

## REQUIRED PHARMACY AND MEDICATION POLICIES

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<b>MM.1.10</b>	<b>POLICY: MEDICATION INFORMATION</b>	<b>Required Elements:</b> <ul style="list-style-type: none"><li>_ The patient's age</li><li>_ The patient's sex</li><li>_ The patient's current medications (HOME MEDS)</li><li>_ The patient's diagnoses, comorbidities, and concurrently occurring conditions</li><li>_ The patient's relevant laboratory values</li><li>_ The patient's allergies and past sensitivities</li></ul> <b>Define circumstances when required:</b> <ul style="list-style-type: none"><li>_ Weight and height</li><li>_ Pregnancy and lactation status</li><li>_ Any other information required by the hospital for safe medication management</li></ul>
<b>MM.2.10</b>	<b>POLICY: FORMULARY</b>	<b>1: CRITERIA FOR ADDITION:</b> <ul style="list-style-type: none"><li>_ indication for use</li><li>_ effectiveness</li><li>_ risks (including propensity for medication errors, abuse potential, and sentinel events)</li><li>_ costs</li></ul> <b>2: ABILITY TO ACCESS:</b> <ul style="list-style-type: none"><li>_ Access to formulary (current)</li></ul> <b>3: MONITORING REQUIREMENTS:</b> <ul style="list-style-type: none"><li>_ Processes and mechanisms are established to monitor patient responses to a newly added medication before the medication is made available for dispensing or administration within the hospital.</li></ul> <b>4: REVIEW REQUIREMENTS:</b> <p>Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.</p>

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		<p><b>5: OFF FORMULARY ACQUISITION:</b></p> <p>_ The hospital has processes to approve and procure medications that are not on the hospital's medication list.</p>
	<p><b>POLICY: SHORTAGES AND OUTAGES</b></p>	<p><b>Define:</b></p> <p>_ Communicating with prescribers and staff who participate in the medication management System</p> <p>_ Developing approved substitution protocols</p> <p>_ Educating licensed independent practitioners and health care staff who participate in the medication management system about these protocols</p> <p>_ Obtaining medications in the event of a disaster</p>
<p><b>MM.2.20</b></p>	<p><b>Policy: MEDICATION STORAGE</b></p>	<p><b>DEFINE:</b></p> <p>_ Only approved medications are routinely stocked or stored.</p> <p>_ Medications are stored under conditions suitable for product stability.</p> <p>_ Storage of medication between receipt of a medication by an individual health care provider and medication administration.</p> <p>At a minimum, the policy addresses the following: (policy elements)</p> <p>_ Safe storage</p> <p>_ Safe handling</p> <p>_ Security</p> <p>_ Disposition of these medications (including return to the pharmacy medication storage area) at the end of the individual's shift</p> <p>_ There is a written policy addressing the storage of medication between receipt of a medication by an individual health care provider and medication administration. At a minimum, the policy addresses the following: (policy elements)</p> <p>_ Unauthorized persons, in accordance with the hospital's policy and law or regulation, cannot obtain access to medications.</p> <p><b>(DEFINE AUTHORIZED IN POLICY)</b></p>

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MM.2.20 (Cont)		<p>_ Controlled substances are stored to prevent diversion and according to state and federal laws and regulations.</p> <p><b>DEFINE WHO MAY ACCESS CONTROLLED SUBSTANCES (Consult STATE AND DEA).</b></p> <p>_ All expired, damaged, and/or contaminated medications are segregated until they are removed from the hospital. <b>(DEFINE HOW AND WHERE)</b></p>
MM.2.20 (Cont)	<b>Policy: LOOK ALIKE SOUND-ALIKE DRUG POLICY</b>	_ Identify and, at a minimum, 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.
MM.2.20 (Cont)	<b>POLICY: PHARMACY LABELING</b>	_ Medications and chemicals used to prepare medications are accurately labeled with contents, expiration dates, and warnings.
MM.2.20 (Cont)	<b>POLICY: STANDARDIZED CONCENTRATIONS</b>	Standardize and limit the number of drug concentrations available in the organization.
MM.2.20 (Cont)	<b>POLICY: CONCENTRATED ELECTROLYTES</b>	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, in such situations, specific precautions are taken to prevent inadvertent administration).
MM.2.20 (Cont)	<b>POLICY: UNIT DOSE</b>	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.
MM.2.20 (Cont)	<b>POLICY: INSPECTION</b>	All medication storage areas are periodically inspected according to the hospital's policy to make sure medications are stored properly.
MM.2.30	<b>POLICY: EMERGENCY RESUSCITATION</b>	<p>Hospital leadership, in conjunction with members of the medical staff and licensed independent practitioners, decides which emergency medications and/or supplies will be readily available in patient care areas.</p> <p>Emergency medications are available in unit-dose, age-specific, and ready-to-administer forms whenever possible.</p> <p>Emergency medications are stored in sealed or in locked containers; in a locked room; or</p>

