



NCC MERP Meeting
October 2, 2017
10:00 a.m.–3:00 p.m.
USP – Rockville

Attendees:

Frank Federico (IHI), Chair; Ashok Ramalingam (DoD) (WebEx), Vice Chair; Shawn Becker (USP), Secretariat; Diane Cousins (AHRQ); Amy Cadwallader (AMA); Sharon Morgan (ANA); Ryan Burke (APhA); Ann Gaffey (ASHRM); Deborah Pasko (ASHP); Rita Brueckner (Department of Veterans Affairs); Lubna Merchant (FDA); Matthew Grisinger (ISMP); Tara Modisett (NASPA); Deborah Davidson (NCPIE); Caitlin Lorincz (NPSF); Rita Munley Gallagher

USP Observers: Abbey Ammerman; Donna Bohannon; Elizabeth Garcia; Samantha McCormick

Opening, Procedural, and Administrative Matters

Mr. Frank Federico called the meeting to order at 10:00 a.m. and welcomed everybody to the call. Ms. Ammerman called roll. The summary of the previous meeting was reviewed, corrections provided 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 Mr. Federico and Dr. Ramalingam for their leadership for NCC MERP and noted that their term was coming to an end. She announced that she would send out a call for nominations for chair and vice chair shortly after the meeting.

Statement Review and Approval

It was noted that two statements were distributed to the Council for review in advance of the meeting: Recommendations to Weigh Patients and Document Metric Weights to Ensure Accurate Medication Dosing & Reducing Polypharmacy.

Ms. Pasko explained that the key recommendations focus on recording the patient weight in metric units, not relying on stated, estimated, or historical weight. In the case of obese and/or underweight patients, dosing weights would be used, but there is no standard definition for adjusted body weight or dosing weight at this time. It was agreed that the first step to reducing

dosing errors to ensure that patients are weighed regularly and it's recorded in metric units. Step two would be to address doing weights, particularly how they're addressed within EHRs.

It was noted that several council members provided feedback on the Polypharmacy statement. It was initially focused on addressing this issue within the geriatric population, but it's seen in several patient populations. It was recommended that this statement also address the use of dietary supplements.

Action Item: Both statements would be recirculated for additional comments and would be presented at the next Council meeting for approval.

Cycle and Methodology for Reviewing NCC MERP Statements

Mr. Federico suggested that the Council agree to make statement review part of the standard work. Further, he suggested that they define a process and cycle for review. The Council discussed several options including selecting 2-3 statements per quarter or per year. It was suggested that the low-hanging fruit be identified and updated first, then prioritize the other statements. This could potentially be done via an electronic survey. Other suggestions included assigning an owner for each statement and encouraging perpetual revisions. It was agreed that council members needed additional time to digest.

Action Item: The notes from the meeting will be reviewed and the advisory committee will propose a revision process to the full council for approval.

Review of the Opioids Web Resources

Ms. Bohannon reported that she had collected and collated web resources from Council members. The recommendations are organized in three categories: Provider Resources, Patient Resources, Organizational Resources.

Ms. Bohannon encouraged council members to continue to send any resource 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.

Targeted Medication Safety Best Practices for Hospitals: Results for 2016-17

Mr. Grisinger updated the Council on ISMP recommendations from their 2016-17 Targeted Medication Safety Best Practices for Hospitals.

- Dispense vincristine in a minibag, not syringes: There are reports indicated that it has been accidentally administered intrathecally which can be fatal. By diluting medication into a minibag, errors and confusion with intrathecal syringes can be prevented. It is also recommended that labels should be placed on the bags stating "For intravenous use only – fatal if given by other routes."



- Safe administration and error prevention of oral methotrexate: There should be hard stop verification when ordering oral methotrexate and default ordering should be weekly.
- Record patient weight in kilograms: In line with the NCC MERP proposed statement, weights should be recorded in kilograms and should avoid the use of stated, estimated or historical weights.
- Dispense oral liquids in unit doses or oral syringes: It was also recommended that auxiliary labels be placed on oral syringes to indicate “For oral use only.”
- Oral liquid dosing devices should only display metric units: It was noted that non-metric dosing can be confusing and mean different things to patients. It can be complicated further by patients/caregivers with low health literacy or those that do not speak English as their first language.
- Eliminate glacial acetic acid from all areas of hospital
- Segregate, sequester, and differentiate neuromuscular blocking agents: It was also recommended to label these medications as high-alert.
- Administer high-alert IV medications via programmable infusion pumps
- All antidotes, reversal agents, and rescue agents must be readily available
- Eliminate all 1L bags of sterile water from all areas outside the pharmacy: 1L bags of sterile water look very similar to 1L bags of normal saline and dextrose. These can be easily confused and cause harm to patients.
- Appropriate verification techniques when preparing compounded sterile products

NCC MERP Taxonomy

It was noted that the workgroup had an initial meeting and is considering what will be most helpful moving forward. The workgroup will reconvene and distribute recommendations to the Council.

Potential Topics for Council Action

Mr. Federico asked the Council to think about other areas where they should have a voice or consider developing a statement/recommendation. Of note was the issue of drug shortages. Council members agreed this was a serious problem, especially after the Hurricane. The increase in shortages is leading to more compounding of basic things. It was noted that while some states have requirements for CME for compounding, there is an overall lack of education. Ms. Becker highlighted several courses available through USP. Council members discussed the possibility of creating a clearing house for information about drug shortages on the NCC MERP website similar to what it's creating for Opioids. Also discussed was the need for there to be an emphasis on the role of leadership in medication and patient safety.

Member Updates

- IHI merged with NPSF

- ASHRM's Annual conference in 2 weeks.
- APhA is in the process of developing a fellowship for sterile compounding.
- USP just released their USP Drug Classification for public comment. The official dates for General Chapters <800> and <797> will be December 1, 2019.
- ASHP is having conversations to look back at workplace environments.
- NCPIC is celebrating its 32nd anniversary with a campaign focused on Think Before You Drink.
- AHRQ has a new director and they are thinking about the development of a new generation of researchers.

Closing

It was noted that a poll will be sent out to schedule meetings for 2018. The chair thanked Council members and adjourned the meeting at 3:00 pm.