

Guidance on Documenting Enquiries on MiDatabank

Background

Related Guidance documents [Running an MI service - UK Medicines Information Network - FutureNHS Collaboration Platform](#)

Enquiry Answering Guidelines
Using MiDatabank: Tips for MI managers
Enquiries to document
Guidance notes for ranking enquiries
Recording confidential material on MiDatabank
Enquiry Categorisation—Patient Centred Themes
Guidance on checking Medicines Information Enquiries

MiDatabank is a paperless enquiry recording database which can be updated periodically so ensure the latest version is running. All information is recorded and held electronically. Prompts are incorporated to ensure appropriate documentation entry. Users may be prevented from continuing through the database at certain points until an input has been completed. This guidance document augments the prompts and provides further detail to ensure complete and accurate documentation. It is intended to support Medicine Information staff.

Clear, comprehensive, and timely documentation is necessary:

- For legal and ethical reasons, in order to ascertain exactly what information was provided, how it was interpreted, by whom and what resources were used.
- To ensure that an enquiry can be located at a later date, to save time in dealing with future enquiries.
- To ensure efficient handover/completion by another member of staff if necessary.

Complete documentation is an essential part of the enquiry answering process and is an audit standard. It also allows collation of accurate statistical information relating to enquiry answering.

Further information and support material relating to MiDatabank can also be found at www.midatabank.com. The FAQ section is particularly helpful.

General Good Practice Points

Maintain documentation of individual enquiries on MiDatabank as the enquiry progresses. It is good practice to record each source at the time of researching so an accurate timeline develops. It is also best practice to log research and summarise the response before contacting the enquirer as writing up retrospectively may lead to errors.

Ensure documentation is clear and will make sense to any member of staff reading it. Use only accepted clinical abbreviations and check spelling and punctuation as appropriate. If multiple users input information into an enquiry a user specific signature 'Ctrl+M' may be used to 'sign' each entry for audit purposes.

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An enquiry should be kept open at all times when work is in progress, in order to ensure an accurate measure of the time spent on it. This is necessary when reviewing related material e.g. undertaking a Medline/Embase or other search, reviewing clinical records/letters or reading published papers. The enquiry must be allocated to the individual working on the enquiry in order for the timer to switch on.

Turn the timer off or close the screen when not working on a particular enquiry.

Avoid having more than one enquiry open at the same time. If a second enquiry is received, or additional information for another enquiry is required, close the first enquiry before adding to another. This prevents accidental input to the wrong enquiry form.

Handover

Do not allocate an enquiry to a colleague without notification or handover. Handover is the point at which errors are often made or perpetuated.

It is good practice to discuss any enquiries that require handover directly with a colleague, preferably verbally. However, if at any point the enquiry is switched without verbal or face to face communication, leave a short clear written summary and a signature (Ctrl+M) in the comments box so that colleagues are always able to ascertain the status of the enquiry and who was previously working on it.

Receiving Enquiries

Ensure that no confidential or patient/enquirer identifiable information is contained within the "Question" box (e.g. patient data, enquirer/colleague names/email addresses), since this is what is 'shared' on the website based version.

By Telephone or in Person

When receiving an enquiry verbally, consider repeating the information back to the enquirer to ensure that you both have the same understanding of what the question is, with particular attention to drug names.

By Email

When receiving an enquiry by email, it can be copied directly into the "Question" box. Consider summarising the question at the top if it is not clear, particularly if the enquiry has been received as a trail of emails. This will make it easy to keep in mind what the question is and will ensure that vital points are not missed when researching and writing the answer.

Any email correspondence can also be added as an attachment or inserted into the research field (depending on local guidance) and summarised in the "Question" box. Ensure the email location is highlighted within "Question" section.

By Letter

The content of the letter can be manually typed into the "Question" box, or a summary if the enquiry is long. It is strongly advised to scan the letter and attach a copy. If the content is manually typed rather than scanned into MiDatabank advise in the "Question" box where the original letter is stored for retrieval purposes. If the letter is scanned and added to MiDatabank then the original letter can be put in confidential waste or shredded as per local guidance.

