ACPE UAN 0107-0000-10-002-L04-P & 0107-0000-10-002-L04-T 0.2 CEUs/2.0 Hrs.
Activity Type: Knowledge-Based

Program Objectives for Pharmacists & Technicians: Upon completion of this program, participants should be able to:
1. List the three most problematic medication management standards in terms of non-compliance by organizations surveyed in 2009, and the most common reason why each was scored non-compliant.
2. Discuss the changes in the medication management standards for 2009 and 2010 resulting from the Standards Improvement Initiative, and CMS deemed status requirements.
3. List the top five most problematic medication-related National Patient Safety Goals requirements 2009, including how the requirements for compliance can be met, and common reasons for non-compliance.
4. Discuss the current issues and interpretation of the National Patient Safety Goals for Anticoagulation Management.
5. Describe the revised medication-related requirements for NPSG for 2010.

Speaker: Darryl Rich, PharmD, MBA, FASHP, is a surveyor for The Joint Commission in the hospital, home care, and ambulatory accreditation programs. In addition, he works for the Standards Interpretation Group serving as an internal resource for The Joint Commission related to pharmacy and medication management. He previously served as Associate Director for Surveyor Management and Development at The Joint Commission for 11 years. Dr. Rich has been with The Joint Commission since January 1993.

Prior to coming to The Joint Commission, Dr. Rich was National Director of Pharmacy Services for Critical Care America, Inc., a national home infusion company. Previously, he served as Director of Pharmacy Services at Boston University Medical Center and Clinical Assistant Professor of Pharmacy at Northeastern University.

Dr. Rich received his Doctor of Pharmacy degree from the University of California at San Francisco and a Master’s in Business Administration in Health Care Management from Bryant University in Rhode Island.

Speaker Disclosure: Darryl Rich reports he is a speaker’s bureau member and receives a salary from The Joint Commission. The speaker has indicated that off-label use of medications will be discussed during this presentation.
The Joint Commission Medication Management Update for 2010

Darryl S. Rich, Pharm.D., M.B.A., FASHP
Surveyor, The Joint Commission

Faculty Disclosure
- Darryl Rich reports he is an employee and speaker’s bureau member for The Joint Commission, and has no other actual or potential conflicts of interest associated with this presentation.
- Darryl Rich has indicated that specific off-label uses of medication will not be discussed during this presentation.

Learning Objectives
- Upon completion of this program pharmacists (or pharmacy technicians) will be able to:
  - List the three most problematic medication management standards in terms of non-compliance by organizations surveyed in 2009, and the most common reason why each was scored non-compliant.
  - Discuss the changes in the medication-related standards for 2009 and 2010.
  - List the three most problematic medication-related National Patient Safety Goals requirements 2009, including how the requirements for compliance can be met, and common reasons for non-compliance.
  - Describe the revised medication-related requirements for NPSG for 2010.

Pre-Assessment Questions
- True or False:
  - Pharmacists are required to review all medication orders from the Emergency Department, either prospectively or retrospectively within 48 hours.
  - Having inconsistent range orders continues to remain the top medication management standard non-compliance issue in 2009.
  - The standard related to pharmacy medication order review (MM.05.01.01) now requires that pharmacists verify that the ordered medication meets the organization’s approved indications for use for the medication.

Pre-Assessment Questions (con’t)
- The top non-compliance issue related to the new NPSG for anticoagulation management relates to the implementation of an approved protocol for the initiation and maintenance of anticoagulation therapy in all patients receiving warfarin, heparin and LMW heparin.
- A new CMS-related requirement is for all narcotic losses and abuses to be reported to not only the director of pharmacy, but also the CEO of the hospital.

Refresher on the MM Standard Changes for 2009
- Standard Improvement Initiative
- Medicare Deemed Status
- New Anticoagulation NPSG Implemented.
SII: Standard Improvement Initiative

- Renumbering and reorganization of manual
- Standards rewritten for clarity
- More RFI's
  - less bullets - more EP's
  - no more supplemental findings.
- Direct vs. Indirect Impact
  - 45d vs. 60d; direct impact counts toward decision
- No automatic decision rendered

SII MM Changes for 2009

- MM.01.01.03 – EP on minimizing risk in managing hazardous medications (moved from EC).
- MM.03.01.01 – Medication storage per manufacturer’s recommendations or if none, pharmacist instructions.
- MM.04.01.01 – Written policy on specific types of med orders deemed acceptable
- MM.05.01.01 – Medication orders reviewed for
  - Variations from hospital-approved indications for use

2009 CMS Pharmacy Related EP’s

- PC.02.01.01, EP 15
  - IV medications are administered in accordance with state law and approved medical staff P&P.
- MM.01.01.03 High Alert Medications
  - EP 5: The hospital reports abuses and losses of controlled substances to the individual responsible for the pharmacy department or service and, as appropriate, to the chief executive.

