



National Coordinating Council for Medication Error Reporting and Prevention

Friday, October 26, 2012

10:00 a.m. – 4:00 p.m.

Briggs, Parker & Marshall USP Meeting Room

Minutes – Draft

Goals and Anticipated Outcomes:

1. Update membership
2. Subcommittee reports and action items
3. Review and discuss new and old business

Attendance

Present: Frank Federico, IHI, (Chair); Ann Gaffey, ASHRM, (Vice-Chair); Marie-Michele Leger, AAPA; James Burris, AGS; Barry Dickinson, AMA; Joan Baird, ASCP; Bona Benjamin, ASHP; Capt. Carol Holquist, FDA; Michael Gaunt, ISMP; Crystal Riley, TJC; Patricia McGaffigan, NPSF; Michael Garvin, PhRMA ; JoAnne Resnic, SHM; Shawn Becker, USP, Diane Cousins; Rita Munley Gallagher.

Alternate Delegates Attending for the Delegate: Tara Modisett, NASPA; Darryl Roberts, ANA; Mike Datena, DoD; Deborah Davidson, NCPiE;

Via WebEx: Lee Rucker, AARP;; James Owen, APhA; Don Martin, APSF; David Gaugh, GPhA; Maureen Cahill, NCSBN; Rita Brueckner, VA

Alternate Delegates Attending with the Delegate: Donna Bohannon, USP

Absent: AHA; NABP; Deborah Nadzam; Manisha Shah

Observers: Brian Isetts, CMS/CMMI; Ali-Reza Shah-Mohammadi, Annie Yang, and Tingting Gao, ISMP; Rick Schnatz, and Donna Goldberg USP; Marcie Bough, APhA.

1. Opening, Procedural, and Administrative Matters

After determining that a quorum was present, Mr. Federico called the meeting to order at 10:10 a.m. He welcomed members and observers to the Council meeting. The minutes from the previous meeting were unanimously approved; the Council also approved the day's agenda. Ms. Goldberg passed around the NCC MERP roster asking all to verify information and to edit as necessary. Ms. Royston gave housekeeping and transportation information.

2. Secretariat's Report

- Membership:

Ms. Becker informed all that the American College of Physicians Foundation (ACPF) disbanded, and is no longer a member. She reported that the American Hospital Association (AHA), a founding member, as reported previously has been absent more than four meetings in a row. Ms. Becker has been in contact with Nancy Foster the delegate from AHA and has been assured that AHA is still interested but has been in the process of hiring a new employee who will fulfill this role. The Council discussed the possibility of losing one of the founding members and decided to give AHA more time to fulfill its obligations. Ms. Becker stated that she would reinitiate dialogue to get a delegate in time to attend the next meetings in 2013.

Action Item: Ms. Becker will make another attempt to contact AHA for a delegate.

Ms. Becker gave the floor to Ms. Cousins who requested time to present her status as an individual member. Ms. Cousins informed members that AHRQ is currently not a member, and as long as she is an employee at AHRQ, she has been requested to not vote on decisions of the Council as it could be misinterpreted as a vote from AHRQ. The Council members asked if NCC MERP could invite AHRQ to become a member. All agreed that there are a lot of similar issues that both AHRQ and NCC MERP are working toward; they also did not want to lose Ms. Cousin's participation. Ms. Becker stated that the Rules and Procedures subcommittee will discuss this further during lunch. Dr. Gallagher requested that we check the roster to verify that she also does not represent an employer.

Action Item: Invite AHRQ as a member, and edit the NCC MERP rules to reflect a non-voting role and check NCC MERP roster for any needed changes.

- Renewals:
Membership renewal requests were received from 8 organizations: ASHRM, IHI, ASCP, DoD, ISMP, NASPA, NCPIE, and VA. All renewals were accepted by unanimous vote.
- Permissions: Ms. Becker detailed two requests for use of NCC MERP material:
 - Request from a University in Germany for permission to link to the NCC-MERP category index.
 - Request to permit the NCC MERP category index and medication error definition to be printed in a book on pharmacology for nurses.
 both requests were approved unanimously.

Action Item: Inform the two requestors that their request was granted.

3. Subcommittee – Introduction/Overview

a. Subcommittee to standardize ADE/ADR

Dr. Gaunt, reporting for Dr. Nadzam, introduced the work on the subcommittee to standardize ADE/ADR and asked for additional volunteers. Dr. Gaunt told members that the subcommittee met once and will continue their discussions regarding the overlap of definitions for ADE and ADR. The subcommittee members will also be developing a universal algorithm, to include ADE, ADR, and overall harm, and will nail down the differences. Dr. Roberts will join the discussion by telephone.

b. Subcommittee to revise Rules & Regulations-

Ms. Cousins reported that the last time the rules were reviewed was in 2009. She noted that the subcommittee met once to edit the rules and procedures. Ms. Cousins informed all that the subcommittee needed to address absences of members and observer status. Discussion around rules, i.e., proposals for voting, categories of membership, nonvoting members, and actions of council, approval/disapproval will be addressed as well.

c. Subcommittee to review and update Statements/Recommendations

Dr. Dickinson reported that the new subcommittee will be reviewing 15 statements posted on the NCC MERP website, under Council Recommendations. The subcommittee has 8 Council members who will provide a preliminary review. The expectation is for each council member to look at two statements and recommend whether the statement needs to be revised or archived.

d. Subcommittee to develop the Website

Ms. Resnic reported on the website subcommittee, which met earlier in the month, and reviewed the entire website to identify areas that should be enhanced or redone. The subcommittee will work with the USP IT team on this project. Lee Rucker will join the discussion by telephone.

