

# SAFE & QUALITY USE OF MEDICINES GROUP Meeting

Thursday 4<sup>th</sup> December 2008 Time: 9.30am to 15.30pm

## Attendees

Beth Loe (National Coordinator)      Peter Black (ADHB)  
 Mary Seddon (CMDHB)                      Frances McClure (GP)  
 Gigi Lim (Auckland University)        Avril Lee (Waitemata)  
 Marilyn Crawley (Waitemata)  
 By teleconference  
 Elizabeth Plant (Taranaki)                Gillian Bohm (MOH)  
 Tim Maling (C&CDHB)

## Invited

Julie Vickers (Waikato)                      Shelley Proctor (Waikato)

## Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Chai Chuah, Debi Lawry, Nigel Millar, Roy Morris, Adam McRae, Peter Moodie, Tony Fraser, Dwayne Crombie	
2.	Minutes of previous meeting	<ul style="list-style-type: none"> <li>These were accepted</li> </ul>	
3.	Matters arising	<p><u>i. PreMec proposal</u></p> <ul style="list-style-type: none"> <li>The proposal with a covering letter has been sent to the chair of PreMec</li> <li>Awaiting reply</li> </ul> <p><u>ii. Potassium pre-mixes</u></p> <ul style="list-style-type: none"> <li>Contact with the Centre for the Study of Diabetes re GIK infusions and confirmed by fax - no reply to date</li> <li>Most common pre-mix used in GIK infusions is 10mmol potassium in 10% glucose</li> <li>Baxters will consider registering further pre-mixes but would like usage figures</li> <li>Suggested look at registering a high concentration, small volume for use in ITU at the same time</li> </ul> <p><u>iii. Morphine pre-filled syringes</u></p> <ul style="list-style-type: none"> <li>PHARMAC remained with the current labelling</li> <li>Felt they had no mandate to adopt national standards</li> <li>This is one issue that the proposed Medsafe expert advisory group could deal with</li> </ul> <p><u>iv. PHARMAC consultations on retinoids and diltiazem</u></p> <ul style="list-style-type: none"> <li>Feedback sent to dermatologists and PHARMAC as agreed at the October meeting</li> </ul> <p><u>v. Look alike sound alike workshop actions</u></p>	<p><u>i. Potassium pre-mixes</u></p> <ul style="list-style-type: none"> <li>Ascertain usage figures <b>(Beth)</b></li> <li>Follow up with Centre for the Study of Diabetes <b>(Beth)</b></li> <li>Investigate appropriateness of Medicines Control Group involvement <b>(Gillian)</b></li> </ul>