Urgency

Professional judgement and experience is required to negotiate a mutually realistic deadline. Take into account clinical urgency, current workload and the rationale given for the requested deadline. Ensure that the urgency and deadline are documented clearly. If there is a particular deadline, specify the reason why.

Try to avoid allowing enquirers to give a deadline as “as soon as possible”. This can be interpreted either as “immediately” or as “as soon as convenient”.

Enquiries received by letter and email should be given a deadline according to local policy, unless it is clear that the enquiry is more urgent. If the enquiry is received by email, send a reply email, notifying the enquirer of the deadline allocated and asking them to advise if it is required earlier. A letter enquiry can be assigned a deadline and the enquirer informed by email (if known). Details of when the enquiry was received to the centre can be added to the reply note.

Input Screen

Enquirer Details

Enquirer details are recorded using an organisational address or recorded as a location. An Organisational address is typically used for a member of your hospital trust, primary care colleagues or for a member of a governing body. A location is typically used for members of the public however some centres may decide to record other categories of enquirers here.

Document the full name of the enquirer, even if they are familiar to you. If the enquirer is not listed (check carefully), create them as a new enquirer, including their status, usual contact telephone number, address and email. Some centres may also decide to log particular sets of enquirers generically, for example, junior doctors that move around NHS facilities or members of the public/patient helpline enquiries. This should be agreed locally and documented in a risk assessment for the service. If generic sets of enquirers are used, add the enquirer's name and contact details in the “contact for this enquiry” box.

An enquirer may be linked to an existing organisation from the database or a new one may be created if necessary. Note that an enquirer may have 2 or more organisational addresses attached to their name so ensure the correct address is selected each time. It is important to check existing organisation addresses in the database as many of them will already be listed and so do not need to be re-entered.

Some centres prefer to maintain members of the public as anonymous. As a minimum input telephone and/or email into “Contact for this enquiry” box or place name and telephone/email into notes section of input screen. Again this should be agreed locally. If an enquirer wishes to remain anonymous and with no way of contacting the person, consider what level of information will be appropriate to give out. Inform the enquirer of any limitations.

If an enquirer is only at a contact number for a certain period of time and it is different to the usual contact details, add this to the “contact for this enquiry” field. The preferred contact method for reply to the enquirer (e.g. phone or email) can also be added to this field. If the enquirer has requested that other colleagues are informed of the response this can also be documented here. If an enquirer does not wish to provide their contact details, document this.

Question and Background Information

Describe the question and the background information in sufficient, clear detail to allow a third party to tackle the enquiry without further contact with the enquirer. Record all relevant background information, e.g. relevant medical history, concurrent medication including doses. Review the inputted information to ensure that all appropriate information has been added. Ensure the question/s posed are clear and make sense.

If an enquirer has multiple questions, consider whether it would be most appropriate to document as separate enquiries. If they are to be answered together ensure that they are linked appropriately. Add to each enquiry the equivalent MiDatabank number and annotate by some means e.g. linked to enquiry number: xxxxx

Note: Different questions about different patients should always be documented as separate enquiries. Different questions about the same patient will usually be documented as separate enquiries. The same question relating to multiple patients may be documented as one enquiry. Always refer to local policies.

Patient Information

With patient-centred enquiries, document patient's name or initials, date of birth and patient ID number (if available and *if appropriate*) in the notes section of the input screen (bottom of screen). It is also useful to document the hospital ward number for inpatients within your Trust. Decide locally which particular patient identifiable information, if any, is recorded. See UKMi Guidance on [Data Protection and GDPR](#).

Categories

If the enquiry is not patient-centred, remove the default tick from the 'patient-centred' box under 'core categories'. Most clinical enquiries will be patient-centred. Further 'core categories' should also be ticked at this point depending on the enquiry type, see Appendix 1 for guidance.

