

SAFE & QUALITY USE OF MEDICINES GROUP Meeting

Thursday 23rd October 2008 Time: 9.30am to 15.30pm

Attendees

Beth Loe (National Coordinator)	Elizabeth Plant (Taranaki)
Adam McCrae (PHARMAC)	Tim Maling (C&CDHB)
Mary Seddon (CMDHB)	Frances McClure (GP)
Gillian Bohm (MOH)	Avril Lee (Waitemata)
Marilyn Crawley (Waitemata)	Gigi Lim (Auckland University)
Tony Fraser (bpac ^{NZ})	

Invited

Julian Tommei (Southland)	Rachel Taylor (ACC)
Jane Brown (ACC)	Clare Kirk (SMM Programme)
Shayne Hunter (SMM Programme)	

Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Chai Chuah, Debi Lawry, Nigel Millar, Peter Black, Roy Morris, Adam McCrae, Desiree Kunac (NZPhvC), Dwayne Crombie	
2.	Minutes of previous meeting	Amend item 7, dot point 5: check if it is possible to send allergy alert via Healthlink to GPs? (i.e. automate process)	Update minutes (Beth)
3.	Matters arising	<p>i. <u>Group membership</u></p> <ul style="list-style-type: none"> • DHBNZ have confirmed funding for 08/09 as requested by WDHB • The funding covers flights for Debi to attend from Central Otago but the funding applied for does not include accommodation and she now requires this for Wellington meetings • Debi keen to bring her management/practical expertise and rural perspective to the group • Budget would cover this in interim but would need review following consumer appointment • Consumer appointment- Chai keen to have a more open process to select a consumer rather than appointing the single applicant, progress this help from Ministry of Consumer Affairs • Length of service was reviewed and some members will have completed their term in March 2009 • Need to start the process of looking for nominations • No reply from either DON or CMO group on whom they would like to nominate despite a repeat request <p>ii. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> • Dwayne feels that the proposal can not be taken to PreMec at this point in time • Agreed that a covering letter with the proposal should be sent to PreMec chair 	<p>i. <u>Membership</u></p> <ul style="list-style-type: none"> • Progress consumer member (Beth) • Start process of nominations for members who have completed their term of office – there is an option to apply for reappointment (Beth) <p>ii. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> • Write to chair of PreMec (Beth)

		<ul style="list-style-type: none"> • Please let SQM know if proposal is of interest or not • If not happy with current proposal can they give us a clear idea what PreMec might see as a project <p><u>iii. Potassium pre-mixes</u></p> <ul style="list-style-type: none"> • GIK protocols from around country being collected, some DHBs do not have a GIK protocol • Problems with high volume ileostomy replacement in some DHBs • Review of solutions used has highlighted other safety issues in some DHBs e.g. high concentrations being administered peripherally • Contact Baxters about possibility of additional pre-mixes being registered • Contact Diabetes Study Centre re national protocol or standard glucose potassium solution for GIK • Could Medicines Control group (MOH) assist with enforcing alert recommendations? <p><u>iv. Morphine pre-filled syringes/morphine alert</u></p> <ul style="list-style-type: none"> • Pre-filled morphine syringes generally used in ED and only on the hospital schedule • PHARMAC had feedback from group members, unsure what the final decision about colour coding was • Morphine alert distributed and some feedback received, includes positive comments and a few challenging the conversion factor for IV to oral <p><u>v. Look alike sound alike workshop actions</u></p> <ul style="list-style-type: none"> • Letter from Medsafe advising that they plan to establish an advisory group and they will be contacting us shortly <p><u>vi. Phosphate oral solution</u></p> <ul style="list-style-type: none"> • Follow up with Christchurch nephrologists identified that one case of phosphate nephropathy, one renal failure and other cases electrolyte disturbances • Referred to MARC who are likely to recommend inclusion in a future Prescriber Update & recommend changes to the schedule to PHARMAC • To be basis for next bpac journal article • No alert, no further action 	<p><u>iii. Potassium pre-mixes</u></p> <ul style="list-style-type: none"> • Contact Baxters (Beth) • Contact Centre for Study of Diabetes (Beth) • Investigate appropriateness of Medicines Control Group involvement (Gillian) <p><u>iv. Morphine pre-filled syringes</u> PHARMAC decision (Adam)</p> <p><u>v. Look alike sound alike workshop</u></p> <ul style="list-style-type: none"> • Write to workshop attendees to inform them what is happening (Beth) <p><u>vi. Phosphate oral solution</u></p> <ul style="list-style-type: none"> • Continue with bpac article (Beth)
4.	Annual report	<ul style="list-style-type: none"> • Needs a chapter on the strategy & an explanation that the strategy objectives are included at the start of each chapter • Other changes supplied by members • After finalised a pdf copy will be needed for the website • Covering letter required; one for PHOs and one for secondary care services • Distribution to DHB CEs, DONs, CMOs, Q&R, chief pharmacists, PHOs and other agencies involved • Next article for bpac journal to be on the report 	<ul style="list-style-type: none"> • Send out report when updated for final comment (Beth) • Send to editor and request pdf file (Gillian) • Letter to go with report (Beth) • bpac article (?)
5.	QIC update	<ul style="list-style-type: none"> • Discussion around SMMPs decision to adopt drug chart standards & not progress the national drug 	