Updates

a. “Quick Refill” at community pharmacies and ISMP survey results

Dr. Gaunt reported on the ISMP survey “Community Pharmacy Time Guarantee” results that studied “quick refill” promises from community pharmacies. He informed all that the study tried to answer several questions, one was to estimate if human factors were employed in reducing medication errors. The resulting statement advocated for strengthening the clinical and safety activities in community pharmacies. The Council members complimented ISMP on their efforts; and suggested that the corresponding statement needed a stronger message to encourage medication error reporting.

Discussion

The Council agreed in principal with the statement: speed being a factor in patient satisfaction. However, one of the bigger trends, drive-thru drugstores had not been specifically mentioned. The ISMP report also did not offer ways to improve practices, for example, physician call-in examples. The Council responded that the ISMP recommendations did not go far enough to address some existing problems in the field. Dr. Gaunt said that it was not ISMP’s intention to tackle all of the problems. Safety and quality issues have been addressed in the draft standards, which includes community pharmacy accreditation. He said a time statement could be used in the development of pharmacy practice limits. Members from the Council mentioned that they would like to hear more about the issue of under reporting errors and that the ISMP statement should include consumer perspective and educate patients on how to maintain safety.

Ms. Cousins mentioned that AHRQ will be unveiling a pilot patient reporting program in May 2013, which will include a questionnaire. The AHRQ also has a work-in-progress that will focus on matching medical errors reported by providers to patients. The Council members asked if ISMP will also plan a follow-up survey to look at what percentage of pharmacists feel that the “quick refills” continue to contribute to medication errors.

Action Item– Dr. Gaunt will go back to ISMP to discuss further work on the survey results. He will then report back to the NCC MERP at one of the next meetings to ask for volunteers to form a subcommittee to address existing medication safety concerns.

The subcommittees met during a working lunch.

4. Updates (continued)

b. **Partnership for Patients (P4P) and HEN (Hospital Engagement Networks)**

Mr. Federico introduced Mr. Brian Isetts from CMS/CMMI who gave a very brief update on the work going on with CMMI and Partnership for Patients. He expressed a desire to continue to work with NCC MERP. Discussions ensued about inviting CMS to join NCC-MERP as a member. Mr. Isetts indicated that he would address the possible membership of CMS in NCC MERP when he returned to CMS.

5. New & Old Business

a. Report from Subcommittees:

- **Defining ADE/ADR**

Dr. Gaunt reported on the need for a standard guidance that will use clear language to differentiate between Adverse Drug Events (ADE), Adverse Drug Reactions (ADR) and Medication Errors (ME). There was considerable discussion and sharing of known definitions. There was a consensus regarding the need for an algorithm and a draft model was reviewed. The subcommittee will meet by WebEx to address struggle when attempting to define the difference between ADE and ADR.

- **Rules and Procedures**

Ms. Cousins presented a redlined/track changes document to address the multiple edits to the NCC MERP rules and procedures provided by the subcommittee. The subcommittee’s approved changes include:

- Eliminated types/categories of membership
- Expanded definition of membership to include members who are international in scope and influence
- Clarification of terms: delegate, alternate delegate and observer
- Standardized voting decisions and specified that “actions and recommendation are of the Council as a whole and may not reflect particular members or organizations
- Enforce member attendance and meeting participation.

Mr. Federico asked the Council to reply in vote for or against adoption of the new rules and procedures. The majority vote was for approval, with 2 abstentions.

- **Statements and Recommendations**

Dr. Dickinson reported on the subcommittees work to identify recommendations that need to be verified for potential new information or elimination. He stated that the subcommittee will report back to NCC MERP with suggestions on whether to leave as-is, refresh or sunset the existing statements. After the subcommittee makes its recommendations, Dr. Dickinson will also ask Council members to assist with reviewing the statements to obtain consensus on suggested changes/updates.

- **Website Development**

Ms. Resnic reported on the subcommittee’s review of the website analytics report and their meeting with two members from the USP Information Technology group: Ntale Lukama and Yaming Chen. The subcommittee discussed how to promote attention to the NCC MERP, how to make the NCC MERP website more searchable and user friendly. USP IT personnel will assist with the needed revisions once approved

b. **NCC-MERP 2012-2013 Goals**

Ms. Gaffney reviewed the goals previously discussed by the Council. It was agreed to establish an ongoing process to ensure that Council recommendations remain relevant. The Council had previously discussed important issues surrounding safety and the advancement of technology in the medication administration process. It was agreed that efforts would continue toward refining activities the Council can focus on to advance safety in the medication administration process. Below are decisions from the Council members on NCC MERP activities:

1. Evaluate and revise all existing recommendations on a routine schedule (currently being evaluated)
2. Create standard definitions for ADE/ADR (currently being done through subcommittee).
3. Develop recommendations for simplifying medication use process and evaluate systems.
4. Develop post-marketing analysis; root cause analysis-process focus rather than individual blame.
5. Create a statement on healthcare provider’s role in engaging patients. Include elements when speaking to patients.

7. Next Steps and Next Meeting Date

Mr. Federico asked members if meeting four times a year is working for everyone, hearing no objections; he stated that the Council will continue on the schedule of four meetings yearly: two WebEx and two Face-to-Face.

Future meeting dates in 2013 are: January 31, 2013 (WebEx), May 29, 2013 (face-to-face), July TBD (WebEx), October 3, 2013 (face-to-face).

The meeting adjourned at 3:30 p.m.