Joint Commission Medication Management Update

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Learning Objectives

- Describe two significant changes to the medication management standards and National Patient Safety Goals for 2014.
- Evaluate strategies to address safety concerns and regulatory requirements for medication samples.
- Identify at least one key issue found on survey relating to the top four challenging medication management standards.
- Analyze strategies to support regulatory compliance in managing medication therapy in your practice setting.
New EP for 2013: Standing Orders/Protocols and Order Sets

Medication Management Standards -

- MM.04.01.01 EP 15
  - Requirements clearly specified
  - Medication orders initiated by RN prior to LIP order requires approval by MD, RPH and CNO
  - Developed using nationally recognized and evidence based guidelines
  - Regular review to determine continuing usefulness and safety
  - Dating, timing and authentication according to law, bylaws or hospital policies
Medication Samples and New Language by TJC

- Announced December, 2013
- Effective: July 1, 2014
- Accreditation Programs which have Sample Medication requirements

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Critical Access Hospitals</th>
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<tbody>
<tr>
<td>Ambulatory</td>
<td>Behavioral Health</td>
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<tr>
<td>Home Care</td>
<td>Office Based Surgery</td>
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</tbody>
</table>
The New Joint Commission Clarification

- Intent: To provide clarification and direction as to which medication management standards will apply to medication samples
- Standards which now apply to medication samples will have a note: “Note: This element of performance is also applicable to sample medications.”
- No new requirements in the standards at this time
# Medication Management & Sample Medication

<table>
<thead>
<tr>
<th>Medication Management (MM) Requirements Applicable to Sample Medications*</th>
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<tbody>
<tr>
<td>MM.01.01.01 (EPs 1–2)</td>
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<tr>
<td>MM.01.01.03 (EPs 1–3, 5)</td>
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<tr>
<td>MM.01.02.01 (EPs 1–3)</td>
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<tr>
<td>MM.02.01.01 (EPs 1–3, 7–8)</td>
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<tr>
<td>MM.03.01.01 (EPs 2–8, 10, 18–19)</td>
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<tr>
<td>MM.03.01.05 (EPs 1–3)</td>
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<tr>
<td>MM.04.01.01 (EP 10)</td>
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* Please note that not all of the EPs listed in this table are applicable to each accreditation program. Accreditation-specific requirements are available on The Joint Commission website at [http://www.jointcommission.org/standards_information/prepublication_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx) and will be in the spring 2014 E-dition® as well as the 2014 update to the Comprehensive Accreditation Manuals.
Recommended Strategies to Meeting Joint Commission Requirements

- Policy on sample medications - strongly recommended
  - What medications will be allowed
  - Who will provide oversight
  - Which areas, which patients
  - Relevant standards for types of samples stored
  - Storage and security
  - Record keeping
  - Labeling
  - Patient education
  - Inspection of storage, recalls, expired drug removal processes
Recommended Strategies to Meeting Joint Commission Requirements

- Additional recommended considerations
  - Will patient be provided with a prescription in addition to a sample medication?
  - How will drug interactions, duplications or dosing errors be avoided?
  - Who can provide the medications?
    - Dispensing privileges are defined by State Pharmacy Practice Laws
Safety Considerations with the Use of Medication Samples

- Who’s in Charge??
  - Determining appropriate types and quantities
  - Medication security
  - Logs to keep track of what’s being received and dispensed

- Playing the Pharmacist…
  - Check allergies, review other medications being used, verify appropriateness of drug, dose, no interactions
Additional Recommended Strategies to Improve the Safe Use of Samples

- Labeling recommendations
  - Date dispensed
  - Prescriber
  - Patient name
  - Drug, strength and quantity dispensed
  - Instructions for use
  - Ancillary cautionary labels, as necessary (e.g., “take with food”, “may cause drowsiness”)

- Patient education and updating of patient’s current medication list
Additional safety strategies (ISMP, NCC MERP)

- Provide orientation to policy and oversight over pharmaceutical representatives so that they understand and comply with samples requirements.
- Create a log book for medication samples, where quantities, lot number and expiration date are noted when samples are received; and patient name, medical record number and lot number are documented when dispensed.
- Prescribers should make a note in the medical record when a patient is provided with samples; develop a process with a pharmacy to provide screening when samples are dispensed.
- Adopt the use of vouchers, which are given to the patient to give to the pharmacy to be used to provide medications.
Joint Commission Deliberations-Status Update

- Multi-dose vials in immediate patient care areas
- Medication shortages
SEA 52: Preventing Infection from Misuse of Injectables

- Released June 16, 2014
- Highlights reports of harm that have resulted from incorrect use of injectables
- Primary focus is single dose vials (SDVs), however multi-dose vials (MDV) are also addressed
- Reference to misuse of syringes not included
- Strategies for safe use are provided
Why are SDVs being misused?

