



Freedom of Information Request on Allergy Recording in Electronic Patient Records

Survey Flow

Block: Section 1: General Information (7 Questions)

Standard: Section 2: Allergy Recording System (10 Questions)

Standard: Section 3: Allergy incidents (11 Questions)

Standard: Section 4: Feedback and Improvements (2 Questions)

Page Break

Start of Block: Section 1: General Information

Cover Statement Freedom of Information (FOI) Request on Allergy Recording in Electronic Patient Records (EPR) in NHS Trusts

INTRODUCTION

Who are we?

Imperial College London are undertaking a study looking at documentation of food, drug and non-drug allergies within electronic patient records and any related allergy patient safety incidents in hospital.

Why are we asking for this information?

We suspect that that awareness and documentation of food and non-drug allergies in Electronic Patient Records (EPR) are insufficient and pose a risk to patient safety. We are gathering information on how food, drug, and non-drug allergies are documented and managed within electronic patient records (EPR) across different NHS Trusts in the UK. This data will help identify current practices, challenges, and areas where national guidelines could be improved or introduced to improve patient safety and care.

Your information is fundamental in helping us understand the variations in allergy documentation practices across NHS Trusts. By sharing your experiences and insights, you will contribute to potential improvements in allergy management and patient safety on a national level.

Who can take part?

The survey link was distributed through the FOI email address to all NHS Trust Foundations and Health Boards. The selection of participants will be determined by the FOI inbox manager, with the ideal participant being someone who has access to the incident reporting portal.

How long will it take to complete this survey?

The survey should take approximately 10-15 minutes to complete. It may take longer to gather the information needed for the survey via your incident reporting system. We appreciate your time and effort in providing valuable information.

Thank you for your participation and valuable contribution to improving allergy management and patient safety.

Q1 Trust Name:

Birmingham and Solihull Mental Health NHS Trust

Q2 Type of Healthcare Facilities

- ☐ District General Hospital (DGH) (1)
 - ☐ Specialty Hospital (2)
 - ☐ Private Hospital (3)
 - ☐ Community Hospital (4)
 - ☐ Other (Please Specify) (5) Explicitly providing Mental Health Services
-

Q3 Demographic of Hospital Care

- ☐ Adult Hospital (1)
 - ☐ Paediatric Hospital (2)
 - ☐ General Hospital (Both paediatric and adult) (3)
 - ☐ GP surgery (4)
 - ☐ Other (Please Specify) (5) Birmingham and Solihull Mental Health NHS Foundation Trust provides a comprehensive mental healthcare service for residents of Birmingham and Solihull, and a range of specialist mental health services to communities across the West Midlands and beyond.
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Q4 Respondent's Role in the Trust:

- ☐ Medical Records Manager (1)
 - ☐ IT Specialist (2)
 - ☐ Clinician (3)
 - ☒ Administrator (4)
 - ☐ Other (Please Specify) (5)
-

Q5 Does your Trust use electronic patient records (EPR)?

- ☒ Yes (1)
 - ☐ No (2)
-

Q6

Which EPR system does your Trust use?

- ☐ Cerner (1)
- ☐ Epic (2)
- ☐ System C (3)
- ☐ Dedalus (4)
- ☐ Altera (5)
- ☐ Other (Please Specify (6) Rio

End of Block: Section 1: General Information

Start of Block: Section 2: Allergy Recording System

Q7 Does the EPR system used by your Trust include a specific section for recording food, drug, latex, and other allergies?

- ☒ Yes (1)
- ☐ No (2)

Display This Question:

If Q7 = 1

Q8 If yes to question 7, how is the initial allergy information typically entered into the system?
(Select all that relevant)

- ☐ Manually by Doctor (1)
 - ☐ Manually by Pharmacist (5)
 - ☐ Manually by Nurse (6)
 - ☐ Manually by Dietitian (7)
 - ☐ Automatically from Previous Records (2)
 - ☐ Manually by Administrative Staff (3)
 - ☐ Other (Please Specify) (4)
-

Display This Question:

If Q7 = 1

Q9 If yes to question 7, who is responsible for updating and/or checking allergy information in the patient's electronic record? (Select all that apply)

- ☐ Clinicians (e.g., doctors, nurses) (1)
 - ☐ Administrative Staff (2)
 - ☐ Pharmacists (3)
 - ☐ IT/Technical Support Staff (4)
 - ☐ Don't Know (5)
 - ☐ Other (Please Specify) (6)
-

Q10 How is the allergy information flagged or highlighted in the patient's records to alert healthcare providers?

- ☐ Red Flag (1)
 - ☐ Pop-up Alert (2)
 - ☐ Highlighted Text (3)
 - ☐ Other (Please Specify) (4) BSMHFT use standard system alerts function
 - ☐ Not highlighted/ alerted on the system (5)
-

Q11 What training, if any, is provided to staff on the correct recording of allergies in patient records?

