pshp ANNUAL ASSEMBLY

BRIDGING THE FUTURE OF PHARMACY 2022

PITTSBURGH, PA | NOVEMBER 2-5, 2022

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Joint Commission Survey Topics 2022

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Objectives

1. Review the Joint Commission Survey process in the hospital setting
2. Explain the Medication Management Standards hospitals are to comply with
3. Identify Joint Commission standards surveyed 2022 in the Inpatient setting
4. Describe Joint Commission standards surveyed 2022 in the Ambulatory setting

Disclosures

- Nothing to disclose

Background

The Joint Commission Overview

- The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care
- The Joint Commission (TJC) accredits and certifies more than 22,000 health care organizations and programs in the United States

Standards Explained

- The Joint Commission Accreditation Requirements are spread amongst multiple chapters:
  - Accreditation Participation Requirements (APR)
  - Environment of Care (EC)
  - Emergency Management (EM)
  - Human Resources (HR)
  - Infection Prevention and Control (IC)
  - Information Management (IM)
  - Leadership (LD)
  - Medication Management (MM)
  - Medical Staff (MS)
  - National Patient Safety Goals (NPSG)
  - Nursing (NR)
  - Provision of Care, Treatment, and Services (PC)
  - Performance Improvement (PC)
  - Record of Care, Treatment, and Services (RC)
  - Rights and Responsibilities of the Individual (RI)
  - Transplant Safety (TS)
  - Waived Testing (WT)

Accreditation Survey Overview

Joint Commission surveyors visit accredited health care organizations a minimum of once every 36 months to evaluate standards compliance

- This visit is called a survey
- All regular Joint Commission accreditation surveys are unannounced

During the survey, surveyors select patients randomly and use their medical records as a roadmap to evaluate standards compliance

- As surveyors trace a patient's experience in a health care organization, they talk to the doctors, nurses, and other staff who interacted with the patient
- Surveyors also observe doctors and nurses providing care, and often speak to the patients themselves

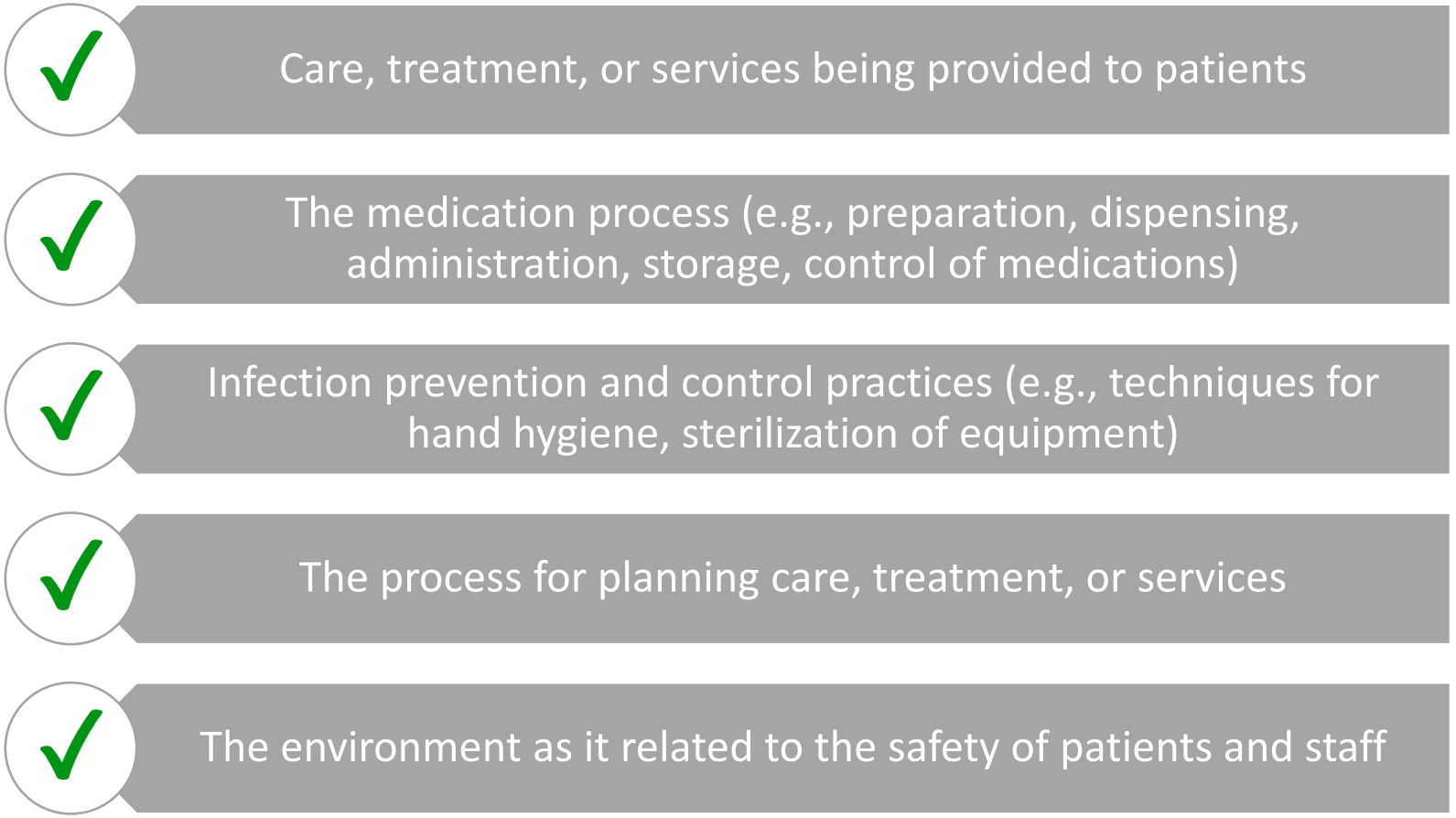
Elements of a Survey: Individual Tracers

