

**ASHP Abstracts & Program Resources on CDROM  
2006 Midyear Clinical Meeting  
December 3-7, 2006 Anaheim, CA**

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**JCAHO® Hospital Pharmacy Update for 2007**

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**Level of Content: General Interest**

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**Presentation**

**JCAHO® Standards and Survey Process, and National Patient Safety Goals Update**

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**Speaker Biography:**

Darryl S. Rich is currently a surveyor with JCAHO in the hospital, home care, and ambulatory accreditation programs, who resides and works from his home in Roseville, CA. In addition, Darryl serves as an internal consultant for the Joint Commission on various issues related to pharmacy and medication management in all accreditation programs and also works for the standards interpretation group. Prior to coming to the Joint Commission in 1993, Darryl was Director of Pharmacy Services at Boston University Medical Center and Clinical Assistant Professor of Pharmacy at Northeastern University. Darryl received his Pharm.D. degree from the University of California at San Francisco, and a M.B.A. in Health Care Management from Bryant University in Rhode Island. He is a Fellow in ASHP and a past President of the New England Council of Health-System Pharmacists. He has received numerous awards including the 2000 Cheers award by the Institute for Safe Medication Practices, and was honored in 2004 with a Certificate of Appreciation from the Board of ASHP for his work on medication safety at JCAHO. Darryl has over 460 invited professional presentations and 74 publications in refereed journals, including 8 books and 4 video series, and previously had a column on Joint Commission accreditation in the journal, *Hospital Pharmacy*.

**Abstract:**

Medication management continues to be the top Priority Focus Area where Requirements for Improvement have been scored on surveys in 2006, with even a high percentage of non-compliance than in 2004 and 2005. The key factor for this increase is the lack of implementation of the organization's own policies by medical staff and hospital staff. The new unannounced survey and tracer methodology increase the discovery of such issues on survey. The top 5 medication management standards and the top 10 national patient safety goals that were most scored non-compliant on 2006 surveys will be discussed, along with the reasons why and examples of how to achieve compliance. In addition the few revised medication-management standards for July 2006 and 2007, and the new National Patient Safety Goal requirements for 2007 will be discussed as well as other new or revised non-medication requirements that relate to hospital pharmacy services

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**Learning objectives:**

1. List the five most problematic medication-related standards and the five most problematic national patient safety goal (NPSG) requirements, in terms of compliance, scored on hospital surveys in 2006.
2. Describe the new MM standards requirements and new NPSG requirements for 2006 and 2007.
3. Describe five key strategies for increasing compliance to the standards and NPSG requirements.

**Self-assessment questions: True or False:**

1. One of the new requirements of the revised medication management standards for 2006 is a requirement that all medications obtained after-hours by nursing be done solely from a supply outside of the pharmacy and that nursing access to the pharmacy after-hours is not allowed.
2. One of the new National Patient Safety Goal requirements for 2007 specifies special requirements for anticoagulation therapy (e.g. ordering, storage, dispensing and administration).
3. The Joint Commission allows the use of oral and rectal contrast agents without a pharmacist prior review of the order so long as certain criteria are met, including a protocol for assessing the patient by a qualified individual prior.

Answers: 1. (F); 2. (T); 3. (T)

**Presentation Outline:**

1. Problematic and New Medication Management Standards
  - a. Top Five MM Standards Scored Non-Compliant on Hospital Surveys in 2006
    - i. MM.2.20 – Medication Storage
    - ii. MM.3.20 – Medication Ordering
    - iii. MM.4.10 – Pharmacist Review of Orders
    - iv. MM.2.30 – Emergency Carts
    - v. MM.4.20 – Medication Preparation
  - b. Top Problematic Areas
    - i. Radiology, ED, OR, L&D, ICU
  - c. MM Standard changes in July 2006
    - i. MM.2.20 – Medication storage while in possession of HC individual
    - ii. MM.4.20 – Medications Brought In by Physician
    - iii. MM.4.50 - No Pharmacy Access After-Hours
    - iv. MM.8.10 – Evaluation of new medication systems
    - v. Heparin Flushes – New FDA ruling
  - d. Standard changes for 2007
    - i. MM.3.20 – Vaccines
    - ii. HR.2.10 – Competence Assessment
    - iii. LD.3.50 – Evaluating Contracted Services
2. Problematic and New National Patient Safety Goal Requirements
  - a. Top NPSG Scored Non-Compliant on Hospital Surveys in 2006
    - i. Root Cause of Non-compliance – Lack of Implementation
    - ii. NPSG 2b – DNU Abbreviations
    - iii. NPSG 2c – Critical Test Results

