



Ambulatory Management

Joint Commission Preparation Webinar Series
Pharmacy: September 1, 2020





Zoom Best Practices



- Join the meeting via Zoom first
 - Use of computer audio is highly encouraged
 - If using the phone to connect audio, prompt the meeting to call you
 - Use your webcam (if possible)
- Please remain muted unless invited to speak
- Please send in questions via the Chat
- **This session will be recorded and the recording distributed**



Purpose & Learning Objectives



- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.
- At the conclusion of today's activity participants will be able to:
 - Describe the Joint Commission Standards related to Medication Management and Ambulatory Practices
 - Relate the standards to Ambulatory practice at Massachusetts General Hospital
 - Demonstrate how to be compliant with the Joint Commission Standards and MGH Policies

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.

Ambulatory Medication Management Joint Commission Preparation

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AT THE FOREFRONT
OF EXCEPTIONAL
PHARMACY PRACTICE



MASSACHUSETTS
GENERAL HOSPITAL

DEPARTMENT OF PHARMACY

Objectives

- Describe the Joint Commission Standards related to Medication Management and Ambulatory Practices
- Relate the standards to Ambulatory practice at Massachusetts General Hospital
- Demonstrate how to be compliant with the Joint Commission Standards and MGH Policies



The Joint Commission Medication Management Standards

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. Note: The term "self-administered medication(s)" may refer to medications administered by a family member.
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. Note: This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)
MM.09.01.01	The hospital has an antimicrobial stewardship program based on current scientific literature.

Effective and Safe Medication Management (MM) System

- A safe medication management (MM) system addresses an organization's medication processes, which in many organizations includes the following (as applicable):
 - Planning
 - Selection and procurement
 - Storage
 - Ordering
 - Preparing and dispensing
 - Administration
 - Monitoring
 - Evaluation

Critical Areas of Performance in MM Chapter

- Managing high-alert and hazardous medications
- Selecting and procuring medications
- Storing medications
- Managing emergency medications
- Controlling medications brought into the hospital by patients, their families, or licensed independent practitioners
- Managing medication orders
- Preparing medications
- Labeling medications
- Dispensing medications
- Retrieving recalled or discontinued medications
- Administering medications
- Managing investigational medications
- Monitoring patients' reactions to medications
- Responding to real or potential adverse drug events, adverse drug reactions, and medication errors

MANAGING HIGH-ALERT AND HAZARDOUS MEDICATIONS



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High-Alert Medications

- High-alert medications are those that bear a *heightened risk* of causing significant patient harm and/or sentinel events when they are used in error, and therefore, require **special safeguards** to reduce the risk of errors

What categories of medications are high-alert at MGH?

- Anticoagulants, concentrated electrolytes, insulin, opioids, antineoplastics, neuromuscular blocker agents, and systemic alteplase

High-Alert Medications at MGH

- What are some mechanisms used to safeguard high-alert drugs at MGH?
 - Labs available at time of ordering and administering
 - Administration instructions in medication order
 - Segregated storage in Automated Dispensing Machines (ADMs)
 - Separate lidded containers in refrigerators
 - Independent verification of doses by two clinicians
 - Additional auxiliary labels on storage bins or kit locations

HIGH – ALERT DRUGS
ANTICOAGULANTS
ANTINEOPLASTICS
ALTEPLASE (SYSTEMIC)
ELECTROLYTES (CONCENTRATED)
INSULIN
OPIOIDS
NEUROMUSCULAR BLOCKING AGENTS

High-Alert Medication Policy and Poster

Policy Link:

<https://hospitalpolicies.ellucid.com/documents/view/1665/active/>

Poster Link: <http://rxintranet.massgeneral.org/wp-content/uploads/2020/02/High-Alert-Medications-Draft-8-2.pdf>



MGH High Alert Medications:

Defined as having a heightened risk of causing significant patient harm when they are used in error.



