

SAFE & QUALITY USE OF MEDICINES GROUP

Meeting

Thursday 7th August 2008 Time: 9.30am to 15.30pm

Attendees

Beth Loe (National Coordinator) Chai Chuah (Chair)
 Elizabeth Plant (Taranaki) Adam McCrae (PHARMAC)
 Peter Black (ADHB) Tim Maling (C&CDHB)
 Mary Seddon (CMDHB) Frances McClure (GP)
 Gillian Bohm (MOH) Avril Lee (Waitemata)
 Dwayne Crombie (Guardian Health) from 11.40

Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Debi Lawry, Nigel Millar, Julian Tommei, Roy Morris, Marilyn Crawley, Tony Fraser, Gigi Lim	
2.	Minutes of previous meeting	<ul style="list-style-type: none"> Amendments to workshop minutes; Ø Add to item 4, "The fact that New Zealand is a small country is an advantage in regard to being able to be flexible and innovative in finding a solution to this problem" Ø Change last sentence to read " Medsafe suggested and agreed to convene a group of experts to consider the risks for any new product" 	Update minutes (Beth)
3.	Matters arising	<p>i. <u>Look alike sound alike workshop actions</u></p> <ul style="list-style-type: none"> Write to Stephen McKernon, cc Stewart Jessamine about their progression to establishing an expert group and the terms of reference for such a group Suggest a website to raise awareness nationally about look alike sound alike issues as they are identified, could be used for INNs v BANs information as well How can SQM effectively raise awareness of this issue within DHBs now? Ideas include; Ø put top 10 problems in the RMO handbook and hospital formularies Ø develop e learning programme around the issues <p>ii. <u>Group membership</u></p> <ul style="list-style-type: none"> Next CEs meeting late Aug Awaiting nominations from DON and CMO groups <p>iii. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> No progress report available <p>iv. <u>Incident reporting/NZPhVC</u></p> <ul style="list-style-type: none"> Meeting between two groups has been facilitated Incident reporting project has been amended to include primary care, also looking at how the reports will be used to feedback and inform clinical practice NZPhVC have put in a proposal to MOH for research funding to investigate how their proposed method for handling incident reports would function 	<p>i. <u>Look alike sound alike</u></p> <ul style="list-style-type: none"> Write to Stephen McKernon (Beth) <p>ii. <u>Membership</u></p> <ul style="list-style-type: none"> Review length of membership for all members (Beth, Chai) <p>iii. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> Follow up (Beth)

4.	Annual report	<ul style="list-style-type: none"> • To be completed by email • Distribution to DHB CEs and other agencies involved • A future challenge for primary care section should include need for clinical pharmacist input to PHO's 	<ul style="list-style-type: none"> • Send out updated report for comment and finalise (Beth/Gillian)
5.	Safe Medication Project	<ul style="list-style-type: none"> • Next steering group meeting in Dunedin to attend Matrix e prescribing system presentation which was trialled there. This project has been resurrected and will now be clinician led • Four working parties being established: <ol style="list-style-type: none"> 1. National medicine chart/e prescribing 2. Medicines reconciliation 3. Unit dose packaging/ bar coding 4. High risk drugs • Request for nominations to working parties has not always received a good balance of clinical groupings and IS input, may require further nominations • Discussed national drug chart project and benefit of someone from SQM presenting to the first working party meeting in Sept. – to reduce re-work and to handover the work already completed by SQM. Potential for a SQM member to join the working party if necessary • Drug chart working party needs to generate buy in to the proposal, plan for national roll out and maintenance following release • Clinical leadership group needed for safe medication management project (SMM), their role to give final agreement and champion the project to colleagues • Proposal that SQM take this role on, need to establish how this would work and required linkages to DONs, CMOs and pharmacists • Clinical leaders need ability to influence practice, may need to have a group that sits under the SQM umbrella, how would this group be elected, they would need to be opinion leaders/champions, one method would be to ask CMO group to nominate clinical leaders from around the country • Review international literature • No legislation in NZ to mandate the results of project work be adopted, has to be 3 stages: <ol style="list-style-type: none"> 1. Mandate/leadership at the governance level e.g. DHB boards, Pharmac, bpac^{NZ}, MOH 2. Clinical people to endorse programme and agree how the programme should be rolled out 3. Need support of technical group • Bar coding: Chai to attend GS1 Board meeting to advise GS1 that they need to re-consider their programme and how bar coding technology can best be applied in the complex health environment 	<ul style="list-style-type: none"> • Request opportunity to present to drug chart working party and present if opportunity exists (Beth) • Prepare discussion paper on who “clinical leaders” might be (Beth) • SQM to help establish clinical leadership group for SMM (Beth/Chai)
6.	QIC update	<ul style="list-style-type: none"> • Saving 1000 Lives campaign (based on IHI 100 000 Lives) was proposed by Northern Region Quality Improvement Collaborative and it has now been adopted nationally, it will link the QIC projects and adds four other initiatives: <ol style="list-style-type: none"> 1. Transforming care at the bedside e.g. reducing pressure sore rate & physiological management of patients 	<ul style="list-style-type: none"> •

