



**Wednesday, May 29, 2013
10:00 a.m. – 4:00 p.m.
Bache and Woods - USP Meeting Room
Draft Meeting Summary**

Wednesday, May 29, 2013

Attendance

Present: Frank Federico, IHI, (Chair); Ann Gaffey, ASHRM, (Vice-Chair); Barry Dickinson, AMA; James Owen, APhA; Christian Hartman, ASMSO; Mike Datena, DoD; Michael Gaunt, ISMP; Maureen Cahill, NCSBN; Scotti Russell, NABP; Deborah Davidson, NCPIE; Muriel Burk, VA; Shawn Becker, USP; Rita Munley Gallagher; Deborah Nadzam.

Via WebEx: James Burris, AGS; Darryl Roberts, ANA; Bona Benjamin, ASHP; Don Martin, APSF; David Gaugh, GPhA; Tara Modisett, NASPA; Patricia McGaffigan, NPSF; Michael Garvin, PhRMA Diane Cousins.

Alternate Delegates Attending with the Delegate: Donna Bohannon, USP

Absent: AAPA; AARP; AHA; ASCP; PhRMA; SHM; TJC; Manisha Shah

Observers: Todd Bridges, FDA; Ali-Reza Shah-Mohammadi, ISMP; Annie Yang, ISMP; Rick Schnatz, USP; Donna Goldberg USP; Marsha Gilbreath, APhA.

NOTES

1. Opening, Procedural, and Administrative Matters

Ms. Goldberg took roll call and asked for introductions from the observers. After determining that a quorum was present, Mr. Federico, the Chair, called the meeting to order and welcomed everyone to the 55th NCC MERP meeting. The council approved the January 31, 2013 meeting summary and approved today's agenda.

2. Secretariat's Report

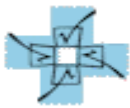
Membership

Ms. Becker announced that the American Hospital Association (AHA), which has not attended a meeting since 2011, has not responded to any form of communication from the secretary, and are again absent at this meeting. Dr. Nadzam reminded the Council that it was decided at the last meeting, that if the AHA misses the meeting on May 29, 2013, their membership will be changed to that of an Observer. Ms. Becker stated that she would send a letter to AHA addressing its new status. Dr. Gallagher suggested that Richard Umbdenstock, President/CEO of AHA, be copied on the letter.

Dr. Nadzam introduced the possibility of adding a Patient delegate to the Council membership. This was accepted by the Council and will be discussed further at the next meeting in July.

Permissions

Sonya Koontz, APRN, from Duke University has contacted the NCC MERP on her capstone project in gathering data/information and analyzing medication errors and near misses in associate degree nursing programs in IL. She wants to use the taxonomy, but wants to remove two sections within the settings and personnel sections. The Council discussed this request. They agreed to only allow use of the taxonomy without change.



ACTION ITEM: Ms. Becker will get back in touch with Ms. Koontz regarding the Council's decision on use of the taxonomy.

3. New and On-going Activities

Report on study "Quick Refill at community pharmacies"

Dr. Gaunt reported the NCC MERP input regarding the ISMP survey results. He gave an overview of the current statement and the possible recommendations. Discussion:

- Concern over the time pressures, time guarantees and the resulting medication errors due to time guarantees and impact on pharmacy.
- Missing data; pharmacists don't report errors.
- The ISMP survey showed that the 'quick refill' practice often means no consumer counseling.
- Appropriate safeguards are not always in place – that's the harm.
- One delegate shared a real life example- instead of getting two different medications, her mother was given two prescriptions for the same drug (one generic, one brand) and then received a call 3 weeks later telling her of this mistake and giving instructions to follow-up with her physician. There was no safety catch to prevent this error.
- All agreed that although quick refills/orders can be helpful, especially when one is not feeling well or when children are involved, there is an even greater need for accuracy and for patient counseling.
- Need to clarify the target audience - know the stakeholders and write this guidance for them.

Recommendations:

- Recommend that state boards of pharmacy eliminate artificial time guarantees. The focus should be on safety.
- Recommend the use of patient education and the use of website information for patients when getting their prescriptions filled.
- Recommend the reporting of medication errors and systems that can be applied to stop medication errors from happening.
- Recommend that the statement be edited in several areas including that errors need to be reported by pharmacy, and to recommend removing the incentives for timed performance.

The Council agreed that additional edits were needed before the statement was ready for Council approval.

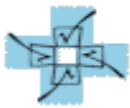
ACTION ITEM: Dr. Gaunt will make edits to the statement before distributing to his subgroup for further feedback. The draft will be discussed at the next meeting'.