		<p>chart. Concern that the project plan signed off by the Minister was for a national drug chart - not drug chart standards</p> <ul style="list-style-type: none"> • Saving 1000 Lives Campaign may be re-instated • Incident Management project progressing - training started in Southland, 1.7.09- agency to look at root cause analysis results • Infection Control – concentrating only on hand hygiene, pilot sites being set up • Optimising the patient journey – pilot sites up and operating, based in A&E initially but now some theatres • Mortality Review – Peri-operative mortality review committee to be commenced as soon as the new government is finalised 	
6.	Safe Medication Management Programme update	<ul style="list-style-type: none"> • Clare and Shane attended this part of the meeting to provide update on progress to date • Good communication between SMM and SQM is vital and both parties agreed that this could be improved • Flow chart provided to illustrate process for development of projects • Feedback from SQM was that more feedback loops were needed to ensure project teams progressing priorities effectively & that appropriate decision making established throughout the process e.g. after straw man proposed & before that goes to working group & no final decision making body shown • Discussion about project team asking for research work to back up a concept and how the project team should be doing the research but some concepts are best practice and no work has been done to prove that • Update on all work streams: <ul style="list-style-type: none"> i. bedside verification – currently 4 concepts of how unit dose can be delivered to bedside –these are to be consulted on ii. linking all systems – developing ideas on what systems need to be linked and how such a system would operate, will work with HISAC, need for common medicines terminology iii. medicines reconciliation - looked at standards and models internationally, agreed on using IHI definition, looking at 2 levels; medicine history taking and MR which will have different competency levels depending on the staff providing service iv. national medicine chart/standards /e prescribing- <ul style="list-style-type: none"> • Discussion around abandoning of national drug chart for standards based approach without reference to SQM and QIC • A national drug chart would need piloting • This was discussed at QIC’s last meeting where concern was expressed that the national drug chart had been abandoned in favour of standards because this did not reflect the original business case signed off by the Minister of Health • Initial concern that Standards NZ not the correct vehicle because they would re-write, re-consult & 	<ul style="list-style-type: none"> • Clare to attend SQM Wellington meetings to maintain communication link • Letter to go to SMM steering group about abandoning national drug chart (Beth)

