

History Tracking Report: 2009 to 2010 Requirements

Accreditation Program: Long Term Care 2009 Chapter: Medication Management

Standard MM.1.10

2009 Standard Text:

{c}Patient{/1}-specific information is readily accessible to those involved in the medication management system.

2009 Standard: MM.1.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

A written policy describes the minimum amount of information about the {c}patient{/1} that is to be available to those involved in medication management. Note: The {c}organization{/2} defines who has access to this information; see standard IM.2.10.

2009 Standard: MM.1.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

A written policy describes the minimum amount of information about the {c}patient{/1} that is to be available to those involved in medication management. Note: The {c}organization{/2} defines who has access to this information; see standard IM.2.10.

Standard MM.01.01.01

2010 Standard Text:

The organization plans its medication management processes.

2010 Standard: MM.01.01.01

2010 EP: 1

2010 EP Text:

The organization has a written policy that describes that the following information about the resident is accessible to licensed independent practitioners and staff who participate in the management of the resident's medications:

- Age
- Sex
- Diagnoses
- Allergies
- Sensitivities
- Current medications
- Height and weight (when necessary)
- Laboratory results (when necessary)
- Any additional information required by the organization
(See also IM.02.01.01, EP 3; RC.01.01.01, EP 13)

2010 Standard: MM.01.01.01

2010 EP: 2

2010 EP Text:

The organization implements its policy to make information about the resident accessible to licensed independent practitioners and staff who participate in the management of the resident's medications.

Note: This element of performance does not apply in emergency situations.

2009 Standard: MM.1.10**2009 EP:** 2**2010 Standard:** MM.01.01.01**2010 EP:** 1**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

At a minimum, the information includes the following: The {jc}patient{/1}'s ageThe {jc}patient{/1}'s sex The {jc}patient{/1}'s current medicationsThe {jc}patient{/1}'s diagnoses, comorbidities, and concurrently occurring conditionsThe {jc}patient{/1}'s relevant laboratory valuesThe {jc}patient{/1}'s allergies and past sensitivitiesAs appropriate to the {jc}patient{/1}, the {jc}organization{/2} also includes information regarding the following:Weight and heightPregnancy and lactation statusAny other information required by the {jc}organization{/2} for safe medication management

The organization has a written policy that describes that the following information about the resident is accessible to licensed independent practitioners and staff who participate in the management of the resident's medications:

- Age
 - Sex
 - Diagnoses
 - Allergies
 - Sensitivities
 - Current medications
 - Height and weight (when necessary)
 - Laboratory results (when necessary)
 - Any additional information required by the organization
- (See also IM.02.01.01, EP 3; RC.01.01.01, EP 13)

2009 Standard: MM.1.10**2009 EP:** 2**2010 Standard:** MM.01.01.01**2010 EP:** 2**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

At a minimum, the information includes the following: The {jc}patient{/1}'s ageThe {jc}patient{/1}'s sex The {jc}patient{/1}'s current medicationsThe {jc}patient{/1}'s diagnoses, comorbidities, and concurrently occurring conditionsThe {jc}patient{/1}'s relevant laboratory valuesThe {jc}patient{/1}'s allergies and past sensitivitiesAs appropriate to the {jc}patient{/1}, the {jc}organization{/2} also includes information regarding the following:Weight and heightPregnancy and lactation statusAny other information required by the {jc}organization{/2} for safe medication management

The organization implements its policy to make information about the resident accessible to licensed independent practitioners and staff who participate in the management of the resident's medications.

Note: This element of performance does not apply in emergency situations.

2009 Standard: MM.1.10**2009 EP:** 3**2010 Standard:** MM.01.01.01**2010 EP:** 2**2009 EP Text:****Revision Type:** Consolidate**2010 EP Text:**

The information is accessible when needed (except in emergency situations when time does not permit) to licensed independent practitioners and other health care staff.

The organization implements its policy to make information about the resident accessible to licensed independent practitioners and staff who participate in the management of the resident's medications.

Note: This element of performance does not apply in emergency situations.

Standard MM.2.10

2009 Standard Text:

Medications available for dispensing or administration (including stock medications) are selected, listed, and procured based on criteria.

2009 Standard: MM.2.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Licensed independent practitioners and health care staff involved in ordering, dispensing, administering, and/or monitoring effects of medications including the medical director develop criteria for determining what medications are available for dispensing or administration.

2009 Standard: MM.2.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

At a minimum, the criteria include the indication for use, effectiveness, risks (including propensity for medication errors, abuse potential, and sentinel events), and costs.

2009 Standard: MM.2.10

2009 EP: 3

2009 EP Text:

Revision Type: Split

A list of medications for dispensing or administration (including strength and dosage form) is maintained and readily available. Note: Sample medications are not required to be on this list.

2009 Standard: MM.2.10

2009 EP: 3

2009 EP Text:

Revision Type: Split

A list of medications for dispensing or administration (including strength and dosage form) is maintained and readily available. Note: Sample medications are not required to be on this list.

Standard MM.02.01.01

2010 Standard Text:

The organization selects and procures medications.

2010 Standard: MM.02.01.01

2010 EP: 1

2010 EP Text:

The medical director, licensed independent practitioners, pharmacists, and other clinical staff (for example, the director of nursing, respiratory therapists) develop criteria for determining which medications are available for dispensing or administering to residents.

2010 Standard: MM.02.01.01

2010 EP: 2

2010 EP Text:

The organization develops and approves criteria for selecting medications, which include the following:

- Indications for use (See also MM.05.01.01, EP 10)
- Effectiveness
- Drug interactions
- Potential for errors and abuse
- Adverse drug events
- Sentinel event advisories
- Other risks
- Costs

2010 Standard: MM.02.01.01

2010 EP: 4

2010 EP Text:

The organization maintains a written list of medications, including strength and dosage, for dispensing and administering.

Note: Sample medications are not required to be on the list.

2010 Standard: MM.02.01.01

2010 EP: 5

2010 EP Text:

The organization makes its written list of medications readily available to those involved in medication management.

<p>2009 Standard: MM.2.10 2009 EP Text: Processes and mechanisms are established to monitor {jc}patient{/1} responses to a newly added medication before the medication is made available for dispensing or administration within the {jc}organization{/2}.</p>	<p>2009 EP: 4 Revision Type: Retain</p>	<p>2010 Standard: MM.02.01.01 2010 EP Text: Before using a medication new to the organization, the organization determines a method to monitor the response of the resident. (See also MM.07.01.01, EP 2)</p>	<p>2010 EP: 3</p>
<p>2009 Standard: MM.2.10 2009 EP Text: Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.</p>	<p>2009 EP: 5 Revision Type: Retain</p>	<p>2010 Standard: MM.02.01.01 2010 EP Text: Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.</p>	<p>2010 EP: 9</p>
<p>2009 Standard: MM.2.10 2009 EP Text: The {jc}organization{/2} has processes to approve and procure medications that are not on the {jc}organization{/2}'s medication list.</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: MM.02.01.01 2010 EP Text: The organization has a process to select, approve, and procure medications that are not on its list of medications.</p>	<p>2010 EP: 7</p>
<p>2009 Standard: MM.2.10 2009 EP Text: The {jc}organization{/2} has processes to approve and procure medications that are not on the {jc}organization{/2}'s medication list.</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: MM.02.01.01 2010 EP Text: The organization implements the process to select, approve, and procure medications that are not on its list of medications.</p>	<p>2010 EP: 8</p>
<p>2009 Standard: MM.2.10 2009 EP Text: The {jc}organization{/2} has processes to address medication shortages and outages, including the following:Communicating with prescribers and staff who participate in the medication management systemDeveloping approved substitution protocolsEducating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocolsObtaining medications in the event of a disaster</p>	<p>2009 EP: 7 Revision Type: Split</p>	<p>2010 Standard: EM.02.02.03 2010 EP Text: The Emergency Operations Plan describes the following: How the organization will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the organization, its affiliates, or local, state, or federal sources.</p>	<p>2010 EP: 1</p>

2009 Standard: MM.2.10

2009 EP: 7

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has processes to address medication shortages and outages, including the following:Communicating with prescribers and staff who participate in the medication management systemDeveloping approved substitution protocolsEducating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocolsObtaining medications in the event of a disaster

2010 Standard: MM.02.01.01

2010 EP: 11

2010 EP Text:

The organization communicates medication shortages and outages to licensed independent practitioners and staff who participate in medication management.

2009 Standard: MM.2.10

2009 EP: 7

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has processes to address medication shortages and outages, including the following:Communicating with prescribers and staff who participate in the medication management systemDeveloping approved substitution protocolsEducating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocolsObtaining medications in the event of a disaster

2010 Standard: MM.02.01.01

2010 EP: 12

2010 EP Text:

The organization develops and approves written medication substitution protocols to be used in the event of a medication shortage or outage.

