

In pursuit of the Joint Commission Holy Grail: Continuous Survey Readiness

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Pharmacist objectives:

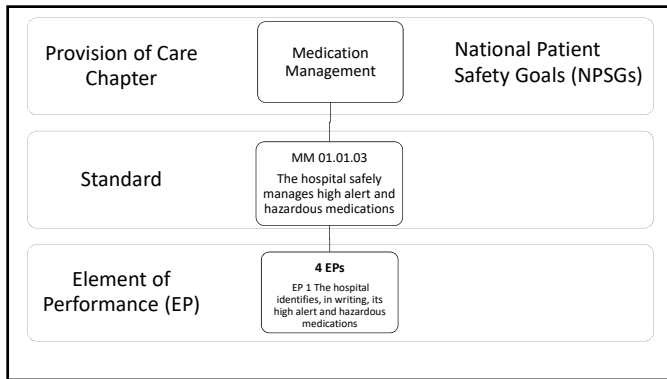
- Create a continual survey readiness program through use of Medication Management Standard Gap Assessment.
- Outline different strategies that can be used to support continual survey readiness of Medication Management Standards.
- Discuss problematic medication management standards, potential actions to resolve the issues and enhance compliance

Technician objectives:

- Create a continual survey readiness program through use of Medication Management Standard Gap Assessment.
- Outline different strategies that can be used to support continual survey readiness of Medication Management Standards.
- Discuss problematic medication management standards, potential actions to resolve the issues and enhance compliance

Accrediting Organizations

- Joint Commission
- DNV Healthcare
- Accreditation Association for Hospitals and Health-System (AAHHS) previously HFAP
- Center for Improvement in Healthcare Quality (CIHQ)



How many Medication Management Standards are there?

- a) 10
- b) 15
- c) 20
- d) 30

MM STANDARDS

MM 01.01.01 The hospital plans its medication management processes

MM 01.01.03 hospital safely manages high-alert and hazardous drugs

MM 01.02.01 The hospital addresses look alike sound alike medications

MM 02.01.01 The hospital selects and procures medications

MM 03.01.01 The hospital safely stores medications

MM 03.01.05 The hospital safely controls medication brought into the hospital by patients, their families, or LIPs

MM 04.01.01 Medication orders are clear and accurate

MM 05.01.01 A Pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital

MM 05.01.07 The hospital safely prepares medications

MM 05.01.09 Medications are labeled.

MM 05.01.11 The hospital safely dispenses medication

MM 05.01.13 The hospital safely obtains medication when the pharmacy is closed

MM 05.01.17 The hospital follows a process to retrieve recalled or discontinued medications.

MM 05.01.19 The hospital safely manages returned medications.

MM 06.01.01 The hospital safely administers medication.

MM 06.01.03 Self-administered medications are administered safely and accurately.

MM 06.01.05 The hospital safely manages investigational medications.

MM 0.01.03 The hospital responds to actual or potential adverse drug events, significant adverse drug reactions, and medication error.

MM 08.01.01 The hospital evaluates the effectiveness of its medication management system.

MM 09.01.01 The hospital has an antimicrobial stewardship program based on current scientific literature.

