National Coordinating Council for Medication Error Reporting and Prevention

Thursday, July 17, 2014
WebEx
Draft Meeting Summary

Goals and Anticipated Outcomes
- New and old Business
- Council reports and activities

<u>**Attendance**</u>
Present: Frank Federico, IHI (Chair); Ann Gaffey, ASHRM (Vice Chair); Leigh Purvis, AARP; Barry Dickinson, AMA; Marie Barry, ANA; Marsha Gilbreath, APhA; Joan Enstam Baird, ASCP; Shekhar Mehta, ASHP; Donald Martin, Anesthesia Patient Safety Foundation; Deborah Myers, Department of Defense; Todd Bridges, FDA; Matt Grissinger, ISMP; Ron Wyatt, The Joint Commission; Tara Modisett, NASPA; Maureen Cahill, National Council on State Boards of Nursing; Deborah Davidson, NCPIE; Patricia McGaffigan, NPSF; Rita Brueckner, VA; Shawn Becker, USP; Deborah Nadzam; Rita Munley Gallagher

Absent: AAPA; American Geriatrics Society; ASMSO; Generic Pharmaceutical Association; NABP; PhRMA; Society of Hospital Medicine

Observers: Rebecca Racz (USP Intern); Francisco Hernandosa (USP Intern)

1. Opening, Procedural, and Administrative Matters
a. Welcome, Call Meeting to Order
Mr. Frank Federico, Chair, called the meeting to order at 1:00 p.m.

Ms. Emily Ann Meyer called roll and determined that a quorum was present.

b. Approval of the Summary of the Previous Meeting
NCC MERP members reviewed the summary of the previous meeting and provided no changes.

Motion: Ms. Shawn Becker moved to approve the summary of the previous meeting, and the motion was seconded.

The motion was adopted by unanimous voice vote with no abstentions.

c. Approval of the Agenda
The Council members reviewed the meeting agenda and made no changes.

Motion: Ms. Ann Gaffey moved to approve the agenda, and the motion was seconded.

The motion was adopted by unanimous voice vote with no abstentions.

2. Secretariat's Report
a. Update on Membership
Ms. Becker informed members that she had been in contact with the American Academy of Physicians Assistants (AAPA), and they are looking for a new delegate.

She has also indicated that several organizations have missed two consecutive meetings; she will be sending notice to them regarding attendance.
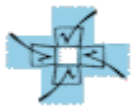
b. **Follow-up on Federal Liaison Category and AHRQ Membership**
Participants reviewed a description of the proposed federal liaison membership category and made minor modifications to the language.

Motion: Ms. Becker moved to approve the following description:
> The Council may invite one or more Federal Agencies/Departments to become a Federal Liaison to serve a two-year term. Each Federal Liaison Member shall be entitled to the rights and privileges of other Members except that the Member may not vote. Each Federal Liaison Member may appoint one Delegate and one Alternate Delegate.

The motion was seconded.

The motion carried by unanimous voice vote with VA, DoD, and FDA abstaining due to a lack of guidance from their agencies' legal council.

Action Item
- The NCC MERP Website will be updated to reflect the new membership category in the rules.

Ms. Becker asked whether an invitation should be extended to the Agency for Healthcare Research and Quality (AHRQ) under this new category. Members were largely in favor of such an invitation, noting that AHRQ is a patient safety organization that is respected in the field.

Motion: There was a floor motion to invite AHRQ to join NCC MERP.

The motion carried by unanimous voice vote with no abstentions.

3. **Subcommittee Updates**
   a. **ADE/ADR**
   Ms. Donna Bohannon shared the most recent draft of the ADE/ADR algorithm, and added the following updates:
   The algorithm has been vetted through the subcommittee, and the current draft reflects new information submitted by Dr. Rita Brueckner.

   Discussion
   Mr. Matt Grissinger proposed the addition of a clarifying statement to the algorithm to indicate that it is based on information known by the caregiver at the time the decisions were being made. The exact language proposed is as follows:
   > The world view is based on information that is knowable by the care team at the time they were making the decisions for that patient at that event.

   Participants agreed.

   Dr. Deborah Nadzam indicated that she had not yet received any feedback from her hospital engagement network (HEN). She will incorporate the proposed edits and solicit feedback to ensure that the algorithm makes sense; she noted that there is a great deal of anticipation for the final algorithm.

   b. **Patient Representative Subcommittee**
   Mr. Frank Federico reviewed the results of the survey from the pilot of the patient representative, noting that there was wide support for adding a patient representative to the council. One issue that remains is how to defray the cost of attendance, as all NCC MERP members attend meetings at their own expense.
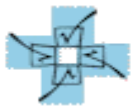
Discussion
Participants raised the following points, organized by topic:
Travel
- There could be implications with regard to accepting grants for the patient representative's travel, depending on the funding organization.
- It is also feasible to have the patient representative participate via WebEx.

Membership Category
- Rather than adding an additional individual member, for which a "patient" is sought, it would be better to add a specific "patient" category of membership to NCC MERP.

Motion: Ms. Gaffey moved to create a patient representative category in NCC MERP, and the motion was seconded.

The motion carried by unanimous voice vote with VA, DoD, and FDA abstaining due to a lack of criteria for the category for which they could solicit input from general council and stakeholders.

