The Joint Commission Medication Management Update for 2018

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Learning Objectives

- Identify at least one key issue found on survey relating to the top four challenging medication management standards.
- Identify 5 medication-related standards changes that will be surveyed as of January 1, 2018
- Describe expected actions relating to revised pain assessment and management standards, effective January 1, 2018

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Medication Management- Top Non-Compliant Standards/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	47.84%
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 Medication	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%

Medication Orders- MM.04.01.01

49.28%

- Problematic EPs:
  - EP 13: the hospital implements its policies for medication orders
    - Failure to clarify unclear, illegible and incomplete orders- what's still on paper?
    - Consistency in interpreting range orders
    - Titration orders

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MM 04.01.01
Medication Orders Clear and Accurate

- **Range Orders**
  - Order must comply with organizational policy on required elements
    - Dose range
    - Interval range
    - ? Both allowed
  - There must be a process for interpreting how to carry out a range order
    - Will there be consistent interpretation in all areas of the hospital?
    - Pain scores are not required for pain orders
  - Therapeutic duplication should be avoided

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MM 04.01.01
Medication Orders Clear and Accurate

- **Titration Orders**
  - Policy needs to delineated what must be included in the order: For example, starting dose, assessment parameters, and final endpoint. Consider max dose and/or when to call LIP .
  - Example of an acceptable order :
    - Start nitroglycerin infusion at 5 mcg/min IV. Titrate by 5 mcg/min every 5 minutes to keep SBP less than 160 mmHg and greater than 110 mm Hg. Max dose 200mcg/min. Contact responsible LIP if unable to titrate, SBP 90 mmHg, or continued chest pain or EKG changes.
  - Titration policy with titration guidelines ? "… guidelines intended to be used with clinical judgement.."
  - Problem prone on survey: Start Norepinephrine infusion titrate to a MAP greater than 65

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Survey tip: Look at Oxytocin titration orders !

Joint Commission Standards on Protocols, Standing Orders and Order Sets for Medications

What Hospitals Need to Know

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What is the Difference?

- An **order set** is a list of individually selectable interventions or orders that the practitioner may choose from
  - *AMI, CHF, Pneumonia, Total Knee Replacement*

- A **protocol** requires the patient to meet certain clinical criteria, but there must be an order to initiate the protocol
  - *Heparin protocol*

- A **standing order** is an order that may be initiated without an initial order by the physicians or LIP by the nurse if the patient meets certain criteria. *-ACLS , RRT, IV Start pre-op. …*

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Medication Orders

- **Standing orders, order sets, and protocols**
  1. **Review and approval**
     - Medical staff, pharmacy and nursing leadership
     - Regular review
  2. **Consistency with recognized guidelines**
  3. **Authentication, dating, and timing**
- **To use a protocol**
  - There must be an order in the patients chart for the use of the protocol and a copy of the protocol in the chart.
- **Problematic Areas**
  - Radiology – contrast solutions
  - ICU – hypoglycemia protocol, sliding scale, anticoagulation

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Texting Orders

- **2011 TJC FAQ**
  - Not acceptable for LIPs to text orders for patient care, treatment , or services to the hospital or other health care settings.
- **May 2016 Perspectives**
  - May allow text messaging with a secure text platform as long as system met specific requirements and all the requirements of the order are included.
    - MM 04.01.01 – required elements of a complete order and actions to take when orders are incomplete or unclear
- **Post May 2016 Perspectives**
  - Concerns remain even with a secure text messaging system.

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Current TJC Recommendations

Use of Secure Text Messaging for Patient Care Orders is NOT Acceptable

- All HCO should have policies prohibiting the use on unsecured text messaging from a personal mobile device for communicating protected health information. (IM 02.01.01 EP1)

- TJC and CMS agree the CPOE should be the preferred method for submitting orders.

- In the event that a CPOE or written order cannot be submitted, a verbal order is acceptable.

- The use of secure text orders is not permitted at this time

MM.03.01.01 Medication Storage and Security

47.84%

- Problematic EPs:
  - Focus on Controlled Substances
    - EP 3: all medications and biologicals are stored in secure areas to prevent **diversion** and locked when necessary, in accordance with law and regulation
    - Failure to address diversion
  - EP 6: the hospital prevents unauthorized individuals from obtaining medications in accordance with law and regulation
    - ADMs- how do you provide access and remove access?

