Day One
June 1, 2004

Council delegates present:

John Combes (AHA), Chair
Diane Cousins (USP), Secretary
Janet Myder (AHCA)
Joseph Cranston (AMA)
Rita Munley Gallagher (ANA)
Veronika Oven (AONE)
William Ellis (APhA)
Carla Saxton (ASCP)
Susan Raetzman (AARP) by phone
Ellen Quinn (ASHRM)
Ron Nosek (DoD)
Carol Holquist (FDA)
Sal Peritore (GPhA)
Linda Hanold (JCAHO)
Jon May (NABP)
Polly Johnson (NCSBN)
William Kelly (USP SMU EC)

Alternates attending as representatives of their organizations:

Teresa Rubio (ASHP)
Matt Grissinger (ISMP)
Lee Rucker (NCPIE)
Rosemary Cook (PhRMA)
Lou Cobuzzi (VA)

Alternates attending with their delegates:

Mary Gross (FDA)
Kristin Hellquist (NCSBN)
Shawn Becker (USP)

Organizations/Members Not Represented:

HDMA	SEFH
NACDS	David Kotzin
NPSF	Deborah Nadzam

Observers:

Dr. Bob Phillips (AAFP)
Susan Camp (USP)

John Combes (AHA), Chair, welcomed Council members and guests and called the meeting to order at 1:40 p.m. During the introduction of members and guests, Jon May (NABP) announced that as of this meeting he will no longer be NABP's Delegate and introduced Eleni Anagnostiadis as the new NABP Delegate. Jon will represent NABP as the Alternate Delegate.

Dr. Combes presented a brief history of the Council and explained why there was a need for a subcommittee to explore the structural operations of the Council. Linda Hanold (JCAHO), as chair of this subcommittee, was asked to present the subcommittee's report.

Report of the Subcommittee on the Possible Restructuring of the Council

Ms. Hanold reported that this was not the first challenge to the Council's rules and operating structure and the subcommittee was formed to explore whether or not the

current structure effectively meets the evolving needs of the Council. The subcommittee members included:
Linda Hanold (JCAHO), Chair
Joseph Cranston (AMA)
Carla Saxton (ASCP)
Kasey Thompson (ASHP)
Polly Johnson (NCSBN)
Ray Bullman (NCPIE)
Rosemary Cook (PhRMA)
Diane Cousins (Historical Perspectives)
The subcommittee held two conference calls and identified four potential areas for improvement: composition of the Steering Committee, transparency of decision-making, democracy, and productivity. In efforts to establish a more inclusive process for all members of the Council, the Subcommittee unanimously recommended the following changes be implemented:

1. The Council should adopt a fish bowl concept for conducting business openly and inclusive of all members.
2. Voting by the Steering Committee should generally occur in the presence of the full Council. The Chair should retain discretion to call vote by ballot.
3. Issues regarding the management and governing rules of the Council should remain under the purview of the Steering Committee but would be discussed in the presence of the full Council.
4. Discussion and voting pertaining to Council membership should be deleted as a responsibility of the Steering Committee and delegated to the full Council.
5. The Steering Committee should no longer meet in Executive Session.
6. The structure and operations of the Council should be revisited every three years to assure continuing relevance and maximum effectiveness.

The subcommittee advocated retaining the Steering Committee as it currently exists to facilitate the business of the Council and assume accountability for Council actions, as it provides a sustaining foundation for the Council. It was moved, seconded, and passed unanimously by the Steering Committee to accept the full recommendations of the Subcommittee.

ACTION ITEM: The rules will be amended to reflect the above changes and voted at the next meeting.

Chair's Report

As one of his last official duties as outgoing Chair of the NCC MERP, John Combes reported that there has been an increase in the number of requests and inquiries about the work of the Council, revealing a growing recognition and appreciation of the Council's work. The Pennsylvania Patient Safety Authority is moving forward and will soon be going live with its reporting program, which incorporated the Council's Category Index. Dr. Combes thanked the Council for its work during the past two years. He recognized that there were considerable housekeeping activities that had to be addressed but noted that the Council is now in good shape to meet the challenges of the future. He suggested that the Council be ready to produce more for the external audience, i.e., – recommendations, white papers, etc. Linda Hanold, on behalf of the Council, formally thanked Dr. Combes for his tireless work during his tenure as Chair.