2018 National Patient Safety Goals

Identify patient correctly

Improve staff communication

Use medicine safely

Use alarms safely

Prevent infection

Identify patient safety risks

Prevent mistakes in surgery

J	H	I	J	O	P	Q	R
1	Chapter	Number	Element/Standard	Policy #	Percent Complete	Action Plan	Due Date
123	Medication Management	MM 03.03.05	The hospital safety controls medications brought into the hospital by patients, their families, or licensed independent practitioners.				
124	Medication Management	1	The hospital defines when medications brought into the hospital by patients, their families, or licensed independent practitioners can be administered.				
125	Medication Management	2	Before use or administration of a medication brought into the hospital by a patient, his or her family, or a licensed independent practitioner, the hospital identifies the medication and visually evaluates the medication's integrity. (See also MM 03.03.07, EP 3; MM 06.03.03, EP 4)				
126	Medication Management	3	The hospital informs the practitioner and patient if the medications brought into the hospital by patients, their families, or licensed independent practitioners are not permitted.				
127	Medication Management	MM 04.03.01	Medication orders are clear and accurate.				
128	Medication Management	1	The hospital has a written policy that identifies the specific types of medication orders that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly include the following: As-needed (PRN) orders, orders acted on based on the occurrence of a specific indication or symptom. Standing orders. A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances. Automatic stop orders. Orders that include a date or time to discontinue a medication. Throwing orders. Orders in which the dose is either progressively increased or decreased in response to the patient's status. Taper orders. Orders in which the dose is decreased by a particular amount with each dosing interval. Range orders. Orders in which the dose or dosing interval varies over a pre-specified range, depending on the situation or patient's status. Orders for compounded drugs or drug mixtures not commercially available. Orders for medication-related devices (for example, syringes, catheters). Orders for investigational medications. Orders for herbal products. Orders for medications at discharge or transfer.				
129	Medication Management	2	The hospital has a written policy that defines the following: The required elements of a complete medication order.				
130	Medication Management	3	The hospital has a written policy that defines the following: When indication for use is required on a medication order.				
131	Medication Management	4	The hospital has a written policy that defines the following: The precautions for ordering medications with look-alike or sound-alike names.				
132	Medication Management	5	The hospital has a written policy that defines the following: Actions to take when medication orders are incomplete, illegible, or unclear.				

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What process is currently in place for tracking pharmacy policy and procedures?

- A. Department Shared Drive
- B. Policy electronic database (for example "Policy Manager")
- C. Intranet based managed by pharmacy department
- D. Other

Policy Name	Number	Description	Committee	Next Review	Last Review	Publish Date	Effective Date
MM 01 01 01 Access to Patient Information Policy		Substance T.C.2	Pharmacy and Therapeutics Committee	04/04/2016	04/04/2016	10/22/2016	via
MM 01 01 02 High Alert Medication		Substance T.C.2	Pharmacy and Therapeutics Committee	04/21/2017	04/21/2016	06/17/2016	via
MM 01 01 03 High Alert Medication Error Prevention Strategy (Clear Report Card)		Substance T.C.2	via	03/01/2017	03/01/2016	06/28/2016	via
MM 01 01 04 High Alert Medication Error Prevention Strategy (Clear Report Card)		Substance T.C.2	via	03/01/2017	03/01/2016	06/28/2016	via
MM 01 02 01 Sound-Mile Look-Alike Drugs		Substance T.C.2	Pharmacy and Therapeutics Committee	04/21/2017	04/21/2016	05/10/2016	via
MM 02 01 01 Family Management		Substance T.C.2	Pharmacy and Therapeutics Committee	06/28/2016	06/28/2016	10/22/2016	via
MM 02 01 01 Pharmacy and Therapeutics Committee		Substance T.C.2	Pharmacy and Therapeutics Committee	06/28/2016	06/28/2016	10/22/2016	via
MM 02 01 01 Therapeutic Monitoring Policy for Insulin		Substance T.C.2	via	06/17/2016	06/17/2016	06/28/2016	via
MM 02 01 01 Storage of Medications in Patient Care Units, January 2018		Substance T.C.2	via	01/01/2017	01/01/2016	06/28/2016	via

Medication Management Standard Revisions

The new standards that went into effect on Jan. 1, 2018.

- Implement a policy to provide backup essential medication dispensing equipment in case of emergency.
- Implement an emergency backup policy for essential medication refrigeration identified by the critical access hospital.
- Manage hazardous medications in behavioral healthcare settings.
- Address "wasting" of medication in written policy concerning the control of medication between delivery and administration.
- Implement a policy on medication overrides and review the appropriateness and frequency of automatic dispensing cabinet use.
- Record the date and time medication is administered.

Other Provision of Care Chapters

Chapter: Leadership

Standard: LD.04.03.13: Pain assessment and pain management, including safe opioid prescribing, is identified as an organizational priority for the hospital.

Rationale: The hospital has a leader or leadership team that is responsible for pain management and safe opioid prescribing and develops and monitors performance improvement activities. (See also PI.02.01.01, EP 19)

EPs:

The hospital provides nonpharmacologic pain treatment modalities.