Report/Updates on Medication Safety Activities

ISMP – Dr. Gaunt reported on the joint work between ISMP and the Pennsylvania HENs. He also mentioned ISMP's continued research on opioids and informed everyone about the revision of Mike Cohen's book, which is expected to be released soon.

APHA – Dr. Owen spoke on the opioid prescribing safety study, a white paper with recommendations that will be publically available soon. He mentioned that APHA released a best practices report on medication reconciliation/medication management and long term care. This and other reports are available for free on the APhA website.

ASMSO – Dr. Hartman reported on the free medication safety practice webinars that are available from the ASMSO website. He also mentioned ASMSO's collaborative work with AMA and ACPE on the development of medication safety information on geriatrics and oncology. He also announced that another joint project, development of a medication safety handbook with APhA, will be showcased at the APhA's summer meeting.



USP – Ms. Bohannon reported that USP conducted a Heparin outreach project that included several webinars over two weeks and the availability of these webinars on USP's website. An upcoming project will focus on Ferrules and Cap Overseals, which will inform the healthcare community regarding the official labeling policy for cautionary statement only that takes effect December 1, 2013. Ms. Bohannon also mentioned the start of a new Expert Panel on Compounding with Sterile Preparations and on the development of a stimuli article that will be published on the need for renaming Hydromorphone due to the mix-ups reported with Morphine.

APSF – Dr. Martin announced a new medication safety tool that APSF now has on their website, and invited everyone to watch the real life video of proper procedures in the operating room.

ASHP – Ms. Benjamin reported on the work that ASHP is doing in conjunction with ISMP and IHI on medication safety. She also mentioned the opioid use study that is being conducted in Virginia. She reminded everyone to check the ASHP website for resources that include fact sheets and webinars.

NCPIE – Ms. Davidson announced the work being conducted on patient safety and infusion safety. She also mentioned the many medication/patient safety resources on NCPIE's website.

Dr. Nadzam reported on the work she is doing with the Hospital Engagement Networks (HEN). She mentioned the medication safety study underway to track and record the use of opioids and the amount of hypoglycemic events in 39 hospitals. She announced that she has also been involved with teaching the healthcare professionals better methods on delivering patient information and education when they are discharged from hospitals.

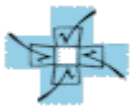
Member Organization Roundtable Discussion

Four members showcased their organization and the work they are doing on medication safety. Mr. Federico stated that he hopes NCC MERP will continue this roundtable discussion until all of the members have had a chance to present.

Mr. Federico, Institute for Healthcare Improvement (IHI), informed members about the IHI, its mission and activities. He explained IHI's domestic and international "ground breaking" initiatives: IHI's 5 million campaigns; the open school for health professionals; the State Action on Avoidable Re-hospitalizations and Transforming Care at the Bedside campaigns, and IHI's international work, which includes current programs in England and Scotland.

Ms. Gaffey presented the American Society for Healthcare Risk Management's (ASHRM), involvement in medication safety. She explained that her society's 5,700 members include: clinical research managers and patient safety managers, risk financing/claims management, and others, including the legal and regulatory professions. ASHRM's vision is to advance patient safety, reduce uncertainty, and maximize value through management of risk across the healthcare enterprise. Their mission is to be the leader in advancing safe and trusted healthcare through enterprise risk management.

Ms. Russell, National Association of Boards of Pharmacy (NABP), informed members about NABP, which was founded to support the state boards of pharmacy. Their mission is to act as an independent, international, and impartial association that assists its member boards and jurisdictions in developing, implementing, and enforcing uniform standards for the purpose of protecting the public health. She mentioned several programs that are underway and showed us the NABP website and the new AWARxE campaign. Some of the activities in progress include the definition of a "compounding pharmacist," and cracking down on the misuse of opioids and phony prescription drugs, both state side and international. She also informed us about the NABP database, which allows healthcare professionals to follow the patient and their medication management. It also fights prescription drug



abuse through the linked NARC report. The prescription management data can be downloaded in about 3 seconds for an in-state query and up to 7 seconds if doing a multi-state query.

Ms. Davidson presented the National Council on Patient Information and Education (NCPIE) and its mission: to stimulate/improve communication of information on safe/appropriate medicine use to consumers & healthcare professionals. NCPIE is a multi-stakeholder membership organization, which started in 1982 for healthcare professionals, consumer and patient groups, industry and governmental agencies. NCPIE is the Convener, Catalyst, Collaborator and Clearinghouse of ideas & information to advance members' shared mission. NCPIE publishes reports and recommendations that are available on the website, as well as several webpages that are developed for specific audiences, such as informing seniors about their prescriptions and safe medication use, teaching about the overuse of acetaminophen, helping with teen/young adult drug abuse, providing an online recovery forum, and more. This information is available on their main website: www.talkaboutrx.org; and the other linked websites: www.mustforseniors.org; www.bemedwise.org; www.recoveryopensdoors.org.

