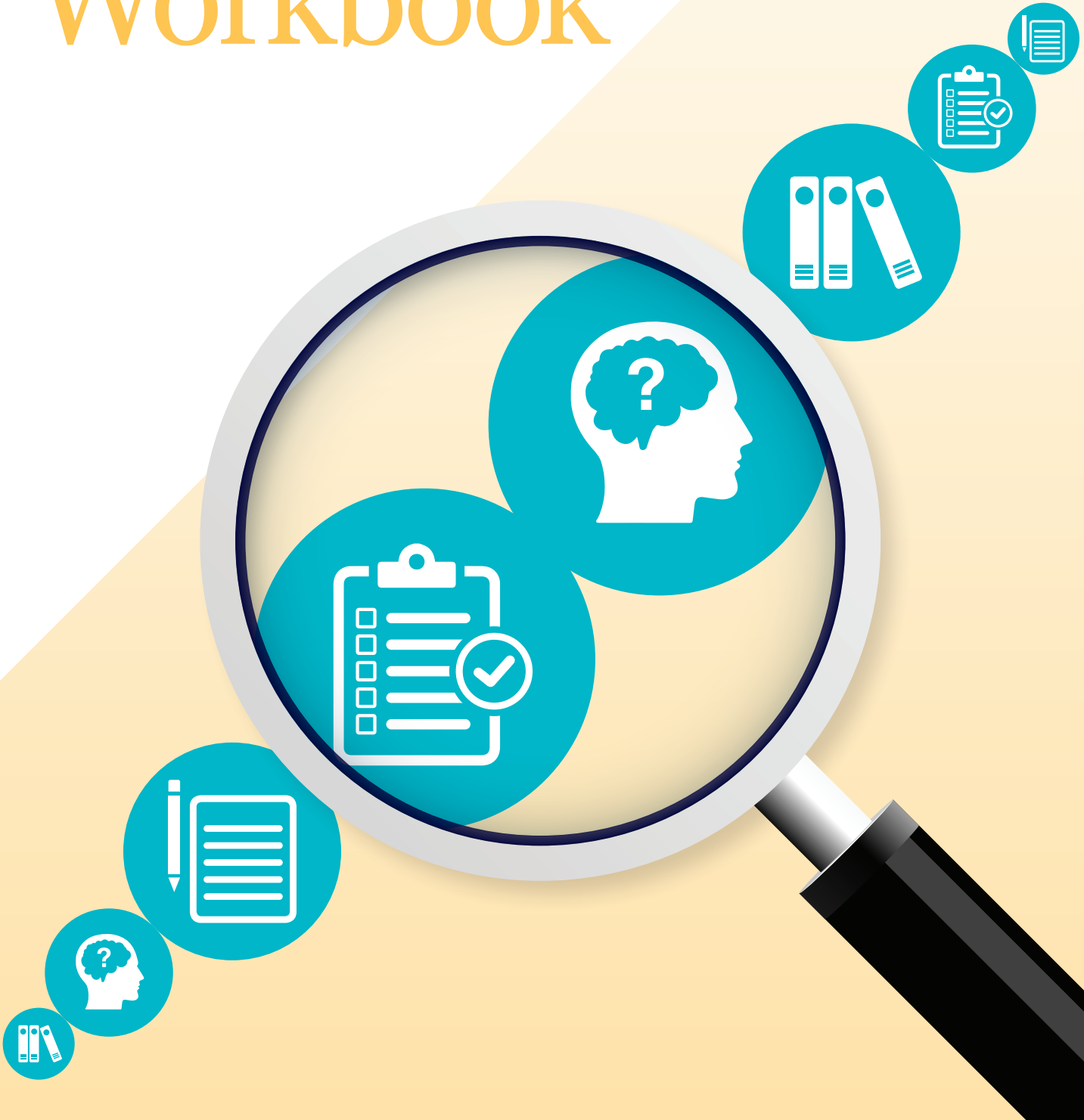
The Joint Commission

2020 Hospital Compliance Assessment Workbook



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Medication Management (MM)