		<p>consult publicly before publication</p> <ul style="list-style-type: none"> Discussed that the standards would need to be more specific than those currently proposed to fit with that format e.g. text box for dose would need to include its physical position on the chart Standards are only to be written in the Standards NZ format not by Standards NZ - some debate on which of the 3 standards format from Standards NZ would be used 	
7.	Drug Chart Standards Consultation	<ul style="list-style-type: none"> No discussion on the standards because group favour national drug chart and believe e prescribing will not be a viable option in the short term Agreed that the opportunity to have one adult chart for use on general medical and surgical wards when national agreement that this was a good concept had been established should not be abandoned Concern that there had been no communication with SQM prior to adopting a standards approach and only one of the six states in Australia had been consulted for their views on their national drug chart. The other states would likely have given different feedback & no feedback had been sought from Wales that has a similar population and structure to NZ and has introduced a national drug chart recently SQM representatives on SMM steering group need to represent SQM's views at that forum not their own professional/organisation view The proposed national chart had been sent to all 21 DHBs for consultation in the past, need to provide a quick précis on the process used to develop the national drug chart for the group 	<ul style="list-style-type: none"> Letter to go to SMM steering group that SQM do not want to abandon national drug chart (Beth) Provide précis on development of national drug chart process for SMM and group (Beth)
8.	Clinical Leadership Group (CLG)	<ul style="list-style-type: none"> Members pointed out that SMM steering group had agreed that SQM would be the CLG and that that decision had not been changed Feeling that members of SQM should be the nucleus of CLG Concern that clinicians who are opinion/clinical leaders do not have time set aside to attend this sort of forum The definition of clinical leader in the discussion paper was agreed Discussion about the role of CLG not being the final decision making group Defer further discussion until chair present 	<ul style="list-style-type: none"> Agenda next meeting (Beth)
9.	PHARMAC diltiazem consultation	<ul style="list-style-type: none"> Agreed to submission requesting only 30mg immediate release preparation should be available because of administration errors in secondary care Concern about removing twice daily preparations, would prefer one of the once daily formulations to be removed because twice daily preparation most effective means of providing 24 hour cover. 	<ul style="list-style-type: none"> Submit amended feedback (Beth)
10.	PHARMAC extending access to acitretin and isotretinoin consultation	<ul style="list-style-type: none"> Peter Moodie and Frances McClure left the room for this item because of a potential conflict of interest Current access/inequity issues mentioned briefly but SQM concerned with safety aspect of these high risk medicines Clarification that GPs can currently prescribe these products as NSS medicines Agreed that SQM were supportive of widening the 	<ul style="list-style-type: none"> Respond to dermatologists (Beth)

		access but only if all 3 safety aspects (below) were introduced i.e. special authority, credentialing of prescribers, electronic decision support and in addition an audit requirement if the access was widened	
11.	Pharmacy Standards Committee	<ul style="list-style-type: none"> • Avril reported on a meeting held to discuss whether Standards NZ should develop standards for community pharmacy – it had been agreed that the standards should cover both secondary and primary care and this had been referred back to Ministry of Health • All pharmacy groups had been represented at the meeting • Agreed that Avril should remain SQM's representative on the committee 	
12.	High Risk Medicines		
12.i	Unfractionated heparin	<ul style="list-style-type: none"> • Results of an audit carried out in the Auckland region have been published in Australian Journal of Pharmacy Practice • Identified what the major issues were • These could be used as the basis of an alert 	<ul style="list-style-type: none"> • Develop an alert (Beth)
12.ii	Warfarin	<ul style="list-style-type: none"> • Work on toolkit interrupted because Glaxo SmithKline have agreed to review of "red book" content • A copy of the "red book" has been sent to people with a known special interest and people who have developed resources or are known to be working on warfarin issues as well as patients for their comments • The call for comments was also made in the last edition of the newsletter 	<ul style="list-style-type: none"> • Collate comments for "red book" review (Beth) • Complete formatting of toolkit documents (Beth/Pharmac)
12.iii	Intravenous Infusions	<ul style="list-style-type: none"> • Still awaiting summer student application, open until November 	<ul style="list-style-type: none"> • Make changes to alert and circulate electronically (Beth)
12.iv	IT cytotoxic injection	<ul style="list-style-type: none"> • No progress 	<ul style="list-style-type: none"> • Send guidelines to oncology/haematology departments (Beth) • Contact Medsafe (Beth) • Work on evaluation (Beth)
12.v	Colchicine	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Agenda next meeting
12.vi	Oral Methotrexate	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Agenda next meeting
13.	Renal drug dosing	<ul style="list-style-type: none"> • Review previous version of this alert 	<ul style="list-style-type: none"> • Send out for comment (Beth)
14.	Look alike sound alike names and packaging		
14.i.	Lighting/eye sight	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Eyesight/lighting (Nigel)
14.ii	Resus trolley syringes	<ul style="list-style-type: none"> • Letter sent to Andrew Davis, PHARMAC regarding this, awaiting response 	
14.iii	INN v BAN	<ul style="list-style-type: none"> • Letter to go from Pat Sneddon QIC to DGHealth re national campaign for health professionals & patients 	
15.	Paediatric alert	<ul style="list-style-type: none"> • Being worked on 	<ul style="list-style-type: none"> • Agenda next meeting