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		<p>under constant supervision in accordance with law or regulation.</p> <p>Emergency medications and supplies are replaced as soon as possible after their use in accordance with the hospital's policies and procedures.</p>
<b>MM.2.40</b>	<b>POLICY: PATIENT'S OWN MEDICATION</b>	<p>Defining when such medications can be used or administered.</p> <p>Identifying the medication and visually evaluating its integrity, when medications brought in by the patient or family are allowed.</p> <p>Informing the prescriber and patient if medications brought into the hospital by patients or their families are not permitted.</p>
<b>MM.3.20</b>	<b>POLICY: MEDICATION ORDERING POLICY</b>	<p>The required elements of a complete medication order.</p> <p>When generic or brand names are acceptable or required as part of a medication order.</p> <p>Whether or when indication for use is required on a medication order.</p> <p>Special precautions or procedures for ordering drugs with look-alike or sound-alike names.</p> <p>Actions to take when medication orders are incomplete, illegible, or unclear.</p>
<b>MM.3.20</b>	<b>POLICIES THAT ADDRESS EACH OF THESE ITEMS</b>	<p>PRN orders</p> <p>Standing orders (these are prohibited by CMS).</p> <p>HOLD orders</p> <p>Automatic STOP orders</p> <p>Resume orders (NO Blanket orders)</p> <p>Titration and Tapering protocols</p> <p>RANGE orders (how to decode them)</p> <p>Compounded drugs policy</p> <p>Medication DEVICE policy</p> <p>Investigational Medication policy</p> <p>Herbal Products policy</p>

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		Orders for medication at discharge or transfer (reconciliation)
<b>MM.3.20</b>	<b>POLICY: VERBAL/TELEPHONE ORDERS</b>	Minimization of use Appropriate receiver Appropriate prescriber Read Back
<b>MM.3.20</b>	<b>POLICY: WEIGHT BASED DOSING POLICY FOR PEDIATRICS</b>	What drugs will be weight based (required). What age groups will require these calculations
<b>MM.4.10</b>	<b>POLICY: FIRST DOSE MEDICATION REVIEW POLICY</b>	<i>Especially important in hospitals with no 24 hour pharmacy</i>  _The appropriateness of the drug, dose, frequency, and route of administration  _Therapeutic duplication  _Real or potential allergies or sensitivities  _Real or potential interactions between the prescription and other medications or food  _Current or potential impact as evidenced by laboratory values  _Other contraindications  _Variation from organizational criteria for use  _Other relevant medication-related issues or concerns
<b>MM.4.20</b>	<b>POLICY: MEDICATION MIXING</b>	_only the pharmacy compounds or admixes all sterile medications, intravenous admixtures, or other drugs except in emergencies or when not feasible (for example, when the product's stability is short).
<b>MM.4.20</b>	<b>POLICY: MEDICATIONS ACQUIRE FROM EXTERNAL SOURCES</b>	The hospital has a written policy that addresses 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 the following:  _Whether such medications are allowed to be used  _If allowed, a process to evaluate the integrity of medications brought in by a practitioner prior to use in patient care

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		<p>_The written policy that addresses the safety and use of medications acquired by a practitioner from sources other than the organization for use in patient care is implemented.</p> <p>_Wherever medications are prepared, staff uses safety materials and equipment while preparing hazardous medications.</p> <p>_Wherever medications are prepared, staff uses techniques to assure accuracy in medication preparation.</p> <p>_Wherever medications are prepared, staff follow techniques to avoid contamination during medication preparation including, but not limited to the following:</p> <p>_Using clean or sterile techniques</p> <p>_Maintaining clean, uncluttered, and functionally separate areas for product preparation to minimize the possibility of contamination</p> <p>_Using a laminar airflow hood or other class 100 environment while preparing any intravenous (IV) admixture in the pharmacy, any sterile product made from non-sterile ingredients, or any sterile product that will not be used within 24 hours</p> <p>_Visually inspecting the integrity of the medications</p>
<p><b>MM.4.30</b></p>	<p><b>POLICY: MEDICATION LABELING</b></p>	<p>Medications are labeled in a standardized manner according to law or regulation and standards of practice.</p> <p>NPSG about labeling</p> <p>Any time one or more medications or solutions are prepared but are not administered immediately, the medication container* must be labeled.</p> <p>At a minimum (for prepared solutions except those addressed by the NPSG), all medications prepared in the hospital are labeled with the following:</p> <p>_ Drug name, strength, amount (if not apparent from the container)</p> <p>_ Expiration date† when not used within 24 hours</p> <p>_ Expiration time when expiration occurs in less</p>

