



Accreditation Program: Long Term Care
Medication Management

Standard MM.01.01.01

The organization plans its medication management processes.

Rationale for MM.01.01.01

Medication management is often complicated, involving many people and processes. For this reason, the organization plans each part of the process with care so that safety and quality are maintained. This planning may involve the coordinated efforts of multiple services and disciplines.

Elements of Performance for MM.01.01.01

1. **D** 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: **A**
 - 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)

2. 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. **A**

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

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard MM.01.01.03

The organization safely manages high-alert and hazardous medications.




Rationale for MM.01.01.03





High-alert medications are those medications involved in a high percentage of errors and/or sentinel events, as well as medications that carry a higher risk for abuse or other adverse outcomes. Lists of high-alert medications are available from organizations such as the Institute for Safe Medication Practices (ISMP) (<http://www.ismp.org/Tools/highalertmedications.pdf>). Examples of high-alert medications include investigational medications, controlled medications, medications not on the approved U.S. Food and Drug Administration (FDA) list, medications with a narrow therapeutic range, psychotherapeutic medications, and look-alike/sound-alike medications.

Hazardous medications are those in which studies in animals or humans indicate that exposures to them have a potential for causing cancer, developmental or reproductive toxicity, or harm to organs. Lists of hazardous medications are available from organizations such as the National Institute for Occupational Safety and Health (NIOSH) (<http://www.cdc.gov/niosh/docs/2004-165/2004-165d.html#o>). Examples of hazardous medications include antineoplastic drugs, some antivirals, and some antibiotics, as well as other medications.

For safe management, the organization needs to develop its own list(s) of high-alert medications and hazardous medications based on its unique utilization patterns of medications and its own internal data about medication errors and sentinel events. It is up to the organization to determine whether medications that are new to the market or new to the organization are high alert or hazardous.

Elements of Performance for MM.01.01.03

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| 1. |  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 . | A |
| 2. | 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) | A |
|  | 3. The organization implements its process for managing high-alert and hazardous medications. (See also EC.02.02.01, EPs 1 and 8) |  C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard MM.01.01.05

The organization monitors the use of psychotropic medications.

Rationale for MM.01.01.05

Because of the risks associated with the use of psychotropic medications, monitoring their use is an important activity for any organization that uses these medications. Establishing formal monitoring processes helps the organization to successfully perform this activity.



Elements of Performance for MM.01.01.05





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| 2. | 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. | A |
| 3. | 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 | A |
| 4. | The organization reviews the use of "as needed" orders (PRN orders) for psychotropic medications to determine their appropriateness and effectiveness and to minimize use. | A |
| 5. | The organization evaluates compliance with its process for monitoring the use of psychotropic medications within a time frame defined by the organization. | A |

Standard MM.01.02.01

The organization addresses the safe use of look-alike/sound-alike medications.

Elements of Performance for MM.01.02.01


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| 1. |  The organization develops a list of look-alike/sound-alike medications it stores, dispenses, or administers.
Note: One source of look-alike/sound-alike medications is The Institute for Safe Medication Practices (http://www.ismp.org/Tools/confuseddrugnames.pdf). | A |
| 2. | The organization takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications. | A |
| 3. | The organization annually reviews and, as necessary, revises its list of look-alike/sound-alike medications. |  A |



KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard MM.02.01.01

The organization selects and procures medications.

Elements of Performance for MM.02.01.01

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| 1. | 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. | A |
| 2. | 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 | A |
| 3. | 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) | A |
| 4. | (D) 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. | A |
| 5. | The organization makes its written list of medications readily available to those involved in medication management. | A |
| 6. | The organization standardizes and limits the number of medication concentrations available to meet resident care needs. |  A |
| 7. | The organization has a process to select, approve, and procure medications that are not on its list of medications. | A |
| (M) 8. | The organization implements the process to select, approve, and procure medications that are not on its list of medications. | C |
| 9. | Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information. | A |
| (M) 11. | The organization communicates medication shortages and outages to licensed independent practitioners and staff who participate in medication management. | C |
| 12. | (D) The organization develops and approves written medication substitution protocols to be used in the event of a medication shortage or outage. | A |
| (M) 13. | The organization implements its approved medication substitution protocols. | C |

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| M | 15. The organization communicates to licensed independent practitioners and staff who participate in medication management about the medication substitution protocols. | C |
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Standard MM.03.01.01

The organization safely stores medications.