		<ul style="list-style-type: none"> <li>Brief and first draft proposed terms of reference and membership of expert advisory group received for comment from Medsafe</li> </ul> <p><u>vi. Resus medicines presented in syringes</u></p> <ul style="list-style-type: none"> <li>Awaiting response from PHARMAC</li> </ul> <p><u>vii. Use of cytotoxic injections in the community</u></p> <ul style="list-style-type: none"> <li>Written to PHARMAC</li> <li>Waikato have also identified this as a risk and written to PHARMAC</li> </ul>	
4.	Group membership	<ul style="list-style-type: none"> <li>Nigel is keen to continue membership but has offered to resign because he has been unable to attend meetings</li> <li>Group would prefer him to continue – suggested that an alternative would be to find a second CMO to share the membership</li> <li>Consumer member – this will be advertised again through the Ministry for Consumer Affairs</li> <li>Elizabeth Plant has resigned from membership of the group due to other commitments</li> <li>The group would like to thank Elizabeth for her contribution to the group and wish her success in her new role as President of the Pharmaceutical Society</li> <li>Process for finding new member(s) – advertise in the newsletter and on the website for a health professional with an interest in medication safety</li> <li>Enclose a flyer with the newsletter and ask readers to distribute the flyer through their networks</li> <li>Closing date for current vacancy January 31<sup>st</sup></li> <li>Investigate whether quality &amp; safety registrar post at Hutt still exists</li> <li>PHARMAC membership – it is normal for only one PHARMAC member to attend, suggest this be formalised so that there is only one PHARMAC member</li> <li>Elizabeth is one of SQM representatives on SMM steering group – please could any member willing to replace Elizabeth let Beth know</li> <li>Need to agree terms of reference for SQM representatives on SMM steering group i.e. representing SQM, not their professional associations</li> </ul>	<ul style="list-style-type: none"> <li>Seek second CMO to share membership with Nigel (<b>Beth</b>)</li> <li>Progress finding consumer representative (<b>Beth</b>)</li> <li>Advertise in newsletter and on website with flyer (<b>Beth</b>)</li> <li>Write to PHARMAC members (<b>Beth</b>)</li> <li>Write to Elizabeth (<b>Beth</b>)</li> <li>Replacement for Elizabeth on SMM steering group (<b>All</b>)</li> <li>Draft TOR (<b>Beth</b>)</li> </ul>
5.	Annual report	<ul style="list-style-type: none"> <li>Report has been to editor and changes made</li> <li>Next stage is type setting prior to printing</li> <li>Number of copies agreed at last meeting</li> <li>Need pdf copy to go on website</li> </ul>	<ul style="list-style-type: none"> <li>Letter to send with printed report (<b>Beth</b>)</li> <li>bpac article (?)</li> </ul>
6.	Waikato pharmacy initiatives	<ul style="list-style-type: none"> <li>Warfarin initiative - folder at all Waikato hospitals includes DVD, PIL, flip chart, information for nursing staff, multiple choice sheet for nurses to do after training and before they can provide patient education (nurse educators manage nurse training), patient self evaluation sheet, counselling checklist</li> <li>i. Developing pharmacy technician warfarin competency package</li> <li>ii. Community pharmacy group have developed resources and pharmacists who provide this service will be paid</li> <li>iii. Discharge chart for warfarin has been developed based on the information that GPs identified they needed – underused at present</li> </ul>	<ul style="list-style-type: none"> <li>Information will be included in first newsletter in 2009 (<b>Beth</b>)</li> <li>Waikato are happy to share resources</li> <li>Contact Beth Loe for details</li> </ul>

		<ul style="list-style-type: none"> <li>• Good Prescribing Project- based on poster campaign and audit of charting, fortnightly campaigns with posters &amp; different aspect of prescribing targeted each fortnight e.g. allergies and reactions, legibility, abbreviations etc</li> <li>i. Used green highlighter for wrong prescribing for that fortnight's campaign</li> <li>ii. Reward card for a chocolate fish used when prescribing correct, then free coffee for the best at the end of each week, with big prize at the end of the campaign</li> <li>iii. Reviewing what should happen next – possibly making some aspects compulsory, rerunning campaign at intervals etc.</li> <li>iv. They have stamps for RMO's with name and NMC on</li> <li>v. Other initiatives – training and registration for IT cytotoxic administration &amp; developing a medication safety leaflet for patient's</li> </ul>	
7.	QIC update	<ul style="list-style-type: none"> <li>• Discussion at the last meeting about the development of drug chart standards as opposed to a national drug chart</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
8.	Safe Medication Management Programme update	<ul style="list-style-type: none"> <li>• Evaluation stream for all the SMM projects being developed by Colette Burns based on trigger tool model</li> <li>• Progress is being made on the medicines terminology with a proposed method of travel in place</li> <li>• The medicines terminology is essential to facilitate all the IT components of the work streams</li> </ul>	
9.	National drug chart/ Drug Chart Standards	<ul style="list-style-type: none"> <li>• Interim clinical leadership group appointed from SMM steering group – Elizabeth, Tim, Cheyne Chalmers from C&amp;C and Ann Kemp (Taranaki)</li> <li>• Philosophical view of standards– too many, quality assurance based on big stick rather than collaborative, the sample chart SMM have designed doesn't meet standards, confusing to issue standards and pilot the SQM national medication chart at the same time</li> <li>• Concern about running parallel processes concurrently</li> <li>• The CFA from MOH was for a standardised medication chart to have been piloted by 31.12.08</li> <li>• Pilot the national medication chart and audit against standards</li> <li>• Standards needed as reference point for steering group to base future work on</li> <li>• Discussion about who should finish development of national drug chart – Elizabeth (WDHB) if able to, Beth Loe (SQM) in consultation with nurse &amp; doctor from Auckland region</li> <li>• Suggest send flyer about the national drug chart development and that pilot sites are needed, there will be funding and support from SMM</li> </ul>	<ul style="list-style-type: none"> <li>• Organise completion of SQM national medication chart (<b>Beth</b>)</li> <li>• Liaise with SMM re completion of medication chart (<b>Beth</b>)</li> </ul>
10.	Clinical Leadership Group (CLG)	<ul style="list-style-type: none"> <li>• Concern from MOH that CLG as proposed is at variance with original plan as detailed in CFA</li> <li>• Alternative model suggested: a CLG appropriate for each specific stream as each project reached "a landing" i.e. SQM would gather a CLG appropriate to each specific work stream when the project</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda next meeting (<b>Beth</b>)</li> </ul>

