

# SAFETY & QUALITY OF MEDICINES GROUP

## Meeting

Thursday 30<sup>th</sup> June 2005  
Time: 9.30am to 14.30pm

### Attendees

Dwayne Crombie - Chair  
Beth Loe (Project Manager)  
Gillian Bohm(MOH)  
Avril Lee (Waitemata)  
Elizabeth Plant (Taranaki)  
Emil Schmitt (Otago)  
Peter Black (ADHB)  
Grant Howard (Waikato)  
Marilyn Crawley (Waitemata)  
Adam McRae (PHARMAC)  
Peter Moodie (PHARMAC)  
Tim Maling(CCDHB)

Invited: Trevor Read (ACC), Anne Blumgart (CMDHB)

### Minutes

Item	Topic/agenda	Notes/comments	Action Required
1.	Apologies	Gershu Paul, Mary Seddon, Vicki Culling , Jane Vella Brincat	
2.	Minutes of meeting 28.4.05	<ul style="list-style-type: none"> <li>Agreed</li> </ul>	
3.	Membership of group	<ul style="list-style-type: none"> <li>David Kibblewhite has resigned, replaced by Grant Howard</li> <li>Alison Chandler has resigned (moving into pathology)</li> <li>College of GP's have yet to nominate anyone</li> </ul>	<ul style="list-style-type: none"> <li>GP applicant from previous advert to be approached, may also be suitable as College representative (<b>Beth</b>)</li> <li>Talk to college (<b>Peter Moodie</b>)</li> </ul>
5.	Update on ACC Patient Safety Unit	<ul style="list-style-type: none"> <li>Changes from medical misadventure to treatment injury process on July 1<sup>st</sup>. Now a no fault process and patient safety function similar to injury prevention function.</li> <li>A review of the service is planned for the next 5 years by external auditors</li> <li>Becomes responsibility of health practitioner to tell patient that they can claim and any of the 14 registered health practitioner groups can lodge a claim</li> <li>After July 1<sup>st</sup> not obliged to inform HDC, employer or body responsible for registration. Now will inform Medsafe, registration bodies and Director General of Health of any sentinel/serious events as defined by MOH</li> <li>Two areas currently identified from past claims that are planned as injury</li> </ul>	<ul style="list-style-type: none"> <li>Consider ACC having a representative or observer on group</li> <li>Agenda how group can interact with ACC for next meeting (<b>Beth</b>)</li> <li>Do DHB definitions of sentinel/serious event agree with MOH definition</li> </ul>

		<p>prevention projects; injection injuries and gentamicin related deafness</p> <ul style="list-style-type: none"> <li>• Overlap between function of patient safety unit and the aims of group</li> <li>• Consider private hospitals in national strategy document</li> <li>• How can group interact with ACC</li> </ul>	
10.	Accreditation	<ul style="list-style-type: none"> <li>• Health and Disability Sector Standards are to be reviewed</li> <li>• Group has an opportunity to input into the content of the new standards</li> <li>• Gillian chairing the expert committee that is going to be looking at these, the first meeting is next week.</li> <li>• Members of the group can be “observers” on the expert committee</li> <li>• The new standards have to be with the minister by 09/06</li> </ul>	<ul style="list-style-type: none"> <li>• Group members to become “observers” on expert committee (<b>Gillian</b>)</li> </ul>
2.	Strategy	<ul style="list-style-type: none"> <li>• Take out all groups from the document and put in an appendix with the key positions and objectives for each key player</li> <li>• Aim to have strategy document out in 8 weeks, re-draft it and send to group with 48hrs for comment while looking at printing options</li> </ul>	<ul style="list-style-type: none"> <li>• Interlinked diagram of key players in appendix (<b>Beth</b>)</li> <li>• Re-word document (<b>Beth</b>)</li> </ul>
	Taranaki Medication Event database	<ul style="list-style-type: none"> <li>• Currently has 18 months of data</li> <li>• Medication safety update about to be issued throughout DHB that picks out information from the database</li> <li>• Database advertised in latest newsletter</li> <li>• Auckland looking at having a regional reporting system in September</li> <li>• ACC using AIMS system</li> <li>• Have the classification groupings been agreed nationally by quality managers</li> </ul>	<ul style="list-style-type: none"> <li>• Need to have common classifications for incidents so that reporting can be consistent</li> <li>• Have classifications been agreed nationally by quality managers group (<b>Gillian</b>)</li> </ul>
6.i.	Continuing interaction with BPAC	<ul style="list-style-type: none"> <li>• BPAC not happy to put our material in their mail outs</li> <li>• ACC do mail outs to health practitioners</li> <li>• Pharmac hold same database of GP contacts</li> <li>• In the future SQM can input ideas and requests via Pharmac members for the annual contract with BPAC</li> </ul>	<ul style="list-style-type: none"> <li>• Re-visit BPAC sending out our information based on a temporary arrangement (<b>Adam, Beth</b>)</li> </ul>
6.ii	Extending NPC type activities in NZ	<ul style="list-style-type: none"> <li>• Do we want standardised postgraduate multidisciplinary training particularly for quality and risk training or should we go through other mediums eg grand rounds, induction days, RMO days</li> <li>• Could we put together a pack of clinical examples to be used for teaching</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
8.	Information technology	<ul style="list-style-type: none"> <li>• No progress</li> </ul>	<ul style="list-style-type: none"> <li>• (<b>Marilyn, Emil, Elizabeth</b>)</li> </ul>
9.	Most effective method of information sharing	<ul style="list-style-type: none"> <li>• No progress</li> </ul>	<ul style="list-style-type: none"> <li>• (<b>Beth</b>)</li> </ul>

