

An Evaluation of the Pharmacy Resource Guide (PRG) for Hospital Pharmacy Staff

Binita Bhakta— Trent Regional Medicines Information Centre, Leicester. Email: binita.bhakta@uhl-tr.nhs.uk

Introduction

Medicines Information (MI) facilitates access to UKMi approved resources for pharmacy staff at UHL. Previously, all passwords were shared on a spread sheet, in one long list. It was noted that this list did not include all of the resources mentioned in the Essential Resource List published by the UKMi Clinical Governance Working Group. In addition to this, taking account of user feedback, the resources were reformatted into therapeutic categories, made interactive using hyperlinks, renamed and re-launched in October 2017. Here are some screenshots, before and after the changes were made:

Before (The Pharmacy Password list):

Resource type	Hyperlink
Core resources	
Medicines Complete	www.medicinescomplete.com
BNF, BNFC, Stockkeys, Handbook on Injectable Drugs (Trissel), Handbook of drugs via enteral feeding tubes	
Micromedex	http://www.micromedexsolutions.com/
Micromedex App	Download via Google Play Store or iTunes
Injectable Medicines Guide	www.medusa.wales.nhs.uk
Injectable Medicines Guide	www.medusa.wales.nhs.uk
Administration	
Handbook of administration via enteral feeding tubes	www.medicinescomplete.com
NEWT	www.newtguidelines.com
UKCPA Drug dosing in extremes of bodyweight (Sept)	http://www.ukcpa.net/wp-
UKCPA The Handbook of Peri-operative Medicines	
Adverse Drug reactions	
Yellow Card Reports	http://www.mhra.gov.uk/drug-analysis-prints/drug-analysis-prints-a-z/index.htm
Interactive Drug Analysis Prints	https://yellowcard.mhra.gov.uk/idap
Drugs causing QT prolongation	https://www.crediblemeds.org/
European Porphyria Initiative	http://www.porphyrria-europe.com/
G6PD	http://www.g6pd.org/
Breastfeeding	
UKMi Drugs in Lactation Database (UKDILAS)	www.sps.nhs.uk
Drug & Lactation Database (LactMed)	https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm
Breastfeeding Network	http://www.breastfeedingnetwork.org.uk/
Evidence Based Medicine, National Guidelines	
Specialist Pharmacy Services	www.sps.nhs.uk
NHS Evidence search	www.evidence.nhs.uk

After (The Pharmacy Resource Guide (PRG)):

Click Tab Title To Jump To That Page	Back to contents page	Adverse Drug reactions
1 Core and General Resources	Back to contents page	
2 Administration	Back to contents page	www.medicinescomplete.com
3 Adverse Drug reactions		http://www.medicines.org.uk/emc/ http://www.mhra.gov.uk/spc-pil/
4 Antimicrobials	Lactation Database www.sps.nhs.uk https://toxnet.nlm.nih.gov/newtoxnet/lactmed	http://www.micromedexsolutions.com/home/dispatch
5 Availability	Back to contents page	
6 Breast Feeding	Back to contents page	lowcard.mhra.gov.uk/idap
7 Compatibility	Back to contents page	
8 Complementary Medicines	Swallowing Difficulties	
9 Dental	Handbook of Drug Administration via Enteral Feeding Tubes	www.medicinescomplete.com
10 Drug Interactions	NEWT guidelines	www.newtguidelines.com
11 Drugs in Porphyria	Rosemont Pharmaceutical (Liquid medicine manufacturer)	www.rosemontpharma.com
12 End of Life Care	Tasting Database	http://www.nottstpc.nhs.uk/formulary/misuse/Tasting%20notes%20for%20medicines.xls
13 Endocrinology		http://www.nhs.uk/ncch/000528.htm
14 Extravasation	Parkinson's Disease	See Parkinson's Disease tab
15 Identification		
16 Immunisations	Cytotoxic Medications	http://www.eyedrugregistry.com/
17 Liver	Oral Systemic Anti-Cancer Therapies (SACT) Counselling Handbook for Pharmacy and Nursing staff	http://www.londoncanceralliance.nhs.uk/media/122917/lca-oral-sact-counselling
18 Medicines in Surgery		www.crediblemeds.org/
19 New Products	IV Administration	
20 Ophthalmology	Medusa	www.injguide.nhs.uk
21 Overdose/Poisoning		http://www.micromedexsolutions.com/home/dispatch
22 Parkinson's Disease	Handbook of Injectable Drugs (Trissel)	
23 Paediatrics		
24 Pharmaceutical	Inhaled Administration	
25 Pharmacokinetics	RightBreathe	www.rightbreathe.com
26 Pregnancy and Contraception	Ocular Administration	See Ophthalmology tab
27 Psychiatry		
28 Renal	Extremes of Bodyweight	
29 Substance Misuse	UKCPA Drug Dosing in Extremes of Body Weight	http://www.ukcpa.net/wp-content/uploads/group-
30 Travel Medicine		https://www.sps.nhs.uk/articles/what-doses-of-thromboprophylaxis-are-appropriate-for-adult-patients-at-extremes-of-body-weight/
31 Wound Care and Dermatology	What doses of thromboprophylaxis are appropriate for adult patients at extremes of body weight?	
	Guidance for Antibiotic Dosing in Obese Adults	http://onlinelibrary.wiley.com/doi/10.1002/phar.2023/full

Aims

This research was aimed to compare data, year on year, to see if pharmacy staff felt more empowered at ward level and could easily find resources available for a certain therapeutic area. In addition, has this led to an impact upon MI workload from hospital pharmacy staff?

