

Draft Summary of June 9, 2009 Meeting

Council members present:

Deborah Nadzam, Chair
Rita Munley Gallagher, Vice-Chair (ANA)
Shawn Becker, (USP), Secretary
James Owen, (APhA)
Bona Benjamin, (ASHP)
Carol Holquist, (FDA)
Sal Peritore, (GPhA)
Nancy Kupka, (The JC) via telephone
James Burris, (AGS)
Beth Feldpush, (AHA)
Barry Dickinson, (AMA)
Donald Martin, (APSF)
Eleni Anagnostiadis, (NABP)
Jeff Ramirez, (VA)
Jane Kelly-Cummings, (SHM)
Diane Cousins
Marjorie Shaw Phillips, Vice Chair USP Safe Medication Use Expert Committee
via telephone

Organizations not represented:

AAHSA NCPPIE
AARP IHI
ASCP ASHRM
NCSBN

Alternates attending as representatives of their organizations:

Michael Gaunt, (ISMP)
Tara Modisett, (NASPA)
Rosemary Cook, (PhRMA)

Other organization representatives:

Aki Singam, (DoD)
Wendy Landow, (NPSF)

Alternates attending with their delegates:

Colleen Brennan, (USP)
Mary Gross, (FDA)
Isis Montalvo (ANA)

Observers/Presenters:

Miriam Kline
Peter Seidl
Stefan Wiedemann

National Coordinating Council for Medication Error Reporting and Prevention

Jean Krause, (ACP Foundation)

USP Attendees:

Angela Long, Vice President, VOA
Jacqueline Starkes, Compendial Project Manager
Rick Schnatz, Compounding Pharmacy Expert Committee

The Chair welcomed Council members, alternates, and guests and called the meeting to order at 8:45 a.m. It was moved, seconded, and unanimously approved to accept the February meeting summary. It was moved, seconded, and unanimously approved to accept the agenda for this June meeting.

The Chair stated that Dr. Joseph Cranston retired and that Dr. Barry Dickinson will be replacing him. She extended The Council's appreciation for the years of dedication that Joe Cranston committed to the Council and that he will certainly be missed. The Chair also announced the results of the balloting for Chair and Vice-Chair: Ms. Bona Benjamin is the new Chair and Dr. Rita Munley Gallagher will continue as the Vice-Chair.

Secretary's Report – *Shawn Becker*

- Calling tree and roster were circulated for updating
- The Council received two requests for permission to reprint the Category Index and Algorithm. One request was from the Secretary of Defense, Department of Defense and one from Spain. Permission was granted according to NCC MERP copyright requirements.
- The NCC MERP web site has been updated and Ms. Becker requested that comments regarding additional changes be submitted to her.
- Ms. Becker asked Dr. Gallagher to report on the application process for the ISMP Cheers Award. Dr. Gallagher, with assistance from Ms. Becker, is preparing the submission which will be circulated to the committee for any necessary additions. The Council members were asked to submit any citations noted over the past two years to Dr. Gallagher by Wednesday, July 1, 2009.
- Ms. Becker asked the membership to acknowledge Dr. Nadzam's contributions over the past four years as the Chairperson for the NCC MERP and indicated that a celebratory cake awaited all members.

Action Item: Council members will submit citations to Dr. Gallagher for inclusion in the Cheers Award application

Membership – *Deborah Nadzam*

- The American Association of Homes & Services for the Aging (AAHSA) provided a written request to withdraw from the Council. This resignation was accepted by the Council.

Action Item: The Secretary will follow-up with a letter acknowledging acceptance of the AAHSA's withdrawal from membership.

National Coordinating Council for Medication Error Reporting and Prevention

- Dr. Jean Krause, EVP and CEO of the American College of Physicians Foundation (ACP Foundation) gave a presentation on how the Foundation's mission is in line with that of the NCC MERP. ACP Foundation improves the health outcomes by improving patient self management and health literacy.

Council members asked questions of Dr. Krause regarding the work of the ACP Foundation. The ACP Foundation would be the member organization and not ACP if they decide to seek membership in NCC MERP.

- The National Patient Safety Foundation (NPSF) is seeking renewal of membership in The Council and was asked to present its intention to remain an active participant. Wendy Landow, representing NPSF, provided a run down on the NPSF activities and programs they currently lead and asked the Council to accept its commitment to the mission and goals of the Council and renewal of its membership.

It was moved, seconded, and unanimously approved to extend membership to NPSF for one year. The Chair will send an acknowledgment of continued membership.

- Ms. Becker announced that Dr. Nadzam will be up for renewal as an individual member at the October 2009 meeting.

Pediatric Medication Safety - *Deborah Nadzam/ Ms. Marjorie Shaw Phillips*

Work on this subject will be tabled until the October meeting.

