

# SAFETY & QUALITY OF MEDICINES GROUP

## Meeting

Thursday 16 February 2006 Time: 9.30am to 2.30

### Attendees

Dwayne Crombie (Chair)	Peter Black (ADHB)
Gillian Bohm (MOH)	Frances McClure (GP)
Beth Loe (Project Manager)	Sharron Cole (Consumer)
Mary Seddon (CMDHB)	Adam McRae
Avril Lee (Waitemata)	Jane Vella Brincat (CDHB)
Grant Howard (Waikato)	Elizabeth Plant (Taranaki)
Emil Schmitt (Otago)	Teresa Sullivan (ACC)
Marilyn Crawley (Waitemata)	

### Invited

Hon Pete Hodgson (Minister of Health)

### Minutes

Item	Topic/agenda	Notes/comments	Action Required
1.	Apologies	Peter Moodie, Tim Maling	
3.	Minister of Health	<ul style="list-style-type: none"> <li>• Questions asked prior to meeting: how does medication safety fit into quality in healthcare, are the group working in primary care and community pharmacy</li> <li>• What are our priorities for Ministry</li> <li>• Mary presented on figures relating to medication safety and adverse drug events, both international and local. Gave examples of errors. Indicated what the group had done so far</li> <li>• Priority electronic medication database to reconcile all the records ie GP, community pharmacy and 2y care</li> <li>• Minister supported strategy and appreciative of the work the group had already done</li> <li>• Trying to increase IT capital investment</li> <li>• Supports links with EpiQuol and possibility that their group could provide help with some of our proposals, they are likely to be working on nosocomial infections and electronic medication record</li> <li>• National Medicines policy being worked on, need to link with people working on it</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with representative from EpiQuol to develop project on medication reconciliation</li> <li>• Invite people working on medicines policy to next meeting</li> </ul>
	Andrew Holmes (Manager Outcomes Performance Systems at MOH)	<ul style="list-style-type: none"> <li>• Talked about Ministry policy on e pharmacy, scoping at present and expect to formalise work in April. Logistics and priorities are difficult, opportunity for our group to input, Andrew will facilitate liaison between 2 groups</li> <li>• Group need to put together a proposal on medication system, send to HISAC and then someone from group present at HISAC</li> <li>• Membership of HISAC, currently being updated</li> </ul>	<ul style="list-style-type: none"> <li>• Put together written proposal on e pharmacy from group, send to HISAC and then representative to go to meeting in April (<b>Elizabeth</b> one of 2 to go to HISAC meeting)</li> <li>• Members of HISAC when finalised (<b>Gillian</b>)</li> </ul>
2.	Minutes of meeting	<ul style="list-style-type: none"> <li>• Under 4, HDC convening small group to talk</li> </ul>	