16.	Update on national formulary	<ul style="list-style-type: none"> • Tanya Roth invited to meeting to give an update but asked if this could be deferred until formal internal approval is obtained for the approach they propose taking to establish a provider of a national formulary • Brief update provided: two groups for consultation, 1. a high level group representing agencies to address platform requirements and implementation issues 2. an end users group comprising all clinicians to inform clinical content and identify mechanisms for enhancing access to the information • Specific concerns SQM group raised about interaction with GP Patient Management Systems are being addressed. The people in the Ministry responsible for e pharmacy initiatives are also actively engaged with the project • A demonstration of a vision of an integrated e prescribing/ e pharmacy system with a formulary component incorporated will be shown at HINZ conference and discussion there will help inform requirements of the formulary • The formulary is now being referred to as a New Zealand medicines reference system • The RFP process will not take place until 2009 	
17.	E medication briefing paper	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Prepare paper and circulate prior to next meeting (Nigel)
18.	Primary Care Issues		
18.i	Colchicine/ allopurinol in acute gout	<ul style="list-style-type: none"> • Concern from rheumatologists about GP's prescribing old strength and dose of colchicine but also old directions on allopurinol stating "do not take in acute attack" • This is when prescribed from an out of date favourites list • MedTech's last update included an alert requiring out of date "personal favourites" to be deleted or updated. Withdrawn within 24 hours because of customer dissatisfaction • Discussed what could be done to prevent the problems with favourites list generally i.e. inform PMS software vendors to say allowing favourites lists to be isolated from updates is a safety risk, bpac could recommend and give directions for audit of personal favourites lists, needs to be included as an issue for SMM programme 	<ul style="list-style-type: none"> • Include warning about the potential for this in next SQM newsletter (Beth) • Write to PMS software vendors (Beth) • Develop audit tool for GPs (bpac)
18.ii	Preparation & injection of methotrexate in the community	<ul style="list-style-type: none"> • Practice quite widespread and likely to grow (private rheumatologists) • Marilyn written to PHARMAC on behalf of WDHB asking if pre-filled syringes could be made available • SQM need to highlight risk to both PHARMAC and rheumatologists 	<ul style="list-style-type: none"> • Write to PHARMAC (Beth) • Inform rheumatologists of risk (Beth)
19.	Australian Medication Safety Self assessment	<ul style="list-style-type: none"> • Hospitals waiting to see if they can register on NSW scheme so that they can be bench marked • There are also clinical indicators that can be used an alternative • Marilyn reported that the Federation International 	

		Pharmacie were developing international hospital pharmacy standards	
20.	International System for DI classification	<ul style="list-style-type: none"> Defer to next meeting 	<ul style="list-style-type: none"> Agenda next meeting (Beth)
21.	Alerts of Toniq dispensing system	<ul style="list-style-type: none"> Comments sort from community pharmacists Discussion about lithium monitoring, not to be included in alerts Include for clozapine: update website with dispensing details 	<ul style="list-style-type: none"> Talk to Toniq about how the counselling comments could be shown (Beth)
22.	BPAC articles	<ul style="list-style-type: none"> Fleet oral solution Annual report 	<ul style="list-style-type: none"> Continue Fleet draft (Beth)
23.	Date and venue for next meeting	<ul style="list-style-type: none"> December 4th Auckland (venue to be decided) 	<ul style="list-style-type: none">
	ACC update	<ul style="list-style-type: none"> Update on medicine related claims made; highest number still warfarin, next oral methotrexate related toxicity but data does not show if due to daily rather than weekly dosing, heparin – not differentiated between unfractionated and low molecular weight, colchicine/allopurinol feature but both together-adverse reactions and allergies Check that the adverse reaction information is forwarded to CARM 	<ul style="list-style-type: none"> Check that adverse reaction data is forwarded to CARM (Jane)
	Tramadol	<ul style="list-style-type: none"> Suggested as possible QUM project because of overuse issues 	
	Penicillin allergy case reported in Herald	<ul style="list-style-type: none"> Discussion about how clinicians could be further informed about cross sensitivity to all penicillins and lack of knowledge on what antibiotics are penicillins. To include cephalosporin cross reactivity A poster to put up in wards and A&E and PIL possibilities, needs to be included in clinician trainin Possible project to be proposed to PreMec -allergy alerts on NHIs being available to GPs through HealthLink 	<ul style="list-style-type: none"> bpac to develop PIL for their website and poster for display in hospitals (bpac) Include NHI linked allergy alerts being available in primary care as a possible project in letter to PreMec (Beth)