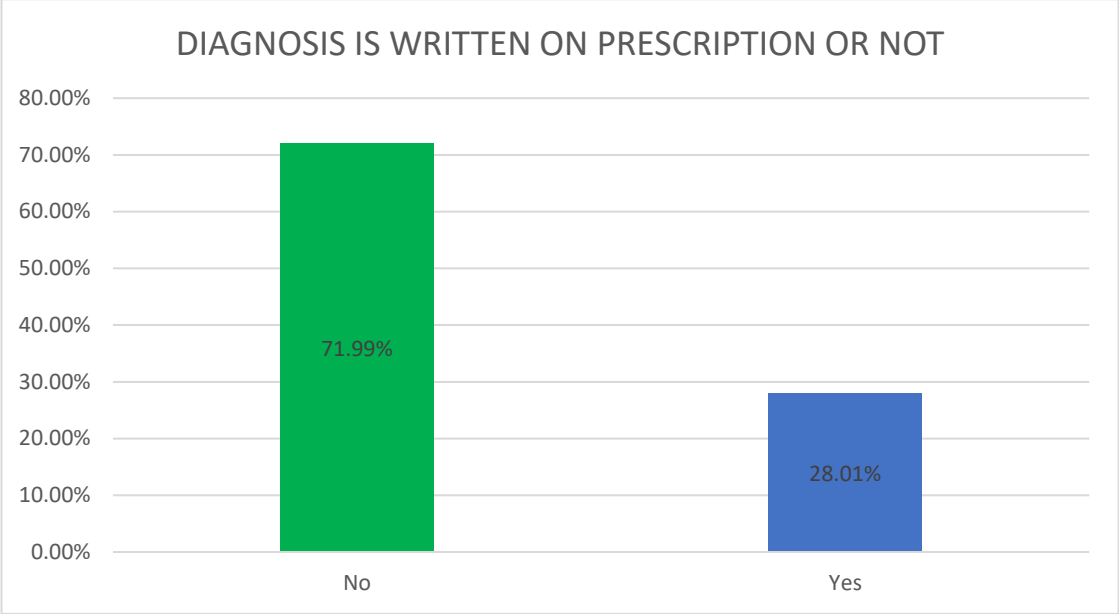


FIG 3 – DIAGNOSIS IS WRITTEN ON PRESCRIPTION OR NOT

The graph indicates that in 71.99% of the prescriptions reviewed, no diagnosis was recorded, while in 28.01% of prescriptions, a diagnosis was documented. This distribution highlights that majority of prescriptions lacking specific diagnostic information, suggesting potential gaps in clinical detail provided in the analyzed sample.

