

Wednesday, February 5, 2014

1:00 p.m. – 3:45p.m.

WebEx

Draft Meeting Summary

Goals and Anticipated Outcomes

- Discuss new and old Council business
- Provide reports on on-going activities

Attendance

Present: Frank Federico, IHI (Chair); Ann Gaffey, ASHRM (Vice-Chair); Leigh Purvis, AARP; James Burris, AGS; Barry Dickinson, AMA; Marsha Gilbreath, APhA; Joan Baird, ASCP; Bona Benjamin, ASHSP; Donald Martin, APSF; Deborah Myers, DoD; Todd Bridges, FDA; David Gaugh, GPhA; Michael Gaunt, ISMP; Maureen Cahill, NCSBN; Deborah Davidson, NCPIC; Patricia McGaffigan, NSPF; Michael Garvin, PhRMA; Jenna Goldstein, SHM; Rita Brueckner, VA; Shawn Becker, USP; Deborah Nadzam; Rita Munley Gallagher

Alternate Delegates Attending with the Delegate: Donna Bohannon, USP; Lee Rucker, NCPIC

Absent: AAPA; ANA; ASMSO; The Joint Commission; NABP

Observers: 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 1:00 p.m. and welcomed everyone to the 58th meeting of the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP).

Ms. Shawn Becker called roll and determined that a quorum was present.

b. Approval of the Summary of the Previous Meeting

Ms. Becker explained that additional changes to the previous meeting's summary had been incorporated and the version on the Council's website would also be updated.

Motion: Mr. Federico moved to approve the summary of the previous meeting, and it was seconded. The Council adopted the motion unanimously.

c. Approval of the Agenda

The Council reviewed the meeting agenda and made no changes.

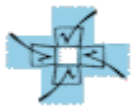
Motion: Mr. Federico moved to adopt the meeting agenda, and it was seconded. The Council adopted the motion unanimously.

2. Secretariat's Report

a. Update on Membership

i. AARP Representative

Ms. Leigh Purvis is the new representative from AARP. She is a senior strategic policy advisor addressing a wide range of topics, with emphasis on pricing biologics and Medicare Part D.



ii. Diane Cousins' Resignation

Ms. Becker explained that Ms. Diane Cousins had resigned as an individual member of the Council, because her employer, AHRQ, had concerns that her membership might be construed as representing their position.

iii. Individual Membership Renewal for Rita Munley Gallagher

Ms. Becker reported that Dr. Rita Munley Gallagher requested that her individual membership be renewed. Dr. Gallagher has been a longstanding and active member of the Council.

Motion: Ms. Ann Gaffey moved to renew Dr. Gallagher's individual NCC MERP membership for a two-year term, and it was seconded. The Council members adopted the motion unanimously.

Dr. Gallagher was not on the call while the Council members voted.

b. Government Membership Category

Ms. Becker introduced the idea of a "Government" membership category, originally proposed by Ms. Cousins, as a potential way to allow AHRQ to participate in the Council. Under this model, a "government" member would be allowed to fully participate in Council meetings and provide input on other activities, but would not vote.

Council members generally indicated that they felt an additional membership category was not necessary. Rather it is important for all members to respect the boundaries that may exist on certain issues and be aware of potential conflicts of interest.

- Most government agencies will provide guidance on what is appropriate to vote on; members can abstain when a vote would not be appropriate. It is unclear why AHRQ finds this insufficient.
- NCC-MERP also has an observer status which might also suit AHRQ's needs without requiring the creation of another category.

Members also discussed issues related to the Council's statements and recommendations, noting the following:

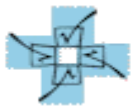
- None of the statements make note of a particular product or service.
- Statements and recommendations are not written to be interpreted as policy, nor are they represented as standards or requirements.
- The disclaimer on the Communiques could be added to the statements, which makes it clear they are decisions by the Council as a whole and do not represent the interests of any member organization.

Motion: The Chair moved to include the following disclaimer at the bottom of all Council Statements and Recommendations:

Actions/Decisions are those of the Council as a whole and may not reflect the views/positions of individual member organizations.

The motion was seconded and Council members approved the motion unanimously.