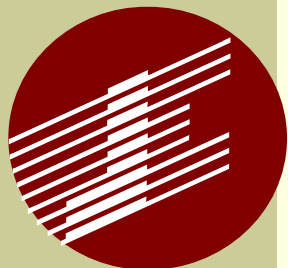
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- iv. NPSG 2e – Handoff Communications
- v. NPSG 3b – Standardized Concentrations
- vi. NPSG 3c – LASA drugs
- vii. NPSG 3d – OR Labeling
- viii. NPSG 8 – Medication Reconciliation
- b. 2007 NPSG
  - i. Goal 13
  - ii. New Format
- c. Proposed 2008 NPSG
- 3. Survey Process Changes

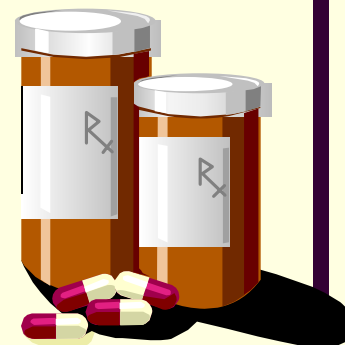
For more information, see the Joint Commission Web Site at [www.icafo.org](http://www.icafo.org)

**Slides**                      **attached**



# JCAHO Medication Management Update for 2006-2007

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# MM Standards



- Problematic standards in 2005-2006
- New Requirements for 2006-2007



# Top 5 Medication Standards Scored Non-Compliant in 2006

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MM.2.20 (41%)	Medication Storage
MM.3.20 (27%)	Medication Ordering
MM.4.10 (11%)	Pharmacist Order Review
MM.2.30 (6%)	Emergency Medications
MM.4.20 (5%)	Medication Preparation



# The Top Five in Hospitals

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- **MM.2.20 – Medication Storage**
  - Non-Pharmacy Medication Storage Areas
    - Radiology, Cardiac Cath Lab, OR, ED
    - During Transport (see new EP)
  - Inappropriate Storage Conditions
  - Medication Security per CMS
  - Controlled Substances



# The Top Five in Hospitals

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- MM.3.20 – Medication Ordering
  - Lack of required policies
  - Lack of Implementation
    - Indication for PRNs, when policy requires
    - Range Orders
    - Blanket Reinstatement of Orders
    - Minimizing Verbal/Telephone Orders
  - New implementation EP



# The Top Five in Hospitals

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## ■ MM.4.10 – Pharmacist Review of Orders

### ■ Exceptions allowed:

1. Urgent Situations
2. LIP Controls the Administration of the Drug
  - Control by LIP must be “at patient bedside”
  - *Emergency Dept, Radiology, PACU,*



# Exception for MM.4.10...

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## ■ “Clarifying Information for MM.4.10 and Oral Contrast Media”

- *June 2005 issue of Perspectives*
- Supported by American College of Radiologists.
- “While review by a pharmacist before administration remains a recommended safety step, contrast media can be safely administered orally in an inpatient or outpatient setting without a pharmacist review as long as the following standards and safeguards are followed:”
  - *Implicit: Does not apply to IV contrast agents.*



# Oral Contrast Safeguards

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- The organization adopts clinical practice guidelines or approved screening tools to address the safe administration of contrast media
  - **Must be approved by both medical staff and pharmacy**
- Only trained designated individuals retrieve medications from a limited set of medications.
  - Can be a radiology technician
- **The appropriateness of the medication is reviewed by a qualified health care professional.**
  - MD or RN – not a radiology technician