		<p>reached that stage because the clinical leaders with the drive to introduce bar-coding are likely to be different to those with the drive to introduce e-prescribing. This means leaders with different skills could be tailored to the implementation phase of each project</p> <ul style="list-style-type: none"> <li>• Defer further discussion until chair present</li> </ul>	
11.	High Risk Medicines		
11.i	Unfractionated heparin	<ul style="list-style-type: none"> <li>• Defer to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an alert (<b>Beth</b>)</li> </ul>
11.ii	Warfarin	<ul style="list-style-type: none"> <li>• Feedback on content of the red book has been received and will be collated and sent to GSK</li> </ul>	<ul style="list-style-type: none"> <li>• Collate comments for “red book” review (<b>Beth</b>)</li> <li>• Complete formatting of toolkit documents (<b>Beth/Pharmac</b>)</li> </ul>
11.iii	Intravenous Infusions	<ul style="list-style-type: none"> <li>• No summer student appointed, Gigi volunteered to complete audit report</li> <li>• Finalised the alert including recipients</li> <li>• Finalised content of position statement with minor changes, references need checking and updating so that they reflect text</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise alert &amp; position statement (<b>Beth</b>)</li> <li>• Distribute early 2009 with audit results (<b>Beth</b>)</li> </ul>
11.iv	IT cytotoxic injection	<ul style="list-style-type: none"> <li>• These are ready to send out as bound copies</li> <li>• We have no resource to enable any changes to be made to current practice</li> <li>• Reason for sending the guidelines out should be to evaluate how many centres are able to meet the requirements and if not what are the barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Development evaluation tool (<b>Beth</b>)</li> <li>• Send out guidelines with evaluation to haematology &amp; oncology centres (<b>Beth</b>)</li> </ul>
11.v	Colchicine	<ul style="list-style-type: none"> <li>• Design patient information leaflet along with alert</li> <li>• Defer to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Design PIL (??)</li> <li>• Agenda next meeting (<b>Beth</b>)</li> </ul>
11.vi	Oral Methotrexate	<ul style="list-style-type: none"> <li>• Alert in early stages of preparation</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda next meeting (<b>Beth</b>)</li> </ul>
12.	Renal drug dosing	<ul style="list-style-type: none"> <li>• Review previous version of this alert</li> </ul>	<ul style="list-style-type: none"> <li>• Review alert (<b>Tim</b>)</li> </ul>
13.	Paediatric safety concerns	<ul style="list-style-type: none"> <li>• Concerns raised by a paediatric pharmacist regarding the availability of stoppers for use with oral liquids to aid caregivers in delivering the correct dose</li> <li>• Relates to hospital admissions because the volume given has been less than that prescribed because the suspension froths when shaken. This would be reduced by using a stopper and would also make it simpler for parents to measure accurately</li> <li>• If stoppers and oral syringes were available on the schedule for certain medicines this scenario would be prevented</li> </ul>	<ul style="list-style-type: none"> <li>• Write to PHARMAC about the possibility of stoppers and oral syringes being included in the schedule for certain medicines</li> </ul>
14.	Look alike sound alike names and packaging		
14.i.	Lighting/eye sight	<ul style="list-style-type: none"> <li>• Defer to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Eyesight/lighting (<b>Nigel</b>)</li> </ul>
14.ii	INN v BAN	<ul style="list-style-type: none"> <li>• Mary has alerted QIC and QIC have sent a letter to DG Health regarding a co-ordinated national campaign</li> </ul>	
15.	Paediatric alert related	<ul style="list-style-type: none"> <li>• In progress</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda next meeting</li> </ul>

