

# Categorising Medicines Information enquiries to demonstrate intervention and patient safety

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## 1. Introduction:

The Medicines Information (MI) department at the Royal Cornwall Hospitals NHS Trust (RCHT) provides medicines related enquiry services as well as a patient helpline. We provide this service to our own trust as well as to Cornwall Partnership Foundation Trust (CPFT), hospices and members of the public (patient helpline).

We answer an average of 150 enquires per month. All of these enquiries are categorised according to complexity into 3 levels which are recorded using the national computer system, MiDatabank.

**Level 1:** Data. Information only, from one or two sources

**Level 2:** Searches. Multiple database and / or textbook searches. Little or no interpretation.

**Level 3:** Searches: Specialist knowledge, interpretation, analysis and evaluation of data. Advice given. Mostly written answers



## 2. Objectives:

To review and improve the way we categorise enquiries to demonstrate how the Medicines Information department is providing patient care, improving patient safety and is contributing to medicines optimisation.

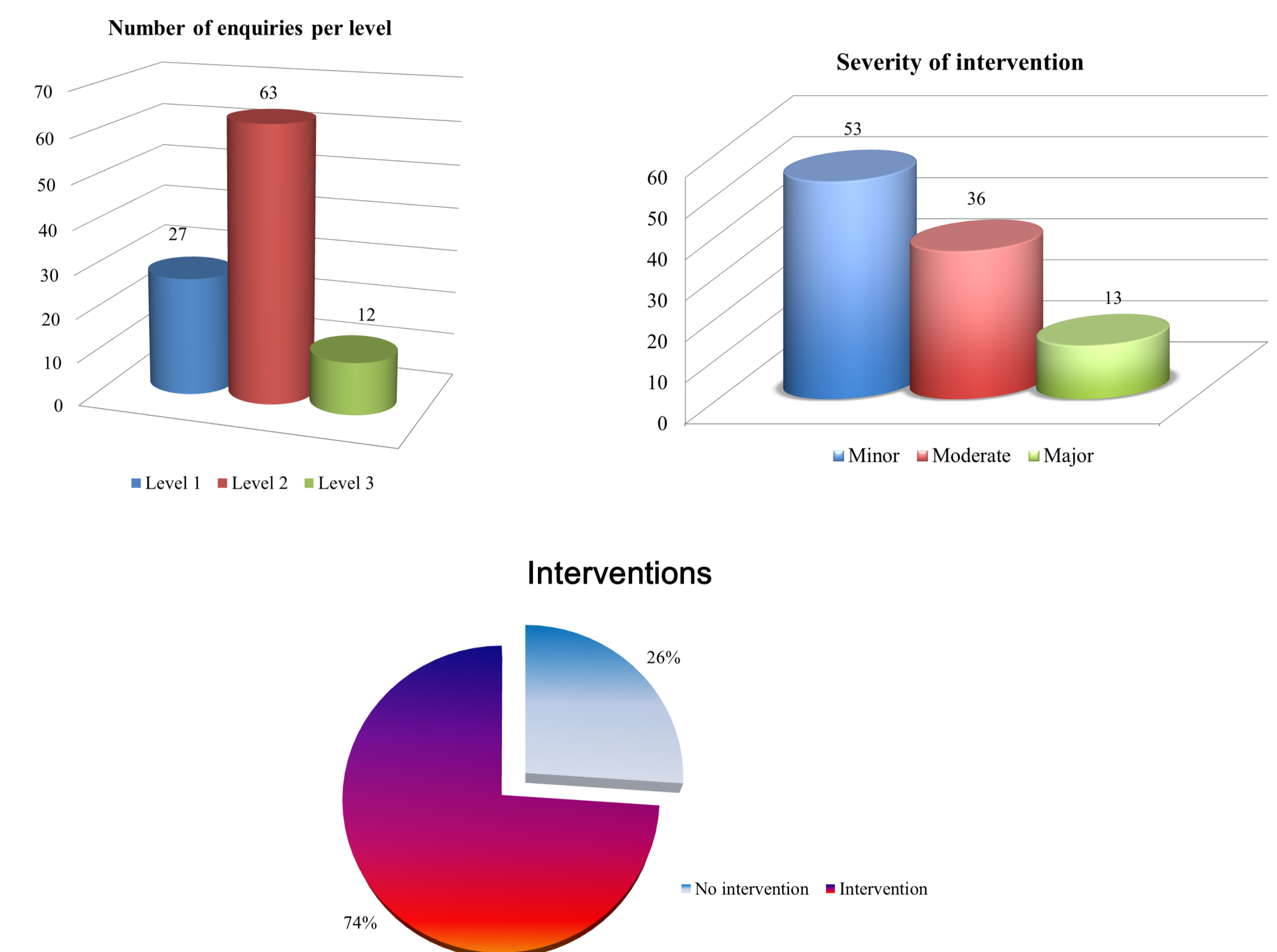


## Actions:

- Created guidance on how to categorise enquiries, according to the seriousness of the intervention and the contribution to patient centred care.
- Trained all staff in MI on how to categorise enquiries using the new guidelines
- Reviewed the last one month's enquiries using the intervention guidelines to audit where interventions had been made; and then recorded and analysed this data.

