



# Joint Commission 2011 Update

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# Disclosure

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- I am an employee of Cardinal Health



# Objectives

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- Identify the regulatory standard that drives hospital pharmacy requirements
- List the three accrediting organizations which accredit US hospitals, and identify two key medication issues which differ from Joint Commission standards



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- State the requirements for medication reconciliation
  - Summarize the priority issues concerning security of medications
  - Identify top non-compliant medication issues found in anesthesia, radiology, and clinics



## New: Standards Issues

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- CMS Hospital Conditions of Participation information moved into standards
  - Joint Commission surveys
  - AOA's HFAP surveys
  - DNV's NIAHO surveys
- Direct Impact
  - Elements of Performance





# Medication Use Standards

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- MM.01 Planning
- MM.02 Selection and procurement
- MM.03 Storage
- MM.04 Ordering and transcribing
- MM.05 Preparing and dispensing
- MM.06 Administration
- MM.07 Monitoring
- MM.08 Evaluation



## ❖ Compliance Tips

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- ✓ Become familiar with the CoPs
  - ✓ Especially §482.25  
Pharmaceutical Services
- ✓ Review Direct Impact requirements
- ✓ Recognize that medication-related standards go beyond this one section



# New: National Patient Safety Goals

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- Medication Reconciliation
  - Now part of NPSG 3
  - Current survey status
  - Scored as of July 1, 2011
- NPSG.03.06.01
- Maintain and communicate accurate patient medication information



## EP 1: List of Current Medications

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- Obtain current medication information when patient is admitted or seen as an outpatient
- Requires documentation in a list or other format that is useful to those who manage medications
- Good faith effort is acceptable



## EP 2: Establish Outpatient Policy

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- Define the types of med information to be collected in ambulatory areas
- Areas include ED, clinics, outpatient radiology, ambulatory surgery, and diagnostic settings
- Examples: medication name, dose, route, frequency, and purpose



## EP 3: Compare and Correct

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- Compare the patient's med info with the meds ordered
- Identify and resolve discrepancies
- Hospital must identify who is qualified to make this comparison



## EP 4: Provide Patient Information

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- Provide the patient (or family) with written information on the meds the patient should be taking upon discharge
- For short duration meds, the written information may be limited to those meds
- More information in PC.04.02.01



## EP 5: Managing Medications

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- Explain the importance of managing medication information to the patient
- Examples
  - Instruct patient to provide list to PCP
  - Update the info when meds are changed
  - Carry med info at all times



## New Interpretation: Pre-Labeling

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- Pre-labeling is no longer prohibited by Joint Commission
- Result of communication between American Society of Anesthesiologists and Joint Commission
- Letters available at [www.asahq.org](http://www.asahq.org)

# Is This Safe?

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# Update: Top Non-Compliant Issues

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- Medication storage
- Medication orders
- Labeling in procedures
- Pharmacist review
- Medication labeling
- Medication preparation
- High alert medications





## MM.01 Planning

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- High-alert medications
- Hazardous medications
- Look- and sound-alike medications
- Abuses and losses of controlled substances



# High-Alert, Hazardous, LASA Meds

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- Develop a list
- Take actions to prevent errors
- Annually review and revise list





# Controlled Substances Issues

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- Losses and abuses
- Reporting requirements
  - Director of Pharmacy
  - CEO



## ❖ Compliance Tips

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- ✓ Update list of high-alert drugs
- ✓ Update list of hazardous drugs
- ✓ Update list of LASA drugs
- ✓ Develop process and trigger for reporting controlled substances losses



## MM.03 Storage

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- The hospital safely stores medications
- All medications are stored securely to prevent diversion
- All controlled substances are locked







# Storage

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- Secure
- Safe
- Protects integrity
  - In date
  - Proper temperature



## Secure vs. Locked

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- Define who may access medications
  - Only those with legal access to medications?
  - Others?
- All controlled substances must be locked
  - HFAP: C-II must be double-locked

# Security of Anesthesia Carts

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- §482.25(b)(2)(i):  
If an individual operating room is not in use, the hospital is expected to lock non-mobile carts, and ensure mobile carts are in a locked room