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MM.03.01.01 Additional Findings

- Dating of open injectables- properly
  - SDVs vs MDVs; “date opened vs date expired”
- Storing medications in patient care areas (including automated dispensing cabinets) in MDVs if single dose dosage forms exist
- Medications left unattended or in areas not considered to be secure
- Operating rooms not in use, but with unlocked medications, after hours

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Pharmacist review of Medication Order MM.05.01.01

14.94%

- Areas of concern:
  - Therapeutic duplication orders that haven't been clarified
    - PACU, Oncology
    - Best strategy to address is to prevent the creation of these by building order sets that are in compliance with standards and your policies
  - Which areas don't have pharmacist verification of order prior to administration?
  - Is the override process effective?

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Building a Better Override Assessment Process

- Override review process should assess
  - Urgency of situation or presence of LIP "at bedside"
  - Trends
    - Medications
    - Time of the day
    - Users of override process
- Presence of a medication order
- Barcode scanning of medications removed
- Effective January 1, 2018- new requirement for a policy that defines requirements for monitoring overrides

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MM.05.01.07 Pharmacy Preparation of IV admixtures

14.15%

- 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

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NPSG.03.04.01 Medication Labeling in Peri-operative and Procedure Areas

8.8%

- See standard MM.05.01.09 "Medications are labeled"
- Includes all medications and solutions
  - Even if there is only one
  - Even if it is "obvious" (Propofol – is white, also lipids)
  - Label must be applied immediately before or after filling container
- It also applies to anesthesia medications
- It applies to the O.R. and "other procedural settings," not just *invasive* procedures
- Pre-labeled, empty syringes/containers are not acceptable

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Operating Rooms and Drawing up Medications

- CMS memorandum- October, 2015 directs surveying to USP Chapters <795> and <797>
- OR practices- drawing up medications for use in a case
  - Labeling requirements
  - One-hour time limit
- Variance between TJC and CMS survey procedures at this time

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Emergency Medications MM.03.01.03

- EP 2: Emergency medications are readily accessible
  - Determination of contents
  - Process for ensuring availability
    - Replenishment
  - Separate packaging of pediatric from adult medications in combined cart
  - Ready to administer dosage forms

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Readiness for Malignant Hyperthermia (MH)

- **CoP 482.55 Emergency Services**
  - The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice
- **CMS requires:**
  - Access to MH carts/meds
  - Staff training of early S/S and interventions
  - Mock drills including obtaining the cart
  - Evaluation of the drills and continued improvement
- **CMS encourages staff training in all procedural and recovery areas, ER, OR, outpatient (anesthesia).**

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Malignant Hyperthermia

- **Malignant Hyperthermia Association of the United States**
  - Dantrium®/Revonto® – stock minimum of 36 – 20 mg vials
  - Ryanodex® – stock minimum of 3 – 250 mg vials
  - Available within 10 minutes of MH diagnosis (per MHAUS)

Findings on Survey

- Areas of focus : all procedural and recovery areas, emergency rooms, OR, outpatient (anesthesia)
- Staff were unable to articulate where the malignant hyperthermia cart containing dantrolene was stored and where additional vials of dantrolene or Ryanodex® could be obtained.
- Lack of staff training, drills ,and evaluation of drills for continued improvement.

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New and Revised Standards

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Revised EP's for Medication Processes: Effective Jan 1, 2018

- **EC.02.05.03** Hospital has a reliable emergency electrical power source

  - EP 14 … implement a policy to provide emergency backup for essential medication dispensing equipment..
  - EP 15 …implement a policy to provide backup for essential refrigeration for medications by the critical access hospital…

Perspectives August 2017

Revised MM EP's: Effective Jan 1, 2018

- **MM 03.01.01 EP 4** The hospital has a written policy addressing the control of medications between receipt by the individual health care provider and administration of the medication, including safe storage, handling, **wasting**, security , disposition, and return to storage.
- **MM 04.01.01 EP1** The hospital has a written policy that identifies the specific type of medication orders….**Signed and held orders**

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Perspectives August 2017

Revised MM EP's: Effective Jan 1, 2018

MM 08.01.01 Evaluate effectiveness of medication management system

EP 16 When ADCs are used…..a policy that describes the types of medication overrides that will be reviewed for appropriateness and the frequency of the reviews. One-hundred percent review of overrides is not required.