## ➢ TABLE 5 - ALLERGY DOCUMENTATION

| ALLERGY DOCUMENTATION | |
|---|---|
| YES | 84 |
| NO | 273 |

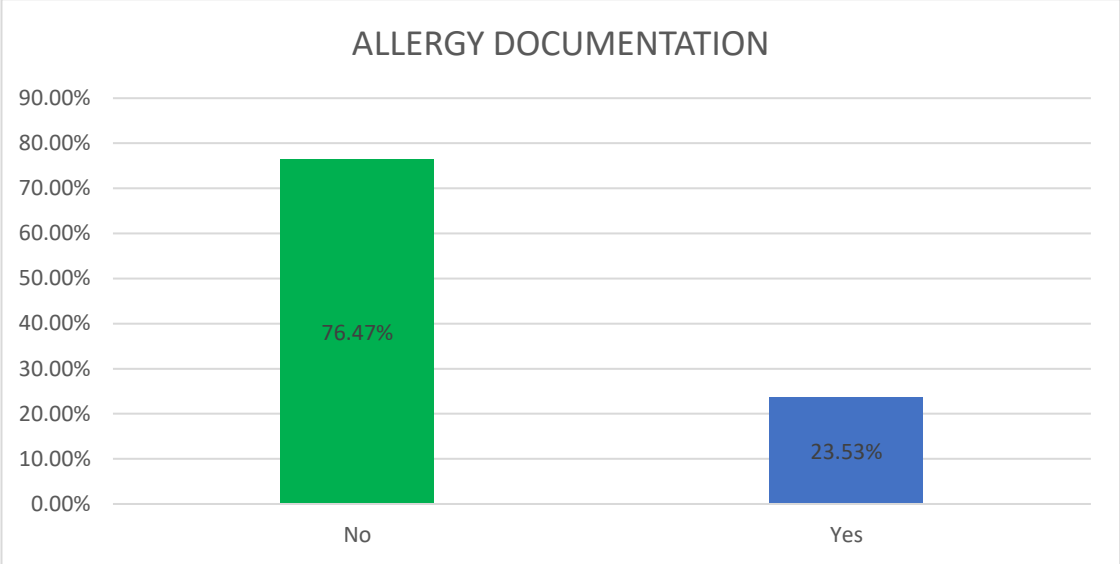


FIG 4 – ALLERGY DOCUMENTATION

The above graph states that allergy documentation is not mentioned in 76.47% of prescriptions while in 23.53% of prescriptions, allergy documentation was mentioned which were printed. This data underscores a significant majority of prescriptions don't have information about patient allergies, highlighting a potential area for improvement in medical record completeness and patient safety.

## ➢ TABLE 6 - NAME OF DRUG IN CAPITAL LETTER

| NAME OF DRUG IN CAPITAL LETTER | |
|---|---|
| YES | 178 |
| NO | 179 |

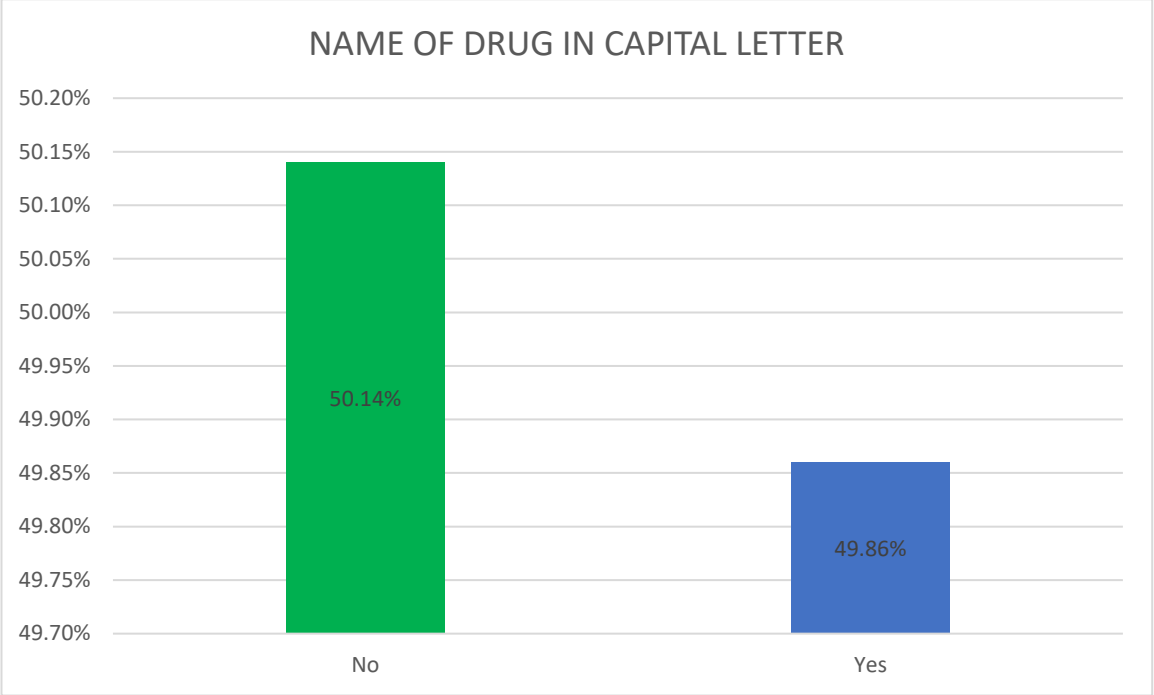


FIG 5 – NAME OF DRUG IN CAPITAL LETTER

The above graph interprets that name of drug in capital letter is not mentioned in 50.14% of prescriptions while in 49.86% of prescriptions, name of drug in capital was mentioned. This data illustrates a nearly equal distribution between prescriptions where drug names were and were not capitalized, indicating variability in formatting practices across the sample analyzed.

