

SAFE & QUALITY USE OF MEDICINES GROUP

Videoconference

Thursday 1st October 2009 Time: 9.00 to 13.00

Attendees

Wellington

Chai Chuah (Chair)
Adam McRae (PHARMAC)
Gillian Bohm (MOH)

Dunedin

David Woods (bpacNZ)

Taranaki

Anne Kemp (Q&R Manager)

Invited

Desiree Kunac (NZPhVC)

Auckland

Nirasha Parsotam (Auckland) (10am)
Marilyn Crawley (Waitemata) (10am)
Peter Black (ADHB)
Avril Lee (Waitemata)

Whangerai

Beryl Wilkinson (Consumer)

Teleconference

Beth Loe (National Coordinator)

Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Peter Moodie, Gigi Lim, Mary Seddon, Tim Maling, Sandra Fielding, Frances McClure	
2.	Welcome Sandra Fielding	<ul style="list-style-type: none"> Following nominations from the DON group & telephone interviews Chai has confirmed appointment of Sandra Fielding as the nurse representative Sandra was unable to book a videoconference facility for this meeting 	
3.	Minutes of previous meeting	<ul style="list-style-type: none"> These were accepted with the following change: item 4 i, first discussion point : the group was unanimous that a date should be set providing the use of bar codes was shown to be a cost effective initiative 	<ul style="list-style-type: none"> Change minutes accordingly (Beth)
4.	Matters arising	<p>i. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> The chair of PreMec felt that further discussion would be unhelpful at present <p>ii. <u>Potassium pre-mixes</u></p> <ul style="list-style-type: none"> Baxters have now made Glucose 10% with potassium chloride 10mmol pre-mix available as a section 29 product Centre for the Study of Diabetes will discuss the SQM proposal for either a standard GIK protocol for NZ or a standard pre-mix that could be used in the majority of patients at their next executive meeting <p>iii. <u>Resus medicines presented in syringes</u></p> <ul style="list-style-type: none"> Marilyn will be late, agenda next meeting <p>iv. <u>Linking of patient allergy status to NHI</u></p> <ul style="list-style-type: none"> Given lower priority because MARC had informed the group that Medsafe had assured them that the new NHI platform would not go live unless the medical alert function was available MOH had contacted Chai about this 	<p>ii. <u>Potassium pre-mixes</u></p> <ul style="list-style-type: none"> Await feedback from Centre for the Study of Diabetes <p>iv. <u>Resus medicines in syringes</u></p> <ul style="list-style-type: none"> Agenda next meeting (Beth) <p>iv. <u>Linking of patient allergy status to NHI</u></p> <ul style="list-style-type: none"> Contact MOH regarding who is responsible for linking medical alert to NHI (Beth)

		<u>v. Process map for alert development</u> Technology problems resulted in the proposed map being lost and needs to be redrawn	<u>v. Process map for alert development</u> Complete for next meeting (Gillian)
5.	Group membership		
5.i	CMO nominated member	<ul style="list-style-type: none"> Don Mackie, chair of the CMOs group is continuing to seek nominations for a representative of that group 	<ul style="list-style-type: none"> Continue to seek CMO representative (Beth)
5.ii	Members seeking reappointment	<ul style="list-style-type: none"> Chai felt that the majority of members seeking re-appointment should continue. In view of the discussion around the future direction of SQM it was felt that the remaining members seeking re-appointment should continue in the interim 	
6.	QIC update	<ul style="list-style-type: none"> Gillian presented a brief update in Mary's absence mentioning that the Ministry's review group proposals had been discussed but there had been no major outcomes 	
7.	NZPhVC update	<ul style="list-style-type: none"> NZPhVC are currently establishing a steering committee for the pilot medication error project The project aims to share learning from medication errors originating in all healthcare settings, but with special attention to primary care 	<ul style="list-style-type: none"> Follow up request for QIC nomination to steering group (Gillian)
8.	Safe Medication Management Programme	<ul style="list-style-type: none"> The changes proposed to the charting standards will be made except for the registration number requirement, this will be reviewed following the pilot NZULM project lead had presented their work at the last steering group meeting; the ULM was based on Australian work, the use of GTINs and GSI had been discussed but further information was to be presented to the steering group at the next meeting E prescribing and e MR pilot sites had been asked to collaborate on their pilot design and outcomes Stage 2 site approval had been granted to West Coast, South Canterbury and Whanganui for MR pilots and BOP for medicine chart pilot There were ongoing executive stakeholder meetings at DHBs Work was ongoing with the MOH regarding changes to the medicines regulations Some DHBs had no baseline information available on adverse drug reactions and SMMP were looking at a combination of audit tools, MR measures and trigger tools to monitor the effect on adverse drug events of each pilot as appropriate 	
9.	Future direction for SQM	<ul style="list-style-type: none"> Chai is no longer officially mandated by the DHB CEO's as chair because he is no longer chair of the quality management group. Geraint Martin has taken over that role. SQM chairmanship requires resolution. MOH process following the Horn report is still unknown Would be useful to organise a meeting of all the groups who have a role to address medicines safety or quality in their terms of reference; include SQM, SMMP, MARC, QIC, PHARMAC, Medsafe, Ministry of Health, Q&R Managers group, NZPhVC, HISO, ACC, College of GPs quality group, Guidelines Group. The purpose would be to explore and align work programmes to reduce duplication and 	<ul style="list-style-type: none"> Letter to Minister of Health (Chai) What organisations operate in other jurisdictions