1. The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population. (See also RI.01.01.01, EP 8)
2. The hospital provides information to staff and licensed independent practitioners on available services for consultation and referral of patients with complex pain management needs.
3. The hospital identifies opioid treatment programs that can be used for patient referrals.
4. The hospital facilitates practitioner and pharmacist access to the Prescription Drug Monitoring Program databases.
5. Hospital leadership works with its clinical staff to identify and acquire the equipment needed to monitor patients who are at high risk for adverse outcomes from opioid treatment. (See also PC.01.02.07, EP 6)

Networking

Sharing Survey Experiences, Lessons Learned

- ICHP Pharmacy Director Dinners/Listserv
- Health-system Pharmacy/Quality Leadership
- State and National Meeting Sessions

Medication Management Top Non-compliant/NPSGs for Hospitals (Jan-June 2017)

Standard/NPSG	% Non-compliant
MM.04.01.01 Medication Orders	49.28%
MM.03.01.01 Storage and Security of Meds	47.8%
MM.05.01.01 Medication Order Review	14.94%
MM.05.01.07 Preparing medications	14.15%
NPSG.03.04.01 Labeling in OR/procedures	8.8%
MM.03.01.03 Emergency Medications	8%
NPSG.03.06.01 Reconciling Medications	6.7%
MM.09.01.01 Antimicrobial Stewardship	4.2%
MM.05.01.11 Safe Dispensing of Medications	4.06%

STORAGE/SECURITY

MM 03.01.01 The hospital safely stores medications

MM 03.01.03 The hospital safely manages emergency medications

MM 03.01.05 The safely controls medication brought into the hospital by patients, their families, or LIPs



Own photo

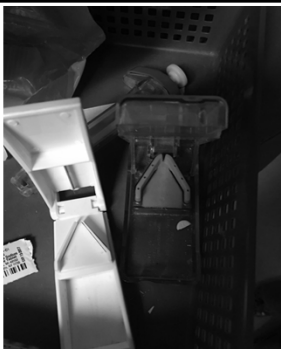
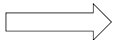


Look familiar?



Own photos

What's
wrong with
this picture?



Own photo

What's wrong
with this
picture?



Own photo

MM 03.01.01 Medication Storage and Security

- EP 2 Medications are stored according to manufacturer's recommendation
- EP 3 All medication and biologicals are stored in secure areas to prevent diversion and locked when necessary, in accordance with law and regulations
 - Failure to address diversion
- 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
- EP 10: most ready to administer form or repackaged by pharmacy

Potential Surveyor Questions

"What do you do when the temperature of medication refrigerator is outside of the acceptable range?"

"What security measures are in place for automated dispensing cabinets?"

"What procedures are in place to prevent the loss of diversion of controlled substances?"

Peer Discussion

- What challenges around medication storage and security have you observed in your own organization?
- What kind of approaches or action plans has your organization implemented to address these challenges?
- How successful were these efforts and have then been sustained overtime?



Own photos

BLUE BIN WASTE		BLACK BIN WASTE	
NON-HAZARDOUS PHARMACEUTICAL WASTE		HAZARDOUS PHARMACEUTICAL WASTE	
THROW OUT LEFTOVER MEDICATION FROM:		THROW OUT LEFTOVER MEDICATION FROM:	
<ul style="list-style-type: none">•Most Antibiotic bags• Lidocaine syringes• Pitocin bags/vials• Heparin bags/vials• Propofol vials• Advair (inhalers)• Spiriva (inhaler/capsule pkg)		<ul style="list-style-type: none">•Insulin (vials, bags)• TPN (bags)• Neo-syneprine (bags,vials)• Silvadene Cream (pkg, tube)• Nitroglycerin (Bags)• Iodine, strong	

	RETURN TO PHARMACY WASTE SPECIAL PHARMACEUTICAL WASTE Place Medication or Medication Packaging in a Clear Bag and TUBE to Pharmacy •Nicotine Patch WRAPPER/PAPER PEEL FROM BACK OF PATCH •Warfarin (Coumadin) ANY REMAINING TABLET/EMPTY BLISTER PACKAGE •Inhalers with CANISTERS (albuterol, ipratropium) •Dermoplast Aerosol Cans •Unused Silver Nitrate Sticks •Botox Vials	
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Where should I throw this out??	
<u>SHARPS</u> •Needles and Broken Ampoules •Empty syringes •Broken Glass	<u>REGULAR TRASH</u> •Packaging , wrappers and overwrap
<u>RED BAG WASTE</u> •Semi-liquid blood or other potentially infectious materials •Contaminated items that would release blood or other potentially infectious materials	<u>CHEMO</u> •Gloves •Gowns •Syringes, empty bags •Other trace material that contacted Chemo Drug

