

**Tuesday, March 1, 2016
USP-US
WebEx
Final Meeting Summary**

Goals and Anticipated Outcomes

- New and Old Business
- Council reports and activities

Attendance

Present: Frank Federico, IHI (Chair); Ashok Ramalingam, DoD (Vice Chair); Leigh Purvis, AARP; James Burris, American Geriatrics Society; Barry Dickinson, AMA; Ryan Burke, APhA; Todd Bridges, FDA; Michael Gaunt, ISMP; Ronald Wyatt, The Joint Commission; E. Robert Feroli, Medication Safety Officers Society; Elizabeth (Scotti) Russell, NABP; Deborah Davidson, NCPIE; Caitlin Lorincz, National Patient Safety Foundation; Rita Brueckner, VA; Shawn Becker, USP; Chrissie Blackburn; Rita Munley Gallagher

Absent: AHRQ, ANA, APhA, ASHRM, ASCP, ASHP, GPhA, NASPA, NCSBN, PhRMA, Society of Hospital Medicine, Deborah Nadzam

Alternates attending with Primary Delegates: Matt Grissinger, ISMP; N. Lee Rucker, NCPIE; Donna Bohannon, USP

Observers: Diana Kwan, USP; Emily Ann Meyer, USP; Rick Schnatz, USP;

1. Opening, Procedural, and Administrative Matters

a. Welcome, Call Meeting to Order

Mr. Frank Federico, Chair, called the meeting to order at 3:00 p.m.

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

b. Approval of the Summary of the Previous Meeting

Council Members reviewed the summary of the previous meeting and provided no changes.

Motion: Dr. Bob Feroli moved to approve the summary of the previous meeting. 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.

Motion: Ms. Scotti Russell 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. Shawn Becker explained that there had been two requests for continued individual membership—Ms. Deb Nadzem and Dr. Rita Munley Gallagher.

Participants approved their continued membership by unanimous consent.

Ms. Becker provided the following organizational updates.

- The Council is still lacking a representative from the American Nurses' Association. Ms. Becker has reached out to their director of nursing policy.
- The Secretariat is still looking for a representative from PhRMA, and welcomes suggestions of contacts.

Action Item

- Mr. Todd Bridges will follow up with the suggestion of a contact at PhRMA.

3. Follow up from October Meeting

Mr. Frank Federico reminded members that at the October meeting they had reviewed the results of a survey of members of the Council. He added the following:

- Because NCC MERP is a volunteer organization and relies on members to give up their time to join meetings, the leadership wants the meetings to be as fruitful and valuable as possible.
- It would be valuable to ensure the statements are aligned with the initiatives of member organizations, not in complete parallel, but some effort will ensure greater uptake of the statements.
- It would be useful to be clearer with regard to the agenda structure individual agenda items to help members prepare.
- Members are always welcome to propose agenda topics.
- At every session the members should have the opportunity to reflect on the relevance of the topic, how it impacts their organization, and how it can be moved forward.
- For face-to-face meetings, it will be useful to bring in external speakers to hear a different perspective. Council members can assist in this process by providing recommendations for speakers. However, the Council tends to avoid corporate representatives to avoid the appearance of an endorsement.
- There needs to be a more efficient mechanism for subgroups to meet and get work done.

4. Meeting Frequency

Dr. Ramalingam led participants in a discussion of NCC MERP meeting frequency. Participants discussed the advantages and disadvantages of WebEx and face-to-face format and three or four meetings per year. Ultimately, participants decided that a Web-based poll of the entire Council should be conducted in order to reach a consensus decision.

Discussion

Participants noted that the important thing is how work gets done outside the meeting.

Action Item

- Ms. Meyer will create a Web-based poll of meeting frequency and format, and format.

5. Organizational Priorities

Participants were asked to discuss their organizations (or own) top two medication-safety priorities.



Rita Munley Gallagher—Errors in relationship to overdose of any kind of medication from the nursing home perspective. In many instances it is either the nurse that makes the error or discovers the area.

Chrissy Blackburn—From a patient and family perspective, the family can be responsible for bringing critical information to the care team, such as a change in medication that has not been updated in the medical record.

The Joint Commission—Antibiotic stewardship: There have been a number of events around antibiotic misadventures.

American Medical Association—There is a great deal of time being spent trying to change physicians' behavior around the safe use of opioid analgesics. A second priority is the way that drug shortages impact patterns of utilization where pharmacists and physicians have to choose a drug they are less familiar with; safety issues arise.

Department of Defense—Opioid use is the first priority. The second is compounded medications and their associated costs.

Medication Safety Officers Society—The only priority is to improve medication use safety within respective member organizations.

National Association of Boards of Pharmacy—The ability to query multistate policy and claims databases in order to get a complete patient history. A second priority is to educate consumers and come up with systems such as pharmacy domains to provide consumers with safe drug ordering outlets.

FDA—The agency is looking at opioids from multiple angles. Another priority is flow restrictors; the agency put out guidance for industry in 2015.

APhA—A resource on opioid use and abuse was recently released. Additionally, they will be releasing a tool to ensure that medications are used appropriately, safely and effectively.

Veterans Administration--Opioid use is also a concern, and there is an Opioid Safety Initiative that has been implemented to improve the safe use of opioids within the veteran population. Complex chronic care is also a concern, including screening risks to prevent drug events at both the patient and the provider level.

ISMP—There is emphasis on using external sources of error information as a benchmarking tool.

NCPIE—Communicating the best information between healthcare professionals and patients across the spectrum of both over-the-counter and prescription medication is a concern. This is addressed through the "Talk before you Take" campaign.

IHI—Opioid safety is a concern here. Another area where innovation is occurring is the development of a tool to simulate the discussion between a patient and physician in order to identify where the patient is getting into risk.

USP—Compounding is major concern, and coupled with that parenteral nutrition and e-health. Dietary supplements are also a consideration.



Discussion

Ms. Becker noted that it is useful to get input from the Council during the course of USP's standards development process. Additionally, when there are safety topics that fall outside of USP's purview, USP can direct them to the Council's attention.

6. Member Updates

ISMP—They recently received a grant to develop a self-assessment tool for high alert medications including opioids, insulin, and hypoglycemic products.

USP—Two General Chapters were recently published in the *USP-NF <17> (Prescription Container Labeling)* and *<800> (Hazardous Drugs—Handling in Healthcare Settings)*. The implementation date for *<800>* is 2018. Additionally General Chapter *<7> Labels and Labeling* has a change to the ratio expression for epinephrine products.

The meeting adjourned at 4:45 p.m.