2009 Standard: MM.2.10

2009 EP: 7

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has processes to address medication shortages and outages, including the following:Communicating with prescribers and staff who participate in the medication management systemDeveloping approved substitution protocolsEducating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocolsObtaining medications in the event of a disaster

2010 Standard: MM.02.01.01

2010 EP: 13

2010 EP Text:

The organization implements its approved medication substitution protocols.

2009 Standard: MM.2.10

2009 EP: 7

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has processes to address medication shortages and outages, including the following:Communicating with prescribers and staff who participate in the medication management systemDeveloping approved substitution protocolsEducating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocolsObtaining medications in the event of a disaster

2010 Standard: MM.02.01.01

2010 EP: 15

2010 EP Text:

The organization communicates to licensed independent practitioners and staff who participate in medication management about the medication substitution protocols.

Standard MM.2.20

2009 Standard Text:

Medications are properly and safely stored.

2009 Standard: MM.2.20

2009 EP: 1

2009 EP Text:

Revision Type: Delete:NE

Only approved medications are routinely stocked or stored.**Note: See standard MM.2.40 for the exception to this EP: The {jc}organization{/2} has a process to safely manage medications brought in by the {jc}patient{/1} or the {jc}patient{/1}'s family.

2009 Standard: MM.2.20

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Medications are stored under conditions suitable for product stability.

2009 Standard: MM.2.20

2009 EP: 3

2009 EP Text:

Revision Type: Retain

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: Safe storage Safe handling Security Disposition of these medications including return to the medication storage area at the end of the individual's shift.

2009 Standard: MM.2.20

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The policy addressing the storage of medication between receipt of a medication by an individual health care provider and medication administration is implemented.

2009 Standard: MM.2.20

2009 EP: 5

2009 EP Text:

Revision Type: Retain

Unauthorized persons, in accordance with the {jc}organization{/2}'s policy and law and regulation, cannot obtain access to medications.

Standard MM.03.01.01

2010 Standard Text:

The organization safely stores medications.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: MM.03.01.01

2010 EP: 2

2010 EP Text:

The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.

2010 Standard: MM.03.01.01

2010 EP: 4

2010 EP Text:

The organization has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, security, disposition, and return to storage.

2010 Standard: MM.03.01.01

2010 EP: 5

2010 EP Text:

The organization implements its policy addressing the control of medication between receipt by an individual health care provider and its administration.

2010 Standard: MM.03.01.01

2010 EP: 6

2010 EP Text:

The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.

<p>2009 Standard: MM.2.20 2009 EP Text: Controlled substances are stored to prevent diversion and according to state and federal laws and regulations.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: MM.03.01.01 2010 EP Text: The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.</p>	<p>2010 EP: 3</p>
<p>2009 Standard: MM.2.20 2009 EP Text: All expired, damaged, and/or contaminated medications are segregated until they are removed from the {c}organization{/2}.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: MM.03.01.01 2010 EP Text: The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.</p>	<p>2010 EP: 8</p>
<p>2009 Standard: MM.2.20 2009 EP Text: Medications and chemicals used to prepare medications are accurately labeled with contents, expiration dates, and warnings.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: MM.03.01.01 2010 EP Text: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.</p>	<p>2010 EP: 7</p>
<p>2009 Standard: MM.2.20 2009 EP Text: Standardize and limit the number of drug concentrations available in the {c}organization{/2}.</p>	<p>2009 EP: 10 Revision Type: Retain</p>	<p>2010 Standard: MM.02.01.01 2010 EP Text: The organization standardizes and limits the number of medication concentrations available to meet resident care needs.</p>	<p>2010 EP: 6</p>
<p>2009 Standard: MM.2.20 2009 EP Text: Concentrated electrolytes are removed from care units or areas, (unless {c}patient{/1} 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).</p>	<p>2009 EP: 11 Revision Type: Retain</p>	<p>2010 Standard: MM.03.01.01 2010 EP Text: The organization keeps concentrated electrolytes present in resident care areas only when resident safety necessitates their immediate use, and precautions are used to prevent inadvertent administration. (See also MM.01.01.03, EP 2)</p>	<p>2010 EP: 9</p>
<p>2009 Standard: MM.2.20 2009 EP Text: All medication storage areas are periodically inspected according to the {c}organization{/2}'s policy to make sure medications are stored properly.</p>	<p>2009 EP: 15 Revision Type: Retain</p>	<p>2010 Standard: MM.03.01.01 2010 EP Text: The organization inspects all medication storage areas periodically, as defined by the organization, to verify that medications are stored properly.</p>	<p>2010 EP: 18</p>

Standard MM.2.30

2009 Standard Text:

Emergency medications and/or supplies, if any, are consistently available, controlled, and secured.

2009 Standard: MM.2.30

2009 EP: 1

2009 EP Text:

Revision Type: Split

Organization leadership, in conjunction with licensed independent practitioners and other health care staff whose scope of practice includes the dispensing or administration of emergency medications, decides which emergency medications and/or supplies, if any, will be readily available in care areas.

2009 Standard: MM.2.30

2009 EP: 1

2009 EP Text:

Revision Type: Split

Organization leadership, in conjunction with licensed independent practitioners and other health care staff whose scope of practice includes the dispensing or administration of emergency medications, decides which emergency medications and/or supplies, if any, will be readily available in care areas.

2009 Standard: MM.2.30

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Emergency medications are available in unit-dose, age-specific, and ready-to-administer forms whenever possible.

2009 Standard: MM.2.30

2009 EP: 4

2009 EP Text:

Revision Type: Consolidate

Emergency medications are sealed or stored in containers (for example, crash carts, tackle boxes, emergency drug kits, closed bags that are clearly labeled, and so forth) in such a way that staff can readily determine that the contents are complete and have not expired.

Standard MM.03.01.03

2010 Standard Text:

The organization safely manages emergency medications.

2010 Standard: MM.03.01.03

2010 EP: 1

2010 EP Text:

Organization leaders, in conjunction with the medical director, licensed independent practitioners, pharmacists, and other clinical staff, decide which emergency medications and their associated supplies will be readily accessible based on the population served.

2010 Standard: MM.03.01.03

2010 EP: 2

2010 EP Text:

Emergency medications and their associated supplies are readily accessible.

2010 Standard: MM.03.01.03

2010 EP: 3

2010 EP Text:

Whenever possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms.

2010 Standard: MM.03.01.03

2010 EP: 6

2010 EP Text:

When emergency medications or supplies are used, the organization replaces them as soon as possible, in accordance with organization policies and procedures, to maintain a full stock.

2009 Standard: MM.2.30

2009 EP: 6

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

Emergency medications are stored in sealed or in locked containers; in a locked room; or under constant supervision in accordance with law or regulation.

No EP

2009 Standard: MM.2.30

2009 EP: 7

2010 Standard: MM.03.01.03

2010 EP: 6

2009 EP Text:

Revision Type: Consolidate

2010 EP Text:

Emergency medications and supplies are replaced as soon as possible after their use in accordance with the organization's policies and procedures.

When emergency medications or supplies are used, the organization replaces them as soon as possible, in accordance with organization policies and procedures, to maintain a full stock.

Standard MM.2.40

2009 Standard Text:

A process is established to safely manage medications brought into the {jc}organization{/2} by {jc}patients{/6} or their families.

2009 Standard: MM.2.40

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} addresses the use of medications brought into the {jc}organization{/2} by {jc}patients{/6} or their families, including: Defining when such medications can be used or administered.

2009 Standard: MM.2.40

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} addresses the use of medications brought into the {jc}organization{/2} by {jc}patients{/6} or their families, including: Identifying the medication and visually evaluating its integrity, when medications brought in by the {jc}patient{/1} or family are allowed.

2009 Standard: MM.2.40

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} addresses the use of medications brought into the {jc}organization{/2} by {jc}patients{/6} or their families, including: Informing the prescriber and {jc}patient{/1} if medications brought into the {jc}organization{/2} by {jc}patients{/6} or their families are not permitted.

Standard MM.03.01.05

2010 Standard Text:

The organization safely controls medications brought into the organization by residents, their families, or licensed independent practitioners.

2010 Standard: MM.03.01.05

2010 EP: 1

2010 EP Text:

The organization determines whether medications brought into the organization by residents, their families, or licensed independent practitioners can be used or administered.