## ➢ TABLE 7 - DOSE

| DOSE | |
|---|---|
| YES | 354 |
| NO | 3 |

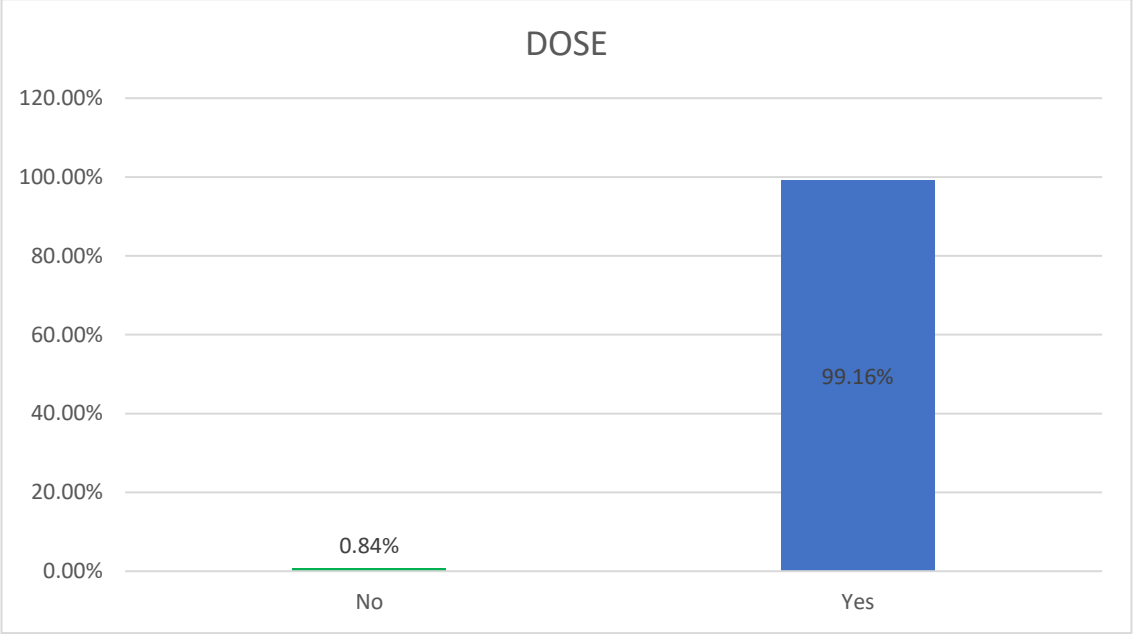


FIG 6 - DOSE

The above graph explain about dose is not mentioned in 0.84% of prescriptions while in 99.16% of prescriptions, dose was mentioned. This data highlights a high rate of completeness regarding dosage documentation across the analyzed sample, indicating consistent adherence to including this critical medical detail in prescriptions.

