

National Coordinating Council for Medication Error Reporting and Prevention

September 19, 2000

Day One

Council delegates present:

Jerry Phillips (FDA), Chairperson	Linda Hanold (JCAHO)
Diane Cousins (USP), Secretariat	Jon May (NABP)
Joseph Cranston (AMA)	Barbara Newman (NCSBN)
Rita Munley Gallagher (ANA)	Alan Goldhammer (PhRMA)
Monica Berry (ASHRM)	Jeff Ramirez (VA)
William Kelly – (ex officio) USP Safe Medication Use Expert Committee	

Alternates present:

Mary Mologne (AHA)

Alternates that attended with their delegates:

Mary Gross (FDA)
Shawn Becker (USP)

Delegates absent:

Andrew Smith (AARP)	John Combes (AHA)
Janet Myder (AHCA)	William Ellis (APhA)
John Santell (ASHP), Vice Chairperson	Michael Cohen (ISMP)

Observers:

Stephen Wickizer (AHRQ)	Sherrie Borden (USP)
Tom Clark (ASCP)	Rita Calnan (USP)
Rosalyn Correa (ASCP)	Elizabeth Cowley (USP)
Lisa Wilhelm (NPSF)	Judy McMeekin (USP)
Dan Staniec (NCPDP)	Tia Morfessis (USP)
Keith Fisher (NCPDP)	Marilyn Storch (USP)
	Sue Zmuda (USP)

Jerry Phillips called the meeting to order at 1:25 p.m. and introduced himself as the new chair of the Council. Summaries of the previous meeting were distributed and introductions were made around the table.

Medication Error Rates

Shawn Becker reported on the Medication Error Rates Subcommittee. On April 6, 2000, the Subcommittee (Shawn Becker, Deborah Nadzam, Jerry Phillips, Joe Deffenbaugh, and Monica Berry) convened a conference call to discuss the following areas:

1. Unacceptability of any error reaching a patient
2. Systems should be in place in every facility to catch errors before they reach the patient population

Meeting Summary - Draft

3. JCAHO wants healthcare facilities to have their own systems to identify medication errors and be able to track and trend those errors
4. HCFA rate is only a snapshot on medication errors dealing with administration
5. Reported rates do not reflect actual occurrences
6. Hospitals want to know how well they are doing compared to others.
7. Inconsistency in the use of denominators
8. Should one rate or numerous rates be considered for denominators?

NCC MERP has continued to assert that there are no acceptable error rates at the present time and the rates overall are not very useful or meaningful for comparison as they do not account for differences among hospitals. The Subcommittee will continue to work on this effort

Verbal Orders

The Council reviewed the verbal orders subcommittee's draft report. Except in certain situations when it is not feasible for prescribers to prepare written or electronic orders, the report strongly recommends that verbal medication orders and prescriptions be avoided. Health care facilities should have policies and procedures in place that cover these situations. It was suggested that the route of administration be added to the verbal orders recommendations.

ACTION ITEM: The verbal orders subcommittee will review their recommendations and added suggestions and send out a list of final recommendations prior to the next Council meeting.

Letter to President Clinton

Deborah Nadzam reported that a letter was sent to President Clinton in April. To date, there has been no response from the Clinton White House. Discussion on whether or not to issue a press release at this time was postponed until Day 2.

Presentation

Will Standardizing the Rx SIG Reduce Medication Errors?

Dan Staniec, MBA, R.Ph. (NCPDP) & Keith Fisher, MS, R.Ph. (ComCo Tec) -- NCPDP is soliciting feedback from NCC MERP and other organizations regarding a Standardized Rx SIG initiative. The NCPDP organization was described and the Standardized SIG Initiative was explained. NCPDP feels that the initiative has significant value; and, therefore, they are justified in moving forward because of their strong belief that this initiative will reduce medication errors. Electronic DUR is part of what NCPDP wants allowed. The NCPDP White Paper on Standardizing SIG was distributed to the NCC MERP membership.

Categorization Index & Algorithm

Both diagrams of the categorization index developed by the subcommittee were again reviewed. Both do well in black and white, thereby eliminating the necessity and cost of having to produce them in color. It was noted that the definition of harm had been changed. A few delegates were still questioning the algorithm.

ACTION ITEM: The categorization subcommittee will review it overnight for discussion with case histories on Day 2.

Risk Management Outreach

Jerry Phillips queried whether or not the Council would be willing to work in partnership with the FDA and possibly other federal agencies, organizations, and associations on a multi media educational effort entitled “Health Professional Risk Management Campaign” directed primarily to medical personnel, healthcare professionals, and students. The primary message would be to reduce medication errors. The proposal has been submitted with an initial budget of \$86,000 for FY 2001. The general impression was that the budget estimate was rather low. Some concern was raised about the FDA sponsorship being seen as government regulatory intervention; however, Mary Gross recounted how a successful “Take Time to Care” campaign out of the Commissioner’s office was not construed as regulatory. Other concerns included offending ASHRM with “Risk Management” as part of the name of the program and confusion as to NCC MERP’s role. It was suggested that the campaign be designated as “Medication and Risk Reduction,” since it is intended to be educational. Jerry will report back when fully approved.