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		<p>than 24 hours</p> <p>_ The date prepared and the diluent for all compounded IV admixtures and parenteral nutrition solutions</p> <p>When preparing individualized medications for multiple specific patients, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following:</p> <p>_ Patient name</p> <p>_ Patient location</p> <p>_ Directions for use and any applicable cautionary statements either on the label or attached as an accessory label (for example, "requires refrigeration," "for IM use only")</p>
<p><b>MM.4.40</b></p>	<p><b>POLICY: MEDICATION DISPENSING:</b></p>	<p><b>DEFINE:</b> Quantities of medications are dispensed and minimize diversion and yet are still consistent with the patient's needs.</p> <p><b>DEFINE:</b> Dispensing adheres to law, regulation, licensure, and professional standards of practice, including record keeping.</p> <p><b>DEFINE:</b> Dispensing adheres to law, regulation, licensure, and professional standards of practice, including record keeping.</p> <p><b>DEFINE:</b> Medications are dispensed 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 licensed repackager.</p> <p><b>DEFINE:</b> The hospital consistently uses the same dose packaging system, or if a different system is used, provides education about the use of the dose packaging system to the patients impacted by the change.</p>
<p><b>MM.4.50</b></p>	<p><b>POLICY: CLOSED PHARMACIES</b></p>	<p><b>DEFINE:</b> The hospital has a process for providing medications to meet patient needs when the pharmacy is closed.</p> <p><b>DEFINE:</b> When nonpharmacist health care professionals are allowed by law or regulation to obtain medications after the pharmacy is closed, the following safeguards are applied:</p>

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		<p>_ A limited set of medications approved by the hospital is available</p> <p>_ These medications are stored outside of the pharmacy</p> <p>_ These medications are locked</p> <p>_ Only trained, designated prescribers and nurses are permitted access to medications</p> <p>_ Quality control procedures (such as an independent second check by another individual or a secondary verification built into the system, such as bar Coding) are in place to prevent medication retrieval errors</p> <p>_ The hospital arranges for a qualified pharmacist to be available either on-call or at another location (for example, at another organization that has 24-hour pharmacy service) to answer questions or provide medications beyond those accessible to nonpharmacy staff</p> <p><b>DEFINE:</b> This process is evaluated on an ongoing basis to determine the medications accessed routinely and the causes of accessing the pharmacy after hours.</p> <p><b>DEFINE:</b> Changes are implemented to minimize the number of times nonpharmacist health care professionals obtain medications after the pharmacy is closed.</p>
<p><b>MM.4.70</b></p>	<p><b>POLICY: MEDICATION RECALL</b></p>	<p>1. When the hospital has been informed of a medication recall or discontinuation by the manufacturer or the Food and Drug Administration (FDA) for safety reasons, medications within the hospital are retrieved* and handled per hospital policy and law or regulation.</p> <p>2. The hospital notifies all those ordering, dispensing, and/or administering active† medications of any manufacturer or FDA recall or discontinuance.</p> <p>3. When the hospital has been informed of a medication recall or discontinuation by the manufacturer or the FDA for safety reasons, patients who are actively receiving the medication are identified and informed of the recall or discontinuation.</p>

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<b>MM.4.80</b>	<b>POLICY: RETURNED MEDICATION POLICY</b>	<p>1: The hospital has a process in place that addresses if and when unused, expired, or returned medications will be managed by the pharmacy.</p> <p>2: The hospital has a process in place that addresses how medications are returned to the pharmacy's control, including procedures that address preventing diversion of medications and account for all unused, expired, or returned medications.</p> <p>3. The hospital has a process in place that addresses how outside sources, if any, are used for destruction of medications.</p> <p>4. These processes for addressing medications returned to the pharmacy or hospital are implemented.</p>
<b>MM.5.10</b>	<b>POLICY: MEDICATION ADMINISTRATION</b>	<p>_1: Policies and procedures address health care staff who are allowed to administer medications, with or without supervision, consistent with law or regulation and hospital policy.</p> <p>_2: Verifies that the medication selected for administration is the correct one based on the medication order and product label.</p> <p>_ 3. Verifies that the medication is stable based on visual examination for particulates or discoloration and that the medication has not expired.</p> <p>_ 4. Verifies that there is no contraindication for administering the medication.</p> <p>_ 5. Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.</p> <p>_ 6. Advises the patient or if appropriate, the patient's family about any potential clinically significant adverse reaction or other concerns about administering a new medication*.</p> <p>_ 7. Discusses any unresolved, significant concerns about the medication with the patient's physician, prescriber (if different from the physician), and/or relevant staff involved with the patient's care, treatment, and service.</p> <p>_8. Policies and procedures address guidelines for prescriber notification in the event of an adverse drug reaction or medication error.</p>

