“I’ve got this patient…”: examining ad-hoc clinical pharmacist queries in medicines information

Thomas Morley, Lead Medicines Information Pharmacist, University Hospitals of Derby and Burton NHS Foundation Trust

UKMi NHS UK Medicines Information
23rd-24th January 2025
Cardiff

Introduction

There is much overlap between medicines information and well-informed clinical pharmacy: each feeds the other and, by definition, a "level 3" query requires specialist (often clinical) interpretation and application by the MI provider. A large proportion of queries asked of the local MI service (one "lead" pharmacist +/- pre-registration trainee based in a corner of an open plan office) are in person, on the spot, from other pharmacists for pragmatic there-and-then advice often regarding acute management of specific inpatients - unusual relative to some other MI centres. These typically include discussion of patient factors (level 3 query) and either own-knowledge response or signposting to specific information resources, usually <10min. Due to their brief nature and risk of misapplication to future cases, they are recorded outside of MIDatabank; those becoming more lengthy or generalisable are transferred onto it. This review aimed to understand the types of ad-hoc query typically seen, impact of this contribution and views of users (other clinical pharmacists).

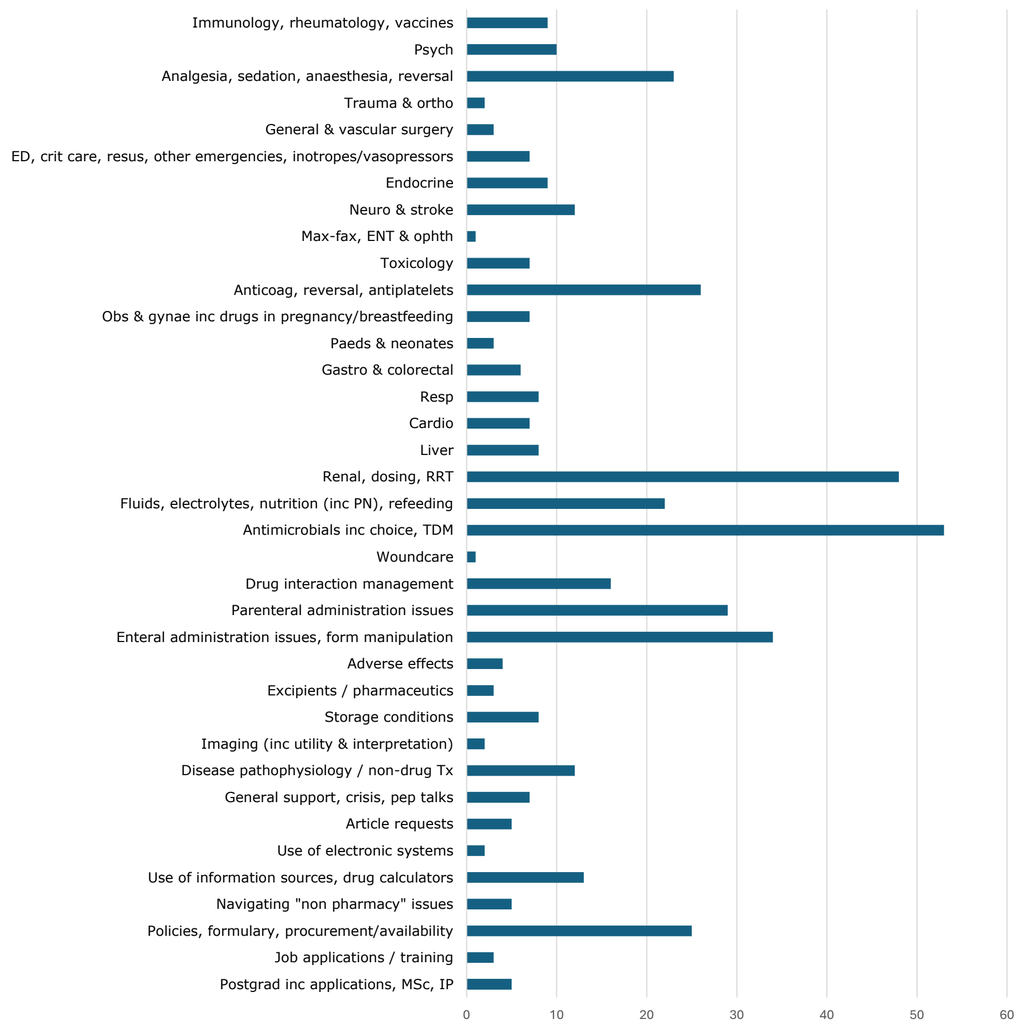
Method

Records were reviewed from August 2023 (beginning of specific records for this class of query) to September 2024. Different categories were identified and numbers noted for descriptive data comparison. Notable examples were recorded. A survey was also conducted of all clinical pharmacists at the MI centre hospital site to seek their perspectives, using SurveyMonkey as a convenient and anonymous interface, with descriptive statistics prepared of rating scales and word cloud schematics of freetext commentary (made with freewordcloudgenerator.com, excluding "pharmacist", "pharmacists" and "MI") to aid representation of themes.

