

Data sheet – cycle 1

Treatment planning for patients prescribed medicinal cannabis

Patient prescribed a medicinal cannabis product	A	B	C	D	E	F
	Indication and treatment objectives documented	Specific dosing instructions provided on prescription	Timeframe for review agreed and follow-up undertaken (or scheduled)	Discontinuation plan documented	Tick in all four columns? Yes/No	If no, flagged for review
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Audit outcome: Patients with “YES” in column E divided by the total number of patients audited:

Please retain this sheet for your records to provide evidence of participation in this audit.

Data sheet – cycle 2

Treatment planning for patients prescribed medicinal cannabis

Patient prescribed a medicinal cannabis product	A	B	C	D	E	F
	Indication and treatment objectives documented	Specific dosing instructions provided on prescription	Timeframe for review agreed and follow-up undertaken (or scheduled)	Discontinuation plan documented	Tick in all four columns? Yes/No	If no, flagged for review
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Audit outcome: Patients with “YES” in column E divided by the total number of patients audited:

Please retain this sheet for your records to provide evidence of participation in this audit.



SUMMARY SHEET

Audit of medical practice (CQI activity)

Topic:

Treatment planning for patients prescribed medicinal cannabis

Date:

Activity designed by (name of organisation, if relevant):

Bpac^{nz}

Doctor's name:

Results discussed with peer group or colleagues?

Yes

No

Date:

FIRST CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working. When will you undertake a second cycle?

SECOND CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working.

COMMENTS: