Minutes of the meeting of
Medication Safety Expert Advisory Group
(MSEAG) on 29 August 2018

Location	Miramar Links Conference venue WELLINGTON
EAG Members	Alan Davis (Chair), John Barnard, Matt Doogue (by video link), Gareth Frew, Avril Lee, Bev Nicolls, Rob Ticehurst, Sharon Kletchko
Ex officio	Charlie Charters (MMDS), Sunita Goyal (ACC), Chris James (MedSafe), Doreen Liow (NZPSHA), Bryan Simpson (NZF)
Commission staff in attendance	Billy Allan, Caroline Tilah, Kat Lawrie (minutes)
Apologies	Sandra Fielding, Lucy McLaren, Shelley Pakoti, Te Rina Ruru, Beryl Wilkinson, Dave Woods, Desiree Kunac, Janet Mackay, Andi Shirtcliffe

Meeting commenced 10.05 am.

1 Welcome, apologies

Alan welcomed everyone to the day and noted the apologies to the meeting, including Te Rina Ruru who has resigned from her position as consumer representative.

Sharon Kletchko was welcomed as the Quality and Safety Network representative and Kat Lawrie and Caroline Tilah as new Commission staff members as part of the new Patient Safety team. Caroline's role is Manager Patient Safety and Kat Lawrie is the team's Programme Coordinator.

For the benefit of new attendees, the group introduced themselves.

2 Declarations of interest

The group were reminded to let Kat know of any new conflicts of interest to note. It was noted that Sharon Kletchko is Chair of the Medicines Review Committee at the Ministry of Health which currently reviews appeals by pharmacies regarding regulatory decisions.

3 Minutes from previous meeting 30 May 2018

Minutes were confirmed as an accurate record.

4 Actions review from previous meeting 30 May 2018

<u>180205 Alert17 Alteplase and tenecteplase.</u>

There is one outstanding action plan to be returned from a DHB.

<u>180204 Always report and review (ARR) events.</u>

Billy has been working with ACC to look at women of childbearing age taking sodium valproate and isotretinoin who are not on contraception. This is a work in progress.

It was noted that patients continue to be inappropriately prescribed anticoagulants enoxaparin and Non-vitamin K Antagonist Oral Anticoagulants (NOACs) at Lakes DHB that result in significant bleeds. This was regardless of guidance published by the Commission and perhaps it should be discussed as an ARR event. The HDC are currently undertaking a review of a recent case. It was suggested that this issue was added to the agenda for the next meeting to revisit this discussion and have a more robust discussion with full information.

Action 180801 – Billy to prompt reports from EAG members of events that have occurred and what measures have been put in place, and the haematologist society to be contacted for their position statement.

Action 180503 medicine alerting groups - MSEAG chair to write to Stewart Jessamine, Director Protection, Regulation and Assurance, Ministry of Health and ask for an update.

The action was completed and waiting on a response.

Action 180504 MSEAG to provide feedback on the Exposure Draft of the Therapeutic Products Bill once released

There will be a presentation and an invitation for public comment.

Action 180505 PHARMAC labelling preferences to be circulated for information

This was distributed to members in May.

Action 180510 To circulate the publication from the international forum on quality and safety in healthcare to members.

Still to be actioned.

Action 180511 Extemporaneously compounded tramadol suspension

Biomed (third party compounding company) are undertaking stability studies which are almost complete but will need analysis. They are looking at least October before a commercial product will be available. The compounding working group is looking at a standardised formula. The expiry date is expected to be quite long for the product.

171108 Oxygen prescribing #O2 The Fix

Billy has had no success in getting a response from the Waitemata team.

Action 171108 – Avril to prompt a response from Waitemata.

171102 Application to PHARMAC for funded liquid medicine dose measuring devices

An application has been submitted to PHARMAC; this now needs to go through PHARMAC's processes.

