# The Incident Reporting in Medicines Information Scheme Database
## Report: Q2 2018 (April - June)

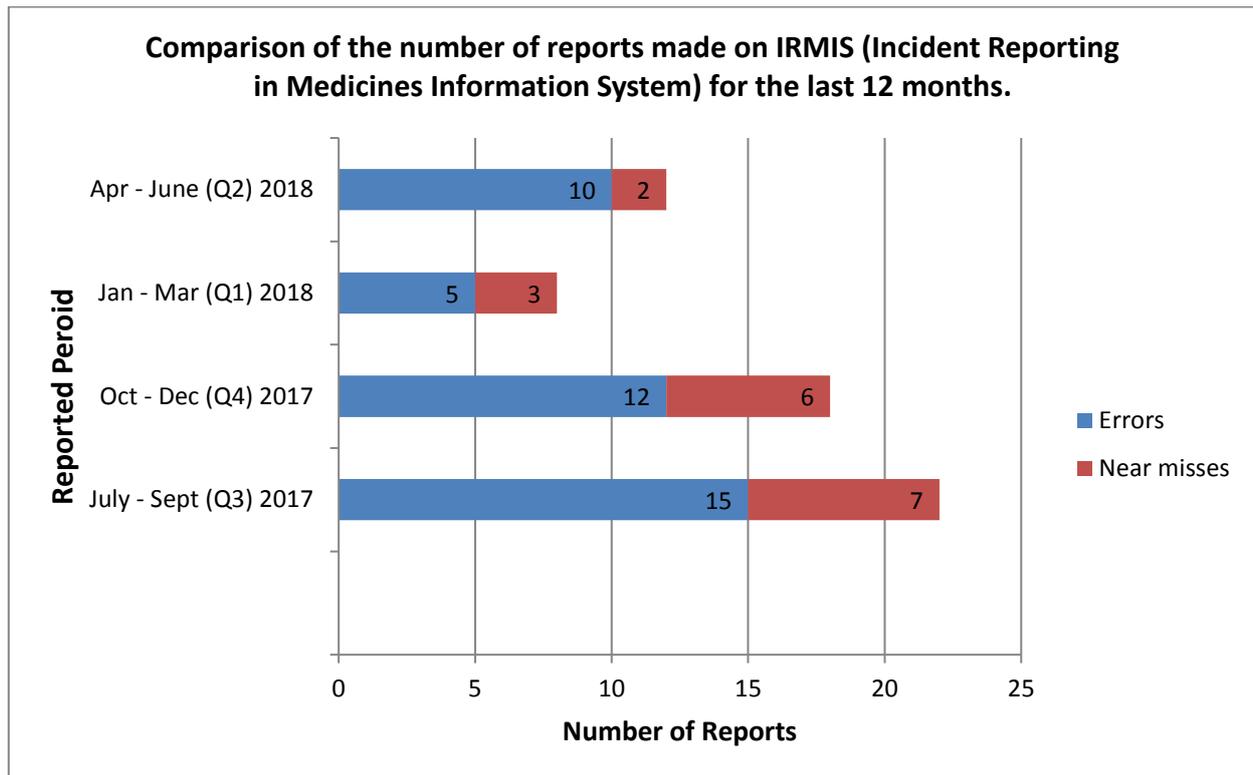| Reports | |
|---|---|
| **Total number enquiry incidents since January 2005: 844** | **Total number publications incidents since April 2013: 9** |
| **Enquiries** | **Publications/Pro-active work** |
| Number for this period: 12 | Number for this period: 0 |
| Number of errors: 10 | Number of errors: 0 |
| Number of near misses: 2 | Number of near misses: 0 |
| Number related to data: 4 | Number related to data: 0 |
| Number related to advice: 8 | Number related to advice: 0 |
| Number not known : 0 | Number not known : 0 |

| Most common causes | Incident numbers | Proportion (%)* |
|---|---|---|
| High workload | 1055, 1057, 1060, 1061, 1064 | 42 |
| Urgent deadlines | 1056, 1057, 1059, 1060 | 33 |
| Inexperienced staff | 1058, 1060, 1061 | 25 |
| Communication problem | 1055, 1058 | 17 |
| Documentation problem | 1054, 1061 | 17 |
| Fatigue | 1057, 1062 | 17 |
| Inadequate analysis | 1061, 1065 | |
| Incorrect information in resource | 1056, 1063 | 17 |
| Interruptions | 1057, 1064 | 17 |
| Low staffing levels | 1060, 1061 | 17 |
| Inadequate search | 1056 | 8 |
| Procedure not followed | 1057 | 8 |

| Enquiry categories | Incident numbers | Proportion (%)* |
|---|---|---|
| Administration / dosage | 1054, 1056, 1059, 1062, 1065 | 42 |
| Pharmaceutical | 1055, 1059, 1061, 1064 | 33 |
| Adverse effects | 1058, 1060, 1061 | 25 |
| Interactions | 1057, 1063 | 17 |
| Choice of therapy / indications / contra-indications | 1060 | 8 |

*Reflects multiple causes/enquiry categories per incident

*Please note that very small amounts of text are in italics - as previously agreed, this is text amended by the IRMIS monitors so as to minimise the likelihood of identifying the reporting centre and individual patients.*

**Quarterly comparison of IRMIS statistics over the last 12 months:**



Comparison of the number of reports made on IRMIS (Incident Reporting in Medicines Information System) for the last 12 months.