2010 Standard: MM.03.01.05

2010 EP: 2

2010 EP Text:

Before use or administration of a medication brought into the organization by a resident, his or her family, or a licensed independent practitioner, the organization identifies the medication and visually evaluates the medication's integrity. (See also MM.05.01.07, EP 3; MM.06.01.01, EP 4)

2010 Standard: MM.03.01.05

2010 EP: 3

2010 EP Text:

The organization informs the prescriber and resident if the medications brought into the organization by residents, their families, or licensed independent practitioners are not permitted.

Standard MM.3.10

2009 Standard Text:

Only medications needed to treat the {jc}patient{/1}'s condition are ordered, provided, or administered.

2009 Standard: MM.3.10

2009 EP: 1

2009 EP Text:

There is a documented diagnosis, condition, or indication-for-use for each medication ordered.

Revision Type: Retain

Standard MM.04.01.01

2010 Standard Text:

Medication orders are clear and accurate.

2010 Standard: MM.04.01.01

2010 EP: 9

2010 EP Text:

A diagnosis, condition, or indication for use exists for each medication ordered.

Note: This information can be anywhere in the clinical record and need not be on the order itself. For example, it might be part of the medical history.

Standard MM.3.20

2009 Standard Text:

Medication orders are written clearly and transcribed accurately.

2009 Standard: MM.3.20

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Written policy(ies) address the following: The required elements of a complete medication order.

2009 Standard: MM.3.20

2009 EP: 2

2009 EP Text:

Revision Type: Delete:NE

Written policy(ies) address the following: When generic or brand names are acceptable or required as part of a medication order.

2009 Standard: MM.3.20

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Written policy(ies) address the following: Whether or when indication for use is required on a medication order.

2009 Standard: MM.3.20

2009 EP: 4

2009 EP Text:

Revision Type: Retain

Written policy(ies) address the following: Special precautions or procedures for ordering drugs with look-alike or sound-alike names.

2009 Standard: MM.3.20

2009 EP: 5

2009 EP Text:

Revision Type: Retain

Written policy(ies) address the following: Actions to take when medication orders are incomplete, illegible, or unclear.

Standard MM.04.01.01

2010 Standard Text:

Medication orders are clear and accurate.

2010 Standard: MM.04.01.01

2010 EP: 2

2010 EP Text:

The organization has a written policy that defines the following: The required elements of a complete medication order.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: MM.04.01.01

2010 EP: 3

2010 EP Text:

The organization has a written policy that defines the following: When indication for use is required on a medication order.

2010 Standard: MM.04.01.01

2010 EP: 4

2010 EP Text:

The organization has a written policy that defines the following: The precautions for ordering medications with look-alike or sound-alike names.

2010 Standard: MM.04.01.01

2010 EP: 5

2010 EP Text:

The organization has a written policy that defines the following: Actions to take when medication orders are incomplete, illegible, or unclear.

2009 Standard: MM.3.20

2009 EP: 6

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} specifies the required elements of the following types of orders that it deems acceptable for use: “As needed” (PRN) orders -- orders acted upon based on the occurrence of a specific indication or symptom Standing orders -- written instruction to administer a medication to a person in circumstances specified in instructions without a prescription Hold orders -- instruction to temporarily suspend (place medication orders on hold) under specified conditions and to alert users at specified times while a medication is on hold Automatic stop orders -- a date or time to discontinue a medication Resume orders -- restart an order which was previously held Titrating orders--orders in which the dose is either progressively increased or decreased in response to the {jc}patient{/1}'s status Taper orders--orders in which the dose is decreased by a particular amount with each dosing interval Range orders--orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or {jc}patient{/1}'s status Orders for compounded drugs or drug mixtures not commercially available Orders for medication-related devices (for example, nebulizers and catheters) Orders for investigational medications Orders for herbal products Orders for medications at discharge or transfer

2010 Standard: MM.04.01.01

2010 EP: 1

2010 EP Text:

The organization has 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. Medication orders commonly used include the following:

- As needed (PRN) orders: orders acted on based on the occurrence of a specific indication or symptom
- Standing orders: A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
- Automatic stop orders: Orders that include a date or time to discontinue a medication
- Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the resident’s status
- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval
- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or resident’s status
- Orders for compounded drugs or drug mixtures not commercially available
- Orders for medication-related devices (for example, nebulizers, catheters)
- Orders for investigational medications
- Orders for herbal products
- Orders for medications at discharge or transfer

Note: Hold orders are not included in this list. While their use may be appropriate in a limited number of situations, it is discouraged because of safety concerns.

2009 Standard: MM.3.20

2009 EP: 8

2009 EP Text:

Revision Type: Retain

In addition, the {jc}organization{/2} reviews and updates preprinted order sheets as needed to support clarity, accuracy, and safety.

2010 Standard: MM.04.01.01

2010 EP: 7

2010 EP Text:

The organization reviews and updates preprinted order sheets, within time frames it identifies or sooner if necessary, based on current evidence and practice.

2009 Standard: MM.3.20

2009 EP: 9

2009 EP Text:

Revision Type: Retain

In addition, the {jc}organization{/2} specifies that blanket reinstatement of previous orders--a summary order to resume all previous orders--for medications are not acceptable.

2010 Standard: MM.04.01.01

2010 EP: 8

2010 EP Text:

The organization prohibits summary (blanket) orders to resume previous medications.

2009 Standard: MM.3.20**2009 EP:** 13**2009 EP Text:**

Policies and procedures regarding medication orders are implemented.

Revision Type: Retain

2009 Standard: MM.3.20**2009 EP:** 14**2009 EP Text:**

Influenza and pneumococcal polysaccharide vaccines are administered according to a physician order, or, as permitted by law and regulation, according to physician–approved, organization-specific protocol(s).

Revision Type: Retain

2010 Standard: MM.04.01.01**2010 EP:** 13**2010 EP Text:**

The organization implements its policies for medication orders.

2010 Standard: MM.04.01.01**2010 EP:** 14**2010 EP Text:**

The organization requires a physician order or, in accordance with law and regulation, a physician-approved, organization-specific protocol(s) to administer influenza and pneumococcal polysaccharide vaccines.

Standard MM.4.10

2009 Standard Text:

All prescriptions or medication orders are reviewed for appropriateness.

Standard MM.05.01.01

2010 Standard Text:

A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the organization.

Note: This standard applies to all organizations, whether they have an on-site pharmacy or contract for pharmacy services.

2009 Standard: MM.4.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Before dispensing, removal from floor stock, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication; or in urgent situations when the resulting delay would harm the {jc}patient{/1}, including situations in which the {jc}patient{/1} experiences a sudden change in clinical status (for example, new onset of nausea).

2010 Standard: MM.05.01.01

2010 EP: 1

2010 EP Text:

Before dispensing or removing medications from floor stock or from an automated storage and distribution device, a pharmacist reviews all medication orders or prescriptions unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication or when a delay would harm the resident in an urgent situation (including sudden changes in a resident's clinical status), in accordance with law and regulation.

2009 Standard: MM.4.10

2009 EP: 5

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

2010 Standard: MM.05.01.01

2010 EP: 4

2010 EP Text:

All medication orders are reviewed for the following: Resident allergies or potential sensitivities.

2009 Standard: MM.4.10

2009 EP: 5

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

2010 Standard: MM.05.01.01

2010 EP: 5

2010 EP Text:

All medication orders are reviewed for the following: Existing or potential interactions between the medication ordered and food and medications the resident is currently taking.

2009 Standard: MM.4.10

2009 EP: 5

2010 Standard: MM.05.01.01

2010 EP: 6

2009 EP Text:

Revision Type: Split

2010 EP Text:

All medication orders are reviewed for the following: The appropriateness of the medication, dose, frequency, and route of administration.

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

2009 Standard: MM.4.10

2009 EP: 5

2010 Standard: MM.05.01.01

2010 EP: 7

2009 EP Text:

Revision Type: Split

2010 EP Text:

All medication orders are reviewed for the following: Current or potential impact as indicated by laboratory values.

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

2009 Standard: MM.4.10

2009 EP: 5

2010 Standard: MM.05.01.01

2010 EP: 8

2009 EP Text:

Revision Type: Split

2010 EP Text:

All medication orders are reviewed for the following: Therapeutic duplication.

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

2009 Standard: MM.4.10

2009 EP: 5

2010 Standard: MM.05.01.01

2010 EP: 9

2009 EP Text:

Revision Type: Split

2010 EP Text:

All medication orders are reviewed for the following: Other contraindications.

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

2009 Standard: MM.4.10

2009 EP: 5

2009 EP Text:

The {jc}organization{/2} has a process to review all prescriptions for the following: 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

Revision Type: Split

2010 Standard: MM.05.01.01

2010 EP: 10

2010 EP Text:

All medication orders are reviewed for the following: Variation from the organization's indications for use. (See also MM.02.01.01, EP 2)

2009 Standard: MM.4.10

2009 EP: 6

2009 EP Text:

All concerns, issues, or questions are clarified with the individual prescriber before dispensing the medication.