Members also discussed whether there was a need for Conflict of Interest statements to be signed by the members at each meeting. Ms. Becker noted that this topic had been discussed at previous meetings and had been rejected as a needed policy. This issue will be addressed at the April meeting.



Action Items

- Ms. Becker will follow up with Ms. Cousins to better understand issues related to AHRQ membership and whether an observer status would be appropriate.
- USP staff will update the NCC-MERP website to ensure that all statements and recommendations include the disclaimer.
- Ms. Becker will bring a Conflict of Interest form adapted from a similar USP form used at Council of Expert meetings.

3. Subcommittee Updates

a. Patient Representative Subcommittee

The Chair explained that Ms. Patricia McGaffigan had agreed to lead the work of this Subcommittee. Ms. McGaffigan informed the Council that the Subcommittee is working on the following:

- Determining how the process will be structured to allow the patient and family representative to make meaningful contributions.
- Defining the attributes and characteristics of the patient and family representative.
- Developing a formal process to select the patient and family representative.
- Reaching out to current patient contacts for input in shaping the role.

Council members raised the following points:

- Limiting to only the local area may result in not being able to choose the best candidate.
- There are both advantages and disadvantages to having a patient and family representative that also has clinical experience.
 - It is sometimes difficult to understand the process without clinical experience.
 - A patient with experience would have a greater interest in being part of the Council than someone that is simply trained in patient advocacy.

Ms. McGaffigan encouraged Council members to provide additional feedback to ensure the Subcommittee is going in an appropriate direction.

Action Item

- The Patient and Family Representative Subcommittee will schedule additional meetings prior to the Council's face-to-face meeting in April.

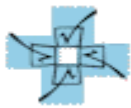
b. ADE/ADR Algorithm

Dr. Deborah Nadzam, Subcommittee Chair, explained that the algorithm had been revised again to address issues raised in the Council's face-to-face meeting in October. She also shared an introduction she had written that explains the algorithm's purpose and use. The Subcommittee will also be preparing example scenarios.

The Council then compared the most recent draft algorithm with proposed changes by Dr. Robert Feroli and raised the following points:

Access to Information about a Previous ADE

- Whether the information is documented is less significant than whether the provider can access that information.
- The point of the algorithm is not to drive documentation, but to determine whether the prescriber could access information.
- The difference is that if the provider had access and prescribed, then it is an error; if they did not have access, it is not an error, but an opportunity to learn how they may have known.



Introduction

- It should be clear to the reader that not all medication errors cause harm or should be considered a preventable ADE.
- Even some preventable ADEs are not necessarily errors; it only means that the drug has not been used appropriately.

Other Changes

- To allow for informed use of the drug that may not be in the product labeling, the language about prescribing recommendations should be expanded.
- “Prepared” should be added to the decision point about “dispensed” to take compounding into consideration.
- A footnote should be added to indicate that monitoring is part of each node of the prescription process.
- Each box should reflect a single concept.

Subcommittee members agreed to review the algorithm one more time; Council members will then selectively share the revised algorithm and request feedback.

The Subcommittee Chair suggested approaching peer reviewed journals for additional publicity after the algorithm is finalized.

Action Item

- USP staff will schedule a meeting with the ADE Subcommittee, including Dr. Feroli, to finalize the algorithm.

c. Statements and Recommendations Subcommittee

Dr. Barry Dickinson, Subcommittee Chair, explained that Ms. Donna Bohannon had distributed the statements on labeling and requested feedback. However, at this point there has been very little action.

The Chair suggested that Ms. Bohannon send the statements to the entire Council for comment prior to that the face-to-face meeting in April. At that meeting, there will be time set aside in the agenda for the Subcommittee to work through those comments.

4. Reports and Activities

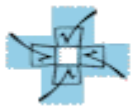
a. Discussion on the Development of a NCC MERP Statement on Medication Safety for the Older Adults

The Chair discussed the progress made on the development of a statement on medication safety for the geriatric population.