Medicare Deemed Status

- Implications of the Medicare Improvements for Patients and Providers Act of 2008
  - TJC standards more closely aligned with Medicare COP
  - Interpretation based CMS interpretation
  - CMS input into survey process changes
  - New EP’s based on language specificity in COP

2009 CMS Pharmacy Related EP’s

- MM.03.01.01 Medication Storage
  - EP 3: The hospital stores controlled (scheduled) medications in a locked, secure area.
  - EP 19: The hospital has a pharmacy directed by a registered pharmacist or a drug storage area supervised in accordance with law and regulation.

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2009 CMS Pharmacy Related EP’s

- MM.05.01.07 Medication Preparation
  - EP 5: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner responsible for the patient's care and law and regulation.
  - EP 6: In-house preparation of radiopharmaceuticals is done by, or under the supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.

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2009 CMS Pharmacy Related EP’s

- MM.07.01.03 Med Error/ADR Reporting
  - EP 6: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the hospital are reported to the attending physician or clinical psychologist, immediately when possible, and to the hospital-wide PI program, as appropriate.

Revised wording for 2010

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2010 CMS Pharmacy-related EP’s

- HR.01.01.01
  - EP 28. A fulltime, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy services.

- LD.04.01.05
  - EP 9. The anesthesia service is responsible for all anesthesia administered in the hospital.
    - PC.03.01.1, EP 10 also defines category of staff who can administer anesthesia

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2010 CMS Pharmacy-related EP’s

- MS.01.01.01
  - EP 8. When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.

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Top MM Standards Scored Non-Compliant in 2009*

- MM.03.01.01 Medication Storage 33%
- MM.04.01.01 Medication Orders 33%
- MM.05.01.01 Pharmacist Review 13%
- MM.01.01.03 High Alert Medications 6%
- MM.05.01.07 Medication Preparation 6%
- MM.05.01.09 Medication Labeling 6%

*Based on 664 surveys Jan-Jun 2009

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Medication Storage Issues

- Medication Security (top issue on survey).
- No action taken when refrigerator temperature out of range.
- No policy on medication handling after removal from floor stock (ADM) until the medication is administered or returned.
- Using date opened for expiration date.
- Not keeping most ready-to-administer form as floor stock, when commercially available.
  - Unit dose, prefilled syringe, premixed bag.

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Question

What was the most common reason for noncompliance related to medication security?
1. Medication carts not located in secure area of floor, locked room, or under constant surveillance.
2. Medications lying around on counters
3. No policy on which staff can have access to locked medications (e.g. janitors).
4. Schedule V drugs in a secure area, but unlocked.

Medication Ordering

The top compliance issue scored on 2009 surveys for MM.04.01.01 was:

EP 13 – Implementation of policy
- Failure to clarify unclear, illegible and incomplete orders.
- Consistency of interpreting range orders – menu of drug orders.

Question

For MM.05.01.01 – Pharmacist Review of Medication Orders, which of the following was the top compliance issue scored in 2009:
1. Not defining in policy role of LIP during contrast administration with protocol-based approach.
2. No pharmacist review of non-contrast meds in radiology
3. No pharmacist review of radiopharmaceuticals.
4. No pharmacist review in ED temporary bed locations.

Radiology

Protocol Based Approach (Screening Tool)
- Oral and Rectal Contrast
- IV & Other Contrast – only if the following met:
  - Role of LIP in supervision of patient before and during IV contrast administration in policy/protocol
  - Defined so there is timely intervention by LIP in event of a patient emergency
- Does not apply to non-contrast meds
  - must have LIP ‘at bedside’ or be urgent situation.

Other Major Radiology Issues

- No medication/solution labeling
- No beyond use dating of multi-dose vials
- Dispensing oral contrast (legend drug) to outpatients not in adherence to standards.
- No medication reconciliation in outpatients
- Patient identification at entry – not just prior to medication administration.
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MM.05.01.01: Emergency Department
☐ Current interim still in effect
  • no review required if LIP present in immediate area.