- ☐ Mandatory Training Sessions (1)
 - ☐ Optional Training (2)
 - ☐ No Training Provided (3)
 - ☐ Other (Please Specify) (4)
-

Q12 If training is provided on allergy documentation, does it specifically cover different types of allergies in the training materials?

- ☐ Only drug allergy recording (1)
 - ☐ Both drug and non-drug allergy recording (2)
 - ☐ Drug, food, and other non-drug allergy recording (e.g., latex) (3)
 - ☐ Don't know/ Unsure (4)
-

Q13 Does your Trust have a Local Guideline or Standard Operating Procedure (SOP) in place covering allergy documentation on the EPR?

- ☐ Yes (3)
 - ☐ No (5)
 - ☐ Don't know/ Unsure (4)
-

Display This Question:

If Q13 = 3

Q14 If yes to Question 13, does this guideline/SOP include documentation for allergens below?
(Select all that relevant)

- ☐ Drugs (1)
- ☐ Food (2)
- ☐ Other non-drug substances (e.g. latex) (3)
- ☐ Don't know/ Unsure (5)

Q15 Does your hospital have access to specialist allergy advice for paediatric patients?

- ☐ Yes, please specify if this service available is available through In-House, Local Centre or Regional Centre. (1) Yes, we have access via the local paediatric allergy specialist service based at Birmingham Children's Hospital.
- ☐ No (2)

Q16 Does your hospital have access to specialist allergy advice for adult patients?

- ☐ Yes, please specify if this service available is available through In-House, Local Centre or Regional Centre. (1) _____
- ☐ No (2) The Trust does not have access to a specialist allergy advice for adult patients.
Any information about allergies as part of the assessment process relating to physical health is captured on our patient administration system- Rio. Any specialist advice would be picked up by the GP.

End of Block: Section 2: Allergy Recording System

Start of Block: Section 3: Allergy incidents



Section 3: Incident Section 3: Patient Safety Incidents In this section, we would like to gather some information about patient safety incidents related to allergies in hospital, for example patients who have been administered penicillin antibiotics when they have a penicillin allergy. We would like information on up to 10 cases each for both drug allergy and food or non-drug allergy incidents, prioritised by severity of harm, followed by the most recent incidents.

Our local risk team recommends that you gather the following information for your incident reporting system before answering the following questions:

1. Drug allergy incidents- Allergen, Age, Level of harm
2. Food and other non-drug allergy incidents- Allergen, Age, Reactions, If reported as serious incident, Level of harm, Is the allergen previously documented in patients' note, Is the the allergen correctly documented on EPR
3. Common causes identified on food and other non-drug allergy incidents reported.

Tips:

We recognize that many Trusts may not have a specific category for food and other non-drug allergies in their incident reporting portals. However, we have identified a few related categories that are often associated with the documentation of these incidents, including:

1. Food allergens incidents:

- Insufficient help with eating and drinking
- All other medication incidents (errors with prescribing, administration, follow-up etc.)

2. Medication allergen incidents:

- All other medication incidents (errors with prescribing, administration, follow-up etc.)
- Other injury/accident
- Inadequate or inappropriate medical care

3. Other search terms including- "anaphylaxis", "allergy", "food allergy", "allergic", "urticaria", "urticarial", "hives", "angioedema", "anaphylactic", "non-drug allergy", "adrenaline", "wheezing", "stridor", "EpiPen", "antihistamine"

4. Consider other search terms for non-drug allergy incidents including "Latex" , "Chlorhexidine" , "Povidone iodine" , "Macrogol" , "PEG-polyethylene glycol" , "Polysorbate 20", "Polysorbate 80" , "Mannitol" , "EDTA" , "Tromatamol" , "Trismatamol" , "Metacresol" , "Arginine"

Q17 Does the incident reporting platform have a specific category for recording food or other non-drug allergy incidents?

- ☐ Yes (1)
- ☐ No (2)

Q18 In the last 10 years, has your Trust recorded any incidents where a patient was administered a food, drug, or other substance (e.g., latex) they were known to be allergic to?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Q18 = 1

Q19 If yes to question 18, how many such incidents have been reported in the last 10 years?
[Numerical Response]

- ☐ <5, please specify (1) _____
- ☐ 5 - 9, please specify (2) 8
- ☐ 10 - 19, please specify (3) _____
- ☐ ≥ 20, please specify (4) _____
- ☐ Don't know (5)

Display This Question:

If Q18 = 1

Q20 If yes to question 18, please indicate the number of incidents for each category: [Numerical Response]

☐

Drug allergy incidents (1) 3 incidents

☐

Food allergy incidents (2) 4 incidents

☐

Incidents to other allergic substances (3) NIL incidents

☐

Don't know/ unaware (4) 1 incidents

Q21 Considering the start date of your EPR system, how many years' worth of incident data have you been able to search for this survey? Ideally, up to 10 years. (e.g. 2014 - 2024)

01/11/2014 - 31/10/2024

Q22 For reported DRUG ALLERGY incidents, what are the drugs involved, age group (≤ 17 or > 17 years), and level of harm (no harm, low harm, moderate harm, severe harm or death), listing up to 10 cases prioritized by severity of harm, followed by the most recent incidents?

