

SAFETY & QUALITY OF MEDICINES GROUP

Meeting

Thursday 8th February 2007 Time: 9.30am to 2.30pm

Attendees

Gillian Bohm (Acting Chair)	Beth Loe (Project Manager)
Marilyn Crawley (Waitemata)	Mary Seddon (CMDHB)
Avril Lee (WDHB)	Nigel Miller (Canterbury)
Teresa Sullivan (ACC)	Elizabeth Plant (Taranaki)
Adam McRae (PHARMAC)	Peter Moodie (PHARMAC)
Tim Maling (C&C DHB)	Dwayne Crombie (Guardian)

Invited

Bruce Anderson (MOH)

Minutes

Item	Topic/agenda	Notes/comments	Action Required
1.	Apologies	Sharron Cole, Peter Black, Debi Lawry, Kevin Hague, Frances McClure, Grant Howard	
2.	Minutes of previous meeting	<ul style="list-style-type: none"> • Agreed 	<ul style="list-style-type: none"> •
3.	Matters arising	<p>1. Membership;</p> <p>i. still awaiting decision on additional member</p> <p>ii. Dwayne would like to continue but possibly on a project by project basis</p> <p>iii. Grant has changed roles and is no longer able to attend on Thursday, he will have to resign if the day can not be changed</p> <p>iv. Sharron has difficulties with Thursday's as well</p> <p>v. Only alternative day that suits everyone present is Tuesday</p> <p>2. Inequitable funding issues re hospital discharge prescriptions</p> <p>i. Letter sent to PHONZ</p> <p>ii. David Galler suggested writing to Stephen McKernon directly and thought some DHB's were already funding these prescriptions</p> <p>iii. Pharmacy Advisory Group believe it is a legislative issue</p> <p>3. International classification system for the significance of drug interactions</p> <p>i. NPSA have not looked at this</p> <p>ii. No feedback from Peter</p> <p>4. PreMec funding</p> <p>i. CEO's less keen on incorporated society idea, they would prefer a service level agreement and PreMec would focus on primary care alerts</p> <p>ii. Money used to produce output eg alerts for primary care working with BPAC & SQM</p> <p>iii. Various options are: a. PreMec remain an incorporated soc. with memorandum of understanding between SQM and PreMec, b. 2 boards could merge & there would be one board for both groups c. PreMec should cease to exist but that some of the advisory board</p>	<p>1. Check with Grant, Peter Black and Kevin re availability on Tuesday (Beth)</p> <p>2. Write to Stephen Mc Kernon (Beth)</p> <p>2. Stock take of DHB's (Elizabeth)</p> <p>2. Raise issue with Pharmacy Advisory Group again (Elizabeth)</p> <p>3. Agenda at next meeting (Beth)</p> <p>4. Invite PreMec Board to April meeting and send them our strategy document i.e. Graham Robinson, Colleen Lewis, Carl Burgess and Rob Young (Beth)</p> <p>4. SQM group to agree which parts of the strategy document should be proposed as PreMec projects (Beth)</p>

		<p>would have input into SQM</p> <p>iv.</p> <p>v. Objectives would need to be clear at the outset, once the PreMec funds used hoping DHBNZ would take over funding</p> <p>vi. Money could be used to fund secretariat</p> <p>vii. Invite PreMec board to next meeting</p> <p>5. CARM & MARC</p> <p>i. Letters going out, awaiting response</p> <p>ii. Taranaki have undertaken an allergy pilot project looking at how to classify allergies and improving documentation</p>	
4.	Stocktake of medicines reconciliation and e pharmacy	<ul style="list-style-type: none"> • Draft audit form for medicine reconciliation discussed, comments to Beth by Feb 16th • To be sent to hospital pharmacy managers, pharmacy facilitators, clinical directors PHOs, community pharmacy through council, universities & private hospitals • Overall goal is so that education and culture change within teams can occur • Elizabeth had done a phone stocktake of e pharmacy systems: no DHB had e prescribing, none had an interface between pharmacy and the discharge system • Electronic version of Elizabeth's audit results to be produced 	<ul style="list-style-type: none"> • Circulate draft for comment by February 16th (Beth) • Send out re-drafted audit (Avril) • Agenda medicines reconciliation for lengthy debate next meeting (Beth) • Electronic version of results of e pharmacy stocktake (Elizabeth)
5.	Bedside verification project (bar coding)	<ul style="list-style-type: none"> • Exposure draft consultation document and cost utility analysis prepared by Bruce were discussed • Agreed bedside verification not a good name • Issues about transcribing of prescriptions that would have to happen if CPOE was not available • Need to do a detailed process analysis first and then try to purchase of the shelf to fit requirements • Only 8 of 21 DHBs currently have pharmacy systems that would be capable of linking to the systems planned • Project needs to be nationally driven and standardised but with local champions • Bruce wants feedback either electronically or face to face by 23rd February 	<ul style="list-style-type: none"> • Feedback to Bruce directly by Feb 23rd (Beth, all)
6.	May conference	<ul style="list-style-type: none"> • Name now Medicines Safety and the Patient Experience-Practical Solutions • Dates 16th to 18th May • Meeting of organising committee at 2.30pm today 	
7.	Towards a NZ Medicines Strategy consultation	<ul style="list-style-type: none"> • Where does it sit in relation to our strategy • Our strategy operational policy? • The draft is very high level comment • Take out essential actions from draft and align with ours so that our proposed actions can be inserted • When developing strategy recommend we use ours for the areas covering quality and safety 	<ul style="list-style-type: none"> • Look at draft and at our strategy and pull together but not within consultation timeframe (Tim) • Draft initial feedback and say more detailed analysis relating our strategy to their draft will be delayed (Beth)