1. INSULIN

Example Drug Names: insulin lispro, insulin NPH, insulin regular, insulin glargine, concentrated insulin

Example Safety Strategies:

- Review lab results at the time of ordering and administering
- Refer to insulin resources (e.g. MGH Insulin Product Chart, medication specific policies)
- Review administration instructions provided on all insulin orders
- Ensure segregated storage by returning vials to dedicated Omnicell locations after use



2. OPIOIDS

Example Drug Names: HYDRomorphone, fentaNYL, methadone, morphine, oxyCODONE, opioid infusions, opioid patient controlled analgesia (PCA's)

Example Safety Strategies:

- Note TALLman lettering on Omnicell screen, product labels, MAR, and Pump to prevent wrong drug selection
- Verify pump settings, especially when concentration changes and pump is reprogrammed



3. ANTICOAGULANTS

Example Drug Names: warfarin, enoxaparin, unfractionated heparin, argatroban, bivalirudin

Example Safety Strategies:

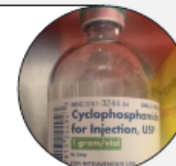
- Verify pump settings and ensure patient weight is in kilograms when programming pump
- Consider independent double-check to verify pump settings (concentration/rate)
- Ensure that lab results are available at the time of ordering and administering



4. ANTINEOPLASTIC AGENTS FOR ONCOLOGY DIAGNOSIS

Example Safety Strategies:

- Beacon plans or approved order sets
- Dual pharmacist order verification
- Dual nurse bedside verification
- Dual nurse product verification



5. CONCENTRATED ELECTROLYTES

Example Drug Names: potassium chloride 1 mEq/mL 20 mL syringe, sodium chloride 3% bag and 23.4% syringe, magnesium sulfate vial 50% or greater

Example Safety Strategies:

- Note Omnicell "High Alert Med" warning alert
- Review lab values prior to ordering and administering
- Infuse per rate of administration in med guide (Lexicomp)



6. NEUROMUSCULAR BLOCKER AGENTS (NMB)

Example Drug Names: cisatracurium, rocuronium, vecuronium

Example Safety Strategies:

- Ensure that patient is ventilated; NMBs cause respiratory paralysis
- Note auxiliary labels on medication storage containers (e.g. WARNING: CAUSES RESPIRATORY PARALYSIS) to avoid wrong drug selection
- Refer to the NMB guideline in Ellucid for safety/clinical recommendations



7. SYSTEMIC ALTEPLASE

Example Drug Names: Alteplase (Systemic)

Example Safety Strategies:

- Independent verification of dose by pharmacist or nurse and clinician recommended
- Embolic stroke use requires Neurology attending or Neurology fellow approval
- Cerebral intraventricular hemorrhage use requires Neurology attending or Neurosurgeon approval
- Acute myocardial infarction use requires Cardiology or Emergency Department attending approval



High-Alert Medications: How to Prepare for TJC

- If your clinic carries:
 - Opioids
 - Anticoagulants
 - Antineoplastic agents
 - Insulin
 - Concentrated electrolytes
 - Systemic Alteplase
 - Neuromuscular blocking agents
- Ensure that staff know that the drugs in these categories are HIGH ALERT Medications, and that they understand how they handle them differently than other medications to ensure patient safety

Hazardous Drugs (HD)

- What is a hazardous drug (HD)?
 - Hazardous Drugs are those in which studies in animals or humans indicate that exposure to them has a potential for causing cancer, developmental, or reproductive toxicity, genotoxicity, or harm to organs.
- How are hazardous medications classified at MGH?
 - “High Risk” Hazardous Medications
 - “Low Risk” Hazardous Medications
 - The different classifications of drugs have different handling, preparation, and administration and PPE requirements at MGH.