- Knowledge/awareness
- Ability to identify a SDV
- Drug shortages
- Cost savings
- Ignorance/negligence/convenience
Fundamental Training Points with Handling of Injections

- Hand hygiene concepts
- Proper use of syringes/needles; bags/sets
  - One and Only Campaign
- Identification of single use products
- Rules for single use products
Rules for Single Use Products

- Use only in one patient
- Discard after a single dose
- Re-entry for a single patient as part of a single procedure can occur within 1 hour (USP 797); but must use new needle and syringe
- Don’t pool leftover contents of several SDVs
- Don’t save or store leftovers for use at another time
- Packaging of smaller doses from single use vials should be performed only in an ISO 5 environment
What practices are occurring at your organization?

- Assessing for improper use of SDVs
  - Areas to Assess:
    - Nursing units/ refrigerators/ bedside
    - Clinics, particularly pain clinics
      - Look at where high expense medications are used
        » Plastic surgery; urology; neurology- Botox
      - Pain clinic- what is being made; who is making it; how is it being used?
What practices are occurring at your organization?

- Assessing for improper use of SDVs
  - Areas to Assess:
    - Pharmacy
      - Is medication in SDVs being saved due to shortages or to control costs?
      - Are staff identifying medications that are SDVs and dating differently than MDVs?
      - Reconstitution bags – are they dated as SDVs- limit should be 6 hours
    - TPN ingredients
    - Chemotherapy vials- great misconception
<table>
<thead>
<tr>
<th>Standard/NPSG</th>
<th>% Non-compliant</th>
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<tbody>
<tr>
<td>MM.03.01.01 Storage and Security of Meds</td>
<td>32.2%</td>
</tr>
<tr>
<td>MM.04.01.01 Medication Orders</td>
<td>24%</td>
</tr>
<tr>
<td>MM.05.01.01 Medication Order Review</td>
<td>20.3%</td>
</tr>
<tr>
<td>NPSG.03.04.01 Labeling in OR/procedures</td>
<td>12.3%</td>
</tr>
<tr>
<td>NPSG.03.06.01 Reconciling Medications</td>
<td>5.7%</td>
</tr>
<tr>
<td>MM.05.01.07 Preparing medications</td>
<td>5.3%</td>
</tr>
<tr>
<td>MM.05.01.09 Medication Labeling</td>
<td>3.8%</td>
</tr>
<tr>
<td>MM.01.02.01 Look alike sound alike Med</td>
<td>3%</td>
</tr>
<tr>
<td>MM.01.01.03 High alert /Hazardous Meds</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
Problematic EPs:

- EP 2: medications are stored according to manufacturer’s recommendations
- EP 3: all medications and biologicals are stored in secure areas to prevent diversion and locked when necessary, in accordance with law and regulation
- EP 6: the hospital prevents unauthorized individuals from obtaining medications in accordance with law and regulation
- EP 8: removes expired, damaged, and/or contaminated meds/stores separately
Corridor Clutter- LS.02.01.20

- Items which can be left in the corridors
  - Isolation carts
  - Emergency carts
  - Chemotherapy carts

- What about computers on wheels?
  - Rule of thumb: 30 minutes of inactivity- must be stored when not in use
Multi-dose Vials

- Issues:
  - “Date opened” labels
  - Vaccines
    - Exempt from 28 day rule
  - Allergens
    - Mfr prepared - 28 day
    - Patient-specific - exempt
  - Bulk injectable contrast

- Significant Safety Issue:
  - Experienced practitioners using syringes on multiple patients

http://www.oneandonlycampaign.org/
Problematic EPs:

- EP 13: the hospital implements its policies for medication orders
  - Failure to clarify unclear, illegible and incomplete orders
  - Consistency in interpreting range orders
  - Lack of indication on PRN orders
  - Lack of special precautions for ordering LASA medications
Adjustment of Medications by non-LIPs

