

**Medication Safety Meeting  
1 September 2011  
Auckland Airport Conference Centre**

Report by Audrey Chua,  
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IV Nurse Specialists and Clinical Nurse Educators from around New Zealand recently attended a meeting on medication safety, sponsored by Baxter Healthcare. The day started with Claire Howse of Baxter Healthcare presenting the results of the medication safety on-line survey. All participants were required to complete the on-line survey prior to attending the meeting. Interestingly, participants in the survey rated the focus on medication safety for their particular organisations 4.5/10, whereas the focus of the whole of New Zealand was rated 5.8/10. It was explained that, in organisations with visible and tangible medication safety initiatives, staff generally acknowledge errors more readily and therefore rate themselves lower than hospitals that do not raise awareness of medication safety.

Many hospitals have commenced safety initiatives, the most notable of these being the implementation of the National Medication Chart. Also, changing the way medication is delivered by providing premixes of the more dangerous drugs has reduced the dilution errors experienced, but it was noted that, as more drugs become available in premixes, the potential for administering the incorrect drug will once again be a safety concern.

The biggest issues preventing the implementation of medication safety initiatives were seen as:

- Time constraints
- Too many priorities
- Difficulty in getting time to attend education sessions, thereby reducing compliance and buy-in

Medsafe developed the Safe Medication Management Programme (SMM). This programme has been put in place by the Ministerial appointed Quality Improvement Committee to work with clinicians to develop systems which will help safeguard against adverse drug events. The SMM programme was established this year and is a four year programme. The key elements of the SMM programme include:

- E-Prescribing
- National standards for medication charts
- Standardize and link medication information systems
- Unit dose / bedside verification
- Medication reconciliation

**An update on Intravenous Fluid Therapy**

**Presented by Mandy Crowley, Medical Science Liaison (medication delivery)  
ANZ**

Mandy presented an interesting perspective on intravenous therapy, detailing the history and development of the IV fluids we have today.

The Australian Council for Safety & Quality in Healthcare issued a medication alert in 2003: "Remove ampoules of KCL from ward stock and replace with premixed solutions". Baxter issued a flyer in New Zealand in 2008, in conjunction with the registration of a pre-mixed potassium solution for the New Zealand market.

Magnesium was highlighted as the forgotten element. Magnesium sulphate is used currently in obstetrics treating expectant mothers with pre-eclampsia. It has been

shown to be neuroprotective in preterm newborns, and reduces the incidence of cerebral palsy and cognitive dysfunction in newborns. The Magenta Trial is currently ongoing, researching whether Magnesium Sulphate, administered to women immediately prior to pre-term birth (30 – 34 weeks gestation), reduces the risk of death or cerebral palsy in children.

There is currently a focus on ensuring that fluids such as 0.45% saline + 5% glucose +/- 20mmol KCl are made available for paediatric patients. This is not currently registered for use in New Zealand.

**Australian Medication Safety initiatives – presented by Brendan Cummings of Baxter Healthcare.**

In 2010 the Australian Commission on Safety and Quality in Healthcare was declared a federal body. This has meant that it now has legislative powers rather than the advisory powers it had in the past. They have produced a number of useful publications and guidelines including Prevention and Control of Infection in Healthcare. It is anticipated that these guidelines will be applied to New Zealand healthcare settings. It is also anticipated that premixed drug solutions will become mandatory in the next few years.

This day was a great opportunity to network with other hospitals and gain insight into medication safety initiatives, including the implementation of the National Medication Chart. We wish to thank Baxter Healthcare for giving us the opportunity to meet and discuss this important issue.