- **TABLE 8 - ROUTE**

| ROUTE | |
|---|---|
| YES | 341 |
| NO | 16 |

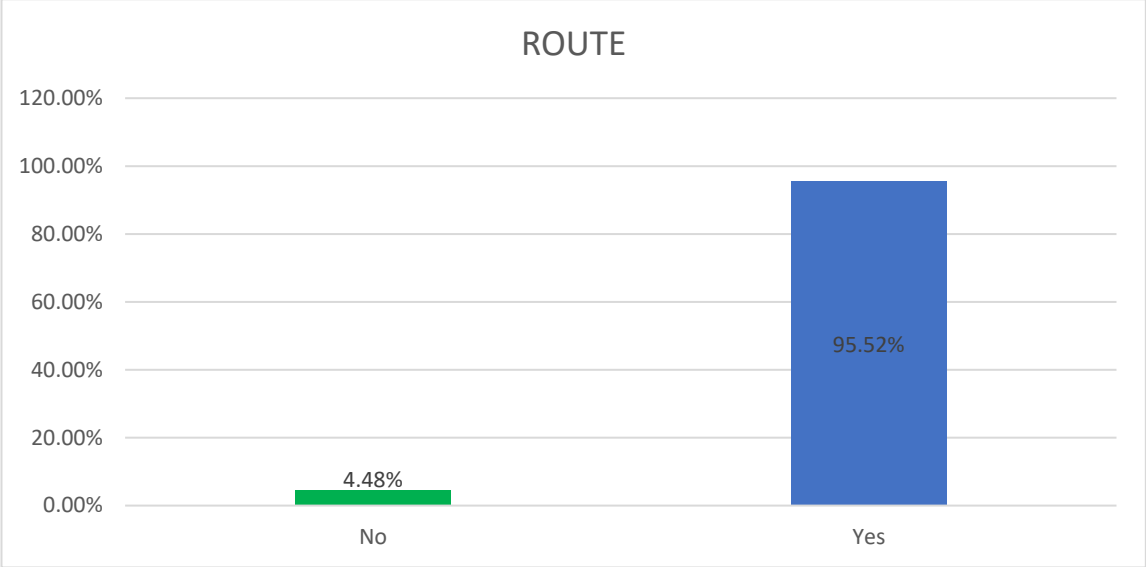


FIG 7 - ROUTE

This graph tells us about the route is not mentioned in 4.48% of prescriptions while in 95.52% of prescriptions, route was mentioned. This data underscores a high rate of inclusion of information regarding how medications should be administered, reflecting thoroughness in prescription details across the dataset analyzed.

- **TABLE 9 - DURATION**

| DURATION | |
|---|---|
| YES | 268 |
| NO | 83 |
| PARTIALLY YES | 6 |

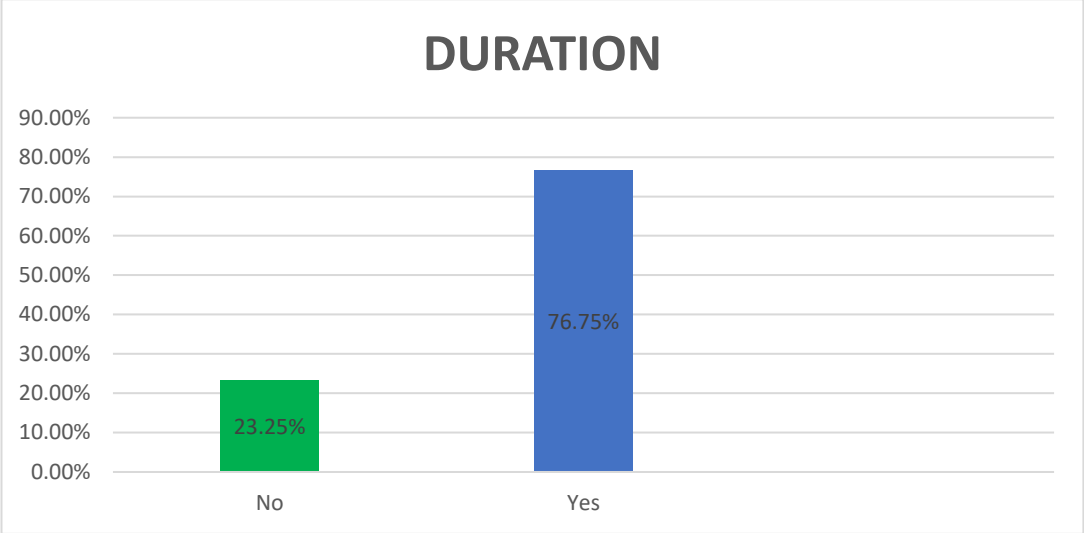


FIG 8 - DURATION

The above graph interprets that duration is not mentioned 23.25% of prescriptions while in 76.75% of prescriptions duration was mentioned. This data highlights a significant portion of prescriptions that do not include information regarding how long medications should be taken, indicating potential variability in the completeness of prescription instructions.