Revision Type: Retain

2010 Standard: MM.05.01.01

2010 EP: 11

2010 EP Text:

After the medication order has been reviewed, all concerns, issues, or questions are clarified with the prescriber before dispensing.

Standard MM.4.20

2009 Standard Text:

Medications are prepared safely.

Standard MM.05.01.07

2010 Standard Text:

The organization safely prepares medications.

Note: This standard is applicable to all organizations that prepare medications for administration.

2009 Standard: MM.4.20

2009 EP: 1

2009 EP Text:

When an on-site, licensed pharmacy is available, 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).

Revision Type: Retain

2010 Standard: MM.05.01.07

2010 EP: 1

2010 EP Text:

When an on-site pharmacy is available, 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 resident or when the product's stability is short.

2009 Standard: MM.4.20

2009 EP: 2

2009 EP Text:

The {jc}organization{/2} has a written policy that addresses the safety and use of medications acquired by a practitioner from sources other than the {jc}organization{/2} for use in {jc}patient{/1} care in that {jc}organization{/2}. The policy addresses: 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 {jc}patient{/1} care

Revision Type: Split

2010 Standard: MM.03.01.05

2010 EP: 1

2010 EP Text:

The organization determines whether medications brought into the organization by residents, their families, or licensed independent practitioners can be used or administered.

2009 Standard: MM.4.20

2009 EP: 2

2009 EP Text:

The {jc}organization{/2} has a written policy that addresses the safety and use of medications acquired by a practitioner from sources other than the {jc}organization{/2} for use in {jc}patient{/1} care in that {jc}organization{/2}. The policy addresses: 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 {jc}patient{/1} care

Revision Type: Split

2010 Standard: MM.03.01.05

2010 EP: 2

2010 EP Text:

Before use or administration of a medication brought into the organization by a resident, his or her family, or a licensed independent practitioner, the organization identifies the medication and visually evaluates the medication's integrity. (See also MM.05.01.07, EP 3; MM.06.01.01, EP 4)

2009 Standard: MM.4.20

2009 EP: 3

2009 EP Text:

The written policy that addresses the safety and use of medications acquired by a practitioner from sources other than the organization for use in {jc}patient{/1} care is implemented.

Revision Type: Split

2010 Standard: MM.03.01.05

2010 EP: 2

2010 EP Text:

Before use or administration of a medication brought into the organization by a resident, his or her family, or a licensed independent practitioner, the organization identifies the medication and visually evaluates the medication's integrity. (See also MM.05.01.07, EP 3; MM.06.01.01, EP 4)

<p>2009 Standard: MM.4.20 2009 EP Text: 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>2009 EP: 3 Revision Type: Split</p>	<p>2010 Standard: MM.03.01.05 2010 EP: 3 2010 EP Text: The organization informs the prescriber and resident if the medications brought into the organization by residents, their families, or licensed independent practitioners are not permitted.</p>
<p>2009 Standard: MM.4.20 2009 EP Text: Wherever medications are prepared, staff uses safety materials and equipment while preparing hazardous medications.</p>	<p>2009 EP: 4 Revision Type: Consolidate</p>	<p>2010 Standard: MM.01.01.03 2010 EP: 2 2010 EP Text: The organization has a process for managing high-alert and hazardous medications. (See also EC.02.02.01, EP 8; MM.03.01.01, EP 9)</p>
<p>2009 Standard: MM.4.20 2009 EP Text: Wherever medications are prepared, staff uses techniques to assure accuracy in medication preparation.</p>	<p>2009 EP: 5 Revision Type: Delete:NE</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: MM.4.20 2009 EP Text: Wherever medications are prepared, staff follow techniques to avoid contamination during medication preparation including, but not limited to the following:Using clean or sterile techniques Maintaining clean, uncluttered, and functionally separate areas for product preparation to minimize the possibility of contaminationUsing 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 hoursVisually inspecting the integrity of the medications</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: MM.05.01.07 2010 EP: 2 2010 EP Text: Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.</p>
<p>2009 Standard: MM.4.20 2009 EP Text: Wherever medications are prepared, staff follow techniques to avoid contamination during medication preparation including, but not limited to the following:Using clean or sterile techniques Maintaining clean, uncluttered, and functionally separate areas for product preparation to minimize the possibility of contaminationUsing 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 hoursVisually inspecting the integrity of the medications</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: MM.05.01.07 2010 EP: 3 2010 EP Text: During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.06.01.01, EP 4)</p>

2009 Standard: MM.4.20**2009 EP:** 6**2010 Standard:** MM.05.01.07**2010 EP:** 4**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

Wherever medications are prepared, staff follow techniques to avoid contamination during medication preparation including, but not limited to the following: Using clean or sterile techniques Maintaining clean, uncluttered, and functionally separate areas for product preparation to minimize the possibility of contamination 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 Visually inspecting the integrity of the medications

When an organization has an on-site pharmacy, the organization 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.

Standard MM.4.30

2009 Standard Text:

Medications are labeled.

2009 Standard: MM.4.30

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Medications are labeled in a standardized manner according to law or regulation and standards of practice.

2009 Standard: MM.4.30

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Any time one or more medications or solutions are prepared but are not administered immediately, the medication container* must be labeled.*A container can be any storage device such as a plastic bag, syringe, bottle, or box, medicine cup or basin.

2009 Standard: MM.4.30

2009 EP: 3

2009 EP Text:

Revision Type: Split

At a minimum, all medications prepared in the {jc}organization{/2} are labeled with the following:Drug name, strength, amount (if not apparent from the container)Expiration date* when not used within 24 hoursExpiration time when expiration occurs in less than 24 hoursThe date prepared and the diluent for all compounded IV admixtures and parenteral nutrition solutions*Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

2009 Standard: MM.4.30

2009 EP: 3

2009 EP Text:

Revision Type: Split

At a minimum, all medications prepared in the {jc}organization{/2} are labeled with the following:Drug name, strength, amount (if not apparent from the container)Expiration date* when not used within 24 hoursExpiration time when expiration occurs in less than 24 hoursThe date prepared and the diluent for all compounded IV admixtures and parenteral nutrition solutions*Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

Standard MM.05.01.09

2010 Standard Text:

Medications are labeled.

2010 Standard: MM.05.01.09

2010 EP: 2

2010 EP Text:

Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.

2010 Standard: MM.05.01.09

2010 EP: 1

2010 EP Text:

Medication containers are labeled whenever medications are prepared but not immediately administered.
Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a resident, and administers to that resident without any break in the process.

2010 Standard: MM.05.01.09

2010 EP: 3

2010 EP Text:

All medications prepared in the organization are correctly labeled with the following: Medication name, strength, and amount (if not apparent from the container).

2010 Standard: MM.05.01.09

2010 EP: 4

2010 EP Text:

All medications prepared in the organization are correctly labeled with the following: Expiration date when not used within 24 hours.

2009 Standard: MM.4.30

2009 EP: 3

2009 EP Text:

Revision Type: Split

At a minimum, all medications prepared in the {jc}organization{/2} are labeled with the following: Drug name, strength, amount (if not apparent from the container) Expiration date* when not used within 24 hours Expiration time when expiration occurs in less than 24 hours The date prepared and the diluent for all compounded IV admixtures and parenteral nutrition solutions* Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

2010 Standard: MM.05.01.09

2010 EP: 5

2010 EP Text:

All medications prepared in the organization are correctly labeled with the following: Expiration time when expiration occurs in less than 24 hours.

2009 Standard: MM.4.30

2009 EP: 3

2009 EP Text:

Revision Type: Split

At a minimum, all medications prepared in the {jc}organization{/2} are labeled with the following: Drug name, strength, amount (if not apparent from the container) Expiration date* when not used within 24 hours Expiration time when expiration occurs in less than 24 hours The date prepared and the diluent for all compounded IV admixtures and parenteral nutrition solutions* Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

2010 Standard: MM.05.01.09

2010 EP: 6

2010 EP Text:

All medications prepared in the organization are correctly labeled with the following: The date prepared and the diluent for all compounded intravenous admixtures and parenteral nutrition formulas.

2009 Standard: MM.4.30

2009 EP: 4

2009 EP Text:

Revision Type: Split

When preparing individualized medications for multiple specific {jc}patients{/6}, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following: {jc}Patient{/1} name {jc}Patient{/1} location 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")

2010 Standard: MM.05.01.09

2010 EP: 7

2010 EP Text:

When preparing individualized medications for multiple residents, the label also includes the following: The resident's name.