Hazardous Drugs at MGH


- How do you know if a medication is hazardous at MGH?
 - On the Medication Administration Record, there is a hazardous medication icon right below the medication, which also states if it is a high or low risk hazardous drug.
 - In the Medication Order in EPIC, the administration instructions state if the medication is a high or low risk hazardous
 - On medications sent from pharmacy, the medication label printed from EPIC has a banner at the top that states if the drug is hazardous, and then further down, specifies if it is high or low risk hazardous. Additionally, a yellow hazardous medication sticker, may be affixed to the bag/drug.
 - If dispensed from an Omnicell, the Omnicell should alert that it is a hazardous drug and in which category.

Medication Administration Record

finasteride (PROPECIA) tablet 1 mg : Dose 1 mg : Oral : Daily : 

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 **Hazardous - Low Risk**
Priority: Routine
Ordered Admin Amount: 1 tablet (1 x 1 mg tablet)

ganciclovir (CYTOVENE) 410 mg in sodium chloride 0.9% 110 mL IVPB : Ordered Dose 5 mg/kg = 82 kg : Adr

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 **Hazardous - High Risk**
Order Questions/Answers
Has this antimicrobial been approved by ID? *After hours (8p-8a or per institutional protocol), approval required next day or per instt*
Priority: Routine
Ordered Admin Amount: 410 mg

Administrations Remaining: 1

PPE for High/Low Risk HD's at MGH

	Personal Protective Equipment (PPE)
HIGH RISK HAZARDOUS MEDICATION	<p>PPE required: FULL</p> <ul style="list-style-type: none"> - 2 pairs of chemotherapy gloves for administration of parenteral, topical, and oral solution drugs - Best practice for high risk parenteral administration is to use the long cuffed chemotherapy gloves - 1 pair of chemotherapy gloves for administration of intact tablets/capsules - Chemotherapy gown (non-absorbent, long sleeve, disposable) for parenteral, topical, and oral solution drugs - Use of closed system transfer device (CSTD) when the dosage form allows (i.e. injectable drugs) - Face shield/goggles: When there is a risk for spills or splashes of hazardous drugs or hazardous waste materials (i.e. administration in surgical suite, giving oral liquids through feeding tube, administration of inhalation powder and solutions)
LOW RISK HAZARDOUS MEDICATION	<p>PPE required:</p> <ul style="list-style-type: none"> - 1 pair of chemotherapy gloves for all types of administration - Face shield/goggles: When there is a risk for spills or splashes of hazardous drugs or hazardous waste materials (i.e. administration in surgical suite, giving oral liquids through feeding tube, administration of inhalation powder and solutions) - Mask: If pregnant or trying to become pregnant, it is optional to wear a gown and N95 respirator during manipulation, crushing and administration - When crushing low risk medications, a plastic pouch or device to reduce exposure (i.e. RX Crusher, etc.) must be used.

Hazardous Drugs: How to Prepare for TJC

- If your clinic carries Hazardous Drugs:
 - Make sure that staff are aware which drugs are hazardous
 - Ensure staff know how to determine if a drug is hazardous (MAR, label, Omnicell, admin instructions)
 - Staff know the differences in PPE requirements for low and high risk HDs
 - Your clinic is stocked with appropriate PPE and waste disposal bins for the HDs you carry
- Policy link: <https://hospitalpolicies.ellucid.com/documents/view/1663/active/>

Sound-Alike Look-Alike Drugs (SALAD)

- ***ISMP List of Look-Alike Drug Names with Recommended Tall Man Letters*** contains drug name pairs and trios with recommended, bolded tall man (uppercase) letters **to help draw attention to the dissimilarities in look-alike drug names.**
 - The list includes mostly generic-generic drug name pairs, although a few brand-brand or brand-generic name pairs are included.