Rationale for MM.03.01.01

Medication storage is designed to assist in maintaining medication integrity, promote the availability of medications when needed, minimize the risk of medication diversion, and reduce potential dispensing errors. Law and regulation and manufacturers' guidelines further define the organization's approach to medication storage including guidelines for medications that require refrigeration.

Elements of Performance for MM.03.01.01

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| M | 2. The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. | C |
| | 3. The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation. | A |
| | 4. D 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. | A |
| M | 5. The organization implements its policy addressing the control of medication between receipt by an individual health care provider and its administration. | C |
| | 6. The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation. | A |
| M | 7. All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings. | 3 C |
| M | 8. The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. | C |
| | 9. 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) | 3 A |
| M | 18. The organization inspects all medication storage areas periodically, as defined by the organization, to verify that medications are stored properly. | C |

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Standard MM.03.01.03

The organization safely manages emergency medications.

Rationale for MM.03.01.03

Emergencies involving residents occur in long term care organizations. The organization, therefore, needs to plan how it will address such emergencies and what medications and supplies it may need. Although the processes may be different, the organization treats emergency medications with the same care for safety as it does medications in nonemergency settings.

Elements of Performance for MM.03.01.03

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| | 1. | 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. | A |
| | 2. | Emergency medications and their associated supplies are readily accessible. |  A |
|  | 3. | Whenever possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms. | C |
| | 6. | 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. |  A |




Standard MM.03.01.05





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

Rationale for MM.03.01.05

A number of valid reasons exist for allowing the resident to use his or her own medications in an organization (for example, an inhaler for asthma). The organization needs to control the use of these medications in order to protect the safety of the resident and the quality of care provided. Therefore, the organization needs to define its responsibilities for the safe use of these medications.

Elements of Performance for MM.03.01.05

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| | 1. | The organization determines whether medications brought into the organization by residents, their families, or licensed independent practitioners can be used or administered. | A |
|  | 2. | 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) |  C |
|  | 3. | 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. | C |

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Standard MM.04.01.01

Medication orders are clear and accurate.

Elements of Performance for MM.04.01.01

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| 1. | <p>D The organization has a written policy that identifies the specific types of medication orders that it deems acceptable for use.</p> <p>Note: There are several different types of medication orders. Medication orders commonly used include the following:</p> <ul style="list-style-type: none"> - 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 <p>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.</p> | A |
| 2. | <p>D The organization has a written policy that defines the following: The required elements of a complete medication order.</p> | A |
| 3. | <p>D The organization has a written policy that defines the following: When indication for use is required on a medication order.</p> | A |
| 4. | <p>D The organization has a written policy that defines the following: The precautions for ordering medications with look-alike or sound-alike names.</p> | A |
| 5. | <p>D The organization has a written policy that defines the following: Actions to take when medication orders are incomplete, illegible, or unclear.</p> | A |
| 7. | <p>The organization reviews and updates preprinted order sheets, within time frames it identifies or sooner if necessary, based on current evidence and practice.</p> | A |
| 8. | <p>The organization prohibits summary (blanket) orders to resume previous medications.</p> | <p style="text-align: center;">3 A</p> |
| M 9. | <p>A diagnosis, condition, or indication for use exists for each medication ordered.</p> <p>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.</p> | C |
| M 13. | <p>The organization implements its policies for medication orders.</p> | <p style="text-align: center;">3 C</p> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required


















14. 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. **A**





Standard MM.05.01.01

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.