		<p>2. Safer surgery e.g. surgical checklist, bundle of care (prophylactic antibiotics, VTE prophylaxis, clipping not shaving)</p> <p>3. Cardiac Care ; acute MI and CHF management</p> <p>4. Getting Boards on Board</p> <ul style="list-style-type: none"> • Involves establishing a faculty, a programme director/manager, proposal for 4 regions with admin staff and a manager in each region • National evaluation through high level mortality data, local evaluation can be more detailed • Participation would be voluntary and not all initiatives would have to be done in any one DHB • One of biggest benefits would be the establishment of reusable networks 	
7.	HDC report 07/09719	<ul style="list-style-type: none"> • Report based on case where allergy status went unrecorded at various points in the health system, the interface between primary and secondary care, interface between hospitals and wards within hospitals • NZ does have a system of recording allergy linked to NHI but delay in this happening and not available to all prescribers when it is needed • No national categorisation of allergy level • Need to change culture so that “allergy recording” becomes part of system i.e. national drug chart, EDS, referral letter etc. • Check if it is possible to send allergy alert via Healthpac to GPs? (i.e. automate process) • Consider working party with members from SQM and NZPhVC • How can we empower consumers to be pro-active on this topic and take self responsibility for allergy reporting • Needs to be included in medicines reconciliation SMM project 	<ul style="list-style-type: none"> • Add to CE report (Beth) • Inform SMM project manager (Beth)
8.	High Risk Medicines		
8.i	Potassium & heparin pre mixes	<ul style="list-style-type: none"> • Issue with pre-mixes because need different strength/diluent for glucose, potassium, insulin (GIK) treatment protocols & the increasing use of these • Also need a paediatric fluid • When last checked 3 different strengths used for GIK infusions around NZ • Need to standardise to one GIK protocol nationally 	<ul style="list-style-type: none"> • Write to DHBs asking for GIK protocol (Beth) • Write to endocrinologists /diabetologists and ask them to agree on a standard GIK protocol (Beth)
8.ii	Warfarin	<ul style="list-style-type: none"> • Discussion about need for toolkit but agreed warfarin was high risk, high cost, high volume with known problems • How will toolkit be distributed once complete and how can we disseminate knowledge that it is available • How can we capture all the warfarin projects happening nationally 	<ul style="list-style-type: none"> • Complete formatting of toolkit documents (Beth/Pharmac)
8.iii	Morphine Alert and colour coding of labelling	<ul style="list-style-type: none"> • Alert agreed • Rest homes should be included on distribution list 4 main rest home groups • Identify person in each DHB who the alert should be sent to • Pharmac have asked for guidance on the labelling of pre-filled morphine syringes i.e. should they be 	<ul style="list-style-type: none"> • Identify contact person in each DHB (Beth) • Contacts for other 3 major rest home groups (Dwayne) • In what situation are the syringes going to be used (Beth)