**Main points to consider/highlight:**
A number of incidents highlighted documentation and research as causative areas. Details can be found below. Reviewing the data submitted regarding the incident process, no trends could be identified to suggest errors to be higher with any particular caller type or enquiry processor. The main forms of incident detection were by the final checker (where one existed), at the point of giving the answer (by a member of staff), by the enquirer (up to a few weeks after giving the answer out), and during retrospective enquiry assessment.

**Enquiry answering process – receiving the question**
Incidents 1054, 1055, 1058, 1062, and 1064 related to documentation of the question/details received. Incident 1058 occurred as a result of mishearing the drug name ie clonazepam and clobazam. Incident 1057 related to apixaban heard as rivaroxaban. Both drugs are listed on 'List of Confused Drug Names'. Had dosing and formulation information been taken when receiving the enquiry then a discrepancy may have been identified before attempting the enquiry.
Other documentation errors related to:
- not recording details of conversations with the enquirer pertinent to the question asked whereby the archived enquiry suggests an erroneous answer (1054)
- making assumptions regarding manufacturer in relation to cold chain enquiries (1055)
- recording incorrect dosing

**Recommendations:**
- Ensure pharmacy staff are familiar with commonly confused drug names through local awareness and documents such as the Institute for Safe Medication Practices List of Confused Drug Names.
- Clearly stated what work/research has been agreed with the enquirer.
- Make sure pharmacy staff follow common protocols, e.g. Fridge Enquiries Guideline.
- Repeat the question back to the enquirer before ending the conversation to ensure correct details have been noted, e.g. drug names, dosing, and manufacturers.
- When documenting enquiries, ensure that the 'background data' contains all the relevant information in an easy-to-read format. If an email trail is involved, you may decide to copy-and-paste it into the enquiry in its entirety, but it is wise to provide a summary. This reduces the risk that someone will not read all the way through the trail, or will miss important information. Writing a summary also provides

you with a good opportunity to check that you understand the enquiry correctly and have all the information you need.

- Furthermore, when copying and pasting emails - particularly trails - into MiDatabank, check that no personal data (e.g. names, email addresses) are included in data fields that should not contain personal data.

### Enquiry answering process – researching

Incident 1056 used a dental resource (Faculty of General Dental Practitioners) which has not been assessed for inclusion in the Essential Resources List (ERL) and, along with time pressures, resulted in out of date information being used. In incident 1057 the correct drug was documented but for some of the information resources a different drug in the same therapeutic class was researched – rivaroxaban instead of apixaban. In incident 1064 the drug name used in the title of the enquiry (rather than the question) was incorrect and resulted in incorrect research being used. Incident 1059 and 1065 resulted from misreading the research when formulating the answer to an enquiry relating to medication administration in dysphagia and via an enteral feeding tube respectively. Incident 1060 occurred as staff were not familiar with the issues surrounding medications and lactose intolerance. Incident 1061 highlighted a lack of understanding of terminology used in manufacturer's information which resulted in a calculation error. Incident 1063 reinforces the need to use more than two resources for drug interaction enquiries and the need to consider broader terminology, i.e. drug class interactions.

### Recommendations:
- Useful information and advice can be found on the Specialist Pharmacy Services (SPS) portal regarding dental enquiries, including details about the UK Dental Medicines Advice Service (UKDMAS).
- Pharmacy staff should be encouraged and trained to use quality checked resources to answer medicines related questions. The UKMi Recommended Resource Lists, Resource Assessment Tool and Limitations of Common Information Sources can be found on SPS.
- If it is necessary to use information resources that have not been assessed by UKMi then consider consulting the Resource Assessment Tool for guidance on what to look for.
- Wherever possible check for information in at least 2 different resources – this should highlight where there are discrepancies.
- Pharmacy staff should not be pressurised to give out answers to medicines related questions in case of error. If patients are waiting with the enquirer then it may be possible to ask the practitioner to have the patient take a seat in the waiting area whilst they see the next patient and MI deals with their enquiry (in order to call them back with an answer directly) or even if they could let the patient go and arrange to contact them later.
- Take time to read and understand the research rather than skim read. If interruptions are an issue then consider local solutions.
- Be aware of useful articles on the SPS portal that may assist and save research time for commonly asked questions, such as 'crushing tablets or opening capsules in a care home setting' and 'factors to consider when prescribing for lactose intolerant adults'.
- The UKMi CGWG are currently researching a number of drug interaction databases for content and usefulness. The results are expected late 2018.
- When compiling an answer always re-read the question and all the research – this will ensure that any discrepancies are noticed at this stage.

### Enquiry answering process – giving the answer

Few incidents related to problems in the enquiry answering process but areas for improvement were highlighted by reporters (see recommendations below).

### Recommendations:
- If rushed for time, try to hand the answer over for a colleague to give out rather than rush to give the answer.
- Archive enquiries as soon as possible in MiDatabank to maintain an accurate number of active enquiries. This enables more efficient handovers.
- Have a local checklist in place to assist in checking written answers or at least both question and answer field in MiDatabank, e.g. Guidance on Checking Medicines Information Enquiries, Enquiries to Document, Recording Simple Enquiries.

### Publication Incident

There were no reportable incidents this quarter.