Action Item
- Ms. Meyer will share the patient representative criteria with VA, DoD, and FDA.
- Ms. Chrissie Blackburn will be invited to join NCC MERP as a patient representative.

c. Statement and Recommendations Subcommittee
Ms. Bohannon reviewed the updated statements and recommendations that had been sent to the council prior to the meeting.

Due to additional comments received and formatting errors discovered during the meeting, the statements will be updated further and sent to council members with a paper ballot.

d. Medication Safety for Older Adults
Mr. Federico informed participants that he received feedback on the draft version of the statement. He will incorporate the information and resend the draft shortly.
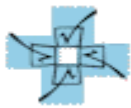
4. Reports and Activities
a. Website Update and NCC MERP Logo
Mr. David Stonehouse with USP informed Council members that as USP's communications and design staff began the work to update the NCC MERP website, they realized the logo also appeared dated and developed two newer versions for the members' consideration.

and

The first example is closer to the original NCC MERP logo while using a more modern font. The second version still uses the checkmark but adds additional color and also has an updated font.

Participants indicated that they did not want to lose the "fourplex" aspect of the original logo and noted that the multiple checks were a representation of the safety aspects of "prescribing, dispensing, administering, and monitoring" medication.

They asked if some of the multi-color elements of the second design option could be incorporated into the first design option.

Action Item
- USP staff will incorporate the changes requested by the NCC MERP members and send the updated logo as well as a mock-up of the website with the logo incorporated for the members' review.

Ms. Tracey Lin showed participants a mock-up of the updated NCC MERP Website.
- The design, which includes a rotating slider, provides greater opportunity for the Council to promote the critical elements they would like the public to see.
- The site will be responsive to mobile technology, meaning it is accessible via a cell phone, laptop, tablet, or desktop.

She asked participants to think about the four key issues it would like to promote in the slider.

Action Item
- USP staff will schedule a meeting of the Website Subcommittee to further discuss Website changes.

b. 20th Anniversary Planning
Dr. Rita Munley Gallagher informed members that she had been in contact with the ASHP staff responsible for education with the intent of offering a NCCMERP-sponsored CE session at its June 2015 meeting as part of the NCC MERP anniversary. The session should be designed in such a way that learners will be able to apply the content during the session.

She requested volunteers for the subcommittee consisting of at least a physician and a pharmacist to develop such a session. The following members volunteered:
- Dr. Nadzam
- Mr. Federico
- Dr. Ron Wyatt
- Bona Benjamin

Discussion
Participants briefly discussed the objectives and structure of the CE session, noting the following:
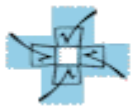
- Work learners through activities, perhaps centered on the latest revisions to statements and recommendations.
- Consider providing the audience with a self-assessment, allowing them to compare recommendations with what they have in place.

Participants also discussed additional audiences for such a session, including the NPSF Congress. Dr. Gallagher indicated that she would need to receive the information about other potential programs by Monday, July 21, 2014.

Participants noted that it might be feasible to do the presentation via a Webcast or otherwise share via the NCC MERP website.

5. Member Updates

IHI—Mr. Federico indicated that IHI has ongoing work looking at safety across the continuum of acute care, primary care, and after hospital care to ensure that care is integrated along the patient's path.

NPSF—Ms. Patricia McGaffigan informed participants that there will likely be a dedicated website to serve as a resource for the grant activity associated with the TOP-MEDS program.

USP—Ms. Donna Bohannon summarized updates to *USP-NF* General Chapter <17> Prescription Container Labeling related to information for the visually impaired. The revisions will be available in *PF* 41(1) [Jan.–Feb. 2014] for public comment.

FDA—Mr. Todd Bridges noted that guidance for industry on best practices for developing proprietary names in drugs is available. He will send the information to USP for distribution.

APhA—Dr. Marsha Gilbreath updated participants on the progress made with regard to the pharmacist patient care process being developed in conjunction with The Joint Commission. Dr. Gilbreath will share more information with the Council via email.

6. New Business
a. Severity Index for Medication Errors

Ms. Gaffey explained that USP recently received communication from Mr. Mark Schippits about creating a severity index around the NCC MERP Medication Error Category Index. She noted that as resources on the hospital side are shrinking, it is impossible to review everything, so people are trying to find a way to ensure they can evaluate and recognize severe errors. From a risk management point of view, many event reporting systems have adopted the NCC MERP index and apply harm levels to all events.

Discussion

Participants noted the following:
- The VA system does include severity as part of its Safety Assessment Code (SAC) scoring. After any required immediate action is taken to address an incident, actual and potential SAC scores are assigned to determine what further actions are necessary.
- Focusing only on the items that get the highest rating may result in missing latent conditions.
- Numbers that come out of this activity should not be used as a basis for comparing institutions.
- This can be used as a proactive approach to build SOPs around what should be seen in an organization response.
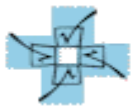
Action Item
- USP will reach out to Mr. Schippits and invite him to discuss the severity index at the next NCC MERP meeting on October 22, 2014.

7. **Next Steps and Next Meeting Dates**
   a. **Wrap-up: Summary and Assignments**
   Ms. Meyer reviewed the action items.

   b. **Next Meeting: October 22, 2014, in Rockville**
   Please send any topic suggestions to the Chairs or USP staff.

The meeting adjourned at 3:30 p.m.