Secretary's Report

Diane Cousins (USP) announced the results of the recent balloting for Chair and Vice-Chair: Linda Hanold was elected Chair and Joe Cranston was elected Vice Chair. Both were unopposed. Ms. Cousins also reported that there is a continuing request for use of the Council's work products, as is illustrated in the JCAHO book *Preventing Medication Errors: Strategies for Pharmacists*. This was circulated among Council members. The following organizations have made requests of the Council:

- NQF – On May 20, 2004, the NQF Patient Safety Taxonomy Steering Committee focused on the reporting and analysis of patient safety events and the need for creation of a national language and vocabulary for reporting. The Steering Committee's intention is to address as many health care settings as possible and to incorporate as many existing taxonomies as possible. The Committee's final document will be an open source, public document that is hoped will be broad enough to include aspects of risk management. An important decision of the Committee was to define what a national taxonomy should be, as well as what it should not be. Teleconferences for this Steering Committee will be held over the summer, with an additional face-to-face meeting scheduled for the fall. The NCC MERP submitted its taxonomy for consideration by NQF.
- University HealthSystem Consortium (UHC) – A UHC adaptation of the NCC MERP Category Index is being used to drive the Pennsylvania Patient Safety Authority reporting program, which will be going live shortly. The intention is to apply the altered index to all events, not just medication errors; and for that reason, a request to split Category B errors was previously approved by the Council. UHC's user group is uncomfortable with Categories E-I and wants permission to further change the Index to eliminate the causation link and reflect only patient harm. To focus only on the end result would cause the event/error to lose relevance. UHC has made additional changes to the Index that the Council wishes to deliberate before final permission for use is given. The Council would also like to know UHC's definition of harm. Jennifer Devine was asked to address the Council and remind the delegates about pertinent intellectual property and copyright laws. According to Ms. Devine, legally, the Index is the copyrighted, intellectual property of the Council; and, therefore, the Council has the right to insist that proper attribution be given. There was a clear consensus of the Council to work with UHC toward this end. The question was referred to the Taxonomy Subcommittee for further evaluation.

ACTION ITEM: Jennifer Devine will work with the Taxonomy Subcommittee and UHC to devise wording for a letter that will encompass the desires of UHC and the needs of the Council. A recommendation will be made at the next meeting whether or not to grant UHC permission to use the Category Index.

Subcommittee Reports:

- **Taxonomy**— *Ellen Quinn (ASHRM) and Rita Munley Gallagher (ANA), Co-chairs*
  Ms. Quinn requested that Diane Cousins present a historical perspective of the Taxonomy. After Ms. Cousins painted the picture of how the taxonomy was developed, Ms. Quinn stated that the National Quality Forum is inaugurating a process of creating an all-inclusive taxonomy and she questioned whether the NCC

MERP should be undertaking the project of changing the NCC MERP Taxonomy at this time. Discussion reflected the consensus of Council members that the NCC MERP Taxonomy was created as a leadership tool and, as such, should be reviewed and updated periodically. An updated, revised taxonomy can provide the basis for national standards. It is incumbent upon the Council to maintain this intellectual property. The IOM report defined essential elements that should be included in any Taxonomy and these should be added to the NCC MERP Taxonomy.

The Subcommittee questioned the colors currently being used in the Index pie chart and suggested that the colors be changed to reflect increasing degrees of harm. Ms. Cousins explained that colors were chosen to not include green, yellow, or red because the message might imply that green level errors are ok.

ACTION ITEM: The subcommittee will review and clarify definitions in the Taxonomy.

- **Promoting, Monitoring, and Evaluating -** *Deborah Nadzam, (Chair)*

  The Subcommittee has not met since the last meeting.