RC .02.01.01 The medical record contains

EP2….any medications administered, including the strength, dose, route, **date and time of administration**.

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Perspectives August 2017

Antimicrobial Stewardship

- MM.09.01.01 The hospital has an antimicrobial stewardship program based on current scientific literature.
  - Published July, 2016 Perspectives
  - Applicable to Hospital, Critical Access Hospitals, and Nursing Care Centers
    - Work has begun at TJC to include AMB and OBS programs
  - Survey began January 1, 2017
  - FAQs published in January, 2017 provide more clarity as to survey process

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MM.09.01.01
Antimicrobial Stewardship

- EP 1- Leaders establish antimicrobial stewardship as an organizational priority.
- EP 2- The hospital educates staff and LIPs involved in antimicrobial use. Education occurs at hire or upon granting initial privileges and periodically thereafter
- ~~EP 3- The hospital educates patients and families on appropriate antibiotic use~~

- EP 4- The hospital has an antimicrobial stewardship multidisciplinary team

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MM.09.01.01
Antimicrobial Stewardship

- EP 5- The hospital's ASP includes the following core elements:
  - Leadership commitment, Accountability, Drug expertise, Implementing recommended actions, Tracking, Reporting and Education
- EP 6- The ASP uses organization-approved multi-disciplinary protocols and policies and procedures.
- EP 7- The hospital collects, analyzes, and
  - reports data on its antimicrobial stewardship program.
- EP 8. The hospital takes action on improvement
  - opportunities identified in its antimicrobial stewardship program.

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The Joint Commission Medication Compounding Certification

Helps you provide safe medication compounding

Helps organizations ensure safety in compounding.

"Quality compounding of medicine is foundational to patient safety and may serve to reduce the incidence of adverse healthcare associated conditions such as infections and medication errors. USP Compounding Standards <797> and <795> aim to assist hospitals in improving the quality of the healthcare they deliver. As such, it is part of USP's mission to support the advancement of healthcare quality and safety. USP is proud to work with The Joint Commission on this important endeavor and would also like to commend institutions that demonstrate their commitment to quality through such certification processes."

Jaap Venema, Ph.D., USP Chief Science Officer

USP U.S. Pharmacopeial Convention

Global Expertise
Trusted Standards
Improved Health

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Update on USP <800>

Revised Official Date: December 1, 2019

USP-NF

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General Chapter <800> Hazardous Drugs — Handling in Healthcare Settings

Type of Posting: Notice of Intent to Revise
Posting Date: 29–Sep–2017
Targeted Official Date of Revision Bulletin: 1-Nov-2017
Expert Committee: Compounding

In accordance with section 7.07 of the Rules and Procedures of the 2015-2020 Council of Experts, this is to provide notice that USP is announcing the intent to postpone the official date of General Chapter <800> *Hazardous Drugs – Handling in Healthcare Settings*.

The intent of this postponement is to align the official date of General Chapter <800> with the official date of the next revision of General Chapter <797> *Pharmaceutical Compounding — Sterile Preparations*, to provide a unified approach to quality compounding. The next revision to General Chapter <797> is anticipated to be published in the *Pharmacopeial Forum* 44(5) September-October 2018 for a second round of public comment and is expected to become official on December 1, 2019. Sections of the revised <797> may have longer implementation dates that will allow time for adoption of the standard.

