



**Quality Improvement Committee  
Health Information Strategy Action Committee**

**JOINT MEDIA RELEASE**

Those working in the New Zealand health sector are dedicated professional people who strive to provide the best care possible to their patients. However, errors can and do occur despite the best efforts of staff and organisations. Giving patients the right medicine at the right time is crucial to their treatment. The Health Sector has been looking at ways to reduce the incidence of medicine errors. Under Budget 2007, \$10.2 million has been provided for the development of a medicine barcoding system that would provide a tool for those administering medication.

The Quality Improvement Committee (QIC) and the Health Information Strategy Action Committee (HISAC) applaud the Minister of Health's recent announcement. "This and other planned initiatives have the potential to make a significant contribution to patient safety" said Pat Snedden, the chair of the Quality Improvement Committee.

QIC and HISAC support bedside verification of medication as part of the broader approach being taken to medicine reconciliation and ultimately improved medication safety. Other medication safety projects that are being trialled include ePharmacy, eReferrals and eDischarges.

"HISAC is working closely with the sector to implement the Health Information Strategy for New Zealand. Together with QIC and health professionals the initiatives above can lead to significant gains in medication safety for New Zealanders" said Chai Chuah, the acting chair of HISAC.

**ENDS**

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**NOTE for information**

17/05/07 part of press release from Minister of Health  
Another \$10.2 million over four years in Budget 2007 will go towards improving bedside verification of drugs to patients, a key step in the on-going work we are doing to reduce adverse events in hospitals, Pete Hodgson said.

## **CONTACTS**

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## **BUDGET RELEASE ONE-PAGER**

### **Improving Medication Safety: Bedside Verification of Medicines**

#### **Ministry of Health Fact Sheet**

##### **What is bedside verification of medicines?**

Those working in the New Zealand health sector are dedicated professional people who strive to provide the best care possible to their patients. However, errors can and do occur despite the best efforts of staff and organisations. Giving patients the right medicine at the right time is crucial to their treatment. The Health Sector has been looking at ways to reduce the incidence of medicine errors. Under Budget 2007, funds have been provided for the development of a medicine barcoding system that would provide a tool for those administering medication.

##### **Why do we need bedside verification of medicines?**

In New Zealand, it is thought that around 5000 patients are subject to preventable, in-hospital medication errors. This is a similar rate to other countries. It is important that the New Zealand health sector acts to put in place measures to reduce the incidence of adverse drug events.

##### **How would bedside verification work?**

It is proposed that a comprehensive bedside verification of medicine systems could work by using a barcode point-of-patient-care system. This would work by providing patients with an identification bracelet with a barcode on it when they are admitted to hospital. This would uniquely identify the patient and allow data relating to that patient, including medications records, would be linked and accessed through a computer system. This would mean that medicines would be required to have a barcode on their labels and packaging and the hospital ward would have barcode scanners to link the electronic information about medicines and patients together. This would allow clinicians to electronically check prescriptions and medicine dosage and before a medicine was administered, the patient barcode information and medicine would be scanned and verified.

##### **How will it be developed?**

A consultation process will be undertaken to finalise the form and extent of the project. The Minister of Health has signaled that the Quality Improvement Committee will take a lead role in this project.

##### **Are there other pieces of work that will feed into this?**

There is a move nationally to coordinate initiatives that work well to reduce adverse medicines events. Good work is already being done in this area by some District Health Boards, and it is important to take a more coordinated approach. Alongside the proposed development of a barcoding medicines verification system, work is also being done to look at developing a comprehensive system for medicine reconciliation for patients moving from the care of the GP to hospital and back. Medication management is one of six priorities for the Quality Improvement Committee.

## INITIATIVES AND PROJECTS

### *Overseen by the Quality Improvement Committee*

- QIC proposes that the first priority be the implementation processes for medicine reconciliation. Implementation of medication reconciliation has been shown to reduce medication error.
- In parallel the bedside verification through bar coding was recently signalled by the Minister of Health as part of the budget announcements.
- QIC supports the view that bedside verification using bar coding cannot be implemented without an e-medication record. The e-medication record verifies that the medication has been prescribed for that patient. Accordingly a project has commenced to develop an agreed national in-patient medication chart and this is now ready for piloting. A single chart based on an agreed national standard throughout hospitals will be a significant step towards an e-medication record.