## ➢ TABLE 10 - PRESCRIPTIONS ARE LEGIBLE OR NOT

| PRESCRIPITONS ARE LEGIBLE OR NOT | |
|---|---|
| YES | 281 |
| NO | 41 |
| PARTIALLY YES | 35 |

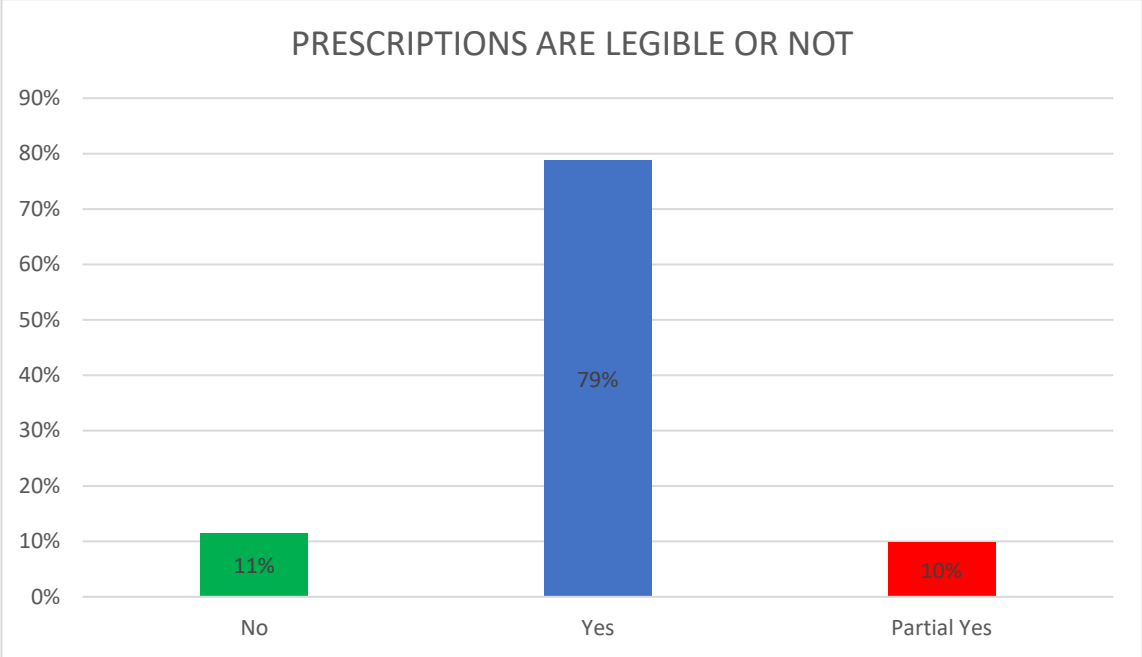


FIG 9 – PRESCRIPTIONS ARE LEGIBLE OR NOT

According to the graph, 79% of the prescriptions were legible, while 10% were partially legible, and 11% were completely illegible. This data indicates varying levels of readability among the prescriptions reviewed, with a notable percentage being difficult or impossible to decipher.

