NCCMERP Council

Meeting Minutes

Date: July 28, 2026

Time: 11:30 AM – 1 PM

Chair: Bob Feroli (Individual)

Vice Chair: Robert Campbell (Joint Commission)

Members in Attendance: Ann Gaffey (ASHRM), Jessica Behrhorst (IHI), Mary E. Burkhardt (VA), Amy Cadwallader (AMA), Holly Carpenter (ANA), Robert Gaines (AAM), Myong- Jin Kim (ACCP), Rita Munley Gallagher (Individual), Michael Gaunt (ISMP), Allison Hill (APhA), Christopher Isong (USP), Jennie Jarrett (AMA), Mary Kleithermes (ASHP), Nicole Mollenkopf (Individual), James McSpadden (AARP), Emily Paulucci (NCSBN) , Emily Peron (AGS), Brian Serumaga (USP), Maureen Schanck (NABP), Dagmara Zajac (ASCP)

Secretary: Presha Regmi (USP)

Guests: Kara Jensen (ISMP Medication Fellow)

Not in attendance: Robert Campbell (Joint Commission), Deborah Melnyk (Individual), Carolyn Ha (PhRMA), Christopher Jerry (Patient Rep), Tara Modisett (NASPA), Stephanie Pastewait (DHA)

1. Welcome and New Members

- Bob Feroli opened July 28, 2026, NCCMERP Council meeting and reminded members that the meeting was being recorded to support accurate minutes.

- Bob Feroli welcomed new representatives from the American Society of Consultant Pharmacists listed on the agenda: Dagmara Zajac, Delegate and Associate Director of Pharmacy Practice, and Chad Worz, Alternate Delegate and Chief Executive of ASCP.

2. Approval of Minutes of May 26, 2026, Meeting

- The Council reviewed the May 26, 2026, meeting minutes. The minutes were approved.

3. Medication-Use Safety in Patients with Parkinson's Disease

- Emily Peron introduced the draft statement on medication-use safety in patients with Parkinson's disease, noting that she had worked with the Parkinson's Foundation and that the draft focused largely on hospital stays, medication timing, continuation of home

medications, and avoiding medications that may worsen symptoms. The draft was developed by Emily Peron, Nicole Mollenkopf and Bob Feroli.

- Bob Feroli explained that the draft was structured as follows: description of the problem, identified system failures that should be addressed, and a call to action for multidisciplinary review and improvement.
- Nicole Mollenkopf noted that references still need to be added, including references from the Parkinson's Foundation, the Institute for Safe Medication Practices, and primary literature. She also noted that the Parkinson's Foundation website may be linked as an additional resource.
- Burkhardt, Mary E. (NCPS) suggested considering a patient-friendly wallet card or tips document, especially related to medication timing and transition-of-care education.
    - This suggestion could be incorporated into the current document as an additional potential system failure involving discharge planning and patient education at discharge.
- Mary Ann Kliethermes asked whether NCCMERP should consider a broader section for disease-state medication safety issues, and Allison Hill suggested that related movement disorders may also warrant consideration for a future NCCMERP Statement.
- Rita Munley Gallagher recommended that before developing multiple disease-specific resources, the Council should agree on a consistent template. Bob Feroli suggested using the current structure of the Parkinson's Disease document described above.
- Holly Carpenter recommended that the document includes evidence-based solutions and references and suggested that short, open-access style materials could allow member organizations to reuse them in newsletters or other communications.
- **Outcome:** The Council generally supported the document. The draft will be revised with additional references and brought back for possible approval at the September 22, 2026, meeting.
- **Action Items:**
    - Council members are invited to send relevant references and specific suggestions to support revision of the draft before the next meeting. Please send to Emily Peron and Presha Regmi.
    - The revised Parkinson's disease statement will be brought back for review and possible approval at the next meeting.

4. NCCMERP Content Development to Support Member Organizations' Mission and Vision

- Using the Parkinson's Disease Statement as an example, Bob Feroli encouraged member organizations to identify topics that align with their respective mission and vision that could be developed collaboratively with NCCMERP.

- Bob expressed his willingness to brainstorm with members to help identify potential opportunities.

- Action Item: Member organizations should consider potential NCCMERP content topics and opportunities to link or reference NCCMERP resources from their own websites.

5. NCCMERP Website Redesign

- Bob Feroli reported that he and Presha Regmi met with USP's IT team regarding the NCCMERP website and clarified that the work includes two separate components:

    - adding or updating current content

- improving website design, user experience, click flow, and organization.

- Presha Regmi reported that a meeting was scheduled with the website design point of contact and that the IT team had requested additional resources. Presha Regmi also noted that she had scheduled a meeting with the HQS leadership team and IT team to get additional clarification and would provide further updates at the next meeting.