There is an 'Other Categories' section below 'Core Categories'. Other categories can be manually added for auditing purposes or dependant on particular enquiry types specific to an MI centre. All Medicine Information Centres have added the following categories to differentiate the type of clinical enquiry recorded –

- patient safety
- patient support and experience
- patient treatment effectiveness and outcome
- not applicable.

These criteria can be used to inform patient outcomes and safety.

Enquiry title

Give the enquiry a title that describes the question and is descriptive but as succinct as possible to facilitate searching for enquiries on the database. Medicine name can be used at the start for enquiries relating to specific drugs followed by a short description of the related question, for example: Paracetamol – Dose in renal failure.

The auto-title tool uses the first sentence of the question field to auto-fill the title field. A title can also be inputted manually or amended if required.

Keywords

At this point once all appropriate information has been added to the input screen add keywords using either auto keyword button or adding manually so that enquiries can be searched at next screen as one of the first resources used. Keywords can then be adjusted at the final statistics screen.

Research Screen

Document your search strategy in the order that it is carried out. For inexperienced staff standard search strategies are a useful tool to implement. Examples can be found on the 'recommended resources' tab in the research screen of MiDatabank (these can be customised for local use) or through the 'Enquiry Answering Guidelines' document.

Use a separate entry for each resource accessed. If the enquiry involves research of multiple drugs, consider using a separate entry for each drug researched within that resource, depending on the amount of information to be documented. Otherwise clearly document within the resource when a new drug is being researched.

MiDatabank will record the date and time the resource is added. Most resources are already in MiDatabank as it is updated in line with the 'Essential Resource List'. Other resources may have been added by the local centre. Many of the details required are already recorded.

If additional documentation of resources is required, annotate the source notes field noting the following recommendations:

- **Books:** edition number or year of publication and page number(s).
- **Journals:** year, volume, page number(s).
- **Databases:** search term(s) and search strategy used.
- **People:** full name and job title (e.g. colleagues, specialists, manufacturer Medical Information departments (note that some manufacturers will only give employee's first names)).
- **Websites and other electronic resources:** name and/or full web address, search term(s) used, date and time accessed (if different from the date and time being recorded automatically).
- **Past enquiries:** enquiry number, date of completion and search terms(s)
- **SPCs:** title of SPC, generic name if not obvious, company name and last revision date of text
- If no information is found, record the resource as part of your search strategy and be specific, e.g. no relevant information, drug not indexed.

Documenting relevant information from a resource

In general, the MiDatabank record should be concise, therefore only record relevant information from a resource.

When copying and pasting from a very large document (e.g. some SPCs) there is often no need to copy the whole document. It may be more appropriate to copy only the relevant section, if this makes sense in isolation.

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Beware of cutting/copying and pasting from a very large PDF file or webpage into MiDatabank as material may not be formatted correctly. Transfer to MiDatabank may be prohibited due to the size. PDF documents can be *attached* if necessary, to avoid this problem.

If the formatting in the original document causes a problem, try copying the information into Word or Notepad (or a similar text-only application) which will strip out the formatting and leave only the text. Then paste into MiDatabank. It is advisable to check that whole text has copied over, as symbols may also be stripped out. Copying and pasting tables does not work using notepad. To help readability the content may be changed to one standard font. Using a different browser may also fix some formatting issues however this option may be limited by availability locally.

You may wish to highlight the most relevant phrases of a copied text to make it easier to pick them up when formulating the answer.

Past Enquiries

If using a past enquiry this may be added as a link and summarised in the text box (preferred). The link is added from the 'search' tab on the research screen using the keywords inputted from the previous screen. A search of relevant enquiries is undertaken – results obtained can be expanded or limited by number of keywords in the search and by the use of 'and' or 'or'. The enquiry number, date of completion and a summary of the answer may be copied to the research comments section.

Relevant portions of enquiries can also be copy and pasted within 'All Sources' tab under Advice – 'past enquiry'. If copying and pasting information, ensure that the enquiry number and date are included.