## ➢ TABLE 11 - PRESCRIPTONS ARE NAMED OR NOT

| PRESCRIPITONS ARE NAMED OR NOT | |
|---|---|
| YES | 231 |
| NO | 126 |

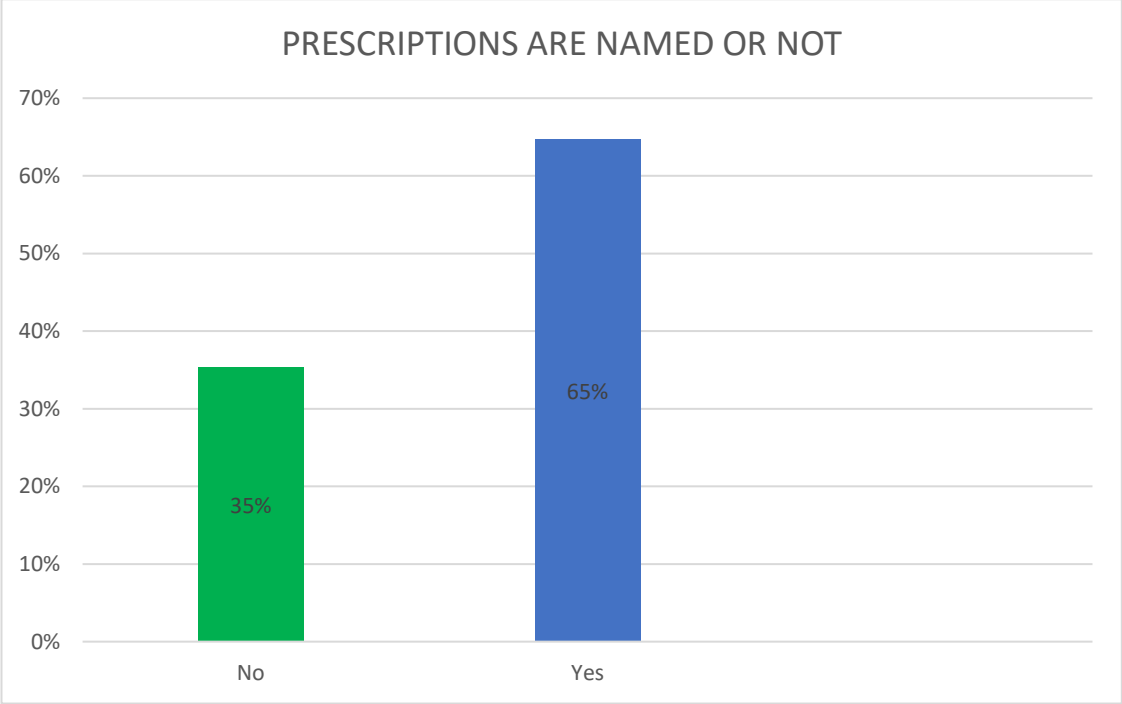


FIG 10 – PRESCRIPTIONS ARE NAMED OR NOT

The above graph predicts that 65% of prescriptions were named whereas 35% of prescriptions were not named.

## ➢ TABLE 12 - DATE ON PRESCRIPTION

| DATE ON PRESCRIPTION | |
|---|---|
| YES | 340 |
| NO | 17 |

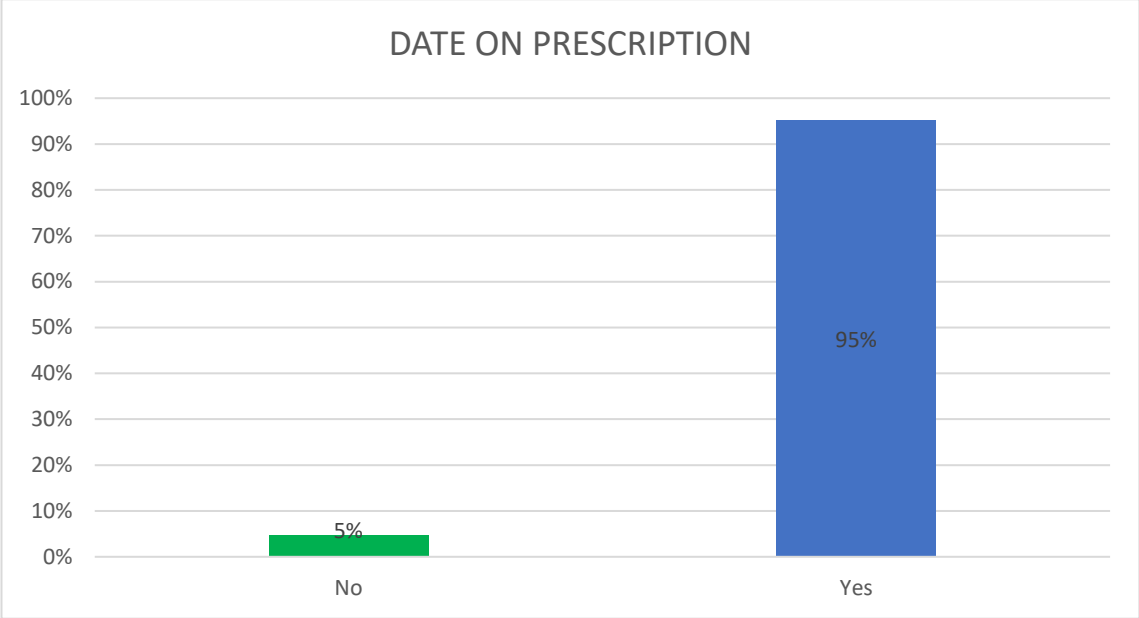


FIG 11 – DATE ON PRESCRIPTION

The above graphs talk about date is mentioned in 95% of prescriptions while in 5% of prescriptions date wasn't mentioned.