Elements of Performance for MM.05.01.01

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| 1. | 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. | A |
|  2. | When an on-site pharmacy is not open 24 hours a day, 7 days a week, a health care professional determined to be qualified by the organization reviews the medication order in the pharmacist's absence. | C |
|  3. | When an on-site pharmacy is not open 24 hours a day, 7 days a week, a pharmacist conducts a retrospective review of all medication orders during this period as soon as a pharmacist is available or the pharmacy opens. | C |
|  4. | All medication orders are reviewed for the following: Resident allergies or potential sensitivities. |  C |
|  5. | 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. |  C |
|  6. | All medication orders are reviewed for the following: The appropriateness of the medication, dose, frequency, and route of administration. |  C |
|  7. | All medication orders are reviewed for the following: Current or potential impact as indicated by laboratory values. |  C |
|  8. | All medication orders are reviewed for the following: Therapeutic duplication. |  C |
|  9. | All medication orders are reviewed for the following: Other contraindications. |  C |
|  10. | All medication orders are reviewed for the following: Variation from the organization's indications for use. (See also MM.02.01.01, EP 2) |  C |
|  11. | After the medication order has been reviewed, all concerns, issues, or questions are clarified with the prescriber before dispensing. |  C |






KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard MM.05.01.07

The organization safely prepares medications.

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

Elements of Performance for MM.05.01.07

	1.	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.	 A
	2.	Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.	 C
	3.	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)	 A
	4.	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.	 A





Standard MM.05.01.09





Medications are labeled.






Rationale for MM.05.01.09

A label on every medication and medication container has long been a standard of practice and is required by law and regulation.

Elements of Performance for MM.05.01.09

	1.	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.	 A
	2.	Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.	A
	3.	All medications prepared in the organization are correctly labeled with the following: Medication name, strength, and amount (if not apparent from the container).	 A
	4.	All medications prepared in the organization are correctly labeled with the following: Expiration date when not used within 24 hours.	 A
	5.	All medications prepared in the organization are correctly labeled with the following: Expiration time when expiration occurs in less than 24 hours.	 A

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required






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| 6. | 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. |  A |
| 7. | When preparing individualized medications for multiple residents, the label also includes the following: The resident's name. |  A |
| 8. | 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. | A |
| 9. | When preparing individualized medications for multiple residents, the label also includes the following: Directions for use and applicable accessory and cautionary instructions. |  A |
| 10. | 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. |  A |
| 11. | 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. | A |
| 12. | 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. |  A |





Standard MM.05.01.11

The organization safely dispenses medications.

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

Elements of Performance for MM.05.01.11

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|  | 1. | The organization dispenses quantities of medications that are consistent with resident needs. | C |
|  | 2. | 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. | C |
|  | 3. | The organization dispenses medications within time frames it defines to meet resident needs. |  C |
|  | 4. | 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. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard MM.05.01.13



The organization safely obtains medications when the pharmacy is closed.

Note: This standard is applicable only to organizations that operate a pharmacy.

Rationale for MM.05.01.13

In today's health care settings, many organizations that provide 24-hour care do not provide 24-hour pharmacy services. However, residents in these settings may require medications during the times the pharmacy is not in operation. For safe, quality care, the organization provides for the resident's urgent or emergent medication needs when the pharmacy is closed.



Elements of Performance for MM.05.01.13

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| | 1. | For organizations that operate a pharmacy: The organization has a process for providing medications to meet resident needs when the pharmacy is closed. | A |
| |  7. | For organizations that operate a pharmacy: The organization implements its process for providing medications to meet resident needs when the pharmacy is closed. |  C |

Standard MM.05.01.15

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


Elements of Performance for MM.05.01.15





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| | 1. | 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. | A |
| | 2. | 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. | A |
| |  3. | The organization implements its process for obtaining medications from a pharmacy or licensed pharmaceutical supplier. |  C |
| | 4. | Organizations that do not operate a pharmacy validate that all medications coming into the organization are appropriately labeled. | A |
| | 5. | When an unlabeled medication comes into an organization that does not operate a pharmacy, the organization takes action to have the medication correctly labeled. | A |

Standard MM.05.01.17

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

Elements of Performance for MM.05.01.17

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| | 1. |  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) | A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

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| M | 2. 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) | C |
| M | 3. 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) | C |
| M | 4. 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) | C |

Standard MM.05.01.19

The organization safely manages returned medications.

Rationale for MM.05.01.19

Medications may be returned to the organization when allowed by law or regulation and organization policy. Previously dispensed but unused, expired, or returned medications in the organization must be accounted for, controlled, and disposed of in order to keep residents safe and prevent diversion.

