

**Medicines Information Impact Rating Scales to assess the impact of enquiry answering on *patient care and outcomes, and medicines safety***

**Impact rating of Medicines Information enquiries: guidance**

It is important for all NHS services to assess and improve their impact on patient care, outcomes and safety. It has been shown that Medicines Information (MI) enquiry answering services have a positive impact on patient care and outcomes, and medicines safety, based on the opinions of enquirers and independent healthcare professionals.¹̛ ² Questionnaires to healthcare professional enquirers were used in this research to determine the impact on specific outcome measures, and impact rating scales were used to assess the overall impact of MI advice. These tools provide a useful a means of assessing the impact of MI, and whilst the use of the questionnaires is a comprehensive way of collecting data on impact from enquirers, the impact rating of enquiries is a relatively easy way of incorporating an assessment of impact into more everyday clinical governance practices in MI, such as internal QA and peer review.

**Tips for assessing impact of enquiries**

* Usually only **potential impact** can be assessed (unless the outcome is known)
* Rating scales can be used to rate impact on a single patient OR a group of patients (where relevant)
* Familiarise yourself with the rating scale categories and examples before you start
* Initially, consider whether it was possible to have an impact *(for example, if an event had already happened and MI advice could not change anything for the patient, then the impact would be ‘no impact’; the reasons for this should be noted but no further consideration of impact would be required)*
* Allocate a rating based on the rating scale category description (3rd column), then check the examples for that category to ensure you have allocated the most appropriate rating.
* Do not spend too much time deliberating over the rating *(a range of ratings can be noted initially if necessary & the issues that affect impact, which can then form the basis of the discussion)*
* Several issues often need to be considered to assess impact, which vary for each enquiry, but may include:
	+ Quality of advice (recommendations clear, answered question, comprehensive, appropriate, accurate, useful, evidence-based advice, tailored to enquirer, contributed to enquirers decision-making process)
	+ Level of risk associated with the medicine(s) & clinical condition(s)
	+ Whether advice was followed by enquirer (&/or patient)
	+ Whether a change in therapy was made
	+ The extent to which advice contributed to patient care (consider advice in context of overall patient care but including: reassurance; ability to assess risks & benefits; ability to participate in decisions about care)
	+ The extent to which the action taken as a result of advice contributed to the outcome
	+ Whether MI identified a problem that the enquirer was unaware of/didn’t ask about

1. Bramley D, Innes A, Duggan C, et al. The impact of Medicines Information enquiry answering on patient care and outcomes. IJPP2013;21(6):393-404.

2. Innes A, Bramley D, Wills S. The impact of UK Medicines Information services on patient care, outcomes and medicines safety. EJHP 2014; 21(4): 222-228.

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**Medicines Information Impact Rating Scale to assess the impact of enquiry answering on Patient Care and Outcomes**

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|  | **Impact**  | **Advice from MI resulted in** | **Examples**  |
| **-2** | **Adverse Impact** | A **detrimental effect on patient care or outcome** | * patient received inappropriate advice that had a negative impact on their health, wellbeing or outcome
* patient received inappropriate treatment/management that had a negative impact on their health, wellbeing or outcome
* major unnecessary inconvenience to patient
 |
| **-1** | **Some Adverse Impact** | A **detrimental effect on patient care** but **no effect on patient outcome** | * minor adverse effect on patient care
* patient has a better understanding of their medicines and likelihood of this leading to reduced adherence
* patient received inappropriate advice but this was not likely to have an impact on their health, wellbeing or outcome
* patient received inappropriate treatment/management but unlikely to have an impact on their health, wellbeing or outcome
* minor unnecessary inconvenience to patient
 |
| **0** | **No Impact** | **No effect on patient care or outcome** | * no impact on patient in any way (including no impact on patient reassurance, patient understanding, or likely adherence)
* MI advice was sought after patient’s treatment was fully completed
* MI advice was not able to address patient’s concerns satisfactorily
* advice given was purely for information only as not a current patient
 |
| **1** | **Some Positive Impact** | **Improved patient care** but this was **unlikely to lead to an improvement in patient outcome** | * advice confirmed the correct course of action that enquirer was considering (even if therapy not changed)
* advice helped in the decision-making process but likelihood of this leading to an improved outcome unknown or unlikely
* patient has a better understanding of medicines - likelihood of this leading to improved adherence unknown or unlikely
* advice led to improved adherence – likelihood of improved outcome unlikely or unknown
* patient received appropriate therapy but likelihood of this leading to an improved outcome unknown or unlikely
* identified medication enabling suitable alternative to be given (no impact on outcome expected)
* addressed concerns enabling medication to be given but low risk of consequences if missed or delayed
* patient reassured – likelihood of improved outcome/adherence unlikely or unknown
* drug treatment started or continued with no/minimal delay (low importance medicine)
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| **2** | **Positive Impact** | **Improved patient care**and this was **likely to lead to an improvement in patient outcome** (no improvement in patient outcome apparent) | * longer term positive outcome expected but too early to judge direct impact
* advice helped in the decision-making process and this was likely to lead to an improved outcome
* patient has better understanding of medicines-likely to lead to improved adherence
* advice led to improved adherence – likely to lead to an improved outcome
* patient received appropriate therapy likely to lead to an improved outcome
* treatment/management likely to improve symptoms
* patient received an improved standard of care
* patient received care in-line with current local or national guidance / current available evidence
* identified medication enabling suitable alternative to be given (impact on outcome expected)
* drug treatment started or continued with no/minimal delay (moderate importance medicine)
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| **3** | **Very Positive Impact** | **Improved patient outcome**OR**very positive effect on patient care** | * advice helped in the decision-making process and this led to an improved outcome
* advice led to a major improvement in adherence – expected to lead to an improved outcome (high importance medicine)
* advice led to improved adherence and this led to an improved outcome
* patient received appropriate therapy and this led to an improved outcome
* treatment/management resulted in improvement of symptoms/ successful prophylaxis of a condition**/** cure of condition
* resolution of an adverse drug reaction / drug interaction
* longer term very positive outcome expected but too early to judge direct impact
* identified medication enabling suitable alternative to be given (impact on outcome)
* drug treatment started or continued with no/minimal delay (high importance medicine)
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| **4** | **Extremely Positive Impact** | **Potentially life saving** | * treatment or avoidance of a life threatening condition
* drug treatment started or continued with no/minimal delay (life-saving medicine for the patient)
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**Medicines Information Impact Rating Scale to assess the impact of enquiry answering on Medicines Safety**

