

SAFE & QUALITY USE OF MEDICINES GROUP Meeting

Thursday 9th August 2007 Time: 9.30am to 3.30pm

Attendees

Beth Loe (National Coordinator)
Avril Lee (WDHB)
Adam McRae (PHARMAC)
Marilyn Crawley (WDHB)
Frances McClure (GP)
Dwayne Crombie (Guardian)

Kevin Hague (Chair)
Nigel Miller (Canterbury)
Mary Seddon (CMDHB)
Gigi Lim (Auck Univ)
Elizabeth Plant (Taranaki)
Peter Black (ADHB)

Invitees

Pat Sneddon (Chair QIC)

Desiree Kunac (NZPhvC)

Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Gillian Bohm, Debi Lawry, Peter Moodie	
2.	Minutes of previous meeting	<ul style="list-style-type: none"> Agreed 	
3.	Matters arising	<p><u>i. Group membership</u></p> <ul style="list-style-type: none"> Debi 's travel expenses have not been sorted yet There has been no response from ACC about their consumers to date GP from Nelson is unable to join the group because she has become involved in MOH project It was agreed that the GP advisor group should be approached but that the CMDHB GP advisor would be approached initially because he has a strong interest in medicines safety Believe that Teresa has left ACC, need to ask Patient Safety Team leader about continuing ACC participation, perhaps attending Wellington meetings Age Concern and The Consumer Council (through Judi Strid) should be approached for nominations <p><u>ii. Inequitable funding issues</u></p> <ul style="list-style-type: none"> Letter from Colin Feek indicating that they hope to make progress soon on resolving this issue Kevin indicated that further cases of harm would be helpful for a quick resolution <p><u>iii. International classification of drug interactions</u></p> <ul style="list-style-type: none"> ASCEPT meeting in Dec in NZ, the President of British Pharmacological Association will be attending and he has published an article suggesting that this needs to happen <p><u>iv. PreMec funding</u></p> <ul style="list-style-type: none"> More detailed proposal has been started 	<p><u>i. Group Membership</u></p> <ul style="list-style-type: none"> Approach CMDHB GP Advisor (Mary) Approach GP Advisor Group if necessary (Nigel) Contact ACC (Beth) Approach Age Concern and Consumer Council for a consumer nominations (Beth) <p><u>ii. Inequitable funding issues</u></p> <ul style="list-style-type: none"> Ask for examples from secondary care through CMO (Nigel) Ask for examples from primary care through GP liaisons and PHO's (Beth) <p><u>iii. Drug interactions</u></p> <ul style="list-style-type: none"> Approach speaker to discuss way forward (Peter) <p><u>iv. PreMec funding</u></p> <ul style="list-style-type: none"> Complete proposal to take to PreMec (Dwayne, Kevin,

