



**Monday, July 29, 2013**

**1:00 p.m. – 3:30 p.m.**

**WebEx**

**Meeting Summary**

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### **Attendance**

**Via WebEx:** Frank Federico, IHI, (Chair); Ann Gaffey, ASHRM, (Vice-Chair); Barry Dickinson, AMA; James Owen, APhA; Mike Datena, DoD; Michael Gaunt, ISMP; Maureen Cahill, NCSBN; Scotti Russell, NABP; Deborah Davidson, NCPIE; Rita Bruckner, VA; Shawn Becker, USP; Rita Munley Gallagher; Deborah Nadzam, James Burris, AGS; Darryl Roberts, ANA; Bona Benjamin, ASHP; Don Martin, APSF; David Gaugh, GPhA; Tara Modisett, NASPA; Patricia McGaffigan, NPSF; Michael Garvin, PhRMA

**Alternate Delegates Attending with the Delegate:** Donna Bohannon, USP

**Absent:** AAPA; AARP; AHA; ASCP; ASMSO; PhRMA; SHM; TJC; Manisha Shah, Diane Cousins,

**Observers:** Donna Goldberg, USP

### **1. Opening, Procedural, and Administrative Matters**

Ms. Goldberg took roll call. After determining that a quorum was not achieved at the beginning of the meeting Mr. Federico, the Chair, called the meeting to order and welcomed everyone to the 56<sup>th</sup> NCC MERP meeting and noted that no decisions would be voted on during this meeting unless a quorum was reached. The Council reviewed the meeting summary from May 29, 2013 meeting, but will approve at the October 31, 2013 meeting. Agenda was also reviewed.

### **2. Secretariat's Report**

#### **Membership**

Ms. Becker stated that a letter will be sent to the American Hospital Association (AHA), informing them that their status has been changed from member to observer.

Ms. Becker presented a membership request from ARHQ, which would allow its delegate, Diane Cousins, to attend as a federal liaison without voting rights. This "Federal Liaison" membership category would allow a government agency attendance as an observer with no voting rights but the ability to be recognized by the Chair for discussion. Mr. Federico asked if other government agencies had a similar situation and would seek this type of membership. COL Datena from Department of Defense stated that when conflicts arise with particular recommendations and statements, such as the Criminalization statement, he and probably most federal agencies would abstain from a vote. This category of membership will be addressed at the October meeting.

#### **Permissions**

A permission request was received from Sutter Health to use the index for medication errors and other adverse events. It was suggested that if the index were to be used for other events, additional permissions would be required.

### **3. Subcommittee Updates**

#### **a. ADE/ADR Algorithm**

Dr. Nadzam reported on the working algorithm. There were still a few changes to be made to the flow chart and the subcommittee will continue to work on it. It was suggested to keep adverse drug event in the title and replace medication related harm. The council discussed language for intentional off-label use and differentiation of adverse drug reaction as a subset of harm and medication error which does not always lead to harm. Dr. Nadzam asked the council how the flowchart should be communicated once completed. The subcommittee will meet and bring recommendations back to the council.

## b. Other reports

There were no other subcommittee reports.

### **Reports and Activities**

#### a. Report on “Quick Refill” response to study:

Dr. Gaunt reported that edits were made on the time guarantee as recommended and that the recommendation was modified to pinpoint pharmacy leadership. The recommendation will be sent out to the Council to present to their individual boards with an expected due date for returning comments and concerns.

#### b. Discussion on the development of a NCC MERP statement on medication safety for the geriatric population:

Mr. Federico presented the issue in the context of how NCC MERP should develop statements, moving forward, e.g., what do we want to say, is there an audience and what are others saying. He stated that the recommendation should bring attention to the problem of polypharmacy, especially in this vulnerable population. The statement could address medications on the Beer’s list and other medications that bring no benefit to the elderly. Dr. Baird (ASCP) added that there is a need for this statement to address the problem whether the patient is in a facility or a community. Regulators and accrediting bodies are trying to address the problem. The Joint Commission and CMS Medicare part D require a medication management review for patients over 65. The Council overwhelmingly supported the idea of development and suggested that more information about polypharmacy be in the title because polypharmacy is not well understood by patients. Mr. Federico will take the lead on the statement development.

#### c. Launch of a working group to update the NCC MERP taxonomy (Federico, Gaffey, Cousins and Gallagher)

Ms. Gaffey talked about surveying her society to ask how many are using the taxonomy. The questionnaire that is on the NCC MERP website will be used to retrieve the data. Ms. McGaffigan and Ms. Modisett suggested that patient safety organization and officers (patient and medication) be surveyed also.

#### d. Discussion on the addition of a patient representative to the Council:

Mr. Federico posed the question to the Council and asked if it is the right thing to do and how can it be operationalized. Some considerations recognized: 1) selection process, 2) term of service, 3) support for participation, 4) compensation and 5) characteristics (unbiased, patient/caregiver, consistency). Volunteers were enlisted. Ms. Becker, Dr. Nadzam, Ms. Cahill, Ms. Rucker, Ms. McGaffigan all volunteered.

### **Member Updates**

#### a. Open reports/ updates

- Medication Safety Activities

NCSBN – Ms. Cahill reported on a workshop on counterfeit organizations. Label abnormalities were highlighted. Internet –based pharmacy prosecutions have increased, but the incidence of the number of pharmacies has also increased.

ISMP- Mr. Gaunt reported that ISMP is part of a task group through NCPDP that is working on a volumetric standard, where mL will replace household measurements for medications.

USP – Ms. Bohannon reported on the Heparin label change and best practices for access to a patient centered label for the visually impaired and the elderly develop by a workgroup commissioned by the US Access Board. USP is also part of the NCPDP task force on the use of mL versus teaspoon.

VA – Dr. Brueckner reported that the VA is adopting a patient centric prescription label across the VHA. Ms. Bohannon asked if the label followed the standards in USP general chapter <17> *Prescription Container Labeling*. Dr. Brueckner did not know, but would try to get a copy of the label and study.

### **New Business**

a. NCC MERP Communiqué

The Communiqué is generated by the Vice-Chair shortly after each meeting to provide a brief overview of the meeting agenda and topics of interest for the specific use by organizations to disseminate. Ms. Gaffey asked if member organizations are currently using this tool to communicate the activities of the Council. No response indicated that the Communiqué is not being used for the proposed intent. Mr. Federico asked that this question be brought before the Council at the next meeting for a vote.

**Next Steps and Next Meeting Date**

a. Send out the ADE/ADR flowchart and Quick Refill recommendations

ADE/ADR to meet before full council meeting

b. Face-to-Face at USP on **Thursday October 31, 2013** (10:00 a.m.-4:00 p.m.)

The meeting adjourned at 2:40 p.m.