Minutes of the meeting of
Medication Safety Expert Advisory Group
(MSEAG) on 27 February 2019

Location	Bunker Lounge, Miramar Links Conference Centre, Wellington
EAG Members	Sandra Fielding (Acting Chair), John Barnard (Zoom from 1:30 pm), Gareth Frew, Lucy McLaren, Rob Ticehurst, Sharon Kletchko, Matt Doogue, Taimi Allan
Ex officio	Charlie Charters (MMDS), Peter Jansen (ACC), Janet Mackay (PHARMAC), Bryan Simpson (NZF), Michael Tatley (NZPhvC), Chris James (Medsafe), Andi Shirtcliffe (MoH)
Commission staff in attendance	Billy Allan, Caroline Tilah, Susan Melvin, Jane Lester (minutes), Glen Mitchell (for item 11)
Apologies	Beryl Wilkinson, Nicolette McDonald (NZPSHA), Sunita Goyal (ACC), Bev Nicolls

Meeting commenced at 9.35 am.

Introduction and matters arising from previous meeting

1 Welcome, apologies

Sandra welcomed everyone to the day with her mihi and karakia. Apologies were noted. Shelley Pakoti has resigned and was thanked for her contribution to the EAG. Doreen Liow has stepped down; Nicolette McDonald will re-join the EAG as NZPSHA representative.

Introductions were made to the new consumer representative Taimi Allan (CEO, Changing Minds NZ). For the benefit of new members, the group members introduced themselves.

Special mention was made on the passing of colleague Stewart Jessamine. Stewart was the Ministry of Health representative on the District Health Boards New Zealand Safe and Quality Use of Medicines Group (SQM), a precursor to the Commission, and was very supportive and knowledgeable around medicines safety initiatives.

2 Declarations of interest

The group were reminded to raise any conflicts during today's meeting or let Billy or Sandra know of any new relevant conflicts of interest to be recorded.

3 Minutes from previous meeting November 2018

The minutes were confirmed as an accurate record.

4 Actions review

i. Actions from previous meeting November 2018

181101 Medicine alert groupings (follow up to 180503) and 181102 Medicine alert groupings (follow up to 180503)

Conflicts were noted from Matt and Bryan. The Chair advised that they could both participate in the discussion.

Matt provided a paper on the risk involved in not implementing the medicine alert groupings. This has raised concerns about the support and prioritisation of funding and resources for maintenance of the alerting groups.

The MSEAG agreed that this continues to be an important issue. Discussions are continuing within the Ministry regarding the funding and resourcing for validation and maintenance of this work.

Chris noted that bpac^{nz} have provided details of resourcing requirements, but further information is needed regarding funding and practical aspects. There has not been any feedback from the bpac^{nz} Board. Funding responsibilities and requirements for validation of the system and ongoing resourcing and maintenance were discussed. Bryan noted he will feed back that clinical governance needs to be robust and further critical thinking is required in relation to resources for backlog and ongoing maintenance.

An indication of support from the group to the Ministry to identify the clinical importance of this would be useful. The members were asked to think about the implications to their own areas and feed through support to Chris. He will provide an update at the next meeting.

Action: Members to provide feedback to Chris, who will update again at the next meeting.

181103 Proposed retirement of eMedRec QSM
Karen Orsborn has responded to the Group's plan to progress the eMedRec QSM. The plan was agreed, and Karen asked that the Group monitor progress against the timeline. Funding for a script to extract the data from the electronic systems has yet to be agreed; the Commission will facilitate this.

Action: Billy to circulate the letter of response from Karen Orsborn.

181104 Bicillin L-A data sheet, labelling and NZF changes
Completed.

181105 Bicillin L-A data sheet, labelling and NZF changes
Ongoing correspondence has not clarified the issue in the origin of the differences in strength description. The group discussed whether they have fulfilled their responsibilities in terms of highlighting the risks. It was agreed that the risk remains as there will be confusion at the point of administration. The revised labelling will only reference 'units', but the Ministry's Public Health Unit have indicated that they will not be changing their guidelines (to change the dosing from 'mg' to 'units'). The data sheet and NZF will only reference 'unit' strength and dosing, so the labelling, guidelines and the data sheet do not match.

Action: NZ Formulary to reference the transition in their monthly email.
Action: The Commission to send a letter to public health, chief pharmacists and PHOs to highlight the change in Bicillin LA name and strength description, and the need to review existing prescriptions, standing orders and local guidelines.

180801 – Anticoagulants – inappropriate use
See agenda item 5.

