

Draft Summary of October 26, 2010 Meeting

Council members present:

Bona Benjamin, (ASHP), Chair
Rita Munley Gallagher (ANA), Vice-Chair
Shawn Becker (USP), Secretary
Beth Feldpush (AHA)
Barry Dickinson (AMA)
Gordon Johnson (GPhA)
Lee Rucker (AARP)
Ann Gaffey (ASHRM)
Michael Gaunt (ISMP)
Muriel Burk (VA)
Crystal Riley (JC)
Bob McNellis (AAPA)
Frank Federico (IHI)
Elizabeth Scott (Scotti) Russell (NABP)
Jean Krause (ACPF) (WebEx)
Donald Martin (APSF) (WebEx)

Organizations not represented:

AGS, ASCP, APSF, SHM, Diane Cousins, NASPA, NCSBN, PhRMA, Deborah Nadzam

Alternates attending as representatives of their organizations:

Deborah Davidson (NCPIE)
Lindsay Watson (APhA)
Mike Datena (DoD)
Denise Toyer (FDA)

Observers:

Anthony AU (VA)
Samatha Cotter (ISMP)
Rabih Dabliz (ISMP)
Jami Earnest, Scientific Liaison, Nomenclature, Safety & Labeling Expert Committee
Angela Long, Vice President, Healthcare Quality & Compendial Affairs
Rick Schnatz, Scientific Liaison, Compounding Expert Committee
Jasmine Shah, (ASHP)
Jacqueline Starkes, Project Manager, Healthcare Quality Standards Group

The Vice Chair asked for a moment of silence in honor of Thomas S. Foster, Pharm.D., who died recently, for his dedication and contributions to drug standards and safe medication use through his work with USP and other organizations.

The Chair called the meeting to order at 10:05 a.m. and welcomed Council members, alternates, and guests. It was moved, seconded, and unanimously approved to accept the June 2010 meeting summary; it was moved, seconded, and unanimously approved to accept the agenda for today's (October 26, 2010) meeting.

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The Chair welcomed the three new delegates to NCC MERP (Crystal Riley (JC), Elizabeth Scott (Scotti) Russell (NABP), Wendy Nickel (SHM), and a temporary replacement from DoD, Mike Datena.

The Chair proposed the following changes for the three NCC MERP meetings:

- Winter Meeting (WebEx format, 3 hours)
- Summer meeting (face-to-face format)
- Fall meeting (face-to-face or WebEx format, TBD)

Council members agreed to try the Winter WebEx meeting and make a determination if this should be the new format for meetings.

Secretary's Report – Shawn Becker

- The Calling Tree and roster were circulated for updating.
- Permission has been granted to The Joint Commission Resources to include the Medication Error Category Index in their publication, with appropriate attribution, for an article titled "Value of Close Calls in Improving Patient Safety."
- Council received a request from The New Zealand Pharmacology Division Center for a project to create a National Medication Error Reporting and Prevention System in New Zealand. This Center is developing a database to maintain medication error data and wants access to NCC MERP Taxonomy data. However, it was unclear if they wanted access to the "Medication Error Category Index" or access to the entire "NCC MERP Taxonomy". The Secretary has reached out to the company requesting clarification of their needs. The Secretary is awaiting their reply and will provide an update at the next NCC MERP meeting in February 2011.

Membership Renewals

- Eight membership renewal requests were received.

It was moved, seconded, and approved to renew the eight organizations listed below for two years.

- American Society of Consultant Pharmacists (ASCP)
 - Institute for Healthcare Improvement (IHI)
 - Institute for Safe Medication Practices (ISMP)
 - National Council on Patient Information & Education (NCPIE)
 - Department of Veterans Affairs (VA)
 - American Society for HealthCare Risk Management (ASHRM)
 - Department of Defense (DoD)
 - National Alliance of State Pharmacy Associations LLC (NASPA)
- Four organizations and one individual membership are up for renewal in February 2011. Letters will be sent to those organizations requesting a renewal letter be sent to the Secretariat prior to the February 2011 meeting.