Results

Total n ad-hoc queries 08/2023 – 09/2024: 445

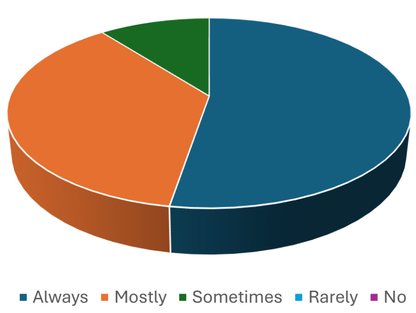
Query type (main focus):



Survey: 19 respondents

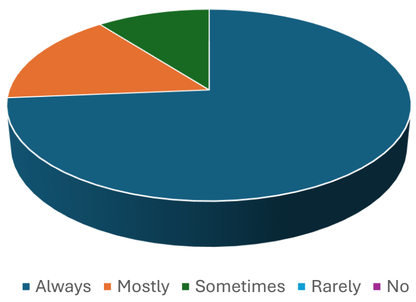
Do you find the MI pharmacist accessible for on-the-spot queries?

- Our MI pharmacist also has significant clinical & operational duties so is not always in MI for on-the-spot queries.
- Replies promptly to emails - almost always the same day and always happy to answer queries in person or via MS teams or phonecall.
- Except for when he is on annual leave, which leaves a noticeable gap.



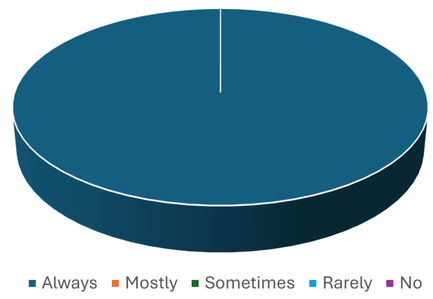
Do you find the MI pharmacist approachable for on-the-spot queries?

Example comments:
- Occasionally, due to the workload put on them, they get stressed and this sometimes makes it difficult to approach them or makes you wary of approaching.
- Very approachable to all grades of staff.
*- I always feel I can ask ** questions and find him helpful.*



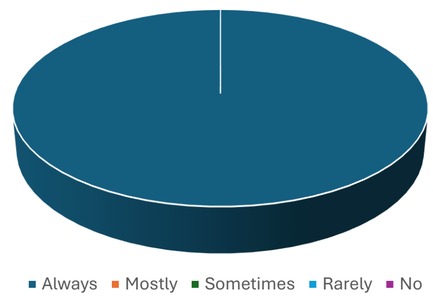
Do you have confidence in their answers for on-the-spot queries?

Example comments:
- Highly knowledegable [sic] *MI pharmacist, his opinion is very much valued, he will signpost to other resources to help staff solve queries as well as giving his view.*
*- I feel extremely confident in *** answers as he takes the time to explain why he has given his answer, which also helps my own learning.*



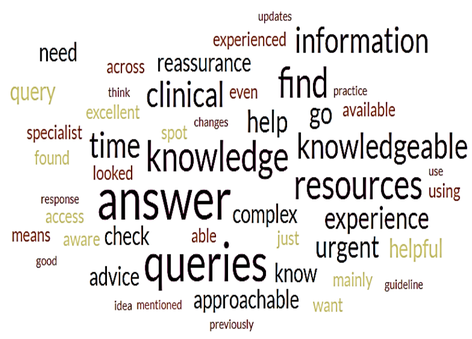
Do they give enough detail and practical application for on-the-spot queries?

Example comments:
- In my experience - yes. As an experienced pharmacist myself, I find I usually only need to approach for on-the-spot queries for relatively straight-forward matters... I am experienced enough to know that for anything more complex - a more in depth response would take more time to answer.
- Advice is always practical. Helps with applying complex info from literature/resources to a real-life patient.
I feel confident in his answer because he explains why.