170807 Vitadol C dose measuring device

This was to be followed up by Desiree and possibly involves a similar issue as above with oral syringes, so may be subsumed into the wider review.

5 Strategic focus

Caroline Tilah presented an overview of the changes to the internal structure at the Commission, including the establishment of the new Patient Safety team. Dee Alexander has left the Commission and the replacement in this role as Patient Safety Advisor should be appointed in the next few weeks. Recruitment for a Patient Safety Specialist is also underway.

As part of the presentation, the EAG Terms of Reference were presented alongside the Commission's four key values.

A discussion was held around the MSEAG future purpose and goals.

Issues raised were:

- There is no conscious linkage with Ministry IT planning and the digital strategy.
- What are the measures to see that we've made a difference – Quality Improvement, wellbeing, knowledge, education programmes, measuring a change in practice.
- Should the MSEAG have a priority focus and be more active rather than relying on the Medication Safety Specialist at the Commission to take action in the sector?
- Doreen shared that her organisation feels limited by being unable to share the medication safety guidance and materials from DHBs. Patient Safety Week has been very successful at Mercy due to the free and abundant resources which are used. Team Leader nursing staff are driving changes but they feel they are reinventing resources which DHBs have already produced.
- Should the focus be on reducing medicine related incidences as a whole, or reducing harm and mortality?

A discussion was held around the focus on harm/error vs. prevention and outcomes.

- Safety II focuses on what are we doing well and why are we doing it well. Erik Hollnagel is returning to NZ later in the year to focus on Safety II systems.
- Patients are picking up errors and incidents and self-managing.
- Constantly producing guidance documents is not the solution.
- The MSEAG should be lobbying upwards to set infrastructure that supports safety rather than making bulletins and training staff that may change and move on.
- HQSC's purpose to take on what is needed nationally - what can't be achieved locally and regionally. The Commission can be the catalyst agency to use regional networks to influence and use quality and safety networks in place.

Further questions for the MSEAG to consider are:

- Is anything missing from the current medication safety plan?
- Does the work plan reflect the Treaty of Waitangi principles of partnership, participation and protection?

These questions were further explored in the afternoon.

Technology to support safe medicines practice

6 Medicines management digital services update

Charlie presented on the progress and challenges with the NZePS. In 5 years the sector should have moved on from NZePS to shared care records within primary care.

Current challenges include:

- A lack of vision into digital health.
- Some providers are at very early stages of implementation and usage – a suggestion was made that the Ministry encourage uptake as a productivity measure.
- Queries about analysing information at different stages – has the medicine been prescribed, dispensed, collected; the data can be utilised for medicine reconciliation; some have requested the ability to analyse the data.
- Privacy commission needs to be involved with how we transition to the digital age.

The benefits to GPs include:

- No triplicate forms for some controlled drugs or need to provide original prescriptions.
- Efficiency.

Benefit to patients:

- Minimal but with a CCDHB pilot in addiction services we may be able to demonstrate that getting rid of the paper, especially for high risk medications such as methadone, we can illustrate some real benefit.
- One goal is to remove paper prescriptions for those in rest homes, reducing risk.

7 Health Information Standards Organisation update (Alastair Kenworthy, Principal Architect and Director Health Information Standards, Ministry of Health and John Fountain, Clinical Lead, bpac^{nz})

A presentation was given (as circulated), including the roadmap to interoperability which is currently in a draft form and open to feedback.

National adverse reaction reporting standard:

- Guidance produced regarding moving from READ codes to SNOMED.
- There will be the ability to capture a wider range of adverse reactions including bee stings, food reactions etc.
- Consumers can contribute to their record.
- A prototype will be in development in 2 months' time.
- ACC national warning system linkages are being investigated.
- It is important to remind the sector that this is a standard and not a tool for reporting.