Method

Survey Monkey® was used to collect data from pharmacy staff on the service that MI provides. Within this, there is a question asking 'what is/are your main reason(s) for accessing the PRG?' Data collected from spring 2017, was compared with spring 2018. Enquiry numbers, and levels, were also analysed from MI Databank® (MID) from October 2016 - July 2017 compared with October 2017 - July 2018.

Figure 1. Enquiry Levels Categorised on MID

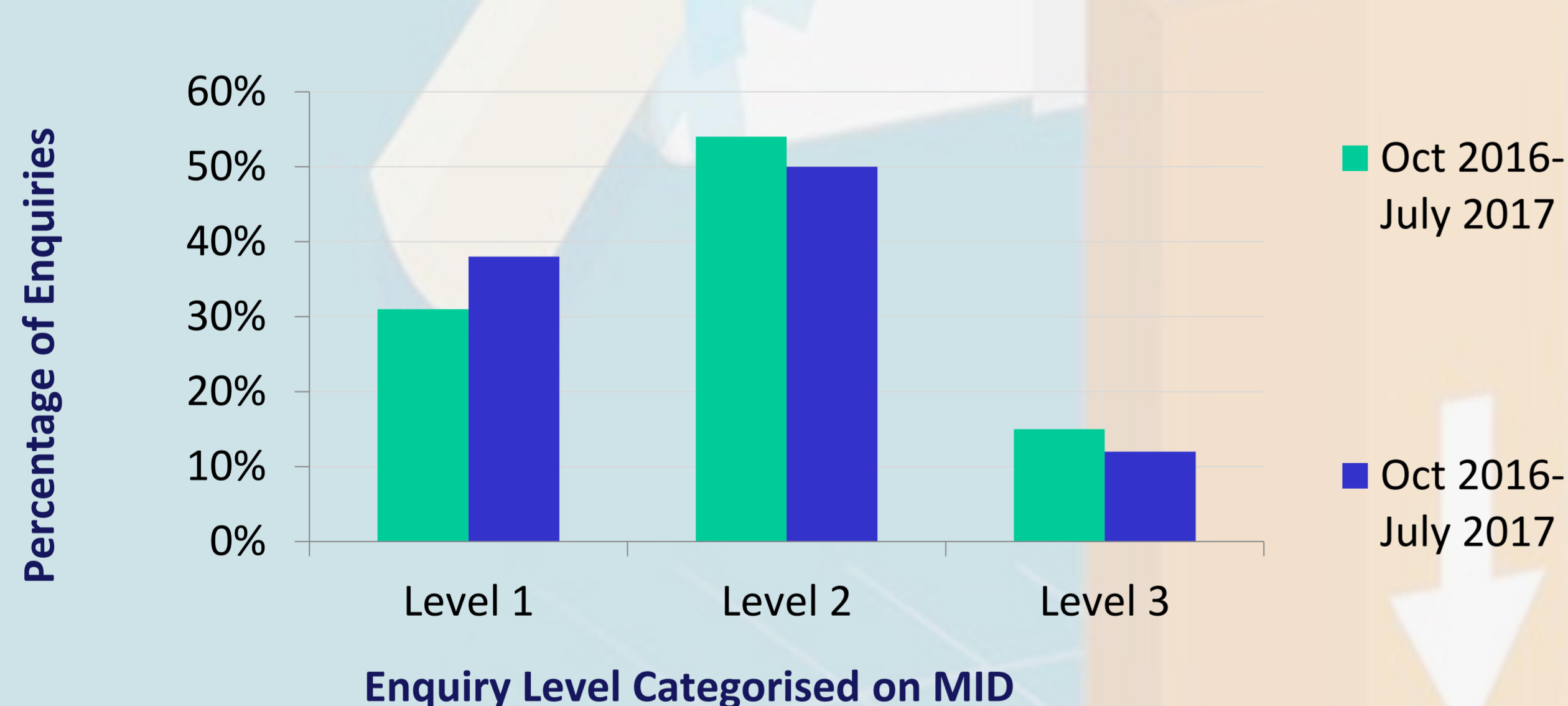
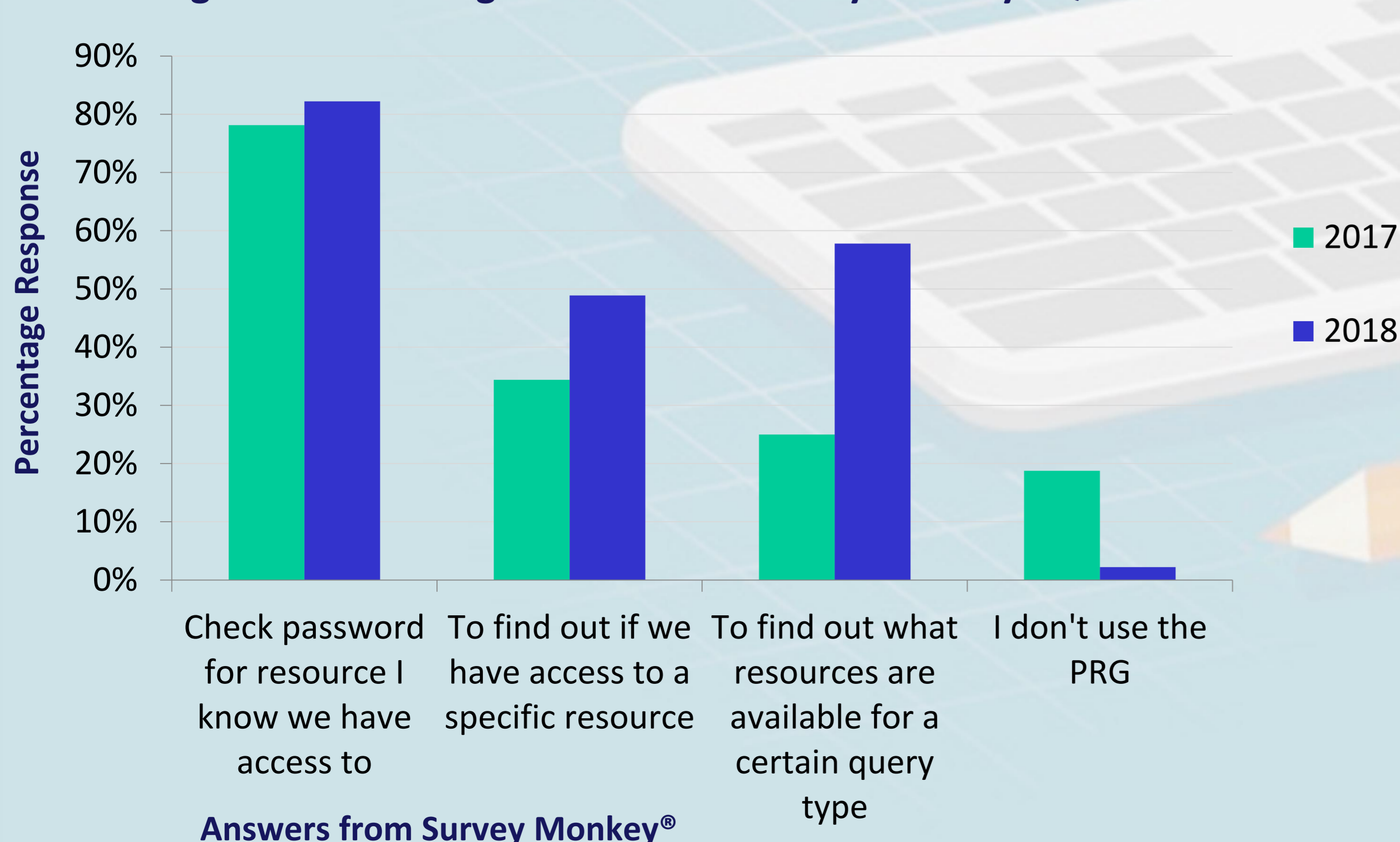