2009 Standard: MM.4.30

2009 EP: 4

2009 EP Text:

Revision Type: Split

When preparing individualized medications for multiple specific {jc}patients{/6}, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following: {jc}Patient{/1} name {jc}Patient{/1} location 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")

2010 Standard: MM.05.01.09

2010 EP: 8

2010 EP Text:

When preparing individualized medications for multiple residents, the label also includes the following: The location where the medication is to be delivered. (See also NPSG.01.01.01, EP 1)
Note: The location is not to be used as a resident identifier during administration of a medication, as indicated by NPSG.01.01.01, EP 1.

2009 Standard: MM.4.30

2009 EP: 4

2010 Standard: MM.05.01.09

2010 EP: 9

2009 EP Text:

Revision Type: Split

2010 EP Text:

When preparing individualized medications for multiple specific {jc}patients{/6}, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following:
{jc}Patient{/1} name{jc}Patient{/1} location 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")

When preparing individualized medications for multiple residents, the label also includes the following: Directions for use and applicable accessory and cautionary instructions.

2009 Standard: MM.4.30

2009 EP: 4

2010 Standard: MM.05.01.09

2010 EP: 10

2009 EP Text:

Revision Type: Split

2010 EP Text:

When preparing individualized medications for multiple specific {jc}patients{/6}, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following:
{jc}Patient{/1} name{jc}Patient{/1} location 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")

When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: The resident's name.

2009 Standard: MM.4.30

2009 EP: 4

2010 Standard: MM.05.01.09

2010 EP: 11

2009 EP Text:

Revision Type: Split

2010 EP Text:

When preparing individualized medications for multiple specific {jc}patients{/6}, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following:
{jc}Patient{/1} name{jc}Patient{/1} location 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")

When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: The location where the medication is to be delivered. (See also NPSG.01.01.01, EP 1)
Note: The location is not to be used as a resident identifier during administration of a medication, as indicated by NPSG.01.01.01, EP 1.

2009 Standard: MM.4.30

2009 EP: 4

2010 Standard: MM.05.01.09

2010 EP: 12

2009 EP Text:

Revision Type: Split

2010 EP Text:

When preparing individualized medications for multiple specific {jc}patients{/6}, or when the person preparing the individualized medications is not the person administering the medication, the label also includes the following:
{jc}Patient{/1} name{jc}Patient{/1} location 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")

When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: Directions for use and applicable accessory and cautionary instructions.

2009 Standard: MM.4.30**2009 EP:** 5**2009 EP Text:**

Organizations that do not operate a pharmacy validate that all medications coming into the organization are appropriately labeled.

Revision Type: Retain

2009 Standard: MM.4.30**2009 EP:** 6**2009 EP Text:**

If not labeled, action is taken to have the medications correctly labeled.

Revision Type: Retain

2010 Standard: MM.05.01.15**2010 EP:** 4**2010 EP Text:**

Organizations that do not operate a pharmacy validate that all medications coming into the organization are appropriately labeled.

2010 Standard: MM.05.01.15**2010 EP:** 5**2010 EP Text:**

When an unlabeled medication comes into an organization that does not operate a pharmacy, the organization takes action to have the medication correctly labeled.

Standard MM.4.40**2009 Standard Text:**

Medications are dispensed safely.

Standard MM.05.01.11**2010 Standard Text:**

The organization safely dispenses medications.

Note: This standard applies to all organizations, whether they have an on-site pharmacy or contract for pharmacy services.

2009 Standard: MM.4.40

2009 EP: 1

2009 EP Text:

Quantities of medications are dispensed that minimize diversion yet are still consistent with the {jc}patient's{/9} needs.

Revision Type: Retain

2010 Standard: MM.05.01.11

2010 EP: 1

2010 EP Text:

The organization dispenses quantities of medications that are consistent with resident needs.

2009 Standard: MM.4.40

2009 EP: 2

2009 EP Text:

Dispensing adheres to law, regulation, licensure, and professional standards of practice, including record keeping.

Revision Type: Retain

2010 Standard: MM.05.01.11

2010 EP: 2

2010 EP Text:

The organization dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice.
Note: Dispensing practices and recordkeeping include antidiversion strategies.

2009 Standard: MM.4.40

2009 EP: 3

2009 EP Text:

Medications are dispensed in a timely* manner to meet {jc}patient{/1} needs.*Timely: Defined by organization policy and based on the intended use of the information.

Revision Type: Retain

2010 Standard: MM.05.01.11

2010 EP: 3

2010 EP Text:

The organization dispenses medications within time frames it defines to meet resident needs.

2009 Standard: MM.4.40

2009 EP: 4

2009 EP Text:

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.

Revision Type: Split

2010 Standard: MM.05.01.11

2010 EP: 4

2010 EP Text:

Medications are dispensed in the most ready-to-administer forms commercially available and, if feasible, in unit doses that have been repackaged by the pharmacy or licensed repackager.

2009 Standard: MM.4.40

2009 EP: 4

2009 EP Text:

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.

Revision Type: Split

2010 Standard: MM.05.01.15

2010 EP: 1

2010 EP Text:

If the organization does not operate a pharmacy, the organization has a process for obtaining medications from a pharmacy or licensed pharmaceutical supplier in the most ready-to-administer forms commercially available and, if feasible, in unit doses that will meet resident needs.

2009 Standard: MM.4.40**2009 EP:** 5**2010 Standard:** N/A**2009 EP Text:****Revision Type:** Delete:Redun**2010 EP Text:**

The {jc}organization{/2} 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 {jc}patients{/6} impacted by the change.

No EP

Standard MM.4.50

2009 Standard Text:

The {jc}organization{/2} has a system for safely providing medications to meet {jc}patient{/1} needs when the pharmacy is closed.

2009 Standard: MM.4.50

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has a process for providing medications to meet {jc}patient{/1} needs when the pharmacy is closed.

2009 Standard: MM.4.50

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} has a process for providing medications to meet {jc}patient{/1} needs when the pharmacy is closed.

Standard MM.05.01.13

2010 Standard Text:

The organization safely obtains medications when the pharmacy is closed.
 Note: This standard is applicable only to organizations that operate a pharmacy.

2010 Standard: MM.05.01.13

2010 EP: 1

2010 EP Text:

For organizations that operate a pharmacy: The organization has a process for providing medications to meet resident needs when the pharmacy is closed.

2010 Standard: MM.05.01.13

2010 EP: 7

2010 EP Text:

For organizations that operate a pharmacy: The organization implements its process for providing medications to meet resident needs when the pharmacy is closed.

Standard MM.4.60

2009 Standard Text:

If the {jc}organization{/2} does not operate a pharmacy but routinely administers medications, the {jc}organization{/2} has a process for obtaining medications from a pharmacy.

2009 Standard: MM.4.60

2009 EP: 1

2009 EP Text:

Revision Type: Split

If the {jc}organization{/2} does not operate a pharmacy, the {jc}organization{/2} has a process for obtaining medications from a pharmacy for {jc}patients{/6}.

2009 Standard: MM.4.60

2009 EP: 1

2009 EP Text:

Revision Type: Split

If the {jc}organization{/2} does not operate a pharmacy, the {jc}organization{/2} has a process for obtaining medications from a pharmacy for {jc}patients{/6}.

2009 Standard: MM.4.60

2009 EP: 2

2009 EP Text:

Revision Type: Retain

If the {jc}organization{/2} obtains medications from a pharmacy that is not open 24 hours a day, 7 days a week, the {jc}organization{/2} has a process for obtaining medications from another source for urgent or emergent conditions when the pharmacy is closed.

Standard MM.05.01.15

2010 Standard Text:

The organization safely obtains medications when it does not operate a pharmacy.

2010 Standard: MM.05.01.15

2010 EP: 1

2010 EP Text:

If the organization does not operate a pharmacy, the organization has a process for obtaining medications from a pharmacy or licensed pharmaceutical supplier in the most ready-to-administer forms commercially available and, if feasible, in unit doses that will meet resident needs.

2010 Standard: MM.05.01.15

2010 EP: 3

2010 EP Text:

The organization implements its process for obtaining medications from a pharmacy or licensed pharmaceutical supplier.

2010 Standard: MM.05.01.15

2010 EP: 2

2010 EP Text:

If the organization obtains medications from a pharmacy that is not open 24 hours a day, 7 days a week, the organization has a process for obtaining medications from another source for urgent or emergent conditions when the pharmacy is closed.

Standard MM.4.70

2009 Standard Text:

Medications dispensed by the {jc}organization{/2} are retrieved when recalled or discontinued by the manufacturer or the Food and Drug Administration for safety reasons.

2009 Standard: MM.4.70

2009 EP: 1

2009 EP Text:

Revision Type: Split

When the {jc}organization{/2} 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 {jc}organization{/2} are retrieved* and handled per {jc}organization{/2} policy and law or regulation.*Although recalls are generally by lot number, {jc}an organization{/5} may retrieve all lots of a recalled medication instead of recording and identifying medications by their lot number.

