

SAFE & QUALITY USE OF MEDICINES GROUP

Videoconference

Monday 4th May 2009 Time: 13.00 to 17.00

Attendees

Wellington

Chai Chuah (Chair)
Adam McRae (PHARMAC)
Gillian Bohm (MOH)

Auckland

Beth Loe (National Coordinator)
Mary Seddon (CMDHB)
Avril Lee (Waitemata)
Peter Black (ADHB)
Marilyn Crawley (Waitemata)

Minutes

Item	Agenda	Notes/comments	Action Required
1.	Apologies	Frances McClure, Nigel Millar, Roy Morris, Tim Maling, David Woods, Gigi Lim	
2.	Minutes of previous meeting	<ul style="list-style-type: none"> These were accepted 	
3.	Matters arising	<p>i. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> Still awaiting reply <p>ii. <u>Potassium pre-mixes</u></p> <ul style="list-style-type: none"> No reply from Centre for Study of Diabetes to date Letter from Taranaki DHB about using potassium pre-mixes that are section 29 and the difficulties around that It was agreed that having commonly used pre-mixes only available as section 29 was not a suitable option Baxters currently producing 10mmol potassium chloride in 10% glucose 500ml as a Section 29 product and have approximate usage figures for NZ Baxters are determining usage figures for Australia to see if it would be commercially viable to manufacture and register this product Continue to lobby Baxters to have commonly used pre-mixes registered. Individual DHB's requests would add necessary support Gillian had spoken to Medicines Control Group and it would not be appropriate to involve them Interim audit report: 17 DHBs completed audit <ol style="list-style-type: none"> only 5 DHBs have removed potassium chloride concentrated ampoules from all areas apart from ITU,CCU etc., others have moved it from some areas but still stock it on medical and surgical wards Three DHBs do not keep concentrated ampoules in locked container or other distinguishing location The number of different pre-mixes stocked by different DHBs ranges from one to 7 <p>iii. <u>Look alike sound alike medicines: Expert Advisory</u></p>	<p>i. <u>PreMec proposal</u></p> <ul style="list-style-type: none"> Contact chair of PreMec (Beth) <p>ii. <u>Potassium pre-mixes</u></p> <ul style="list-style-type: none"> Write formal letter to Baxters about registering additional pre-mixes (Beth) Supporting letters from individual DHBs would increase the likelihood of action from Baxters Reply to Taranaki (Beth) If Baxters agree to seek registration write to Medsafe requesting fast tracking Complete audit report (Beth) Follow up with Centre for the Study of Diabetes (Beth) <p>iii. <u>Look alike sound alike</u></p>

		<p><u>Group</u></p> <ul style="list-style-type: none"> • Medsafe have suggested developing and consulting on a “best practice” guidance document relating to labelling and packaging for medicines because of the current review of advisory groups/committees in health <p><u>iv. Resus medicines presented in syringes</u></p> <p><u>v. Use of cytotoxic injections in the community</u></p> <ul style="list-style-type: none"> • President of Rheumatology Organisation not invited because date of the meeting was only recently agreed <p><u>vi. Warfarin</u></p> <ul style="list-style-type: none"> • Cost of toolkits produced by Waikato are about \$70 each, main cost is the flipchart • The toolkits are designed only for secondary care and do not include any examples of primary care initiatives • The MOH are considering funding a warfarin and insulin toolkit as part of their optimum use of medicines programme. The MOH will consider a proposal from SQM for these. • The proposal should include a process to determine what primary care would consider useful in a toolkit 	<p><u>medicines</u></p> <ul style="list-style-type: none"> • Reply to Medsafe and suggest the person developing the guidelines should come to the next SQM meeting (Beth) <p><u>iv. Resus medicines in syringes</u></p> <ul style="list-style-type: none"> • Send list to PHARMAC (Marilyn) <p><u>v. Use of cytotoxic injections in the community</u></p> <ul style="list-style-type: none"> • Look at steps in the process (Gigi) • Contact President of the Rheumatology Association and invite to the next meeting (Beth) <p><u>vi. Warfarin</u></p> <ul style="list-style-type: none"> • Continue writing proposal, (Beth, Gillian) • Include insulin on the next agenda (Beth)
4.	Group membership		•
4.i	Resignation	<ul style="list-style-type: none"> • Julian has resigned– he is no longer the Q&R manager for Southland • Q&R group have previously nominated Anne Kemp • 5 members have completed their 6 year membership term; Dwayne Crombie has resigned because of other commitments but has indicated he would help on specific projects • Avril, Marilyn, Tim and Mary have indicated they would like to stand for re -appointment 	<ul style="list-style-type: none"> • Write to Chair of Q&R managers group re attendee (Beth) • Confirm process for members seeking re election (Beth)
4.ii	Meeting dates	<ul style="list-style-type: none"> • The table of meeting dates was agreed, to review videoconferencing following the meeting 	
4.iii	Appointment of consumer and health professional	<ul style="list-style-type: none"> • Telephone interviews of the candidates to be conducted. There has been some delay because of unexpected circumstances 	<ul style="list-style-type: none"> • Organise interviews (Beth)
5.	Annual report	<ul style="list-style-type: none"> • Need for printing reviewed, agreed that the report should be put on the website and a letter sent out informing people that it had been published 	<ul style="list-style-type: none"> • Letter regarding report (Beth)
6.	QIC update	<ul style="list-style-type: none"> • Health Round Table conducting medication safety seminars to which at least some DHBs are sending staff. We need to ensure all workstreams are aligned to reduce duplication and/or confusion for hospital staff • Incident reporting stream: 14 DHBs have had 	<ul style="list-style-type: none"> • Find out details of Health Round Table initiative from lead CE (Chai)

