

**Meeting via WebEx  
Thursday, February 24, 2011  
1:00 p.m.**

**Draft – Summary**

---

**Goals and Anticipated Outcomes:**

1. Membership renewals
2. Subcommittee reports and action items
3. Discussion of revised Criminalization Statement

**Council members present:**

Bona Benjamin (ASHP), Chair  
Rita Munley Gallagher (ANA), Vice-Chair  
Shawn Becker (USP), Secretary  
Crystal A. Riley (TJC)  
Deborah Myers (DoD)  
Donald Martin (APSF)  
Muriel Burk (VA)  
Gordon Johnson (GPhA)  
Michael Gaunt (ISMP)  
Lee Rucker (AARP)  
Frank Federico (IHI)  
Jean Krause (ACPF)  
Carol Holquist, (FDA)  
Mark Paxton (PhRMA)  
Ann Gaffey (ASHRM)  
Wendy Nickel (SHM)  
Diane Cousins  
Deborah Nadzam

**Organizations not represented:**

AAPA, AGS, AHA, AMA, ASCP, NABP, NPSF

**Alternates attending as representatives of their organizations:**

Tara Modisett (NASPA)  
Deborah Davidson (NCPIE)

**Observers:**

Helen Kharab, Manager, Volunteer Affairs (Note taker)  
Chris Chandler (VA)  
Stephanie Fullmer (NCSBN)  
Linda Hanold (TJC)  
Maurine Dailey (ANA)  
Antony Au  
Margaret Tomecki (APhA)

**Opening, Procedural, and Administrative Matters — *Bona Benjamin***

*National Coordinating Council for Medication Error Reporting and Prevention*

- Ms. Benjamin welcomed Council members to the winter 2011 meeting and requested the secretary, Ms. Becker, to conduct the roll call.
- With the roll call completed, Ms. Benjamin called the meeting to order and inquired as to whether Council members had reviewed the October 26, 2010 meeting summary and whether they had any comments.
- Hearing no comments, approval of the summary was moved by Dr. Gallagher and seconded. Council members approved the summary by unanimous consent.
- Ms. Benjamin reviewed the meeting agenda and asked for any corrections or addition. Hearing none, Ms. Becker moved for approval of the agenda, and the motion was seconded. Council members approved the agenda by unanimous consent.
- Ms. Benjamin requested Council members to disclose any conflict of interest regarding the meeting content. None was noted.

**Secretariat's Report — Shawn Becker**

- Ms. Becker announced that effective December 31, 2010, Carla McSpadden is leaving ASCP to pursue other professional endeavors at Forest Research Institute. Ms. Becker acknowledged Ms. McSpadden's contributions to the Council and wished her much success in her new career.
- Requests for renewal of membership were received from NPSF, APSF, AGSF and SHM. Attendees representing these organizations were requested to abstain from voting for renewal of their organization. No discussion followed, Dr. Gallagher moved, and it was seconded to approve membership of these organizations. The renewed memberships were approved by unanimous consent.
- One individual member, Ms. Diane Cousins, is up for renewal. Ms. Krause moved and it was seconded to renew Ms. Cousins' membership. The membership renewal was approved by unanimous consent.
- A new individual membership request was received from Dr. Rita Munley Gallagher, who no longer is representing ANA, except during today's meeting. Ms. Becker moved and it was seconded to approve this request. The new membership was approved by unanimous consent.
- All membership renewals are for two years.
- Ms. Becker announced that Ms. Jacqueline Starkes is no longer the Project Manager for her department within USP and will no longer provided clerical support for Council meetings. Ms. Helen Kharab is assisting for today's meeting.
- Ms. Becker informed the Council members of a request for permission to incorporate the medication error category index with additional safeguarding actions into a protocol for West Sussex Adult Services Investigation Managers in the United Kingdom. Council membership wanted to review the document prior to providing approval.

*Action Item: The Category Index as described will be sent to the Council membership for review and discussion before reprint permission is granted.*

**Official Observer Status — Rita Munley Gallagher**

Dr. Gallagher provided the following information:

- Council members Dickinson, Johnson and Gallagher formed a subcommittee to develop and define "Official Observer Status" in relation to attendance at Council meetings.
- The subcommittee proposed the following definition:  
*"The Council may invite an organization to become an observer. Official Observer Status was established to allow limited participation by organizations that collaborate, assist, and share in the Council's error prevention and reporting mission. Observers will receive Member Memoranda and other member communications, including the Communiqué, have access to the Council's member page on the web site, and will be*

*National Coordinating Council for Medication Error Reporting and Prevention*

*invited to attend the meetings of the Council. At the meeting, Observers may participate in open sessions. Observers are not members and do not have voting privileges.”*

- On behalf of the Council subcommittee, Dr. Gallagher presented the definition of Official Observer Status. A Council member asked if observers are invited to meetings or can anyone request to be an Official Observer. Response from Dr. Gallagher was that anyone could request to participate as an Official Observer however; the approval is at the discretion of the Council.
- Official Observer Status was approved unanimously. It will be included in Council Rules and Procedures.

