

# SAFE & QUALITY USE OF MEDICINES GROUP

## Minutes

Monday 3rd August 2009 Time: 09.30 to 15.00

### Attendees

Marilyn Crawley (Waitemata)  
Nirasha Parsotam (ADHB)  
Gillian Bohm (MOH)  
Avril Lee (Waitemata)  
Adam McRae (PHARMAC)

Beth Loe (National Coordinator)  
Gigi Lim (Uni of Auckland)  
Frances McClure (GP)  
Beryl Wilkinson (Consumer)  
Mary Seddon (CMDHB)

### Invited

Desiree Kunac (NZPhVC), Shayne Hunter (SMMP), Rob Ticehurst (SMMP)

### Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Peter Black, Chai Chuah, Peter Moodie, Roy Morris, Tim Maling, Anne Kemp (Q&R Manager), David Woods	
2.	Welcome new members to the group	<ul style="list-style-type: none"> <li>Nirasha Parsotam (ADHB) and Beryl Wilkinson (consumer) were formally welcomed to the group</li> </ul>	
3.	Minutes of previous meeting	<ul style="list-style-type: none"> <li>These were accepted</li> </ul>	
4.	Matters arising	<p>i. <u>Pathways and Barriers to Unit Dose Packaging Report</u></p> <ul style="list-style-type: none"> <li>Shayne gave a brief presentation about the background to the report and answered some questions that he anticipated SQM might raise</li> </ul> <p><i>Discussion points:</i></p> <ul style="list-style-type: none"> <li>Why a date had not been set for mandating bar codes, the group was unanimous that a date should be set providing the use of bar codes was shown to be a cost effective initiative</li> <li>Benefits to the supply chain and dispensing process if bar coding was available included safety because of reduced dispensing errors</li> <li>Why the report did not recommend GS1 bar codes and the role of HISO in agreeing that</li> </ul> <p><i>SQM concerns:</i></p> <ul style="list-style-type: none"> <li>The original project proposal clearly stated the cost savings in terms of reduced harm to patients and this aspect is not emphasised in the report</li> <li>Discussion on progressing advocacy with manufacturers to date and why this seemed to have been restricted to one company</li> <li>The proposal was to target unit dose packing for high risk medicines first and subsequent potential for confusion if this was done. Suggestion that an across the board approach would be better</li> <li>The report is currently with the MOH and once returned it would be finalised and an advocacy plan developed</li> </ul>	

