

SAFETY & QUALITY OF MEDICINES GROUP

Meeting

Thursday 25th February 2005

Time: 9.30am to 14.30pm

Attendees

Dwayne Crombie (Waitemata) – Chair
 Beth Loe (Project Manager)
 Mary Seddon (CMDHB)
 Avril Lee (Waitemata)
 Elizabeth Plant (Taranaki)
 Emil Schmitt (Otago)
 Peter Black (ADHB)
 Grant Howard (Waikato)
 Vicki Culling (Consumer)
 Marilyn Crawley (Waitemata)
 Adam McRae (PHARMAC)
 Dilky Rasiah (PHARMAC)

Observer: Jan Goddard (Waikato)

Minutes

Item	Topic/agenda	Notes/comments	Action Required
1.	Apologies	Gershu Paul, David Kibblewhite, Tim Maling, Alison Chandler, Peter Moodie, Jane Vella-Brincat, Gillian Bohm	
2.	Minutes of meeting 17.11.04	<ul style="list-style-type: none"> Agreed 	
3.i	Potassium	Update from PHARMAC about consultation on pre-mixes <ul style="list-style-type: none"> The pre-mixes were not included because it was a very broad consultation and at the time there was no advisory committee appointed and no dedicated staff to manage the process Advisory committee will be in place in April and consultation should go ahead in April 	<ul style="list-style-type: none"> It was requested that consultation be fast tracked so that it was sent out prior to the committee being established, PHARMAC to see if this is possible (Adam McRae, Dilky Rasiah)
3.ii	Warfarin	<ul style="list-style-type: none"> Feedback on alert had been generally positive but limited. Some PHO's asked for an electronic version so that they could send it to individual GP's Circulation in hospitals still very variable, suggested that chairs of PTC's should be included Add narratives to alert to increase impact What can we do to improve safe use of warfarin <ul style="list-style-type: none"> Places with Pyxis machines can alert pharmacists when warfarin is taken for a patient Link messages to INR results Currently trying to standardise 	<ul style="list-style-type: none"> Send alert to chairs of PTC's (Beth) Include on future alerts that it should be circulated to every charge nurse, pharmacist and doctor (Beth) Develop clinical indicators and narratives (Mary, Avril) Look into other possible funding options for video eg ACC, MOH, DHBNZ (Beth, Dwayne)

		<p>nomogram for use in all 3 Auckland DHB's</p> <ul style="list-style-type: none"> • Nomogram for use in Primary care may need to be different • Add nomogram to drug charts • Ensure INR's are included in discharge information to GP's and if possible community pharmacy • Patient and health professional education • Synchronise timing of INR's in hospital so that results available before or at 4pm • Hard copies of the alert needed • Patient involvement in their treatment • Primary care need a method of tracking that patient's actually have their ordered INR's e.g. card system • Decision support for practice nurses who often recommend dose changes following INR's • Coagulation nurse, clinic etc • Clinical indicators eg INR's over 5 in hospital, INR's under target in community • PHARMAC have 3 proposals for producing the warfarin video and are willing to project manage. They can fund \$15000 but need another \$15000 • Flip chart at CMDHB for illiterate and non-English speakers is being developed 	
	Circulation of alerts and informing people about the activities of the group	<ul style="list-style-type: none"> • Ensure NZHPA management group and CEO's group are aware of the importance of alert distribution • Send alert to chairs of PTC's • Alert's need to be re-distributed at regular intervals • Develop information sheet on possible ways to circulate alerts for DHB's: all members of PTC sent a copy, all GP's and wards sent laminated copy, junior medical staff training sessions i.e inform teachers, grand rounds, E mail, RMO's handbook, Nurse handover sessions, nurse manager meetings, pharmacists covering individual wards • Add anecdotes to alerts to add meaning • Suggest DHB add their own incidents when sending the alert out within their organisations • One page summary of minutes for clinical boards at DHB's • Look at literature to identify most effective methods of information sharing that result in changes in practice • Monthly newsletter 	<ul style="list-style-type: none"> • NZHPA (Marilyn) • CEO group (Dwayne) • Re-send alerts when questionnaires sent out and at other times (Beth) • Literature search (Beth)
3.iii	Heparin	<ul style="list-style-type: none"> • Work progressing on joint guideline for 	<ul style="list-style-type: none"> • Continue (Beth)

