

Guide to Recommended Practices ~ For Select Standards ~

The Health Systems Pharmacy Executive Alliance has developed this guide to help you meet JCAHO's 2004 Medication Management Standards. This is not intended to be a comprehensive guide. Instead, we have selectively addressed only those components within specific standards that are both new and, in our opinion, have the greatest impact on hospital pharmacy operations. We hope you find this implementation guide useful as you prepare your organization for these important standards and continue to support industry-wide efforts to improve medication and patient safety.

No.	STANDARD	ROLE OF PHARMACY DIRECTOR	RECOMMENDED PRACTICES
1.	MM.1.10 Patient specific information is readily accessible to those involved in the medication management system.	Ensure that the minimum amount of information about a patient is available to those involved in medication management.	<ol style="list-style-type: none"> 1. Create a process for ensuring that the information is accessible when needed (except in emergency situations when time does not permit) to LIPs, appropriate health care professionals, and staff. 2. Develop a written policy and gain approval from appropriate bodies. At minimum, the information includes the following: <ul style="list-style-type: none"> • The patient's age • The patient's sex • The patient's current medications • The patient's diagnoses, comorbidities, and concurrently occurring conditions • The patient's relevant laboratory values • The patient's allergies and past sensitivities As appropriate to the patient, the hospital also includes information regarding the following: <ul style="list-style-type: none"> • Weight and height • Pregnancy and lactation status • Any other information required by the hospital for safe medication management 3. Compare the foregoing minimum information list provided by JCAHO with what your current practice is and form an interdisciplinary clinical team to address gaps.
2.	MM.2.10 Medications available for dispensing or administration are selected, listed, and procured based on criteria.	Establish processes and mechanisms to monitor patient responses to a newly added medication before the medication is made available for dispensing or administration within the hospital.	<ol style="list-style-type: none"> 1. Develop a written policy for monitoring patient responses to a newly added medication before the medication is made available for dispensing or administration within the hospital. 2. Develop (if not in existence) or add to existing Formulary Policy written criteria for determining what medications are available for dispensing or administration including, at a minimum: <ul style="list-style-type: none"> • indication for use • effectiveness • risks (including propensity for medication errors, abuse, potential and sentinel events) • costs 3. Although less rigorous than for formulary medications, a review of non-formulary medications is recommended. Non-formulary medications should not be dispensed without the benefit of clinical flags and alerts. 4. Conduct Medication Use Evaluations (MUE) for new medications added to the formulary.

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3.	MM.2.10 Medications available for dispensing or administration are selected, listed, and procured based on criteria.	Conduct a review at least annually of medications designated as available for dispensing or administration, based on emerging safety and efficacy information.	1. Conduct or outsource comprehensive reviews of all formulary drugs, based on data from a variety of sources, including: <ul style="list-style-type: none"> • List Serves • Evidence-based practice studies • FDA • Group Purchasing Organizations • Fee-for-service companies 2. Make recommendations through the P&T committee, following the formulary process.
4.	MM 2.10 Medications available for dispensing or administration are selected, listed, and procured based on criteria.	Ensure the hospital has processes to address medication shortages and outages.	1. Ensure pharmacy director is a member of the disaster team for the hospital and local community. 2. Develop and implement written policy and procedure with appropriate medical staff involvement and approval and include: <ul style="list-style-type: none"> • Communicating with appropriate prescribers and staff • Developing approved substitution protocols • Educating appropriate LIPs, appropriate health care professionals, and staff about these protocols • Obtaining medications in the event of a disaster. 3. Gain P&T Committee approval
5.	MM 2.20 Medications are properly and safely stored throughout the hospital.	Ensure medications are secured in accordance with the hospital's policy and law and regulation so that unauthorized persons cannot obtain access to them (The Centers for Medicare and Medicaid Services' (CMS) definition of "secured" states that all medications including non-prescription medications are in locked containers in a room or are under constant surveillance.)	1. Develop and implement, with appropriate approvals, policy and procedures that define "secured" and address storage of medications throughout the hospital. 2. Conduct an annual review.
6.	MM.2.20 Medications are properly and safely stored throughout the hospital.	Ensure that medications that are easy to confuse (e.g. look-alike or sound-alike drugs) are segregated.	1. Identify look alike or sound alike drugs on formulary. 2. Develop policy that identifies storage of sound alike and look alike medications in any area of the hospital including pharmacy. 3. Segregate the storage locations of similar look-alike, sound-alike medications within the pharmacy, in floorstock, and in any unit based medication cabinets on the floor.
7.	MM 2.20 Medications are properly and safely stored throughout the hospital.	Ensure concentrated electrolytes are removed from care units or areas, unless patient safety is at risk if the concentrated electrolyte is not immediately available on a specific care unit or area and specific precautions are taken to prevent inadvertent administration.	Develop and implement policy and procedure that clearly defines if and what areas will store concentrated electrolyte solutions and which electrolytes will be stored. <ul style="list-style-type: none"> • Ensure storage is segregated from regular floorstock and add differential labeling. • Example: in some cases ICUs need to have paralytic in stock for emergency cases, when this is necessary based upon emergent need, place fluorescent labeling on the vials and separate storage from other floorstock items.