Sound-Alike Look-Alike Drugs (SALAD)

Drug Name With Tall Man Letters	Confused With
aceta ZOLAMIDE	aceto HEXAMIDE
aceto HEXAMIDE	aceta ZOLAMIDE
bu PROPion	bus PIRone
bus PIRone	bu PROPion
chlorpro MAZINE	chlorpro PAMIDE
chlorpro PAMIDE	chlorpro MAZINE
clomi PHENE	clomi PRAMINE
clomi PRAMINE	clomi PHENE
cyclo SERINE	cyclo SPORINE
cyclo SPORINE	cyclo SERINE

**LOOK ALIKE
SOUND ALIKE**

Sound Alike Look Alike (SALAD): How to Prepare for TJC

- Know what Look Alike Drugs are, and what it means to have Tall Man Lettering (visual warning)!
 - Means that a drug has a very similar name to another drug and may be easily mixed up, so staff should double check you have the correct drug before administering
- Ensure Tall Man lettering is in place on drug labels in your clinic (for non-automated storage)
- Physically segregate medications with look alike names
- Train staff on this concept

MEDICATION STORAGE



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Medication Storage Overview

- Medication storage is designed to assist in maintaining medication integrity, promote the availability of medications when needed, minimize the risk of medication diversion, and reduce potential dispensing errors.
 - Maintain medication integrity
 - Ensure availability
 - Minimize risk of diversion
 - Reduce dispensing errors

Medication Storage: Maintain Medication Integrity

- Store medications according to manufacturers' recommendations
 - Room temperature: 15 to 25 ° C; 59 to 77 ° F
 - Refrigeration: 2 to 8° C; 36 to 46° F
 - Freezer: - 50 to – 15 ° C; - 58 ° C to +5 ° F
- If you have a refrigerator attached to an Omnicell, temperatures is monitored centrally by MGH Central Pharmacy Staff
- If you have a stand alone refrigerator, you must have an external thermometer or Digital Data logger installed



Refrigerator/Freezer Monitoring in Non-Automated Storage Locations

- Thermometer or Digital Data Logger must be within expiration or calibration date
- Make sure alarm is turned on
- Temperature must be checked and recorded at least once daily at a consistent time each day on form #85563
- Temperature recorded twice daily if vaccines are stored



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Appendix A: Medication Refrigerator / Freezer Temperature Log

Department Name and Address: _____ Month: _____ Year: _____

Temperature Ranges / Limits:

Medication Refrigerator: 36 - 46°F (2 - 8°C)

Medication Freezer: < 5°F (< -15°C)

AM Temperature Check			
Date	Refrig. Temp	Freezer Temp	Checked By
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

PM Check (vaccines only)			
Date	Refrig. Temp	Freezer Temp	Checked By
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Policy Link: <https://hospitalpolicies.ellucid.com/documents/view/1672/active/>



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Minimize Risk of Diversion of Medications

- The approved secure storage locations outside of a pharmacy for medications at MGH and all ambulatory sites include:
 - Automated Dispensing Machines (ADMs)
 - Anesthesia Workstations (AWS)
 - Code Carts
 - Supplemental Emergency Medication (SEMS) containers
 - Locked medication closets/storage areas
 - OR Carts
 - Wall-mounted locked or alarmed boxes
 - Locked refrigerators or freezers
 - Exception: Anesthesia/perioperative providers are permitted to carry medication(s) on their person provided the medications are enclosed in a container such as a plastic bag.

Minimize Risk of Diversion of Medications

- Medication storage locations **must be locked at all times**
- Only authorized personnel working within the scope of their licensure and/or MGH job description are permitted to access, deliver medications or remove medications from secure storage locations.
 - E.g., Cannot have a key to a locked medication cabinet available for all staff to access
- Controlled Substance Storage: if not in an Omnicell, must have be stored in a double locked cabinet
 - Daily cycle counts; discrepancies resolved same day they are identified with 2 licensed clinicians



Medication Storage: Reduce Dispensing Errors

- Medications must be stored in dedicated and labeled bins
 - Do not comingle medications in the same bin
 - Each bin needs a label with medication name and strength
- Ensure medications are not expired
 - Process for checking expiration dates monthly at a minimum (for practices without an Omnicell)
 - If expired, segregate from other medications and clearly designate as expired

