

Can Medicines Information improve the efficiency of the Pharmacy On-Call Service?

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Introduction

The pharmacy department at Aintree University Hospital (AUH) provides an on-call service outside of its normal opening hours. On-call pharmacists currently document on-call enquiries on a Microsoft Access database. Unfortunately, this database is not easily searchable and lacks any option to filter entries using keywords. In addition, details recorded are variable, often lacking an answer and not stating which source(s) of information were used; therefore, the on-call database is not a useful source of information for pharmacists. MiDatabank (MiD) is designed to record, manage and store enquiries; it has been shown to improve efficiency in enquiry answering. Although on-call pharmacists could directly record enquiries on MiD, it is unlikely to be a viable option. It would create extra work to enter information into a database which requires a higher level of documentation. However, another option could be that MI pharmacists regularly check the on-call database for enquiries appropriate for recording on MiD.

Aims and Objectives

The aim of this audit is to determine whether it is feasible for the MI service to regularly analyse on-call enquiries.

Objectives of this service evaluation are:

- To identify the number of suitable on-call enquiries to be retrospectively entered onto MiD, and determine the time taken to do this initial review
- To identify trends in the types of enquiry received and frequently asked questions, to assist in the education of on-call pharmacists

Method

On-call database entries from 1st January 2017 to 31st December 2017 were analysed. The optimal sources of information which could be used to answer enquiries were considered, to help to determine whether it would be beneficial to add the enquiry to MiD. A complexity level was assigned to each enquiry using MI criteria⁽¹⁾. Suitable enquiries for inclusion on MiD were then allocated an MI core category, and frequently asked questions related to particular drug classes were identified.

Results

There were 1157 entries on the on-call database from this 12 month period and 95 level 2/3 MI enquiries were identified (approximately 8 per month). It took approximately one minute to review each entry.

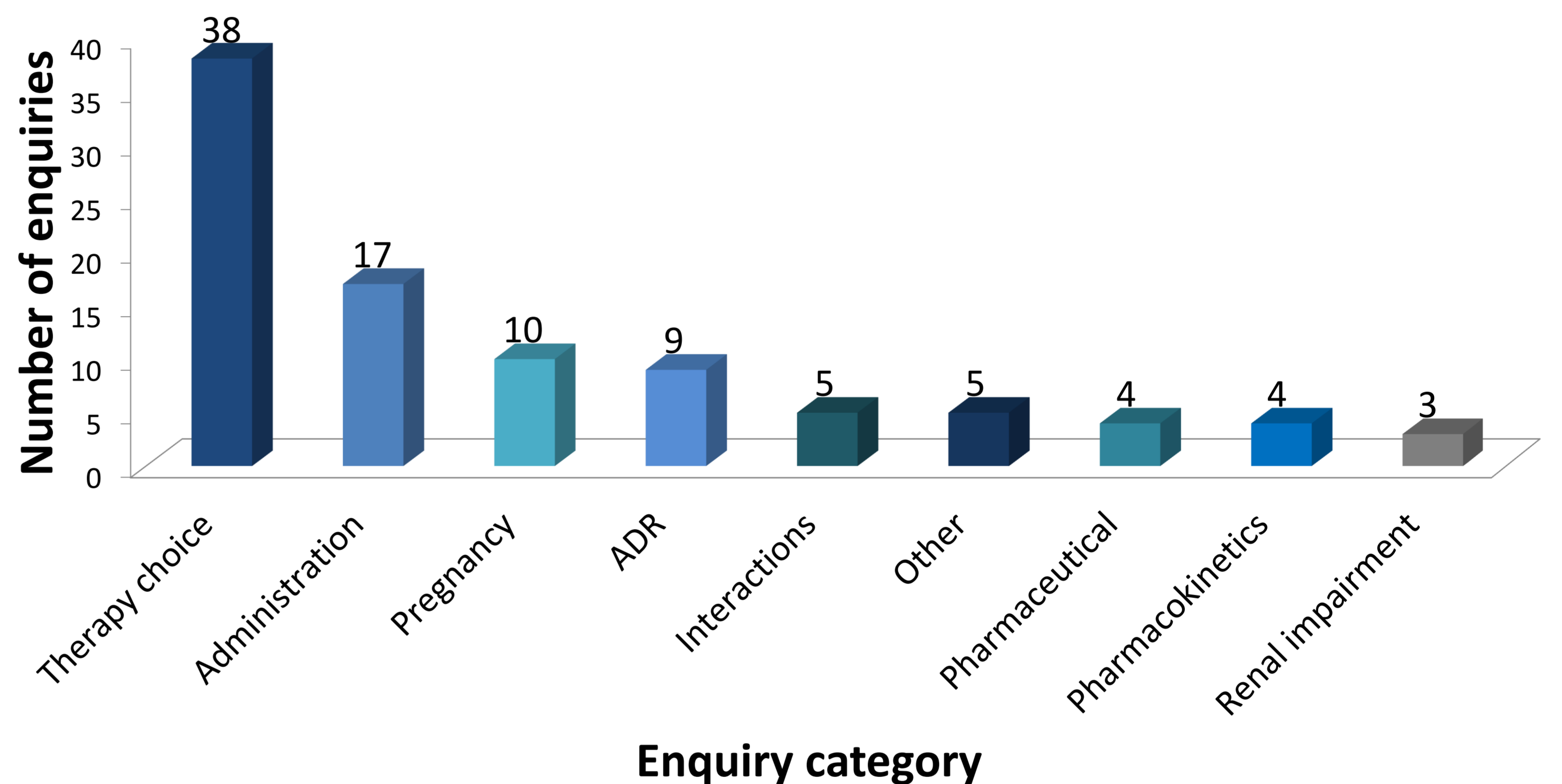
Table 1: Summary of the types of enquiry identified during analysis