	to HDC report		
16.	E medication briefing paper	<ul style="list-style-type: none"> <li>Defer to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>Prepare paper and circulate prior to next meeting (<b>Nigel</b>)</li> </ul>
17.	Primary Care Issues		
17.i	Colchicine/ allopurinol in acute gout	<ul style="list-style-type: none"> <li>Suggested as a topic for a bpac journal article</li> <li>Bpac developing audit tool for use in PMS systems</li> </ul>	<ul style="list-style-type: none"> <li>Write article (<b>Peter or his registrar</b>)</li> </ul>
18.	International System for DI classification	<ul style="list-style-type: none"> <li>50% overlap between different lists produced internationally (e.g. “important v well documented”), have looked at all these lists using local experts and it was impossible to agree on “a list” that should be in the “most” severe category – some interactions that would be considered “severe” have little evidence and there was no consensus between experts on which reactions should be included in a most severe category</li> <li>Considered trying to establish such a list internationally but in reality this is unlikely to happen</li> <li>Have approached MedTech about allowing GPs to be able to set their own levels, further dialogue is needed</li> </ul>	<ul style="list-style-type: none"> <li>Agenda next meeting (<b>Beth</b>)</li> </ul>
19.	Allergy alert system and education	<ul style="list-style-type: none"> <li>Two of the 3 Auckland DHBs have agreed a method whereby allergy warnings validated by CARM and linked to the NHI are shown on the Concerto front page</li> <li>Bpac work - defer to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>Agenda next meeting (<b>Beth</b>)</li> </ul>
20.	Alerts of Toniq dispensing system	<ul style="list-style-type: none"> <li>Defer to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>Agenda next meeting (<b>Beth</b>)</li> <li>Draft annual report article (<b>Beth</b>)</li> </ul>
21.	BPAC articles	<ul style="list-style-type: none"> <li>Fleet oral solution –re-write to clarify which products should be used and which not</li> <li>Annual report</li> </ul>	<ul style="list-style-type: none"> <li>Finalise Fleet article (<b>Beth</b>)</li> </ul>
22.	Date and venue for 2009 meetings	<ul style="list-style-type: none"> <li>Chai unavailable March 2<sup>nd</sup> so rearrange</li> <li>March 5<sup>th</sup> Wellington</li> <li>May 7<sup>th</sup> Auckland</li> <li>June 4<sup>th</sup> Wellington</li> <li>August 6<sup>th</sup> Auckland</li> <li>October 1<sup>st</sup> Wellington</li> <li>December 3<sup>rd</sup> Auckland</li> </ul>	
	Priorities for 2009	<ul style="list-style-type: none"> <li>Continue with current programme of alerts</li> <li>Presentation from Waikato Hospital has emphasised the value of a QUM map similar to Australia to allow people to share innovations and prevent duplication of effort</li> <li>Suggest development of a QUM map with advertising to establish it as a the content as a source of information around medication safety and quality use of medicine initiatives as a priority if a funding stream can be identified</li> </ul>	<ul style="list-style-type: none"> <li>Investigate if any funding available from the MOH (<b>Beth</b>)</li> </ul>