# Oral Contrast Safeguards

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- The organization implements quality control procedures (such as a double check) to prevent retrieval errors
- A pharmacist is available on-call, if needed
- Retrospectively, the organization evaluates its system by sampling records where contrast media was administered without prior pharmacy review to determine if the system is working as designed, or there are any opportunities for improvement



# Extension to Rectal Contrast Media

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- The *August 2006 issue of Perspectives*
- Expanded to rectal administration of contrast media as long as the same safeguards are applied.
- Does not apply to other medications besides contrast media
- Does not apply to contrast administered via any other natural orifice (e.g. cervix or urethra)
  
- *Future changes to MM.4.10*



# The Top Five in Hospitals

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- **MM.2.30 – Emergency Medications**
  - Medication Security per CMS.
  - Available in Ready-to Administer form
  - Replaced as soon as possible after use.



# Medication Security

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- CMS- Medicare Conditions of Participation State Operations Manual
  - Interpretative Guidelines for Hospitals (05-21-04).
    - All drugs must be kept in a locked room or container.
    - If the container is mobile or readily portable (cart), when not in use, it must be stored in a locked room, monitored location, or secured location.
    - Persons without legal access to drugs cannot have unmonitored access to drugs
    - Whenever unauthorized persons could gain access to the drugs stored in an area, the hospital is not in compliance.



# Medication Security

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- Due to the mobility of carts, when not in use, locked anesthesia and other medication carts must be stored in a locked storage room, tethered or in secure location.
- If a cart is in use and unlocked, someone with legal access to the drugs in the cart must be close by and directly monitoring the cart.
  - A nurse, physician, or other individual with legal access per law and regulation and hospital policy.
  - That person must monitor the cart and be aware of other people's activities near the cart. He/she is responsible for the security of the drugs in the cart.



# Medication Security

## *Proposed Change*

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- CMS- Medicare Conditions of Participation – Federal Register 3/25/05
  - All drugs and biologicals be kept in a secure area, and locked when appropriate.
    - Schedules II, III, IV, and V drugs must be kept locked within a secure area. Only authorized personnel may have access to locked areas.
    - Non-scheduled drugs need not be locked – secured to prevent diversion/tampering.
  - *Not Yet Approved*



# The Top Five in Hospitals

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- MM.4.20 – Medication Preparation
  - Pharmacy prepares all IV admixtures except in emergencies or when not feasible due to stability.
    - Pitocin in Labor and Delivery
    - ICU's
  - Clean, uncluttered, functionally separate area for IV preparation – nursing units, ED
  - Aseptic technique



# Top Problematic Areas

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- MedMARx– Harmful Errors (1.7% average)
  - Radiology (15.1%)
  - Emergency Dept. (10.7%)
  - Peri-operative (SDS, OR, PACU) (7%)
  - Labor and Delivery (5%)
  - Intensive Care Units (3.3%)

*See CAPSlink*



# Changes for mid-2006

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- *Revisions effective July 1, 2006*
  - New elements of performance to MM standards:
    - MM.2.20
    - MM.4.20
    - MM.4.50
    - MM.8.10



## MM.2.20 – added EP's

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- There is a written policy addressing the storage of medications between receipt of the medication by an individual healthcare provider and medication administration. At a minimum, the policy addresses:
  - Safe storage
  - Safe handling
  - Security, and
  - Disposition. including return to the medication storage area at the end of the individual's shift.
- The policy is implemented.



# MM.2.20 – added EP's

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- Be sure policy addresses all 4 elements
- Issues addressed:
  - Carrying medications in pockets (respiratory therapy, anesthesiologists)
  - Leaving medications on counter after retrieving from automated dispensing machine or tube system.
  - Retrieving from stock and preparing all medications for use throughout the day



## MM.4.20 – added EP's

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- There is a written policy addressing the safety and use of medications acquired by a practitioner from sources other than the hospital for use in patient care in that hospital. The policy addresses:
  - Whether such medications are allowed to be used
  - If allowed, a process to evaluate the integrity of the medications prior to use in the patient.
- The policy is implemented.
  - *Does not apply to approved external contracted services*



# MM.4.50 – revised EP#1

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- *Old: Access is limited to a set of medications that has been approved by the hospital. These medications can be stored in a night cabinet, automated storage and distribution device, or a limited section of the pharmacy*
- **New:**
  - A limited set of medications approved by the hospital.
  - These medications are stored outside of the pharmacy
  - These medications are locked.



