

Pharmacists as
Health Care Providers:
In It to Win It

MSHP
Honors & Awards
BANQUET

May 8-9, 2017
Annual Meeting

A Game Plan to Surviving a Joint Commission Survey

May Adra, BS Pharm, PharmD, BCPS



Objectives

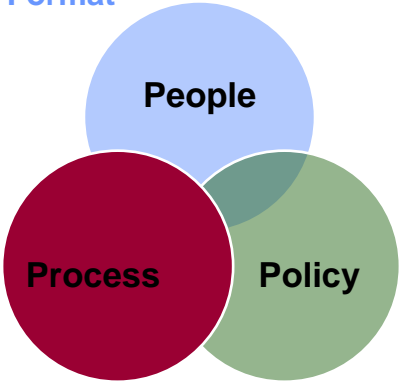
- ▶ Describe key components of a Joint Commission accreditation visit
- ▶ Identify changes to medication management standards
- ▶ Develop a roadmap for preparing for The Joint Commission visit

Survey Structure and Format

Survey team

- ▶ Administrator
- ▶ Physician
- ▶ Nurse
- ▶ Generalist
- ▶ Ambulatory Specialist
- ▶ Life Safety Specialists

Format



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

https://www.jointcommission.org/webinar_replay_refresh_safe_r_matrix/



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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



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SAFER™ matrix

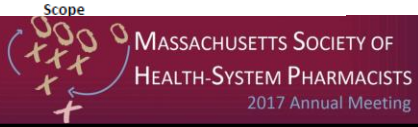
		Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)		
Likelihood to Harm a Patient/Staff/Visitor	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD
		Scope		

The Joint Commission Perspectives. 2017:1;37.



Applying the SAFER™ Matrix to Medication Management Standards

		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)		
Likelihood to Harm a Patient/Staff/Visitor	HIGH			Concentrated electrolytes placed in ADCs with no safeguards in place
	MODERATE			Lack of adherence to policies on medication orders
	LOW	One expired tablet of ibuprofen found		
		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.

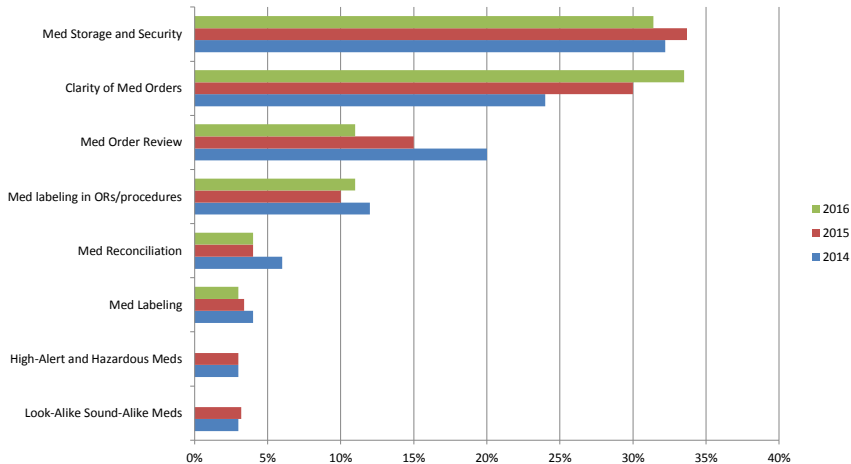


New MM Standard: MM.09.01.01 Antimicrobial Stewardship

- ▶ **MM.09.01.01** The hospital has an antimicrobial stewardship program based on current scientific literature.



Top Non-Compliant Medication Related Standards



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.)



Titration Orders

Medication: Propofol **Therapeutic Class:** General Anesthetic - Parenteral, Phenol Derivatives

Dose: 5-50 mcg/kg/min **Lab Values:** AMYLASE: 12/07/16 @ 1029 123*
LIPASE: 10/27/16 @ 1203 21
TRIGLYCER: 12/30/16 @ 0950 178*LDL(CALC) INVALID IF TRIG<400 OR NON-FASTING SAMPLE

Allow Bolus? Yes No [View Lab Results](#)

Route: IV DRIP

Frequency: TITRATE TO RASS

RASS score: -1 Awakens to voice (eye opening/contact)>10 seconds **Drug Interaction with Ondansetron, Ondansetron, Fentanyl Citrate**
[Click for DDI details](#)

Start Infusion: Now STAT

Medication Order Entry

Medication: EPINEPHrine **Therapeutic Class:** Vasoactive Drug
Cardiovascular Sympathomimetics
Asthma Therapy - Alpha/Beta Adrenergic Agents And Combinations
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents

Dose: 0.01-0.125 mcg/kg/min [View PAML](#)