7.i	Potassium	<ul style="list-style-type: none"> <li>Hospital pharmacy contracts manager now has responsibility for moving availability of pre-mixes forward and this is planned for the next few months</li> </ul>	<ul style="list-style-type: none"> <li>Follow progress (<b>Beth</b>)</li> </ul>
7.ii	Warfarin	<ul style="list-style-type: none"> <li>Narratives being written, clinical indicator agreed</li> <li>Auckland Region joint protocol still to be agreed</li> <li>ACC agreed in principal to provide the remaining funding for video, considering it as a prototype for other medicines/conditions, would like some input into script and need to assess consumer acceptability and success</li> <li>CMDHB have finalised their flipchart to use when counselling people who don't speak English as a first language</li> <li>Now working on an A5 summary chart for patient's to take away with them and accreditation package for nurses to complete before they can counsel warfarin patients</li> <li>Glaxo red book on warfarin: they currently have thousands in stock with no plans to re-print and separate page insert of requested updates not an option in terms of ensuring that one goes in each book</li> <li>Need to highlight patient education resources that are available around the country</li> <li>Level of counselling varies across country and some patients don't get individual counselling (30-40 000 patients nationally on warfarin)</li> <li>Accreditation package and counselling resources should be put on DHB website and information given to intern supervisors (both medical and pharmacy)</li> <li>Provision of material for practice nurse education</li> </ul>	<ul style="list-style-type: none"> <li>Narratives (<b>Avril, Mary</b>)</li> <li>Pharmac to liaise with ACC over format of video (<b>Adam</b>)</li> <li>Provision of practice nurse training package (<b>Avril</b>)</li> <li>Pharmac to look at producing an alternative to the red book (<b>Adam</b>)</li> <li>Flipchart would be good to adopt nationally (<b>Adam</b>)</li> <li>Look at what education resources are available nationally (<b>Beth</b>)</li> </ul>
7.iii	Heparin	<ul style="list-style-type: none"> <li>LMWH in renal failure, Peter presented some information that would be the basis for an alert</li> <li>Renal society and nephrologists had had an opportunity to comment</li> <li>Results of mini DUE in 2 DHB's on unfractionated heparin use presented, problems identified around following protocols, charting and responding to aPTT's.</li> <li>Plan to have one protocol for Auckland region with a re-designed chart</li> <li>Write an alert</li> </ul>	<ul style="list-style-type: none"> <li>LMWH, put in alert format (<b>Peter</b>)</li> <li>Auckland region heparin protocol and chart (<b>Beth</b>)</li> <li>Alert (<b>Beth</b>)</li> </ul>
7.iv	Diltiazem	<ul style="list-style-type: none"> <li>Alerts now in pdf format but need proof reading</li> <li>Need to identify costs and prepare a</li> </ul>	<ul style="list-style-type: none"> <li>Proof read alerts (<b>Beth</b>)</li> <li>Identify costs and prepare budget (<b>Beth &amp; Adam</b>)</li> </ul>

		<p>budget for distribution of laminated colour version of identification chart and the alert to all GP's and hospital wards</p> <ul style="list-style-type: none"> <li>• Check with MedTech again that they are happy, give them 7 days to reply to a letter otherwise go ahead</li> </ul>	<ul style="list-style-type: none"> <li>• Write to MedTech (<b>Beth</b>)</li> </ul>
7.v	Insulin	<ul style="list-style-type: none"> <li>• Feedback from questionnaires; issues in primary care, prescribing 10ml vials v 3 ml penfills, use as directed on scripts when Pharmac require exact amounts to be dispensed, GP's send patients into secondary system and they never return, GP's want education, 38% of respondents don't have management guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Work on developing patient and practitioner education and alert (<b>Beth, Avril</b>)</li> </ul>
7.vi	Morphine	<ul style="list-style-type: none"> <li>• Held to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
7.vii	Cytotoxics	<ul style="list-style-type: none"> <li>• Held to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
7.viii	Intravenous infusions	<ul style="list-style-type: none"> <li>• Held to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
7.ix	Good prescribing practice	<ul style="list-style-type: none"> <li>• Held to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	Date of next meeting	<ul style="list-style-type: none"> <li>• August 25<sup>th</sup> 2005 Pharmac, Wellington</li> </ul>	