(The Joint Commission Updates)

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Objectives- Pharmacists

- Present recommendations regarding utilization of electronic medical records and computerized prescribing applications in improving patient safety
- Identify challenges regarding medication management standards
- Describe a tracing strategy for identifying compliance issues within the Emergency Department

Objectives- Pharmacists and Technicians

- Understand the 2016 Hospital National Patient Safety Goals
- List recommendations for evaluating medication reconciliation program effectiveness
- Discuss areas in which medication reconciliation performance improvement initiatives are beneficial

Disclosure

- No conflict of interest
The Joint Commission (TJC)

- Independent, Nonprofit
- Tax-exempt
- Accredits hospitals to receive federal funding
- Other options are available
  - Det Norske Veritas (DNV)

TJC History

- 1919
  - The American College of Surgeons developed minimum standard for hospitals

TJC Updates

- BRACE YOURSELVES
- Joint Commission is coming

TJC History

- 1951-1952
  - Joint Commission on Accreditation of Hospitals (JCAH) is established
- 1987-1989
  - Name change to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- 2007
  - Name changed to The Joint Commission (TJC)
Informatics

- Jan 2010 - Jun 2013
  • 120 sentinel events that are informatics related
- Mar 31, 2015
  • SEA 54: Safe Use of Health Information Technology

Informatics - Evaluation

- Safety Culture
  • Reporting
  • Evaluating adverse events for IT link
  • Shared accountability with vendors

- Performance Improvement
  • Standardized coded allergies, problem lists, and diagnostic tests
  • Extensive testing before go-live
  • Training
  • Order sets
  • Downtime
  • Forcing functions

Informatics - Evaluation

- Dimensions for Health IT Performance
  • Human-Computer interfaces
  • Workflow and communication
  • Clinical content including decision support
  • Internal organization policies and safety culture
  • Performance issues relating to training
  • Failure to follow procedures
  • Hardware/software
  • Vendors
  • System measurements and monitoring

Informatics - Suggestions

Goals of a Suggestion System

1. Effects
   - Tangible & Intangible Results
2. Development of Skills
   - Improvement of Performance on the Job (CUT)
3. Participation
   - Development & Activation of the Organizational Structure
Informatics- Suggestions

Performance improvement
• Maximize use of EHR to order medications, tests, and procedures
• Clinical oversight over delegated clinical tasks
• Provide patients with access to their electronic records

Leadership
• Assess vendor interface
• Involve front-line staff in planning
• Examine workflows for points of failure (FMEA)
• Manage Change
• Use metrics to monitor performance

EHR= Electronic Health Record
FMEA= Failure Mode Effects Analysis

Medication Management

➢ MM.03.01.01
• EP 2: medications are stored according to manufacturer recommendations
• EP 3: all medications and biologics are stored in secure areas to prevent diversion and locked if necessary
• EP 6: the hospital prevents unauthorized individuals from obtaining medications
• EP 8: removes expired, damaged, and/or contaminated medications and stored separately

MM.03.01.01 Storage and Security of Meds 32%
MM.04.01.01 Medication Orders 25%
MM.05.01.01 Medication Order Review 18%
NSPG.03.04.01 Labeling in OR/procedures 9.9%
MM.05.01.07 Preparing medications 5.4%
NSPG.03.06.01 Reconciling Medications 4.3%
MM.01.01.03 High Alert /Hazardous Meds 3.7%
MM.03.01.03 Emergency Medications 3.3%
MM.01.02.01 Look alike sound alike Med 3.1%

Medication Management Non-Compliant Standards for Hospitals

EP= Element of Performance

Medication Orders

➢ MM.04.01.01
• EP 13: hospital implements its policies for medication orders
  – Failure to clarify unclear, illegible and incomplete orders
  – Consistency in interpreting range orders
  – Lack of indication on PRN orders
  – Lack of special precautions for ordering LASA medications

LASA= Look-alike, Sound-alike
**Review of Medication Orders**

- RPh reviews all medications prior to dispensing or removal from ADC
- Auto-verification
  - In conflict with MM.05.01.01 EP 1 and is not acceptable

ADC=Automated Dispensing Cabinet

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**Preparation of IV Admixtures**

- CMS considers ASHP guidelines as an acceptable standard of Practice

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**Preparation of IV Admixtures**

- MM.05.01.07
  - To move IV admixture out of nursing unit
- Pharmacy should consider ways to make IV admixtures available without admixture by nurses
- Non 24/7 pharmacies, Operation Rooms, off-site clinic

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**Revision of Labeling**

- NPSG.03.04.01 EP3
  - Perioperative and procedural setting medications label should include the following:
    - Medication or solution name
    - Strength
    - Amount of medication or solution containing medication (if not on the container)
    - Diluent name and volume (if not on the container)
    - Beyond use date or expiration date

NPSG= National Patient Safety Goals
Safe Dispensing of Medications

- MM.05.01.11
  - Medications should be delivered in the most ready-to-administer form available.
  - Unit Doses that are preferred
  - Should be packaged by pharmacy or an authorized prepackager

High Alert Medication Strategies

- MM.01.01.03
  - How do you HAM?
  - How do you mitigate risks?
  - Have you disseminated information about risk and processes to the hospital?

