



National Coordinating Council for Medication Error Reporting and Prevention

Thursday, July 12, 2012

10:00 a.m. – 3:30 p.m.

Briggs, Parker & Marshall USP Meeting Room

Minutes

Attendance:

Frank Federico, IHI (Acting Chair)
Ann Gaffey, ASHRM
Shawn Becker, USP
James Burris, AGS
Barry Dickinson, AMA
Darryl Roberts, ANA
Marcie Bough, APhA
Donald Martin, aPSF
Deborah Myers, DoD
Capt. Carol Holquist, FDA

Michael Gaunt, ISMP
Deborah Davidson, NCPIE
JoAnne Resnic, SHM
Crystal Riley, TJC
Rita Brueckner, VA
Deborah Nadzam
Diane Cousins
Rita Munley Gallagher
Maureen Cahill, NCSBN – via WebEx

Absent:

AAPA
AARP
ACP Foundation
ASCP
ASHP

GPhA
NABP
NASPA
NPSF
PhRMA

Opening, Procedural, and Administrative Matters

Mr. Federico (Acting Chair) convened the meeting. Nineteen members were present establishing a quorum. There were no corrections or amendments to the April 25th meeting summary; it was approved unanimously. The agenda was unanimously approved with inclusion of a report from Diane Cousins, on AHRQ common formats.

Secretariat's Report

Ms. Becker reported on the state of membership. The organizations up for renewal are: ASCP, ASHRM, DoD, IHI, NASPA, and NCPIE. Ms. Becker reported that a letter was sent to PhRMA regarding their lack of attendance. A response was received from John Castellani, President and CEO of PhRMA. The letter indicated that Dr. Paul Antony, PhRMA's Chief Medical Officer and the assigned delegate to NCC MERP was currently on active military deployment and because of these extenuating circumstances would not be able to participate in the Council meetings at this time. He indicated that PhRMA still wishes to support the Council's mission and that they look forward to working with the Council in the future.. Discussion ensued regarding whether PhRMA should be contacted again to address the possibility of having an alternate appointed who could represent the organization. Ms. Davidson offered to provide her contact at PhRMA as a possible resource.

Ms. Becker informed the members that the current Chair Manisha Shah has recently resigned from NPSF and will be traveling to India on family matters. Ms. Shah asked if she could be considered for an

individual membership and also remain as the Chair until October 2013. A Council member asked for clarification of the rule on individual membership, which was obtained from the NCC MERP website and projected on the screen. Ms. Becker noted that we have not met the maximum membership of 38 members provided in our rules, which would allow for an additional Individual Member. Members agreed that Ms. Shah brings experience and knowledge from her work with NPSF and NCA. A motion was made by Ms. Gaffey and seconded, to admit Ms. Shaw as an individual member. The vote passed with one abstention. Ms. Shah's term will be for 2 years.

The question of Ms. Shah retaining her role as the Council Chair was introduced. There was discussion on a rule regarding individual members that indicates an individual member cannot be vice-chair. Ms. Cousins clarified the initial thinking of the Council membership with regard to individual members being chairs and not vice chairs. Discussion included possible geographic time differences and possible telecommunications problems.

A motion was made by Dr. Roberts to retain Ms. Shah as Chair, the motion was seconded. The motion failed by vote of 15 nays and 3 abstentions..

As the current Vice-Chair, Mr. Federico will now assume the Chair position. His term ends in October 2013.

A motion was made by Dr. Gallagher to elect Ann Gaffey to fill the newly vacant vice-chair role, until October 2013; the motion was seconded. The vote passed unanimously.

Ms. Becker noted that several organizations did not have an alternate delegate selected. When the delegate cannot attend then the alternate should cover the meeting. A question arose that when neither the delegate nor the alternate can attend and a representative of that organization is in attendance can that representative vote? Mr. Federico suggested that it might be a good time to once again review and revise the NCC-MERP rules and regulations. Since we already have a subcommittee for rules and regulations (Diane Cousins, Chair, Shawn Becker, Jean Krause, and Tara Modisett) it was suggested that a few more members would be helpful. The following members volunteered: Rita Munley Gallagher, Frank Federico, and Darryl Roberts.

Website Analytics

Ms. Goldberg gave a presentation on current status of the NCC-MERP website. She provided data from January 2006 through June 2012, and presented how people were finding and or using the NCC MERP website. She presented the different populations visiting the site and asked members if they provided links on their organization's website to the NCC-MERP website. It appears that many do not provide this service, Ms. Goldberg recommended the formation of a subcommittee to address outreach from and to the website and to update current material presented on the NCC MERP website. The new website subcommittee will include: Shawn Becker, Donna Bohannon, Diane Cousins, Deborah Davidson, Ann Gaffey, JoAnne Resnic, Crystal Riley, and Donna Goldberg.

Ms. Becker also announced that NCC-MERP's website will soon host a subscription service for obtaining the NAN Alert.