### **Subcommittee/Task Force**

#### **Pediatric Medication Safety — Manisha Shah**

No report due to absence of Ms. Shah

#### **Medication Management Report — Frank Federico**

Mr. Federico described the activities of the subcommittee on Medication Management. He acknowledged the response from TJC and PhRMA to assist with this project. Mr. Federico introduced Ms. Hanold who will present TJC processes that may be of assistance to the Council: (see attached slides):

- Joint Commission’s developmental process has come to be recognized over time as a standard. All measurements come with standardized data collection protocols and all measurements are NQF-endorsed and NQA-approved meeting established evaluation criteria. Evaluation criterion includes all aspects of the process. Over the past year, the Joint Commission has been introducing an accountability framework, which takes measures to the next level. This is the standardized process The Joint Commission uses that consists of 13 steps and takes up to 27 months to complete. In order to help minimize the costs the Joint Commission has taken the measures from the National Quality Forum - the Joint Commission identified measures that have been reviewed and enforced by the NQF, which removes the first several steps in the process and takes the process right to the testing, bringing the cost down. These measures have to be reviewed periodically.

Several questions were posed by the Council membership. A question regarding how the relationship would work between the Joint Commission and other organizations who intend to measure on the local levels for hospital safety and not for accreditation purposes was put forward. Ms. Hanold suggested that this relationship could work and that TJC would assist the Council in development, but the final measures would be the property of the Council.

#### **CPOE tools from Leapfrog — Deborah Nadzam**

- Dr. Nadzam would like NCC MERP to consider inviting Ms. Leah Binder, MA, MGA, CEO of the Leapfrog Group, to speak at the next NCC MERP face-to-face meeting in July.
- NCC MERP and Leapfrog are working in the same arena of preventing medication errors and improving reporting of such errors.
- Dr. Nadzam noted that the summaries of medication errors in hospitals that are posted on the Leapfrog website are alarming.

- NCC MERP members do not oppose Ms. Binder's participation, but the Chair would like to limit her presentation to 30 minutes considering how full the Council's meeting agendas are.

**Criminalization Statement — Bona Benjamin**

The proposed Criminalization Statement was presented and reviewed.

- Ms. Becker will revise the document and send it to NCC MERP members, who will discuss it within their organizations to resolve any concerns especially legal concerns.
- Deadline for return of comments is March 31, 2011.
- Once comments are returned and reviewed the document will be sent out with a ballot for voting purposes.

**New Business — Bona Benjamin**

**30-minute rule:**

- Survey Protocol of Centers for Medicare and Medicaid Services has conditions of participation for the hospitals, under which hospitals must comply in order to participate in CMS's insurance programs.
- Medications must be given within 30 minutes of scheduled dose times.
- ASHP is advocating to CMS to change this rule as in ASHP's opinion it takes away a nurse's ability to prioritize care.
- The rule has caused errors as nurses sacrifice urgent needs in order to not be outside the 30-minute window for drug administration.
- ASHP met with CMS and asked for an opportunity to revise the rule and CMS appeared to be open to this proposal.
- If this portion of the Survey Protocol is removed, it must be replaced with new guidelines for hospitals to set their own policies.
- As soon as comments are collected, ASHP will be meeting with CMS again asking CMS to repeal the 30-minute rule.

**Drug Shortages**

Ms. Benjamin provided information on this serious concern to healthcare (*see slides*):

- Drug shortages are a serious patient safety issue.
- ASHP has been monitoring drug shortages since 1996. ASHP contracts with University of Utah Drug Services to help monitor drug shortages.
- Most problematic shortages in 2010-2011 are Propofol, Succinylcholine, Naloxone, Furosemide, Bumetanide and emergency syringes [epinephrine, calcium chloride].
- Product quality issues are 54% of causes for shortages.
- Drug shortage summit organized in partnership with American Society of Anesthesiologists, American Society of Clinical Oncology and Institute for Safe Medication Practices was held on November 5, 2010 and resulted in 21 recommendations for focus areas in drug shortages.

Discussion ensued and addressed issues such as:

- Stockpiling
  - Stockpiling makes the problem worse.
  - Some groups buy product less frequently, so they buy larger quantities.
  - Stockpiling does not occur unless people know there is going to be a shortage

**Next Steps, Action Items, and Next Meeting**

1. Ms. Becker will send the Council members the PowerPoint presentations and related documents. PowerPoint presentations will also be available with the meeting summary on the web once posted.

*National Coordinating Council for Medication Error Reporting and Prevention*

2. Ms. Becker will send the requested permission document to the Council members.
3. Dr. Nadzam will send Ms. Binder an invitation to speak at the Council's face-to-face meeting scheduled for July 13, 2011.
4. *Criminalization Statement* will be reviewed by the Council member organizations for comments and will be voted on by ballot once all comments have been received by deadline March 31, 2011.
5. Summary of this meeting will be posted to USP's website.
6. Next face-to-face meetings: July 13 and October 18, 2011.

Meeting adjourned at 3:11 p.m.