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|  | **Impact**  | **Advice from MI resulted in** | **Examples**  |
| **-2** | **Adverse Impact** | **Increased risk or reduced safety** where **harm was caused** | * avoidable negative response occurred e.g. avoidable adverse effect, symptoms from a drug interaction
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| **-1** | **Some Adverse Impact** | **Increased risk or reduced safety** where **NO harm was caused** | * inappropriate drug/dose/route/frequency was advised (increased the risk)
* condition not treated appropriately (increased risk)
* patient not referred to a clinician when it was appropriate to do so (increased risk)
* an adverse event was more likely to occur (increased risk)
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| **0** | **No Impact** | **No effect on patient safety or risk** | * no impact on patient safety in any way (advice was not used as a safety check)
* MI advice was sought after risk from patient’s treatment was fully over
* advice given was purely for information only as not a current patient
 |
| **1** | **Some Positive Impact** | **Improved safety** where a**low risk** to patient was avoided | * **avoided an unlikely adverse event of minor consequence to the patient (if it had occurred)**
* safety check on drug therapy already prescribed or administered (no or low risk)
* safety check on drug therapy prior to prescribing or administering (no or low risk)
* advice confirmed or identified the safety or risks of drug therapy (no or low risk from therapy but enquirer did not know this)
* avoidance of missed doses (low risk if missed)
* avoidance of unnecessary or inappropriate drug therapy or dosage (low risk)
* avoidance of potential adverse effects or risks (low risk)
* avoidance of potential drug interaction (low risk)
* avoidance of potential risk in pregnancy/ breastfeeding or safer drug advised (low risk)
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| **2** | **Positive Impact** | **Improved safety** where a**moderate risk** to patient avoided | * **avoided an unlikely adverse event of moderate consequence to the patient (if it had occurred)**
* **avoided a likely adverse event of minor consequence to the patient (if it had occurred)**
* safety check on drug therapy already prescribed or administered (moderate risk)
* safety check on drug therapy prior to prescribing or administering(moderate risk)
* avoidance of missed or inappropriate doses (moderate risk if missed/administered)
* avoidance of unnecessary or inappropriate drug therapy or dosage (moderate risk)
* avoidance of potential adverse effects or risks (moderate risk)
* avoidance of potential drug interaction (moderate risk)
* avoidance of potential risk in pregnancy or breastfeeding or safer drug advised (moderate risk)
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| **3** | **Very Positive Impact** | **Improved safety** where a**major risk** to patient avoided | * **avoided an unlikely adverse event of major consequence to the patient (if it had occurred)**
* **avoided a likely adverse event of moderate to major consequence to patient (if it had occurred)**
* safety check on drug therapy already prescribed or administered (high risk)
* safety check on drug therapy prior to prescribing or administering (high risk)
* avoidance of missed or inappropriate doses (high risk if missed/administered)
* unnecessary drug therapy avoided which is likely to have prevented an adverse drug reaction (high risk)
* avoidance of potential adverse effects or risks (high risk)
* avoidance of potential drug interaction (high risk)
* avoidance of potential risk in pregnancy or breastfeeding or safer drug advised (high risk)
* avoidance of high risk contraindicated drug – when problem not identified by enquirer / actively identified by MI
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| **4** | **Extremely Positive Impact** | **Improved safety** where an**extreme risk** to patient avoided | * **avoided an unlikely adverse event of life-threatening risk to patient (if it had occurred)**
* **avoided a likely adverse event of major or life-threatening risk to the patient (if it had occurred)**
* avoidance of missed doses (very high risk if missed)
* avoidance of a life threatening condition
* avoidance of major detrimental effects on organ function
* avoidance of known teratogenic drug in pregnancy
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