2009 Standard: MM.4.70

2009 EP: 1

2009 EP Text:

Revision Type: Split

When the {jc}organization{/2} 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 {jc}organization{/2} are retrieved* and handled per {jc}organization{/2} policy and law or regulation.*Although recalls are generally by lot number, {jc}an organization{/5} may retrieve all lots of a recalled medication instead of recording and identifying medications by their lot number.

2009 Standard: MM.4.70

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} notifies all those ordering, dispensing, and/or administering active* medications of any manufacturer or FDA recall or discontinuance.* Dispensed medications that have not passed expiration date and prescriptions that can be refilled without an additional physician order.

Standard MM.05.01.17

2010 Standard Text:

The organization follows a process to retrieve recalled or discontinued medications.

2010 Standard: MM.05.01.17

2010 EP: 1

2010 EP Text:

The organization has a written policy describing how it will retrieve and handle medications within the organization that are recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration. (See also EC.02.01.01, EP 11)

2010 Standard: MM.05.01.17

2010 EP: 2

2010 EP Text:

The organization implements its policy on retrieving and handling medications when they are recalled or discontinued for safety reasons. (See also EC.02.01.01, EP 11)

2010 Standard: MM.05.01.17

2010 EP: 3

2010 EP Text:

When a medication is recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration, the organization notifies the prescribers and those who dispense or administer the medication. (See also EC.02.01.01, EP 11)

2009 Standard: MM.4.70**2009 EP:** 3**2010 Standard:** MM.05.01.17**2010 EP:** 4**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

When the {jc}organization{/2} has been informed of a medication recall or discontinuation by the manufacturer or the FDA for safety reasons, {jc}patients{/6} who are actively receiving the medication are identified and informed of the recall or discontinuation.

When required by law and regulation or organization policy, the organization informs residents that their medication has been recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration. (See also EC.02.01.01, EP 11)

Standard MM.4.80

2009 Standard Text:

The {jc}organization{/2} has a process to address medications that are returned to the pharmacy or the {jc}organization{/2}.

2009 Standard: MM.4.80

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} has a process in place that addresses if and when unused, expired, or returned medications will be managed by the pharmacy or by the {jc}organization{/2}.

2009 Standard: MM.4.80

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} has a process in place that addresses how medications are returned to the pharmacy's or {jc}organization{/2}'s control, including procedures that address preventing diversion of medications and account for all unused, expired, or returned medications.

2009 Standard: MM.4.80

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} has a process in place that addresses how outside sources, if any, are used for destruction of medications.

2009 Standard: MM.4.80

2009 EP: 4

2009 EP Text:

Revision Type: Retain

These processes for addressing medications returned to the pharmacy or {jc}organization{/2} are implemented.

Standard MM.05.01.19

2010 Standard Text:

The organization safely manages returned medications.

2010 Standard: MM.05.01.19

2010 EP: 1

2010 EP Text:

The organization determines under what circumstances unused, expired, or returned medications will be managed by the pharmacy or the organization.

2010 Standard: MM.05.01.19

2010 EP: 2

2010 EP Text:

The organization has a process for returning unused, expired, or returned medications to the pharmacy's or organization's control, that includes procedures for preventing diversion.

2010 Standard: MM.05.01.19

2010 EP: 3

2010 EP Text:

The organization determines if and when outside sources are used for destruction of medications.

2010 Standard: MM.05.01.19

2010 EP: 4

2010 EP Text:

The organization implements its process for managing unused, expired, or returned medications.

Standard MM.5.10

2009 Standard Text:

Medications are safely and accurately administered.

2009 Standard: MM.5.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

Policies and procedures address {jc}health/behavioral health{/13} care staff who are allowed to administer medications, with or without supervision, consistent with law or regulation and {jc}organization{/2} policy.

2009 Standard: MM.5.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

Policies and procedures address {jc}health/behavioral health{/13} care staff who are allowed to administer medications, with or without supervision, consistent with law or regulation and {jc}organization{/2} policy.

2009 Standard: MM.5.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Verifies that the medication selected for administration is the correct one based on the medication order and product label.

2009 Standard: MM.5.10

2009 EP: 3

2009 EP Text:

Revision Type: Split

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Verifies that the medication is stable based on visual examination for particulates or discoloration and that the medication has not expired.

Standard MM.06.01.01

2010 Standard Text:

The organization safely administers medications.

2010 Standard: MM.06.01.01

2010 EP: 1

2010 EP Text:

The organization defines, in writing, licensed independent practitioners and the clinical staff disciplines that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)

2010 Standard: MM.06.01.01

2010 EP: 2

2010 EP Text:

Only authorized licensed independent practitioners and clinical staff administer medications.
Note: This does not prohibit self-administration of medications by residents, when indicated. (See also MM.06.01.03, EP 1)

2010 Standard: MM.06.01.01

2010 EP: 3

2010 EP Text:

Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label.

2010 Standard: MM.06.01.01

2010 EP: 4

2010 EP Text:

Before administration, the individual administering the medication does the following: Visually inspects the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.05.01.07, EP 3)

2009 Standard: MM.5.10**2009 EP:** 3**2009 EP Text:**

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Verifies that the medication is stable based on visual examination for particulates or discoloration and that the medication has not expired.

Revision Type: Split**2010 Standard:** MM.06.01.01**2010 EP:** 5**2010 EP Text:**

Before administration, the individual administering the medication does the following: Verifies that the medication has not expired.

2009 Standard: MM.5.10**2009 EP:** 4**2009 EP Text:**

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Verifies that there is no contraindication for administering the medication.

Revision Type: Retain**2010 Standard:** MM.06.01.01**2010 EP:** 6**2010 EP Text:**

Before administration, the individual administering the medication does the following: Verifies that no contraindications exist.

2009 Standard: MM.5.10**2009 EP:** 5**2009 EP Text:**

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.

Revision Type: Retain**2010 Standard:** MM.06.01.01**2010 EP:** 7**2010 EP Text:**

Before administration, the individual administering the medication does the following: Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.

2009 Standard: MM.5.10**2009 EP:** 6**2009 EP Text:**

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Advises the {jc}patient{/1} or if appropriate, the {jc}patient's{/9} family about any potential clinically significant adverse reaction or other concerns about administering a new medication*. *Please refer to PC.6.10, EP3 for additional information addressing the education of patients regarding medication use.

Revision Type: Retain**2010 Standard:** MM.06.01.01**2010 EP:** 9**2010 EP Text:**

Before administering a new medication, the resident or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication. (See also MM.06.01.03, EPs 3-6; PC.02.03.01, EP 10)

2009 Standard: MM.5.10**2009 EP:** 7**2009 EP Text:**

Before administering a medication, the licensed independent practitioner or qualified individual administering the medication does the following: Discusses any unresolved, significant concerns about the medication with the {jc}patient's{/9} physician, prescriber (if different from the physician), and/or relevant staff involved with the {jc}patient's{/9} care, treatment, and service.

Revision Type: Retain**2010 Standard:** MM.06.01.01**2010 EP:** 8**2010 EP Text:**

Before administration, the individual administering the medication does the following: Discusses any unresolved concerns about the medication with the resident's licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the resident's care, treatment, and services.

2009 Standard: MM.5.10**2009 EP:** 8**2009 EP Text:**

Policies and procedures address guidelines for prescriber notification in the event of an adverse drug reaction or medication error.

Revision Type: Retain**2010 Standard:** MM.07.01.03**2010 EP:** 2**2010 EP Text:**

The organization has a written process for notifying the prescriber in the event of an adverse drug event, significant adverse drug reaction, or medication error.

Standard MM.5.20

2009 Standard Text:

Self-administered medications are safely and accurately administered.

Standard MM.06.01.03

2010 Standard Text:

Self-administered medications are administered safely and accurately.
 Note: The term self-administered medication(s) may refer to medications administered by a family member.

2009 Standard: MM.5.20

2009 EP: 1

2009 EP Text:

Revision Type: Split

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.*Self administration includes those instances where a {jc}patient{/1} independently uses a medication, including medications that may be held by the {jc}organization{/2} for the independent use by the {jc}patient{/1}.

2010 Standard: MM.06.01.03

2010 EP: 1

2010 EP Text:

If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member. (See also MM.06.01.01, EPs 1 and 2)

2009 Standard: MM.5.20

2009 EP: 1

2009 EP Text:

Revision Type: Split

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.*Self administration includes those instances where a {jc}patient{/1} independently uses a medication, including medications that may be held by the {jc}organization{/2} for the independent use by the {jc}patient{/1}.