		<p>colour coded by ingredient or by strength</p> <ul style="list-style-type: none"> • Depends on where syringes going to be used e.g. colour coding by ingredient appropriate for syringes on anaesthetic trays in theatre • Need clarification on areas where and for what syringes used before making recommendation 	<ul style="list-style-type: none"> • Is this a new product or a new tender and is it for the general schedule or section H only (Adam)
8.iv	Intravenous Infusions	<ul style="list-style-type: none"> • Summer studentship proposal written and applications called for at University of Auckland • If no applicants Mary has some resource that could be used • Changes to alert needed 	<ul style="list-style-type: none"> • Make changes to alert and circulate electronically (Beth)
8.v	IT cytotoxic injection	<ul style="list-style-type: none"> • Feeling that putting on the website not enough, send to haematology and oncology departments as well • Discuss with Medsafe • Look to evaluate if practice complies with guidelines 	<ul style="list-style-type: none"> • Send guidelines to oncology/haematology departments (Beth) • Contact Medsafe (Beth) • Work on evaluation (Beth)
8.vi	Colchicine	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Agenda next meeting
8.vii	Oral Methotrexate	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Agenda next meeting
9.	Renal drug dosing	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Agenda next meeting
10.	Adverse reaction to phosphate oral solution	<ul style="list-style-type: none"> • Two reports of renal damage made to CARM, one acute phosphate nephropathy, one acute renal failure associated with oral Fleet • Issue needs to be referred to MARC • Information should be sent to all doctors and pharmacists – alert? 	<ul style="list-style-type: none"> • Refer to MARC (Beth) • Draft alert ??????
11.	Microgram v mcg abbreviation rather than using leading 0 for less than 1 mg	<ul style="list-style-type: none"> • What is SQM's advice regarding this for a new computer system that generates dispensing labels • Alert recommended always using a leading zero e.g 0.5mg or use microgram or mcg • Preference would be microgram or microgr but this might be an issue on dispensing labels and mcg allowed particularly as not handwritten 	<ul style="list-style-type: none"> • Send response to question (Beth)
12.	Look alike sound alike names and packaging		
12.i	Lighting/eye sight	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Eyesight/lighting (Nigel)
12.ii	Resus trolley syringes	<ul style="list-style-type: none"> • No letter received by HPAC to date 	<ul style="list-style-type: none"> • Write to HPAC (Beth)
12.iii	INN v BAN	<ul style="list-style-type: none"> • Written to QIC requesting funding for information campaign • MIMs have cross referenced most rINNs to AANs/BANs but unless PMS systems adopt the synonyms field PMS users unable to prescribe using rINN • PMS system updates will be an issue with a national formulary 	<ul style="list-style-type: none"> • Follow up with QIC (Mary) • Write to Coll of GPs requesting that they put PMS updates into their quality requirements (Beth) • Invite Tanya Roth to next meeting re formulary/PMS (Beth)
13.	Paediatric alert	<ul style="list-style-type: none"> • Defer to next meeting 	<ul style="list-style-type: none"> • Agenda next meeting
14.	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)

15.	Primary Care Issues		
15.i	Colchicine/ allopurinol in acute gout	<ul style="list-style-type: none"> Further clarification of issue needed 	<ul style="list-style-type: none"> Provide clarification (Avril)
15.ii	Preparation & injection of methotrexate injection	<ul style="list-style-type: none"> District nurses are increasingly asked to handle methotrexate and other cytotoxics in the community with no training Hospital nurses have to be certified to handle cytotoxics Local credentialing issue which is an employers responsibility How widespread is the practice, what happens in community pharmacy? Are practice nurses or other nurses employed by GPs handling cytotoxics? 	<ul style="list-style-type: none"> Write to DON group highlighting the issue (Beth) Write to IPAC and PHONZ highlighting the issue (Beth) Ascertain how widespread the practice is (Beth)
16.	Australian Medication Safety Self assessment	<ul style="list-style-type: none"> Some hospital pharmacies looking at undertaking this self assessment NZ hospital pharmacies have requested NSW TAG if they can register and enter their results into reporting template so that they can be bench marked against Australian hospitals 	<ul style="list-style-type: none"> Have any pharmacies completed the self assessment and how useful was it (Beth)
17.	Medication Safety Groups	<ul style="list-style-type: none"> This was put on hold until QIC programme established Northern Region quality improvement group has been established, it may be possible for safety groups to work under that umbrella Saving 1000 Lives campaign would allow interested people to be part of 4 regional groups 	<ul style="list-style-type: none"> See previous QIC agenda item (Mary)
18.	International System for DI classification	<ul style="list-style-type: none"> Various groups internationally have established lists for most important interactions e.g. Dutch have identified 100 which they have adopted nationally Should we try and obtain international agreement on a list or adopt a national list Next ASCEPT meeting can agree a list for NZ Need consensus from pharmacologists and drug information pharmacists List then needs to interact with formulary and information systems e.g. PMS systems 	<ul style="list-style-type: none"> Work towards consensus on top 100 interactions (Peter)
19.	Alerts of Toniq dispensing system	<ul style="list-style-type: none"> Updated alerts based on only two alerts for each drug 	<ul style="list-style-type: none"> Send alerts electronically for comment
20.	BPAC articles	<ul style="list-style-type: none"> Next bpac journal based on pain management, article on morphine Then article alerting to risks of oral phosphate solutions Following issues based on dementia/anti-psychotics (mental health guidelines) and bones and joints. It is not always possible to align SQM articles with the bpac theme 	<ul style="list-style-type: none"> Draft article on morphine (Beth)
23.	Date and venue for next meeting	<ul style="list-style-type: none"> October 23rd Wellington (Level 9 Cigna House) 	