- Most survey activity occurs during individual tracers

- Surveyors will visit the setting, unit, program, or location where the patient and their record of care is located and meet with the staff responsible for the patient's care

Elements of a Survey: Individual Tracers

- During the individual tracer, the surveyor may observe:



Elements of a Survey: Individual Tracers

- During the individual tracer, the surveyor may interview staff about:

- ✓ Processes as they relate to the standards
- ✓ Communication related to the coordination of care (e.g. patient hand-offs)
- ✓ Patient education, availability of tools and resources to assist with communication
- ✓ Pain assessment, pain management, and safe opioid prescribing initiatives
- ✓ Orientation, education, training, and competency of staff

Elements of a Survey: Systems Tracer – Data, Infection Control, and Medication Management

- Medication management processes covered may include:

Antimicrobial stewardship program

Overrides of automated dispensing systems

Process for reporting abuses and losses of controlled substances

Process for reporting, responding to, and analyzing medication administration errors, near misses, and adverse drug reactions

Education of staff regarding medication safety

Elements of a Survey: Exit Briefing and Exit Conference

- Surveyors will review the Summary of Survey Findings Report with participants
- Discussion will include the SAFER™ matrix, Requirements for Improvement, and any patterns or trends in performance

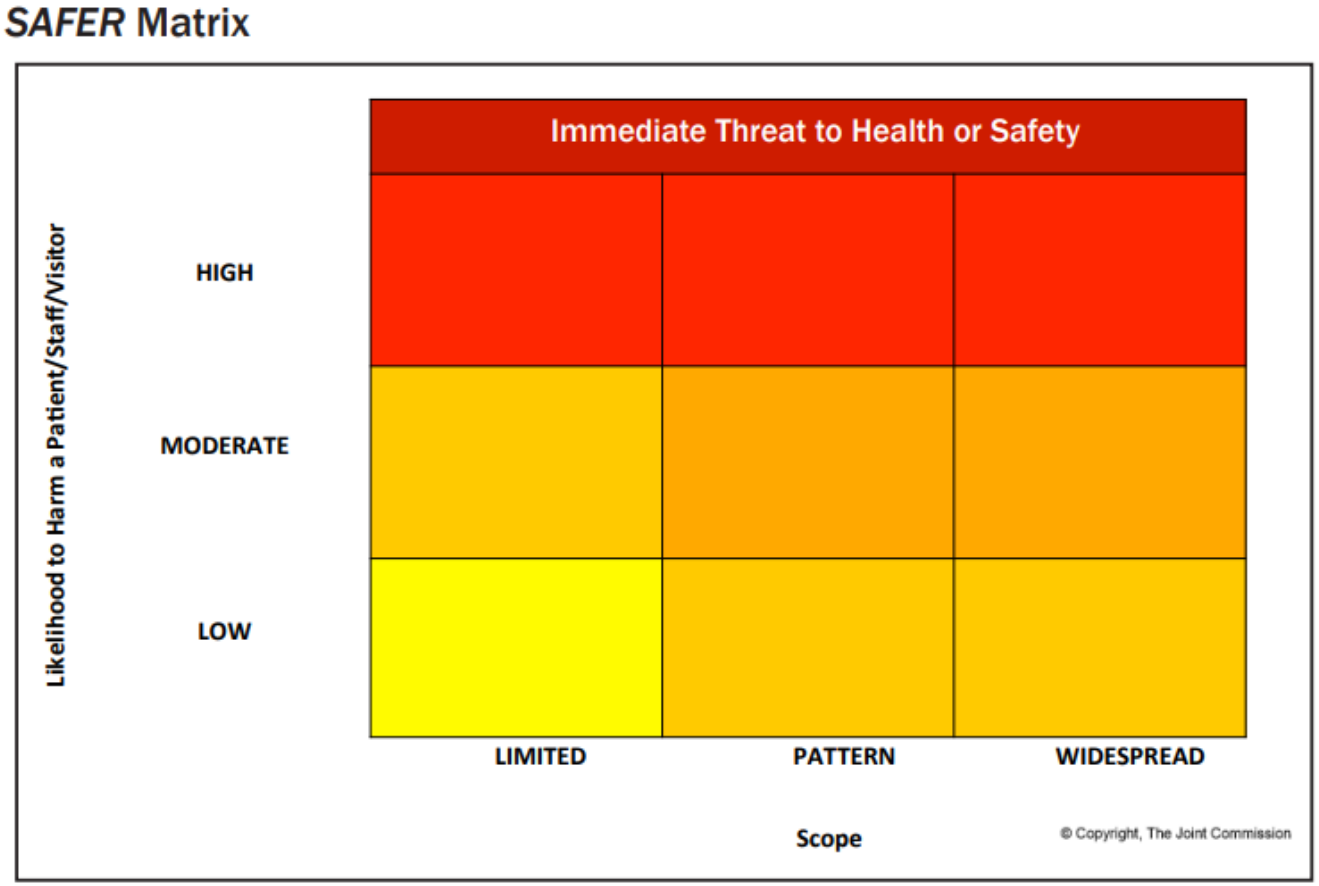
SAFER Matrix

- The ***Survey Analysis for Evaluating Risk (SAFER)*** Matrix is the scoring tool used by TJC for surveys

- Each Requirement for Improvement (RFI) noted within your final report will be plotted on the SAFER Matrix according to the likelihood the RFI could cause harm to patient(s), staff, and/or visitor(s) and the scope at which the RFI was observed

SAFER Matrix

- Easily identify RFIs with higher risk
- Identify potential for widespread quality initiatives
- Better organize survey findings by level of potential patient impact
- One, comprehensive visual representation of survey findings



SAFER Matrix

- SAFER Matrix drives the level of post survey follow up required
- For higher risk level RFIs, additional detail is required regarding corrective action sustainment
- RFIs of a higher risk level will be highlighted for surveyors for potential review on subsequent surveys

Placement of RFI on *SAFER* Matrix and Follow-Up Activity