Top MM Standards Scored Non-Compliant in 2009*
☐ MM.01.01.03 – High Alert Medications (6%)
☐ MM.05.01.07 – Drug Preparation (6%)
  • Functionally separate area, clean, uncluttered.
  • Not all sterile meds prepared by pharmacy:
    • Elastomeric Infusion pumps for post-op pain
    • Outpatient clinics.
☐ MM.05.01.09 – Medication Labeling (6%)
  • Drugs not labeled when should
  • No expiration date

*Based on 664 surveys Jan-Jun 2009

Other Scored MM Standards
03.01.03 Emergency Meds 4%
08.01.01 MM System Evaluation 4%
06.01.01 Med Administration 3%
05.01.11 Med Dispensing 3%
05.01.13 When Pharmacy Closed 2%
02.01.01 Formulary Selection 2%
01.01.01 Access to Information 2%
05.01.19 DrugRecalls 1%
All others 0%

USP 797
☐ TJC Does NOT survey against USP 797 but we do survey law and regulation.
  • You are required to evaluate your system against most current USP 797 requirements and develop action plan for implementation of any changes you feel necessary to improve process. (MM.08.01.01)
  • Can choose to do something different – unless required by state law or regulation.
  • No maximum timeline – you specify
  • Only survey if evaluation done & plan present.

Medication-Related National Patient Safety Goals

Top Med-related NPSG Scored Non-Compliant in 2009
☐ 03.04.01 Med Labeling in Procedures 29%
☐ 02.02.01 Unapproved Abbreviations 25%
☐ 01.01.01: Two patient identifiers 6%
☐ 03.05.01: Anticoagulation Management 5%
☐ 03.03.01: Look-Alike, Sound-Alike Drugs 5%

*Based on 664 surveys Jan-Jun 2009

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Medication Labeling in Procedures

- Not all procedural areas got the message
- Not all solutions labeled
- No strength on label
- Actual containers not labeled
- Use of pre-labeled containers (cardiac cath).

Note: Maintaining original containers until end of procedure is no longer required – effective 9/09.

Top Med-related NPSG

- 8 Medication Reconciliation
  - On hold, new requirements in Jan 2011.
- 2B Unapproved Abbreviations
  - All electronic and handwritten
  - Moved to standards in 2010
- 3C: Look-Alike, Sound-Alike Drugs
  - Issue: Not following own policy.
  - Moved to standards in 2010
  - This is an important one!

NPSG Changes for 2010

Moved from NPSG to Standards:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Standard Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read Back-Verbal Orders</td>
<td>PC.02.01.03, EP 20</td>
</tr>
<tr>
<td>Do Not Use Abbreviations</td>
<td>IM.02.02.01, EP 2</td>
</tr>
<tr>
<td>Hand off Communications</td>
<td>PC.02.02.01, EP 2</td>
</tr>
<tr>
<td>Look-Alike Sound-Alike</td>
<td>MM.01.02.02</td>
</tr>
<tr>
<td>Fall Prevention</td>
<td>PC.01.02.17 *</td>
</tr>
<tr>
<td>Patient Involvement</td>
<td>PC.02.03.01, EP 27*</td>
</tr>
<tr>
<td>Early Response</td>
<td>PC.02.01.19 *</td>
</tr>
</tbody>
</table>

* Includes other standards.

Select NPSG Changes for 2010

- 01.01.01 – Two identifiers
  - Patient active involvement - no longer req.
- 02.03.01 – Critical test results
  - Focus on critical results, not critical tests
  - Timeliness evaluation by org. defined method.
- 07.01.01 – Hand hygiene
  - Focus on having a program, defined goals and taking action to improve compliance. (3 EP’s)

Question

Which is true about the anticoagulation management goal?
1. Never applies to prophylactic use of these agents
2. Applies to outpatient retail pharmacies owned by the hospital.
3. Currently applies only to warfarin, heparin, LMW heparin, and other thrombolytics, but not antiplatelets.
4. Applies to home care as well as hospitals and ambulatory sites.

Applicability

- This requirement applies only to organizations that provide anticoagulation therapy and/or anticoagulation prophylaxis (e.g. atrial fibrillation) where the clinical expectation is that the patient’s laboratory values for coagulation will remain outside normal values.
**Applicability**

"Provide anticoagulation therapy" means ordering, dispensing or administering anticoagulants.