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8.	MM.2.20 Medications are properly and safely stored throughout the hospital.	Ensure that medications in care areas are maintained in the most ready-to-administer forms available from the manufacturer or if feasible, in unit-doses that have been repackaged by the pharmacy or a licensed repackager.	<ol style="list-style-type: none"> 1. Develop a written policy, including annual reassessment of floorstock medications. 2. Review formulary medications and ensure purchasing medications in most ready-to-use forms. Implement prepackaging process for other medications not available from the manufacturer. 3. Investigate the availability of unit dose bar-coded packaged medications available through your distributor or directly from repackaging companies to help manage the amount of onsite packaging to be done.
9.	MM.2.30 Emergency medications and/or supplies, if any, are consistently available, controlled, and secure in the hospital's patient care areas.	Ensure that emergency medications are stored in sealed or in locked containers; in a locked room; or under constant supervision.	<ol style="list-style-type: none"> 1. Ensure that all emergency medications are in unit-dose, age-specific, and ready-to-administer form when possible. 2. Store medications in sealed or locked containers, in a secured room or under constant supervision. 3. Establish written policies and procedures to provide for constant access to emergency medications and supplies.
10.	MM.3.10 Only medications needed to treat the patient's condition are ordered.	Ensure that there is a documented diagnosis, condition, or indication-for-use for each medication ordered (somewhere within the medical record).	Develop and implement a written policy to perform patient record checks with each order received in the pharmacy to ensure proper documentation of diagnosis, condition or indication-for-use for each medication ordered. <ul style="list-style-type: none"> • Include tracking, reporting and follow up mechanisms for compliance to standard and policy.
11.	MM.3.20 Medication orders are written clearly and transcribed accurately.	Ensure that the hospital specifies the required elements of any of the types of orders that it deems acceptable for use: <ul style="list-style-type: none"> • "As needed" PRN orders • Standing orders • Hold orders • Automatic stop orders • Resume orders • Titrating orders • Taper orders • Range orders • Orders for compounded drugs or drug mixtures not commercially available • Orders for medication-related devices • Orders for herbal products • Orders for medications at discharge 	<ol style="list-style-type: none"> 1. Facilitate and ensure development, implementation and approval process for policies. 2. Ensure pharmacy director is an integral part of the evaluation, review and decision-making process for CPOE IT solutions and other clinical systems. 3. Develop a written policy to address: <ul style="list-style-type: none"> • Required elements of a complete medication order. Examples include but are not limited to: medication name, dose, route, dosage form (when appropriate). • Unacceptable and dangerous abbreviations, symbols, acronyms, and dose designation. Examples include but are not limited to: "U" for "units"; trailing zeros (e.g. "5.0"); "µg" for "micrograms"; slash marks; do not accept abbreviations for chemotherapy or other high alert medications. Refer to ISMP list of unacceptable and dangerous abbreviations, symbols, acronyms and dose designation. • Use of generic vs. brand names. Identify when and if brand names are acceptable. • Required indications for use. Identify when indication is required. Example includes, but is not limited to, certain PRNs such as analgesics vs. antipyretics. • Precautions or procedures for ordering look-alike, sound-alike medications. Example includes, but is not limited to, listing indication for medications such as celexa, celebrex. Utilize ISMP for reference. • Process to address incomplete, illegible, or unclear orders. Actions to take when medication orders are incomplete, illegible or unclear (for example clarification of orders with the prescriber, implementing a mechanism for reporting, tracking, trending illegible or incomplete orders). 4. Consider the following actions or policies to help reinforce these standards:

