

History Tracking Report: 2009 to 2010 Requirements

Accreditation Program: Behavioral Health Care

2009 Chapter: Medication Management

Standard MM.1.10

2009 Standard Text:

{jc}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 {jc}patient{/1} that is to be available to those involved in medication management. Note: The {jc}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 {jc}patient{/1} that is to be available to those involved in medication management. Note: The {jc}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.

Note: This standard is applicable to organizations that engage in any of the medication management processes.

2010 Standard: MM.01.01.01

2010 EP: 1

2010 EP Text:

For organizations that engage in any aspect of the medication management process: The organization has a written policy that describes that the following information about the individual served is accessible to staff who participate in the medication management process:

- Age
 - Sex
 - Diagnoses/conditions
 - Allergies
 - Sensitivities
 - Height and weight (when necessary)
 - Drug and alcohol use and abuse
 - Current medications
 - Pregnancy and lactation information (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:

For organizations that engage in any aspect of the medication management process: The organization implements its policy to make information about the individual served accessible to prescribers and staff who participate in the management of the individual'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 client's past medication useThe client's drug and alcohol use and abuseThe {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 organization for safe medication management

For organizations that engage in any aspect of the medication management process: The organization has a written policy that describes that the following information about the individual served is accessible to staff who participate in the medication management process:

- Age
 - Sex
 - Diagnoses/conditions
 - Allergies
 - Sensitivities
 - Height and weight (when necessary)
 - Drug and alcohol use and abuse
 - Current medications
 - Pregnancy and lactation information (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 client's past medication useThe client's drug and alcohol use and abuseThe {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 organization for safe medication management

For organizations that engage in any aspect of the medication management process: The organization implements its policy to make information about the individual served accessible to prescribers and staff who participate in the management of the individual'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 behavioral health care staff.

For organizations that engage in any aspect of the medication management process: The organization implements its policy to make information about the individual served accessible to prescribers and staff who participate in the management of the individual'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.

Standard MM.02.01.01

2010 Standard Text:

The organization selects and procures medications.
 Note: This standard is applicable only to organizations that operate a pharmacy.

2009 Standard: MM.2.10

2009 EP: 1

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.02.01.01

2010 EP: 1

2010 EP Text:

For organizations that operate a pharmacy: The organization develops criteria for determining which medications are available for dispensing to individuals served.

2009 Standard: MM.2.10

2009 EP: 2

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.02.01.01

2010 EP: 2

2010 EP Text:

For organizations that operate a pharmacy: 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

2009 Standard: MM.2.10

2009 EP: 3

2009 EP Text:

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.

Revision Type: Retain

2010 Standard: MM.02.01.01

2010 EP: 5

2010 EP Text:

For organizations that operate a pharmacy: The organization makes a written list of medications readily available to prescribers.
 Note: Sample medications are not required to be on the list.

2009 Standard: MM.2.10

2009 EP: 4

2009 EP Text:

Processes and mechanisms are established to monitor patient responses to a newly added medication before the medication is made available for dispensing or administration within the organization.

Revision Type: Retain

2010 Standard: MM.02.01.01

2010 EP: 3

2010 EP Text:

For organizations that operate a pharmacy: Before using a medication new to the organization, the organization determines a method to monitor the response of the individual served. (See also MM.07.01.01, EP 2)

<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: 9 2010 EP Text: For organizations that operate a pharmacy: Medications designated as available for dispensing are reviewed at least annually based on emerging safety and efficacy information.</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: 7 2010 EP Text: For organizations that operate a pharmacy: The organization has a process to select, approve, and procure medications that are not on its list of medications.</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: 8 2010 EP Text: For organizations that operate a pharmacy: The organization implements the process to select, approve, and procure medications that are not on its medication list.</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: 1 2010 EP Text: For organizations that plan to provide service during an emergency: The Emergency Management Plan describes how the organization will obtain and replenish medications and related supplies that will be required in response to an emergency. Note: This element of performance applies only to organizations that plan to administer medications.</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: MM.02.01.01 2010 EP: 11 2010 EP Text: For organizations that operate a pharmacy: The organization communicates medication shortages and outages to prescribers and staff who participate in medication management.</p>

2009 Standard: MM.2.10**2009 EP:** 7**2010 Standard:** MM.02.01.01**2010 EP:** 13**2009 EP Text:****Revision Type:** Split**2010 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 system Developing approved substitution protocols Educating licensed independent practitioners and {jc}health/behavioral health{/13} care staff who participate in medication management system about these protocols Obtaining medications in the event of a disaster

For organizations that operate a pharmacy: The organization implements its approved medication substitution protocols for shortages and outages.