When using past enquiries, check to see when the research was completed. Some past enquiries use other past enquiries in the response so it is preferable to track back and use the 'original' past enquiry which documents the information directly from the source. An older enquiry answer may be perpetuated up through past enquiries so the research may actually be older than first thought. Check local policy on the date threshold for using a past enquiry; this may well be dependent on enquiry type. Ensure that hyperlinks to resources still work and link to the most recent version of a document.

Resources not listed in MiDatabank

If you use a resource that is not in MiDatabank, decide if addition to MiDatabank would be useful. It can either be added to the list of MiDatabank resources locally, or can be put forward as a suggested new core resource for assessment by QRMG. Only staff with administrative function can add or update resources.

Answer Screen

Ensure no confidential information is copied to the answer screen.

The answer field should contain the final answer as given. Ensure that any advice is practical and appropriate to the needs of the enquirer and for management of the patient. At this point refer back to the question in the input screen to ensure that all parts have been answered appropriately. Research can also be reviewed using the left hand side panel of the answer field for ease.

If a written format is used (e.g. email), the exact text should be copied to the "Answer" box ensuring confidential information is removed.

If the enquiry needs to be checked, refer to guidance on "Checking Medicines Information Enquiries".

Giving a Response

When providing the response to the enquirer, document any subsequent points discussed on the answer page or completion page.

If the enquirer cannot be contacted, it is important to document the date and time of contact attempts. If an attempt to contact the enquirer is unsuccessful, record the time/s called, for example in the comments box on the input page, the 'reply notes' box on the answer screen or within the "Answer" box. Agree where locally

It is good practice for the person processing the enquiry and giving the answer to be the same. However, where this is not possible, the person giving out the answer should document that they have done so. Agree where locally.

Where a written response has been sent, it is good practice to attach a copy of the email or letter to the enquiry as evidence of such. This can be added as an attachment to the answer screen.

After the answer has been given, tick the 'research and answer complete' box. Once this box is ticked it is not possible to add anything further to the input, research or answer screens unless it is unticked.

Enquiry Authorisation

Some staff members may require their enquiry to be authorised at this point by a more experienced staff member. Staff in training are not usually authorised to mark their enquiries as 'complete, without a 2nd check. This authorisation and checking process is set up by their supervisor/mentor through the administration section of MiDatabank. A more experienced staff member is required to view and authorise their enquiry. After authorisation the trainee can then respond to an enquirer and complete the statistics screen. Refer to 'Guidance on Checking Medicines Information Enquiries' on SPS.

Completion and Statistics Screen

Completion of statistical data is vital to provide audit and service reports. It is important to ensure accuracy so that reports are a useful reflection of enquiry workload. The statistics are used as a management tool when planning staffing and budget, they demonstrate work flow, enquiry types, and can be used to predict trends in order to target pro-active work.

The Completion and Statistics Screen is often completed after the enquiry has been answered, but parts of it (e.g. origin) can be completed at any stage.

Once the response has been given to the enquirer, before the enquiry is removed from MiDatabank screens and archived for retrieval purposes, the statistical/workload sections on the final screen must be completed.

Record the route(s) of reply. If the reply was given to a third person, record their full name and their job title if appropriate in the 'reply notes' box.

Document whether the answer was provided on time in MI workload data section.

Allocate the appropriate response time from the drop-down menu i.e. the time interval between the enquiry being taken in, and the answer being given out. Note: this is different to the time spent working on the enquiry.

Allocate an enquiry complexity level. To see details of complexity levels, hover the mouse over the drop down box.

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- *Level 1:* Simple enquiries. One or two resources used, but the answer is right there in the text. MI expertise is generally not required for these.
- *Level 2:* Longer enquiries that involve looking in several resources, but either the information is simply put together from the resources, or only a small amount of professional judgement is required.
- *Level 3:* More complex enquiries. Either considerable professional judgement, or requires considerable expertise in finding/evaluation of information *and* professional judgement.