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			<ul style="list-style-type: none"> • Minimize the use of telephone and verbal orders. Example includes, but is not limited to, making unacceptable verbal orders for chemotherapy or other high alert medications. • Implement “read-back” process for telephone and verbal orders. • Review and update pre-printed order sheets. Develop a review cycle for all pre-printed orders. Work collaboratively with information management, nursing, the medical staff, respiratory and radiology and other clinical disciplines. • Eliminate blanket reinstatement of previous orders. Implement process for clarification, reporting and tracking when such orders are written. Utilize P&T Committee and Medical Executive Committees to ensure compliance. • Define when weight-based dosing in pediatrics is required.
12.	<p>MM.4.10</p> <p>All prescriptions or medication orders are reviewed for appropriateness.</p>	<p>Before dispensing, removal from floorstock or removal from an automated storage and distribution device, ensure that a pharmacist reviews all prescription or medication orders, unless an LIP controls the ordering, preparing, and administering of the medication; or in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status.</p>	<ol style="list-style-type: none"> 1. Create a written policy outlining the process to be used for all medication orders to be reviewed prior to or immediately retrospectively. 2. Implement monitoring, reporting, tracking and trending process for medications removed prior to a pharmacist's review. Example includes, but is not limited to, non-24 hour pharmacies and medications dispensed and administered after hours. Incorporate into the performance improvement process.
13.	<p>MM.4.20</p> <p>Medications are prepared safely.</p>	<p>When an on-site, licensed pharmacy is available, ensure that only the pharmacy compounds or admixes all sterile medications, intravenous admixtures, or other drugs except in emergencies or not feasible.</p>	<ol style="list-style-type: none"> 1. Implement policies that establish pharmacy as the only location for the compounding or admixing of any sterile medications and IV mixtures. 2. Review formulary and product packaging options from the manufacturer. Purchase pre-mixed packaging whenever possible. (e.g., pre-mixed potassium chloride mini-bags). 3. Wherever medications are prepared (refer to ASHP Best Practice Standards for guidelines): <ul style="list-style-type: none"> • Safety materials and equipment are used to prepare hazardous medications • Techniques used assure accuracy of medications prepared • Techniques used to avoid contamination during medication preparation. To include, but not limited to: <ul style="list-style-type: none"> ○ Clean or sterile techniques; technicians and pharmacists certified in IV techniques ○ Aseptic technique ○ Use clean, uncluttered, and functionally separate areas <ul style="list-style-type: none"> ▪ Meds should not be prepared on top of med cart ○ Use laminar airflow hood or Class 100 environment <ul style="list-style-type: none"> ▪ For products prepared by pharmacy ▪ For non-sterile ingredients ▪ For products not used within 24 hours ○ Visually inspect the final product

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14.	<p>MM.4.30</p> <p>Medications are appropriately labeled.</p>	<p>Ensure that compounded IV admixtures and parenteral nutrition solutions have the diluent and date prepared and be properly labeled.</p>	<ol style="list-style-type: none"> When preparing multiple medications or the individual preparing any medication is not the one administering the medication, the label must contain: <ul style="list-style-type: none"> • Patient name • Patient location • Directions for use • Applicable cautionary statements Develop labeling policy and procedure for all IVs that are dispensed from pharmacy including who places the label on the final package and include labeling procedure for floorstock IV plain solutions. <ul style="list-style-type: none"> • For example, do not allow nursing to use marker pen to write on latex bags. • Refer to ASHP guidelines for labeling.
15.	<p>MM.4.50</p> <p>The hospital has a system for safely providing medications to meet patient needs when the pharmacy is closed.</p>	<p>Ensure the hospital has a process for providing medications to meet patient needs when the pharmacy is closed.</p>	<ol style="list-style-type: none"> If non-pharmacist healthcare professional can obtain medications after the pharmacy is closed, as permissible by law and regulations, then the following must apply: <ul style="list-style-type: none"> • Only an approved set of medications can be accessed • Only trained and designated prescriber and nurses may have access • Quality control measures are set in place to prevent medication retrieval errors. Example includes, but is not limited to: manual double checks. This process is evaluated on an on-going basis to determine the medications accessed routinely and the causes of accessing the pharmacy after hours. • A pharmacist is on-call or is available at another location. In instances when non-pharmacist healthcare professionals are continually providing medications, consider: <ul style="list-style-type: none"> • Evaluating the system on an on-going basis • Implement changes to reduce the amount of time a non-pharmacist healthcare professional accesses medications after the pharmacy is closed
16.	<p>MM.4.50</p> <p>The hospital has a system for safely providing medications to meet patient needs when the pharmacy is closed.</p>	<p>When non-pharmacist health care professionals are allowed by law and regulation to obtain medications after the pharmacy is closed, ensure that the following safeguards are applied: Quality control procedures (such as an independent second check by another individual or secondary verification built into the system, such as bar coding) are in place to prevent medication retrieval errors.</p>	<ol style="list-style-type: none"> Establish policies and procedures for dispensing when pharmacy is closed. Include retrospective review by pharmacy as soon as possible. Purchase unit-dose packaged medications through your distributor or directly from repackaging companies.
17.	<p>MM.5.10</p> <p>Medications are safely and accurately administered.</p>	<p>Establish policies and procedures to address the following:</p> <ol style="list-style-type: none"> Health care staff who may administer medications with or without supervision, consistent with law 	<ol style="list-style-type: none"> Review current dispensing practice. Develop a written policy and gain approval from appropriate bodies. Policies and procedures to address: <ul style="list-style-type: none"> • Healthcare workers who may administer medications as permissible by law and regulations, and according to the organization's policy and credentialing.