Standard MM.2.20

2009 Standard Text:

Medications are properly and safely stored.

Standard MM.03.01.01

2010 Standard Text:

The organization safely stores medications.

Note: This standard is applicable only to organizations that store medications at their sites.

2009 Standard: MM.2.20

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

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

2010 Standard: MM.03.01.01

2010 EP: 2

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For organizations that store medications: The organization stores medications according to the manufacturers' recommendations or a pharmacist's instructions.

Medications are stored under conditions suitable for product stability.

2009 Standard: MM.2.20

2009 EP: 3

2010 Standard: MM.03.01.01

2010 EP: 4

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For organizations that store medications: The organization has a written policy addressing the control of medication between receipt by staff and administration of the medication, including safe storage, handling, security, disposition, and return to storage.

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

2010 Standard: MM.03.01.01

2010 EP: 5

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For organizations that store medications: The organization safely handles medications between receipt by staff and administration of the medications.

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

<p>2009 Standard: MM.2.20 2009 EP Text: Unauthorized persons, in accordance with the {c}organization{/2}'s policy and law and regulation, cannot obtain access to medications.</p>	<p>2009 EP: 5 Revision Type: Retain</p>	<p>2010 Standard: MM.03.01.01 2010 EP Text: For organizations that store medications: The organization prevents unauthorized individuals from accessing medications in accordance with its policy and law and regulation.</p>	<p>2010 EP: 6</p>
<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: For organizations that store medications: 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: For organizations that store medications: The organization removes all expired, damaged, and/or contaminated medication and stores them separately from medications available for administration. (See also MM.05.01.19, EP 1)</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: For organizations that store medications: The organization labels stored medications with the contents, expiration date, and any applicable warnings provided by the pharmacy.</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: Delete:NE</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</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: For organizations that store medications: 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: Retain

Organization leadership, in conjunction with licensed independent practitioners if applicable, and other behavioral 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, 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.

2009 Standard: MM.2.30

2009 EP: 7

2009 EP Text:

Revision Type: Consolidate

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

Standard MM.03.01.03

2010 Standard Text:

The organization safely manages emergency medications and supplies.

2010 Standard: MM.03.01.03

2010 EP: 1

2010 EP Text:

Organization leaders decide which, if any, emergency or first aid medications and their associated supplies will be readily accessible in areas used to provide care, treatment, or services, based on the population(s) served.

2010 Standard: MM.03.01.03

2010 EP: 3

2010 EP Text:

Whenever possible, emergency medications are available in the most 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 to maintain a full stock.

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 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 Text:

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 Text:

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 Text:

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.

2009 EP: 1

Revision Type: Retain

2009 EP: 2

Revision Type: Retain

2009 EP: 3

Revision Type: Retain

Standard MM.03.01.05

2010 Standard Text:

The organization safely controls medications brought into the organization by individuals served, their families, or prescribers.

Note: This standard is applicable only to organizations that administer medications in their own facility.

2010 Standard: MM.03.01.05

2010 EP: 1

2010 EP Text:

For organizations that administer medications: The organization defines in writing when medications brought into the organization by individuals served, their families, or prescribers can be administered.

2010 Standard: MM.03.01.05

2010 EP: 2

2010 EP Text:

For organizations that administer medications: Before use or administration of a medication brought into the organization by an individual, his or her family, or a prescriber, 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:

For organizations that administer medications: The organization informs the prescriber and individual served if the medications brought into the organization by individuals, their families, or prescribers 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.

Standard MM.04.01.01

2010 Standard Text:

Medication orders are clear and accurate.

Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.

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 under the authority of the {jc}organization{/2} in the client record.