- **Practice Related Issues** - *Carla Saxton (ASCP), Chair*

  The Subcommittee reviewed the recommendations for the dispensing and administration of medications and prescription writing. Recommendations resulting from this review included: a more positive spin on the Dispensing title, a consistent format, and various word changes and additions that would update the recommendations and make them more accurate and relevant. The documents with the suggested recommendations will be sent to Council members for their review. The Council will have until August 31 to review the documents and submit comments using "track changes". Recommendations will be finalized at the September meeting.

  ACTION ITEM: Carla Saxton will forward the subcommittee's suggested changes for full Council review. Members will have until August 31 to comment.

- ***Technology*** *– Matt Grissinger for Judy Smetzer (ISMP), Chair*

  To determine the scope of the problem with tubing interchangeability the Subcommittee has developed a plan of action to identify the issues that need to be investigated. All relevant reports from MER, MEDMARX, ECRI, FDA, and JCAHO will be analyzed to detect any trends. Any resulting recommendations would be forwarded to the FDA, practice sites, etc. John Combes raised the question of behavior-based expectations and how those behaviors could be inculcated into an organization. He explained the concept of "red" rules – rules that must be followed without exception – and suggested that the Council consider devising behavioral expectations in regard to medication errors that could be incorporated in every setting. Linda Hanold advocated using the identification of reported risk behaviors to issue a preliminary statement. Further discussion of this topic will be held at the September meeting.

ACTION ITEM: Matt Grissinger/Judy Smetzer will perform a literature search for documents related to the interchangeability of tubing. They will also analyze medication error reports submitted on the subject. A presentation of findings will be made at the September meeting.

Report on Public Relations Group *– Sherrie Borden (USP)*

A conference call was held in March 2004, for the PR working group. Organizational PR contacts were provided background on the NCC MERP and updated on past and current PR activities. Discussion followed concerning how the PR liaisons could be instrumental in disseminating Council recommendations, statements, etc. The group also reviewed current work products to evaluate how they have been used to impact patient safety. The following next steps were approved by the group:

- Development of a PR contacts listserv which will be maintained by USP
- Development by USP's PR department of a news release template using USP's I-Release format
- USP's PR will add NCC MERP to the list of key words used by its clipping service -- clippings will be distributed to Council members
- USP's PR will convene a conference call between the PR contacts and the NCC MERP Chair/Vice-Chair/Secretary two weeks prior to each meeting to discuss the agenda and possible news items
- Following a Council meeting, USP PR will conduct a conference call to discuss the outcome of the meeting and any possible next steps
- PR contacts will encourage their respective organizations to develop linkages between their organizations and the NCC MERP web site
- PR contacts would like to consider a 10th year NCC MERP anniversary PR event tied to consumer articles regarding the national impact of the Council
- PR contacts would like to consider inviting the press or holding press conferences during council meetings, if appropriate
- Development of a commentary piece in Health Affairs

Ms. Borden requested Council members to inform her of any PR directors or managers within their organizations who should be included on the PR list. Janet Myder requested to be copied so that she could follow up on issues. Ms. Borden also asked that members forward any clips about the Council to her attention.

ACTION ITEM: Sherrie Borden and the PR workgroup will work with the Promoting Monitoring Evaluating Subcommittee to prepare backgrounder sheets for the Council.

ACTION ITEM: Sherrie Borden will forward meeting agendas to the PR contact group before Council meetings and arrange for a conference call two weeks prior to the meeting with PR contact group and Chair/Vice-Chair/Secretary.