		<p>v. <u>Linking ADR/allergy to NHI</u></p> <ul style="list-style-type: none"> • Currently 6-8 week delay in alerts being uploaded • Primary Care do not have access to alerts • Not all patient management systems(PMS) are able to pick the alerts up and therefore not accessible to all secondary care prescribers • Individual DHBs need to work out a solution for their PMS and GPs • Clinical governance issue <p>vi. <u>E pharmacy stock take</u></p> <ul style="list-style-type: none"> • 2 predominant pharmacy systems, don't talk to other hospital systems and can not be used for e prescribing • Pyxis now in 5 DHBs and Taranaki are installing Pharmcare which does have a prescribing function • 3 key areas; process (e prescribing), communication (HISO standards) and Patient focused (this needs to be vocalised) • These 3 key areas need to be built into QIC business case for medication management and need to link into HISO and HISAC • West Coast audit with Minister of Health safe medication practice came up with 2 issues that needed to be sorted before it could proceed : legislation to allow e prescribing and privacy issues (their consumers happy about sharing information as long as safeguards for particular issues) • Minister is going to discuss privacy issue with Privacy Commissioner • Need people from SQM to talk to HISAC • DHBs need to consider the national direction before purchasing software so that any new software will be compatible with that direction • Write position paper to submit to DHB CEs, HISAC, QIC and key directions at MOH <p>vii. <u>Look alike sound alike names and packaging</u></p> <ul style="list-style-type: none"> • Feedback on eyesight/lighting (literature search underway) • Correspondence to Kevin for him to discuss with DG for Health • Current problem is that all the ampoules on resus trolleys may all have the same manufacturer and very similar labelling • Alternative for resus trolleys are prefilled syringes, needs to be a change nationally because it is too expensive for individual DHBs to order these. A national contract would reduce costs, for consideration by Pharmac through DHBs (Procurement priorities set by DHBs through SIG/CEs) <p>viii. <u>Terms of Reference</u></p> <ul style="list-style-type: none"> • 2.2 add in best practice prescribing as per national strategy document • 3.4.2 bullet point 8 add primary and secondary care 	<p>Beth)</p> <p>v. <u>Linking ADR/allergy to NHI</u></p> <ul style="list-style-type: none"> • CARM to investigate why there is a delay between report and upload • Write a briefing paper to go to DHB CEs (Elizabeth) <p>vi. <u>e Pharmacy stock take</u></p> <ul style="list-style-type: none"> • Draft position paper (Nigel) <p>vii. <u>Look alike sound alike names</u></p> <ul style="list-style-type: none"> • Eyesight/lighting (Nigel) • Correspondence (Beth/Kevin) • Information on what is needed for resus pre-filled syringes (Marilyn) <p>viii. <u>Terms of reference</u></p> <ul style="list-style-type: none"> • Update with changes, send out for final review and publish (Beth)
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4.	QIC	<ul style="list-style-type: none"> • There is beginning to be clarity in how QIC would link with DHBs and Minister i.e. QIC initiates business case development, advises & recommends on priorities & monitors and reports on progress/priorities to the Minister, Minister will accept/reject advice, directs DHBs, & allocates resource based on business case. DHBs accept responsibility for project implementation/governance, integrate direction under VFM priority, actively utilises QIC expertise, adapts/revises initial business case and delivers on final business case imperatives. DHBs consult with QIC over project governance • Some of the priorities have been set from MOH but others QIC have developed • Business cases will be presented to DHBs • QIC want to be non-territorial and maximise collaboration and cooperation with other groups e.g. SQM • Relationship between QIC and SQM, have some 3 members who sit on both groups, need to send minutes to each other • Pat will champion the projects with DHB chairs and Kevin with DHB CEs • Drug chart & medicines reconciliation project come under Safer Medication Project and CEs have given SQM responsibility to lead • QIC & SQM should do joint presentation on this project to Minister • DHB CEs will decide how to implement it depending on the project plan 	<ul style="list-style-type: none"> •
5.	QIC Update and Medication Chart project	<ul style="list-style-type: none"> • QIC update covered by Pat • Medication chart business case went to QIC & Gillian to integrate into Safer Medication Management business case • Report on feedback to consultation ready to go out, going to send with new chart design • New chart design to be sent to MACs or equivalent for comment • Only want response on substantive points, send with a series of questions, suggest they run a mock up and copy an existing chart onto the new version to see how it would work • Send instruction sheet on how to use it as well • Need to seek an expert opinion from an information design consultant at some stage • Two possible pilot sites, ask if they would be willing to take on the pilot and would they need any assistance 	<ul style="list-style-type: none"> •
6.	NZPhvC	<ul style="list-style-type: none"> • Desiree presented the case for a national incident reporting centre linked to IMMMP & CARM at NZ Pharmacovigilance Centre (NZPhvC) 	<ul style="list-style-type: none"> • Send minutes to NZPhvC (Beth) • Invite to meetings every

		<ul style="list-style-type: none"> The centre has started looking for 'preventable' ADE reports within their present database Need to agree nationally on a standard categorisation of incidents and reporting systems Encouraging reporting would be a primary objective SQM are happy to support the concept, initial approach to QIC from NZPhvC will be supported at meeting by SQM members Need to take a project plan, SQM will help develop that Need to drop "incident" from the project to encourage reporting SQM suggest apply to HPCA for protection of information as part of a quality improvement programme so that there can be "no blame" reporting IHI trigger tools can be used to look at trends, CMDHB have been doing this Links with SQM, send SQM minutes to NZPhvC and NZPhvC to be invited to quarterly meetings 	<p>quarter (Beth)</p> <ul style="list-style-type: none"> Support project proposal at QIC (Kevin, Mary, Gillian) Information on applying for protection from HPCA (Nigel)
7.	Medicines reconciliation	<ul style="list-style-type: none"> Workshop went ahead, very useful feedback from the majority of the people already providing an MR service Draft project plan produced, not sent to QIC because they already had 8 plans to consider Send to QIC secretariat with letter saying how we see it fitting in Health economist can look at funding either Pharmac or MOH Add in HDC cases Pharmac could have an interest in managing the project, they will investigate the possibility of providing health economic analysis for the business case QIC need to emphasise the need for medicines reconciliation as the basis for the Safe Medication project 	<ul style="list-style-type: none"> Update project plan, send with covering letter to QIC (Beth)
7.	BPAC articles	<ul style="list-style-type: none"> Colchicine article needs writing 	<ul style="list-style-type: none"> Draft article (Mary, Beth)
9.	High Risk Medicines		
9.i	Potassium & heparin pre mixes	<ul style="list-style-type: none"> Potassium: still to explore MARC avenue Heparin: issue with bag labelling not being distinctive so that the bags look like saline when hung Still looking into heparin strengths/syringe availability 	<ul style="list-style-type: none"> Write to chair of MARC re potassium pre mixes (Beth) Complete log of strengths used (Beth) Investigate if heparin syringes could be available commercially (Beth) Write to Baxter asking for them to change the label colour (Beth)
9. ii	Warfarin	<ul style="list-style-type: none"> Nursing checklist for primary care now available 	<ul style="list-style-type: none"> Quotes for toolkit (Beth, Avril)
9.iii	Diltiazem	<ul style="list-style-type: none"> Adam presented plan for independent evaluation of penetration and impact of diltiazem alert, it would cost \$23 000 for research based on electronic questionnaire sent to sample of GPs Need to agree to spend Pharmac's annual SQM 	<ul style="list-style-type: none"> Use of funding to be discussed at next meeting, add to agenda (Beth)