Standard MM.01.01.01 ①	The hospital plans its medication management processes.
EP 1 ②	Ⓓ 📝 ③ Does the hospital follow a written policy that describes that the following information about the patient is accessible to licensed independent practitioners and staff who participate in the management of the patient's medications: ■ Age? ■ Sex? ■ Diagnoses? ■ Allergies? ■ Sensitivities? ■ Current medications? ■ Height and weight (when necessary)? ■ Pregnancy and lactation information (when necessary)? ■ Laboratory results (when necessary)? ■ Any additional information required by the organization? ④

Evidence of Standards Compliance	
⑤	**Compliant?** ⑥
	☐ Yes ☐ No
	☐ NA ☐ ITHS

1. **Standard number and text.** This is the standard content from the *CAMH*. The 📝 icon will be added at the end of the standard text if it has any notes or cross-references; notes and cross-references may be reviewed in the manual or on E-dition.
2. **EP number.** Each EP is included in this book and corresponds to the same number in the manual or on E-dition.
3. **Icons.** This icon box will include icons as appropriate. If an EP requires documentation, the Ⓓ icon will be listed; if an EP is considered a high risk, the **R** icon will be listed. These two icons will match the icons in the *CAMH*. New to this edition (and unique to this workbook), if an EP has any notes or cross-references, the 📝 icon will be listed. If an EP does not have any of these elements, the box will be empty.
4. **Compliance assessment question.** This content is the EP turned into a question for you to assess compliance.
5. **Evidence of Standards Compliance.** Use this section to record what supports compliance with this EP. This section also can be used to record what is noncompliant with this EP, which can later be used when developing the Plan of Action.
6. **Compliance assessment.** Once you've determined your compliance with an EP, this section allows you to mark whether your organization is compliant ("Yes") or not compliant ("No"). If an EP is not applicable to your assessment, mark the "NA" box. If an immediate threat to health or safety (ITHS) is observed, mark the "ITHS" box and address the threat immediately as required.

Standard MM.01.01.01		The hospital plans its medication management processes.
EP 1	Ⓓ	Does the hospital follow a written policy that describes that the following information about the patient is accessible to licensed independent practitioners and staff who participate in the management of the patient's medications: ■ Age? ■ Sex? ■ Diagnoses? ■ Allergies? ■ Sensitivities? ■ Current medications? ■ Height and weight (when necessary)? ■ Pregnancy and lactation information (when necessary)? ■ Laboratory results (when necessary)? ■ Any additional information required by the organization?

Evidence of Standards Compliance	**Compliant?**	
	☐ Yes	☐ No
	☐ NA	☐ ITHS

Standard MM.01.01.03		The hospital safely manages high-alert and hazardous medications.
EP 1	Ⓓ	Does the hospital identify, in writing, its high-alert and hazardous medications?*

Evidence of Standards Compliance	**Compliant?**	
	☐ Yes	☐ No
	☐ NA	☐ ITHS

EP 2		Does the hospital follow a process for managing high-alert and hazardous medications?

Evidence of Standards Compliance	**Compliant?**	
	☐ Yes	☐ No
	☐ NA	☐ ITHS

EP 5	R	**For hospitals that use Joint Commission accreditation for deemed status purposes:** Does the hospital report abuses and losses of controlled substances, in accordance with law and regulation, to the individual responsible for the pharmacy department or service and, as appropriate, to the chief executive?

Evidence of Standards Compliance	**Compliant?**	
	☐ Yes	☐ No
	☐ NA	☐ ITHS

* For a list of high-alert medications, *see* https://www.ismp.org/recommendations. For a list of hazardous drugs, *see* https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf.

KEY: Ⓓ = documentation required; R = identified risk; = support notes and cross-references available on E-dition® or in the *Comprehensive Accreditation Manual for Hospitals*; NA = not applicable; ITHS = Immediate Threat to Health or Safety

Standard MM.01.02.01		The hospital addresses the safe use of look-alike/sound-alike medications.
EP 1	Ⓓ	Has the hospital developed a list of look-alike/sound-alike medications it stores, dispenses, or administers?
Evidence of Standards Compliance		
		Compliant? ☐ Yes ☐ No ☐ NA ☐ ITHS

EP 2	R	Does the hospital take action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications?
Evidence of Standards Compliance		
		Compliant? ☐ Yes ☐ No ☐ NA ☐ ITHS