# MM.4.50 – revised EP#1

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- No nursing access to the pharmacy after-hours is allowed – for any reason.
  - *Even if allowed by law and regulation*
  - *In emergency situations?*
- Telepharmacy is not an acceptable alternative
- Oklahoma Drug Rooms



# MM.8.10 – added EP's

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4. The hospital acts to implement improvements based on
  - evaluation of its medication management system
  - review of new technologies
  - external data
  - successful practices that have been demonstrated to enhance safety.
5. The performance of new and modified medication management processes is measured.
6. The hospital uses information from data analysis to identify subsequent changes to improve its medication management system.



# Miscellaneous

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- Heparin Flush Solutions
  - FDA reclassification from drug to device effective October 16, 2006.
    - Applicability of MM Standards
    - Heparin used to create flushes
    - Manufacturing flush syringes in pharmacy with robot.



# Standards Changes for 2007

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- Medical Staff (MS)
  - Privileging and Credentialing – major changes
- Human Resources Management (HR)
  - Requirements of physician employees in the hospital
  - Verification of qualifications of volunteers in disasters

*Not pharmacy-related*



# Standard MM.3.20

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- **New element of performance**
  - Policy that allows the administration of influenza and pneumococcal polysaccharide vaccines according to a physician order or, as permitted by law and regulation, without an order according to specific organization protocol(s).



# Standard HR.2.10

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- The hospital provides initial orientation.
  1. The organization determines what key elements of orientation should occur before staff provide care, treatment, and services.
  2. The organization orients staff to the identified key elements prior to the provision of care, treatment, and services.



# Standard LD.3.50

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- Effective July 1, 2007,
- Oversight of contracted services.
  - Establishing expectations for the performance
  - Communicating the expectations
  - Evaluating the performance of the contracted services in relation to the expectations
  - Taking steps to improve care when contracted services do not meet expectations and,
  - Ensuring that care is not disrupted when contracts are altered or terminated.



# National Patient Safety Goals



- Problematic Goals in 2006
- New Goals for 2006-2007



# Top Non-Compliant NPSG in 2006\*

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- NPSG 2 - Communications (60%)
- NPSG 8 - Medication reconciliation (44%)
- UP 1 – Universal Protocol for Surgery (33%)
- NPSG 3 – Medication Use (17%)
- NPSG 1 – Patient Identification (7%)
- NPSG 7 – Hand Hygiene (7%)

*\* Thru June 2006*



# Unlucky 13 in 2006\*

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- 2b: Unapproved abbreviations (35.8%)
- **8a: Medication list and reconciliation (25.9%)**
- 2c: Timeliness of critical test results (25.7%)
- 1b: “Time out” before surgery (24%)
- 8b: Transfer/discharge reconciliation (19.5%)
- 2a: Read-back of verbal orders (16.7%)

\* *Thru June 2006*



# Unlucky 13 in 2006 (con't)

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- 3d: Labeling medications (8.7%)
- 7a: CDC Hand Hygiene (7.8%)
- 3c: Sound-alike, look-alike drugs (7.2%)
- 1a: Use of two patient identifiers (6.4%)
- 2e: Hand-off communication (5.9%)
- 9b: Fall prevention programs (5.9%)
- 4b: Surgical site marking (5.7%)

*Rest below 3%*



# #1 Root Cause of Non-compliance

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## ■ Implementation Issues

### ■ Know how, but don't...

- Unapproved abbreviations
- Time out – final verification
- Read-back of verbal order
- Use of two patient identifiers
- CDC Hand hygiene guidelines
- Fall prevention
- Surgical site markings



# Goal 2b: DNU abbreviations

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- Nothing New for 2007
- Clarification
  - Clarification has no impact on scoring
  - Clarification by RPh or RN not required unless the order is not clear.
  - If not clear, must be clarified
    - MM.4.10, EP#6 (meds); LD.3.60 EP#2 (other orders)
  - Medical Staff to police MD non-compliance
    - Or else scored at MS 2.10
- Changes in 2008?