Route: IV DRIP

Frequency: TITRATE TO

Start Infusion: Now STAT
 Midnight (Tonight, 04/04/17 @ 00:00)
 In A.M. (Tomorrow, 04/04/17 @ 06:00)
 Other

Duration:

Additional Instructions:



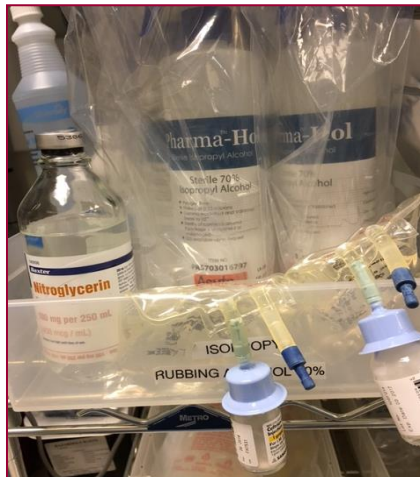
Medication Security and Storage

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



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Medication Storage



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Multiple Dose Vial

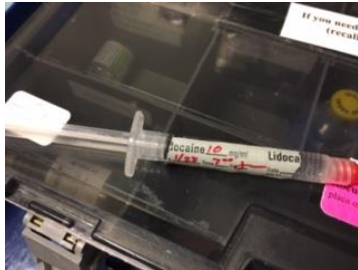


A Pharmacist Review of Medication Orders

- ▶ 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

MM.09.01.01 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.

Tools for Patient Education

Viruses or Bacteria What's got you sick?

Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

SEARCH

CDCA-Z INDEX ▾

Get Smart for Healthcare

Antibiotic

www.cdc.gov

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Studies indicate that 30-50% of antibiotics prescribed in hospitals are unnecessary or inappropriate. There is no doubt that overprescribing and misprescribing is contributing to the growing challenges posed by *Clostridium difficile* and antibiotic-resistant bacteria. Studies demonstrate that improving prescribing practices in hospitals can not only help reduce rates of *Clostridium difficile* infection and antibiotic resistance, but can also improve individual patient outcomes, all while reducing healthcare costs. Get Smart for Healthcare is a CDC campaign focused on improving prescribing practices in inpatient healthcare facilities.

CDC recommends **7 CORE ELEMENTS** of antibiotic stewardship for nursing homes:
 Leadership Commitment
 Accountability
 Drug Expertise • Action
 Tracking • Reporting
 Education

7 Core Elements of Antibiotic Stewardship for Nursing Homes

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Resources

SAFE HEALTHCARE FOR ALL

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Log In

JOIN IDSA >>

TO MYIDSA >>

Topics En Español

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

SEARCH

CDCA-Z INDEX ▾

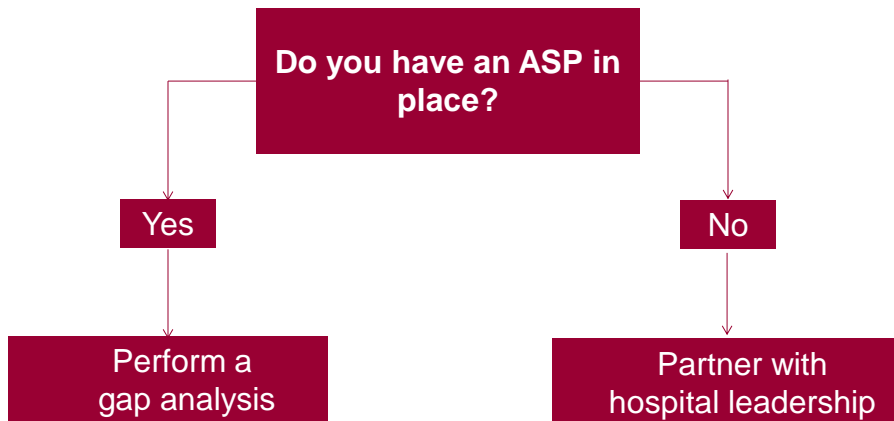
Diseases & Conditions * Healthy Living * Travelers' Health * Emergency Preparedness * More CDC Topics *

Spring Weather

Plan ahead for unpredictable weather to reduce your risk of injury.