Elements of Performance for MM.05.01.19

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| 1. | The organization determines under what circumstances unused, expired, or returned medications will be managed by the pharmacy or the organization. | A |
| 2. | 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. | A |
| 3. | The organization determines if and when outside sources are used for destruction of medications. | A |
| M 4. | The organization implements its process for managing unused, expired, or returned medications. | C |

Standard MM.06.01.01

The organization safely administers medications.

Elements of Performance for MM.06.01.01

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| 1. D | 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) | A |
| 2. | 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) | 3 A |
| M 3. | Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label. | 3 C |

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| M | 4. 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) | 3 C |
| M | 5. Before administration, the individual administering the medication does the following: Verifies that the medication has not expired. | 3 C |
| M | 6. Before administration, the individual administering the medication does the following: Verifies that no contraindications exist. | 3 C |
| M | 7. 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. | 3 C |
| M | 8. 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. | 3 C |
| M | 9. 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) | 3 C |

Standard MM.06.01.03

Self-administered medications are administered safely and accurately.

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

Elements of Performance for MM.06.01.03

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| D | 1. 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) | A |
| M | 2. The organization implements its written processes for medication self-administration or medication administration. | C |
| M | 3. 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) | C |
| M | 4. 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) | C |
| M | 5. 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) | C |
| M | 6. 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) | C |
| M | 7. 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. | 3 C |

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Standard MM.06.01.05

The organization safely manages investigational medications.

Rationale for MM.06.01.05

Investigational medications can be of great help to the resident. In some cases, investigational medications may represent one of the few options in the resident's care plan. Although long term care organizations do not regularly use investigational medications, there are some instances in which these medications are used. When investigational medications are used, the long term care organization contributes to the safety of residents participating in investigational or clinical medication studies by controlling and monitoring the use of these medications.

Note: For a discussion of resident rights regarding the use of investigational medications, see Standard RI.01.03.05.

Elements of Performance for MM.06.01.05

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| 1. | (D) The organization has a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring. | A |
| 2. | 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. | A |
| 3. | 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. | A |
| 4. | (M) The organization implements its processes for the use of investigational medications. | 3 C |

Standard MM.07.01.01

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

Elements of Performance for MM.07.01.01

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| 1. | (M) 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) | C |
| 2. | (M) 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. | C |
| 4. | (M) The clinical or consultant pharmacist reviews each resident's medication regimen at least monthly. | C |
| 5. | (M) The clinical or consultant pharmacist documents in the clinical record the findings, conclusions, and recommendations that result from monitoring the medication regimen. | C |

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| M | 6. 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. | C |
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Standard MM.07.01.03

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

Rationale for MM.07.01.03

Adverse drug reactions and medication errors place residents at considerable risk. In order to maintain safe, quality care, organizations must have systems in place to respond to and monitor the resident in the event of an adverse drug reaction or medication error.

Elements of Performance for MM.07.01.03

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| | 1. D The organization has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. | A |
| | 2. D 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. | A |
| M | 3. The organization complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors. | C |
| M | 5. The organization implements its process for responding to adverse drug events, significant adverse drug reactions, and medication errors. | 3 C |

Standard MM.08.01.01

The organization evaluates the effectiveness of its medication management system.

Elements of Performance for MM.08.01.01

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| | 1. The organization collects data on the effectiveness of its medication management system. (See also PI.01.01.01, EPs 14 and 15) | A |
| | 2. The organization analyzes data on its medication management system. | A |
| | 3. The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system. | A |
| | 5. 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. | A |
| | 6. The organization, in collaboration with its primary pharmacy, takes action on improvement opportunities identified as priorities for its medication management system. | A |
| | 7. The organization evaluates its actions to confirm that they resulted in improvements for its medication management system. | A |

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| 8. | The organization takes action when planned improvements for its medication management processes are either not achieved or not sustained. | A |
| 10. | The organization's staff receive education from its primary pharmacy or consultant pharmacist regarding processes to reduce medication errors. | A |
| 11. | The organization's staff receive education from its primary pharmacy or consultant pharmacist regarding the collection and use of medication management performance measures. | A |
| 12. | The organization's staff receive education from its primary pharmacy or consultant pharmacist regarding processes to minimize medication waste. | A |

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