180802 – National Medication Chart suite review
Action complete. It is anticipated that the full review will be completed by November 2019, but this is dependent on the level of feedback and if any piloting of changes is required.

180803 – National Medication Chart suite review
To be discussed during the medication safety programme update (item 15).
180501 Alteplase and Tenecteplase
A response is still pending from Nelson Marlborough. They have delayed submitting their completed action list as an audit identified that not all activities had been completed. It was suggested that it might be worth auditing other DHBs also.

180510: International forum on quality and safety in healthcare
To be completed. Sandra will circulate the article on the visit she undertook to healthcare facilities in the Netherlands in 2018.

180511: Compounded Tramadol suspension:
Completed with commercially compounded tramadol suspension in use in some hospitals.

180513: Medication error reporting in New Zealand
The discussion between the Ministry and the Commission on the funding of a MERP has not yet occurred.

The Director-General had been invited to attend this meeting. Unfortunately, he has had to cancel. With the appointment of Shayne Hunter as the Deputy director-general data and digital it may be more appropriate for Shayne to attend in the first instance. The invite will be carried over to the next meeting.

171108: 02 The Fix
This refers to the work that was presented to the EAG in November 2017. The intention was to obtain #02 The Fix toolkit from Waitemata to host on the Commission website. The toolkit has not been received. The EAG agreed that it would still like to pursue this, and similar material from Capital and Coast DHB. Billy will follow up again.

ii. Application to PHARMAC for a range of funded oral and ENFit syringes (action 171102)

The response from PHARMAC was circulated with the agenda. PHARMAC have suggested that our application needs to be considered in the wider context of funding other similar products (eg, IV syringes, sharps disposal bins), and that the current funding model (dispensing fee for each device supplied) is not appropriate for these low-cost products.

Consequently, PHARMAC do not intend to undertake further work with this for inclusion in the Pharmaceutical Schedule but will work with DHBs to see if other funding models can be identified. A discussion followed:

- Does the responsibility lie with the prescriber or the pharmacist to address appropriate device use with individual consumers?
- Supply at the patient-pharmacist interface is likely to be the most effective.
- Funding mechanisms currently don't allow for pharmacy dispensing of an oral syringe in a cost-effective manner.

- The application was taken to the GMs planning and funding as they are responsible for the pharmacy contracting negotiations; from a system level a conversation with the GMs funding and planning would be the most effective approach.
- An alternative funding model could be to incorporate the supply of oral syringes in the standard pharmacy contract at a national level – funded and resourced appropriately at the DHB level.
- Adapting future tenders to incorporate dosing devices into products – seeking bids with and without would get a sense of the cost difference – the EAG could identify products that would benefit from this approach at the point of going out for tender.

It was agreed that an approach should be made to the GMs planning and funding to consider the funding of oral syringes, highlighting the approach suggested by PHARMAC.

Chris asked the Commission to keep in mind that the Therapeutic Products Bill is out for consultation and suggested the EAG could make a submission regarding dosing units being included / mandated.

Action: Janet will explore whether PHARMAC can adapt their tender requirements to include measuring devices in tenders for any oral liquid medicines.
Action: Janet will share with Billy the letter and the date the oral syringe funding proposal was taken to the GMs.
Action: Billy to approach the GMs planning and funding to investigate alternative funding arrangements to facilitate the supply of oral syringes in the community for the administration of funded oral liquid medicines.

5 Anticoagulants – inappropriate use (action 180801)

Two papers on inappropriate use of anticoagulants were tabled: a paper summarising the results of the events supplied by group members and an ACC paper on results of a search for anticoagulants in their treatment injury database.

Significant events with dabigatran and enoxaparin 'bridging' are continuing to be reported despite the Open Book offering guidance. Other improvement options discussed included:

- a guidance card attached to prescriber's lanyards
- events involving anticoagulants being considered as ARR events
- improvement in use of the national medication chart
- e-learning opportunities.

The Commission is hosting a fourth-year pharmacy student for a clinical placement in April 2019 who could undertake a literature review for mitigating strategies that might suggest an approach to address adverse events from anticoagulants.

Action: The Commission to initiate a literature review for mitigating strategies that might suggest an approach to address adverse events from anticoagulants.
Action: Lakes DHB (Sharon) to send the poster they presented in Melbourne last year to Billy.