Presentation: Peelable and Point-of-Use Labeling System for Injectable Medicines – Dr. Miriam Klein, Peter Seidl, and Stefan Wiedemann

- Dr. Klein as a hearing impaired pharmacist (the result of a medication error as an infant), has been working passionately to develop “peelable” and/or “point of use” labels for high risk injectable medicines. She has presented her work to the FDA, USP, ASHP and other organizations seeking support for her designed labels. She is working with the labeling company Schreiner MediPharm in this effort. Her success in the United Kingdom and Canada were addressed. Dr. Klein and the company representatives provided a demonstration of the labels to the NCC MERP members. The next steps are to present evidence-based research that the labels make a difference and prevent medication errors.

Medication Error Rates vs. Medication Error Reporting Rates – *Frank Federico*

Report will be presented at the October 2009 meeting.

Report on the current status of barcode adoption – *Karl Gumpper*

Ms. Benjamin (on behalf of Mr. Gumpper) reported results from a 2007 ASHP survey on the status of bar coding adoption. 4000 hospitals were surveyed with a 25% response rate. Of these hospitals, 24% used barcoding for medication administration. This is up from 11% five years ago, a more rapid rate than usually seen for technology adoption. One significant barrier to adoption is the need to repackage. Currently, over 40% of drugs have to be repackaged, due to lack of barcode on unit dose packaging, lack of standard barcoding format, frequent changes in barcodes, and problems with scannability. Standardization of barcodes requires a unique identifier, such as the NDC number, which is also not standardized. (See attached graphs for ASHP barcode data).

Action Item: Follow up on the Bar Coding information and address the repackaging issues that need to be evaluated.

Update on the March Medication Reconciliation Meeting sponsored by the Society of Hospital Medicine – *Jane Kelly-Cummings* The definition of medication reconciliation must be clarified.

- Health systems must partner with community pharmacy providers to ensure an uninterrupted communication link in both the inpatient and outpatient settings.
- Professional societies must agree on a standard, patient-centered method to promote and maintain a universal medication reconciliation process.
- Public health systems must encourage and promote the establishment of standards for medication reconciliation which include issues of patient literacy.
- Partnerships with traditional and non-traditional groups/communities need to be fostered.

Implementation Strategy is to identify common goals supported by standardized practices.

- Identify and executive champion
- Develop a universal format for the medication list.
- Adopt the Continuity of Care Record as a national standard.
- Narrow the focus to medications prescribed or OTCs recommended by your physician

Success will be measured by identifying funding sources to identify data needs and solutions to inform future measure development. Identify best practices of medication reconciliation programs that have demonstrated improved outcomes within hospitals, but also across organizations and transitions, including rural and urban, and academic and community settings.

Action Item: Empanel subcommittee to formulate a plan for developing recommendations for standardized medication lists (for reconciliation purposes) for consideration by the Council. The subcommittee will be chaired by Jane Kelly-Cummings and include Bona Benjamin, Nancy Kupka, Aki Singam, Diane Cousins, Barry Dickinson, and Ray Bullman.

Discussion on Geriatric and Long Term Care Issues – *James Burris*

The Council has not discussed, prior to this meeting, the issues related to geriatric patient care however the topic certainly appears to have the support of the membership.

The question remains, "what is the opportunity for NCC MERP is in this arena?"

Chronic medication use and comparative effectiveness may be something the Council can put its arms around. Projects to consider:

- Invitational conference may be appropriate on one of these topics or a white paper.
 - Would the audience be those who serve the elderly, such as, healthcare professionals, generalist, nurse practitioners, etc. AGS is aware that there are not enough geriatric specialist to care for the elderly
 - FDA is looking at pt. information so they are in favor of a conference that deals with health literacy and other issues for the elderly. Strongly encourage that health literacy be addressed.
 - The use of technology that can be used to verify compliance
- Succinct list of recommendations for the generalists
- Medication reconciliation could be key to finding out about polypharmacy
 - ANA has a new statement on polypharmacy
- Medication therapy management-role of pharmacist out of acute care and into the home or long term care
- Generalist pharmacist would be needed with geriatric populations.
- Look at potentially inappropriate drugs in the elderly population.
- Focus groups of primary care physicians to determine what they need to enhance their practices
- Commit to addressing this issue
- Hospitalists are concerned with medication reconciliation.
 - BOOST-discharge efforts are very much needed. Single in on what would be most effective.
 - ENTOC may be engaged on the transition of care when discharged but also need transition into the hospital. Medication reconciliation and a good medication history are imperative. Family care givers should always be included
- Stimulus money for IT and electronic health records may be a topic to consider
- Have organizations report on activities dealing with topics relevant to geriatrics
- NCC MERP must commit to addressing the needs of the elderly.

Action Item: Dr. Burris will identify the gaps, and create organizational reports on activities dealing with topics relevant to geriatrics. Jeff Ramirez will search the VA central library for activities dealing with geriatric topics.

Dr. Nadzam thanked the membership for a productive meeting. The next National Coordinating Council for Medication Error Reporting and Prevention meeting will be held on Tuesday, October 27, 2009.

The meeting adjourned at 2:00 p.m.