MANAGING EMERGENCY MEDICATIONS



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TJC Standards: Emergency Medications

- Hospital leaders, in conjunction with members of the medical staff and licensed independent practitioners, decide which emergency medications and their associated supplies will be readily accessible in patient care areas based on the population served.
- When emergency medications or supplies are used or expired, the hospital replaces them as soon as possible to maintain a full stock

MGH: Code Carts and SEMS Containers

- MGH safely manages emergency medications through the use of code carts and Supplemental Emergency Medications (SEMS) containers.
 - Expiration date and lock number must be checked and recorded by unit personnel daily (all days that practices are open)
 - Must remain locked at all time
 - Prior months completed forms should be retained in the practice area for 3 months

**Make sure you are recording on your logs daily &
Remove any expired medications immediately!**

PATIENT'S OWN MEDICATIONS IN AMBULATORY PRACTICES



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Patient's Own Medications

- Joint Commission Standards:
 - The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.
 - Before use or administration of a medication brought into the hospital by a patient, his or her family, or a licensed independent practitioner, the hospital identifies the medication and visually evaluates the medication's integrity

Brown Bagging vs. White Bagging

- Brown bagging: dispensing of a medication from a pharmacy (typically a specialty pharmacy) directly to a patient, who then transports the medication to the physician's office for administration
- White bagging: distribution of a patient's medication from a pharmacy (typically a specialty pharmacy) directly to the physician's office, hospital (pharmacy), or clinic for administration

MGH Standards for POM in Ambulatory Practices

- Can never use a white or brown bagged medication for one patient on another patient.
- Medication must be verified and administered by MGH clinical staff working within scope of licensure or MGH job description

White Bagging	Brown Bagging
Must be stored in a separate location/bin/shelf from hospital supplied medications.	Can never be stored in clinic
Store with patient name and name of medication	
Accountability log must be maintained and kept by each clinic or pharmacy	

Policy link: <https://hospitalpolicies.ellucid.com/documents/view/19804/active/>

MEDICATION ORDERS IN AMBULATORY PRACTICES



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Medication Orders: TJC Standards

- MM.04.01.01: Medication orders are clear and accurate
- Medication errors may occur when staff are communicating or transcribing medication orders. Verbal and telephone orders are particularly susceptible to error. The hospital is responsible for reducing the potential for medication errors and the misinterpretation of these medication orders. As part of this process, the hospital determines the required elements of a medication order, the type of medication orders that are deemed acceptable for use, and the actions to take when medication orders are incomplete, illegible, or unclear. Clear understanding and communication between staff and licensed independent practitioners involved in the medication process are essential.

Ambulatory Medication Orders

- Outpatient/ambulatory verbal or telephone orders may be accepted when a delay in the providers ability to enter an order in the EHR would have the potential to cause harm to the patient. (e.g., anaphylaxis, cardiac arrest)
 - VO/TO may not be used to facilitate routine workflow
- All orders for medications and immunizations should be entered by an authorized prescriber in EPIC prior to administration of the medication or immunization by a registered nurse.

Policy Link: <https://hospitalpolicies.ellucid.com/documents/view/17732/active/>



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PREPARATION AND LABELING OF MEDICATIONS



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Medication Preparation

- Each practice that administers medications should have a designated medication preparation area
 - Segregated area
 - At least 3 feet away from a sink; if not, splash guard necessary
 - Hard surface, free of clutter
 - Super-sani wipes available to wipe down in between preparations
 - Blank or medication specific
 - labels available



Medication Labeling

- Medications must be labeled whenever they are prepared but not immediately administered
- **Immediately administered** means: clinician prepares, takes directly to patient, administers to patient, without any break in the process
 - If they syringe or bag leaves the clinicians hand at any point in the process, then the medication container needs a label! This is about patient safety.
- Any medications found unlabeled should be immediately discarded
- Policy link: <https://hospitalpolicies.ellucid.com/documents/view/1685/active/>