EP 3		Does the hospital annually review and, as necessary, revise its list of look-alike/sound-alike medications?
Evidence of Standards Compliance		
		Compliant? ☐ Yes ☐ No ☐ NA ☐ ITHS

Standard MM.02.01.01		The hospital selects and procures medications.
EP 1	Ⓓ	Do members of the medical staff, licensed independent practitioners, pharmacists, and staff involved in ordering, dispensing, administering, and/or monitoring the effects of medications develop written criteria for determining which medications are available for dispensing or administering to patients?
Evidence of Standards Compliance		
		Compliant? ☐ Yes ☐ No ☐ NA ☐ ITHS

(continued on next page)

KEY: Ⓓ = documentation required; R = identified risk; = support notes and cross-references available on E-dition® or in the *Comprehensive Accreditation Manual for Hospitals*; NA = not applicable; ITHS = Immediate Threat to Health or Safety

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Medication Management (MM)—Mock Tracer Questions

These sample MM–related questions can be used when creating a mock tracer. All these questions may be adapted as appropriate. Questions can be chosen then copied into the Mock Tracer form or another form. These questions are only a very small sampling of the questions you should consider asking as you conduct mock tracers in your hospital. In addition, a mock tracer is not built on a static list of questions; rather, the best questions are based on what you sense in the environment—what you see, hear, and otherwise experience while visiting various parts of the hospital and speaking with different individuals.

Medication Management Tracer Questions	Use Question As Is	Adapt Question for Use
Where do licensed independent practitioners and staff who participate in the management of a patient's medications find relevant information about the patient? How is this information accessed?	☐	☐
What strategies are in place to manage high-risk, hazardous, and look-alike/sound-alike medications?	☐	☐
Please provide evidence that the list of high-risk/hazardous medications has been reviewed annually.	☐	☐
How does the hospital provide medications to meet patient needs when the pharmacy is closed?	☐	☐
What retrospective review process does the pharmacy use for medication orders received after hours?	☐	☐
What quality controls are in place to ensure that the correct medication is being retrieved?	☐	☐
Who is authorized to have access to medication storage areas?	☐	☐
What additional training and competencies have been provided to nurses authorized to remove medication from designated storage areas?	☐	☐
What is the frequency for checking medication storage areas? When was the last time medication storage areas were checked for expired medications? How are the results of these inspections documented?	☐	☐
Who is responsible for checking medication storage areas? To whom is the information reported?	☐	☐
Please provide some examples that show staff noting the revised expiration dates (as opposed to "date opened") on multidose vials of sterile injectable medication.	☐	☐
What is your process for the control of medication between receipt and administration of the medication, including safe storage, handling, security, disposition, and return to storage?	☐	☐
What evidence-based guidelines are followed regarding multidose vials? Are vials of sterile, injectable medications being used in a manner consistent with the manufacturer's intended use? (For example, vials intended for single-patient use must not be used on multiple patients; vials intended for single-dose use must not be used for multiple doses.)	☐	☐
Does the hospital permit nonnursing and/or nonpharmacy personnel to transport medication? If so, what training have these personnel had regarding their responsibilities when in possession of medication? How are these individuals identified as being authorized to perform this function?	☐	☐
How are pediatric medications identified and managed? In emergency situations, what resources are available to assist in dose calculation for these specific medications?	☐	☐

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Medication Management (MM)—Plan of Action Follow-Up

EP	Required Action(s)	Responsible Staff	Due Date	Notes
Standard MM.01.01.01				
Standard MM.01.01.03				
Standard MM.01.02.01				
Standard MM.02.01.01				
Standard MM.03.01.01				
Standard MM.03.01.03				

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Medication Management (MM)—Required Documentation

EP	Type of Required Documentation	Document Location	Last Verified	Owner	Notes
Standard MM.01.01.01					
1					
Standard MM.01.01.03					
1					
Standard MM.01.02.01					
1					
Standard MM.02.01.01					
1					
4					
12					
Standard MM.03.01.01					
4					
24					
Standard MM.04.01.01					
1					
2					
10					
15					
Standard MM.05.01.17					
1					
Standard MM.06.01.01					
1					
Standard MM.06.01.03					
1					

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