



CHECKLIST OF ACTIVITIES WHEN COMMENCING A POST-PRESCRIPTION REVIEW SERVICE

Design phase

1. Determine which members of the AMS Team will be performing the PPR.
 - If there is only one clinician available who is not a doctor, ensure there is ready access to a doctor with some level of specialist knowledge for review of more complex patients.
 - Set up tele-health if required.
2. Determine how often the rounds will be conducted.
3. Create a roster if necessary.
4. Determine how you will choose the patients to review.
 - Will you rely on other clinicians notifying or referring patients to the AMS team?
 - Will you only review patients on restricted antimicrobials? How will these patients be identified (e.g., obtaining drug order forms from pharmacy, through an electronic approval system, etc.)?
 - Will you review all patients in areas of the hospitals with high use of antimicrobials (e.g., all patients in the intensive care unit)?
5. Identify barriers and enablers.
 - What are the barriers to implementation and how might you overcome or mitigate these?
 - Are there enablers and how could these be harnessed or incorporated into your campaign?
6. Identify and communicate with relevant stakeholders that this service is commencing. This information can be conveyed through a variety of formats, including
 - emails, letters and/or posters;
 - in-person discussion at relevant committee meetings and clinical unit meetings, and individual discussions with key clinicians and nurse ward managers.
7. Update any relevant policy or procedure documents to reflect the new service.
8. Develop any promotional materials such as posters or articles in hospital newsletters. Some AMS teams have created tee-shirts or special badges to be worn during the ward round.
9. Define the goals of the service and determine how you will assess whether these goals have been met.
10. Determine who will require feedback about the progress of the service and what sorts of information they will require. This may impact on how you conduct the service and the types of information that you will collect.
11. Determine a launch date.

Implementation phase

1. During the early stages of your PPR service, it is important to introduce yourself to clinicians on the ward so that they are aware of who you are and why you are reviewing their patients
2. Ensure recommendations are clearly documented in the patient's medical record.

3. If the advice is significant or urgent, ensure it is verbally communicated to the treating medical doctor. You may also wish to communicate it with the nurse caring for the patient.
4. Collect workload and intervention statistics as you go, including on the number of patients reviewed and the interventions made.

Evaluation

1. It is important to conduct evaluations at regular intervals. You may wish to do these more frequently in the early stages whilst the program is still being established.
2. Evaluate:
 - a) workload statistics, including the number of reviews conducted, the number of ward rounds conducted and possibly even the amount of time required to conduct the reviews;
 - b) clinical statistics, including the medical units or wards that the patients belonged to, the antimicrobials reviewed, and the types of advice provided; and
 - c) acceptance of recommendations within 24hours, and, if the recommendation was not accepted, whether there was any documentation as to why that was the case. Note that this follow-up may be labour intensive and thus may not be feasible for every patient reviewed. You may wish to conduct this type of follow-up every few weeks, every month, etc.
3. Determine the extent to which you were able to reach your target audience. For example, if you intended to review all patients on a restricted antimicrobial, determine what proportion of those patients actually received a review (this may involve conducting a small audit to determine a denominator).
4. Articulate what barriers you encountered and determine how these can be overcome or mitigated in the future.
5. Articulate if there were any enablers and how these may be harnessed to improve your program.
6. Determine the quality and consistency of the recommendations provided. If possible, have an independent person review a range of recommendations made. This may be particularly important if there are many different clinicians involved in conducting PPR, which may be accompanied by systematic differences in the types of recommendations made.
7. Determine whether hospital staff are satisfied with the service. For example, you may wish to ask for feedback from nurses and doctors about how they have found the service and whether they have any suggestions for improvements.