# Goal 2c: Critical Test Results

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- 2c: Measure, assess and improve, if appropriate, the timeliness of reporting of critical test results.
  - Critical test result = panic value
  - Applies to all types of diagnostic testing (not just lab)
  - RN/RPh who report test results to MD.
  - Surveyors will want to see data of measurement – this is a performance improvement requirement
    - Measure time from identification of critical result to time of receipt of information by LIP.



# Goal 2e: “Hand off” Communications

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- A “hand-off” communication is a contemporaneous interactive process of passing patient-specific information from one caregiver or team to another for the purpose of ensuring the continuity and safety of care.
- Examples:
  - Nursing/pharmacy change of shift report
  - Physician sign-out to a covering physician
  - Anesthesia provider or circulating RN to the PACU staff



# Standardized Approach

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- Must identify:
  - The “hand-off” situations that it applies to
  - Who should be involved in the communication
  - What information should be communicated
    - Diagnoses and current condition
    - Recent and Anticipated changes
    - What needs to be done
  - When to use certain techniques (read-back, SBAR)
  - What print or electronic info should be available.
- *Usual Issue: No opportunity for 2 way communication.*



# Goal 3b: Standard Concentrations

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- 3b: Standardize and limit the number of drug concentrations available in the organization.
  - Applies to:
    - All continuous infusions and intermittent infusions that are NOT dosed weight-based.
    - “High alert” medications, including but not limited to: concentrated electrolytes, cardioactive drugs, pressors, and antihypertensives.
  - Vary the rate – not the concentration



# Goal 3b: Standard Concentrations

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- Broselow Cart Medication System
  - Can use old tapes but not for medication dosing – use pharmacy rate-based charts.
- Rule of Six unacceptable
  - Request for Alternative Required – Submitted and Approved
  - Exemption based on criteria and only good until Dec 2008
- Standardized TPN?



# Goal 3c: LA-SA Drugs

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- 3c: Identify and annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
  - Focus on non-pharmacy areas – insulin on unit refrig.
  - Nursing education on actions taken and why
  - Don't forget MM.3.20, EP#4 – special procedures for ordering of LA/SA drugs
  - *Note: updated list on JCAHO website*



# Goal 3d: Medication Labels in OR

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- 3D: Label all medications on and off the sterile field in the peri-operative & procedural setting
  - Must be labeled unless immediately administered after preparation.
    - No intervening steps unrelated to administration
  - Includes all medications and solutions – even if there is only one or even if it is obvious.
  - At a minimum, must include drug name and strength
    - see MM.4.30 for other requirements of label



# Goal 3d: Medication Labels in OR

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- Actual containers must be labeled – not item under the container.
- Containers includes cups, sterile basins, syringes, bottles, vials, etc.
- Cannot attach vial to syringe
- Cannot use pre-labeled container then add drug.
- If not prepared by the person who administers it, verbal & visual verification of label required by both persons.
- All procedures not just *invasive* procedures.



# Goal 8: Medication Reconciliation

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- Step 1: Obtain and document a complete and accurate list of the patient's medications upon admission.
- Step 2: Compare this list to current medication orders for omissions/errors – reconcile them.
- Step 3: Communicate the patient's list of current medications to the next provider of service



# Step 1: Accurate Drug List

## Where?

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- Any entry point into the organization where medications can potentially be administered or prescribed, or a patient's medications might impact the results of the testing or treatment.
  - Emergency Room – not just an entry point for inpatient
  - Outpatient Radiology
  - Ambulatory Surgical Suite
  - Even areas of “minimal medication use”
    - “Reverse profile” not acceptable