- Therapeutic substitution
- Protocols
- Non/off-protocol optimization
- CMS considerations

A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital

- **CoP Pharmaceutical Services 482.25(b)**

- Problematic EPs:
  - EP 1: pharmacist reviews all medication orders/prescriptions before dispensing/removing from floor stock or automated dispensing device
MM.05.01.01

– EP 2: when on-site pharmacy not open 24/7, qualified healthcare professional reviews the med order in pharmacist absence

• Followed by a review by pharmacist when pharmacy is re-opened
Medication orders reviewed for:
- EP 7: therapeutic duplication
  - Morphine 2 mg IV every 10 min PRN pain
  - Tylenol #3 1 tablet every 4 hours PRN pain
- EP 11: after review, all concerns, issues, or questions are clarified with the individual prescriber before dispensing
Override review process should assess:
- Urgency of situation
- Trends
  - Medications
  - Time of the day
  - Users of override process
- Presence of a medication order
- Barcode scanning of medications removed
- Override rate
MM.05.01.07 Pharmacy Preparation of IV admixtures

- Intent: To move IV admixture preparation out of the nursing unit
- Consider where IV admixtures might be prepared outside the pharmacy
- Pharmacy should consider ways to make IV admixtures available when needed without admixture by nurses
  - These are not exceptions:
    - Non 24/7 pharmacies; ORs; off-site clinics
• Standard labeling throughout the organization
• Labeling must occur when:
  – Removed from a labeled package of medication
  – When prepared for a patient and not immediately administered
• Required information:
  – Name, strength, amount if not apparent from container, expiration date/time; date prepared and diluent for compounded IVs (additional if preparing individualized doses for multiple patients)
Medication Standards Compliance in Radiology Areas
Top Issues in Radiology Areas

- Labeling of medications - procedure areas
- Medication reconciliation
- Contrast and non-contrast and medication order review
- Unlabeled contrast
- Pharmacy bulk bottles
- 2 patient identifiers prior to administration
- Preparation of IV admixtures
- Hot labs
Key Radiology Issues

- Labeling of medications procedure areas
  - Interventional Radiology procedures - NPSG 03.04.01
  - Contrast mixed with flavoring agent
- Medication reconciliation
  - Non-24 hour settings and defining what information needs to be collected
Key Radiology Issues

- Medication Order Review - when is it needed?
  - Contrast
  - Oral contrast administered on units
  - Non-contrast
  - Contrast given outside of radiology areas
Key Radiology Issues

- Pharmacy bulk bottles and injectors
  - Compliance with package insert
  - Environment
  - Labeling

- 2 patient identifiers prior to administration
Key Radiology Issues

• Preparation of IV admixtures
  • Admixing should be done in the pharmacy, if not urgent

• Hot labs
  • What is being done
  • Procedures
  • Non-radiopharmaceuticals
  • Medication storage
Hot Topics
NPSG.03.06.01
Reconciling Medication Information

Components of the Revised Goal

- Collecting information on the home medications
  - “Good faith” effort
  - Reconciliation with medications ordered in the hospital
- Transfer of patient- and reconciliation of medications
  - No longer specifically part of this NPSG
  - Update medications in medical record part of RC.01.01.01 and RC.02.01.01
- Discharge process
  - Provide discharge medication information to patient
  - Added responsibility of patient to maintain list and to communication to PCP
  - No requirement for the hospital to provide list to next provider of care
- Non-24 hour settings
  - Organizations can define the medication information they require to be collected
    - Allows tailoring process for specific settings
High Alert Medication Strategies

- How have you defined these?
- How have you defined strategies for reducing risk?
- How have you disseminated information about risks and new processes

- Recommendation: Address the specific risks of each high alert medication on your list
<table>
<thead>
<tr>
<th>Medication/Class</th>
<th>Storage</th>
<th>Transcription/ordering</th>
<th>Preparing/Dispensing</th>
<th>Administration</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Neuromuscular blocking agents</td>
<td>Restricted to Pharmacy, Anesthesia, ICU, INT, ED’s, and PACU</td>
<td>Restricted to Anesthesiologists, Intensivist, Pulmonary, Paramedics, ED Physicians</td>
<td>By Pharmacy</td>
<td>Drips must be on Infusion device. Patient must be intubated</td>
<td>Continuous cardiac monitoring</td>
</tr>
</tbody>
</table>
Hazardous Medications