Day Two
June 2, 2004

Council delegates present:

John Combes (AHA), Chairperson
Diane Cousins (USP), Secretary
Janet Myder (AHCA)
Joseph Cranston (AMA)
Rita Munley Gallagher (ANA)
Veronika Oven (AONE)
Bill Ellis (APhA)
Carla Saxton (ASCP)
Ellen Quinn (ASHRM)
Susan Raetzman (AARP) by phone
Ron Nosek (DoD)
Carol Holquist (FDA)
Sal Peritore (GPhA)
Linda Hanold (JCAHO)
Eleni Anagnostiadis (NABP)
Ed Staffa (NACDS)
Ray Bullman (NCPIE)
Polly Johnson (NCSBN)
William Kelly (USP SMU EC)

Alternates attending as representatives of their organizations:

Teresa Rubio (ASHP)
Matt Grissinger (ISMP)
Rosemary Cook (PhRMA)
Lou Cobuzzi (VA)

Alternates attending with their delegates:

Mary Gross (FDA)
Kristin Hellquist (NCSBN)
Shawn Becker (USP)

Organizations/Individual Members Not Represented:

HDMA
NPSF
SEFH
David Kotzin
Deborah Nadzam

Observers:

Susan Camp (USP)

John Combes, Chair, called the meeting to order at 8:43 a.m. and introduced Richard Koss, Director, Department of Health Policy Research at JCAHO.

Presentation: The JCAHO Patient Safety Event Taxonomy (PSET) **–Richard Koss, M.A., Director, Department of Health Policy Research JCAHO**

In the absence of a standardized vocabulary and nomenclature, it has been impossible to count and track adverse events. Different names and classification systems have made inter-systems comparisons not feasible, which, in turn, complicate the development of solutions to recognized problems. In light of this current confusion concerning errors and adverse events, JCAHO began developing its own patient safety taxonomy in January 2002 and has been refining it since then.

JCAHO's goals for its taxonomy are to allow disparate reporting systems to organize data in a way that facilitates the sharing and dissemination of information and to better understand why errors occur and other systems failures. The comprehensive scope of the taxonomy was designed to be applicable in all health care delivery systems and include all patient harm. JCAHO hopes that PSET will establish common rules to code and classify events and to define standardized data fields. PSET has been influenced by existing models, including the NCC MERP Taxonomy of Medication Error. It is intended to be high level with only five classifications: impact (the medical and/or non-medical outcome(s) or effect(s) of an incident), type (the visible process that failed), domain (the setting, date, and staff involved in an incident, patient information), cause (the factors and agents that led to an incident), and prevention and mitigation (the interventions to reduce the incidence and effects of adverse outcomes). PSET is also designed to be used both retrospectively and prospectively. It is currently being vetted by the World Health Organization, the National Quality Forum, and patient safety research by the Commonwealth Fund. Proposed studies by FMEA and AHRQ (Health Information Technology) are being explored.

Dr. Combes cautioned that the use of the word negligence as a cause of an incident has a negative connotation and could lead to lawsuits in states where JCAHO information is discoverable. He offered the expertise of the Council in assisting JCAHO in testing and vetting the system. Mr. Koss indicated that JCAHO was looking forward to collaborating with the Council.

***Presentation: Adaptation of the NCC MERP Taxonomy onto a Palm Pilot* – Stephen Feldman, President and CEO of Hand Medical Corporation (participation via telephone)**

Hand Medical Corporation has finished developing and is now testing a HIPAA compliant software program called Medication Error Manager® that allows the collection of data using PDAs and synchronizes that data with a desktop computer. Hand Medical is seeking permission to incorporate the NCC MERP Taxonomy within the software, which will be marketed to the health care industry. This systems approach software was built to work across different platforms (PDA, PC, etc.) to comprise one data base. It contains 125 fields of data, all of which can be queried; and the Pharmaceutical Manager feature allows tracking of all interventions. Hand Medical plans to send the product to market within 30-60 days if it receives the Council's approval for use of the Taxonomy.

Mr. Feldman stated that the Taxonomy had been modified and the Council asked for a listing of the modifications. Dr. Kelly questioned whether the Council should charge a fee for the use of the Taxonomy because it was going to be used as a commercial venture. Dr. Combes reminded the Council that it was not incorporated and had no mechanism to handle money collection. It was moved, seconded, and passed to allow Hand Medical Corporation to use the Taxonomy with two conditions: (1) a proper attribution statement that it has been adapted from the NCC MERP Taxonomy and (2) a presentation to the Council within 6-12 months on any feedback from users. It was decided to delay sending a letter giving permission to use the Taxonomy until the Council had a chance to review the disparities involved.