# Step 1: Accurate Drug List

## How?

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1. Done by someone with “sufficient expertise”
2. Includes dose, route and frequency
3. Reasonably accurate
  - Don't let perfect stand in the way of good
4. Must involve the patient – ask
5. When? – both list and reconciliation done by time of the initial assessment or H&P
  - Inpatients – 24 hours from admission
  - Other- based on organization timeframe (PC.2.120)



# Step 2: The Reconciliation: How?

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- Physician reconciliation on form
- RN/RPh reconciliation, then clarify with MD
- Prospective internal reconciliation by MD with list (Outpatient)



# Step 2: The Reconciliation: Issues

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- Not investing enough time to get an accurate drug list (should = 7-10 min)
- Reconciliation by MD not done within timeframe required by organization.
  - Unsigned, blank forms
- Not implemented to every applicable area of the organization
  - OP Surgery, ED, Clinics, OP Radiology, etc.



# Step 3: Drug List Provision

## When

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- At discharge
- At transfer
  - Anytime that orders must be rewritten
  - All settings of care in which medications might be prescribed or administered or in which a patient's medications might impact the results of the testing or treatment. (e.g. imaging, outpatient clinics).
  - Or ...whenever required by organization.
- All lists must be reconciled prior to provision



# Step 3: Drug List Provision: How

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- Internal Transfer- when new orders are not required.
  - An updated list of medications patient is currently on – current MAR or
  - Access to e-MAR
  - List needs to be updated with any new orders



# Step 3: Drug List Provision: How

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- Internal Transfer- when new orders are required.
  - Common: Modified MAR used as order sheet where physician indicates which drugs to renew and new orders at bottom.
  - Uses reconciliation form similar to admission reconciliation form.



# Step 3: Drug List Provision

## What

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### ■ At Discharge:

- A list of the patient's current (continuing) meds
  - What the patient is to be on after discharge.
    - A list is required - not a set of new orders.
    - Watch out for blanket reinstatement of prior orders (MM.3.20)
- Exception for minimal medication encounters (*see FAQ for criteria*).



# Step 3: Drug List Provision

## How

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- Must be sent directly to the next provider (if known)
  - Home Health Agency, LTC facility
  - Physician office
  - Not required to the patient's retail pharmacy
- If the next provider is unknown, then the list can be given to patient to give to the provider
- Complete list of medications must also be provided to the patient on discharge
  - *Required by PC.15.20 - new NPSG requirement in 2007*



# 2007 NPSG

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- Field Response: Need to “catch breath”
- Goal 13 – extended to all settings
- New Goal 15: Identify safety risks inherent in its patient populations.
  - Psychiatric hospitals and general hospitals with patients treated for behavioral or emotional disorders:
    - 15A– Identify patients at risk of suicide
  - Home Care only:
    - 15B - Identify risks with long term oxygen therapy including fires



# Goal 13: Patient involvement

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- Encourage patients' active involvement in their own care as a patient safety strategy
  - Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
    - *RI.3.10 – patient responsibilities*
    - *In patient brochures, in patient education, and in staff training.*
    - **Now applicable in hospitals and all settings.**



# New format for 2007

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- Goals/Requirements Rewritten like standards
  - Requirements – like standards
  - Implementation expectations – like elements of performance (EP's)
  - Surveyors will score implementation expectations
    - Can have partial scoring of IE's , but NPSG will be either compliant or non-compliant.



# Proposed 2008 NPSG



# Potential Goals for Field Comment

**NOW!**

- Disruptive behavior
- Anticoagulant management
- Early recognition and response
- Catheter misconnections
- Use of technology for patient identification
- Health care worker fatigue
- Obstructive sleep apnea
- *Equipment flash sterilization (?)*



2006



## Changes in Survey Process



# Survey Process Changes

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- Survey announcement – 7:00AM
- Electronic SOC required in 2007
- New Medication Management System Tracer
- EC Tracer – Security, Hazardous Products
- More focus on leadership / medical staff
- Validation surveys
  - Random validation survey
  - Clarifying ESC validation survey



# Questions