# Frequent Anesthesia Issues

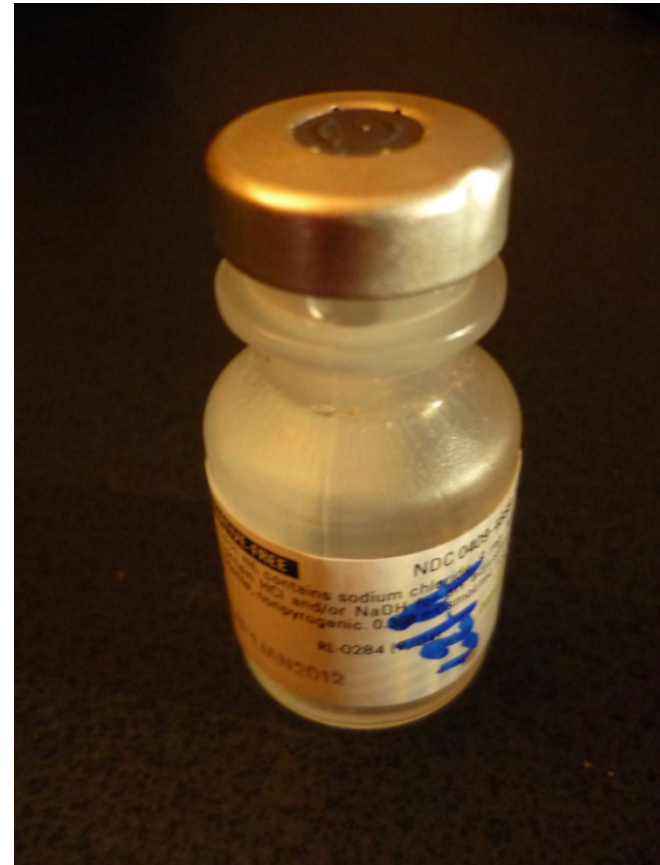
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- Unlocked carts
- Unlabeled syringes
- Lack of wastage documentation

# Single- and Multiple-Dose Vials

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- Single dose vials are for ONE use
- Multiple-dose vials
  - Mark with beyond-use date
  - NOT date opened



# Safe Injection Practices



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## Injection Safety

### Injection Safety

[Information for Providers](#)

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### Related Links

[One & Only Campaign](#)

[HICPAC](#)

[2007 Guideline for Isolation Precautions](#)

[HHS Action Plan to Prevent HAIs](#)

[Injection Safety](#) > [Preventing Unsafe Injection Practices](#)

## Safe Injection Practices to Prevent Transmission of Infections to Patients

Download the complete [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [PDF - 3.80 MB]

**III.A.1.b. Safe Injection Practices** The investigation of four large outbreaks of HBV and HCV among patients in ambulatory care facilities in the United States identified a need to define and reinforce safe injection practices 453. The four outbreaks occurred in a private medical practice, a pain clinic, an endoscopy clinic, and a hematology/oncology clinic. The primary breaches in infection control practice that contributed to these outbreaks were 1) reinsertion of used needles into a multiple-dose vial or solution container (e.g., saline bag) and 2) use of a single needle/syringe to administer intravenous medication to multiple patients. In one of these outbreaks, preparation of medications in the same workspace where used needle/syringes were dismantled also may have been a contributing factor. These and other outbreaks of viral hepatitis could have been prevented by adherence to basic principles of aseptic technique for the preparation and administration of parenteral medications 453, 454. These include the use of a sterile, single-use, disposable needle and syringe for each injection given and prevention of contamination of injection equipment and medication.



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### Contact Us:

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 800-CDC-INFO  
(800-232-4636)  
TTY: (888) 232-6348  
24 Hours/Every Day  
 [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

# Pharmacy Bulk Packages

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- Vial that contains many single doses
- Intended for use in a pharmacy admixture program
- Used only in a suitable work area such as a laminar flow hood



# Non-Sterile Supplies

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- Does this bottle require a beyond-use date once opened?
- No, unless manufacturer or hospital policy requires



# Temperature Control

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- Applies to refrigerators, freezers, and warmers
- Vaccines have additional requirements



# Emergency Medications

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- Security of mobile carts



# Code Carts and Trays

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- Exchange process
- Control of seals
- No controlled substances
- Broselow tape version
- Ready-to-use medications





## ❖ Compliance Tips

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- ✓ Review policy concerning patient's own medications
- ✓ Determine if a practitioner can bring medications into hospital for use
- ✓ Ensure that these meds are visually evaluated
- ✓ Use ready-to-use forms of meds
- ✓ Evaluate code cart exchange process