Roundtable Discussions

AARP – Most of AARP's current efforts regarding medications are focused on educating members and helping them navigate the new drug-related choices and decisions facing them. Several publications have been produced that explain the Medicare discount card program and how transitional assistance works under this program. AARP was appointed to the Beneficiary Advisory Panel that is working with the Medicare Model Guidelines Expert Committee on formulary classification. AARP is supporting the development of consumer friendly versions of an evidence-based review of drugs being generated by the state of Oregon, which are featured on the AARP website. AARP is participating in a new SOS-Rx initiative by the National Consumers League focusing on improving the use of medications in out-patient settings and plans on reinvigorating its Wise Use of Medications campaign to educate consumers on how to purchase and use medications wisely.

AHCA -- Nursing homes, mental retardation and assisted living are top priorities for AHCA. Many nursing homes are developing SnoMed. Notices of proposed rule making for CMS include using surveyors and related guidance for pressure ulcers, medication errors, drug review, and pharmacy services.

AHA –There has been excellent participation in the MS Quality Reporting Initiative. With a closing date of July 1, data has already been posted on the CMS website. Hospitals have found that there is a financial benefit to submitting data for the website. Information gathered about bar coding is not yet ready to be published but will be posted on the website as lessons learned. AHA has initiated an award for patient safety that is focused around the six aims of the IOM.

AMA – The AMA Annual Meeting will be held June 12-16, 2004. A number of resolutions and some reports on drug topics will be considered. Of particular interest to NCC MERP is a report of the AMA's Council on Scientific Affairs titled "The Role of Color Coding in Medication Error Reduction." The report tries to present a balanced review of the subject, and recommends to FDA, USP, and the pharmaceutical industry that color coding of pharmaceutical products for the purpose of reducing errors be considered cautiously and on a case-by-case basis. The AMA delegate to NCC MERP thanked the delegates from USP, ISMP, ASHP, and FDA for their help in preparing this report. In addition to this CSA report, a resolution has been submitted asking the AMA to "support an effort to standardize the appearance, concentration, and packaging of the common classes of pharmaceuticals utilized in medical care." Other drug issues that will be considered at the Annual Meeting include: drug formularies and therapeutic interchange; drug importation; drug disposal and contamination of water supplies; drug shortages; off-label uses; Internet sales of prescription drugs; public access to FDA-controlled clinical trial data; labeling of herbals with drug interaction information; and influence of funding source on validity and reliability of pharmaceutical research. The AMA has already been involved in many of these issues (e.g., testimony was given before Congress this year on Internet prescribing/dispensing and to the HHS Task Force on Drug Importation).

ANA – ANA is moving to a new location in Silver Spring, Maryland. Their bi-annual meeting will be held in Minneapolis, MN this month.

AONE – AONE just completed its 37th Annual Meeting and Exposition in April 2004. Pam Thompson, CEO, continues to serve on the National Patient Safety Foundation Board of Directors. AONE noted that few nurse executives attended NPSF's recent meeting.

APhA – APhA has just completed its annual meeting, during which ISMP presented its new reassessment tool.

ASHRM – "New World, New Approaches" is the theme of ASHRM's 2004 Annual Conference and Exhibition to be held in Orlando October 18-20. Keynote speakers include Dr. Brenda Zimmerman explaining how to apply lessons from chaos and complexity theories, Simon Bailey on unleashing inner brilliance, Professor Karlene Roberts sharing insights on high reliability organizations, and Fred Lee illustrating how to employ unconventional wisdom to improve patient relations. ASHRM will be providing a Certified Professional in Healthcare Risk Management (CPHRM) study session and an on-site exam during the conference. The applications module of the Barton Certificate Healthcare Risk Management Program will be offered October 14-16 and will provide an opportunity to gain applicable knowledge on laws and regulations, emergency preparedness, and more from expert faculty.