6 MSEAG Terms of Reference revision

Revision of the Terms of Reference was discussed formally (tabled at the meeting in November 2018). The suggested revisions are to explicitly strengthen the representation of Māori and consumer on the group. The group agreed with this focus and that clarity was needed on commitment to the Treaty and equity. The wording should focus on

tikanga and core values rather than linked to iwi, so that all who identify as Māori can be incorporated. Other points of discussion included:

- clarity regarding the membership being that of representation or expertise
- the meaning of the word 'ensure' in '*Section 1. Purpose; The EAG will…* ['a' to 'f' inclusive]'
- annual revision of the Terms was suggested and agreed
- the Commission is currently considering a 5th Statement of Performance Expectations about the Treaty and this would impact the Terms of Reference of all the Commission's Terms of Reference documentation
- the Commission has a standard Terms of Reference template, so revision may be limited within the constraints of the template.

Action: The Commission to incorporate feedback into the Terms of Reference.

Technology to support safe medicines practice

7 Medicines management digital services update

Charlie provided an update from the Ministry.

- The hospital e-prescribing system (MedChart) version 10.1 upgrade is undergoing final UAT (user acceptance testing).
- Community dispensing data are now available in real time via the NZePS within the Capital and Coast, Hutt Valley, and Wairarapa hospitals. This is using the Conporto tool. It has been well-received and should soon be available for other hospitals to use.
- There are discussions with the Midland region IT provider to give them access to the NZePS data – a pilot expected in March.
- Discussion is ongoing with IT vendors Orion and DXC to automate getting community dispensing data into either the medicine reconciliation systems or e-prescribing systems within hospitals.
- A pilot with MediMap and Capital and Coast Addiction Services will start mid-March.
- They are seeking expressions of interest to pilot the removal of paper prescriptions in ARC electronic prescribing systems.
- They are investigating data sharing between the health system and Corrections' systems.

The group enquired about limiting and protecting data access, from a clinical or consumer perspective. A health organisation, wishing to access the data, must apply to the Ministry with explanation of how the data will be used and protected. It is expected that organisations will have their own systems in place to prevent unwanted access. This was likely more difficult for smaller organisations and community pharmacy systems.

8 Combination products order display

The EAG was asked to recommend that all eMedicines systems display ingredients in the order provided by the NZULM. It was noted that release 12 of MedChart will resolve the current issue by using the NZULM data directly; this release is due out in the first quarter of 2020.

The Ministry doesn't support making changes to earlier releases and recommend that DHBs should be using at least release 10.1. Upgrades and training are the responsibility of the DHB.

9 HISO 10050.2:2019 Maternity Care Summary Standard, Draft v3.1

Sandra welcomed Ted Christiansen, Principal Advisor, Digital Strategy and Investment, who presented his memo for consideration and recommendation.

The Ministry of Health is undertaking a review and update of Maternity recording systems. They are working with specialised working groups covering both the Midwife community and the vendor community to draft the Standard. The working groups have indicated that they prefer to collect and record only the medicine and its strength (and not the proposed medicine name, strength, form, dose, frequency and route).

The EAG was asked for advice on the acceptability of the midwives' approach. The EAG agreed that full medication information is the standard for safe prescribing and medicine name and strength alone are not sufficient for the safety of the woman and baby. This is one standard that should be used by all prescribers, and in all systems; there must not be a lower standard for midwives. The EAGs recommendation will be fed back to the midwifery working group; Andi volunteered to present this.

The final standard will be available for public consultation for a 4-week period in May.

Action: Andi to contact Ted to arrange a time to address the midwifery working groups.
Action: Ted to provide the consultation document to Billy, to circulate to the EAG to prompt submission during the consultation period in May 2019.

Programme management and projects

10 Video: Just and fair culture. Cleveland Clinic Abu Dhabi

Billy presented a video from the Cleveland Clinic in Abu Dhabi on Just and Fair Culture. The video will be hosted through the Commission's website. *(Now available at www.hqsc.govt.nz/our-programmes/medication-safety/publications-and-resources/publication/3651/)*

11 Report from the Health and Disability Commissioner into Medication Errors

The Health and Disability Commissioner report was tabled. The group discussed the intent, relevance, and usefulness of the document in a practical sense, and potential for using it as a tool for improvement. It was agreed that some interpretation and key issues could be drawn from the report to inform the work of the Commission.

Matt noted that Canterbury DHB have prepared a context and interpretation response within their DHB; he will circulate this to the group

Action: Billy to provide a summary of the HDC's key messages.
Action: Matt to circulate Canterbury DHB's response to the HDC report.

12 Always report and review – Wrong patient events – what is an invasive procedure?

John joined the meeting by video conference.
Sandra welcomed Glen Mitchell, the Commission's Specialist Adverse Events.