		<p>about patient safety not medication safety</p> <ul style="list-style-type: none"> <li>• Agreed</li> </ul>	
4.	ACC and EpiQuol research proposals	<ul style="list-style-type: none"> <li>• Groups priorities for funding are warfarin toolkit, infusion devices and medicines reconciliation</li> <li>• EpiQuol have offered some time, need to clarify what would be a good initiative around a medication record project</li> </ul>	<ul style="list-style-type: none"> <li>• ACC, initial discussion on proposals today, final decision date unknown</li> </ul>
6.i	Potassium	<ul style="list-style-type: none"> <li>• PHARMAC have send out a request for proposals re supply of bulk fluids that includes potassium pre-mixes, closing date 24.2.06</li> <li>• Likely to be 3mnths before contracts awarded but longer until products available because of registration issues.</li> </ul>	
5	Health and Disability Sector certification standards	<ul style="list-style-type: none"> <li>• Applicable to everyone that provides beds</li> <li>• Was due out for review before Christmas but delayed</li> <li>• Need to decide what we want to see as a minimum set of standards for medication safety</li> </ul>	<ul style="list-style-type: none"> <li>• Draft minimum set of standards (<b>Marilyn, Mary</b>)</li> </ul>
6.ii	Warfarin	<ul style="list-style-type: none"> <li>• Video going into production end of Feb.</li> <li>• Needs written information in a variety of languages to go with it</li> <li>• Has there been an increase in treatment injury claims related to warfarin since 1/7.</li> <li>• Reporting to ACC varies between DHB's</li> <li>• Individual incident reporting systems need an alert to send to ACC if meets criteria</li> <li>• Need to determine cost to develop and replicate a toolkit</li> <li>• Look at DHB kit and patient kit</li> <li>• DHB kit to contain; flip chart, video/DVD, patient information(multilingual), guideline example, clinical indicator reporting, red book, counselling checklist, alert, covering letter with references, discharge information requirements</li> <li>• Who should kit go to: designated person at each DHB, initially 5 for each DHB</li> <li>• How would repeat orders be dealt with</li> <li>• Information to be available on micro site</li> </ul>	<ul style="list-style-type: none"> <li>• Production costs for toolkit (<b>Beth</b>)</li> </ul>
6iii	Heparin	<ul style="list-style-type: none"> <li>• LMWH alert, to be re-drafted with changes discussed at previous meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Re-draft alert (<b>Peter Black</b>)</li> </ul>
6.iv	Diltiazem	<ul style="list-style-type: none"> <li>• Alert sent out to all DHB secondary care contacts</li> <li>• Primary care contacts 3 DHB's outstanding</li> </ul>	<ul style="list-style-type: none"> <li>• Send alert to primary care (<b>Beth</b>)</li> <li>• DHB's without primary care contact send letter to CEO (<b>Beth</b>)</li> </ul>
6.v	Morphine	<ul style="list-style-type: none"> <li>• CMDHB Medicines Advisory Committee to comment and look at ACC incidents for any recurrent themes before making any changes to alert</li> </ul>	<ul style="list-style-type: none"> <li>• Take to CMDHB MAC (<b>Mary</b>)</li> <li>• Change alert to include system changes prompted by ACC reports (<b>Jane,Emil</b>)</li> </ul>
6.vi	Intravenous infusions	<ul style="list-style-type: none"> <li>• Auckland process looking at smart pumps has stalled</li> </ul>	<ul style="list-style-type: none"> <li>• Develop one pager to highlight need for standardisation, software etc (<b>Emil, Marilyn</b>)</li> </ul>
6.vii	Good Prescribing Practice	<ul style="list-style-type: none"> <li>• Send out for consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Consult (<b>Beth</b>)</li> </ul>
6.viii	IT cytotoxic injection	<ul style="list-style-type: none"> <li>• Contact list for consultation obtained</li> </ul>	<ul style="list-style-type: none"> <li>• Send out for consultation (<b>Beth</b>)</li> </ul>

7.	Correspondence	<ul style="list-style-type: none"> <li>Letter from C&amp;C DHB Medicines Review Committee re similarity of labelling of IV preparations e.g. dexamethasone/ketamine, suxamethonium/pancuronium etc</li> <li>Determine from Transtasman Agency what constraints if any on what labelling will be allowed</li> <li>Situation in NZ accentuated by sole supply arrangements so no alternative possible when 2 products have similar labelling</li> <li>2 possible solutions; barcoding or labelling regulations prior to product registration</li> </ul>	<ul style="list-style-type: none"> <li>Letter to Medsafe re ketamine and dexamethasone with copy to MARC (<b>Beth</b>)</li> <li>Ask Sarita von Afehlt to include warning in Prescriber Update (<b>Beth</b>)</li> </ul>
8.	Renal drug dosing	<ul style="list-style-type: none"> <li>Some concern consultation not sent to GP's because the project would involve changes to PMS</li> <li>Initial consultation sent to pharmacologists, renal physicians, MOH and clinical directors at PHO's as a scoping exercise to ascertain whether project had general support and should continue or not, wider consultation planned if project continues</li> </ul>	<ul style="list-style-type: none"> <li>Responses still arriving, results available at next meeting</li> </ul>
	Update on IT projects around NZ	<ul style="list-style-type: none"> <li>CMDHB, chronic care project has shared patient records between 1y and 2y care, could this be extended using same principal to medication records, also have proof of concept for electronic prescribing from a project they did with Ascribe system</li> <li>Otago electronic prescribing; all medical areas currently have this but administration side not operating, some issues with software, does not communicate with pharmacy</li> <li>Need pilot for a shared medication record with multiple viewers including patient or e prescribing</li> <li>Go with medication record, e prescribing software available at present does not answer all needs</li> <li>Issues with privacy and consent, however immunisation record now held centrally</li> <li>Look at what is happening in USA</li> <li>Barcoding; need update from MOH about what is happening, invite barcode group who met previously to April meeting</li> </ul>	<ul style="list-style-type: none"> <li>Link to EpiQuol re medication record</li> <li>Invite barcode group to meeting in April (<b>Beth</b>)</li> </ul>
	Medsafe consultation on registration fees	<ul style="list-style-type: none"> <li>Proposed increases in registration fees will deter registration of current Section 29 products and possibly result in an increased number of Section 29 products</li> </ul>	Respond to Medsafe consultation on behalf of group ( <b>Beth, Marilyn</b> )
	<b>Date of next meeting</b>	<ul style="list-style-type: none"> <li><b>April 27<sup>th</sup> Please note meeting to be in Wellington because of invited groups</b></li> </ul>	