- The wording has been revised to “older adult” rather than geriatric or elderly.
- Although polypharmacy is pervasive in many segments of the population, the focus on older adults is appropriate at this time.
- The audience is going to be broad and include community organizations and family. Although not everyone has the expertise or ability to make changes, they need to understand that this is an issue.
- The message will need to be crafted so that it does not hinder prescribing, but rather focuses on more appropriate prescribing.

Council members noted the following:

- It may be useful to emphasize using the minimum level of medications to achieve the desired outcomes rather than using the word “reduce.”



- The American Society of Consultant Pharmacists uses a “medication regimen review” paradigm that may be effective in this context—considering all medicines including over-the-counter, prescription, and supplements.

Action Items

- Dr. Joan Baird and Dr. James Burris volunteered to participate on the Medication Safety for Older Adults Subcommittee.

b. Discussion on Member Webpage and Meeting Summaries

Ms. Becker asked the Council for additional clarification on its decision at the previous meeting that meeting summaries would be posted publicly.

Council members indicated that this should apply only to meeting summaries developed after the Communique was discontinued.

Action Item

- USP staff will review previous meeting summaries and remove references to individual delegates or alternate members.

5. New Business

a. NCC MERP Press Releases and other Communications

Ms. Becker explained that she had been working with USP’s media relations staff, which asked whether press releases were the most effective means to communicate information about NCC MERP.

Council members indicated that a pre-written press release is easier for member organizations to use in their external communications. It can be tailored to suit the organization.

Ms. Becker also indicated that working with peer-reviewed journals requires a greater level of organization and more specific guidance. The Chair agreed and offered to help in outreach to journals.

b. NCC MERP 20 Year Report

Ms. Becker noted that NCC MERP’s 20th anniversary would be in June 2015, and reminded Council members that in the past Dr. Gallagher had developed an anniversary report. She asked whether the Council would be interested in doing a similar report for the 20th anniversary.

Council members noted that previous anniversary reports have coincided with major patient safety awards. It would be helpful to consider applying for an award and tailoring the report to match that application process.

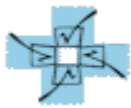
Dr. Gallagher agreed to chair a Subcommittee to write an anniversary report, but noted that it would be premature to do so until the statements and recommendations are updated.

Action Item

- The anniversary report will be added to the agenda for future meetings.

c. Website Changes and Updates

Ms. Becker informed the Council that she has been working with the USP website team to move forward with the Council’s recommended updates. There is also the option of working with an outside organization in redesign, but that would have an associated cost.



Action Items

- Ms. Becker will present website analytics at the next meeting.

6. Member Updates

a. USP

Ms. Donna Bohannon noted the following:

- *USP* General Chapter <1066> has been posted for public comment in the *Pharmacopoeial Forum*. The General Chapter addresses physical environments that promote safe medication use, and she encouraged Council members to read and provide feedback.
- Prior to the April meeting, there will also be a *Stimuli* article that addresses the name confusion between hydromorphone and morphine.

b. American Society of Health System Pharmacists

Ms. Bona Benjamin indicated that the American Society of Health System Pharmacists has been working on issues related to compounding, and to that end have been watching USP very closely.

c. Institute for Safe Medication Practices

Dr. Michael Gaunt explained that they had recently published and publicized tools on targeted medication safety best practices for hospitals. It is based on a survey of hospitals and describes issues that frequently arise in that context. Dr. Gaunt encouraged other members to visit the ISMP website and contact him with questions or comments.

Dr. Gaunt also noted that at the end of 2013 ISMP published its first annual review of data from the vaccine errors reporting program. This was a cooperative project with the California Department of Public Health and is available on the ISMP website.

d. Anesthesia Patient Safety Foundation

Dr. Donald Martin explained that APSF recently released three videos on patient safety. Two relate to opioid-induced depression, and another covers perioperative visual loss.

e. Harm Scale

Members discussed the external adoption of the Council's harm scale, noting that most major risk management organizations use most of it (A through I).

7. Next Steps and Next Meeting Date

The Chair reminded council members that the next face-to-face meeting would be April 16, 2014 at USP headquarters in Rockville. He encouraged any members that have suggestions for agenda items to send them to him, the Vice Chair, or Ms. Becker.

The meeting adjourned by consensus at 3:45 p.m.