***SAFER* Matrix Placement**

SAFER Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED, HIGH/PATTERN, HIGH/WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC) • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE / PATTERN, MODERATE/ WIDESPREAD	
MODERATE / LIMITED, LOW / PATTERN, LOW / WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC)
LOW/LIMITED	

Medication Management Standards

Chapter Overview

- The "Medication Management" (MM) chapter covers the full scope of an organization's medication management system, including:
  - Planning, Selection, and Procurement
  - Storage
  - Preparation and Dispensing
  - Administration
  - Monitoring
  - Evaluation
- Effective and safe medication management also involves multiple services and disciplines working closely together. The medication management standards address activities involving various individuals, not just pharmacy staff
- The goal of these standards is to provide a framework for an effective and safe medication management system

Standard	Standard Text
MM.01.01.01	The hospital plans its medication management processes
MM.01.01.03	The hospital safely manages high-alert and hazardous medications
MM.01.02.01	The hospital addresses the safe use of look-alike/sound-alike medications
MM.02.01.01	The hospital selects and procures medications
MM.03.01.01	The hospital safely stores medications
MM.03.01.03	The hospital safely manages emergency medications
MM.03.01.05	The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners
MM.04.01.01	Medication orders are clear and accurate
MM.05.01.01	A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital
MM.05.01.07	The hospital safely prepares medications
MM.05.01.09	Medications are labeled
MM.05.01.11	The hospital safely dispenses medications
MM.05.01.13	The hospital safely obtains medications when the pharmacy is closed
MM.05.01.17	The hospital follows a process to retrieve recalled or discontinued medications
MM.05.01.19	The hospital safely manages returned medications
MM.06.01.01	The hospital safely administers medications
MM.06.01.03	Self-administered medications are administered safely and accurately
MM.06.01.05	The hospital safely manages investigational medications
MM.07.01.03	The hospital responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors
MM.08.01.01	The hospital evaluates the effectiveness of its medication management system
MM.09.01.01	The hospital has an antimicrobial stewardship program based on current scientific literature