MEDICATION ADMINISTRATION IN AMBULATORY PRACTICES



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TJC Standards: Medication Administration

- Only authorized licensed independent practitioners and clinical staff can administer medications.
- MGH: Vaccinations/Immunizations are considered medications
 - In certain primary care settings, in accordance with Massachusetts law, Certified Medical Assistants (MA's) who have passed a certification exam, or have at least 3 years' experience and have demonstrated competency may administer immunizations when ordered by a licensed provider.

Medication Administration at MGH

- Medications must be ordered by a licensed provider PRIOR to administration
- Medications and vaccines must be prepared for and administered to one patient at a time
- Before administration, the individual administering the medication should:
 - Verify the medication selected matches the order and label
 - Inspect for particulates, discoloration, expiration
 - Verify no contraindications exist
 - Ensure the patient or family has been informed about the clinical indication and any significant adverse drug reactions or other concerns regarding administration of a new medication

Medication Administration at MGH

- Barcode scanning (where available) of patient and medication must be done PRIOR to each administration of a medication
- Confirm the 5 rights prior to administration
- All administrations must be documented in the electronic health record
- Document any adverse event related to the medication administration
- Policy link: <https://hospitalpolicies.ellucid.com/documents/view/19442/active/>

Conclusion / Take Aways

- There are many Joint Commission Medication Management Standards that apply to Ambulatory Clinics
- The Pharmacy Quality and Compliance Team (Hari Koirala and Le Phyo) visit practices on a regular basis to help maintain compliance and provide feedback and recommendations
- Utilize the checklist provided with the webinar
- Refresh on Hospital Policies
- Pharmacy Department Readiness Website:
<http://rxintranet.massgeneral.org/regulatory-readiness-the-joint-commission/>
(Use Google Chrome)



Interdisciplinary Tracer (IDT) Rounds



- IDT rounds help practices maintain readiness, identify opportunities for improvement and provide a preview of what Joint Commission Surveyors may look for during the survey.
- In addition of the webinars, a multidisciplinary team, including representatives from the Ambulatory Management Clinical Operations team are participating in the IDT rounds.
- During the September 15th webinar, we will review the findings of the Tracers, identify common themes across all practices and provide the tools for continuous readiness.



Contact Hours



- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete the evaluation*:

<https://www.surveygizmo.com/s3/5813612/JC-Prep-Webinar-8-Pharmacy>

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.



Stay informed



- Ambulatory Communication:
 - MGH/MGPO Ambulatory Management News - weekly e-mails:



- [Ambulatory Blueprint](#)
 - [Ambulatory Joint Commission Preparation](#)
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- What if I Have Questions?
 - We are here to help:
 - Ambulatory Management Clinical Operations Nurses [MGH Ambulatory Clinical Programs](#)
 - Management Project Managers/Liaisons: [MGH Ambulatory Management](#)



2020 Joint Commission Preparation Webinar Series



Date/Time		Topic
July 7 th	12:00-1:00pm	Joint Commission 101 ✓
July 14 th	12:00-1:00pm	Environment of Care, BioMed, Police & Security and Emergency Management ✓
July 23 rd	12:00-1:00pm	Human Resources ✓
July 28 th	12:00-1:00pm	Safeguard High Risk Patients, Falls, Suicide ✓
August 4 th	12:00-1:00pm	Infection Control
August 11 th	12:00-1:00pm	Provider Oriented Overview of Key Standards ✓
August 18 th	12:00-1:00pm	Lab and Point of Care Testing (POCT) ✓
September 1 st	12:00-1:00pm	Pharmacy
September 15th	12:00-1:00pm	Ambulatory Tracer Findings Interpreter Services