		<p>training, seeking repository for incident management, ADHB and CMDHB have both volunteered – the repository would be independent to the DHB</p> <ul style="list-style-type: none"> • Safer Surgery Saving lives is going to be the next project 	
7.	Safe Medication Management Programme update	<ul style="list-style-type: none"> • Universal Medicines List (UML) is progressing well and MOH have agreed funding • The 3 code sets in use will link up to each other • It is likely that Medsafe will take over maintenance • E prescribing; still reviewing the need for signatures and how best to proceed • Otago will be one pilot site – unknown if it is just a printed prescription as previously or comprehensive e prescribing. Taranaki may also be a pilot site • Unit dose packaging and bar coding of medicines report discussed • Report very much based on negatives and why it can not be done with very little balance • SQM members need to attend steering group meetings to put forward SQM views • Reference made to Pharma companies but has their view been canvassed • No consideration of the process involved for areas where Pyxis has been employed • The aim is to bar code to package level in the interim but long term aim down to unit dose • Medicines Reconciliation – draft standards have been circulated but did not come to SQM • Standards recommend MR for 95% patients within 24 hrs of admission within 12months • This may be unrealistic within current staffing constraints and weekend service delivery models • Standards based on secondary care and discharge prescription and does not involve GP or community pharmacist in the MR process 	
8.	Technical Advisory Group/ Clinical Leadership Group (CLG)	<ul style="list-style-type: none"> • Clarification and agreement needed on SQM's role, either to facilitate CLG or to be technical advisory group • Acting as technical advisory group SQM should review all the proposed standards and submit advice to either the SMMP steering group or the CLG. The sequencing should be described in the terms of reference • SQM recommends that the CLG should be a broad group and different work streams need different CLGs • Some discussion about communications from SMMP not always being circulated widely within a DHB • Need to agree a process for membership e.g. letter to senior manager but copied to Safety Committees, MAC, D&T committee etc. • Draft proposal & TOR 	<ul style="list-style-type: none"> • Draft proposal and TOR (Beth)
9.	National Medicines Chart (NAIMS)	<ul style="list-style-type: none"> • Discussion about the CLG decisions on the proposed standards • In particular SQM disagree with the decision regarding allergy and adverse drug reaction, these 	<ul style="list-style-type: none"> • Write to steering group regarding allergy/adverse drug reaction standards • Canvas all members