## MM.04 Medication Orders

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- Types of medication orders
- Objective parameters
  - Range orders
  - Titrate and taper orders
- Only one order for a specific indication or condition





## ❖ Compliance Tips

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- ✓ Ensure every med has an order
- ✓ Review preprinted and electronic orders
  - ✓ Objective parameters
  - ✓ No multiple choices



## MM.05 Preparing and Dispensing

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- Review of orders
- Time frame for dispensing
- Sterile preparations
- Radiopharmaceutical oversight



# Pharmacist Review of Orders

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- Review of all orders prior to administration
  - Possible exceptions
    - CMS, HFAP, NIAHO – emergency
    - Joint Commission – emergency or LIP oversight
- Interim measures
  - Emergency department
  - Radiology



# Time Frame for Dispensing

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- Define and monitor turn-around time
  - Stat
  - ASAP
  - Routine

# Sterile Preparations

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- Clean, uncluttered functionally separate area
- Where are CSPs mixed outside of pharmacy?





# Radiopharmaceuticals

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- In-house preparation of radiopharmaceuticals are done by, or under the supervision of, an appropriately trained pharmacist or doctor of medicine or osteopathy



# Radiopharmaceuticals

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- From where are they obtained?
- Are they unit-dose, patient specific?
- Is there an on-site generator?
- Are non-radiopharmaceuticals obtained from the nuclear pharmacy?
- Are any CSPs mixed in the hot lab?





## ❖ Compliance Tips

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- ✓ Define and monitor dispensing time frames
- ✓ Check that all CSPs are made in clean, uncluttered, functionally separate areas
- ✓ Assess nuclear medicine



## MM.05 Dispensing

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- Pharmacist review of orders
- Medication preparation
- Medication labeling and labeling in procedures





# Ambulatory and Procedural Areas

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- Expectations

- Pharmacist review of non-urgent orders in procedural and ambulatory areas
- Provision of sterile preparations
- Safe labeling that meets regulatory, accreditation, and hospital standards



## ❖ Compliance Tips

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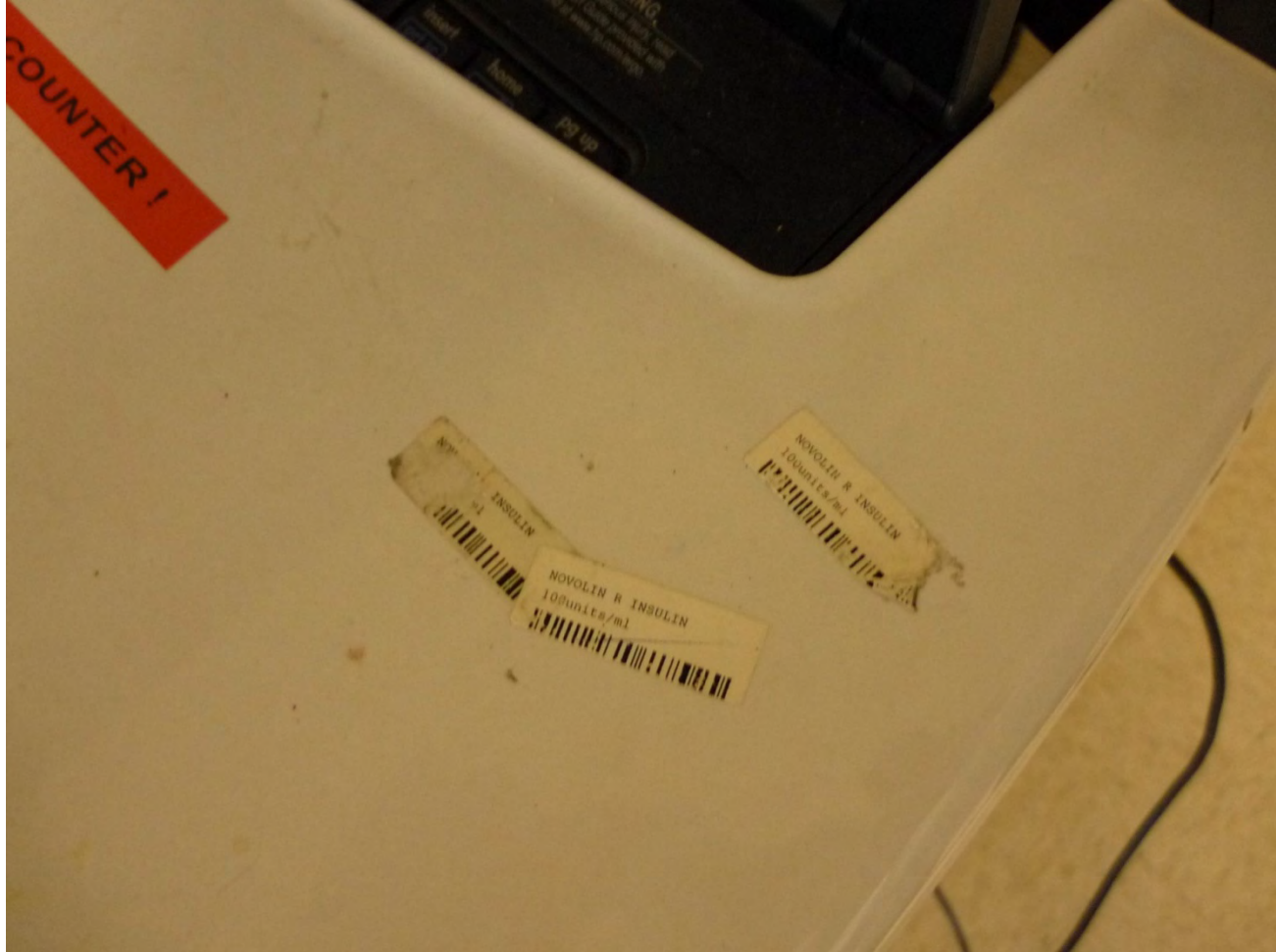
- ✓ Include ambulatory and procedural areas in pharmacy services
- ✓ Evaluate sterile preparation provision
- ✓ Ensure safe labeling