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		<p>and regulation and hospital policy. The hospital's policy may address an individual's qualification to administer by medication, medication class, or route of administration.</p> <p>2. Guidelines for prescriber notification in the event of an adverse drug reaction or medication error.</p>	<ul style="list-style-type: none"> • Policy may address who can prescribe and/or administer based on: <ul style="list-style-type: none"> – Drug (e.g., respiratory therapy may administer only respiratory therapy related medications) – Drug Class – Route • Guidelines for physician notification of adverse drug reaction or event • Prior to administration of medication. Criteria should include: <ul style="list-style-type: none"> – Using two identifiers to correctly identify patient – Verifying the correct medication selected based on medication order and label. Also incorporate independent double check system for high alert medications or medications for certain populations (e.g., pediatrics). – Verifying medication stability visually and expiration date – Verifying no contraindications – Verifying medication is being given at right time, at right dose, by right route – Informing patient or family member of potential significant adverse drug reactions or other concerns about a new med – Discussing unresolved concerns regarding medication with prescriber or other staff members involved in the care of the patient <p>1. Consider incorporation into Medical Staff bylaws.</p>
18.	<p>MM.5.20</p> <p>Self-administered medications are safely and accurately administered.</p>	<p>Ensure that the person administering the medication (patient or non-staff member) is provided training and information. Ensure that non-staff members are determined competent before allowed to administer medication.</p>	<p>Establish protocols and procedures to ensure:</p> <ul style="list-style-type: none"> • Patient or non-staff member to be appropriately trained, supervised, and administration to be documented. • Person administering the medication (patient or non-staff member) to be provided training and information on: <ul style="list-style-type: none"> o Nature of medication o How to administer medication such as appropriate frequency, route, dose o Expected actions and adverse effects of medication o How to monitor for effects of medications • Non-staff member to be determined competent before allowing to administer medication. • Document education in the patient's medical record.
19.	<p>MM.6.10</p> <p>The effects of medication(s) on patients are monitored.</p>	<p>Ensure that the effect of medication(s) on patients is monitored.</p>	<ol style="list-style-type: none"> 1. Document the effects of medication administration at the point of care. 2. Develop an interdisciplinary policy and procedure that establishes monitoring process for patients receiving medications. Include documentation of patient's response (as the 6th right) in the patient's medical record. Also, utilize patient's own perception of effectiveness. Establish reminders system or redundancies for ensuring monitoring occurs and is documented.
20.	<p>MM.6.10</p> <p>The effects of medication(s) on patients are monitored.</p>	<p>Ensure that the organization has a process to monitor first few doses of new medication while under the care of the organization.</p>	<p>Establish a method in which the organization has a process to monitor first few doses of new medication while under the care of the organization. Include assessment of:</p> <ul style="list-style-type: none"> • Patient's perception of side effects and efficacy. • Medical record, relevant lab results, clinical response, and medication profile
21.	<p>MM 7.10</p>	<p>Identify high risk or high alert medications used</p>	<ol style="list-style-type: none"> 1. Develop and implement policy and procedure for the procuring, storing, ordering, transcribing, preparing, dispensing, administering

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	The hospital develops processes for managing high risk or high alert medications.	within the hospital and ensure development of safe processes.	<p>and or monitoring high-risk or high-alert medications.</p> <p>2. Purchase unit-dose packaged medications through your distributor or directly from repackaging companies.</p>
22.	MM.7.40 Investigational medications are safely controlled and administered.	Ensure that pharmacy controls the storage, dispensing, labeling, and distribution of investigational medication when pharmacy services are provided.	Develop a written policy and gain approval from appropriate bodies.
23.	MM.8.10 The hospital evaluates its medication management system.	Routinely evaluate literature for new technologies or successful practices that have been demonstrated to enhance safety in other organizations to determine if it can improve its own medication management system.(implementing best practices.)	<ol style="list-style-type: none"> 1. Develop policy and procedure that identifies the steps for ensuring the review and implementation of best practices. 2. Analyze the medication management process utilizing failure mode and effects analysis. 3. Regularly review internal reports to identify trends and issues such as ADE reports, MUE etc. Conduct Medication Use Evaluations. 4. Access the latest analysis of hospital data for both clinical and financial outcomes. 5. Stay abreast of advancements in medication management processes including, but not limited to, implementing performance measures for specific diagnosis, reviewing the latest information on bar code and other technology, including CPOE, bedside medication administration and pharmacy automation. 6. Refer to ASHP Best Practices, ISMP, National Quality Form Best Practices, Leapfrog, CMS performance indicators etc.

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