	<ul style="list-style-type: none"> <li>• Overall feedback was that the report was excellent but that it lacked urgency and forcefulness</li> <li>• SQM requested that they be informed when the report was finalised and an action plan developed</li> </ul> <p>ii. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> <li>• Reply from PreMec indicates that the 2008 proposal sent by SQM was never received</li> <li>• Clarification needed from PreMec regarding the 2008 proposal</li> </ul> <p>iii. <u>Potassium pre-mixes</u></p> <ul style="list-style-type: none"> <li>• Letter sent to Medsafe asking them to expedite registration of 10mmol in 10% glucose bags</li> <li>• Baxters had confirmed that registration was going ahead but Medsafe has not received the registration proposal yet</li> <li>• Additional barrier to current use is that Baxters require patient names prior to the release of this product under Section 29, (they won't accept the common practice of names provided retrospectively)</li> </ul> <p>iv. <u>Resus medicines presented in syringes</u></p> <ul style="list-style-type: none"> <li>• List is being compiled</li> </ul> <p>v. <u>Use of cytotoxic injections in the community</u></p> <ul style="list-style-type: none"> <li>• President of Rheumatology Assn unable to attend in person and a phone discussion had taken place</li> <li>• Rheumatologists position was that methotrexate in this setting was not a cytotoxic and they did not want to alarm patients by unnecessary precautions surrounding its use</li> <li>• However, it was agreed that there did need to be guidance regarding use in the community setting: to prevent harm and standardise the handling of the medicine by patients and health professionals</li> <li>• It was suggested that the MOH nursing team should be approached and asked if they would draft national guidance with input from SQM and the Rheumatology Assn. The UK guidelines could be adapted for NZ use</li> </ul> <p>v. <u>Annual report</u></p> <ul style="list-style-type: none"> <li>• Letter distributed advising that report available on website</li> </ul> <p>vi. <u>Linking of patient allergy status to NHI</u></p> <ul style="list-style-type: none"> <li>• No reply from MOH to date</li> <li>• MARC had received notification from Medsafe that the new NHI platform would not be introduced until a new danger warning section is available</li> <li>• Identify who is responsible for the alert updates at the MOH and find why there is a 6 -8 week lag between reporting and upload.</li> </ul> <p>vii. <u>Colchicine alert</u></p> <ul style="list-style-type: none"> <li>• This has been distributed</li> <li>• The FDA have recently issued a colchicine safety</li> </ul>	<p>ii. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> <li>• Follow up with PreMec (<b>Beth</b>)</li> </ul> <p>ii. <u>Potassium pre-mixes</u></p> <ul style="list-style-type: none"> <li>• Complete audit report (<b>Beth</b>)</li> <li>• Follow up with Centre for the Study of Diabetes (<b>Beth</b>)</li> <li>• Discuss position with Baxters (<b>Beth</b>)</li> <li>• Discuss availability with Biomed (<b>Beth</b>)</li> </ul> <p>iv. <u>Resus medicines in syringes</u></p> <ul style="list-style-type: none"> <li>• Send list to PHARMAC (<b>Marilyn</b>)</li> </ul> <p>v. <u>Use of cytotoxic injections in the community</u></p> <ul style="list-style-type: none"> <li>• Look at steps in the process (<b>Gigi</b>)</li> <li>• Approach MOH Nursing team (<b>Gillian</b>)</li> </ul> <p>vi. <u>Linking of patient allergy status to NHI</u></p> <ul style="list-style-type: none"> <li>• Follow up with MOH regarding invitation to attend the meeting (<b>Beth</b>)</li> <li>• Identity of person at MOH responsible for alert update (<b>Beth</b>)</li> </ul> <p>vii. <u>Colchicine alert</u></p> <ul style="list-style-type: none"> <li>• Circulate FDA warning to SQM Group members</li> </ul>
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		<p>alert highlighting both the dangers from excessive dosing and the harm resulting from drug interactions</p> <p>viii. <u>Projects for international student</u></p> <ul style="list-style-type: none"> <li>• None had been suggested</li> </ul>	
5.	Group membership	<ul style="list-style-type: none"> <li>• Following telephone interviews Chai has confirmed appointment of Nirasha Parsotam as the new health professional</li> <li>• Anne Kemp will attend meetings as a representative of the Q&amp;R Managers Group</li> <li>• Nigel Millar (unable to attend meetings) and Roy Morris (going overseas) have tendered their resignations from the group and letters have been sent thanking them for their contribution</li> <li>• The CMO group chair will seek a CMO representative with an interest in medication safety at the next CMOs meeting</li> <li>• The DONs are seeking a nurse representative for SQM</li> </ul>	
5.i	Members seeking reappointment	<ul style="list-style-type: none"> <li>• Agenda next meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda next meeting <b>(Beth)</b></li> </ul>
6.	QIC update	<ul style="list-style-type: none"> <li>• Awaiting Horn report as to future</li> <li>• SMMP are felt to be moving away from the original business case, discussed whether including primary care in the e prescribing work stream meant just at the interface?</li> <li>• SMMP have approached the MOH for a change to the Crown Funding Agreement</li> </ul>	
7.	Safe Medication Management Programme update	<ul style="list-style-type: none"> <li>• Adam provided feedback from SMMP's last steering group meeting</li> <li>• Included the process for pilot site approval based on the cost of the pilot</li> <li>• Concerns raised that the process for expressions of interest (EOI) appears inconsistent; two business cases are to be reviewed next week, both had been proposed prior to the call for EOI. This does not allow comparison between business cases for the same projects</li> <li>• Concern was expressed regarding the proposal for an e prescribing project which is essentially the production of a typed prescription and administration record with no decision support , not an e-prescribing project</li> <li>• The difference between the steering group giving approval to potential pilot sites to develop a project brief/business case rather than approving the business case/project brief was explained</li> </ul>	
7.i	National Medicine Chart	<ul style="list-style-type: none"> <li>• The latest version of the chart was circulated for review</li> <li>• One standard had not been met by the proposed chart and that was for L used to denote late in the administration section – the time the dose was given indicated if it was late and the space available precluded using L</li> <li>• The need for the registration numbers on the chart was questioned - it has no practical use as an aid to finding a prescriber with a query, isn't a legal</li> </ul>	<ul style="list-style-type: none"> <li>• Write to SMMP Steering Group, copy to Pat Sneddon &amp; Margie Apa regarding the problems with the charting standards <b>(Mary)</b></li> <li>• If chart pilot is going to be delayed take registration number question to interim panel but if going ahead in Sept leave as is for pilot</li> </ul>