## 4. Results:

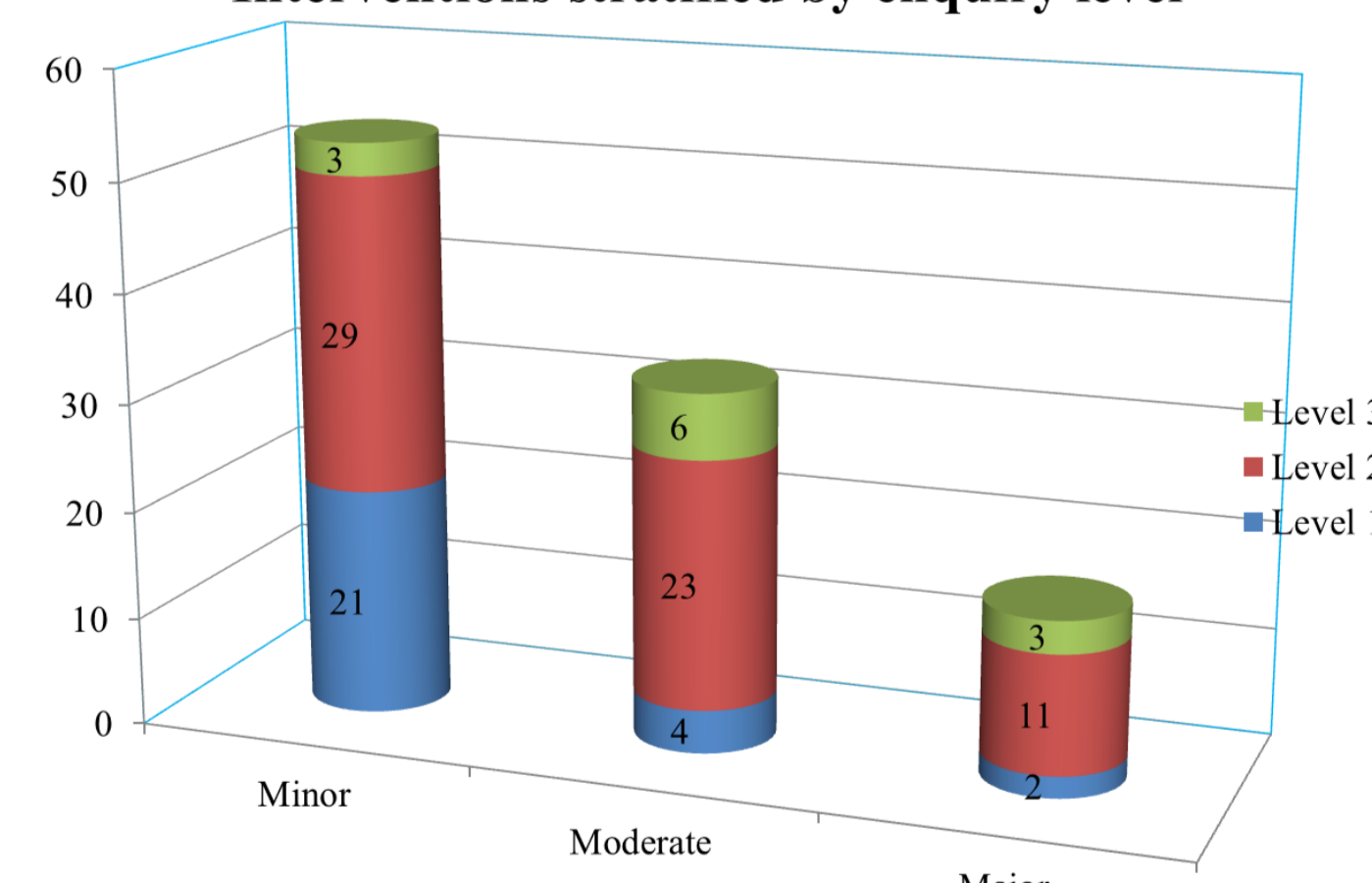
In the month of February we completed 138 enquiries



These figures show that out of 138 enquires completed in the month of February, the Medicines Information department had a 74% (n=102) intervention rate in relation to medicines optimisation and patient safety.



Interventions stratified by enquiry level



## Discussion:

Results indicate that the majority of interventions (52%) were minor, and that most interventions occurred within level 2 enquires (61%).

It became apparent from completing the pilot audit that discussion was needed with the MI team to ensure standardisation of the intervention categories. Data from the next 3 months will be collated, discussed at our MI meetings and guidance updated accordingly, when a consensus has been agreed.

There were 36 enquiries where no intervention was made. These enquiries included where we had looked into fridge stability data, an answer to the enquiry was no longer needed, or it was not clear from the enquiry answer if an intervention had been made.

## References:

- UKMi and Medicines Optimisation in England A Consultation September 2012
- [http://www.ukmi.nhs.uk/filestore/ukmiu/ukmi\\_meds\\_opt\\_consultation\\_final\\_11sept12.pdf](http://www.ukmi.nhs.uk/filestore/ukmiu/ukmi_meds_opt_consultation_final_11sept12.pdf)
- Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Lord Carter of Coles, Feb 2016)
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)
- Documenting Enquiries using MiDatabank SOPA14
- Recording Pharmacist Interventions and communicating Clinical Issues in JAC EPMA
- Nice Guideline. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

## Conclusion:

The results indicate that the service MI provides is contributing to medicines optimisation and patient centred care. The results for level of complexity and level of intervention do not necessarily correlate; therefore, by recording both the complexity of enquires and the rate of intervention, the impact of the MI service on patient safety and contribution to medicines optimisation will be demonstrated.