- Presha Regmi stated that she and Christopher Isong will serve as content master's for the website and will liaise with IT to make content updates, rather than directly making the changes themselves.

- **Action items**

  - Presha Regmi will meet with IT and HQS leadership to clarify the status, scope, and resource needs for website content updates and redesign.
  - Presha Regmi will provide an update at the September 22, 2026, meeting.

6. NAN Alert Process Clarification

- The Council reviewed and agreed with the proposed NAN Alert process language provided by Gaunt, Michael (ISMP):

  - ISMP initiates NAN Alerts for critical safety issues. They are intended to warn healthcare providers broadly about the risk of medication and vaccine errors that have caused or may cause serious harm or death, or to warn them about new findings that could cause harm and/or are being reported with unusual frequency.

  - As appropriate, NCCMERP and its members should report medication errors and hazards, especially those that they believe are urgent, to ISMP.

  - ISMP reviews all reported medication and vaccine errors and hazards it receives and determines whether an issue warrants development of a NAN alert.

  - ISMP develops the NAN alert with input from others as appropriate (e.g., ASHP). Once developed, ISMP sends NCCMERP (and others) the NAN Alert.

  - NCCMERP publishes the NAN alert on its website and forwards the NAN alert to all NCCMERP members.

  - As appropriate, NCCMERP members should promptly share the NAN alert with their organizations' members.

- **Decision:** The NAN Alert process was approved for inclusion in the NCCMERP Rules and Procedures.

7. Patient and Family Section on NCCMERP Website Follow-Up / Action Items

- Bob Feroli introduced the proposed Patient and Family section for the NCCMERP website, explaining that the current consumer-facing section is not sufficiently useful for patients seeking specific medication safety information. He proposed changing the label from "Consumer" to "Patient and Family."

- Mary Burkhardt, (NCPS) supported adding the section and suggested adding information about vacation refills and how patients can obtain prescription history information from

third-party payers, including examples such as CVS Caremark and Optum. She offered to help identify relevant information and links.

- Allison Hill supported the idea and noted that the language should be inclusive of all relevant healthcare professionals, including pharmacists, rather than using only "doctor" or "provider."

- Mary Ann Kliethermes recommended that NCCMERP establish a process for annual review of links. Bob Feroli noted that a quality control section has been added to the Rules and Procedures, making the chair responsible for overseeing annual review of website links during the first quarter of each year.

- Decision: The Patient and Family section was approved for posting to the NCCMERP website, with the understanding that it will be continuously improved.

- **Action Items:**

    - Members should send specific edits, links, and suggest patient-facing topics to improve the Patient and Family section.

    - Burkhardt, Mary E. (NCPS) will provide suggested information related to vacation refills and prescription history resources.

8. Definition of a medication error

- Bob Feroli introduced a proposed revision to the NCCMERP definition of a medication error. He explained that the current definition includes person-focused language and an incomplete list of medication-use-process elements, while the proposed revision is intended to be clearer, more system-focused, and more concise.

- The proposed revision separates the definition of medication error from the broader description of the medication use process. Bob Feroli described the medication-use process as including following stages: planning, implementing, monitoring, evaluation, and communication.

- Burkhardt, Mary E. raised the issue of errors of omission, noting that failing to order, administer, monitor, or complete another step may also represent an error. Nicole Mollenkopf suggested that rather than adding omission examples throughout the list, the definition could be simplified to refer to "any preventable event within the medication use process."
    - The proposed new definition would now read:
      "A medication error is any preventable event within the medication-use process* that results in, or has the potential to result in, a failure of the medication-use process."

- Ann Gaffey supported the new simpler definition, noting that risk professionals and patient safety professionals should be able to understand and use the definition without excessive complexity. Mary Ann Kliethermes also supported the simpler definition and noted that it may help users speak the same language across settings.

- Jennie Jarrett and others raised questions about why the definition should be revised and what downstream impact a change could have, particularly because the definition is widely used. Bob Feroli reviewed the "rational" provided with the suggested update:

    - Emphasize medication-use processes rather than individual performance.
        - Remove reference to individuals i.e., "while the medication is in the control of the health care professional, patient, or consumer."
    - Distinguish medication errors from patient outcomes.
        - Remove reference to patient harm
    - Recognize patients and caregivers as active participants in the medication-use process.
        - Explicitly Include patients and caregivers as key components of the Medication- Use Process
    - Maintain applicability across all healthcare settings.
    - Support learning, reporting, quality improvement, and patient safety.
    - Use terminology that is concise, understandable, and applicable to future models of healthcare delivery.