		<p>requirement and wasn't routinely known by all individuals. Printed name for prescribers would be a more useful alternative</p> <ul style="list-style-type: none"> <li>• Could this be a confidentiality issue and had the potential for the number to be used fraudulently</li> <li>• Issue with the wording of the guidance – the use of decimal points should be avoided, suggested wording would include, avoid trailing zeros</li> <li>• Need for an e learning package to be developed that could be used nationally, currently not planned , could be done at low cost using moodle</li> </ul>	<p><b>(Beth)</b></p> <ul style="list-style-type: none"> <li>• Write to SMMP Steering Group regarding need for e learning package &amp; copy to Pat Sneddon and Margie Apa <b>(Beth)</b></li> </ul>
7.ii	Use of abbreviation q4h causing incidents	<ul style="list-style-type: none"> <li>• This was not covered in the SQM abbreviations alert</li> <li>• The alternative is to require prescribers to write every 4 hours in full</li> <li>• Agreed that the proposed chart should reduce the risk that this abbreviation could be mis-read because of the large dose box, leave as is</li> </ul>	
8.	Technical Advisory Group/ Clinical Leadership Group (CLG)	<ul style="list-style-type: none"> <li>• A discussion document had been circulated prior to the meeting</li> <li>• Proposed that SQM be the clinical and technical advisory group and could replace the interim clinical panel</li> <li>• A clinical leadership group would provide clinical leadership within DHBs and their own professional organisations, they should be involved in the early stages and have input into standards documents/ project plans but their major role was to provide leadership within DHBs</li> <li>• Advantages: SQM meet regularly, have expertise in medication safety and have representation from the majority of health professions involved in the medication process</li> <li>• There should be linkages with the clinical leadership group(s) throughout</li> </ul>	<ul style="list-style-type: none"> <li>• Amend proposal and forward to SMMP for consideration <b>(Beth)</b></li> </ul>
9.	High Risk Medicines	<ul style="list-style-type: none"> <li>• Proposed process map discussed and changes agreed</li> </ul>	<ul style="list-style-type: none"> <li>• Update process map using Visio <b>(Gillian)</b></li> </ul>
9.i	Unfractionated heparin & LMWH	<ul style="list-style-type: none"> <li>• Alert in development</li> <li>• LMWH has been listed in the Pharmaceutical Schedule for use in primary care</li> <li>• LMWH Alert needs updating and distributing to primary care prescribers, and other prescribers e.g. midwives if they have not received it previously</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an unfractionated heparin alert <b>(Beth)</b></li> <li>• Update LMWH alert, agree by email and distribute <b>(Beth)</b></li> <li>• Liaise with bpac</li> </ul>
9.ii	Intravenous infusion audit report	<ul style="list-style-type: none"> <li>• Changes to audit report and alert discussed</li> <li>• To be finalised by email</li> <li>• Official letter to accompany report – either thank you for completing the audit or documenting that the DHB did not send a completed audit and suggesting an audit should be completed</li> <li>• To be sent to CE's, DON's, CMO's, Q&amp;R Managers, Pharmacy Managers, MAC's</li> </ul>	<ul style="list-style-type: none"> <li>• Update audit report and alert <b>(Beth)</b></li> <li>• Finalise by email <b>(All)</b></li> <li>• Distribute <b>(Beth)</b></li> </ul>
9.iii	IT cytotoxic injection	<ul style="list-style-type: none"> <li>• UofA students had time constraints and could not go ahead with joint evaluation</li> <li>• They have proceeded with their own project</li> <li>• Await results of their evaluation to see what information they gathered before going further (results available September)</li> <li>• Believe that all vincristine produced commercially</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm presentation of vincristine with specials manufacturers <b>(Beth)</b></li> <li>• Review student report when available <b>(Beth)</b></li> <li>• NZHPA for official sign off <b>(Nirasha)</b></li> </ul>