MM.05.01.07: The hospital safely prepares medications	
Element of Performance	**Element of Performance (EP) Text**
1	A pharmacist, or pharmacy staff under the supervision of a pharmacist, compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product's stability is short
2	Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications
3	During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity
4	The hospital uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 24 hours
5	For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a physician or other licensed practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation
6	For hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy

MM.03.01.01: The hospital safely stores medications

EP 3: The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.

- Consider emergency medications (e.g. code boxes, RSI kits, etc.)
- How do you ensure medications are secured in areas that are not open 24/7?

EP 7: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

- Dating of multi-dose products; “date opened” vs. “date expired”?
- Intravenous fluids: process for labeling with appropriate Beyond Use Date (BUD) date when removed from their overwrap?

MM.04.01.01: Medication orders are clear and accurate

EP 1: The hospital follows a written policy that identifies the specific types of medication orders that it deems acceptable for use

- Note: There are several different types of medication orders, including PRN orders, standing orders, titrating orders, range orders, etc.

EP 2: The hospital follows a written policy that defines the following:

- The minimum required elements of a complete medication order
- When indication for use is required on a medication order
- The precautions for ordering medications with look-alike or sound-alike names
- Actions to take when medication orders are incomplete, illegible, or unclear
- For medication titration orders, required elements include…

Titration Orders

- Orders in which the dose is either progressively increased or decreased in response to the patient's status

- Required elements include:
  - Medication name
  - medication route
  - initial rate of infusion (dose/unit of time)
  - incremental units to which the rate or dose can be increased or decreased
  - how often the rate or dose can be changed
  - Maximum rate or dose of infusion
  - Objective clinical measure to be used to guide changes
    - Examples: blood pressure, Richmond Agitation–Sedation Scale (RASS), and the Confusion Assessment Method (CAM).

MM.05.01.01: A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital

EP 4: All medication orders are reviewed for the following:

- Patient allergies or potential sensitivities
- Existing or potential interactions between the medication ordered and food and medications the patient is currently taking
- The appropriateness of the medication, dose, frequency, and route of administration
- Current or potential impact as indicated by laboratory values
- **Therapeutic duplication**
- Other contraindications

Therapeutic Duplication

- More than one medication prescribed for the same indication or purpose without a clear indication of when one medication should be used in preference of the other(s)
- Commonly found in orders for treatment of pain, nausea/vomiting, or constipation
- Review all active orders and screen for potential therapeutic duplications. If identified, contact the prescriber to include clarification in the order prior to verification.

Recent Survey Experience

Before the Visit

- Policy Preparation

Policies requested before the survey began
Hazardous Medications/High-Alert Medications (with list)
Disposal of Pharmaceutical Waste
Medication Management and Reconciliation Policy
Medication Titration
Moderate Sedation
Sterile compounding: final reports of certification/testing for ALL primary and secondary engineering controls associated with sterile medication compounding, including any documentation of remediation/retesting conducted based on reported results. Inpatient and ambulatory sites.
Mg/Kg dosing
Nursing Assessment (Nursing Documentation) Nursing/Interdisciplinary Plan of Care
Pain (all policies)

Before the Visit

- Standard Operating Procedures
- Environment of Care Rounds
- Pharmacy Regulatory Readiness Rounds
- Staff Education/ Tip Sheets
  - TJC FAQs
  - Therapeutic Duplication
  - Medication Security
  - Hand hygiene
  - High Alert/LASA
  - RACE/PASS

Before the Visit

- Binders for Sterile Compounding Areas
  - Certifications
  - Remediation plans
- Medication Safety Committee- Clean Room Remediation Presentations
- Proactive Audits
  - Gap Analysis for USP 797/800 compliance
  - Employee files
  - Therapeutic duplication screening
  - Pain assessment documentation
  - Titration documentation