		<p>3 Auckland DHB's</p> <ul style="list-style-type: none"> Developing a drug use evaluation tool aimed at determining % of patients reaching target APTT for different protocols within specified time that other DHB's could then use Availability of heparin pre-mixes <p>Letter from MARC re SQM writing protocol for use of LMWH in renal patients</p> <ul style="list-style-type: none"> Keen to do so, need to involve renal physicians and haematologists Might already be a protocol in existence 	<ul style="list-style-type: none"> Consultation on availability of heparin pre-mixes to go ahead in April linked to potassium consultation (PHARMAC) Draft protocol (Peter, Grant) Provide narratives (Mary)
3.iv	Diltiazem	<ul style="list-style-type: none"> Feedback from PHARMAC re PTAC meeting on possible de-listing of one diltiazem modified release formulation Make any changes to both alerts and send for consultation 	<ul style="list-style-type: none"> Once formal feedback received write to PHARMAC and enquire if only one immediate release preparation could be funded (Beth) <p>Consultation</p> <ul style="list-style-type: none"> Secondary care alert to go to chairs of PTC's (Beth) Primary care alert to go to College of GP's and Pharmaceutical Society (Beth)
3.v	Insulin	<ul style="list-style-type: none"> What are problems in primary and secondary care Confusion between actrapid and Novo rapid Secondary care mainly around sliding scale and infusions Primary care, have feedback from GP's, community pharmacists and diabetes nurse specialists, awaiting support groups, need to analyse feedback 	<ul style="list-style-type: none"> Identify what the problems are for the next meeting (Beth, Avril)
3.vi	Morphine	<ul style="list-style-type: none"> Discussed having separate primary/secondary care alerts but decided on joint one Section on PCA's, include or not, leave in Needs section on dosing in patients with renal disease and the frail elderly There are no safety considerations when PTAC consider options 	<ul style="list-style-type: none"> Re-draft alert and ask for local feedback (Emil, Jane) In future circulate (PHARMAC) consultation documents to SQM for comments (PHARMAC, Beth)
3.vii	Cytotoxics	<ul style="list-style-type: none"> NZHPA oncology special interest group (SIG) have written recommendations re intrathecal injections and considering a package with education etc Awaiting NZHPA Executive agreement Can we put them out under SQM name but acknowledge their work Oral Methotrexate, no progress to date 	<ul style="list-style-type: none"> Oncology SIG to come to next meeting to talk to recommendations (Beth) Liaise re putting them out under SQM name (Beth) Oral Methotrexate (Nirasha)
3.viii	Intravenous Infusions	<ul style="list-style-type: none"> Need a discussion document based around smart pumps 	<ul style="list-style-type: none"> Write discussion document (Marilyn, Emil)
3.ix	Good Prescribing Practice	<ul style="list-style-type: none"> Drafted guidelines, all agreed except od v daily Send out as E mail with a set time for 	<ul style="list-style-type: none"> Send out draft guidelines to group (Beth) After feedback send out for

		<p>feedback</p> <ul style="list-style-type: none"> Consult through Chairs of PTC's, Schools of Medicine and Pharmacy, and College of GP's To be sent as an alert and possibly pocket size reminder 	<p>consultation (Beth)</p>
4.	Strategy document	<ul style="list-style-type: none"> Still considering another GP member and Peter has approached college P. 15 needs to be more strongly worded P.13/14 need to include something about identifying deficits in education on medicines and work to ensure they are met Planned to have feedback about primary care education at next meeting PHARMAC had comments about p.15 community/hospital interface objectives Change p.14 drug information bullet points More detail in executive summary Glossary of terms just needs finalising P.13 add in statement about pharmacy systems and set standards for what functionality is necessary 	<ul style="list-style-type: none"> Another GP member (Peter) Finalise glossary of terms (Beth) Re-word draft document as agreed (Beth) Draft position statements Feedback from various groups at next meeting (Dwayne, Beth)
7.	Report on Pharmacy Workforce Study	<ul style="list-style-type: none"> Elizabeth reported on the results of her workforce study This is was the first of its kind in NZ and identified the need for further studies at regular intervals Difficult to compare different hospitals based only on bed numbers and the type of hospital 	<ul style="list-style-type: none"> Need to study the service delivery in more detail and investigate the relationship between optimum staffing levels and service delivery <p>Recommended that further surveys needed to be conducted at regular intervals</p>
4.	Position Statements	<ul style="list-style-type: none"> Bar coding, just check for errors Electronic Discharge summary, should it include discharge summaries with a minimum requirement for what should be on them 	<ul style="list-style-type: none"> Any feedback on bar coding position statement from group by 18.3.05 (All) Draft discharge summary position statement (Beth)
5.	Information Technology	<ul style="list-style-type: none"> What is current status of the IT cluster (MOH) and HISO led developments Need to consolidate available knowledge on what the current pharmacy, electronic prescribing systems are 	<ul style="list-style-type: none"> Contact these groups Marilyn, Emil, Elizabeth and Jan Goddard to work together on this
6.	Primary/secondary interface & pharmacy standards	<ul style="list-style-type: none"> Document on website 	<ul style="list-style-type: none"> Complete at present
8.	Possible National Drug Chart	<ul style="list-style-type: none"> Final version of the chart has been sent to all hospitals with details of printing company Starship still keen to develop a specialist paediatric chart 	<ul style="list-style-type: none"> Keen that all hospitals standardise as far as possible even if first and last page varies depending on requirements of hospital but up to individual DHB's
	Any other Business	<ul style="list-style-type: none"> Article in NZMJ re QUM Accreditation, as a group are we able to influence the health sector standards and how can we do this to include some of the recommendations in our alerts Website is still not functioning properly due to IT changes that affected it 	<ul style="list-style-type: none"> Dwayne to reply for group (Dwayne) Gillian to find out (Gillian) Sort out website (Beth)

	Date of next meeting	<ul style="list-style-type: none">• 28th April Wellington	<ul style="list-style-type: none">•
--	----------------------	--	---