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<b>MM.5.20</b>	<b>POLICY: SELF ADMINISTRATION OF MEDICATIONS</b>	<p>_ 1: If self administration is allowed, procedures guide the safe and accurate self administration* of medications or administration of medications by a person who is not a staff member and address training, supervision, and administration documentation.</p> <p>_ 2. Persons who administer medications but are not staff members (for example, the patient if self-administering) receive information about the following:</p> <ul style="list-style-type: none"> <li>_ The nature of the medications to be administered</li> <li>_ How to administer medications, such as the frequency, route of administration, and dose</li> <li>_ The expected actions and side effects of the medications to be administered</li> <li>_ How to monitor the effects of the medications on the patient</li> </ul> <p>_ 3. Persons who administer medications but are not staff members (including the patient if self-administering) are determined to be competent at medication administration before being allowed to administer medications.</p>
<b>MM.6.10</b>	<b>POLICY: MEDICATION MONITORING</b>	<p>_ 1: Each patient's response to his or her medication is monitored according to the clinical needs of the patient and addresses the patient's response to the prescribed medication and actual or potential medication-related problems.</p> <p>_ 2. Monitoring a medication's effect on a patient includes the following:</p> <ul style="list-style-type: none"> <li>_ Gathering the patient's own perceptions about side effects, and when appropriate, perceived efficacy</li> <li>_ Referring to information from the patient's medical record, relevant laboratory results, clinical response, and medication profile</li> </ul> <p>3. The hospital has a process for monitoring the patient's response to the first dose(s) of a medication new to a patient when he or she is under the direct care of the hospital.</p>
<b>MM.6.20</b>	<b>POLICY: ADVERSE DRUG REACTIONS</b>	<p>_ 1: The hospital has a process to respond to actual or potential adverse drug events and medication errors.</p>

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		<p>_2: Action is taken when an actual or potential adverse drug event is identified (depending on the hospital's services, this may be limited to calling for outside assistance, for example, community-sponsored 911 service).</p> <p>_3. The hospital or responsible individual complies with internal and external reporting Requirements for actual or potential adverse drug events (for example, to the United States Pharmacopoeia [USP], the FDA, and the Institute for Safe Medication Practices [ISMP]).</p>
<p><b>MM.7.10</b></p>	<p><b>POLICY: HIGH RISK HIGH ALERT DRUGS</b></p>	<p>1: The hospital identifies the high-risk or high-alert medications used within the hospital, if any .</p> <p>2. Based on the services provided, the hospital develops processes for procuring, storing, ordering, transcribing, preparing, dispensing, administering, and/or monitoring high-risk or high-alert medications.</p> <p>_3. The processes for managing high-risk or high-alert medications are implemented.</p>
<p><b>MM.7.40</b></p>	<p><b>POLICY: INVESTIGATIONAL MEDICATIONS</b></p>	<p>_1: Procedures for the use of investigational medications specify a written process for reviewing, approving, supervising, and monitoring investigational medications use.</p> <p>_2: When the hospital operates a pharmacy, procedures specify the pharmacy controls the storage, dispensing, labeling, and distribution of the investigational medication.</p> <p>_3. Procedures specify that when a patient is involved in an investigational protocol that is independent of the hospital, the hospital will review and accommodate the patient's continued participation in the protocol (see standard RI.2.180)</p> <p>_4. The procedures for the use of investigational medications are implemented.</p>
<p><b>MM.8.10</b></p>	<p><b>POLICY: FMEA ON MEDICATION USE</b></p>	<p>Read the elements of performance and develop a policy on how the decision will be made, based on risk assessment, on conducting a failure mode and effects analysis as often as needed, but practically done annually.</p> <p>1: The hospital evaluates its medication management system for risk points and identifies areas to improve safety</p>

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		<p>.</p> <p>2. The hospital identifies opportunities for improvement by routinely evaluating the 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.</p> <p>3. The hospital reviews internally generated reports to identify trends or issues in its medication management system (see standards PI.2.10 and PI.2.20).</p> <p>4. The hospital acts to implement improvements based on the following:</p> <ul style="list-style-type: none"><li>_ Evaluation of its medication management system</li><li>_ Review of new technologies</li><li>_ External data</li><li>_ Successful practices that have been demonstrated to enhance safety</li></ul> <p>5. The performance of new and modified medication management processes is measured.</p> <p>6. The hospital uses information from data analysis to identify subsequent changes to improve its medication management system.</p>
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