Type of enquiry	Number
Level 1 MI enquiries	509
Level 2 & 3 MI enquiries	95
Other on call enquiries*	501
Unclearly documented**	52
Total number of enquiries	1157

*Enquiries related to hospital procedures, therapeutic drug monitoring (TDM), electronic prescribing issues or poisoning enquiries, i.e. not related to MI

**Enquiries written unclearly which could not be analysed

Level 2/3 on call enquiries suitable to be recorded onto MiD



Frequently asked questions



How do you convert Parkinson's medicines to a rotigotine patch?

How do you convert oral antiepileptic drugs to IV?

Which LMWH do we use in renal impairment and how to dose?

Conclusion

This service evaluation has shown that it would be feasible for MI staff to review the on-call database on a daily or weekly basis as this is a fairly quick process. The time taken to enter level 2/3 enquiries onto MiD and research them thoroughly will vary, depending on the nature of the enquiry (it was beyond the scope of this review to determine this). Further analysis of enquiry types and identifying frequently asked questions can be used to inform the topics of education sessions for pharmacists.

Recording these enquiries onto MiD will ensure that clear, concise, evidence-based answers are documented. Pharmacists will be able to search for past enquiries, potentially saving them time when answering on-call enquiries. This process will also improve governance within the on-call service, by checking that enquirers were provided with appropriate answers. This will facilitate quality improvement in enquiry answering and reduce potential errors. Whilst all of the above will increase MI's workload, the benefits of having fully documented, easily searchable enquiries will improve the efficiency of the on-call service, justifying the time taken to do this.

Recommendations

MI pharmacists should regularly review the on-call database

- To identify complex level 2/3 enquiries for entry onto MiD
- To keep a record of FAQs

MI pharmacists should inform education sessions with:

- Examples of FAQs whilst on-call
- Examples where answers provided on the on-call database differed from those found by MI
- Advice on useful resources for different types of enquiries

On-call pharmacists should be encouraged to:

- Document enquiries more clearly on the on-call database
- Report difficult and complex on-call enquiries to MI the following day

In practice

Since April 2018, we have started to review the on-call database on a regular basis. So far we have reviewed 695 entries on the database and identified 32 more complex level 2/3 enquiries which would be suitable for MiD. 18 of these enquiries were already recorded on MiD and the remaining 14 enquiries have now been added.

Regular review of on call enquiries has also recently resulted in the development of trust guidelines for isoprenaline administration.

References

1. UKMi. (2010). *Guidance notes for ranking enquiries*. Available: <https://www.sps.nhs.uk/articles/ukmi-enquiry-answering/>. Last accessed 7th March 2018.