HISO Medicines Indications standard:

- Describing formal medication indications in a SNOMED standard.
- From the medicine's data sheet.
- The NZ formulary have truncated information into a brief, readable format.
- There are 2 ways coded indications could be used in the setting of a patient interactions using an electronic prescribing medication administration system:
    - As the information engine behind prescribing decision support tools (i.e. to support safe and effective prescribing)
    - To codify why a prescriber is prescribed a certain medicine, recognising that the MedSafe datasheets do not necessarily adequately capture contemporary medical practice (i.e. to capture why a medicine has been prescribed)

8 Presentation – Sheila Swan, Principal Analyst at Ministry of Health Therapeutic products regulatory regime – an update

Sheila visited the EAG to give an update on repealing the medicines act and replacing it with the Therapeutic Products Bill which includes medicines and medical devices.

Key messages:

- The decision made at cabinet was to bring the international regulatory model to New Zealand, bringing in controls and updating the medicines framework.
- The Bill is 200 pages long – underneath the Bill will be a set of regulations and rules, notices and guidances. Everything but the guidances will be legal instruments.
- The Bill contains better enforcement powers than the current act, dealing more appropriately with breaches.
- The intention is to release this side of Christmas and have the consultation paper out to the sector for at least 3 months so that conversations can be held and feedback can be thorough.
- A consultation document will accompany it to help aide in recognising the changes.
- An amendment is also being made to HPCA which will control who can prescribe and can be amended/approved as needed.
- It is expected that it will be the end of 2019 before the bill is passed, and then the subsidiary instruments will be developed and released after a further year.

9 Strategic focus (part 2) – the future of medication safety over the next 1-3 years

The group broke into groups of 4 to discuss the Commission's four strategic values and what improvements could be made in terms of medication safety:

Improving consumer/whānau experience
Improving health equity
Reducing harm and mortality
Reducing unwarranted variation in patterns of care

The key messages were:

- Find out what consumers want regarding medications.
- Identify the most deprived neighbourhoods.
- Advocacy upwards.
- Consumer insight into "pathways to harm".
- The sector needs a forum for sharing data processes and activities.

10 Patient Safety week

This year's Patient Safety week will focus on hand hygiene, with posters being developed. There is also a poster competition for children to design a poster with prizes. Children will ideally take the messages back into the home.

Programme management and projects

11 Safe use of opioids

The group agreed to approve the opioid implementation guide, the FAQs for the sector, and the workbook for data collection. The group also noted that a separate QSM reporting mechanism will be developed for hospitals using electronic vital signs systems (eg, eVitals/Patientrack).

12 Working group update – Specify Brand Advice

To be carried to next meeting.

13 Working group update – Compound working group

It is anticipated that by the end of September the majority if not all templates will be published on the Pharmaceutical Society of New Zealand (PSNZ) website. The templates are currently going through peer review.

14 National medication chart – Routine review: working group

The Commission undertook to review the utility of the national medication chart (NMC) suite with reviews being informed by a formal user feedback process every three years. The last full review was undertaken in 2014, with an amendment to the oxygen prescribing section in June 2016.

All DHBs are using the paper charts to some degree, with electronic prescribing to some degree in six DHB hospitals. There is some usage of the NMCs by private hospitals and private clinics.

The NMC working group is to be reactivated. Members are to be approached for their continued participation. It was agreed that a junior doctor should be invited to join the working group. John Barnard to source a junior doctor to join.

Action 180802 – John to forward a name of a candidate junior doctor to Billy.
Action 180803 – Billy to take the review of the NMC suite forward.

Other business

15 Topics and guest speakers for next MSEAG

A suggestion was made to invite Ashley Bloomfield, Director General of Health to a future MSEAG meeting. Other suggestions included an update from Central TAS on the new Integrated Community Pharmacy Services Agreement, and further consideration of the Therapeutics Products Bill (if the consultation draft is released in time for the November meeting).

16 Meeting dates 2018/2019

Future meetings for 2018 will be in Wellington:

28 November 2018
27 February 2019
22 May 2019
28 August 2019
27 November 2019

Meeting closed 3.32pm.