

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

National Insulin Form Pilot Advisory Group

Terms of Reference

May 2012

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Preamble

The Australian Commission on Safety and Quality in Health Care (the Commission) officially commenced operation on 1 January 2006. The Commission leads and coordinates safety and quality improvements in Australia's health care system.

The Commission's Medication Safety Program is charged with improving the safety and quality of medications in Australia. The program acquits this responsibility through a roster of initiatives and projects.

Standardisation is a proven safety and quality strategy which has been applied by the Commission to a number of initiatives to reduce the risk of health professional error from slips and lapses. These initiatives include the *National Inpatient Medication Chart* and the *Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines*.

As part of its medication management standardisation work, the Commission proposes nationally piloting a suite of materials in 20 Australian hospitals to improve the safety of insulin prescribing and administering in acute care. The materials will include:

1. A subcutaneous insulin form that incorporates prescribing, administering and reconciling of insulin and blood glucose level (BGL) monitoring;
2. Implementation (including educational) resources; and
3. National audit tool and audit tool user guide;

The National Insulin Form Pilot will test whether, through implementation of the form and associated materials, and in the context of BGL control education safety can be improved without compromising BGL control.

The proposed insulin form will, in some instances, require significant practice change to reduce the risk of error and, more so, to improve BGL control.

Heuristic analysis has identified a subcutaneous insulin form that is suitable for national piloting. This is the form that will be piloted.

The project will be managed by the Commission, with strategic advice provided by the Medication Reference Group and project governance advice provided by the Health Services Medication Expert Advisory Group. The National Insulin Form Pilot Advisory Group will be convened to provide expertise and advise on technical aspects of piloting.

Role of the National Insulin Form Pilot Advisory Group

The National Insulin Form Pilot Advisory Group (NIFPAG) is created to:

1. Advise the Commission on technical aspects of the National Insulin Form Pilot;
2. Represent clinician, consumer, health service and policy perspectives; and
3. Make recommendations in relation to the piloted form.

Function

NIFPAG will undertake the following functions:

1. Provide expert perspectives on project methodology and conduct;
2. Consider technical matters and issues that arise during piloting;
3. Recommend actions and changes required ; and
4. Provide other advice as required by the Commission.

General principles

1. NIFPAG is established as a standing committee of the Commission and a sub-committee of the Commission's Health Services Medication Expert Advisory Group.
2. NIFPAG provides expert advice on conduct of the National Insulin Form Pilot and not for any specific industrial, professional or proprietary group or interest.
3. Membership should not exceed 15 members including the chairman.
4. NIFPAG is appointed for the life of the project at which point any ongoing role will be considered by the Commission.
5. NIFPAG's advice will be augmented by other Commission sub-committees.

Key responsibilities of NIFPAG members

Chairman

The Chairman is nominated by the Office of the Commission. The Chairman is responsible for:

1. Providing leadership on matters relating to the work of NIFPAG; and
2. Providing the communication link to the Health Services Medication Expert Advisory Group and the Commission on behalf of NIFPAG.

Members

1. Members are appointed by the Commission for the life of the project (or no more than two years).
2. Members are to participate actively in all meetings and share information.
3. Members may be appointed on the recommendation of key stakeholders, peak bodies, jurisdictions or because of their industry networks or expertise.

Membership

Nominations

1. Categories will be identified for all NIFPAG members.
2. Organisations will be invited to nominate NIFPAG members.
3. Individuals may be nominated as NIFPAG members.

Advisory Group members will include:

- Consumer representative;
- Diabetes Australia representative;
- Pharmacist/s with private hospital and public hospital experience;
- Society of Hospital Pharmacists representative;
- Endocrinologist;
- Australian Diabetes Society representative;
- Specialist Advisory Committee in Endocrinology of the Royal Australian College of Physicians representative;
- Diabetes clinical nurse consultant;
- General nurse;
- Australian Diabetes Educators' Association representative;
- Junior doctor;
- Australian Commission on Safety and Quality in Health Care representative;
- State or Territory representative.

*Individuals may represent more than one interest group.

Meetings

Frequency and Location

Meetings will be scheduled as required. It is expected the group will meet a minimum of two times during the project.

Agenda

Members will have the opportunity to contribute to the agenda through an agenda nomination process. Items must be within the scope of the NIFPAG Terms of Reference and will be signed off by the Chairman in consultation with the Office of the Commission.

The Office of the Commission will be responsible for issuing the agenda, related paperwork and for providing secretariat support services to NIFPAG. The Office of the Commission will invite members to submit agenda items and relevant papers to support agenda items where appropriate.

Proxies

Members shall make every effort to attend meetings. When members are unable to attend meetings, only their nominated proxy shall attend in their absence.

Nominated proxies can participate with prior notice. However proxies should bring to NIFPAG meetings the same, or similar, levels of expertise, experience and authority as members.

Quorum

A quorum shall consist of a majority of members.

Travel and Accommodation

Travel and accommodation expenses related to attendance at NIFPAG meetings may be met by the Commission consistent with its committee support arrangements.

Correspondence

The preparation and filing of all NIFPAG correspondence shall be the responsibility of the Office of the Chief Executive of the Commission.

All documents relating to NIFPAG shall be stored at the Office of the Chief Executive of the Commission.