Incident Reporting in Medicines Information Scheme (IRMIS)

Q2: April to June 2024

Reports	
Total number of enquiry incidents since January 2005: 1078 (rolling total for 2024: **21**)	**Total number of publication incidents since April 2013: 20** (rolling total for 2024: **3**)
Enquiries	**Publications/Pro-active work**
Number for this period: 8	Number for this period: 0
Number of errors: 7	Number of errors: 0
Number of near misses: 1	Number of near misses: 0
Number related to data: 3	Number related to data: 0
Number related to advice: 5	Number related to advice: 0
Number where description 'not known': 0	Number where description 'not known': 0

Report Summary

Top 3 recommendations from QRMG for this quarter:

- Be careful with sound alike medicines such as escitalopram and ezetimibe, betamethasone and beclomethasone when researching. Consider tall man lettering when documenting the question and cross checking the answer with the question before giving it out.
- Use one enquiry entry per patient to avoid errors from multiple questions for multiple patients in one entry.
- Avoid providing answers to question that require research whilst the caller is on hold.

Most incidents reported this quarter were errors, i.e., the incorrect answer had been given out and the incident picked up later. The potential impact on patient safety was deemed either negligible or minor in all cases. The most common causes were interruptions and high workload.

The enquiry types most frequently associated with incidents were administration/dosage and interactions.

- Chart 1 shows a quarterly comparison of potential risks to the patient due to errors or near misses.
- Data relating to identified causes and enquiry types for incidents is in charts 2 and 3.
- Table 1 (a-c) summarises the incidents reported and provides suggested actions and/or reminders from the QRMG to aid mitigation of risks at each stage of the enquiry answering process.

There were no publication errors reported this quarter.

Contact

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You can submit IRMIS reports via NHS networked devices at https://irmis.wales.nhs.uk/Login.aspx.

Chart 1: Quarterly comparison of potential risk to patients through reported errors or near misses in medicines information (MI) services.

