**NCC MERP Advisory Committee Meeting**
**June 1, 2017**
**9:00 a.m. – 11:00 a.m.**
**Teleconference**

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**Attendees:**

Frank Federico (IHI), Chair; Ashok Ramalingam (DoD), Vice Chair; Shawn Becker (USP), Secretariat; Amy Cadwallader (AMA); Sharon Morgan (ANA); Ann Gaffey (ASHRM); Joan Enstam Baird (ASCP); Deborah Pasko (ASHP); David Gaugh (AAM); Rita Brueckner (Department of Veterans Affiars); Michael Gaunt (ISMP); Ana McKee (The Joint Commission); E. Robert Feroli, (MSOS); Tara Modisett (NASPA); Elizabeth Scotti Russell (NABP); Caitlin Lorincz (NPSF); Rita Munley Gallagher

**USP Observers:** Abbey Ammerman; Donna Bohannon; Rose Luu; Metab Alharbi

**Opening, Procedural, and Administrative Matters**

Mr. Frank Federico called the meeting to order at 9:00 a.m. and welcomed everybody to the call. Ms. Ammerman called roll and determined that a quorum was present. The summary of the previous meeting was reviewed and approved unanimously. Mr. Federico reviewed the agenda for the meeting and asked for approval of the agenda. The agenda was approved unanimously.

**Secretariat's Report**

Ms. Becker recognized Dr. Anan McKee, the Chief Medical Officer at The Joint Commission, who will serve as their organizational delegate. She also noted that the Institute for Healthcare Improvement (IHI) and National Patient Safety Foundation (NPSF) had recently merged. Because of the merger it was recommended that Mr. Federico serve as the delegate to the Council and Ms. McGaffigan serve as the alternate. Staff will update the roster, website and distribution list accordingly.

Ms. Becker reported that a small group had been identified to review the Taxonomy and will convene to begin the work.

**Review of the Opioids Web Resources**

Ms. Bohannon reported that she had collected and collated web resources from Council members. She had initially started with a medication management perspective in organizing the

resources, but now recommends organizing in three categories: Provider Resources, Patient Resources, Organizational Resources.

Representatives from AMA and from ANA each noted that their organizations were developing new sites that would be released in the near future. Ms. Bohannon asked that they forward the links when available. It was clarified that this will be a clearinghouse of links and will not include specific recommendations.

**Action Item:** Ms. Bohannon will meet with the internal Web team to make the appropriate updates to the site.

**EHR Medication Safety**

Dr. Ramalingam referred the Council to the White Paper that was included in the meeting materials and asked for feedback on whether there are any actions that the Council should take.

Ms. Morgan suggested that it would be worthwhile to take this up. She noted that in addition to Computerized Prescriber Order Entry (CPOE), each state has different requirements for Electronic Health Records. EHR errors also happen in care transitions. It was suggested that some sort repository or clearinghouse of resources might be an option.

It was noted that ISMP recently published an article on HIT errors and noted that facilities have a very hard time drilling down to find errors.

System design (initial setup, adding a drug); Inputting information by clinicians in partnership with patient; and reviewing/analyzing the data were three principle areas of concern. This is such a large topic, the Council agreed it needed to narrow in on a target area.

**Action Item**: A small group will be formed to work on developing a statement for Council review.

**Medication Without Harm: The 3rd WHO Global Patient Safety Challenge**

Mr. Federico noted that he'd attended the WHO Global Patient Safety summit and they focused in on medication errors. The Challenge goal is to reduce the level of severe, avoidable harm related to medications by 50% over 5 years, globally.

They're taking a multi-pronged approach, beginning with assessing the scope and nature of avoidable harm and strengthen the monitoring systems to detect and track this harm. They'll then create a framework for action including patients, health professionals and Member States. They'll develop guidance, materials, technologies and tools to support the setting up of safer medication use systems and will engage with key stakeholders. Finally they'll empower patients, families and their caregivers to be actively involved in the treatment and care decisions to spot error and effectively manage their medications.

Four fundamental problems have also been identified:

- Patients and the public are not always medication-wise. They are too often made to be passive recipients of medicines and not informed and empowered to play their part in making the process of medication safer.
- Medicines are sometimes complex and can be puzzling in their names, or packaging and sometimes lack sufficient or clear information. Confusing 'look-alike soundalike' medicines names and/or labelling and packaging are frequent sources of error and medication-related harm that can be addressed.
- Health care professionals sometimes prescribe and administer medicines in ways and circumstances that increase the risk of harm to patients.
- Systems and practices of medication are complex and often dysfunctional, and can be made more resilient to risk and harm if they are well understood and designed.

Mr. Federico noted that the first priority is to ask member countries and stakeholders to make a commitment to prioritize and take action to protect patients from harm in three key areas:

- High-risk situations
- Polypharmacy
- Transitions of Care

Council members discussed this initiative and asked about the measures that will be used - how WHO will measure the 50% reduction. It was also noted that many countries a large proportion of the population operate outside of the healthcare system. Mr. Federico noted that there is an open position for a consultant/ambassador for this initiative. It was recommended that this individual be invited to present to the Council at a future meeting.

**Action Item:** Ms. Ammerman will distribute the associated paper to the Council members.

Statement Review

Mr. Federico noted that it would be helpful to set up a timeline and system for reviewing the statements and recommendations of the Council. It was suggested that statement review should be a standing agenda item. There are currently 3 statements and 15 recommendations posted to the website. Mr. Federico asked that Council members send review proposals to Abbey for presentation at the next meeting.

**Action Item**: Council members to send Abbey proposals for a cycle and process of review.

The Council reviewed the recommendation to ensure accurate patient weights and provided comments and questions for the draft.

**Action Item:** Council members to send specific edits and recommendations for the draft on ensuring accurate patient weights.

**New Business**

It was recommended that we consider later meeting times for future meetings. Members provided updates including:

- National Council on Patient Information & Education (NCPIE) has rebranded and will launch a new website (BeMedWise.org).
- MSOS has new upcoming webinars on successful implementation
- ISMP just released new guidelines for safe subcutaneous insulin use and has received funding for a new fellowship program for international medication safety.
- ASHP has a new certification for medication safety
- ASHRM Week is coming up June 19-23, 2017

The meeting adjourned at 11:00 am. The next meeting will be October 2nd.