ASCP – ASCP held a successful Legislative Conference in April and its Mid-Year meeting in May focused on the Medicare benefit. Many speakers were from CMS, including former CMS Administrator, Tom Scully. A new book has been released from ASCP and its publishing arm, Med-Pass, entitled "Enhanced Quality Measures – 2nd edition." This is an update of the nursing facility quality measures initiated by CMS and updated by CMS and NQF in January 2004. Many new products are being developed with anticipated release dates within the year. Among them are (1) the Consultant Pharmacist Handbook with sections on drug regimen review, nursing facility survey process, and medication use process and (2) a Senior Care Pharmacy Toolkit which is a clinical and business toolkit with assessment tools and forms to assist pharmacists consult to non-institutionalized seniors in the community.

ASHP – Six goals and 31 patient safety objectives have been targeted for attainment by 2015. ASHP is developing a survey and has put out a call for success stories. ASHP has been involved in educating members about the *USP-NF* Chapter 797 regarding compounding. ASHP has created a discussion guide about this topic—IV sterile preparations are now enforceable.

DoD -- DoD continues an aggressive training program focused on Root Cause Analysis, FMEA, team training, and medication error reporting (MEDMARX). The advanced patient safety manager course beginning the week of June 7th hopes to train approximately 225 students. Focused RCA and MEDMARX training sessions have also been conducted in San Antonio, TX; San Diego, CA; Portsmouth, VA; Colorado Springs, CA; and locally in the DC area. (Note: DoD has incorporated the NCC MERP Error Category Index into all training for medication error reporting.) DoD and AHRQ have partnered to produce a 2-3 volume set of reviewed papers in book form entitled *Advances in Patient Safety: From Research to Implementation* for release in the fall of 2004. More than 200 abstracts were accepted. Manuscript reviews are due back to AHRQ by June 4th.

FDA – FDA held an advisory committee meeting on LDPE vials. FDA is well aware of the medication errors involving these products especially since it is not limited to respiratory products but injectables also. Issues regarding the packaging and labeling were raised

but nothing fruitful from industry resulted. FDA may revise the guidance. Currently working on a proposal for MEDRA.

GPhA – Nothing to report at this time.

ISMP – On-line reporting for patient safety is okay at best in the eastern region. The new hospital self assessment tool has been released. Any organization that wants to endorse or support it should contact ISMP.

JCAHO – JCAHO is always looking for high quality applicants for its John M. Eisenberg Award. The website is updated quite often; so for a summary of patient safety activities people should first check the website. The latest information about JCAHO's policies, national patient safety goals, quality monitoring, resources, and legislative efforts can be found on the website.

NABP – NABP is committed to making patient safety a priority for all initiatives undertaken by the Association. Electronic prescribing and the inclusion of indications on prescriptions are two initiatives that NABP's Executive Committee has identified as patient safety action items. On February 20, 2004, NABP released the updated Model Rules for the Licensure of Wholesale Distributors. These Rules are the result of a concerted effort between NABP and other representatives from pharmacy, government, and the wholesale distributor industry to protect the public from the ill effects of counterfeit drugs and devices. NABP has also been working closely with the FDA to educate and protect the public from counterfeit drugs.

NACDS – NACDS has been increasing its focus on ambulatory settings. It has been involved in the Medicare legislation, as well as e-prescribing and QA. Its medication manager "My Med Manager" is developed and ready for pilot testing to assist in labeling and management.

NCSBN – In its on-going research and analysis of practice issues, NCSBN has issued a report on keeping patients safe. The state boards are moving from a punitive framework to one that is emphasizing quality. The annual assembly is scheduled for August in Kansas City.

NCPIE – NCPIE continues to work closely with the FDA and nearly two dozen diverse stakeholder organizations on a project entitled the NCPIE Consumer Medicine Information (CMI) Initiative. The goal of this multi-year project is to ensure that year 2006 federal targets for the dissemination of useful written medicine information with new prescriptions at retail pharmacies are met. A CMI "all hands" stakeholder meeting is scheduled for June 17. "Be-MedWise," NCPIE's ongoing program to promote safe and appropriate use of over-the-counter medicines, continues reaching consumers in both English and in Spanish. A recent "Be MedWise" print public service ad features Dr. Richard Carmona, US Surgeon General.