Emergency Medications

- MM.03.01.03
  - Ensure availability and replenishment
  - Separate packaging of pediatric from adult medications in combined carts
  - Ready-to-administer dosage forms preferred

Look Alike Sound Alike

- MM.01.02.01
  - What is your policy for LASA order?
  - Recommendations
    - Tall man lettering
    - Using brand and generic nomenclature
    - Storage restrictions
    - Bar coding

HAM= High Alert Medications
**Hazardous Drugs**

- MM.01.01.03; EC.01.01.01
  - Required to maintain a list
  - Defined by NIOSH
  - Protection strategies?
  - Also addressed by USP 800

NIOSH=National Institute for Occupational Safety and Health

**Adjustment of Medications by Non-LIPs**

- Therapeutic substitution
- Protocols
- Mostly defer to CMS considerations
- May require credentialing and privileging

CMS= Centers for Medicaid and Medicare Services

**Protocols and Order Sets**

- MM.04.01.01 EP 15
  - Medication orders initiated by RN prior to LIP order requires approval by MD/DQ, RPh and CNO
  - Developed using nationally recognized and evidence based guidelines
  - Regular review to determine continuing usefulness and safety
  - Dating, timing and authentication according to law, bylaws or hospital policies

LIP= Licensed Independent Practitioner

**Assessment Question**

- (True/False)

  Joint Commission supports auto-verification in some hospital areas
### Radiopharmaceuticals

- MM.03.01.01 EP24
  - The hospital maintains records of the receipt and disposing of radiopharmaceuticals

### Medication Reconciliation

- **Non-24 hour settings**
  - Must perform, if changes in medications taken at home could occur; or if medications might be given during the encounter
  - Organizations can define the medication information they require to be collected
  - Allows tailoring for specific settings

### Medication Reconciliation

- NPSG 03.06.01
  - Collecting information on the home medications
    - Good faith effort
  - Transfer med rec
    - No longer NPSG
    - Still required
  - $350 savings per RPh med rec

**Med rec= Medication Reconciliation**

- Collect medication list
- Improve process by
  - Software and claims data
  - Interviewing skills
- Audit MR regularly and identify areas for improvement
- Implement Clinical Decision Support
- Utilize MR completion data and overrides

**MR= Medication Record**
Assessment Question

- Medication reconciliation processes should be evaluated for which of the following?
  A. Missing items on the home medication list
  B. Patient understanding of which medications to take after discharge
  C. Physician satisfaction with the system and the process
  D. Identification of discrepancies between medications prescribed

Discharge Process

- Counseling doesn’t start 15 minutes before discharge
- Assess patient’s need and willingness to learn
- Use supplemental tools
- Utilize the teach-back method
- Clear description and patient friendly language
- Establish follow-up processes

Discharge Process

- Provide discharge medication information to patients
- Added responsibility on patients
- Display both in-hospital and admission home medications on the document
- Identify errors in both discharge medications as well as home medications
- Utilize resources to evaluate insurance issues with the prescribed medications

Emergency Department Tracing Strategy

- Difficult environment for compliance
- Requires IT infrastructure
- Assessment of a tracer
  - Medication Storage
  - HAM and LASA
  - Medication labeling
  - Analytics regarding optimizing ADC
  - Evaluate admixture techniques
  - Assess medications given for discharge
  - Evaluate emergency preparedness
Emergency Department Tracing Strategy

<table>
<thead>
<tr>
<th>TRACER QUESTIONS</th>
<th>CORRECT ANSWER</th>
<th>INCORRECT ANSWER</th>
<th>FOLLOW UP</th>
<th>COMMENTS OR NOTES</th>
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<tbody>
<tr>
<td>1. Who is your process for safely and correctly storing medications?</td>
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<td>2. Why is your mediation stored?</td>
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<td>3. What is your medication process?</td>
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<td>4. How do you determine who should have access to places where medications are stored? How is this communicated and involved? What happens when an unauthorized staff member leaves the hospital?</td>
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<td>5. How do you determine who is monitoring medication policy?</td>
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<td>6. What kind of medication and what should be monitored?</td>
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<td>7. What is your process for reviewing medication policies?</td>
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Example of a Tracer Sheet Questions

Hospital National Patient Safety Goals

- No real new goals for 2016
- Identify patients correctly
  - Use two identifiers
- Improve communications
  - Get important results to the right staff on time

Assessment Question

(True/False)

Joint Commission recommends that patients medication education starts within 30 minutes prior to discharge

Hospital National Patient Safety Goals

- Use medicine safely
  - Before procedures, label all medications
  - Extra care for patients on anticoagulants
  - Record and pass correct information about patient’s medicine and ensure that the medication list is up to date
- Decrease incidence of healthcare acquired decubitus ulcers
- Decrease risk of harm from falls
Hospital National Patient Safety Goals

- Use alarms safely
  - Ensure alarms on medical equipment are heard
- Hand hygiene
- Prevent health-care acquired MDRO infections
- Prevent Central line-associated blood stream infections
- Identify patients safety risks
  - Patients who can commit suicide

MDRO= Multidrug-Resistant Organisms
SCIP= Surgical Care Improvement Plan

Assessment Question

- (True/False)

  - Technicians can perform medication reconciliation

Summary

- Assess your interface with EMR
- Ensure all medications are labeled accurately
- Track radiopharmaceuticals
- Perform medication tracer in difficult environment for compliance
- Develop a process to assess the quality of medication reconciliation

CAUTI=Catheter-Associated Urinary Tract Infections

SCIP is no longer a NPSG
References


Questions?

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