8.	Look alike, sound alike products, stock shortages/Section 29	<ul style="list-style-type: none"> • Due to supply shortage adrenaline brand replaced with Section 29 epinephrine product • As usually required in emergency situation patient consent often impossible to obtain prior to administration so was unreasonable in this situation • Taranaki raised the issue of the newly contracted brand of fentanyl ampoules looking like both water for injection and sodium chloride 0.9% with PHARMAC • They also produced an alert, CMDB regularly produce similar alerts about look alike products • It would help if the alerts could be standardised • PHARMAC's written response was that there was no substitute for systematic checking of the label but that they would raise the concerns with the manufacturer and review their notification system in an attempt to give DHBs prior notification of packaging similarities prior to stock being introduced to the wards • Is it possible to obtain Crown opinion on Medsafe's responsibility • Diltiazem- Pharmac had responded to Mary's letter and had sent out a consultation document. PTAC will make final decision • How do FDA consider packaging and labels when registering medicines 	<ul style="list-style-type: none"> • Crown opinion on Medsafe's responsibility (Gillian) • Send original letter about the number of diltiazem preparations available to Adam (Beth) • FDA consideration of labels and packaging (Beth) • Standardise look alike warnings nationally (Beth)
8.	BPAC articles	<ul style="list-style-type: none"> • Missed one edition and possibly the next • April edition is on winter ills in children 	<ul style="list-style-type: none"> • Consider including medicines reconciliation
9.	High Risk Medicines Diltiazem	<ul style="list-style-type: none"> • Need to audit effect of diltiazem alert, find out who it reached i.e. market research, would need a budget 	<ul style="list-style-type: none"> • Agenda item for an independent evaluation (Beth)
9.i	Potassium & heparin pre mixes	<ul style="list-style-type: none"> • Heparin pre mixes now registered and when available in NZ will be marketed, 3 strengths have been registered • Letter went to Stephen McKernon, he has responded but not received yet 	<ul style="list-style-type: none"> • Await Stephen's response
9. ii	Warfarin	<ul style="list-style-type: none"> • Want to put all the products into the same livery, need OK from CMDHB, project person could do this • RGPG have produced a warfarin guide for community pharmacy which they have agreed can be included 	<ul style="list-style-type: none"> • Quotes for toolkit (Beth, Avril) • Liaise with Teresa (Beth)
9.iii	Heparin	<ul style="list-style-type: none"> • Will start work on joint protocol for Auckland region when article sent for publication • LMWH- ensure this agrees with Tim's renal drug dosing 	<ul style="list-style-type: none"> • Joint protocol (Beth) • Send out latest version of LMWH alert with deadline for feedback to Peter (Beth) • Ensure this matches with renal drug dosing (Peter, Tim)
9.iv	Morphine	<ul style="list-style-type: none"> • Feedback on re-drafted alert direct to Marilyn 	<ul style="list-style-type: none"> • Feedback on draft alert (All)
9.v	Intravenous infusions	<ul style="list-style-type: none"> • Alert and position statement have gone out for consultation • Audit tool still in draft form 	<ul style="list-style-type: none"> • Finish audit tool (Gillian, Beth)

9.vi	Good Prescribing Practice	<ul style="list-style-type: none"> • Corrections needs to be made • Send out corrected version 	<ul style="list-style-type: none"> • Distribute alert (Beth)
9. vii	IT cytotoxic injection	<ul style="list-style-type: none"> • Awaiting latest version from NZHPA Executive 	<ul style="list-style-type: none"> • Circulate latest version to group when available (Beth)
9. viii	Colchicine	<ul style="list-style-type: none"> • Draft alert sent out by CMDHB available • Convert to alert format and circulate for comments • PHARMAC have a patient information leaflet that is due to be updated, could include alert recommendations • Can there be a mechanism to restrict supply 	<ul style="list-style-type: none"> • Convert to standard format and circulate to group(Beth) • Write to Pharmac and Medsafe (Mary)
9.ix	Oral Methotrexate	<ul style="list-style-type: none"> • Re-start alert process • John O'Donnell in Canterbury has developed a system for managing these patients 	<ul style="list-style-type: none"> • Contact John O'Donnell (Beth) • Start alert process
10.	Renal drug dosing	<ul style="list-style-type: none"> • Draft alert presented • Too much detail, needs to be bullet points 	<ul style="list-style-type: none"> • Re-draft alert (Tim)
11.	ACC medication treatment injury and harm notification	<ul style="list-style-type: none"> • Presentation of latest treatment injury figures • Numbers still quite low • ACC still sending out the message to report • Need to link ACC data to CARM but at present the functionality of database doesn't allow this • Start thinking about research proposals, the development strategy will be published in March or April 	<ul style="list-style-type: none"> •
12.	Information technology		
12.i.	Toniq dispensing software	<ul style="list-style-type: none"> • Work continuing 	<ul style="list-style-type: none"> • Continue to draft warnings (Beth)
13.	National Drug Chart	<ul style="list-style-type: none"> • Meeting next week with small group, nurse, doctors and pharmacists 	<ul style="list-style-type: none"> • Bring changes to next meeting (Beth)
14.	Pharmacy Conference 2007	<ul style="list-style-type: none"> • Have requested a SQM group speaker 	<ul style="list-style-type: none"> • To be discussed at next meeting (Beth)
15.	Date of next meeting	<ul style="list-style-type: none"> • April 17th or 19th in Auckland 	<ul style="list-style-type: none"> • Day dependant on availability • Agenda items to include Salamanca declaration • ISMP action agenda