Executive Session

The Steering Committee went into Executive Session and adjourned at 4:10 p.m.

National Coordinating Council for Medication Error Reporting and Prevention

September 20, 2000

Day Two

Council delegates present:

Jerry Phillips (FDA), Chairperson	Alan Goldhammer (PhRMA)
Diane Cousins (USP), Secretariat	Linda Hanold (JCAHO)
Monica Berry (ASHRM)	Jon May (NABP)
Tom Clark (ASCP)	Barbara Newman (NCSBN)
Andrew Smith (AARP)	Michael Cohen (ISMP)
John Combes (AHA)	Jeff Ramirez (VA)
Joseph Cranston (AMA)	Stephen Wickizer (AHRQ)
William Ellis (APhA)	Lisa Wilhelm (NPSF)
Rita Munley Gallagher (ANA)	Deborah Nadzam, via teleconference
William Kelly, USP Safe Medication Use Expert Committee	

Alternates that attended with their delegates:

Shawn Becker (USP)
Rosaly Correa (ASCP)
Mary Gross (FDA)
Mary Mologne (AHA)

Delegates absent:

Janet Myder (AHCA)
John Santell (ASHP), Vice Chairperson

Observers present:

Mark Grissinger (ISMP)
Joanne Turnbull (NPSF)

Jerry Phillips called the meeting to order at 8:40 a.m. The first order of business was an announcement of the vote in Executive Session to add three new members to the Council: the National Wholesale Druggists' Association, the National Patient Safety Foundation, and the American Society of Consultant Pharmacists. It was also voted to renew the membership of the Institute for Safe Medication Practices for another two-year term. The rules of the NCC MERP were changed to reflect the change from the USP Advisory Committee to the USP Safe Medications Use Expert Committee. A discussion on the make-up and role of the Steering Committee will be continued at a later date.

Mr. Phillips acknowledged Deborah Nadzam's contributions as the past Chairperson of the Council. He commended her in bringing the Council to where it is today.

Current Activities

Jerry Phillips described the new written activities summaries procedure and opened the floor for discussion from any organization that needed to clarify or add to their summary.

- **USP (Diane Cousins)** – In the processing of garnering support for HR 3672 (dealing with privilege of information submitted to reporting programs), several themes having to do with the characteristics of a national reporting system kept recurring. USP felt that the timing was right to pull together a working coalition titled “Working Group on Patient Safety” to start crafting general principles covering (1) creating an environment for safety, (2) data analysis, (3) confidentiality, (4) information sharing, and (5) the legal status of reporting system information. These principles are reflected in bills introduced in both the House and the Senate. To date, over 90 organizations have signed on to these principles. Ms. Cousins proposed that the NCC MERP consider signing these as a Council and certainly individual organizations should do so as well. She considered it important to have the Council listed as supporting this initiative. Discussions centered on the preclusion of mandatory reporting if the Council signed on. It was made very clear by Ms. Cousins that the principles should be applicable whether a program is voluntary or mandatory, state or federal, local or governmental. A motion was made for NCC MERP to sign on to these principles, seconded and carried.
- **APhA (Bill Ellis)** – An area that is not mentioned in the written activities of APhA is that APhA is working with ISMP to develop a community pharmacy medication safety self-assessment survey similar to the one ISMP has done for the acute care setting. It is still in the early stages of development but eventually will be available to every community pharmacy in the United States.

White Paper on Automation

Deborah Nadzam reported that the subcommittee had not done the traditional group activities on this white paper related to automation in medication use activities. Some work has already been done in the field, so it was felt that it should issue a paper that brings these concerns to light and offers suggestions, warnings, concerns, etc. A small work group had started in this area but work needs to be done with either a new subcommittee or replacements to the original subcommittee. Ms Nadzam feels this activity is still relevant and worthy of additional effort.

ACTION ITEM: Deborah Nadzam, Tom Clark, Bill Kelly, Jeff Ramirez, Joe Cranston, and Mike Cohen will assess existing papers dealing with automation in the medication use process to determine where gaps exist, review ASHP’s paper, and bring back to the Council what the next steps should be.

Deborah Nadzam explained an Idealized Design for Medication Use that is underway and she was fortunate to be involved with. This interdisciplinary project is designed to implement and disseminate a medication system that is safer by a factor of 10 and more cost effective than anything currently in use. The factor of ten can be interpreted as reducing ADEs, not errors. The IHI group raised one again the issue of the definition of “preventable” in relation to ADEs, citing that the terminology is confusing. The Council remains steadfast in its decision to retain “preventable” in its definition of a medication error.