- Requirements are included in MM.01.01.03; EC.01.01.01, EC.02.02.01, EC.04.01.01, as well as LD, LS, and EM references
- Need a list! (MM.01.01.03)
- Defined by NIOSH - revised 2014
- Strategies to protect those who come in contact
  - PPE
  - Other Primary engineering controls
  - Processes
  - Training
Look Alike Sound Alike Medication Strategies

- Consider multiple concentrations of the same medication
- Have you defined policy on ordering LASAs?
- Recommendation: Address display of LASA via Tallman lettering, use of brands or indications; address storage via restriction, separation, labeling
- Instruct on how TallMan lettering works
CMS and Timeliness of Medication Administration

- Updated Guidance memo issued Nov, 2011
- Hospitals expected to develop policies and procedures that include:
  - Medications **not eligible for** scheduled dosing times
  - Medications **eligible for** scheduled dosing times
  - Administration of eligible medications outside of their scheduled dosing times and windows
  - Evaluation of medication administration timing policies, including adherence to them
Medication-related Contracted Services

- Outsourcing to compounding pharmacies
  - TPNs, other compounded sterile admixtures
  - Batch preparations
  - Specialty custom products
- These services provide care, treatment and services to patients (direct patient care)
Contracted Services Expectations: LD.04.03.09

- Clinical leaders and medical staff have input as to source for outsourced services
- Written description of scope and nature of outsourced services in contract
- Expectations for performance provided by hospital according to defined measures provided to provider
- Performance is monitored
- Steps taken to correct identified performance problems
Tool from ASHP Foundation - Outsourcing Sterile Products Preparation

- Outsourcing Sterile Products Preparation: Contractor Assessment Tool - ASHP Foundation

Post national compounding tragedies—what is TJC response?

- TJC is looking at this issue carefully
- Educational webinars
- Surveyors don’t survey USP 797
  - However, there is overlap with many TJC standards, including
    - Training and competency
    - Dating of items using evidenced based practices
    - Cleaning, hand hygiene, CDC Safe Injection Practices
    - Professional standards for gowning and garbing
    - Hazardous medications and mitigation of risks through handling and employee protection
Joint Commission Activities regarding Compounding

- Starting with Home Care program
- Development of a tool for use by surveyors to assess
- Results of that will guide discussions of standards changes for Hospital and Ambulatory programs
Medication Tracers - Developing Your Process

- Pharmacy Tracer
  - Scope of services, no. of locations, hours of operation
    - Non-24 hour- order review and med access
  - General organization and cleanliness
  - Refrigerators
  - Medication Storage Inspections
  - Process for medication shortages
  - Order review process
    - Paper order review- legibility, completeness of orders, compliance with policies
Medication Process Tracing - Training your Eye...

- Pharmacy Tracer
  - Labeling
  - Staff competency
  - Students/residents- evidence of orientation and training/competency
  - IV admixtures- USP 797 compliant? Garbing, competency;
    - Chemotherapy processes
  - High alert, hazardous and LASA strategies in place
  - Pharmacy role- NPSG.03.05.01; NPSG.03.06.01
Medication Process Tracing

- Nursing Units
  - High alert and hazardous medication processes
  - Medication storage and security
  - Controlled substance processes
  - Emergency medications and supplies - process to replace
  - Use of technology - how does it mitigate risk or contribute to new risk?
Medication Process Tracing

- Nursing Units
  - Labeling of medications
  - Expiration dating of open sterile vials; use of single dose vials/bags
  - Preparation of IV admixtures on the units
  - Medication reconciliation
  - Processes and policies for use of anticoagulation medications
  - Medication orders- completeness; compliance with policies; review of standing orders; legibility
Medication Process Tracing

- Specialty areas to visit
  - Pediatric units
  - Behavioral health
  - Operating rooms, including Pre-op and PACU
  - Emergency Department
  - MRI and CT imaging; also nuclear pharmacy/hot labs
  - Ambulatory clinics
Key Takeaways

- For organizations that allow the use of sample medications, review the JCR Checklist (included with your meeting handouts)
- Review clinical contracts to confirm that performance metrics are included in the contract and a process exists for monitoring performance
- Reassess your high alert medication processes to determine if medication specific strategies are implemented
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