### *Overseen by the Health Information Strategy Action Committee*

- The recent release of a Health Information Standards Organisation (HISO) standard for the exchange of referral and discharge information which includes standardised exchange of medications data. This standard has been implemented within the MedTech patient management system (currently used by approximately 75% of GP's) and piloted at Hutt Valley DHB.
- Otago DHB is in the process of embarking on a project to implement full in-hospital electronic prescribing and associated decision support decision. It is anticipated that the project will be extended to community-based prescribing.
- GP Practice Management Systems (PMS) and Pharmacy dispensary software systems vendors normally utilise a drug dictionary or a drug database to support prescribing and dispensing. Some include decision support / knowledge support at various levels of functionality as part of the system, such as checking prescription data.
- A number of hospitals use automated medicines dispensing systems which are linked to their Pharmacy Management Systems and patient records.
- The District Health Boards New Zealand (DHBNZ) Chief Executives Group has established a Safe and Quality Use of Medicines Group (SQM). This is a collaborative venture between the District Health Board's that aims to advance the safe and quality use of medicines strategy in both primary and secondary care.

### *Other related activity*

- Providing clarity and guidance to the Sector around the ePharmacy vision and an implementation approach, including the development of a common medicinal terminology and coding structure.

- Developing business process and messaging standards for information exchange across ePharmacy lifecycle.
- Providing clarity and guidance to the sector around appropriate information use, while reassuring the public that confidential information will be treated with due care and sensitivity.
- Developing a sector wide privacy and security framework and supporting standards to ensure that information which is being exchanged electronically within the sector is appropriately protected, and that there is a consistency of approach.
- New Zealand, through the Ministry of Health, is now a charter member of the new international SNOMED Standards Development Organisation. SNOMED currently incorporates, or will incorporate medicines terminologies being considered by HISAC and the sector.
- Auckland regional DHB's are currently investigating the creation of a regional repository for community pharmacy dispensing information. This information will be provided by community pharmacies and accessed by authorised hospital clinicians and pharmacists in a revised medicine reconciliation process.
- HealthLink is working with an Auckland based Primary Health Organisation (PHO), a small group of GP's and pharmacies in trialling secure email based electronic prescribing.

## **THE ROLE AND FUNCTION OF THE COMMITTEES**

### **Quality Improvement Committee**

The role of the Quality Improvement Committee is to provide advice to the Minister on any health epidemiology and quality assurance matters, including sponsoring, monitoring and evaluating programmes within the Improving Quality (IQ) Action Plan. It must specifically deal with perinatal, maternal, infant, child and adolescent morbidity and mortality issues.

The Quality Improvement Committee will work across the health and disability sector (with a particular focus on hospital care) as both an advisor and a facilitator.

The advice given to the Minister is to be formulated after consultation by the Committee with District Health Boards and other persons involved in the provision of services, and any other persons that the Committee considers appropriate.

Further information about the Quality Improvement Committee is available from their website: <http://www.epiqual.health.govt.nz/>

### **Health Information Strategy Action Committee**

The Health Information Strategic Action Committee was established by the Minister of Health in August 2005 to provide governance of, oversight of, and leadership for the implementation of the Health Information Strategy for New Zealand 2005 (HIS-NZ).

The HIS-NZ presents a sector-wide business strategy for the health and disability sector to develop and supply innovative health information systems. It has three broad objectives: to increase participation through networking and sharing of health information across the sector, to support collaboration across providers in the care of consumers, and to improve targeting through improved decision-making. The success of HIS-NZ relies on the co-operation and collaboration of the entire health sector.

Further information about the Health Information Strategy Action Committee is available from their website: <http://www.HISAC.govt.nz/>