Before the Visit

- 5-minute Drill the day of arrival
- Preparation of Data Session for Review by Joint Commission
  - Opioid Stewardship
  - Antibiotic Stewardship
  - Drug Diversion Data

Tips for success during the survey

- Assign roles in your department during the survey
- **Guide** focused on interacting with the surveyor
- **Scribe** focused on notetaking during the surveyor
  - Document potential findings early on during the survey process and document patient tracer medical records clearly
- **Command Center** Regulatory Pharmacy point person
  - Point person to receive and send communication to staff
  - Monitors communication from the Regulatory department
  - Follows up on requested documents- policies, employee files, data request etc
- **Daily Debrief** with local team
  - Review what happened, expectations for tomorrow, etc.

Surveyor Tips and Tricks

"Do"s

- ✓ Stay calm - take deep breaths. Be proud of the great work you do every day!
- ✓ Welcome the surveyor(s) to your area.
- ✓ Be courteous and respectful.
- ✓ Keep your communication concise and positive. Answer the questions truthfully and in clear, simple terms.
- ✓ Ask for clarification if you don't know what the surveyor is asking.
- ✓ It's ok if you don't know the answer to a question simply say, "I don't know but this is how I would find the answer."
- ✓ If appropriate, include others to effectively answer the question.
- ✓ Be a good listener and thank the surveyor(s) for their time.

"Don't"s

- ➢ Don't panic!
- ➢ Do not volunteer extra information (answer only the question that is being asked — no more, no less).
- ➢ Do not guess if you don't know the answer.
- ➢ Do not say "What I am supposed to do is ..." —this indicates that you do not follow the policy.
- ➢ Do not give answers you know are incorrect under any circumstances.
- ➢ Don't use the words "always" or "never" in the answers to questions. Instead, talk about HUP's standard practices or the fact that what you do is based on HUP's policies and procedures.
- ➢ Never argue with a surveyor!

During the Visit: Data Session Review by the Joint Commission

- How do you use data for performance improvement?
  - Quality Assurance Performance Improvement projects
    - What was your department project, goal, and what has been accomplished
  - Opioid Stewardship
  - Drug Diversion data & controlled substance practice improvement examples
- How do you put a team together to respond to data?
  - Ex. Antibiotic Stewardship team responding to increase in infection rate and explaining what interventions were successful in decreasing infections
- How do you notify staff about drug diversion?

During the Visit: Medication Management Areas of Focus

- Sterile Compounding
- Hazardous Medication Handling
- Medication Orders/Following Orders as Written
- Medication Storage/Security
- Expired Medications
- Cleanliness of Equipment

During the Visit: Sterile Compounding

- Observed compounding spaces, assessed for appropriate equipment/supplies
- Observed technician during compounding
  - "First air", etc.
- Observed cleanliness of compounding area
  - Does your equipment meet USP 797 standards?
  - Make sure you think about the environment!!

During the Visit: Sterile Compounding

- Traced orders, pulled people who touched the order from Dispense to Compound to Check
- File review:
- Clean room testing and mitigation documentation
- Manager who signs off on sterile compounding training
- 1 Pharmacist, 1 Technician file per compounding area
    - Observations
    - Didactic training
    - Glove/fingertip testing
    - Media fills

During the Visit: Sterile Compounding

- Do you batch medications? How do you batch medications? Do you batch neonatal or pediatric products? Do you make neonatal or pediatric dilutions? Where do you make neonatal or pediatric dilutions?
- Where do you incubate gloved fingertip tests? How do you track temperatures of the incubator?
- Do you have back-up thermometers? Where do you log temperatures of the incubators?

During the Visit: Medication Orders

- Reviewed the Ambulatory chemotherapy order review processes
- Tell me about the number of checks in the prescription process
- What checks are completed by nursing once the product is received?
- Are patients weighed each time they arrive?
- What are the allowable variances for weights/dosing?

During the Visit: Medication Orders

- What do you check when the order is released?
- Do you verify dosing to match cycle?
- If a protocol needs to be changed, what is the process?
- How quickly are the protocol builds completed?
- Are protocols updated as new information is published?
- Is there a standard frequency for template review?
- What literature resources do you have available?

During the Visit: Medication Orders

- Who prescribes chemotherapy?
- Can you show me this patient's prescription/order?
- Who dispenses 5FU for home?
- Do you have any requirements for orders to be rewritten?
- Do only pharmacists process chemotherapy? Any tech order entry?
- Do you review lab data?
- How many preps and patients do you have per day/per week at this location?