Mr. Federico thanked those who shared information on their organizations and activities. He asked for two volunteers for the next meeting.

ACTION ITEM: For the next meeting, (webex on July 29), the two presenters will be: USP (Shawn Becker) and the NPSF (Patricia McGaffigan)

4. New Business

NCC MERP Member Use and Outreach

Mr. Federico asked what we can do better as an organization to get more organizations and people focused on NCC MERP. He reminded the group that one of our goals is to increase visibility of the Council.

Medication Safety among the Geriatric Population

Mr. Federico reported on the Institute for Healthcare Improvement's (IHI) involvement on the subject of medication safety for the geriatric population. He asked if the NCC MERP would like to make a recommendation on medication management for the frail and elderly, and/or to address polypharmacy. He explained that there are many challenges to managing polypharmacy. Concerns about polypharmacy include increased adverse drug reactions, drug-drug interactions, prescribing cascades, and higher costs.

ACTION ITEM: Get decision from the Council at the July 29 meeting on the development of a statement from NCC MERP on the topic of medication safety for the geriatric population.

5. Note: Dr. Mary Andrawis (CMS/CMMI) was unable to present her topic, A National Campaign Against Medication Harm. No decision was made regarding a return invitation.

6. Subcommittee & Working Group Reports

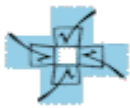
Statements/Recommendations

Dr. Dickinson gave a report on the review of statements and recommendations from the Council. He indicated that the consensus of the subcommittee is that all statements could be revised, but that the subcommittee would like to survey the Council members first to determine which of the statements should be revised and which should be archived.

ACTION ITEM: Ms. Goldberg will send a survey out to the Council members during the month of June.

ADE/ADR

Dr. Nadzam reported on the definitions of Medication Error, ADR and ADE. She questioned whether



injury should be included in the definition of harm. No definitive decision was forthcoming. Dr. Nadzam presented the most recent changes to the draft algorithm. Additional clarification of the target audience was suggested. Also discussed was whether the NCC MERP could stand behind the algorithm as presented and be comfortable. No further discussion clarified a defining response. Dr. Nadzam stated that the algorithm should be used by all healthcare providers. The algorithm should also be useful for the caregiver or family member who is advocating as patient manager on medication adherence/reconciliation.

Report on progress towards goals and routine review of NCC MERP content

Mr. Federico presented his subcommittee breakout discussion. He acknowledged the work being done from the other subcommittees. He explained that there is a need to develop a cycle of review, which should include plans to increase visibility of the Council and encourage wider adoption of the NCC MERP taxonomy. He presented suggestions for the development of new recommendations:

- Title 1: Recommendations for simplifying the medication use process and evaluating systems.
- Title 2: Statement on post-market analysis: root cause analysis i.e., process focus rather than individual blame.
- Title 3: Statement on healthcare provider's role in engaging patients, include best methods for speaking to patients.

ACTION ITEM: Member volunteers to review and possibly update the NCC MERP taxonomy. Volunteers include: Frank Federico, Ann Gaffey, Rita Munley Gallagher, and Diane Cousins. Ann Gaffey volunteered to engage vendors on how they use the current taxonomy and what they are hearing or have noticed in regards to need for update.

NCC MERP Website

Ms. Davidson and Ms. Goldberg presented the suggested changes on the NCC MERP website and express hope that the updates could occur in this fiscal year. Ms. Goldberg reported that except for updates, the website had not been revised in whole since 1998. Some of the desired changes include a pull down menu with sub headers, which will help the user find additional content, a search box, and a redesign of some of the pages.

7. Next Steps and Next Meeting Dates

Wrap-up

Mr. Federico reminded everyone to continue promoting the use of NCC MERP to colleagues and in meetings. He would like the NCC MERP members to continue to report and share information on their progress and activities regarding medication safety and thanked everyone again for their input during today's meeting.

As follow up to a suggestion made by Dr. Nadzam regarding the addition of a Patient delegate, it was suggested to begin each meeting with a story about patients or patient experiences with medication errors. It was mentioned that we didn't always want a negative patient experience presented but something positive being addressed by healthcare.

ACTION ITEM: Look into adding a patient representative to the NCC MERP meetings and/or start Council meetings with a patient related story.

Next Meetings

- 1) Webex on Monday, July 29, 2013
- 2) In-person Meeting at USP, HQ, on Thursday, October 31, 2013 (date updated 6/24/13)

The meeting adjourned at 3:20 p.m.