PhRMA – The PhRMA Paperless Labeling Task Force is preparing to initiate the second proof-of-concept study (Large-Scale Field Trial) of the Paperless Labeling initiative. On behalf of the Paperless Labeling Task Force, PhRMA thanked the Council members who have been collaborating with this key initiative.

USP – In March, USP released a book entitled *Advancing Patient Safety in U.S. Hospitals: Basis Strategies for Success,* a first-ever case study featuring the experiences of actual MEDMARX facilities, the hospital medication errors they encountered, and the steps taken to prevent similar mistakes. More that two dozen health care practitioners and administrators were interviewed to describe how they have changed their facilities' culture and reporting practices. Fear of litigation prevented some hospitals from participating. USP has introduced a 5-year program cycle and renamed the Quinquennial Meeting. The USP Convention will take place in March, 2005, during which a new Board of Trustees will be elected. A call for resolutions has been issued, allowing members, member organization, and other interested parties to propose resolutions for the 2005-2010 term. USP has also issued a call for candidates for Expert Committee chairs and members. Anyone interested is encouraged to submit an application. The Safe Medication Use Expert Committee encouraged a validity and reliability study of the Category Index. The three groups of respondents compared the pie chart, the algorithm and a computer-generated algorithm with good correlation. More information will be forthcoming.

David Kotzin – Since NCC MERP's last meeting, Greater Baltimore Medical Center continues the implementation process associated with its hospital information system, Meditech®. Go-live for the Pharmacy-Lab Radiology (integration) is scheduled for October 2004. Implementation of the electronic medication administration record is set for December 2004, with medication verification at the patient's bedside incorporating barcode technology by April 2005. Computerized provider order entry will complete the process in late 2005 or early 2006. Further automation of automated dispensing cabinets (AcuDose®) for the new 100,000 square foot addition) pediatric ICU, pediatric ER, and additional ER bays) was successfully completed as the new ED opened. Four new operating rooms will increase total cabinets to approximately 50. GBMC has been very active in Maryland's MEDSAFE project and has completed another ISMP self assessment. Results revealed the same core characteristic deficiencies among Maryland hospitals: absent or incomplete patient information, insufficient patient education, lack of communication, and minimal staff education.

USP Safe Medication Use Expert Committee – Dr. Kelly shared the accomplishments of the SMU EC with the NCC MERP members. He reported on the following accomplishments of the SMU EC:

(1) The Medication Errors Data Analysis Work Group performed quarterly reviews of MEDMARX data and analyses of the data that represented trends or concerns.
   - Article on insulin sliding scale
   - Article on potassium chloride
   - Article on neuromuscular blocking agents

(2) MEDMARX -- A contract with Ohio State University to perform a validity study of the NCC MERP Category Index with users of MEDMARX was initiated and work is progressing. USP staff is working with the EC to add an adverse drug reaction reporting module to MEDMARX. MEDMARX was enhanced by the addition of "CPOE" to the database pick list along with "Expired Drug" and "Deteriorated Product" to the Type of Error field.

(3) CPOE rules were suggested in the USP CPOE concept paper that was presented to the USP Board for review and action.

(4) Papers were developed and published in cooperation with other Expert Committees, such as Pediatric, Nomenclature and Labeling, Parenteral Products Industrial, et al.
(5) A stimuli article on proposed standards for labeling and handling of medical gases was published in *PF* that resulted in the publication of a position paper on medical gases prepared by the Aerosols EC Chair and committee member.
(6) Standards recommendations for:
    - warnings on neuromuscular blocking agents
    - total mL content on vials
    - no writing on caps and ferrules of injectable vials

There being no new business, Dr. Combes adjourned the meeting at 12:30 p.m.