A Game Plan to Surviving a Joint Commission Survey

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Objectives

- Describe key components of a Joint Commission accreditation visit
- Identify changes to medication management standards
- Develop a roadmap for preparing for The Joint Commission visit
Survey Structure and Format

Survey team
- Administrator
- Physician
- Nurse
- Generalist
- Ambulatory Specialist
- Life Safety Specialists

Format
- People
- Process
- Policy

Tracer Methodology

Individual Tracer

System Tracer
Project Refresh

- A series of initiatives that focus on the pre-survey, onsite survey, and post survey processes
- Goals: Simplification and relevancy
- Major initiatives:
  - Survey Analysis for Evaluating Risk (SAFER™) Matrix
  - Follow-up activities

Patient Safety Assessment: Past

- The Joint Commission revised its scoring and decision process, effective January 2017
- Elimination of categories pertaining to:
  - Scoring categories (A or C)
  - Measures of Success (M)
  - Patient care impact (direct or indirect impact requirements)
- Changes to time frames for responding to survey findings
Applying the SAFER™ Matrix to Medication Management Standards

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Vistor</th>
<th>Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>Concentrated electrolytes placed in ADCs with no safeguards in place</td>
</tr>
<tr>
<td>MODERATE</td>
<td>Lack of adherence to policies on medication orders</td>
</tr>
<tr>
<td>LOW</td>
<td>One expired tablet of ibuprofen found</td>
</tr>
</tbody>
</table>

Limited | Pattern | Widespread | Scope
Survey Findings

- All Requirements for Improvements (RFIs)
  - Submission of Evidence of Standards Compliance
    - Due date changes from 45 or 60 days to 60 days only

- RFIs for higher risk findings will require:
  - Leadership involvement
  - Preventive Analysis

Q&A

- Changes to the TJC survey process include:
  A. A new SAFER™ matrix for assessing impact on patient safety
  B. Submitting Evidence of Standards Compliance in 60 days only
  C. Adding leadership and preventative strategies into the RFI for the higher risk areas in the SAFER matrix
  D. All of the above
## Medication Management (MM) Chapter: Deletions

- **MM.03.01.05 EP 3**
  - Informing prescriber and patient if medications that are brought in are not permitted

- **MM.08.01.01 EP 4**
  - Reviewing literature and external sources on new technologies and best practices

## Medication Management Chapter: Additions

- Many standards now also apply to sample medications
- Radiopharmaceuticals
- Antimicrobial stewardship program
Radiopharmaceuticals

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

- **MM. 06.01.01 EP13**
  - Before administering a radioactive pharmaceutical for diagnostic purposes, staff verify that the dose to be administered is within 20% of the prescribed dose, or, if the dose is prescribed as a range, staff verify that the dose to be administered is within the prescribed range.

New MM Standard: **MM.09.01.01 Antimicrobial Stewardship**

- **MM.09.01.01** The hospital has an antimicrobial stewardship program based on current scientific literature.
**Top Non-Compliant Medication Related Standards**

- **Med Storage and Security**
- **Clarity of Med Orders**
- **Med Order Review**
- **Med labeling in ORs/procedures**
- **Med Reconciliation**
- **Med Labeling**
- **High-Alert and Hazardous Meds**
- **Look-Alike Sound-Alike Meds**

![Bar chart showing compliance rates over years](chart.png)

**Medication Orders**

- **Clarity of medication orders**
  - Failure to clarify unclear, illegible or incomplete orders
  - Lack of indication for PRN orders
  - Use of prohibited abbreviations
  - Therapeutic duplication
    - Pain medications
    - Anti-emetics
    - Medications for constipation
  - Consistency in interpreting range orders
  - Titration orders
Components of Titration Orders

- Medication Name
- Medication route
- Initial or starting rate of infusion (dose/min)
- Incremental units the rate can be increased or decreased
- Frequency for incremental doses (how often dose (rate) can be increased or decreased
- Maximum rate (dose of infusion)
- Objective clinical endpoint (RASS score, CAM score, etc.)
Medication Security and Storage

- Prevention of diversion
- Removal of expired medications
- Appropriate storage conditions (temperature monitoring)
- Single-Dose, multi-dose vials

Medication Storage
Multiple Dose Vial

A Pharmacist Review of Medication Orders

- Requirements for a pharmacist to review medication orders
  - Exceptions to the requirements
- Areas of interest
  - Pre-operative holding areas
  - Post-Anesthesia Care Units (PACUs)
  - Oncology areas
  - Overrides
Medication Labeling

Q&A

Medication related standards that continue to make TJC’s list of top non-compliant standards include all of the following, except:

A. Medication storage and security
B. Review of medication events
C. Medication labeling in procedural/operative locations
D. Clarity of medication orders
MM.09.01.01 Antimicrobial Stewardship

The hospital has an antimicrobial stewardship program (ASP) based on current scientific literature. Core components include:

- ASP Structure
  - Leadership
  - Accountability
  - Drug expertise
  - Action
- Performance Improvement
  - Tracking
  - Reporting
  - Education
  - Staff
  - Patient

Organization Priority

- Leaders establish antimicrobial stewardship as an organizational priority.
  - Budget plans
  - Infection prevention plans
  - Performance improvement plans
  - Strategic plans
  - Using the electronic health record to collect antimicrobial stewardship data
Antimicrobial Stewardship Team

- The hospital has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:
  - Infectious disease physician
  - Infection preventionist(s)
  - Pharmacist(s)
  - Practitioner

Protocols

- The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols.
  - Antibiotic restrictions
  - IV to PO conversion protocols
  - Infection/Disease guidelines
Data Collection

- The hospital collects, analyzes, and reports data on its antimicrobial stewardship program.