		<p>is in 100ml minibags except for small proportion of paediatric patients</p> <ul style="list-style-type: none"> <li>NZHPA recommendations have not been formally signed off by Executive</li> </ul>	
9.iv	Oral methotrexate	<ul style="list-style-type: none"> <li>Draft alert circulated and discussed</li> <li>Possible bpac article to coincide with release of alert</li> <li>Additional forcing function for hospitals – not available as stock on any ward</li> </ul>	<ul style="list-style-type: none"> <li>Update alert (<b>Beth</b>)</li> </ul>
9.v	Funding proposal for warfarin/insulin toolkits	<ul style="list-style-type: none"> <li>Confirmation for requirements being sought from MOH before proposal completed</li> </ul>	<ul style="list-style-type: none"> <li>Confirm requirements (<b>Gillian</b>)</li> <li>Complete proposal and circulate (<b>Beth</b>)</li> </ul>
10.	Renal drug dosing	<ul style="list-style-type: none"> <li>Sent for consultation, closing date 24.8.09</li> </ul>	<ul style="list-style-type: none"> <li>Collate feedback (<b>Beth</b>)</li> </ul>
11.	Paediatric alert related to HDC report	<ul style="list-style-type: none"> <li>Consultation list just finalised, to be sent out next week</li> </ul>	<ul style="list-style-type: none"> <li>Send alert out for national consultation (<b>Beth</b>)</li> </ul>
12.	Etoposide/etoposide phosphate	<ul style="list-style-type: none"> <li>Alert in development</li> </ul>	<ul style="list-style-type: none"> <li>Develop an alert (<b>Marilyn</b>)</li> </ul>
13.	Patient Information leaflet for all settings on medication safety	<ul style="list-style-type: none"> <li>PHARMAC are not developing a patient safety leaflet</li> <li>WDHB have developed a hospital and WDHB specific leaflet</li> <li>Australian Commission have developed a leaflet</li> </ul>	<ul style="list-style-type: none"> <li>Develop PIL (<b>Gillian, Avril, Mary</b>)</li> </ul>
14.	Primary Care Issues		
14.i	Non-notified changes to packaging, tablet colour etc.	<ul style="list-style-type: none"> <li>No requirement for pharma companies to inform clinicians about these changes</li> <li>Required to notify Medsafe about ingredient changes but no requirement to update data sheet</li> <li>Safety issues – tablet ID, mixed dispensing, patient confusion, loss of confidence in health professionals</li> <li>Medsafe are not required to inform health professionals</li> <li>Many Pharma companies do inform health professionals notifying changes and this should be encouraged</li> </ul>	<ul style="list-style-type: none"> <li>Write to pharma companies requesting that they inform health professionals regarding colour or packaging changes (<b>Beth</b>)</li> </ul>
14.ii	Yellow cards	<ul style="list-style-type: none"> <li>Dispensary system manufacturers have been asked by pharmacies to produce a generic yellow card and a pharmacist has asked if it was within SQM's scope to agree the model</li> <li>Most DHBs have their own design and MedTech also produce a patient compliance aid that can be printed on yellow paper or card</li> <li>After some discussion it was agreed that it was important that the group should clarify what information was required on a yellow card but that the lay out was the decision of the software companies</li> </ul>	<ul style="list-style-type: none"> <li>Reply to pharmacist detailing what information was needed on a yellow card (<b>Beth</b>)</li> </ul>
15.	International System for DI classification	<ul style="list-style-type: none"> <li>No progress, remove from agenda</li> </ul>	

16.	Allergy alert system and education	<ul style="list-style-type: none"> <li>• Education around allergies – bpac input required</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda next meeting <b>(Beth)</b></li> </ul>
17.	Alerts of Toniq dispensing system	<ul style="list-style-type: none"> <li>• Waiting for progress from Toniq</li> </ul>	<ul style="list-style-type: none"> <li>• Contact Toniq regarding progress <b>(Beth)</b></li> </ul>
18.	BPAC articles	<ul style="list-style-type: none"> <li>• To develop a more formal approach surrounding the articles because of unpublished article submitted by Peter Black</li> <li>• Next proposed article on non notified colour changes to tablets, fits with latest edition of the bpac journal on generics</li> </ul>	<ul style="list-style-type: none"> <li>• Draft next article <b>(Beth)</b></li> </ul>
	NZPhVC update	<p><u>Medication Error Project</u></p> <ul style="list-style-type: none"> <li>• Contract now agreed and work recently commenced on this project- to scope and pilot a medication error reporting and prevention system</li> <li>• Collaborative effort of Medsafe/QIC &amp; NZPhVC</li> <li>• Aim is to strengthen NZs capacity to reduce and prevent harmful medication errors</li> <li>• Steering committee is being established</li> <li>• NZPhVC acknowledges the assistance and support of SQM</li> </ul> <p><u>Online ADR Reporting Tool</u></p> <ul style="list-style-type: none"> <li>• Medsafe have developed tool in conjunction with bpac, designed to facilitate reporting to CARM from primary care</li> <li>• Available in MedTech at present but gradually being rolled out</li> <li>• Working well but some fine tuning required</li> <li>• Frances reported that there were delays between reporting and receiving feedback from CARM at the moment but that otherwise the system worked very well</li> </ul> <p><u>H1N1 Vaccine</u></p> <p>Centre approached by MOH and one of the companies to assist with risk management plan and AE monitoring – discussions ongoing</p>	
	Future direction	<ul style="list-style-type: none"> <li>• Given the imminent release of the Horn report there was a short discussion on the position of the group going forward</li> <li>• There might be a need to update the terms of reference</li> <li>• Clear need to sectionalise the agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda next meeting <b>(Beth)</b></li> </ul>
	Remaining 2009 meetings	<ul style="list-style-type: none"> <li>• <b>Next meeting October 1<sup>st</sup> videoconference</b></li> <li>• <b>3<sup>rd</sup> December venue -PHARMAC, Wellington</b> <b>(Note: this replaces the November 30<sup>th</sup> videoconference)</b></li> </ul>	