2010 Standard: MM.06.01.03

2010 EP: 2

2010 EP Text:

The organization implements its written processes for medication self-administration or medication administration.

2009 Standard: MM.5.20

2009 EP: 2

2009 EP Text:

Revision Type: Split

Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering receive information about: The nature of the medications to be administered How to administer medications, such as the frequency, route of administration, and dose The expected actions and side effects of the medications to be administered How to monitor the effects of the medications on the {jc}patient{/1}

2010 Standard: MM.06.01.03

2010 EP: 3

2010 EP Text:

The organization educates residents and families involved in self-administration about the following: Medication name, type, and reason for use. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

2009 Standard: MM.5.20**2009 EP:** 2**2010 Standard:** MM.06.01.03**2010 EP:** 4**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering receive information about: The nature of the medications to be administered How to administer medications, such as the frequency, route of administration, and dose The expected actions and side effects of the medications to be administered How to monitor the effects of the medications on the {jc}patient{/1}

The organization educates residents and families involved in self-administration about the following: How to administer medication, including process, time, frequency, route, and dose. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

2009 Standard: MM.5.20**2009 EP:** 2**2010 Standard:** MM.06.01.03**2010 EP:** 5**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering receive information about: The nature of the medications to be administered How to administer medications, such as the frequency, route of administration, and dose The expected actions and side effects of the medications to be administered How to monitor the effects of the medications on the {jc}patient{/1}

The organization educates residents and families involved in self-administration about the following: Anticipated actions and potential side effects of the medication administered. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

2009 Standard: MM.5.20**2009 EP:** 2**2010 Standard:** MM.06.01.03**2010 EP:** 6**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering receive information about: The nature of the medications to be administered How to administer medications, such as the frequency, route of administration, and dose The expected actions and side effects of the medications to be administered How to monitor the effects of the medications on the {jc}patient{/1}

The organization educates residents and families involved in self-administration about the following: Monitoring the effects of the medication. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

2009 Standard: MM.5.20**2009 EP:** 3**2010 Standard:** MM.06.01.03**2010 EP:** 7**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

Persons who administer medications but are not staff members (including the {jc}patient{/1} if self-administering) are determined to be competent at medication administration before being allowed to administer medications.

The organization determines that the resident or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.

Standard MM.6.10

2009 Standard Text:

The effects of medication(s) on {jc}patients{/6} are monitored.

2009 Standard: MM.6.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

Each {jc}patient's{/9} response to his or her medication is monitored according to the clinical needs of the {jc}patient{/1} and addresses the {jc}patient's{/9} response to the prescribed medication and actual or potential medication-related problems.

2009 Standard: MM.6.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

Each {jc}patient's{/9} response to his or her medication is monitored according to the clinical needs of the {jc}patient{/1} and addresses the {jc}patient's{/9} response to the prescribed medication and actual or potential medication-related problems.

2009 Standard: MM.6.10

2009 EP: 2

2009 EP Text:

Revision Type: Split

Monitoring a medication's effect on a {jc}patient{/1} includes the following: Gathering the {jc}patient's{/9} own perceptions about side effects, and when appropriate, perceived efficacy Referring to information from the {jc}patient's{/9} {jc}medical record{/8}, relevant laboratory results, clinical response, and medication profile

Standard MM.07.01.01

2010 Standard Text:

The organization monitors residents to determine the effects of their medication(s).

2010 Standard: MM.07.01.01

2010 EP: 1

2010 EP Text:

The organization monitors the resident's perception of side effects and the effectiveness of his or her medication(s). (See also RC.02.01.27, EP 1)

2010 Standard: MM.07.01.01

2010 EP: 2

2010 EP Text:

The organization monitors the resident's response to medication(s) by taking into account clinical information from the clinical record, relevant lab values, clinical response, and medication profile. (See also MM.02.01.01, EP 3; RC.02.01.27, EP 2)

Note: Monitoring the resident's response to medications is an important assessment activity for nurses, physicians, and pharmacists. In particular, monitoring the resident's response to the first dose of a new medication is essential to the safety of the resident because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the resident.

2010 Standard: MM.07.01.01

2010 EP: 1

2010 EP Text:

The organization monitors the resident's perception of side effects and the effectiveness of his or her medication(s). (See also RC.02.01.27, EP 1)

<p>2009 Standard: MM.6.10 2009 EP Text: Monitoring a medication's effect on a {jc}patient{/1} includes the following: Gathering the {jc}patient's{/9} own perceptions about side effects, and when appropriate, perceived efficacyReferring to information from the {jc}patient's{/9} {jc}medical record{/8}, relevant laboratory results, clinical response, and medication profile</p>	<p>2009 EP: 2 Revision Type: Split</p>	<p>2010 Standard: MM.07.01.01 2010 EP: 2 2010 EP Text: The organization monitors the resident's response to medication(s) by taking into account clinical information from the clinical record, relevant lab values, clinical response, and medication profile. (See also MM.02.01.01, EP 3; RC.02.01.27, EP 2) Note: Monitoring the resident's response to medications is an important assessment activity for nurses, physicians, and pharmacists. In particular, monitoring the resident's response to the first dose of a new medication is essential to the safety of the resident because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the resident.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: The {jc}organization{/2} has a process for monitoring the {jc}patient's{/9} response to the first dose(s) of a medication new to a {jc}patient{/1} when he or she is under the direct care of the {jc}organization{/2}.</p>	<p>2009 EP: 3 Revision Type: Delete:NE</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: MM.6.10 2009 EP Text: The consultant pharmacist reviews each {jc}patient's{/9} medication regimen at least monthly.</p>	<p>2009 EP: 5 Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01 2010 EP: 4 2010 EP Text: The clinical or consultant pharmacist reviews each resident's medication regimen at least monthly.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: The findings, conclusions, and recommendations of medication monitoring are documented in the clinical record and communicated to the physician, prescriber (if different from the physician), and those involved in the {jc}patient's{/9} care.</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: MM.07.01.01 2010 EP: 5 2010 EP Text: The clinical or consultant pharmacist documents in the clinical record the findings, conclusions, and recommendations that result from monitoring the medication regimen.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: The findings, conclusions, and recommendations of medication monitoring are documented in the clinical record and communicated to the physician, prescriber (if different from the physician), and those involved in the {jc}patient's{/9} care.</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: MM.07.01.01 2010 EP: 6 2010 EP Text: The clinical or consultant pharmacist communicates to the physician, prescriber (if different from the physician), and those involved in the resident's care the findings, conclusions, and recommendations that result from monitoring the medication regimen.</p>

Standard MM.6.20

2009 Standard Text:

The {jc}organization{/2} responds to actual or potential adverse drug events and medication errors.

2009 Standard: MM.6.20

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} has a process to respond to actual or potential adverse drug events and medication errors.

2009 Standard: MM.6.20

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Action is taken when an actual or potential adverse drug event is identified (depending on the {jc}organization{/2}'s services, this may be limited to calling for outside assistance, for example, community-sponsored 911 service).

2009 Standard: MM.6.20

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} 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]).

Standard MM.07.01.03

2010 Standard Text:

The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

2010 Standard: MM.07.01.03

2010 EP: 1

2010 EP Text:

The organization has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

2010 Standard: MM.07.01.03

2010 EP: 5

2010 EP Text:

The organization implements its process for responding to adverse drug events, significant adverse drug reactions, and medication errors.

2010 Standard: MM.07.01.03

2010 EP: 3

2010 EP Text:

The organization complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

Standard MM.7.10

2009 Standard Text:

The {jc}organization{/2} develops processes for managing high-risk or high-alert medications.

2009 Standard: MM.7.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} identifies the high-risk or high-alert medications used within the {jc}organization{/2}, if any.

2009 Standard: MM.7.10

2009 EP: 2

2009 EP Text:

Revision Type: Consolidate

Based on the services provided, the {jc}organization{/2} develops processes for procuring, storing, ordering, transcribing, preparing, dispensing, administering, and/or monitoring high-risk or high-alert medications.

2009 Standard: MM.7.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The processes for managing high-risk or high-alert medications are implemented.

Standard MM.01.01.03

2010 Standard Text:

The organization safely manages high-alert and hazardous medications.

2010 Standard: MM.01.01.03

2010 EP: 1

2010 EP Text:

The organization identifies, in writing, its high-alert and hazardous medications. (See also EC.02.02.01, EP 8)
Footnote: For a list of high-alert medications, see <http://www.ismp.org>. For a list of hazardous medications, see <http://www.cdc.gov/niosh/docs/2004-165/2004-165d.html#o>.