During the Visit: Medication Orders

- Reviewed the Medication Reconciliation Process with pharmacists
- Questioned the Therapeutic Duplication policy, then searched protocols for therapeutic duplications and unclear instructions- ie orders stating "give per algorithm" requires further clarification by nurses to the providers
- Reviewed continuous infusion orders and titrations
  - Focused attention on documentation; ensuring documentation matches titrations and/or ensuring assessments were completed at appropriate times

During the Visit: Follow Medication Orders

- **Examples:**
- 1.A patient had a documented pain score of 8 (severe) received oral acetaminophen which was prescribed "prn for pain mild (score 1-3) or moderate (score 4-6).”
- 2.Propofol infusion titration did not follow the order, titration doses were higher than ordered maximum dose. RASS goals not being documented when titrating to a RASS goal.
- **Medication administered must be ordered for pain score reported**
- **Dose and frequency of titration must match order**
- **In both cases a new order was necessary**

During the Visit: Medication Storage/Security

- Discussed look-alike sound-alike process with staff
- Code boxes/medication kits need to be stored securely
- Staff need to be familiar with Temperature Monitoring policy and processes
  - What we did when a temperature was found out of range
  - How often are the temperature monitors calibrated
  - Who should be contacted when temperature goes out of range

During the Visit: Expired Medications

- Check medication rooms for dating on items-ie mannitol
- Check for kits in your procedural areas- are they in date? Who is responsible for checking drugs in kits? Where should these kits be?
- Questioned the "expiration date" of black bins (controlled substance drug waste containers) which was the date of placement of the container

During the Visit: Cleanliness of Equipment

- Surveyors focused a lot on "wet time" for disinfection, especially length of wet time
  - Pre-empt / Pre-empt Plus – 1 min dwell time
  - Peridox – hazardous deactivating compound – 3 min dwell time
  - Isopropyl Rubbing Alcohol 70% - dwell time until it evaporates
- Questions about who cleans what?
  - Requested EVS training for cleaning the clean room areas
- Reviewed the cleanliness of devices on several units on several days
  - Pill crushers on unit

After the Visit: Understanding the Citations

- Hospital wide debrief
- Reviewed SAFER Matrix
- What's the expectation for Medication Management chapter follow-up?

After the Visit: Developing a Team

- Medication Management chapter leader
- Assigned team leads for each citation
- Had an initial meeting
- Included regulatory consultant

After the Visit: Ensuring Completion

- Had weekly touch base meetings
- Attended subgroup meetings
- Met with JCR consultants (if this available to you, take advantage of their feedback)
- Ask other hospitals for their experiences/previous responses to similar citations
- Completed submissions with evidence of correction of the findings
  - Goal to achieve 100% compliance to standard
  - Ensured audits include widespread hospital assessment for findings

True or False?

- Joint Commission surveyors visit accredited healthcare organizations a minimum of once every 36 months to evaluate standards of compliance.

TRUE or False?

- Joint Commission surveyors visit accredited healthcare organizations a minimum of once every 36 months to evaluate standards of compliance.

The following can be observed during a Joint Commission Survey:

A. The medication process (Prep, Dispense, Admin, Storage, Control of medications)
B. The environment as it related to the safety of patients and staff
C. Infection Prevention and control practices (techniques of hand hygiene/sterilization of equipment)
D. All of the above

The following can be observed during a Joint Commission Survey:

A. The medication process (Prep, Dispense, Admin, Storage, Control of medications)
B. The environment as it related to the safety of patients and staff
C. Infection Prevention and control practices (techniques of hand hygiene/sterilization of equipment)
D. ALL OF THE ABOVE

All of the following were Medication Management focuses during this year's survey except:

A. Sterile Compounding
B. Cleanliness of Equipment
C. Self Administered medications are administered safely and accurately
D. Medication Orders/Following Orders as written
E. Expired Medications
F. Medication Storage/Security
G. Hazardous Medication Handling

All of the following were Medication Management focuses during this year's survey except:

A. Sterile Compounding
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F. Medication Storage/Security
G. Hazardous Medication Handling

Key Takeaways

- More time is being spent observing the Pharmacy settings- with particular focus on Sterile Compounding- Hazardous and Non-Hazardous medications
- Advanced preparation of policies, binders for your clean rooms, performing proactive audits, training, and educating staff will help you be more successful with your Joint Commission Survey
- Need to ensure that findings identified are corrected to ensure safe patient care in your hospital

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