Rob noted a recent event where an intravitreal injection of an antibiotic was administered to the wrong patient. This is a medication error, but is it an ARR (always report and review) event under the Commission's Adverse Events policy wrong patient ARR criterion?

The ‘wrong patient’ ARR criterion notes ‘invasive procedures’ in the criterion definition. Does this include intravitreal injections? If so, what is the rationale for including intravitreal injections when other invasive procedures (intramuscular injections, subcutaneous injections, intravenous injections, bladder instillations) are not included?

The EAG asked for clarity of definition and expectations to ensure consistency in reporting within, and between organisations. This issue will be taken to the Adverse Events EAG for their deliberation.

The group agreed that they would like to have a purposeful discussion at the next meeting regarding possibilities for reducing harm from medication error. Billy suggested a discrete project to look at wrong patient medication errors separate to the ARR issue. This could be a good baseline measure for research into the use of barcoding, reporting, and control mechanisms.

Action: Glen to present this issue to the Adverse Events EAG for discussion and feedback through Billy.
Action: ‘Wrong patient’ medication errors to be added to the agenda for the next meeting.

13 Safe use of clozapine

Sharon presented papers for discussion on the safe use of clozapine, and gastrointestinal hypomotility. She noted that New Zealand does not have anyone looking at this complex issue. A discussion followed:

- Pharmacists understand the complexities of prescribing clozapine, but it is not well understood generally by clinicians.
- Despite media publications, it is not getting the attention it needs from regulators, providers and practitioners in New Zealand.
- Consumer health literacy is important.
- One approach is that consumer information leaflets for clozapine are updated to include specific named laxatives. However, it was noted that it is unlikely that pharma will specify a specific agent that is from another company.
- bpac^{nz} have provided guidance on clozapine (eg, bpac.org.nz/2017/docs/clozapine.pdf).
- The physical and mental health of patients on clozapine must be considered together, and the system must start thinking about mental and physical effects of therapies.
- Support is required for both physical and mental wellness – this can be emphasised through flags on health pathways.
- Gareth highlighted projects in Canterbury looking at how community pharmacists can support Mental Health and Addiction (MHA) patients’ physical wellness.
- The Commission’s MHA programme is yet to decide the medicines focus that programme will address in 2020. This EAG agreed that the physical health of patients on clozapine (including gastrointestinal hypomotility) should be given consideration as the MHA programme’s medicines focus.

Action: Billy to write to the MHA leadership team, on behalf of the EAG, recommending that the physical health of patients on clozapine (including gastrointestinal hypomotility) be given consideration as the MHA programme’s medicines focus for 2020.

14 Therapeutic Products Bill consultation

This bill replaces the Medicines Act. The group discussed:

- exclusion of natural health products
- the Bill includes medical devices and software
- feedback on the two options relating to pharmacy ownership was encouraged
- clarity around controlled activities / restricting administration of category 1 medicines, particularly in the community or residential care
- supply and dispense as different activities
- alignment with international definitions
- the Bill is high level and enabling; the detail will be in the lower instruments (regulations, rules and notices) which will be consulted on later.

The EAG was asked to read the consultation document and provide feedback to Billy to collate. The Commission will not be submitting separately to the EAG. Taimi noted that there will be a submission from the consumer group. Consultation closes on 18 April.

Chris was asked to provide the presentation slides as it would be useful in informing local boards and executives as part of legislative compliance. He advised that the first consultation meeting was recorded, and it was asked that the link be circulated also.

Action: Members to read the consultation document and send feedback to Billy.

Other business

15 Programme update

A programme update summary was circulated with the agenda. Billy referred to the paper for information. Points of note:

- Most DHBs have submitted their first quarter opioid QSM data – publication will occur once everyone is satisfied with the data they have.
- The opioid stewardship group is teasing out potential improvement activities eg, the quantity of opioid prescribed on discharge. Billy noted the attendees to the workshop on 19 February. John noted that the head of inpatient services at Waikato would be keen to be involved.
- The NMC review is in progress
- The Compounding working group is still waiting for press release and FAQs from the Chair. They will work with PHARMAC, NZF and NZULM to integrate the new standardised formulations.

The group agreed Sandra did a wonderful job chairing. Sandra indicated that she is happy to continue as Acting Chair on an interim basis, and there will be further discussion about the Clinical Lead role and the Chair role at the next meeting.

Sandra closed the meeting with a karakia at 2:50pm.

16 Meeting dates 2019

Future meetings for 2019 will be in Wellington:

22 May 2019
28 August 2019
27 November 2019