NCCMERP

National Coordinating Council for
Medication Error Reporting and Prevention

Wednesday, October 22, 2014
Rockville, Maryland
Draft Meeting Summary

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Goals and Anticipated Outcomes

- New and old Business
- Council reports and activities

Attendance

Present: Frank Federico, IHI (Chair); Ann Gaffey, ASHRM (Vice Chair); Leigh Purvis, AARP; James Burris, American Geriatrics Society; Barry Dickinson, American Medical Association; Marsha Gilbreath, American Pharmacists Association; Joan Enstam Baird, American Society of Consultant Pharmacists; Bona Benjamin, ASHP; Donald Martin, Anesthesia Patient Safety Foundation; Diane Cousins, Association for Healthcare Research and Quality; Deborah Myers, Department of Defense; Todd Bridges, FDA; David Gaugh, Generic Pharmaceutical Association; Michael Gaunt, ISMP; Ronald Wyatt, Joint Commission; Tara Modisett, NASPA; Elizabeth (Scotti) Russell, NABP; Maureen Cahill, NCSBN; Deborah Davidson, NCPIE; Muriel Burk, VA; Shawn Becker, USP; Chrissy Blackburn; Rita Munley Gallagher; Deborah Nadzem

Absent: AAPA; ANA; NPSF; PhRMA; Society of Hospital Medicine

Alternates attending with Primary Delegates: Donna Bohannon, USP

Observers: Jami Earnest, USP; Hon Feng, The Johns Hopkins University; Belinda Hong, Texas Tech University; Jonathan Lee, University of Connecticut; Emily Ann Meyer, USP

1. Opening, Procedural, and Administrative Matters

a. Welcome, Call Meeting to Order
Mr. Frank Federico, Chair, called the meeting to order at 10:00 a.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. Ann Gaffey 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: Dr. Rita Munley Gallagher 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 touch with organizations that have missed two meetings in a row. Two of the member organizations that had received notices were absent again today, and will now be receiving a formal letter. The delegate from PhRMA is no longer with the organization, and Ms. Becker is awaiting input on a replacement.

Finally, AHRQ is now a Federal Liaison to the Council with Diane Cousins as the primary delegate.

b. **Permissions**
Ms. Becker informed participants there had been one request. Judy Cohen, with recallcenter.com, has requested a link to that organization on the NCC MERP website. The general practice has been not to include links to organizations that are not members of the Council.

Council members generally agreed that it would not be appropriate to include a link, and Ms. Becker will respond accordingly.

3. **Subcommittee Updates**
   a. **ADE/ADR**
   Dr. Deborah Nadzem walked Council through the latest version of the ADE/ADR algorithm. She noted that the design was well done and it would be instrumental in changing the terminology used.

   Discussion
   Participants' comments were primarily focused on the questions of whether the previous ADE had been documented, and whether the ordering provider had access to information about the previous ADE. Participants raised the following points:
   - Previous language in the algorithm focused on whether the previous ADE was "knowable;" in other words, was the caregiver able to know about the event before prescribing the drug that caused the ADE.
   - There should be a conversation between the patient, staff, and family at some point in the process. When a patient experiences an ADE, the provider should inform the
   - It is not only the provider that should have access to information about the patient's previous experience with the medication, but also the pharmacist and nurse.
   - The patient is part of the care team, and that voice matters.

   Participants also discussed the purpose of the algorithm, noting the following: '
   - An ADE is part of a huge world of data points; the goal is to get to those that cause harm.
   - The algorithm is not a root causes analysis; rather it is only trying to determine what was knowable to the care team.

   Additional suggested changes were captured by USP staff to be communicated to the designer.

   Finally, participants discussed how to communicate the publication of the algorithm, and raised the following points:
   - There is a national action plan for ADE prevention, which is bringing together resources at the federal level to focus on anticoagulants, hypoglycemics, and opioids. There will

be a conference on October 30, 2014 at the Institute for Peace. The algorithm could be discussed there.
- There will be a national event for all hospital engagement networks in the "Partnership for Patients" campaign. It could be announced there.
- There may be an opportunity to work with the Center for Medicare and Medicaid Services' Office of Inspector General's efforts on adverse events.
- The algorithm in its final form will also be posted on the NCC MERP website.
- The algorithm can be announced via a press release.

Ms. Nadzam offered to draft the press release and Ms. Bona Benjamin offered to assist.

Motion
Mr. Bob Feroli moved to approve the ADE/ADR algorithm. The motion was seconded. The motion carried by unanimous voice vote with no abstentions.

b. **Statement and Recommendations Subcommittee**
Ms. Bohannon informed participants that she had received additional comments on the updated statements and recommendations that had been sent to the Council prior to the meeting. Participants then reviewed the following statements and recommendations in detail:
- Recommendation Promoting the Safe Use of Suffixes
- Recommendations to Enhance Accuracy of Prescription/Medication Order Writing
- Recommendations for Healthcare Professionals to Reduce Medication Errors Associated with the Label, Labeling, and Packaging of Pharmaceutical (Drug) Products and Related Devices
- Recommendations for Health Care Organizations to Reduce Medication Errors Associated with the Label, Labeling, and Packaging of Pharmaceutical (Drug) Products and Related Devices

Participants raised the following points:
- There is inconsistent use of "prescription," "order," and "prescription/order" throughout the recommendations; this should be standardized unless something specific is meant.
- The Council should consider a policy regarding the use of brand names.

Additional changes were captured within each statement by USP staff in real time.

The discussion of the Recommendations for Regulators and Standards Setters to Prevent Medication Errors Associated with the Manufacturer Label, Labeling, and Packaging of Pharmaceutical (Drug) Products and Related Devices was tabled pending review of concerns from PhRMA.

