National Coordinating Council for Medication Error Reporting and Prevention

Wednesday, April 16, 2014
10:00 a.m. – 3:45p.m.
USP Headquarters
Rockville, Maryland
Draft Meeting Summary

Goals and Anticipated Outcomes
- Discuss upcoming 20th anniversary of the Council and develop a vision for its future work.
- Finalize the work of the ADE Subcommittee
- Finalize the work of the Statements and Recommendations Subcommittee
- Discuss Government and Patient Advocate membership

Attendance
Present: Frank Federico, IHI (Chair); Marsha Gilbreath, APhA; Joan Enstam Baird, ASCP; Bona Benjamin, ASHP; Donald Martin, Anesthesia Patient Safety Foundation; Deborah Myers, Department of Defense; Todd Bridges, FDA; Matt Grissinger, ISMP; Ron Wyatt, The Joint Commission; Tara Modisett, NASPA; Scotti Russell, NABP; Maureen Cahill, National Council on State Boards of Nursing; Deborah Davidson, NCPIE; Shawn Becker, USP; Deborah Nadzam; Rita Munley Gallagher

Absent: AAPA; AARP; American Geriatrics Society; AMA; ANA; ASHRM; ASMSO; Generic Pharmaceutical Association; NPSF; PhRMA; Society of Hospital Medicine; Department of Veterans Affairs

Observers: Ann McMannis, APhA; Nancy Rogers, ASCP; Michael O'Conner, ISMP; Amanda Wyatt, ISMP; Jami Earnest, USP; Angela Long, USP; Jeanne Sun, USP; Chrissie Blackburn, patient and family representative

1. Opening, Procedural, and Administrative Matters

a. Election of a Chair Pro Tem
Both the Chair and Vice Chair were unavailable, and consequently, Ms. Angela Long, Vice President of USP's Global Alliances and Organizational Affairs division explained the process for electing a Chair, pro tem.

Motion: Ms. Shawn Becker nominated Ms. Bona Benjamin to serve as Chair, pro tem, and the nomination was seconded.

The motion was adopted through unanimous voice vote with no abstentions.
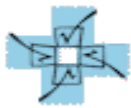
b. Welcome, Call Meeting to Order
Ms. Benjamin, Chair, pro tem, called the meeting to order at 10:15 a.m. and welcomed everyone to the 59th meeting of the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP).

Ms. Emily Ann Meyer called roll and determined that a quorum was present.

Ms. Chrissie Blackburn introduced herself to the other Council members. She was observing the meeting from the perspective of a patient and family representative.

c. Approval of the Summary of the Previous Meeting
NCC MERP members reviewed the summary of the previous meeting and provided no changes.

Motion: Ms. Benjamin moved to approve the summary of the previous meeting, and the motion was seconded.

The motion was adopted by unanimous voice vote with no abstentions.

d. **Approval of the Agenda**
The Council reviewed the meeting agenda and made no changes. Ms. Benjamin indicated that some topics could shift to allow for the planned late arrival of the Chair.

Motion: Ms. Benjamin moved to adopt the meeting agenda, and the motion was seconded.
The motion was adopted by unanimous voice vote with no abstentions.

2. **Secretariat's Report**
   a. **American Academy of Physicians Assistants**
   Ms. Becker explained that she had been in contact with Marie-Michele Leger, with the American Academy of Physicians Assistants, which had missed the past 4 meetings plus this meeting.

   Ms. Leger explained that they are in the process of appointing a new representative. Ms. Becker will follow up.

   b. **Requests for Individual Membership**
   Ms. Becker explained that several nurses have been in contact with her, requesting to participate on the Council as individual members.

   She has suggested that they review the requirements for individual membership on the Council's website and plan to attend a future meeting as an observer. They can then introduce themselves to the other Council members and explain why they are interested in membership.

   c. **Permissions**
   Ms. Becker explained that permission to use the NCC MERP taxonomy had been granted to Sonja Koontz, who developed a research paper based on her results.