		<p>streamline initiatives</p> <ul style="list-style-type: none"> • Letter to be sent to the Ministers office proposing the meeting and offering to facilitate the meeting • First step would be for each group to clarify their current role • Identify how other jurisdictions manage quality and safety in terms of organisations 	
10.	Technical Advisory Group/ clinical leadership group	<ul style="list-style-type: none"> • Add something about sector leadership and the ministries work to the proposal • Note the proposal to facilitate a meeting for all organisations involved in patient safety/quality work to the letter and send to SMMP 	<ul style="list-style-type: none"> • Update proposal and letter and send to SMMP (Beth)
11.	<i>Date of next meeting</i>	<ul style="list-style-type: none"> • <i>December 3rd, PHARMAC, Wellington</i> • <i>Chai gave his apologies for this meeting and will approach Geraint Martin to chair</i> 	

Technical Agenda

1.	High Risk Medicines	<ul style="list-style-type: none"> • Chai proposed that it would be more appropriate for a clinical person to chair this section • It was agreed that Chai should continue to chair 	
1.i	Unfractionated heparin	<ul style="list-style-type: none"> • Alert in preparation • Baxters have ceased manufacture of the pre-mixed heparin bags because of low numbers being purchased but did not consult with the DHBs who had been using them • Baxters have apologised and are preparing bags locally for the DHBs who have started to use them but these are more expensive and have a shorter expiry date • Baxters will resume manufacture if there is likely to be sufficient uptake to make it financially viable • Baxters have requested information on likely uptake by DHBs should the bags be made commercially available again • A request for this information will go out in the next newsletter and will be followed up • It was agreed that a letter from SQM to Baxters regarding the situation would be helpful 	<ul style="list-style-type: none"> • Continue drafting alert (Beth) • Agree draft letter (Chai) • Determine potential future use of pre-mixed bags (Beth)
1.ii	Intravenous infusion audit report	<ul style="list-style-type: none"> • Comments from Nirasha to be incorporated into report • Circulate updated report, alert and position statement and agree by email • Distribute 	<ul style="list-style-type: none"> • Complete audit report (Beth) • Circulate for final approval (Beth) • Distribute (Beth)
1.iii	IT cytotoxic injection	<ul style="list-style-type: none"> • The guidelines had been approved by NZHPA • None of the Auckland members had seen the Auckland pharmacy students presentation on their project • Contact their supervisor regarding the results of their survey and the tools they used 	<ul style="list-style-type: none"> • Contact supervisor at School of Pharmacy (Beth)
1.iv	Oral methotrexate	<ul style="list-style-type: none"> • Updated alert had been circulated, please send any comments to Beth • Primarily an issue in primary care & would be ideal for a bpac article 	<ul style="list-style-type: none"> • Update & agenda next meeting (Beth)