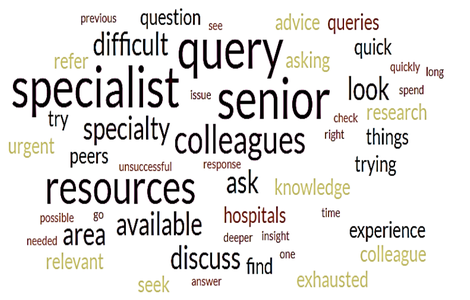
Why do you go to the MI pharmacist for ad-hoc queries?

Example comments:
- Sometimes, the query is more of a second-opinion. The MI pharmacist is a very experienced member of staff with excellent clinical knowledge and, whilst the number of specialist pharmacists we have in post is increasing, there may not be a specialist pharmacist available to support with the query.
*- I usually go to ** after I have checked all other resources and cannot find a suitable answer. In some cases I require **'s expertise to find the answer or to know if there even is an answer!... Another reason I go to ** is in urgent queries, when time is critical and means I cannot check every resource in the time allocated - **'s experience and knowledge here is extremely helpful!*



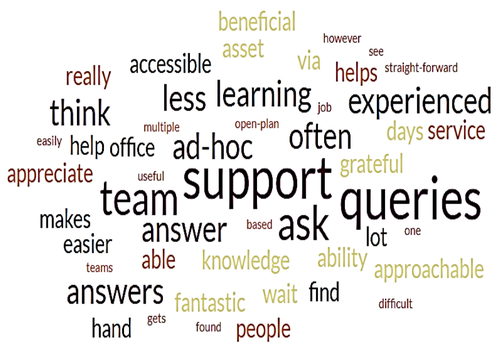
What would you do if the MI pharmacist wasn’t there?

Example comments:
- The resources the MI pharmacist provides to refer to for queries e.g. databases, MI quick links guide book, other seniors.
- Specialist pharmacist (if we have one in the right area) or spend a long time trying to look myself.
*- I don't know :(- Other experienced pharmacists but this can be difficult because they are on the wards, tend to be specialist to their area and are not as available as ** or have his wide range of knowledge.*
- When the MI pharmacist is unavailable things are a lot more difficult. I would refer to past queries on MI databank and ask specialist colleagues if relevant or seek consultant advice or ask other specialist pharmacists in the specialty as me on the network chat.



Any other comments? Examples:

- I think having the ability to ask ad-hoc MI queries is very beneficial for patient care and safety. Due to the busy nature of hospital wards, there is often not time to wait hours or days for a formal query to be submitted and responded to… Whilst this works for less urgent work such as clinics, being able to ask ad-hoc queries is important in my opinion.
- Our MI pharmacist has an amazing depth and breadth of knowledge, and never makes you feel stupid for asking, and is always happy to help.
- Our MI pharmacist is based in an open-plan office with multiple other pharmacist teams. On the one hand, this is useful as it does make our MI pharmacist more accessible. However on the other hand I can see how it also makes his job more difficult as he then often gets a lot of straight-forward queries from pharmacists who could have easily found the answers themselves - more of a "he's there so it's easier (?lazier) to ask him than find the answer myself" mentality. It can also become quite noisy which does not help in terms of concentration, interruptions, ability to provide answers clearly via the telephone or to deal with any matters that may be more delicate or confidential.
- It helps with learning, as well as helps build the confidence and knowledge of less experienced pharmacists as they are able to get experienced support without facing barriers.



Discussion

A small local medicines information service is demonstrated as a valued, trusted and very frequently/disproportionately used first-line source for on-the-spot advice for the clinical pharmacy service. The advantages are that it is trusted, meets a clear perceived need and encourages those needing advice to seek it. Challenges are that it is not equitable for other sites in the Trust, it is additional unpredictable workload for a lone MI pharmacist with ward cover in an 1,800-bedded acute trust, and there is perhaps a variable threshold for being “first port of call” even if not really needed. As pragmatic “clinical pharmacy” versus “MI”, it does not match MI governance in recording on MIDatabank, and there is no second check (normal here as lone MI pharmacist). Areas for further examination include subgroup analysis of users (grade, speciality) and contributing local factors such as MI pharmacist clinical experience and skill set, and range of available specialist pharmacists as an alternate source of advice. Is this approach reproducible, is it desirable, and can it anchor the value of local MI services against regionalisation?