There are always likely to be enquiries that are on the borderline between Levels. However, use your best judgement as to where to put them. If there is still doubt go with the higher level of complexity.

Note that the complexity level should be set with reference to the enquiry itself, *not* to the ease with which you personally completed it. So if there is a complex enquiry but there is a Q&A document or past enquiry which answers it, or you know the answer through personal experience, (thus allowing you to answer the enquiry within a few minutes), it is still a Level 3 (complex) enquiry, *not* Level 1 (simple).

Record the time spent processing the enquiry. Automated time may be used if it corresponds to actual time taken to complete. Remember to include *all* of the time you spent dealing with the enquiry, including, for example, time on the telephone, or locating/looking through patient notes. This can be manually altered if required, for example if the timer has been left running by mistake.

Allocate relevant keywords. This can be completed initially in the input screen and then adjusted at the end on the completion screen. Keywords may be added using the automatic function however they should be reviewed for relevance before ticking the 'enquiry completed' box.

Keywords are used to search past enquiries for useful information. Use the prompt list of keywords in Appendix 2 so that colleagues can search easily using one appropriate term. Keywords not listed can be added to the database but ensure a more appropriate term is not overlooked. Local keywords to locate enquiries for ease of reporting purposes can be added too. These will appear as 'false'.

Note the origin of the enquiry. Always include a local origin. Local origins are added using Administrator facility of MiDatabank.

Prior to ticking the 'enquiry complete' box review the question and answer and ensure no patient identifiable information or enquirer information has been included.

Confirm 'patient and enquirer anonymity' by ticking this box.

Once the enquiry response has been provided and all documentation completed, tick the 'enquiry completed' box. NOTE: When this is done, the enquiry is locked and no further amendments can be made once ticked. The enquiry will not be viewable in the four-screen format again and only as a word document going forward.

Subsequent, supplementary information

If subsequent, supplementary or additional information related to the enquiry is received, this should be documented as a note on the original enquiry. The original enquiry will now open as a word document with additional tabs. Attachments and extra keywords may be added to the 'Follow-up' tab.

If a complaint is received about the enquiry, or the information is found to be inaccurate for any reason, this must be documented as an Enquiry 'Follow-up' note on the original enquiry and must be escalated as per local complaints/errors procedures. A local DATIX and national [IRMIS](#) form should also be completed where appropriate.

If the answer to a past enquiry was correct at the time it was given but is no longer accurate due to changes in knowledge or practice, document this as a 'Follow-up' note on the enquiry record. Any notes added to an

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archived enquiry will appear in bold red at the top of the enquiry the next time it is viewed. Centres subscribing to MiSharer should also follow local policy on removing shared enquiries where relevant.

Note that enquiries cannot not be removed from the MiDatabank system.

Appendix 1: Standard keyword terms

<Adapt according to local practice>

Use these terms to keyword enquiries or search for enquiries on MiDatabank. Specific drugs related to the enquiry should be added for all categories.

ENQUIRY CATEGORY/TYPE	STANDARD TERM
Adverse Drug Reactions	Adverse effects, Consider Adverse Reaction Monitoring OR Adverse Reaction Reporting
Availability	Drug Supply OR Drug supply - wholesale
Dialysis	Specify type of dialysis e.g. 'haemodialysis', Consider Dialysis Agents OR Dialysis Fluids OR Dialysis Membranes
Dose	Administration + appropriate route
Dose – IV drugs	Administration-intravenous
Dose – oral	Administration-oral
Dose – nasogastric	Administration-nasogastric
Drugs in breast milk / breast feeding	Lactation OR Milk- human OR Breast Feeding
Drugs causing abnormal liver function	Liver Diseases and Drug names. Consider Liver function tests
Drug Compatibility	Drug combinations OR drug incompatibilities
Herbal / Homeopathic Medicines	Use appropriate term from: complementary therapies, herbal medicines, homeopathic medicines, <specific ingredients> (where available)
Interactions	Drug Interactions OR Drug Food Interactions
Jejunostomy drug administration	Jejunostomy, Administration – nasojejunal
Liver impairment	Liver Diseases OR Liver function-impaired OR Liver. Consider liver function tests
Nasogastric drug administration	Administration-nasogastric
Nasogastric feeding	Nasogastric Tube, Tube feeding, Enteral feeding
Neonatal enquiries	Neonate OR Infant-newborn OR Infant-premature
Paediatric enquiries	Paediatrics, Child or infant depending on age
Pregnancy	Pregnancy, trimester + stage
Renal Impairment	Kidney OR Kidney Diseases OR Kidney function-impaired OR Kidney failure – acute/chronic
Stability out of fridge	Refrigeration, temperature, drug stability
Therapeutic Drug Monitoring (TDM)	Therapeutic Drug Monitoring OR Drug Level Monitoring