- does not apply to those organizations that are only monitoring (i.e. drawing labs and assessing for bleeding) or providing education on anticoagulation.  
  from 2009 NPSG FAQ

  - Outpatient pharmacies
  - Outpatient anticoagulation monitoring clinics

- Note: Goal no longer applies to home care - effective 9/09.

**Applicability**

- The only anticoagulant drugs included currently are warfarin, unfractionated heparin, and low molecular weight heparins.
  - Eventually, other anticoagulants may be added to the list in the future.
  - However, there is nothing that prevents an organization from including any other anticoagulant in their management program starting in 2009.

- Does not apply to flushes  
  from 2009 NPSG FAQ

**Elements of Performance**


1. Uses only oral unit dose products, pre-filled syringes, or pre-mixed infusion bags when these types of products are available.
   - Note: For pediatric patients, pre-filled syringe products should only be used if specifically designed for children.

**Elements of Performance**

2. Uses written approved protocols for initiation and maintenance of anticoagulation therapy.

   - Must standardize the care ordered for a patient by all prescribers based on best practices identified in literature, unless there is a patient-specific clinical justification for deviation.
     - Must be a medical staff protocol
       - Pharmacy policy or protocol not acceptable
       - Acceptable formats: Standing orders, written protocol, clinical guidelines, critical pathway, or medical staff policy.

   - Must address initiation and maintenance of anticoagulation drug therapy.
     - Including laboratory monitoring
     - Including rescue and treatment of ADE’s
What is not acceptable

- Physician can order any drug & dose, which pharmacy monitors and consults.
- Physician orders “dosing per pharmacy” but there is no protocol for that the pharmacists follow.
- Pharmacy ordering policy that is not approved by same mechanism as other medical protocols.
- One protocol that does not address all anticoagulants covered by NPSG.
- Different protocols for different physician preferences.

Elements of Performance

3. Before starting a patient on warfarin, assess the patient’s baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.
   - Baseline does not equal “on admission”

4. Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.
   - Dietary notification no longer required

5. When heparin is administered intravenously and continuously, uses programmable pumps in order to provide consistent and accurate dosing.

6. A written policy addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies.

7. Provide education regarding anticoagulant therapy to staff, patients, and families. Patient/family education includes:
   - The importance of follow-up monitoring
   - Compliance
   - Drug-food interactions
   - The potential for ADRs and interactions.
   - Must address all anticoagulants covered by NPSG.
   - Education to prescribers is still required
   - Must address all anticoagulants covered by NPSG.
   - Education to prescribers is still required – see Perspectives Dec 2009.

8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.
   - Measure, assess, and improve – PI
Outpatient Retail Pharmacies

- Compliance with hospital protocol and policies for anticoagulation, where applicable.
- Uses authoritative resources to determine drug-food interactions.
- Provides education regarding anticoagulant therapy to staff, patients, and families including:
  - The importance of follow-up monitoring, compliance, drug-food interactions and potential ADRs.
  - Note: must educate patient – cannot just offer.
- Included in overall evaluation of program.

Healthcare Acquired Infections

- NPSG.07.03.01 Implement evidence-based practices to prevent HAI due to multiple drug-resistant organisms
  - Including but not limited to MRSA, CDI, VRE, and multiple drug-resistant gram negative bacteria.
- NPSG.07.04.01 Implement best practices or evidence-based guidelines to prevent central line infections.
- NPSG.07.05.01 Implement best practices for preventing surgical site infections.

Questions

For questions about the interpretation of Joint Commission standards, organizations (or the public) can submit their questions by either:
- Calling the Standards Interpretation Unit at 630-792-5900
- Submitting the question in writing by using the following on-line form: http://www.jointcommission.org/Standards/OnlineQuestionForm/

Post-Assessment Questions

- Pharmacists are required to review all medication orders from the Emergency Department, either prospectively or retrospectively within 48 hours. (F)
- Having inconsistent range orders continues to remain the top medication management standard non-compliance issue in 2009. (F)
- The standard related to pharmacy medication order review (MM.05.01.01) now requires that pharmacists verify that the ordered medication meets the organization’s approved indications for use for the medication. (T)
- The top non-compliance issue related to the new NPSG for anticoagulation management relates to the implementation of an approved protocol for the initiation and maintenance of anticoagulation therapy in all patients receiving warfarin, heparin and LMW heparin. (T)
- A new CMS-related requirement is for all narcotic losses and abuses to be reported to not only the director of pharmacy, but also the CEO of the hospital. (T)
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