

# SAFE USE OF MEDICINES GROUP

## Meeting

Monday 26<sup>th</sup> July 2004  
Time: 9.30am to 14.30pm

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### Attendees

Dwayne Crombie (Waitemata) – Chair  
Tim Maling (Capital Coast) (part)  
Peter Black (Auckland)  
Avril Lee (Waitemata)  
Beth Loe (Project Manager)  
David Kibblewhite (Waikato)  
Allan Pelkowitz (Auckland)  
Marilyn Crawley (Waitemata)  
Elizabeth Plant (Taranaki)  
Gillian Bohm (MOH)  
Jane Vella-Brincat (Canterbury)

### Invited

Tracey Barron (PHARMAC)  
Peter Moodie (PHARMAC)

### Minutes

Item	Topic/agenda	Notes/comments	Action Required
1.	Apologies	Gershu Paul, Mary Seddon	
2.	Minutes of teleconference 28 <sup>th</sup> June 2004	<ul style="list-style-type: none"> <li>Re item 5.i Potassium consultation not before Oct 04, needs to be widely disseminated with letter from group endorsing the consultation and with evidence for reasons</li> <li>Re item 5.ii Costings for video dependant on where produced, eg producers of RMO video at WDHB</li> <li>Warfarin information has now been included on the A+ discharge summary</li> <li>Alert been sent to GM's funding and planning and pharmacy facilitators for comment</li> </ul>	<ul style="list-style-type: none"> <li>Consultation (<b>PHARMAC, Beth</b>)</li> <li>Progress video (<b>Avril, Tracey, Chris Wan C&amp;CDH</b>)</li> <li>Incorporate comments in alert if appropriate (<b>Beth, Avril</b>)</li> </ul>
10.	Conflict of interest register	<ul style="list-style-type: none"> <li>Circulated for completion</li> </ul>	
3.	Where to from here; proposed model, terms of reference logo,	<ul style="list-style-type: none"> <li>The group was mandated to go forward and expand its role to include QUM at the conference</li> <li>Need for a strategy but need to ensure that quality and safety happen</li> <li>Draft model and terms of reference prepared by PHARMAC discussed, needs to include primary care</li> <li>Australian system would not work</li> </ul>	

		over here Need to link to an advisory group but currently none suitable to link to, may be EpiQual in the future	
	Format of group	<ul style="list-style-type: none"> <li>In addition to current representation need education, nursing (from secondary care within practice), primary care/PHO GP (invite nominations), consumer (invite nominations), RMI (invited for specific issues)</li> </ul>	<ul style="list-style-type: none"> <li>Process for consumer nominations (<b>Tracey</b>)</li> <li>Invite nominations</li> </ul>
	Funding	<ul style="list-style-type: none"> <li>Budget needed for consumer/GP attendance expenses</li> <li>Longer term needed to fund research etc,</li> <li>Budget to be prepared</li> <li>3 groups who could provide funding: DHBNZ, MOH, PHARMAC</li> </ul>	<ul style="list-style-type: none"> <li>Prepare budget (<b>Dwayne</b>)</li> </ul>
	Name & Logo	<ul style="list-style-type: none"> <li>Name; agreed on Safety and Quality of Medicines Group</li> </ul>	<ul style="list-style-type: none"> <li>Finalise logo (<b>Tracey, Beth</b>)</li> </ul>
	Policy/Strategy document	<ul style="list-style-type: none"> <li>Need to generate, consult, finalise and get endorsement on a national policy/strategy document that encompasses a 10 yr plan, who the major stakeholders are and includes an action plan</li> <li>Split document into 4 areas and work in sub-committees to prepare sections prior to next meeting; <ul style="list-style-type: none"> <li>i. strategy &amp; policy linked with networking and co-ordination</li> <li>ii. Infrastructure ie IT/ equipment, training, information, service delivery, formulary</li> <li>iii. High risk situations</li> <li>iv. Audit, evaluation, monitoring, research</li> </ul> </li> </ul>	Strategy & policy ( <b>Dwayne, Peter M, David, Tim, Gershu</b> ) Infrastructure ( <b>Elizabeth, Marilyn, Jane, David, Peter B</b> ) High risk situations ( <b>Avril, Gillian, nurse, Mary</b> ) Audit, evaluation, monitoring, research ( <b>Mary, Peter B, Marilyn, Beth, Gillian</b> )
	Presentation for boards etc	<ul style="list-style-type: none"> <li>Needed</li> <li>Members of the group could present to various groups around the country</li> </ul>	Prepare presentation ( <b>Tracey</b> )
6.	High Risk Medicines		
6.i	Potassium	<ul style="list-style-type: none"> <li>Response to questionnaires excellent but not 100% (see attached)</li> <li>Alert not binding but DHB's should be able to justify their decisions in the case of a sentinel event</li> </ul>	<ul style="list-style-type: none"> <li>Alert to be updated when pre-mixes available</li> </ul>
6.ii	Warfarin	<ul style="list-style-type: none"> <li>Alert circulated for comment as above</li> </ul>	
6.iii	Heparin	<ul style="list-style-type: none"> <li>3 Auckland DHB's looking at agreeing a common guideline and heparin chart</li> </ul>	
6.iv	Insulin	<ul style="list-style-type: none"> <li>Still no clear picture of the problem especially in primary care</li> <li>BPAC will include types of insulin in their bulletin</li> </ul>	<ul style="list-style-type: none"> <li>Audit in primary care (<b>Allan, Avril, Beth</b>)</li> </ul>