/www.uspnf.com/

Both USP <797> (revised) and <800> are anticipated to become official on December 1, 2019

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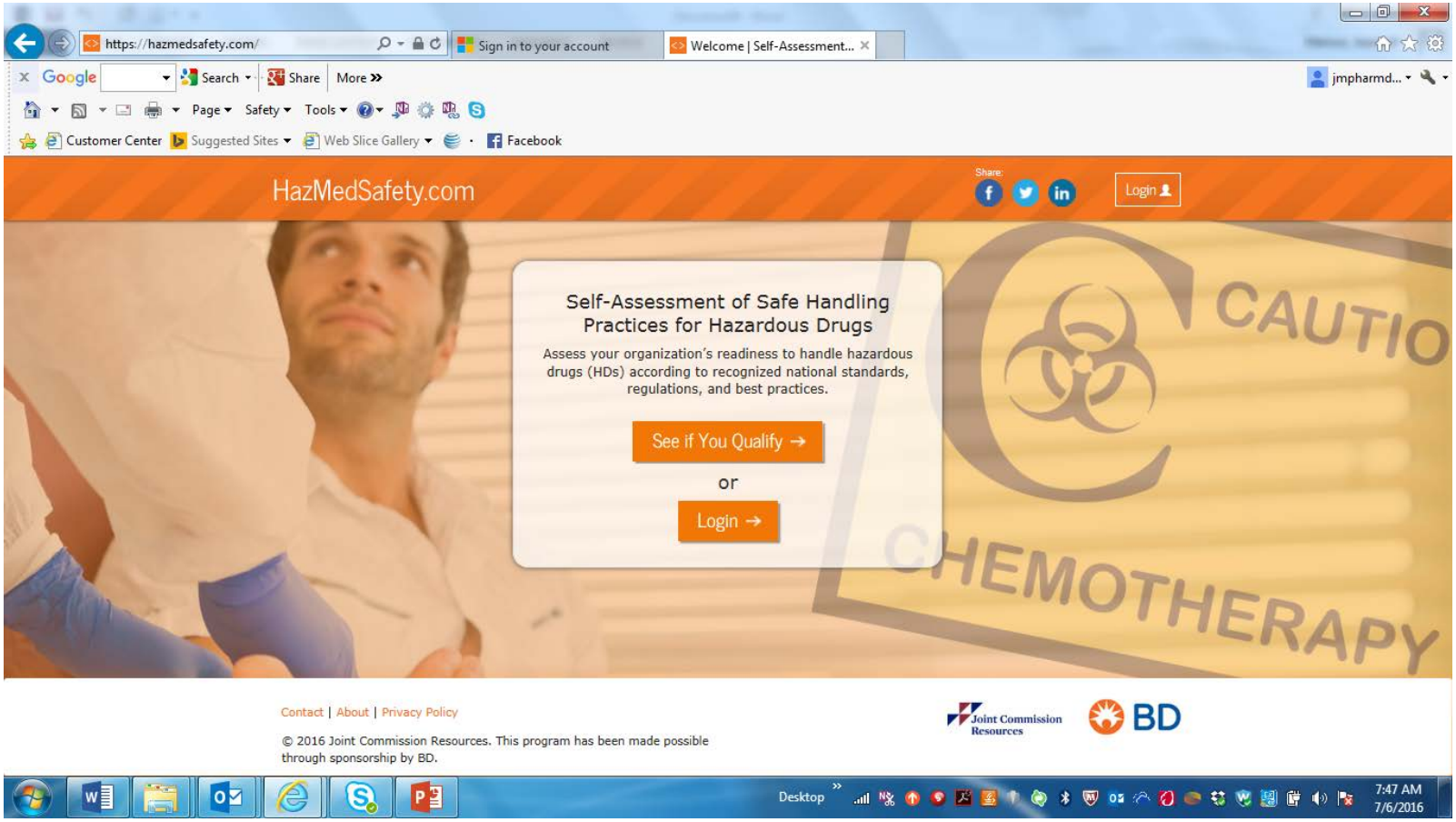
Self-Assessment Tool for Hazardous Drugs



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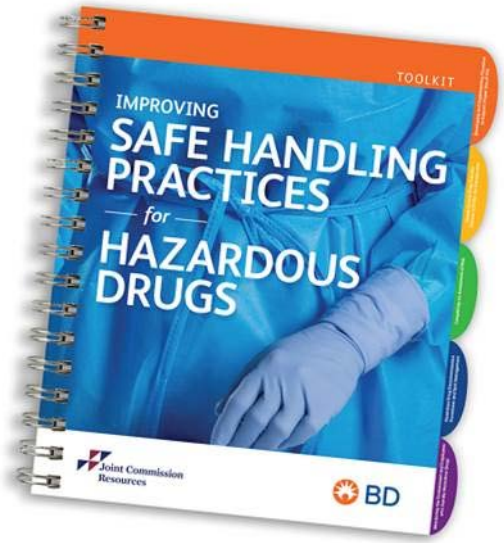
Improving Safe Handling Practices for Hazardous Drugs Toolkit



www.hazmedsafety.com

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Changes to Standards Related to Pain Assessment and Treatment