- Members were asked to review the proposed definition with colleagues, consider possible downstream implications, and return with specific suggestions for discussion at our next meeting

Action Items:

- Council members should review the proposed definition with their respective colleagues and identify specific concerns, downstream impacts, and suggested revisions.

- The revised definition of medication error will be brought back for further discussion at the September 22, 2026, meeting.

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9. Proposed Revision to Definition of "Harm" used in the Medication Error Index

- Bob Feroli introduced the proposed change to the definition of "Harm" currently included in the Medication Error Index. Suggestions were submitted by Jenna Merandi and colleagues from Nationwide Children's Hospital and reviewed Jenna's recommended revision and well written justification (attached to agenda). Bob explained that the group identified challenges in classifying medication errors involving psychological harm under the current NCCMERP harm scale and provided specific recommended language to address the issue.

    - Current Wording: *"Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom."*
    - Proposed Revision: ***"****Temporary or permanent impairment of physical, emotional, or psychological functioning, including injury, pain, or clinically meaningful emotional or psychological distress (e.g., sustained anxiety, fear, loss of emotional regulation, or behavioral or cognitive impact) that requires intervention (e.g., counseling, pharmacologic treatment, additional monitoring) or results in functional limitation (e.g., inability to cope, disrupted sleep, impaired daily activities)."*

- Jenna suggested that the updated wording would result in the following benefits:

    - Improves inter-rater reliability

- Reduces under-classification of patient harm
- Aligns emotional/psychological harm with modern patient safety and trauma-informed care
- Supports learning systems, not punitive escalation
- Consistent with concepts of Just Culture and whole-person harm.

- Council members generally reacted favorably to the proposed clarification.

- **Outcome:** Council members were asked to review the updated wording of "Harm" and to provide suggested edits before next meeting's meeting. This item will be brought back next meeting for discussion.

- The discussion broadened into the NCCMERP Medication Error Index and the "A" through "I" categories. Bob Feroli noted that the current index is widely used in reporting platforms and that any modernization would need to avoid disrupting existing databases and systems.
- Mary Ann Kliethermes suggested that any modernization should consider interoperability, value sets, SNOMED codes, and suggested that we consider collaboration with Pharmacy HIT.
    - SNOMED codes (Systematized Nomenclature of Medications) are unique, numerical identifiers used to represent clinical concepts like, diagnosis, symptoms, procedures and lab results in electronic medical records.
- Ann Gaffey noted that risk management event reporting systems commonly use the NCCMERP scale for medication events and emphasized Bob's earlier point that any transition would need to consider downstream data implications.
- **Outcome:** The Council identified broader interest in modernizing the Medication Error Index while accounting for downstream system impact and interoperability.
- **Action Items:**
    - Members should review Jenna Merandi's proposed harm definition and come prepared with feedback at the next meeting.
    - Members should consider participating in a future work group to explore modernization of the NCCMERP Medication Error Index, members should also consider additional "non-NCCMERP members" that can provide additional expertise to this effort (e.g., Pharmacy HIT).
    - Mary Ann Kliethermes will mention potential collaboration to Pharmacy HIT and explore whether their expertise in value sets and SNOMED codes could support future work.

10. NCCMERP Taxonomy and Modernization Considerations

- The agenda included NCCMERP Taxonomy, noting that it was developed in 1998 and has not been updated since that time.

- This item was briefly discussed and will be brought back as an agenda item at a future meeting.

- **Action Item**: no action at this time.

11. Transforming Safety Article and Safety I / Safety II Discussion

- Bob Feroli referenced the article "Transforming Safety," which had been distributed to Council members by Mary Ann Kliethermes. He broadly summarized Safety I as identifying what is broken and fixing it (the primary process used today), and Safety II as examining systems that are working well, identifying why they are working well, then applying those lessons to other processes in need of improvement.

- Mary Ann Kliethermes discussed her prior work related to patient safety and cognitive overload, including the concept that safety work should look not only at errors but also at what works and how to promote what works.

- Nicole Mollenkopf noted that Safety II literature often remains theoretical and suggested that Safety II may be operationalized through lean management, daily work, leader standard work, and understanding everyday adaptations made by staff.

- The literature seems to be rich in theory but relatively sparse in operational guidance.

- Bob Feroli suggested that NCCMERP could contribute to this effort by developing short, practical, operational examples of how organizations can operationalize Safety II principles, such as including asking "what is working well" at existing "safety huddle."

- **Action Item:** Council members should consider practical, operational examples of Safety II principles that NCCMERP could compile or develop into a future resource.

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12. Next Meeting

The next NCCMERP Council meeting is scheduled for September 22, 2026.