		<ul style="list-style-type: none"> <li>• Talk to diabetologists about problems</li> </ul>	
6.v	Diltiazem	<ul style="list-style-type: none"> <li>• Peter Black has drafted bulletin for secondary care &amp; will add identification chart</li> <li>• Need one for primary care</li> <li>• Check problem with PMS has been solved</li> <li>• Education issues with dispensary technicians, write to technician courses when alert ready</li> <li>• NZ guidelines not available yet</li> </ul>	<ul style="list-style-type: none"> <li>• Send identification chart to Peter (<b>Avril</b>)</li> <li>• Draft primary care bulletin (<b>Avril, Beth</b>)</li> <li>• PMS problem solved (<b>Beth</b>)</li> <li>• Send alert with letter to technician courses (<b>Beth</b>)</li> <li>• Next meeting if available</li> </ul>
6.vi	Morphine	<ul style="list-style-type: none"> <li>• Labelling was major concern but labelling has been changed</li> <li>• Internationally problem with long/slow acting tablets and capsules and with liquid 5mg/ml and 5mg/5ml</li> <li>• Need to define problem</li> </ul>	<ul style="list-style-type: none"> <li>• Define problem and draft alert (<b>Jane</b>)</li> </ul>
6.vii	Cytotoxics, vincristine, methotrexate	<ul style="list-style-type: none"> <li>• IT injection of vincristine in error usually fatal or causes total paralysis</li> <li>• UK have issued alert and pack on this which we could base an alert on</li> <li>• Increasing oral use of methotrexate for non-oncology indications with risk of inadvertent dosing errors</li> </ul>	
6.viii	Intravenous Infusions	<ul style="list-style-type: none"> <li>• Defer until strategy document written</li> </ul>	
6.ix	Good prescribing practice	<ul style="list-style-type: none"> <li>• Eg mcg v microgram, when necessary prescribing, alternate day prescribing, calculations</li> <li>• Referred Services management Group have set targets for primary care and will remunerate accordingly</li> </ul> <p>Some targets: thyroxine testing; number of tests, inappropriate use of cephalosporin v penicillin, prescribing of noroxin v trimethoprim, statin under prescribing</p>	Define problem ( <b>Jane, Tim, Elizabeth</b> )
7.	Information Technology	<ul style="list-style-type: none"> <li>• Needs national co-ordination and too big for group to look at</li> </ul>	
8.	Primary/secondary interface	<ul style="list-style-type: none"> <li>• Circulate document for review prior to next meeting</li> </ul>	
9.	QUM initiatives	<ul style="list-style-type: none"> <li>• Wait until strategy document written</li> </ul>	
11.	Dates for future meetings	<ul style="list-style-type: none"> <li>• Face to face meetings work better for whole group, agreed on 2 monthly</li> <li>• Dates for next meetings 20<sup>th</sup> September Auckland 22<sup>nd</sup> November Wellington</li> </ul>	