- **TABLE 13 - TIME ON PRESCRIPTION**

| TIME ON PRESCRIPTION | |
|---|---|
| YES | 70 |
| NO | 287 |

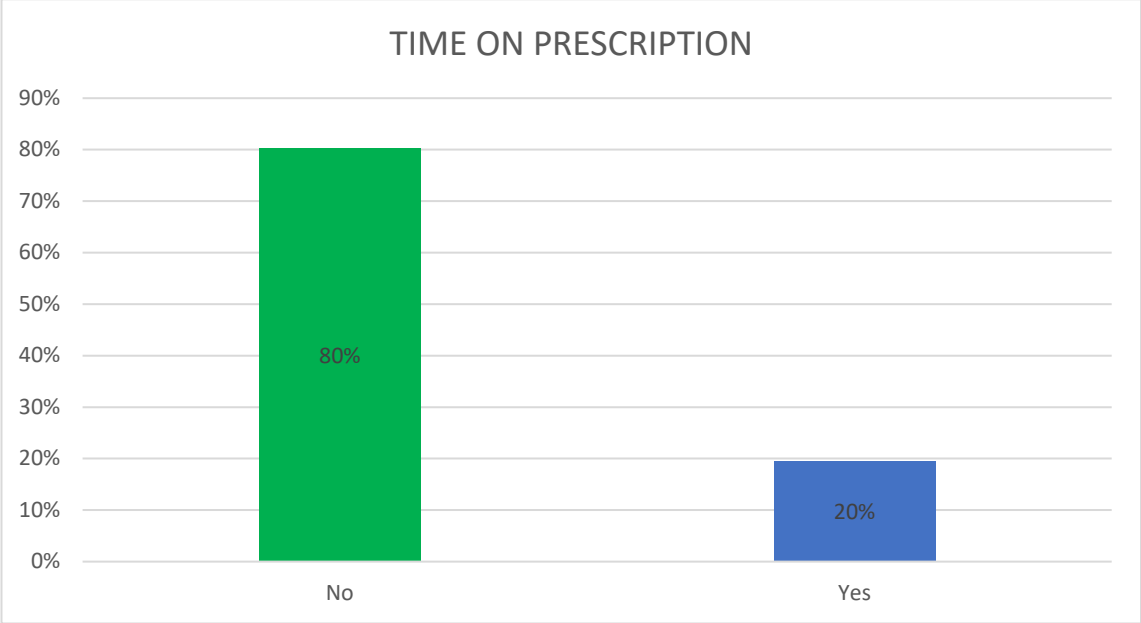


FIG 12 – TIME ON PRESCRIPTION

The above graph talks about time not mentioned in 80% of prescriptions while in 20% of prescriptions time was mentioned which are printed one. This data underscores a significant majority of prescriptions omitting the specific time of administration, highlighting potential variability in the completeness of medication instructions across the sample studied.