Membership Request – Shawn Becker

An application for membership was received from the Pharmacy Quality Alliance (PQA), a group of pharmacy organizations that work in collaboration with experts to develop quality measures for standardized performance measurements for medication use. Several

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organizations currently on the NCC MERP are members of PQA. It was determined by the Council membership that PQA did not meet the criteria of membership and therefore, NCC MERP will not extend membership to PQA at this time.

It was suggested that PQA could attend NCC MERP meetings as an observer. A subcommittee was formed to establish adding an observer category to the rules and procedures.

Action Item: Subcommittee consisting of Barry Dickinson, Gordon Johnson, and Rita Munley Gallagher will develop a description for a category “observer”, and also review the observer section on the website and edit as needed.

Action Item: The Chair will send a letter to PQA explaining the Council’s decision on their membership and the possibility of observer status at future meetings.

Subcommittee/Task Force Reports and Updates

Criminalization Statement – Bona Benjamin

Ms. Benjamin reviewed the “Statement on Criminalization of Errors in Healthcare” with the Council. Members were asked to share the “Statement on Criminalization of Errors with their legal departments; each member had an opportunity to comment on the statement draft .

Discussion:

Comments centered on:

- Concerns regarding the legal ramifications and need for legal review
- The potential need to abstain

It was noted that the Council may be moving away from its normal processes, historically each member seeks council from their organization to either approve or disapprove a particular statement. The work of NCC MERP is from the Council not any particular organization. The idea of endorsement is a future step; this particular document is being endorsed by groups before it exists. It does not exist until the Council votes on it.

Based on the feedback from members of the Council, Ms. Benjamin asked if the Council is still committed to developing this statement. The Council agreed to continue with the statement with the following considerations:

Concerns:

1. Lack of clarity, must define certain terms or remove:
 - a. Reckless behavior
 - b. Behavioral choices
2. The title of statement might lead one to believe that NCC MERP is approving criminalization errors in healthcare.
3. Needs external legal review from a criminal lawyer not connected with NCC MERP
4. Delete qualifiers such as: exceptions or examples
5. Background section not necessary
6. Keep it simple and to one page if at all possible.
7. Legal fees may be a possibility
8. The statement is NCC MERP statement not a statement from any one organization.

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Action Item: A work group consisting of Barry Dickinson, Ann Gaffey, Michael Gaunt, and Shawn Becker was formed to work on the statement considering the concerns organizations listed above. The charge is to keep people from being criminally charged for an error; which is inadvertent unintended. The revised statement will be shared with the Council at the February 24, 2011 meeting.

National Alert Network – Bona Benjamin

Ms. Benjamin reviewed with the council the proposed implementation plan; based on suggestions from the June 2010 meeting the following items were added:

- Enlarge the font for NCC MERP, under the title.
- Add a second box with links to where to report medication errors.
- Add a link to show where NCC MERP retrieved its data from.

Also, consider posting the NAN Alert link to the left heading where other links are listed. USP will host a page of NAN Alerts, listing the most recent alerts

- Add FDA link
- Ms. Benjamin is working on an FAQ of Alerts

Ms. Becker shared with the council the USP press release statements process and how press releases are created. A draft statement is formed, and then forwarded to all council members for approval. Once approved the statement would be available for each organization to use as there press release statement to send to all its members.

Medication Safety Measurement Project – Frank Federico

Mr. Federico shared with the council the status of the Medication Safety Measurement Strategy proposal. The goal of the proposal is to create a Medication Safety Dashboard that would allow hospitals or pharmacy directors to state that they have a safe medication system. The subcommittee held a telephone conference to discuss the project. The process determined is outlined as follows:

- Write a proposal soliciting funding from various organizations.
- Work with a pharmacy resident or nursing student to gather all the measurements to develop the crosswalk.
- Host an invitational consensus building conference to determine what medications should be used on the dashboard.
- Assimilate the information from the conference into a package that could be used to test the data at various hospitals.
- Submit the final outcome to the council for approval

Discussion:

Should consider breaking down the project into a catalog of smaller projects in the event more than one intern would like to work on the project. The following interns would be interested in working on the project: Anthony Au (VA), Rabih Dabliz (ISMP). It was questioned whether this applied only to hospitals. Mr. Federico noted that as of right now it is oriented to hospitals but next steps could include other settings such as ambulatory care. It was also mentioned that measuring medication safety should extend through the transition of care.