   Dr. Koontz will be invited to the fall NCC MERP meeting to explain the results of her research and observe the proceedings for possible request as an individual member.

   d. **Alternate Delegate Representation**
   The Chair pro tem reminded members that when the primary delegate is unable to attend a meeting, it is appropriate for an alternate to attend.
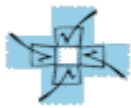
   She encouraged members to do so, to achieve increased meeting participation.

3. **Website Updates**
   Ms. Meyer provided updates on the status of the Council's website redesign. The project is currently 67th in USPs internal queue, but 12th in line for the IT staff person who will likely be performing the work.

   Ms. Meyer then presented an overview of external traffic to the website, including the following:
   - Common search terms
   - Length of visit
   - Popular reports

Ms. Becker suggested that as the Website is updated and appears more visually current, frequency and duration of visits may increase.

4. **Twentieth Anniversary Celebration**
The Chair pro tem, invited Dr. Rita Munley Gallagher to present on plans for the Council's twentieth anniversary. Dr. Gallagher suggested the following:
   - The 20 year progress report should not be written before the statements and recommendations have been updated.
   - The Council should consider doing fundraising for the money needed to support the 20th anniversary celebration.
   - The Council should consider structuring the anniversary celebration in terms of a meeting with a reception.

   Discussion
   Council members raised the following points:
   - The anniversary could be held in tandem with another big conference, such as ASHP's June medication safety conference. The council could request a half day workshop to explain its work for a larger audience.
   - The statements and other output of the Council are frequently used, but the Council does not market itself as effectively as it could. This would be an opportunity to generate broader awareness of the council.
   - The meeting or workshop could be grounded with an awareness of what the Council does to prevent errors and save patients, perhaps highlighting patient stories.
   - It may also be useful to showcase the ADE algorithm.
   - Council representatives should be sure to share the work of the Council with their member organizations.
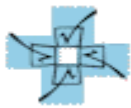
5. **Future Directions of the Council**
Council members discussed potential future areas of focus, noting the following:
   - Maybe it is time to move beyond medication errors to take advantage of the Council's interdisciplinary composition.
   - Participation in Council activities is greater when the group is united around a common area of interest.

   Potential topics for consideration included the following:
   - Procedural areas in ambulatory surgery
   - Opioid (and other prescription medication) abuse
     - A large percentage of adolescents are prescribed opioids for headaches
     - Inform first responders and family of the value and use of anti-opioids for overdose
     - Important to inform people of the safe use of opioids, cancer patients and those that need medicine for chronic pain management should not be put through immediate withdrawal by being given an antidote.
   - Vaporized nicotine products, which are unregulated and sometimes do not match labeled claims
   - Performance enhancing substances and the adverse events associated therewith
   - Counterfeit medication
   - Medication errors more significant from foreign nursing graduates working in US
   - Pediatric Medication Safety
   - Non-licensed personnel that might be medication-assisting
   - Simplifying and standardizing the medication use process.

- The healthcare provider's role in engaging patients.
- HIT (meaningful use, ACOs)

Ms. Benjamin then summarized the discussion up to this point, and turned the meeting over to the Chair, Mr. Frank Federico.

6. Subcommittee Breakouts

Council members broke into individual subgroups to accomplish their work products. The reports of those groups were delivered later in the meeting (see item 7).

7. Subcommittee Updates

a. Statements and Recommendations

i. Statement on Suffixes

Ms. Scotti Russell talked through the changes made to the statement regarding suffixes, and drew attention to the areas where she needed input from the other members. Participants raised the following points:

- The initial statement stemmed from discussions of a 2005 roundtable conference.
- Very little has changed since that point, and it may be appropriate to re-affirm the Council's decision with an updated/reviewed date.

USP staff captured additional edits in real-time within the draft document.

Action Item

- USP staff will work with Ms. Russell to make editorial changes, and the statement on suffixes will be sent out to the Council for an electronic vote.

ii. Recommendation to enhance the accuracy of administration

Ms. Maureen Cahill summarized the changes made to the recommendation regarding administration of medication. Council members raised the following points:

- The policies and procedures need to be written in such a way that they apply throughout a healthcare facility and allow for differences in different clinical areas.
- Some references to outdated technology are acceptable, because the recommendations may be read by people outside the United States.
- The recommendation should include a recommendation about the importance of a learning system and continual improvement.