## ➢ TABLE 14 - DOCTOR'S SIGNATURE ON PRESCRIPTION

| DOCTOR'S SIGNATURE ON PRESCRIPTION | |
|---|---|
| YES | 339 |
| NO | 18 |

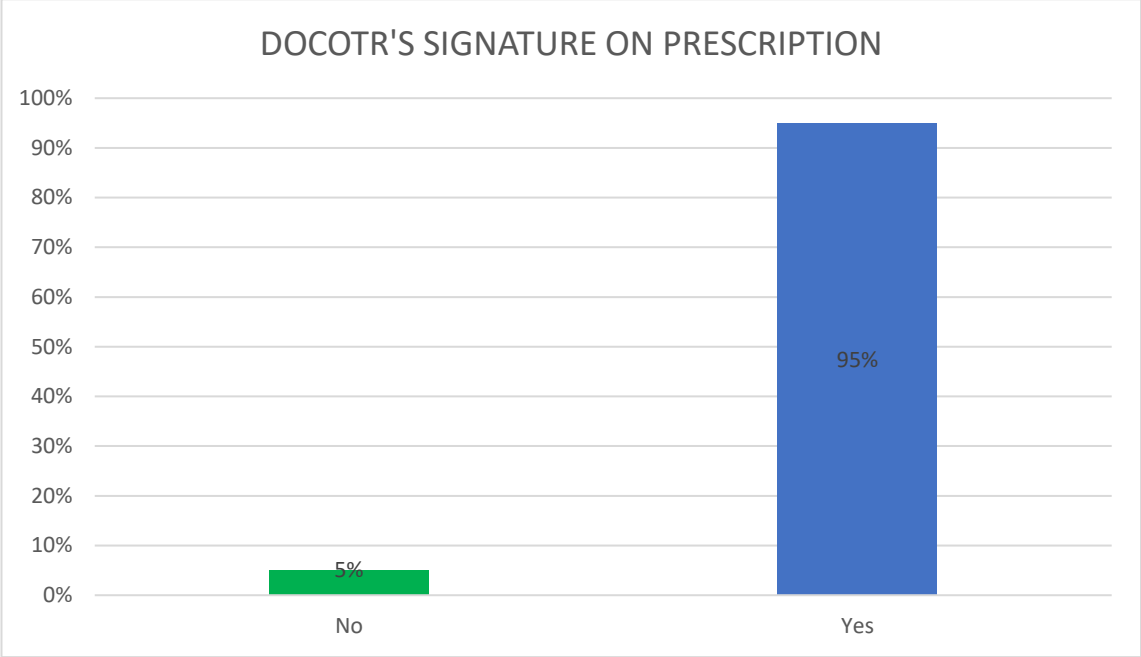


FIG 13 – DOCTOR'S SIGNATURE ON PRESCRIPTION

According to the graph, signatures from doctors were present in 95% of the prescriptions examined, while in 5% of the prescriptions, no signature was found. This data illustrates a high rate of adherence to signing prescriptions by doctors, indicating consistent practice within the sample analysed.

## DISCUSSION

A study analysed a total of 357 prescriptions, categorizing them into handwritten (60%, 214 prescriptions) and printed (40%, 143 prescriptions). Each prescription included essential patient identifiers such as name and gender. Regarding specific details, age was mentioned in 51.82% of the prescriptions, whereas it was absent in 48.18%. Diagnosis was documented in 28.01% of the prescriptions, while it was not mentioned in 71.99%. Allergy information was found in 23.53% of the prescriptions, with the remaining 76.47% lacking such documentation. Drug names were written in capital letters in 49.86% of the prescriptions and in non-capital letters in 50.14%. Dosage details were present in 99.16% of the prescriptions, indicating thoroughness in this aspect. The route of drug administration was specified in 95.52% of the prescriptions, demonstrating a high rate of completeness in this critical information. However, only 75.07% of the prescriptions included the duration of drug use. Readability varied, with 79% being clear, 10% partially legible, and 11% completely illegible. Information such as patient name was mentioned in 65% of the prescriptions, while dates were specified in 95%, and times in 20% (specifically among printed prescriptions). Finally, 95% of the prescriptions were signed by doctors, underscoring a strong adherence to this practice, while 5% lacked a doctor's signature. Overall, the study highlighted both strengths and areas for improvement in prescription documentation practices, emphasizing the importance of completeness and readability in medical records.

## CONCLUSION

A prescription audit constitutes a pivotal component of clinical audits aimed at increasing patient care and outcomes by promoting standardized practices. It serves as a comprehensive evaluation tool that offers valuable insights into prescribing habits, identifying both strengths and areas for improvement within healthcare settings. By systematically reviewing prescriptions, healthcare providers can pinpoint trends, discrepancies, and potential risks associated with medication use, thereby facilitating informed decision-making and fostering safer treatment protocols.

The insights from prescription audits play a pivotal role in healthcare quality improvement initiatives. They enable healthcare teams to implement specific interventions aimed at addressing identified issues, such as medication errors, inappropriate prescribing practices, or gaps in documentation. This proactive approach not only enhances the quality of care delivered to patients but also contributes to overall patient satisfaction by ensuring that treatments align with evidence-based guidelines and patient-specific needs.

Furthermore, the continuous implementation of prescription audits reinforces the importance of rational prescribing practices among clinicians. By regularly assessing prescribing behaviours and outcomes, healthcare institutions can promote awareness, education, and adherence to best practices. This ongoing effort supports clinicians in making well-informed decisions regarding medication selection, dosing, and monitoring, ultimately contributing to improved patient safety and clinical outcomes.

In summary, prescription audits serve as a cornerstone for improving healthcare delivery by fostering a culture of continuous improvement and accountability. By leveraging audit findings to implement targeted interventions and educate healthcare providers, organizations can uphold standards of care, enhance patient outcomes, and ensure optimal patient satisfaction across healthcare settings.

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## ANNEXURE 1

## CHECKLIST

| S.NO | PATIENT NAME | DOCTOR NAME | AGE/SEX | DIAGNOSIS | ALLERGY DOCUMENTATION | NAME OF DRUG IN CAPITAL LETTER | DOSE | ROUTE | DURATION | LEGIBLE | NAMED | DATE | TIME | SIGN |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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