Belfast Health and Social Care Trust
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FOI/25219

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Iatrogenic Harm

Can you please tell me how "iatrogenic harm" is managed within your trust?

Any harm that occurs to a patient is collected through an incident reporting system, this will also include iatrogenic. After any incident is raised then senior members of the care delivery team review the harm and use a risk assessment to grade the risk to the patient.

Incidents will be investigated appropriately following the risk assessment and learning from this will occur.

What medical specialists are involved?

All professional members are involved including medical specialists. Incidents are reviewed at specialist meetings chaired by medical staff called patient safety and clinical governance leads and this meeting usually has a multi professional component. If incidents are significant this will trigger the use of significant event audit methodology to further achieve learning. If there has been an incident which meets the criteria of serious adverse event then this will be notified via the usual mechanism.

How are these services accessed?

There is no defined service.

For each of the following questions can you please provide information for each of the following years:

- **In 2018**
- **In 2019**
- **In 2020**

1. How many patients were diagnosed with Iatrogenic harm.

Our incident reporting system is not able to easily provide the number of patients diagnosed with Iatrogenic harm as they are not categorised in this way and this term would not always be used when recording such incidents. A manual trawl would be required of all incidents to determine those relevant to your request.

The Trust considers that the cost of retrieving the information would be above the 'Appropriate Limit' as defined by the FOI Act under Section 12. Section 12 makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit. The limit has been specified as £450 for public authorities such as Belfast Trust. This represents the

cost of one or more person spending 18 hours in determining whether we hold the information, locating, retrieving and extracting this information.

2. What is the pathway used for managing those patients with Iatrogenic harm.

There is no defined separate pathway for patients with iatrogenic harm. Patient's care is managed as their individual clinical need requires.

3. How many patients were treated for Iatrogenic Harm.

This information is not centrally collated see our response to Q1.

4. How is medication review managed in your trust?

As per Trust Medicines Code:
The Kardex [Medicines Prescription and Administration Record] should be reviewed by medical staff as part of routine medical review, for example at ward rounds, by nursing staff at administration rounds and by pharmacists in accordance with the Northern Ireland Clinical Pharmacy Standards'
There is also a section in the Medicines code under the heading 'Prescribing of Antimicrobials' (3.2) where the recommendation is to 'review the clinical diagnosis and the continuing need for antibiotics at 48-72 hours and documenting a clear plan of action.'

5. How many patients in the trust use medical cannabis?

In 2018 - 159
In 2019 - 125
In 2020 - 142

6. How many patients in the trust use medical marijuana?

No patients have been supplied medical marijuana.

7. How many patients receive ECRs to deal with iatrogenic harm caused?

As this information is not held centrally, the Trust considers that the cost of retrieving the information would be above the 'Appropriate Limit' as defined by the FOI Act under Section 12.

8. How many patients are given ECRs to manage medication de-escalation?

As this information is not held centrally, the Trust considers that the cost of retrieving the information would be above the 'Appropriate Limit' as defined by the FOI Act under Section 12.