Which of the following areas are exempt from medication storage and security standards? a) Anesthesia carts and workrooms b) Cardiac Cath Lab c) GI Lab d) PACU e) All of the above f) None of the above
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TJC Action Plan Submission (2014)	
Priority Focus:	
Standard:	
E.P.:	Category: Indirect Impact Submission Dt: 05/13/14
<p>Element of Performance: MM.03.01.01 EP3 The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.</p> <p>Note: Scheduled medications include those listed in Schedules II- V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.</p> <p>Surveyor Findings:</p> <ul style="list-style-type: none"> While touring the OR, it was observed that an anesthesiology medication cart was left unlocked with the medications unsecured without the anesthesiology providers in the area. The only staff in the room was the housekeeping person cleaning between cases. During a tracer activity in the Cardiac Cath Lab, there was a roller door that was left open without appropriate staff being in the room. The cabinet contained multiple medications that were left unsecured. 	
TJC Action Plan Submission (2014)	
Priority Focus:	
Standard:	
E.P.:	Category: Indirect Impact Submission Dt: 05/13/14
<p>Element of Performance: MM.03.01.01 EP3 The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.</p> <p>Surveyor Findings:</p> <ul style="list-style-type: none"> In a tour of the Out Patient Pain Management Clinic it was noted that a vial of Cloacin for Injection had an expiration date of 03/13 and was not removed from patient storage. While touring the OR: Scribe Core, it was observed that a bottle of saline in the warmer was beyond its expiration date, but was still immediately available for patient use. The staff record the dates of expiration at 2 weeks on the saline bottles after placement in the warmer, but do not record the date the saline is actually placed in the warmer. 	

Recommended Tracer Activities

Continuous Readiness

- Conduct rounds through OR, L&D and other procedural areas throughout the organization.
- Monthly Nursing Area Inspections completed by Pharmacy Technicians
 - Communication Feedback loop with Nursing Leaders
- Environment of Care Rounding

PRESCRIBING

MM 04.01.01 Medication orders are clear and accurate



MM.04.01.01 Medication Orders EP1

- The hospital has a written policy that identifies the specific types of medication orders that it deems acceptable for use.
- As needed (PRN) orders: orders acted on based on the occurrence of a specific indication or symptom
- **Standing orders:** A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
- Automatic stop orders: Orders that include a date or time to discontinue a medication
- **Titration orders:** Orders in which the dose is either progressively increased or decreased in response to the patient's status
- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval
- **Range orders:** Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status
- Orders for compounded drugs or drug mixtures not commercially available
- Orders for medication-related devices (for example, nebulizers, catheters)
- Orders for investigational medications
- Orders for herbal products
- Orders for medications at discharge or transfer

Popular Surveyor Questions

- Are all medication orders **followed** when titrating meds?
- Do all orders for prn medication orders include an indication for use as required by organization policy?
- Discuss with a nurse the actions to take when medication orders are incomplete, illegible or unclear?
- Does a diagnosis, a condition, or an indication for use exist for each medication ordered?
- If more than one prn medication is ordered for pain, do the orders provide clear direction to prevent more than one medication from being administered for the same indication (therapeutic duplication)?

Titration Orders

All of the following are required elements of a titration order, except?

- Initial Dose
- Titration Dose
- Titration Frequency
- Indication

Hospital Action Plan Submission (2014)

Priority Focus:	-
Standard:	
EP:	Category: Direct Impact Submission Dr: 4/28/14, Indirect Impact Submission Dr: 05/13/14

Element of Performance: MM.04.01.01 EP 13 The hospital implements its policies for medication orders.