Mr. Federico suggested that the recommendations on the website should be reviewed to ensure that they reflect the latest information. In many situations the recommendations are current but may seem outdated because they do not include a recent review date. This subcommittee includes: Diane Cousins, Barry Davidson, Rita Gallagher, Crystal Riley and Deb Nadzam.

Ms. Becker addressed a request from Canada for permission to include the recommendation on medication errors associated with verbal orders in the 5th Edition of Fundamentals of Nursing Tex. This request was unanimously approved.

Subcommittee Reports

Dr. Gaunt gave an update on the “Quick Refill” survey from ISMP. The survey closed in June with a good response rate, but has not yet been fully reviewed. He reported that ISMP will be using the collected data to develop a statement and that he will share more information at the next NCC-MERP meeting.

Mr. Federico reported on Partnership for Patients (P4P). He stated that although there is interest to develop universal processes and measurements, there is still a lack of standardization. He will report on further status at the next meeting(s).

Mr. Federico also updated the Council on the current work from the Hospital Engagement Networks (HENs); the group includes 26 networks. Several NCC-MERP members are active in this effort and have been very impressed with the cooperation between stakeholders. Ongoing issues involve: rethinking “old” standards, training improvement, standardization of measures, ADE, early elective delivery, CAI, readmissions, CMS priorities, and other patient safety measures. He also noted that those involved with the HEN, also get access to the HEN’s surveys and results.

Dr. Nadzam presented her work on Adverse Drug Event/Adverse Drug Reaction definitions and the Council’s feedback. She found a lack of standardization among stakeholders. Dr. Nadzam stated that the time for creating standardization is now. She showed prime examples of differing definitions. The Council agreed that medication errors fall within an ADE but may not mean the same. Dr. Nadzam encouraged the Council to be the leader for a standard definition and asked for more help with this project. The Council agreed, and the following volunteers will join Deb Nadzam, Chair, Rita Brueckner, Michael Gaunt, Carol Holquist, Crystal Riley, and Darryl Roberts.

New Business

Mr. Federico asked for the Council’s response on the NCC-MERP 2012-2013 proposed goals. After considerable discussion, the 16 Council members (15 present, one by webex) were each given 3 votes to show their preference. It was decided that the Council would adopt the following. The top goals to start in FY12-FY13 are (by order of ranking):

ONGOING

1. Evaluate and revise all existing recommendations, as necessary - unanimous;
2. Create standard definitions for ADE/ADR – unanimous.

NEW

3. Recommendations for simplifying and standardizing the medication use process. Use of technology in process of medication administration, link to current systems. Safety measures re: bar code med admin, e-prescribing. Systems to improve efficiency effectiveness and reliability. Safety administration side, and prescribing side, etc... – 25 votes;

4. Evaluate Systems, post-reporting analysis: root-cause analysis - process focus rather than individual blame (Medication Error Reporting) – 12 votes;
5. Create a statement on the healthcare providers role on engaging patients. Include key elements when speaking to patients, e.g., tell patients what they should expect, and tell providers how they should inform patients (Include w/revision of Consumer Section) – 8 votes.

The Council discussed Ms. Russell's research on pharmacy work load pressures. The results/ she provided included the status by state. Mr. Federico commented on the great variation across the different states. Several members of the Council had questions and it was decided to table the discussion until Ms. Russell could be available to give an oral report.

Ms. Bohannon presented information supplied by Lead Horse Technology on emerging ADE technology, a clinical decision support solution to identify the source of an ADE. The Council acknowledged that it does not endorse products. No action was taken, and the Council thanked her for the information.

A report on the *30 minute rule*, was tabled until further information could be gathered, several Council members also announced that the CMS is looking at this issue and that a future report should be coming soon.

Ms. Cousins reported on AHRQ common formats. She informed members that AHRQ has put together a format that includes 9 events in a hospital setting, general information about the event and specifics about the event. AHRQ will be releasing a major revision 2.0, which she said the HENs have already inquired about. The revision will include issues on readmission (hospital and nursing home), ambulatory settings, and a new expanded format, which will be open for comment in the next two weeks. AHRQ expects to complete this project by March 2013. AHRQ is also looking at ways to expand its research on medication safety, and she asked members to please send any funding ideas her way. Ms. Cousins further informed the Council that AHRQ is releasing a new Patient Safety Center (PSC) survey to review how hospitals, nursing homes, and now community pharmacies evaluate employee attitudes about patient safety in their facilities or within specific units. The AHRQ is also revising the harm scale, which will incorporate some of the NCC-MERP index. Ms. Cousins added that she will present AHRQs work and any updated status at the next NCC-MERP meeting.

Next Steps and Next Meeting Date

Mr. Federico asked for decision on regularity of meetings. The Council voted by majority to meet four times a year, twice in person and twice by webex. USP staff will report back on available dates in October/November for the second face-to-face meeting.

Meeting adjourned at 3:15 p.m.