Motions:
Ms. Maureen Cahill moved to approve the updated Recommendation Promoting the Safe Use of Suffixes, pending the incorporation of discussed changes. The motion was seconded and adopted by unanimous voice vote with no abstentions.

Ms. Cahill moved to approve the updated Recommendations to Enhance Accuracy of Prescription/Medication Order Writing, pending the incorporation of discussed changes. The motion was seconded and adopted by unanimous voice vote with no abstentions.

Dr. Rita Munley Gallagher moved to approve the updated Recommendations for Healthcare Professionals to Reduce Medication Errors Associated with the Label, Labeling, and Packaging of Pharmaceutical (Drug) Products and Related Devices, pending the incorporation of discussed changes. The motion was seconded and adopted by unanimous voice vote with no abstentions.

Mr. Feroli moved to approve the updated Recommendations for Health Care Organizations to Reduce Medication Errors Associated with the Label, Labeling, and Packaging of Pharmaceutical (Drug) Products and Related Devices, pending the incorporation of the discussed changes. The motion was seconded and adopted by unanimous voice vote with no abstentions.

4. **Reports and Activities**
   a. **Website Update and NCC MERP Logo**
      Ms. Meyer showed participants the updated NCC MERP Website, which went live on Monday, October 20, 2014, and clarified the following:
      - The Website address is unchanged.
      - The disclaimer is now at the bottom of every Statement and Recommendation.
      - The Members' only page has been removed.

   b. **20th Anniversary Planning**
      Dr. Rita Munley Gallagher informed members that she has been in contact with the ASHP staff responsible for education, regarding the potential CE course at the summer meeting. The advisory group has not ranked NCC MERP as a priority at that meeting. Instead, they think it would be better suited for a larger meeting, and recommended re-proposing it as a topic for the midyear meeting, which will be held in New Orleans in December 2015.

      Dr. Gallagher has requested paperwork from ASHP, and will then reconvene the Subcommittee consisting of
      - Dr. Nadzam
      - Mr. Federico
      - Dr. Ron Wyatt
      - Bona Benjamin
      to complete it and resubmit to ASHP. She does not need anything more from the Council at this time.

   c. **Recommendations for Improving Medication Safety in the Older Adult**
      Mr. Federico noted that a copy of the updated Recommendation had been distributed prior to the meeting, and asked participants to continue reviewing it. It will be discussed and voted on at the February WebEx.

5. **Member Updates**
   a. **USP Call for Candidates**
      Ms. Becker explained that USP is currently engaged in a call for Candidates for the 2015-2020 Council of Experts.

      There will be three Expert Committees (ECs) within HQS: Compounding, Healthcare Quality, and Nomenclature and Labeling.

Interested participants should submit their names and biographical information via the Call for Candidates page at USP's website: http://callforcandidates.usp.org.

b. **Healthcare Quality Expert Committee at USP**
Ms. Bohannon provided more information regarding the Healthcare Quality EC that will be established during the 2015-2020 cycle.
- The EC combines the formulary aspect of the former Therapeutic Information and Formulary Support EC with the safety aspect of the Nomenclature, Safety, and Labeling EC and will be aligned with the National Quality Strategy.
- The focus of the EC will be on such areas as electronic health records, digitalization, safe use of medication in a digital environment.
- The EC is planning to include people on the committee such as practitioners, specialists in informatics, specialists in formulary management and development, and medication safety.

c. **Other Member Updates**
ASCP—There is a new CEP, Frank Grosso. He has many years of long-term care experience, and was Vice President of Pharmacy Operations at Genesis Healthcare. The formal announcement will be made at the meeting in Orlando in two weeks.

National Council of State Boards of Nursing—The Council has recently updated its Website. Additionally, they have recently completed two studies: One on RN transition to practice, and another on RN simulation in education. They are proceeding with state compacts for both RNs and advanced practice nurses.

Joint Commission—They released a new chapter on October 20, which provides an opportunity to help leaders understand patient safety. It serves as a road map to patient safety systems, and allows all involved individuals to understand what patient safety should look like. This marks a major step in the Joint Commission's transition from an accrediting organization to a patient safety and quality organization.

6. **New Business**
a. **Potential Future Areas of Focus for the Council**
The Chair noted that a few areas of future focus for the Council had been raised during the meeting, and participants discussed them as follows:
- **Role of technology**
    - The selection and implementation of computers is critical.
    - The Council cannot be experts in the technology world, but can talk about general guidelines for people implementing computers.
    - Copying and pasting into the wrong record is not only a patient safety issue but also a fraud issue.
    - Interoperability between systems is a concern, especially within the long term care environment.
    - Electronic event reporting needs to be standardized in ways to allow people to receive and use the information.
    - The end user needs to understand how to use technology.

- **Patient and Family Engagement on Medication Safety**
    - There are currently no statements to this effect, but it is an area where the Council could have an impact.

- **Pediatric Medication Safety**
  - This is an area where recommendations might be valuable.
  - Too many children are still seen in general hospitals, and information about the risk points in prescribing and dosing is needed.
  - There was recently a webinar on this topic with presentations that could inform the Council.

7. **Next Steps and Next Meeting Dates**
The Chair noted that it had been useful to use the face-to-face meetings as working meetings. He also suggested that the Council hold another working teleconference to finish reviewing the updated Statements and Recommendations prior to the February teleconference.

Ms. Meyer will follow up with Council members via a Doodle poll to set a date for both teleconferences.

a. **Next Meeting: February 2015**
Please send any topic suggestions to the Chairs or USP staff.

The meeting adjourned at 3:30 p.m.