Bar Coding Conference

The bar coding conference in Chicago was deemed a success and will result in a significant white paper on how to standardize barcodes, what manufacturers have already done with bar codes, and the ultimate cost. \$2700.00 remains after conference expenses were tallied from the collected monies, which will probably be not enough to cover the cost of the white paper publication. There remained some confusion on the part of delegates as to what exactly the \$500 contribution covered. At present five organizations have not paid the \$500 requested from each organization for this conference. For those organizations that did not pay, the most common reason was budgeting. Most of the member organizations need more lead time for budgeting purposes. More lead-time was also cited as being needed to apply for grant monies from various foundations. However, long lead-time for applying for grant money can thwart a spontaneous conference on a hot topic. Whether money is collected as fees, sponsorships, or registrations, planning must be done far enough ahead to accommodate organizations' budget cycles. Some organizations suggested a sliding scale fee based on the size of the organization. Others felt less responsibility because of non-interest in bar coding issues. Still others felt that if their delegate did not attend, they should not pay. Discussion ensued regarding the possibility of AHRQ monies. Steve Wickizer, who was sitting in for Marge Keyes, noted that money is available for conferences especially if the subject is on target and meets the federal mandate. Ms. Cousins mentioned that at one time the Council talked about a research agenda and it appears that still might be necessary or at least the Council could have a conference agenda or other activities to allow for time for grant money acceptance. Linda Hanold described her experience with Robert Wood Johnson Foundation and the reasons they gave for turning the Council down. It appears that the timing was bad and that was all. Ms. Newman wanted the record to reflect that NCSBN did not submit \$500 because of budgetary reasons and not because a representative did not attend the bar coding conference as reflected in the written document that was circulated to the delegates.

ACTION ITEM: Conference planning needs to be addressed with the option of budgeting for an annual conference.

ACTION ITEM: Diane Cousins and Mary Gross will act as leads with Alan Goldhammer, Mike Cohen, Bill Ellis, and John Santell to rework the bar coding recommendation.

Presentation

Joanne Turnbull, Ph.D., Executive Director, National Patient Safety Foundation

Ms. Turnbull gave an overview of the latest work being done by NPSF. She described the evolving mission in light of the IOM report and reviewed the accomplishments of 2000 regarding their education, research, and communication efforts. Dr. Turnbull introduced Lisa Wilhelm, the NCC MERP delegate from NPSF. Lisa is a pharmacist and the NPSF manager for the Pharmaceutical Safe Use Initiative. Ms. Wilhelm described the NPSF Safe Use of Pharmaceuticals as a National Health Priority: Developing a Leadership Agenda. Ms. Wilhelm provided copies of the 1999 Summary Report and expressed her enthusiasm at being selected as a delegate to the NCC MERP representing NPSF.

Disciplinary Action

Mike Cohen apologized for not following through with his subcommittee on disciplinary action. His latest newsletter showed how the media (in this instance the Chicago Tribune) has helped to undermine the non-punitive environment that so many groups and organizations have been working to establish. Mike will be working with Mary Gross to set up a NCC MERP educational meeting with a speaker like Lucian Leape, maybe in February. Organizations, such as state boards, consumer groups, CLEAR (Council Licensure Enforcement and Regulation), the National Academy for State Health Policy, and the National Association Boards of Pharmacy, have already expressed interest in participating. Trish Riley, executive director for NASHP has agreed to participate on behalf of her organization. The goal of the conference would be to separate disciplinary action from criminal behavior or medical error. Any Council involvement will depend on what the Council perceives as its mission. The conference, possibly a combination of conference proceedings and recommendations relating to the issues addressed at the conference, would present new ways to look at practitioner accountability and would be targeted toward the media, state boards, departments of health, and pharmacy, nursing, and medical representatives. Discussions regarding the funding for projects such as this were debated. Bill Ellis committed the APhA foundation to a contribution of \$7,500 or more because of their strong feeling that this issue needs to be addressed. Mike Cohen mentioned that the AHRQ representative noted that this issue would be right up the AHRQ alley for funding. Mike Cohen also offered monies to assist in funding this conference.

ACTION ITEM: A subcommittee of Barbara Newman, Bill Ellis, Jon May, Monica Berry, Mike Cohen, Rita Munley Gallagher, Lisa Wilhelm, Diane Cousins, and Shawn Becker will devise the format of a practitioner accountability forum, including the target audience, budget, etc.

Planning Committee

The idea of a planning committee for leveraging the Council's outreach activities was revived.

ACTION ITEM: Jerry Phillips will head a subcommittee of Bill Ellis and Diane Cousins to review various strategies, including a standardized news release, an electronic newsletter, and the NCC web site, to extend outreach activities for the Council and its individual members.

Category Index

It was moved, seconded, and passed to revise the definition of harm as the "impairment of physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom." Acceptance of the circular algorithm was postponed until the next meeting when a modified, final version will be presented.

The meeting was adjourned at 2:45 p.m.

Meeting Summary - Draft

**NCC MERP Meeting Summary Ballot
September 19-20, 2001**

I have approved reviewed the Meeting Summary:

I approve the Meeting Summary as it stands.

I approve the Meeting Summary with changes as marked on the enclosed pages.

Name _____

Organization _____

Date _____

Please return this ballot by mail or fax to:

Diane Cousins
USP
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Rockville, MD 20852

Fax: 301-816-8532