## MM.06 Administration

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- Only authorized LIPS and clinical staff
- Med matches order and label
- Visual inspection
- Med is not expired
- No contraindications exist
- Correct time, dose, and route
- Clarify concerns
- Patient informed





## ❖ Compliance Tips

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- ✓ Review policy concerning who is authorized to administer medications
- ✓ Ensure that medication administration policy includes required elements and applies to all who administer meds
- ✓ Participate in medication tracers



# Other Standards

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- Environment of Care (EC)
  - Hazardous materials
  - Equipment
  - Facilities
- Human Resources (HR)
  - Primary source verification
  - Competence
- Infection Control (IC)
  - Sterile preparations



## Quality Focus for other AOs

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- AOA HFAP
  - National Quality Forum
  - Endorsed Set of 34 Safe Practices
- DNV NIAHO
  - ISO 9001 Quality Standards



# Resources

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- CMS Hospital Conditions of Participation and Interpretive Guidelines
  - [www.cms.gov/manuals/Downloads/som107ap\\_a\\_hospitals.pdf](http://www.cms.gov/manuals/Downloads/som107ap_a_hospitals.pdf)
- Joint Commission *Comprehensive Accreditation Manual for Hospitals*
- Joint Commission *Perspectives*
- Joint Commission publications
  - *Perspectives on Patient Safety*
  - *The Source*



## Other Accreditation Programs

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- Healthcare Facilities Accreditation Program
  - [www.hfap.org](http://www.hfap.org)
- NQF Safe Practices
  - [www.qualityforum.org](http://www.qualityforum.org)
- National Integrated Accreditation for Healthcare Organizations
  - [www.dnv.com/focus/hospital\\_accreditation/index.asp](http://www.dnv.com/focus/hospital_accreditation/index.asp)



# Resources

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- High Alert Drugs

- [www.ismp.org/survey/Survey200702W.asp](http://www.ismp.org/survey/Survey200702W.asp)

- Hazardous Drugs

- [www.cdc.gov/niosh/docs/2004-165/2004-165d.html#o](http://www.cdc.gov/niosh/docs/2004-165/2004-165d.html#o)
- [www.cdc.gov/niosh/review/public/105-A/](http://www.cdc.gov/niosh/review/public/105-A/)

- Web CE for Radiopharmaceuticals

- [www.edu-review.org/radio/](http://www.edu-review.org/radio/)



# Resources

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- Safe Injection Practices
  - [www.cdc.gov/injectionsafety/IP07\\_standardPrecaution.html](http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html)
- EC Hendrick, KR Montanya, N Griffith, Medication tracers: a systems approach to medication safety, Hospital Pharmacy 42: 2007 (Oct), 916-920

# Prioritize

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# Q&A

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