Action Item: The subcommittee consisting of Frank Federico, Manisha Shah, Ann Gaffey,

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Deborah Nadzam, Mark Paxton, and Shawn Becker will provide a status update at the February 24, 2011 meeting.

Metric System Addition to the Recommendation - Dr. Gaunt

Dr. Gaunt reviewed the following documents: Recommendations to Enhance Accuracy of Prescription Writing, Recommendations to Enhance Accuracy of Dispensing Medications, and Recommendations to Enhance Accuracy in Administration of Medications for appropriate addition of the metric system.

- Under Recommendations to Enhance Accuracy of Prescription Writing, the Council recommends section item #3; All prescription orders be written in the metric system...remains the same.

It was moved, seconded, and approved to keep this section as is.

- In this same section the following changes were suggested for the draft provided by Dr. Gaunt:
 - Item # 3a became item #4, doses for oral liquids be expressed...volume (e.g. mg or mL).
 - Item #4 became item #5, Prescribers include patient age and when appropriate, patient weight...removed (of the patient) of the appropriate drug and dose.
 - Item #5 is now item #6, add the word “prescription or”...
 - Item #10, delete “as close to” and a, add the word “prescribing”
 - Item #11, delete the word “medical staff” and reduction, add the word prescribers.

It was moved, seconded, and approved to accept the revised changes in prescription writing recommendations under the Council recommends. Donald Martin (APSF) abstained

- Under Recommendations to Enhance Accuracy of Dispensing Medications,
 - Under the Council recommends section item #8; add best practices and established ...standards for...adherence.
 - Item#8a became a separate item #9.
 - Item #10, change to add the word “measures” deleted
 - Moved item 13a to item #12, to read “take steps to ensure patient...milliliters.
 - Item #13d, add text “and required monitoring test if applicable”.
 - Item #15, removed the word reduction, added the word “prevention”.
 - Item #17, remove the word “remove” add the word “prohibit”

It was moved, seconded, and approved to accept the revised changes in dispensing recommendations under the Council recommends.

- Under Recommendations to Enhance Accuracy of Administration of Medications
 - Under the Council recommends section, item #4; add the word “electronic, control; remove the word “smart”
 - Items #7, change text to read “at the point of administration” remove text as

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close to the point of use”.

- Item #8, change the word “use” to “care”.
- Item #16, change text to read “prevention” remove “reduction”

It was moved, seconded, and approved to accept the revised changes under the Council recommends.

Member Updates and Requests – Dr. Nadzam

- a. CPOE tools from Leapfrog
 - Due to the absence of Dr. Nadzam, the Council decided to table this topic until the February 24, 2011 meeting.

- b. Resubmission to ISMP for Cheers Award
 - NCC MERP did not win this award for 2010. The Council will reapply once the Criminalization Statement is completed in order to have newer projects to qualify.

It was moved, seconded, and unanimously approved to resubmit NCC MERP application to ISMP for the Cheers Award. Michael Gaunt (ISMP) abstained.

Action Item: Application will be resubmitted.

- c. Conflict of Interest Statement
 - The Council agreed to request at the beginning of each meeting if a member has a conflict on a certain topic being discussed by the Council. If so, there could be an Executive session held or the member would abstain from discussion.
 - The Council decided that it is not necessary to have a signed Conflict of Interest Statement at this time.

Next Steps

Ms. Benjamin thanked the Council for a productive meeting. The next NCC MERP meeting is scheduled for Thursday, February, 24, 2011 from 1:00 p.m. – 4:00 p.m. (Eastern Time) (WebEx format)

Action Item: Schedule a WebEx Training session prior to the next NCC MERP meeting.

The meeting adjourned at 3:45 p.m.