Appendix 2: Core Category Guidance

Use all that are appropriate. Additional categories may be added by a local centre or on request from UKMi Executive. Placement of these categories will be within the 'Other Categories' section on input screen

Other:	Only use if impossible to fit enquiry into another category.
Administration / Dosage:	Dose (in adults, paediatrics, neonates, renal failure, liver failure) How to reconstitute How to dilute Infusion rate Route of administration
Adverse effects:	Can drug 'x' cause side effect? What are side effects of drug 'x'? (Does not include toxicity & poisoning (see "Toxicity" below)).
Availability/Supply:	Usual supplier unable to supply a drug – where else can we obtain it? Drug 'x' is not available/short, any alternative? Is drug 'x' available in a specific country? Can foreign drug 'x' be imported? Who makes drug 'x'? To whom can we supply drug 'x'?
Breastfeeding, medicines in:	Best drug for a particular condition (eg depression) or for prophylaxis if breast feeding? Risk of taking drug 'x' if breast feeding? Treating breastfeeding complications
Choice of Therapy / Indications / Contra-indications:	Most appropriate drug to treat a certain condition What is drug 'x' being used for? What is drug 'x' licensed for? Can you give drug 'x' to a patient with a certain clinical condition? Is drug 'x' contra-indicated if patient is allergic to..?
Compatibility of Injectables:	Advice about mixing injectable medicines in the same syringe or bag or line. Is drug 'x' compatible with drug 'y' at a 'y'site, in a bag/syringe driver etc?
Complementary Medicine:	All complementary therapies - herbal, homeopathic, essential oils, dietary supplements
Identification:	Of UK drugs (eg using TicTac) Of foreign medicines. New drug or drug in clinical trials
Interactions:	Drug:drug (interaction NOT physical/chemical compatibility (should be Pharmaceutical)) Drug:food. Drug:herbal remedy. Use complementary medicine as well Drug:biochemical test.
Non-clinical:	Anything unrelated to the clinical use of medicines
Patient-Centred Enquiry:	Automatically ticked. Remove if not patient-specific.
Pharmaceutical:	Stability of drug 'x' out of the fridge? Liquid formula for drug 'x'? What is in the formulation for product 'x'? Does product 'x' contain lactose/latex etc?
Pharmacology /	How does this drug work? What's the half life of 'x'?

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Pharmacokinetics / TDM:	When should you check levels of 'x'? What's the usual therapeutic range of 'x'?
Pregnancy, medicines in:	Choice of drug to treat (or for prophylaxis against) particular condition during pregnancy? What adverse effects can occur if pregnant patient took drug 'x' for 5 weeks? Is drug 'x' OK in pregnancy?
Renal Disease, medicines in:	The right medicine and doses to use in renal impairment and how to manage suspected nephrotoxicity.
Review:	Do we have general information on drug 'x'? Any recent reviews on use of drug 'x' to treat a certain condition?
Substance Misuse:	Any query relating to drugs of abuse, alcohol, tobacco.
Toxicity and toxicology:	Any query relating to chronic/acute poisoning. Many calls falling into this category will be forwarded to the National Poisons Information Service.

Contact

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