Please indicate the total cases below if more than 10 cases were reported. Example: Case 1 (Amoxicillin, > 17 yo, low harm).

☐ Case 1 (allergen, age, level of harm) (1)
Paracetamol, > 17 year of age, no harm, Oct-2023

☐ Case 2 (allergen, age, level of harm) (2)
Aripiprazole, > 17 year of age, no harm, Oct-2021

☐ Case 3 (allergen, age, level of harm) (3)
Flucloxacillin, > 17 year of age, no harm, 07-2021

☐ Case 4 (allergen, age, level of harm) (4)

☐ Case 5 (allergen, age, level of harm) (5)

☐ Case 6 (allergen, age, level of harm) (7)

☐ Case 7 (allergen, age, level of harm) (8)

☐ Case 8 (allergen, age, level of harm) (9)

☐ Case 9 (allergen, age, level of harm) (10)

☐

Case 10 (allergen, age, level of harm) (11)

☐

If more than 10 cases are reported, please indicate the total number of cases below. (13) _____

☐

No drug allergy incidents reported (14)

Q23 For reported FOOD and OTHER NON-DRUG ALLERGY incidents, what are the allergens involved, age (confirm age via clinical record if required), reactions, if serious incident reported and level of harm (no harm, low harm, moderate harm, severe harm or death), listing up to 10 cases prioritized by severity of harm, followed by the most recent incidents?

Please indicate the total cases below if more than 10 cases were reported.

Example: Case 1 (Peanut, 3yo, anaphylaxis, serious incident reported, moderate harm).

☐ Case 1 (allergen, age, reaction, serious incident reported, level of harm) (1)
Nuts, Age 21 – 30, tingling in throat, moderate harm, 02-2024

☐ Case 2 (allergen, age, reaction, serious incident reported, level of harm) (2)
Nuts, Age Unknown, no reaction, No harm, 07-2024

☐ Case 3 (allergen, age, reaction, serious incident reported, level of harm) (3)
Gluten, Age 51 – 60, no reaction, no harm, 01-2020

☐ Case 4 (allergen, age, reaction, serious incident reported, level of harm) (4)

☐ Case 5 (allergen, age, reaction, serious incident reported, level of harm) (5)

☐ Case 6 (allergen, age, reaction, serious incident reported, level of harm) (7)

☐ Case 7 (allergen, age, reaction, serious incident reported, level of harm) (8)

☐ Case 8 (allergen, age, reaction, serious incident reported, level of harm) (9)

☐ Case 9 (allergen, age, reaction, serious incident reported, level of harm) (10)

☐ Case 10 (allergen, age, reaction, serious incident reported, level of harm) (11)

☐ If more than 10 cases report, please indicate the total number of cases below.
(13) _____

☐

No food allergy OR other non-drug allergy incidents reported (14)

Q24 For FOOD AND OTHER NON-DRUG ALLERGY incidents, how many of the incidents was the allergen clearly documented in patients notes/correspondence prior to the incident? Please insert the number of cases involved in each category. (e.g. 0 - 100)

☐

3 Cases Food allergies documented correctly, please specify: (1)

☐

Food allergies not documented, please specify: (2)

☐

Non-drug allergies documented correctly, please specify: (3)

☐

Non-drug allergies not documented, please specify: (4)

☐

The food/ non-drug allergens were not previously known (7)

Q25 For FOOD AND OTHER NON-DRUG ALLERGY incidents, how many of the incidents was the allergen correctly documented on the relevant field in EPR prior to incident (Cerner / Epic / Other)? Please insert the number of cases involved in each category. (e.g. 0 - 100)

☐

3 Food allergies documented correctly, please specify: (1)

☐

Food allergies not documented, please specify: (2)

☐

Non-drug allergies documented correctly, please specify: (3)

☐

Non-drug allergies not documented, please specify: (4)

☐

The food/ non-drug allergens were not previously known (5)

Q26 What were the causes identified in the food or other non-drug incidents? (Multiple answers allowed)

- ☐ Allergy not recorded in EPR (1)
 - ☐ Allergy recorded but not flagged/alerted (2)
 - ☐ Staff did not check EPR (3)
 - ☐ Incorrect substance administered due to similar names/packaging (4)
 - ☐ System error or failure (5)
 - ☐ Other (Please Specify) (6)
-
- ☐ Unsure/ Don't know (7)

End of Block: Section 3: Allergy incidents

Start of Block: Section 4: Feedback and Improvements

Q27 What challenges, if any, does your Trust face in accurately recording and managing allergy information in EPR systems?

Staff knowledge and consistency in completing records

Service users and staff not aware of allergy

Q28 What improvements do you suggest could be made at a national level to better manage allergy information in patient records?

Agreement and adherence to published standards

End of Block: Section 4: Feedback and Improvements



Thank you very much for your input. This will provide the evidence and record for assisting in improvement of overall patients' safety and quality of care.