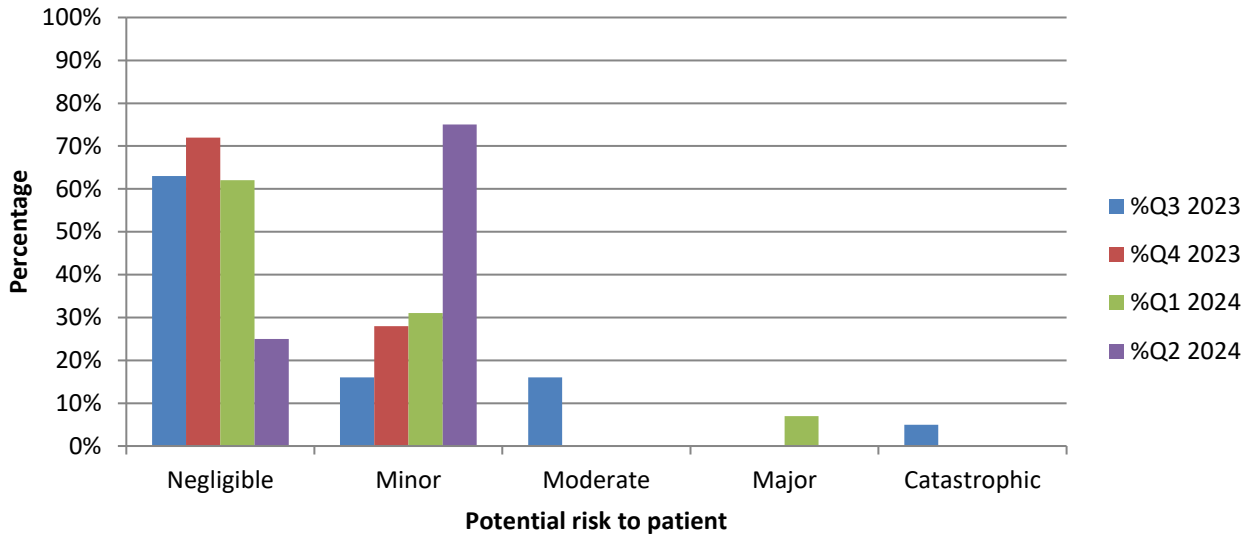


Chart 2: Percentage reported common causes of MI incidents for Q2 2024*

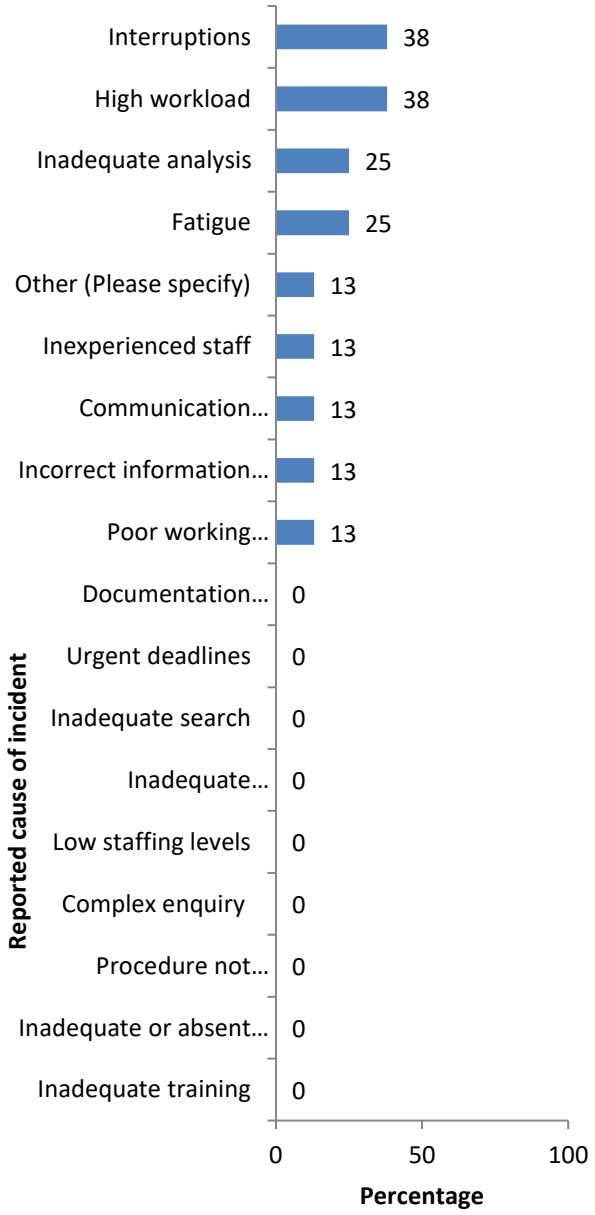
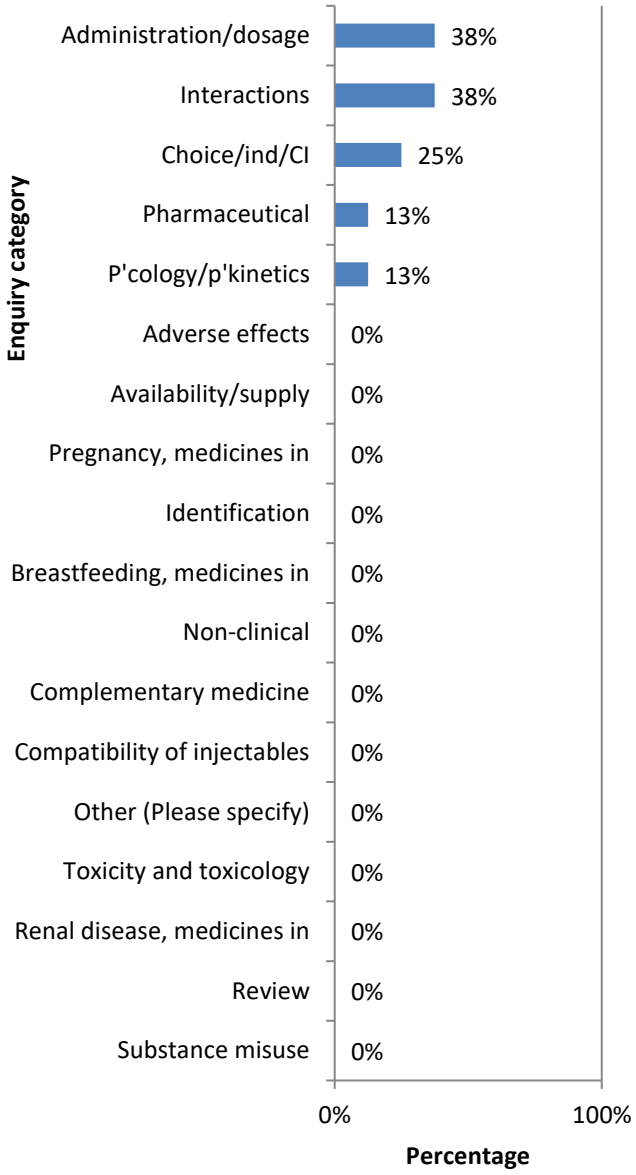