2010 Standard: MM.01.01.03

2010 EP: 2

2010 EP Text:

The organization has a process for managing high-alert and hazardous medications. (See also EC.02.02.01, EP 8; MM.03.01.01, EP 9)

2010 Standard: MM.01.01.03

2010 EP: 3

2010 EP Text:

The organization implements its process for managing high-alert and hazardous medications. (See also EC.02.02.01, EPs 1 and 8)

Standard MM.7.20

2009 Standard Text:

Psychotropic medication use is monitored.

2009 Standard: MM.7.20

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} uses an interdisciplinary process that includes the physician, pharmacist, nurse, and other members of the health care team involved in the resident's care to monitor psychotropic medications.

2009 Standard: MM.7.20

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The organization specifies that psychotropic medications are used only during the following circumstances: When indicated by assessment and medical necessity After other non-pharmacological interventions or alternatives have been considered or used At the lowest effective therapeutic dose

2009 Standard: MM.7.20

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The use of PRN orders for psychotropic medications is periodically reviewed to determine the appropriateness and effectiveness of these PRN orders, with the objective of decreasing their use as much as possible.

2009 Standard: MM.7.20

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The organization's compliance with its own monitoring process is evaluated regularly.

Standard MM.01.01.05

2010 Standard Text:

The organization monitors the use of psychotropic medications.

2010 Standard: MM.01.01.05

2010 EP: 2

2010 EP Text:

The organization uses an interdisciplinary process that includes the physician, pharmacist, nurse, and other members of the health care team, as identified by the organization, to monitor residents' psychotropic medications.

2010 Standard: MM.01.01.05

2010 EP: 3

2010 EP Text:

Psychotropic medications are prescribed only as follows:
 - When indicated by assessment and medical necessity
 - After other nonpharmacological interventions or alternatives have been considered or used
 - At the lowest effective therapeutic dose

2010 Standard: MM.01.01.05

2010 EP: 4

2010 EP Text:

The organization reviews the use of "as needed" orders (PRN orders) for psychotropic medications to determine their appropriateness and effectiveness and to minimize use.

2010 Standard: MM.01.01.05

2010 EP: 5

2010 EP Text:

The organization evaluates compliance with its process for monitoring the use of psychotropic medications within a time frame defined by the organization.

Standard MM.7.40

2009 Standard Text:

Investigational medications are safely controlled and administered.

2009 Standard: MM.7.40

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Procedures for the use of investigational medications specify a written process for reviewing, approving, supervising, and monitoring investigational medications use.

2009 Standard: MM.7.40

2009 EP: 2

2009 EP Text:

Revision Type: Retain

When the {jc}organization{/2} operates a pharmacy, procedures specify the pharmacy controls the storage, dispensing, labeling, and distribution of the investigational medication.

2009 Standard: MM.7.40

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Procedures specify that when a patient is involved in an investigational protocol that is independent of the {jc}organization{/2}, the {jc}organization{/2} will review and accommodate the {jc}patient{/1}'s continued participation in the protocol (see standard RI.2.180)

2009 Standard: MM.7.40

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The procedures for the use of investigational medications are implemented.

Standard MM.06.01.05

2010 Standard Text:

The organization safely manages investigational medications.

2010 Standard: MM.06.01.05

2010 EP: 1

2010 EP Text:

The organization has a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring.

2010 Standard: MM.06.01.05

2010 EP: 2

2010 EP Text:

If the organization operates a pharmacy, the written process for the use of investigational medications specifies that the pharmacy controls the storage, dispensing, labeling, and distribution of investigational medications.

2010 Standard: MM.06.01.05

2010 EP: 3

2010 EP Text:

When a resident is involved in an investigational protocol that is independent of the organization, the organization evaluates and, if no contraindication exists, accommodates the resident's continued participation in the protocol.

2010 Standard: MM.06.01.05

2010 EP: 4

2010 EP Text:

The organization implements its processes for the use of investigational medications.

Standard MM.8.10**2009 Standard Text:**

The {jc}organization{/2} evaluates its medication management system.

2009 Standard: MM.8.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} evaluates its medication management system for risk points and identifies areas to improve safety.

2009 Standard: MM.8.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} evaluates its medication management system for risk points and identifies areas to improve safety.

2009 Standard: MM.8.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} 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.

2009 Standard: MM.8.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} reviews internally generated reports to identify trends or issues in its medication management system (see standards PI.2.10 and PI.2.20).

2009 Standard: MM.8.10

2009 EP: 4

2009 EP Text:

Revision Type: Consolidate

The {jc}organization{/2} acts to implement improvements based on the following: evaluation of its medication management system review of new technologies external data successful practices that have been demonstrated to enhance safety

Standard MM.08.01.01**2010 Standard Text:**

The organization evaluates the effectiveness of its medication management system.

2010 Standard: MM.08.01.01

2010 EP: 1

2010 EP Text:

The organization collects data on the effectiveness of its medication management system. (See also PI.01.01.01, EPs 14 and 15)

2010 Standard: MM.08.01.01

2010 EP: 5

2010 EP Text:

Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization, in collaboration with its primary pharmacy, identifies opportunities for improvement in its medication management system.

2010 Standard: MM.08.01.01

2010 EP: 2

2010 EP Text:

The organization analyzes data on its medication management system.

2010 Standard: MM.08.01.01

2010 EP: 3

2010 EP Text:

The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system.

2010 Standard: MM.08.01.01

2010 EP: 6

2010 EP Text:

The organization, in collaboration with its primary pharmacy, takes action on improvement opportunities identified as priorities for its medication management system.

<p>2009 Standard: MM.8.10 2009 EP Text: The performance of new and modified medication management processes is measured.</p>	<p>2009 EP: 5 Revision Type: Retain</p>	<p>2010 Standard: MM.08.01.01 2010 EP: 7 2010 EP Text: The organization evaluates its actions to confirm that they resulted in improvements for its medication management system.</p>
<p>2009 Standard: MM.8.10 2009 EP Text: The {jc}organization{/2} uses information from data analysis to identify subsequent changes to improve its medication management system.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: MM.08.01.01 2010 EP: 8 2010 EP Text: The organization takes action when planned improvements for its medication management processes are either not achieved or not sustained.</p>
<p>2009 Standard: MM.8.10 2009 EP Text: The pharmacy and long term care facility collaborate to determine whether the medication management system is effective.</p>	<p>2009 EP: 7 Revision Type: Consolidate</p>	<p>2010 Standard: MM.08.01.01 2010 EP: 5 2010 EP Text: Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization, in collaboration with its primary pharmacy, identifies opportunities for improvement in its medication management system.</p>
<p>2009 Standard: MM.8.10 2009 EP Text: When a pharmacy is the primary provider of pharmaceutical services to a long term care facility, the pharmacy collaborates with the long term care facility to implement a medication management system to control all medications.</p>	<p>2009 EP: 8 Revision Type: Consolidate</p>	<p>2010 Standard: MM.08.01.01 2010 EP: 6 2010 EP Text: The organization, in collaboration with its primary pharmacy, takes action on improvement opportunities identified as priorities for its medication management system.</p>
<p>2009 Standard: MM.8.10 2009 EP Text: When a pharmacy is the primary provider of pharmaceutical services to a long term care facility or consultant pharmacist services are provided, the pharmacy or pharmacist participates in educating the long term care facility about the following: The collection and use of performance measures for medication management Techniques to reduce medication errors and minimize waste of medications</p>	<p>2009 EP: 9 Revision Type: Split</p>	<p>2010 Standard: MM.08.01.01 2010 EP: 10 2010 EP Text: The organization's staff receive education from its primary pharmacy or consultant pharmacist regarding processes to reduce medication errors.</p>

2009 Standard: MM.8.10

2009 EP: 9

2009 EP Text:

Revision Type: Split

When a pharmacy is the primary provider of pharmaceutical services to a long term care facility or consultant pharmacist services are provided, the pharmacy or pharmacist participates in educating the long term care facility about the following: The collection and use of performance measures for medication management Techniques to reduce medication errors and minimize waste of medications

2010 Standard: MM.08.01.01

2010 EP: 11

2010 EP Text:

The organization's staff receive education from its primary pharmacy or consultant pharmacist regarding the collection and use of medication management performance measures.

2009 Standard: MM.8.10

2009 EP: 9

2009 EP Text:

Revision Type: Split

When a pharmacy is the primary provider of pharmaceutical services to a long term care facility or consultant pharmacist services are provided, the pharmacy or pharmacist participates in educating the long term care facility about the following: The collection and use of performance measures for medication management Techniques to reduce medication errors and minimize waste of medications

2010 Standard: MM.08.01.01

2010 EP: 12

2010 EP Text:

The organization's staff receive education from its primary pharmacy or consultant pharmacist regarding processes to minimize medication waste.