USP staff captured additional edits in real-time within the draft document.
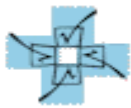
Action Item

- USP staff will work with Ms. Cahill to make editorial changes, and the recommendation on accuracy of administration will be sent out to the Council for an electronic vote.

iii. Recommendation to enhance the accuracy of dispensing of medication

Ms. Russell summarized the changes made to the recommendation regarding dispensing of medication and asked for member feedback on certain issues. Council members raised the following points:

- This recommendation was written prior to the current electronic prescribing and dispensing technology that is available.
- Orders are reviewed remotely in some hospitals.

USP staff captured additional edits in real-time within the draft document.

Action Item
- USP staff will work with Ms. Russell to make editorial changes, and the recommendations on dispensing will be sent out to the Council for an electronic vote.

iv. Reducing Medication Errors Associated with At-Risk Behaviors by Healthcare Professionals

Ms. Cahill summarized the changes made to the recommendation regarding reducing at-risk behaviors. Council members raised the following points:
- This is an area where communication with the patient and family could also reduce risk.
- Failure to appropriately adopt technology is an at-risk behavior.

USP staff captured additional edits in real-time within the draft document.

Action Item
- USP staff will work with Ms. Cahill to make editorial changes, and the statement on at risk behaviors will be sent out to the Council for an electronic vote.

v. Recommendations to Reduce Medication Errors Associated with Verbal Medication Orders and Prescriptions

Dr. Rita Munley Gallagher presented the updated draft of the recommendations related to verbal medication orders and asked for member input.

USP staff captured additional minor edits in real-time within the draft document.

Action Item
- USP staff will work with Dr. Gallagher to make editorial changes, and the recommendations on verbal medication orders will be sent out to the Council for an electronic vote.

vi. Recommendations for Health Care Professionals to Reduce Medication Errors Associated with the Label, Labeling and Packaging of Pharmaceutical (Drug) Products and Related Devices

Dr. Gallagher presented the updated draft of recommendations regarding the label, labeling, and packaging and asked for member input.

USP staff captured additional minor edits in real-time within the draft document.
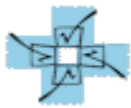
Action Item
- USP staff will work with Dr. Gallagher to make editorial changes, and the recommendations on label, labeling, and packaging will be sent out to the Council for an electronic vote.

b. ADE Algorithm

Dr. Deborah Nadzam talked through the changes made to the adverse drug event algorithm.
- The focus was on the introduction and surrounding text.
- The goal is to move the field away from the use of the term "ADR," and instead use "preventable and non-preventable ADEs."
- Members are encouraged to run test cases through the algorithm and develop new cases as needed.

Council members noted the following:

- This will likely have a huge impact after it is released.
- It may be worth providing a page of the definitions with citations to demonstrate the need to standardize terminology.
- Sometimes harm is not the result of a medication error, but rather an absence of better science.

Action Items
- USP staff will send the most recent draft to council members for comment.
- Dr. Nadzam will share the current draft with the hospitals in the JCR Hospital Engagement Network (HEN).
- The algorithm will go to the council for a vote at its July meeting.

c. **Patient Representative Subcommittee**
Mr. Federico explained that the Subcommittee had spent some time discussing how to bring a patient representative into the Council. Ms. Blackburn volunteered to come to a meeting as a "test case" in order to provide more input on the experience from a patient representative perspective, and allow the Council members to further refine expectations from that role. He will send additional follow-up questions to both Ms. Blackburn and the Council members after this meeting.

d. **Medication Safety for Older Adults**
Mr. Federico summarized the activities of this Subcommittee, noting the following:
- There are a number of reasons this is an important topic so it could result in a very broad document.
- There are a number of potential audiences, including the following:
  o Healthcare providers
  o Occupational and physical therapists
  o Patient and family advisors
  o Social workers
  o Home healthcare workers

Council members added that there may also be an opportunity to make recommendations to health IT vendors.