Chart 3: Percentage reported types of enquiry involved in MI incidents for Q2 2024*



*Reflects multiple causes/enquiry categories per incident

Table 1: QRMG Recommendations

(a) Enquiry answering process – receiving the enquiry

Incident summary	QRMG recommendations
Incident 1337 occurred when one enquiry entry was used for interaction enquiries relating to multiple patients. It was not clear from the emailed enquiry that the three interactions referred to three different patients. The enquiry was researched by a TP and checked by a pharmacist with the assumption all medicines were being taken by one patient.	• Obtain further relevant background information to get clarity in the question being asked. • Consider calling the enquirer to get further information rather than emailing. • When taking questions in, repeat the question before you hang up to ensure you have it documented correctly. • Log enquiries in your enquiry recording database so that one enquiry relates to one patient. • Ensure enquiries are always documented to allow a third party to complete the enquiry. • No matter how simple the enquiry may seem, if it involves any research, suggest to the enquirer that you will look into their question and call them back with an answer. • Avoid errors from unnecessary workload pressures by taking time to research your answer.
Incident 1340 resulted when a discharge query from a patient was researched and responded to whilst the patient was on hold. The patient was advised incorrectly to take aspirin for 3 weeks and then clopidogrel for 3 weeks. The patient should have been advised to take both for 3 weeks the clopidogrel alone as stated in an updated discharge letter. The patient spotted the mistake when they got the updated discharge letter.	
Incident 1342 was taken in and documented as crushing cincalcet tablets. The enquirer had requested advice on halving cincalcet tablets. The research and answer were completed with crushing in mind.	

(b) Enquiry answering process - researching

Incident summary	QRMG recommendations
Incident 1336 resulted when information received from a manufacturer was incomplete. The enquiry required manufacturers information on gabapentin oral solution excipients for a patient with multiple allergies. The initial call back confirmed the product suitable for use, but a follow up	• Always escalate errors in Industry information to the manufacturer. • Try to wait for the manufacturer's written response where there is no clinical urgency.

email the next day stated not suitable based on further information.	• Consider checking the source of excipients with the manufacturer where patients have severe allergies. • Be careful with medicines that sound alike. Consider using tall man lettering to distinguish. • Be familiar with commonly confused medicine names. • Ask for product details such as strength and formulation to distinguish between similar sounding products. • When researching, consider copying and pasting the question at the start of each resource entry in MiDatabank (where used) to reduce the risk of changing the medicine during research.
Incident 1339 involved similar sounding medicines. The question referred to betamethasone nasal drops and the research was carried out for beclomethasone (available as a nasal spray). Incident 1341 also involved similar sounding medicine names. The question asked about an interaction with escitalopram but the medicines was changed to ezetimibe during the research.	

(c) Enquiry answering process – giving the answer

Incident summary	QRMG recommendations
The answer in incident 1338 mistakenly quoted that enzalutamide was an inhibitor of CYP3A4 when it was an inducer. The written answer was sent without a second check and the staff member was dealing with a lot of workload pressures.	• During times of high workload pressure, be more careful since errors are more likely. • Take a break before responding to an enquiry to re-read your question, research and answer. • Ideally, ask a colleague to re-read your research and answer with a fresh mind.

Incident 1343 resulted due to the answer not addressing the original question asked: can immediate-release carbamazepine be crushed. The answer included information on alternatives due to the shortages of liquid formulations.	• Before sending your answer out, check that you have answered the original question asked. • Use subheadings in your answer to aid readability and consider stating the question and answer first.

Publication incidents and recommendations

No reported publication incidents.