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Antimicrobial Stewardship Program (ASP)



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



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CMS Standards

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

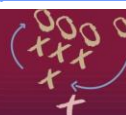


Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 16-01-Hospital

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

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-01.pdf>



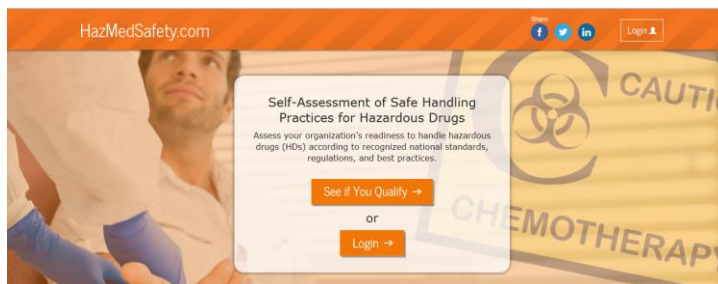
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Compounding Certification Program

- ▶ 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
 - ▶ Accessible at <http://www.jcrinc.com/safe-handling-of-hazardous-drugs>
 - ▶ 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



2016-2017 Targeted Medication Safety Best Practices for Hospitals

The purpose of the Targeted Medication Safety Best Practices for Hospitals is to identify, inspire, and mobilize widespread, national 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 2 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 Alerts* are referenced after each best practice.

ISMP encourages hospitals that have not implemented the 2014-2015 Targeted Medication Safety Best Practices for Hospitals (Best Practices 1 through 6) to do so as a priority, while implementing the new 2016-2017 best practices. **Two of the 2014-2015 Targeted Medication Safety Best Practices for Hospitals (number 2 and 3) have been revised for 2016-2017. Best practices number 7 through 11 are new for 2016-2017.**



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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



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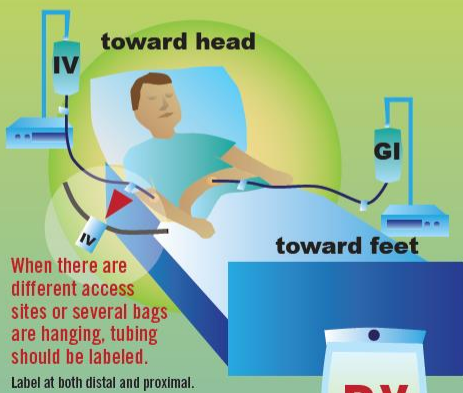
Managing risk of tubing misconnections during the transition to new ISO connector standards

REMINDERS 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

Aware:

Learn about upcoming ISO connector standards

Generate awareness to all

- clinicians
- administrators
- supply chain
- health care technology management
- support staff

See the FAQs at stayconnected2014.org

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

**Size of vial does NOT determine if it is a single- or multiple-dose vial

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



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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



[Bowdoin Street Health Center](#)



[Beth Israel Deaconess Hospital-Needham](#)



[Beth Israel Deaconess HealthCare-Chestnut Hill](#)



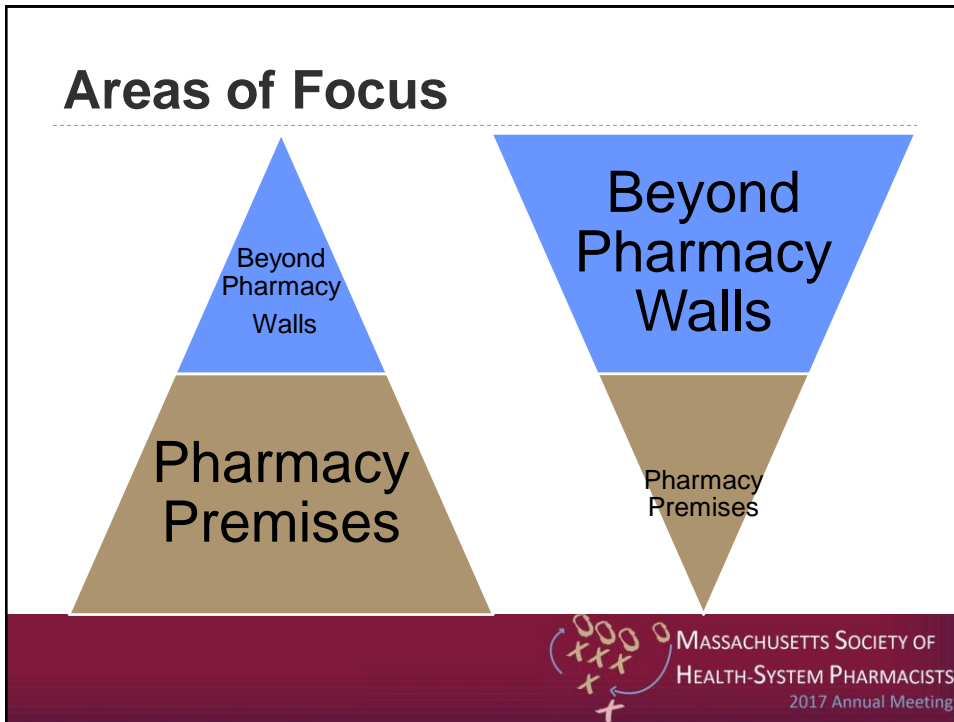
[Beth Israel Deaconess HealthCare-Chelsea](#)



[Beth Israel Deaconess HealthCare-Lexington](#)



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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



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