Effective January 1, 2018

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Perspectives July 2017 Vol 37 No7

Pain Assessment and Management New Requirements

1. *Identifying a leader* or leadership team that is responsible for pain management and safe opioid prescribing.
2. Involving patients in developing their treatment plans and *setting realistic expectations and measurable goals*
3. Promoting safe opioid use by *identifying high-risk patients.*
4. *Monitoring* high-risk patients
5. Facilitating clinician access to *prescription drug monitoring program* databases
6. Conducting *performance improvement activities* focusing on pain assessment and management to increase safety and quality for patients.

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New Pain Standards

- Leadership expectations (LD.04.03.13)
  - Identify a leader or leadership team responsible for pain management and safe opioid prescribing
  - Availability of non-pharmacologic options for pain
  - Staff and LIP resources and education on pain
    - Safe opioid use
    - Information on consultation and referral for chronic pain
  - Identifies opioid treatment programs for referral
  - Access to Prescription Drug Monitoring Program database
  - Identify and acquire necessary equipment to monitor high risk patients

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New Pain Standards

- Medical Staff expectations (MS.05.01.01)
  - Medical staff is actively involved in pain management and safe opioid prescribing by:
    - Participation in establishment of protocols and quality metrics
    - Reviewing performance improvement data

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New Pain Standards

- Provision of Care expectations (PC.01.02.07)
  - Defined criteria exist to screen, assess and reassess pain based on age, condition and ability to understand
  - Providing patient education
    - Includes post-discharge pain management
    - Treatment plan is evidenced based, based on PMH and involves patient expectations
  - Monitors patients at high risk for ADE with opioids

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New Pain Standards

- Performance Improvement expectations (PI.01.01.01 and PI.02.01.01)
  - Data on pain assessment and management collected
  - Analysis of data to identify opportunities for improvement
  - Monitoring the use of opioids

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New Pain Standards

- Additional recommendations
  - Pay attention to the D icons in the standards-
    - Look at final version of standards- published in late 2017 for 2018
  - Role of pharmacists
  - Valuable information for safe opioid use in the hospital setting in SEA #49

https://www.jointcommission.org/assets/1/18/SEA_49_opioids_8_2_12_final.pdf

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What Surveyors May Want To See on Survey?

- Some organization may have a pain team
  - Right disciplines?
  - Safe prescribing addressed at a higher level in the org
  - Demonstrate that pain management is being addressed by leadership and medical staff
  - Leadership monitoring PI activities
  - Medical staff involvement in protocol development
  - Non-pharmacologic
    - Acupuncture
    - Music

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What Surveyors May Want to See on Survey ?

- Policies, procedures, protocols…
- Develop treatment plans (D)
  - Could be evident in orders, physicians problem list
  - Linked to nursing assessment and care plan
- Evaluation of risk factors related to opioid use
- What is your procedure for patients on PCAs?
  - Required monitoring? – capnography, pulse ox, more frequent monitoring per policy?
  - At risk in compliance if practice deviates from protocol

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What Surveyors May Want to See on Survey ?

- Evidence based treatment plans (D)
  - Up to the organization to define
- PI Process?
  - Organization develops their own measures- to assess effectiveness. Possible indicators to
    - Naloxone use
    - Rate and duration of opioid use
    - Compliance with protocols
    - Education monitoring
    - MUE – post op surgical

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What Surveyors May Want to See on Survey ?

- Measurable patient goals linked with patient education
  - For example documented in the patients notes: *"….I've discussed with this patient available options for pain management….and the goal is to perform Activities of Daily Living with pain intensity of 2-3 …"*
  - Patient education handouts or provide other resources

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Questions