1.v	Funding proposal for warfarin/insulin toolkits	<ul style="list-style-type: none"> Medicine Strategy funds are still available but staff have been changing MOH will provide the required format for the proposal 	<ul style="list-style-type: none"> Follow up with MOH (Gillian)
1.vi	Cytotoxic injections in the community	<ul style="list-style-type: none"> The chief nurse at the MOH has agreed to provide peer review for any guidance written but was unable to draft the guidance Guidance needs to be drafted in conjunction with the NZ Rheumatology Association 	<ul style="list-style-type: none"> Draft guidelines (Beth)
2.	Renal drug dosing	<ul style="list-style-type: none"> Discussion around how best to present this very difficult subject The target audience was agreed as junior doctors, nurses and primary care health professionals Unless the subject is limited to one area it is hard to include all the information in the alert format and we should perhaps develop it as a resource rather than an alert, or have 2 sides as an alert with an appendix Primary care need information on the drugs in common use that require dose adjustment, what they need to do and where to find the information Much of the feedback received is very valid Agreed that review by bpac's clinical reference group would be useful 	<ul style="list-style-type: none"> Re-work alert (Beth)
3.	Paediatric alert related to HDC report	<ul style="list-style-type: none"> Consultation had generated lots of feedback which closed on 27th September Beth is going to present at October telepaeds meeting Feedback to be circulated following that meeting 	<ul style="list-style-type: none"> Circulate feedback following telepaeds meeting (Beth) Inform HDC regarding the alert development (Beth)
4.	Etoposide/etoposide phosphate	<ul style="list-style-type: none"> Alert in development, alert needed but no special impetus required 	<ul style="list-style-type: none"> Complete alert development (Marilyn)
5.	Patient Information leaflet for all settings on medication safety	<ul style="list-style-type: none"> No progress Beryl volunteered to be part of the development team 	<ul style="list-style-type: none"> Develop PIL (Gillian, Avril, Mary, Beryl)
6.	Primary Care Issues	<ul style="list-style-type: none"> Suggested that work on high risk medicine alerts in MedTech by WDHB QUM pharmacists should be presented at next Auckland meeting Need to develop better links with College of GPs 	<ul style="list-style-type: none"> Invite appropriate pharmacist to present (Beth)
7.	Allergy alert system and education	<ul style="list-style-type: none"> Linking of allergy status with NHI – Medsafe have agreed that the new NHI platform will not go ahead until there is a functioning link to allergy status Education around allergies is needed 	<ul style="list-style-type: none"> Agenda next meeting (Beth)
8.	Alerts of Toniq dispensing system	<ul style="list-style-type: none"> The project lead at Toniq has been on long term leave but is back next week Needs to be implemented in LOTS as well Discussion around interaction alerts on dispensary systems because there seems to be an increasing number of inappropriate interventions by community pharmacists regarding interactions that are not clinically significant 	<ul style="list-style-type: none"> Follow up with Toniq (Beth) Ascertain if alerts in the dispensary systems have changed or if there is some other reason why there seems to be an increased responsiveness to the alerts (Beth, Avril)
9.	BPAC articles	<ul style="list-style-type: none"> Will be time to do something on LMWH 	<ul style="list-style-type: none"> Discuss with David Woods (Beth)

	Any other business	<ul style="list-style-type: none"> • Beryl raised some questions about the patient information leaflet discussed in item 5 • What was the proposed format, what languages would it be available in and would it be available in braille • What was the timeframe – early next year as no draft available yet 	<ul style="list-style-type: none"> • Beryl to work with Mary, Gillian and Avril to develop the alert
		<ul style="list-style-type: none"> • Peter raised the question regarding articles written for the bpac journal and the process around their publication 	Draft a process plan (David and Beth)
		<ul style="list-style-type: none"> • Chai reported that the MOH had contacted him regarding the letter sent to the DDG about the new NHI platform and allergy alert linkages 	
		<ul style="list-style-type: none"> • Nirasha asked that standards for the format of the yellow cards used around the country should be developed – this had been identified on her visits to various DHBs in relation to the medicines reconciliation pilots • It had been agreed on the minimum information required on yellow cards at the last meeting • Write to SMMP indicating that a standard would help ensure that all yellow cards contained the same information 	Write to SMMP about developing standards for yellow cards (Beth)
		<ul style="list-style-type: none"> • Chai reported on some work being done in Hutt Valley with some hospital level aged care facilities • In a 25 bed unit all patients had been identified as being over medicated and under nourished • There was an ongoing review of another unit underway 	