Surveyor Findings:	Site-
<ul style="list-style-type: none"> In the review of a medical record of a 75 year old female who was ordered Propofol for sedation it was noted that the physician did not indicate the minimum and maximum dose limits in the order. Hospital policy entitled Medication Management: Ordering and Transcribing indicates in the section regarding Titration Orders that any medication order for titration must have the minimum and maximum dose limits indicated for the order to be initiated. Additionally, it states that the prescriber will be contacted if the required elements are not present. The medical record did not reflect that the dose limits were clarified with the physician and the medication was administered. In the review of a medical record of a 61 year old female who was ordered Propofol for sedation it was noted that the physician did not indicate the minimum and maximum dose limits in the order. Hospital policy entitled Medication Management: Ordering and Transcribing indicates in the section regarding Titration Orders that any medication order for titration must have the minimum and maximum dose limits indicated for the order to be initiated. Additionally, it states that the prescriber will be contacted if the required elements are not present. The medical record did not reflect that the dose limits were clarified with the physician and the medication was administered. 	

Titration Orders

- Specific Parameters must be included within the actual physician order
- Easily accessible
- Beware of all areas where titration orders maybe used outside of ICU L&D, Cath Lab, etc.
- Assessment and documentation of patient response must correlate with titration order.
- Beware of physician edits to template orders

True or False

Standing Order Protocols need to be officially reviewed on an annual basis.

Order Set

- List of individual interventions or orders that a prescriber can choose from

Protocol

- Requires the patient to meet certain clinical criteria, but there must be an order to initiate the protocol.

Standing Order

- An order that may be initiated without an initial order by the physicians or LIPs by the nurse if the patient meets certain criteria

Areas of Focus

Protocol

- Must be an order for protocol in the patient record
- Protocol must be placed in the patient record

Order sets

- Regular review to avoid any therapeutic duplication
- Ensure that guidelines are provided for multiple drugs being used for the same indication

DISPENSING

MM 05.01.01 A Pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital

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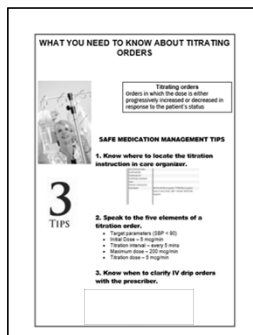
MacNeal Hospital Hospital Action Plan Submission (2014)	
Priority Focus:	-
Standard:	-
EP:	Category: Direct Impact Submission Dt: 4/28/14, Indirect Impact Submission Dt: 05/13/14
<p>Element of Performance: MML05.01.01 EPS A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital. All medication orders are reviewed for the following: Therapeutic duplication.</p>	
<p>Surveyor Findings:</p> <ul style="list-style-type: none"> During a tracer activity in the Post Partum Unit, the medical record contained orders for Hydrocodone and Morphine PRN for the same pain score. The order did not indicate which medication to give first and when to progress to the next medication. During a tracer activity in the Post Partum area, the medical record contained orders for both Toradol and Nuroco PRN for the same pain level with no indication which medication to give first and when to move to the next medication. During a tracer activity in the Pediatric area the medical record contained orders for Toradol and Tylenol PRN for pain with no indication which level of pain, which medication to use first, and when to move to the next medication. During a tracer activity in the Pediatric Unit, the record contained orders for Tylenol 3 and Motrin PRN for Mild pain with no indication which medication to begin with and when to progress to the next medication. 	

Peer Discussion

- What challenges around medication ordering/clarification have you observed in your own organization?
- What kind of approaches or action plans has your organization implemented to address these challenges?
- How successful were these efforts and have then been sustained overtime?

Recommended Continuous Readiness Activities

- Mock Tracers with nursing staff
- Rounding on nursing staff
 - Focus on new nurses
- Concurrent Medication Use Evaluations
- Random Audits



JC Survey Window

- Review Joint Commission Gap Assessment Document
- Offense is the best defense for areas of vulnerability
 - Prepare discussion points
- Gather any information on performance improvement efforts in process
- Prepare Medication Management Tracer Presentation
 - Highlight successes
 - Gather evidence supporting elements of performance
- Bring together stakeholders that will be participating in MM Tracer for a practice session
 - Provide copy of MM Tracer Presentation

Thank You!