Figure 2. Percentage results from Survey Monkey® Questionnaire



Results

There were a total of 333 enquiries from October 16-July 17 and 290 for the same time period the following year from hospital pharmacy staff. Figure 1 shows the breakdown of each enquiry level. Figure 2 shows the results of the Survey Monkey® questionnaire, as a percentage.

Discussion

The launch of the new PRG is a success, with an increase of 33% of pharmacy staff using it to find out resources available depending on therapeutic area. MI now provides an improved resource tool for the pharmacy team, better supporting them to deliver effective patient care. Through the launch of the PRG, a lot of time was invested into its promotion and development, and this is reflected in an increased response rate to the survey, and a reduction to only 2% of staff not using the PRG in 2018.

It was also expected that the PRG would lead to a reduction in enquiry numbers. In the same time period from 2016/2017 to 2017/2018, MI received 13% less enquiries from pharmacy staff, with an unexpected increase in level 1 enquiries. Promoting the MI department to the whole pharmacy team via advertising the PRG, may have led to this increase. There was also a slight dip in level 2 and 3 enquiries, which may be due to the success of the PRG.

Limitations

- Unable to easily analyse which type of pharmacy staff are calling
- No data collected for number of MI type enquiries being answered at ward level by Pharmacy staff before and after the launch of the PRG.

Recommendations

- Primary focus should start to shift away from UKMi KPIs, such as enquiry numbers. The proactive work that MI teams are involved with should also be considered.

Conclusion

The PRG has proven to be a success in empowering pharmacy staff with the resources they need to answer enquiries themselves at ward level in a safe and timely manner. This demonstrates the importance of proactive work being a vital part of an MI service.

Acknowledgements

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References

1. SurveyMonkey Inc. San Mateo, California, USA www.surveymonkey.com (Last accessed 13 July, 2018)
2. Coacs. MIDatabank: Coacs; 2018