Mr. Federico plans to develop a matrix for potential recommendations and distribute it to Subcommittee members for input prior to the July meeting.
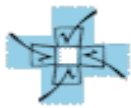
8. **Member Updates**
   a. **ISMP**
   Mr. Matt Grissinger provided the following updates:
   - ISMP has revamped the consumermedsafety.org website and added updated insulin information.
   - They have a grant with NABP to develop a workbook for community pharmacies on CQI and RCAs.
   - They have released best practices for hospitals.

   b. **National Council on State Boards of Nursing**
   On behalf of Ms. Cahill, Ms. Becker informed members that the National Council on State Boards of Nursing is now recognized as a standard-setting organization by ISO.

c. Anesthesia Patient Safety Foundation

Dr. Donald Martin informed members that there has been renewed emphasis on the actions taken with regard to NAN alerts, including distributing information via the newsletter and website.

d. Institute for Healthcare Improvement

Mr. Federico indicated the following:

- IHI has worked with the Office of the Inspector General on a trigger tool for methodology, which allows for a quicker review of charts.
- The methodology mimics the gold standard in a sampling strategy for rate of harm over time.
- Medicare requested a tool for use in skilled nursing facilities, and IHI is going to develop a "how to" guide, which includes components that make it more practical for use on a regular basis.
- Sometimes harm may be a continuation of the disease process.

e. American Pharmacists Association

Dr. Marsha Gilbreath explained that APhA recently adopted policies related to such topics as opioids and other areas of discussion from earlier in the meeting. She also noted that Ms. Lee Rucker was recognized as an honorary member of the organization.

f. NCPIE

Ms. Deborah Davidson indicated that under an ongoing grant with the FDA, NCPIE recently concluded a survey about knowledge, attitudes, and behaviors regarding medication risk and safety information. The next steps will be analyzing the results of the survey and working with the FDA on communications about risk and safety. NCPIE will also be rebranding and working to make their Website more accessible.

g. USP

Ms. Becker explained that the USP's General Chapter <800> *Hazardous Drugs—Handling in Healthcare Settings* was recently pre-posted, and comments can be submitted through July 31, 2014.

h. ASHP

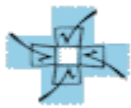Ms. Benjamin indicated that ASHP's three major initiatives are

- Drug shortages
- Pharmacy compounding
- Provider status for pharmacists

Her primary focus has been on compounding and drug shortages, where she helped the assistant secretary develop resources for IV saline.

i. Deborah Nadzam

Dr. Nadzam indicated the following:

- Her primary focus has been in partnership for patient work related to ADEs, with an emphasis on encouraging reporting of anticoagulant, hyperglycemic, and opioid incidents.
- ADEs are responsible for one-third of hospital acquired conditions, and 80 percent of those ADEs are directly attributable to those three drug classes.
- There will be a new report based on data submitted by the HENs in March, and the expectation is that the HENs will have hospitals reporting data for all three high-risk drugs by June.

9. **Federal Liaison Category**

   Ms. Becker summarized her discussion with Ms. Diane Cousins, regarding a Federal Liaison category.

   - The primary reason that AHRQ cannot pursue a regular membership is that they are a granting agency, which puts them in a different position than the other federal agencies on the Council.
   - AHRQ would likely be an active member under this category, and is working on projects that are directly relevant to the Council.
   - If such a category were approved, they would be interested in naming a representative.

   Ms. Becker read the description of the category as follows:

   By unanimous vote, the Council may invite a Federal Agency/Department to become a Federal Liaison to serve a two-year term. Each Federal Liaison Member shall be entitled to the rights and privileges of other Members except that the Member may not vote. Each Federal member may appoint one Delegate and one Alternate Delegate.

   Note: This does not preclude a Federal Agency/Department from membership as a full-voting member.

   Due to lack of a quorum the Chair suggested a vote on this category of membership at the July meeting.

10. **Next Steps and Next Meeting Date**

    The Chair reviewed action items.

    The next face-to-face meeting would be in July via WebEx. USP staff will follow up with a Doodle to determine dates.

The meeting adjourned by consensus at 3:30 p.m.