National Coordinating Council for Medication Error Reporting and Prevention

<u>**October 11, 2007**</u>

Council members present:

Deborah Nadzam, Chair	Sal Peritore (GPhA)
Rita Munley Gallagher (ANA), Vice Chair	Frank Federico (IHI) (by phone)
Diane Cousins (USP), Secretary	Matt Grissinger (ISMP)
Karyn Downie (AAHSA)	Linda Hanold (The Joint Commission)
Lee Rucker (AARP)	Maryann Alexander (NCSBN)
Joe Cranston (AMA)	Ray Bullman (NCPIE)
Bona Benjamin (ASHP)	Diane Pinakiewicz (NPSF)
Paul Hoerner (DoD)	Alan Goldhammer (PhRMA)
Carol Holquist (FDA)	Jeff Ramirez (VA)
	Mick Murray, Chair USP Safe Medication Use Expert Committee

Organizations not represented:
   AHA
   ASHRM
   NABP
   NASPA

Alternates attending as representatives of their organizations:
   James Owen (APhA)
   Tom Clark (ASCP)

Alternates attending with their delegates:
   Scott Dallas (FDA)
   Rosemary Cook (PhRMA) (by phone)
   Shawn Becker (USP)

The Chair welcomed Council members and alternates and called the meeting to order at 8:16 a.m. After a review of the June 2006 meeting Action Items, it was moved, seconded, and unanimously passed to accept the summary of the June meeting.   It was moved, seconded, and unanimously passed to accept the agenda for the October meeting.

<u>Secretary's Report</u>

- Permission requests:
    Ms. Cousins announced that the following requests for use of the Council's work products had been granted:
    1. July 2007 – ASHRM - permission to reproduce 50 copies of the Council's copyrighted Index for Categorizing Medication Errors as an educational handout for its Advanced Patient Safety program.
    2. September 2007 – The Joint Commission - permission to reproduce copies of the Council's copyrighted Index for Categorizing Medication Errors as an educational handout.

3.   October 2007 – Perry & Potter – permission to reproduce the Recommendations to Reduce Errors Associated with Verbal Medication Orders and Prescriptions in text entitled *Fundamentals of Nursing*, 7th Edition.
4.   The Institute for Healthcare Improvement – permission to use the Council's copyrighted Index for Categorizing Medication Errors in its Beyond Medication Errors presentations. This represents a change in IHI's outlook and is more representative of the Council's outlook.

Action Item: Ms. Hanold will contact IHI to offer the use of the Algorithm as an additional asset for presentations.

- Web analytics
  Ms. Cousins provided an explanation for the following in relation to the Council's Web site:
  1. how users enter and exit the Web site
  2. how many page views were recorded
  3. how many referrals were recorded
  4. the identification or organizations and countries who accessed the Web site

  From January-September, 2007 the Web site received 86,836 sessions. About Medication Errors, Dangerous Abbreviations, and the 10-Year Report each received more than 10,000 page views.

Action Item: Ms Cousins will provide an annual web analytics report.

Update of Council Recommendations

- Bar Coding

It was moved, seconded and unanimously approved to accept the recommendations as amended.

Action Item: The bar coding recommendations will be posted to the Council's Web site.

It was noted that the major problem with bar coding is the number of products that are not packaged in unit doses. It was suggested that a group be empanelled to explore the feasibility of convening a meeting of industry stakeholders involved with repackaging.

Action Item: Alan Goldhammer will chair a subgroup to develop an overview of bar coding statistics, including (1) a breakdown of drugs (generic vs. OTC), (2) a determination of the percentage of hospitals using bar coding technology, (3) a catalog of barriers to implementation of bar coding technology, (4) a listing of electronic health standards being developed by the Centers for Medicare and Medicaid Services, and (5) what information is needed and which groups should be approached. Dr. Nadzam, Mr. Grissinger, Ms. Benjamin, Lt. Col Paul Hoerner, and Dr. Ramirez will serve on the subgroup.

Action Item: ASHP, VA, and ISMP will forward available base line data to USP by the end of the month. A conference call will be arranged to assess the data.

Drug Suffixes Survey

Mr. Grissinger met with Regina Berg, USP corporate market research director, about revising the wording on the survey to enhance clarity of several questions.

Action Item; A conference call will be set up for Mr. Grissinger and Ms. Regina Berg to finalize the wording of the survey.

Action Item: A conference call with the full Council will be set up to discuss the viability of the survey. Revisions will be incorporated following the conference call and the Joint Commission will post the survey.

Drug Suffixes Summary

The summary is at the point of final input. The Joint Commission's contributions will be listed with other supporters. It was moved, seconded, and unanimously approved to accept the summary, including Attachment A, as amended.

Drug Suffixes Recommendations

New language will be incorporated into Recommendations 6 and 7 as follows:
> 6. Practitioners should proactively employ processes to evaluate drug products that contain suffixes in the name to determine the potential for errors that could occur in any phase of the medication use process. This evaluation should be completed before these drug products are added to an organization's inventory or formulary.
> 7. FDA and the pharmaceutical industry should systematically evaluate proposed drug product names that contain suffixes to determine the potential for errors that could occur in any phase of the medication use process.

Action Item: The revised recommendations will be circulated for balloting by mail.

Action Item: Ms. Hanold will provide a draft press release that will be sent to the Council for review and approval.

Action Item: Ms. Hanold will check the attendance list and correct names as needed.

Drug Samples

Wording for the recommendations was further revised. Draft 4 will be distributed for another review. Definitions will be added for Dose titration, Starter kit, and Manufacturer-supplied containers defining "dose." The document will be sent to the full Council for one last round of comments and then balloted in the interim or held for a vote at the February meeting.

Next Projects

The following projects were ranked according to Council interest for pursuing:
1. medical reconciliation
2. in-house reporting tools
3. curriculum training
4. technology related to the prevention of medication errors

> 5. follow-up on bar coding conference

Action Item: Council members will monitor the situation regarding medication reconciliation at any meetings, conferences, etc., that they attend and provide updates at the February meeting.

Action Item: Members will report at the February meeting about any ongoing programs or tools related to in-house reporting programs and will bring ideas on how to develop and implement new tools for these programs to the next meeting.

Action Item: Dr. Murray will provide a report at the February meeting on activities of the Safe Medication Use Expert Committee's curriculum subgroup.

New Business

> 1. Ms. Benjamin stated that ASHP's Pharmacy Council has been struggling with the definition of "harm" within Categories D and E. ASHP would like the opinion of the Council regarding "impairment" as used in these two categories, noting that what caused an error is more important than the dividing line between Categories D and E. No action was taken at this time.
> 2. FDA will be hosting a public meeting on November 14 on whether some prescription drugs should be available behind the counter (BTC). These drugs would not require patients to have prescriptions but would require intervention by a pharmacist.
> 3. Dr. Gallagher reported that she spoke with the president of AHA and he was not aware of AHA's nonparticipation in Council activities.

Action Item: The Secretary will send a letter to the president of AHA, spelling out the nonparticipation process and informing him that AHA's membership is at risk. The letter will also include that the Council is about to embark on a review of its bar coding recommendations and would like to have AHA's input. A response will be requested.

Roundtable Discussions

All delegates provided a brief synopsis of their organizations' patient safety activities and collaborations.

The meeting was adjourned at 2:40 p.m.