		<p>should remain titled as they are and separate</p> <ul style="list-style-type: none"> • Prepares all healthcare professionals for e prescribing when such information will be requested • Makes the information easy to find i.e. on the drug chart whether it is a past reaction/allergy or a new reaction/allergy on this admission • Allows differentiation between e.g. nausea with morphine and an allergy to morphine • The CLG would value our opinion on whether two different routes for the same drug should be on separate lines or be allowed on one line • Discussed whether the NAIMs was to be the first of a suite of charts e.g. paediatric, mental health, long stay, oncology or not • QIC very keen to see a paediatric chart developed 	<p>opinion regarding one route per line v multiple routes per line (All)</p> <ul style="list-style-type: none"> • Agreed that other charts would need to be developed – in particular paediatric
10.	High Risk Medicines	<ul style="list-style-type: none"> • Include information on what stage an alert is at 	
10.i	Unfractionated heparin	<ul style="list-style-type: none"> • No progress drafting the alert 	<ul style="list-style-type: none"> • Develop an alert (Beth)
10.ii	LMWH	<ul style="list-style-type: none"> • Feedback received from Wairarapa regarding the LMWH alert – felt that the reason the alert had been circulated was not clear and that their prescribers were aware of the need to modify dose in renal impairment • The background to the development of the alert was included in the letter that accompanied it as the group had previously decided • It was agreed that the background to an alert should be included in the body of the alert in the future • Suggested that a CD rom or similar, structured as a teaching resource would be useful • This was something the group had envisaged for all the alerts but currently is not resourced to do 	<ul style="list-style-type: none"> •
10.iii	Intravenous Infusions	<ul style="list-style-type: none"> • Complete audit report and circulate for comment 	<ul style="list-style-type: none"> • Complete audit report and circulate (Beth, Gigi)
10.iv	IT cytotoxic injection	<ul style="list-style-type: none"> • Finalise evaluation tool and distribute with guidelines, vignettes and if possible link to NPSA video or actual video • Auckland University pharmacy students are doing a project on methotrexate and may help with evaluation project 	<ul style="list-style-type: none"> • Complete evaluation tool (Beth) • Contact NPSA (Beth, Gillian) • Circulate evaluation and guidelines (Beth)
10.v	Colchicine	<ul style="list-style-type: none"> • Alert finalised 	<ul style="list-style-type: none"> • Circulate alert (Beth)
10.vi	Oral methotrexate	<ul style="list-style-type: none"> • Alert in early stages of preparation 	<ul style="list-style-type: none"> • Agenda next meeting (Beth)
11.	Renal drug dosing	<ul style="list-style-type: none"> • Various comments on the draft alert to be incorporated into the alert and then review • Next stage is to circulate nationally for comment 	<ul style="list-style-type: none"> • Include comments in draft alert and circulate again (Beth)
12.	Paediatric alert related to HDC report	<ul style="list-style-type: none"> • Comments from members collected • Incorporate comments and review • Next stage is to circulate nationally for comment 	<ul style="list-style-type: none"> • Update alert and re-circulate for comment (Beth)
13.	Etoposide/ etoposide phosphate	<ul style="list-style-type: none"> • No progress 	<ul style="list-style-type: none"> • Develop an alert (Marilyn)
14.	Patient Information	<ul style="list-style-type: none"> • Q&R managers have also discussed the need for a generic leaflet that would cover primary and 	<ul style="list-style-type: none"> • Discuss PHARMAC work with Adam (Beth)

	leaflet for all settings on medication safety	<p>secondary care – safety for all.</p> <ul style="list-style-type: none"> • PHARMAC are developing generic information at the moment but not sure what it will cover • Discuss possible funding with SMMP 	<ul style="list-style-type: none"> • Work on PIL if not covered by PHARMAC (Gillian, Avril, Beth)
15.	Primary Care Issues		
15.i	Colchicine/ allopurinol in acute gout	<ul style="list-style-type: none"> • Formal request with some information on content needed by Peter • This subject may have been covered by a bpac journal already 	<ul style="list-style-type: none"> • Check previous bpac journal (Adam) • Send letter outlining what is required (Beth)
16.	International System for DI classification	<ul style="list-style-type: none"> • To be discussed with Australian colleagues at a meeting of Therapeutic Advisory Committee • Any interaction alert classification needs to be linked to any e prescribing system 	<ul style="list-style-type: none"> • Inform Debbie (SMMP) about need to link with alert classification • Agenda next meeting (Beth)
17.	Allergy alert system and education	<ul style="list-style-type: none"> • Discussed allergy alert developed by CMDHB • Put alert on website • Education around allergies – bpac input required 	<ul style="list-style-type: none"> • Upload alert to website (Beth)
23.	Alerts of Toniq dispensing system	<ul style="list-style-type: none"> • Waiting for progress from Toniq 	
24.	BPAC articles	<ul style="list-style-type: none"> • Annual report in draft 	<ul style="list-style-type: none"> • Finalise annual report article (Beth)
	Community pharmacy contract	<ul style="list-style-type: none"> • DHBZ currently renegotiating contract • Suggested inclusions were; monitoring INR for patients on warfarin • Providing stoppers and oral syringes for paediatric liquids • Provision of yellow cards 	
	Medication Incident	<ul style="list-style-type: none"> • Involved 25mg dose administered when 2.5mg prescribed because of unclear decimal point • Review national medicine chart and consider including decimal point in prescribing section 	