		<p>budget of \$30 000 (available up to July 2008, this includes meeting & attendance costs) on the evaluation</p> <ul style="list-style-type: none"> • Would be better spent on something else or at least evaluation of a different alert • Forcing function for diltiazem would be more effective than alert; withdraw funding for twice daily preparation • Possible alternative is to use summer studentship to evaluate this cost approx \$4000 	
9.iv	Heparin, LMWH	<ul style="list-style-type: none"> • Updated version of LMWH alert discussed, did it say anything with dosing recommendations taken off • Discussion as to whether the datasheet dose recommendation in renal impairment was based on research or not and whether the dose recommendations based on a small study were valid to include • Agreed alternative wording so that the dose recommendations could be included but need to seek a health legal opinion before dose based on small study included • Agreed to approach MARC to ask Medsafe for a review of the datasheet by the manufacturers • An alternative method for agreeing alert content was discussed e.g. utilising teleconferences 	<ul style="list-style-type: none"> • Seek Health legal opinion (Mary) • Write to MARC (Beth) • Update LMWH alert (Beth)
9.v	Morphine	<ul style="list-style-type: none"> • Some minor changes made • Needs to be formatted and sent out for consultation nationally 	<ul style="list-style-type: none"> • Send out for consultation when formatted (Beth)
9.vi	Intravenous Infusions	<ul style="list-style-type: none"> • Still updating alert & position statement 	<ul style="list-style-type: none"> • Update alert/position statement (Marilyn, Beth)
9.vii	Good Prescribing Practice	<ul style="list-style-type: none"> • Feedback from Profile practice management systems to say that their profiles are largely determined by the CMP Medica's Mims formulary • Wairarapa DHB Clinical Board feedback to say that they think clinicians will not change from their current practice of using abbreviations to writing in longhand but otherwise acknowledge and support the expectation and legal requirement that the written word should be legible • Letter from lead editor of BNFnz advising that they will ensure that the alert recommendations are promulgated in the formulary and requesting permission to link SQM resources to BNFnz as appropriate 	<ul style="list-style-type: none"> • Write to CMP Medica Mims enclosing the alert (Beth) • Reply to BNFnz lead editor giving permission to link resources (Beth)
9.viii	IT cytotoxic injection	<ul style="list-style-type: none"> • Website has not been updated yet • Suggested that the guidelines should be sent to Baxters • Kevin presented level of risk and associated expenditure to DHB CE 	<ul style="list-style-type: none"> • Upload guidelines on to website when site updated (Beth) • Investigate taking guidelines and presenting to haematologists (Beth) • Send alert to Baxters (Beth)
9.ix	Colchicine	<ul style="list-style-type: none"> • Some minor changes to alert • Format and send for national consultation 	<ul style="list-style-type: none"> • Format and send for national consultation (Beth) • Application to PTAC to restrict number of tablets per prescription (Mary, Adam, Peter M)

9.x	Oral Methotrexate	<ul style="list-style-type: none"> No progress 	<ul style="list-style-type: none"> Contact John O'Donnell (Beth)
10.	Renal drug dosing	<ul style="list-style-type: none"> Next meeting 	<ul style="list-style-type: none"> Re-format alert (Nigel)
11.	Community/hospital formulary, advice for SIG group	<ul style="list-style-type: none"> Some concerns around conflict of interest because of Pharmac involvement with BPAC Wait for future developments 	<ul style="list-style-type: none">
15.	October meeting	<ul style="list-style-type: none"> QIC day workshop not happening now so no longer a problem 	
	SQM representative on HISO committee	<ul style="list-style-type: none"> Representative for HISO expert advisory committee on pharmaceutical business process and messaging standards Marilyn's name was put forward 	
	Relationship with Quality & Risk managers	<ul style="list-style-type: none"> DHB CE's want SQM to lead medication project but Q&R managers have been given lead on some of the other QIC projects Kevin recommended that a Q&R manager should attend the meetings, suggested Julian Tonnei from Southland 	<ul style="list-style-type: none"> Invite Julian to attend meetings
	Drug IDNZ	<ul style="list-style-type: none"> Electronic drug identification system is available in NZ Some DHBs have purchased the system already 	<ul style="list-style-type: none">
16.	Date of next meeting	<ul style="list-style-type: none"> October 18th in Wellington 	