Action

- The hospital takes action on improvement opportunities identified in its antimicrobial stewardship program.
Staff Education

- The hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices.
- Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.

Patient Education

- The hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics.
Antimicrobial Stewardship Program (ASP)

Do you have an ASP in place?

- Yes
  - Perform a gap analysis
- No
  - Partner with hospital leadership

Polling Question

- Key components of an antimicrobial stewardship program include
  - A. A multidisciplinary antimicrobial team
  - B. Patient and staff education
  - C. Performance improvement activities
  - D. All of the above
USP <797>

- CMS – currently surveying
- TJC – revision of standards
- TJC - offering of Certification for Compounding

CMS Standards

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

DATE: October 30, 2015
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group

SUBJECT: Revised Hospital Guidance for Pharmaceutical Services and Expanded Guidance Related to Compounding of Medications

Compounding Certification Program

- Available for all compounding pharmacies
- Initial rollout
  - Pharmacies operating in or shipping to states with regulations requiring compliance with USP <797> and/or USP <795>

TJC’s Initiatives Pertaining to USP <800>

- Self-assessment tool with consultative recommendation
  - www.hazmedsafety.com
TJC’s Initiatives Pertaining to USP <800>

- On-Demand Webinars
  - USP<800> What You Need to Know and Tools to Support Your Journey
  - USP <800> Hazardous Drug Handling: What Nurses Need to Know
  - Accreditation and Regulatory Perspectives for USP <800> - Directions of the Joint Commission and CMS

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ISMP Best Practices


The purpose of the Targeted Medication Safety Best Practices for Hospitals is to identify, impose, and mediate widespread, unregulated adoption of consensus-based best practices for specific medication safety issues that continue to cause fatal and harmful errors in patients, despite repeated warnings in ISMP publications. Hospitals can focus their medication safety efforts over the next 5 years on these best practices, which are realistic and have been successfully adopted by numerous organizations. While targeted for the hospital-based setting, some best practices may be applicable to other healthcare settings. The Targeted Medication Safety Best Practices for Hospitals have been reviewed by an external expert advisory panel and approved by the ISMP Board of Trustees. Related issues of the ISMP Medication Safety Alert! have referenced other such best practices.

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Sentinel Event Alerts (SEAs)

- **SEA 57**: The essential role of leadership in developing a safety culture
  - March 1, 2017
- **SEA 55**: Preventing falls and fall-related injuries in health care facilities
  - September 28, 2015
- **SEA 53**: Tubing Misconnections
  - August 20, 2014
- **SEA 52**: Misuse of injectable agents
  - June 16, 2014

Managing risk of tubing misconnections during the transition to new ISO connector standards

**REMINDS FOR CLINICIANS**

- Trace tubing or catheter from the patient to point of origin:
  - Before connecting or reconnecting any device or infusion
  - At any transition, such as to a new setting or service
  - As part of the hand-off process
- Route tubes and catheters having different purposes in different, standardized directions.

**TIPS FOR HEALTH CARE ORGANIZATIONS**

In preparation for the new ISO connector standards — actions suggested by The Joint Commission

- **Assess and manage:**
  - **Current risks of injury**
    - Form an interdisciplinary task force
    - Conduct acceptance testing
    - Conduct risk assessment on new tubing and catheters

- **Generate awareness to all**
  - Clinicians
  - Administrators
  - Supply chain
  - Health care technology management
  - Support staff

- **Prepare:** Dialogue with suppliers
Injectable Medications

**Single-Dose Vials**
- Intended for only one dose of the drug for one patient
- Typically contains NO antimicrobial preservatives
- May serve as a source of infection if used for more than one dose

**Multiple-Dose Vials**
- Intended to be used for more than one dose of the drug
- Usually contains antimicrobial preservatives to prevent the growth of microorganisms
- When the vial is opened, must be dated with a 28-day expiration unless manufacturer specifies a shorter expiration date

**About Beth Israel Deaconess Medical Center**
- 651 licensed beds
- 40,217 Inpatient Discharges
- 638,449 Outpatient Visits
- 56,959 ED visits
- 348,183 Radiology visits

Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess HealthCare - Chestnut Hill
Beth Israel Deaconess HealthCare - Chelsea
Beth Israel Deaconess HealthCare - Lexington
Bowdoin Street Health Center
Areas of Focus

Pharmacy Premises

Beyond Pharmacy Walls

Pharmacy Premises

Beyond Pharmacy Walls

Pharmacy Premises

Pharmacy Premises

- Appearances and first impressions
- Scope of services and contracted services
- Orientation/training/competencies
- Strategies for look-alike and high-risk medications
- IV rooms
- Environment of Care/Life Safety
- Tracers
Boots on The Ground

- Observations
- Interviews
- Review of policies and documents
- Tools
- Education

Conducting Observations

Ask to be invited → Conduct visit with staff → Provide feedback
Takeaways

- Pharmacy takes the lead in coordinating hospital-wide initiatives on medication management
- Align your policies and practices
  - Ensure consistency between policies and practice and consistency in practices
- Conduct as many observations as feasible
  - Use the tracer methodology, educate staff through simulation of a TJC survey