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 9

2010 EP Text:

For organizations that prescribe medications: A diagnosis, condition, or indication for use exists for each medication ordered.
Note: This information can be anywhere in the clinical/case record and need not be on the order itself. For example, it might be part of the medical history.

2009 Standard: MM.3.10

2009 EP: 2

2009 EP Text:

For Opioid Treatment Programs: The program provides therapeutic doses of medications for each individual patient as determined by the program physician. Program-wide dosage caps or ceilings are not used.

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 16

2010 EP Text:

For opioid treatment programs: The program provides therapeutic doses of medications for each individual patient as determined by the program physician. Program-wide dosage caps or ceilings are not used.

2009 Standard: MM.3.10

2009 EP: 3

2009 EP Text:

For Opioid Treatment Programs: Each dose of opioid medication is individually determined by the physician and based on the package insert. Deviations from the approved labeling are documented by the physician.

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 17

2010 EP Text:

For opioid treatment programs: Each dose of opioid medication is individually determined by the physician and based on the package insert. Deviations from the approved labeling are documented by the physician.

2009 Standard: MM.3.10

2009 EP: 4

2009 EP Text:

For Opioid Treatment Programs: The initial full-day dose of methadone is based on current guidelines and the physician's evaluation of the patient's history and present condition and on knowledge of local conditions such as the relative purity of available street drugs. Note: The initial dose needs be reflective of the patient's drug use history and should be the lowest dose possible. Current Center for Substance Abuse Treatment guidelines recommend that doses not exceed 30 mg initially or an additional 10 mg after the physician observes that symptoms are not adequately suppressed by the initial dose.

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 20

2010 EP Text:

For opioid treatment programs: The initial full-day dose of methadone is based on current guidelines and the physician's evaluation of the patient's history and present condition, and on knowledge of local conditions such as the relative purity of available street drugs.
Note: The initial dose needs to be reflective of the patient's drug use history and should be the lowest dose possible. Current Center for Substance Abuse Treatment guidelines recommend that for each new patient, the initial dose of methadone is not to exceed 30 mg and the total dose for the first day is not to exceed 40 mg, unless the program physician documents in the patient's clinical/case record that 40 milligrams did not suppress withdrawal symptoms.

2009 Standard: MM.3.10

2009 EP: 5

2009 EP Text:

For Opioid Treatment Programs: The initial methadone dose for a newly admitted pregnant patient and the subsequent induction and maintenance dosing strategy reflect the same dosing protocols used for all other patients.

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 18

2010 EP Text:

For opioid treatment programs: The initial methadone dose for a newly admitted pregnant patient and the subsequent induction and maintenance dosing strategy reflect the same dosing protocols used for all other patients.

2009 Standard: MM.3.10

2009 EP: 6

2009 EP Text:

For Opioid Treatment Programs: The duration or the dosage level of medication is based only on clinical indications.

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 19

2010 EP Text:

For opioid treatment programs: The duration or the dosage level of medication is based only on clinical indications.

Standard MM.3.20

2009 Standard Text:

Medication orders are written clearly and transcribed accurately.

Standard MM.04.01.01

2010 Standard Text:

Medication orders are clear and accurate.

Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.

2009 Standard: MM.3.20

2009 EP: 1

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 2

2010 EP Text:

For organizations that prescribe medications: The organization has a written policy that defines the required elements of a complete medication order.

2009 Standard: MM.3.20

2009 EP: 2

2009 EP Text:

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

Revision Type: Delete:NE

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: MM.3.20

2009 EP: 3

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 3

2010 EP Text:

For organizations that prescribe medications: The organization has a written policy that defines when indication for use is required as part of the medication order.

2009 Standard: MM.3.20

2009 EP: 4

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 4

2010 EP Text:

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

2009 Standard: MM.3.20

2009 EP: 5

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.04.01.01

2010 EP: 5

2010 EP Text:

For organizations that prescribe medications: The organization has a written policy that defines actions to take when medication orders are incomplete, illegible, or unclear.

2009 Standard: MM.3.20

2009 EP: 6

2010 Standard: MM.04.01.01

2010 EP: 1

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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 Orders for investigational medications Orders for herbal products Orders for medications at discharge or transfer

For organizations that prescribe medications: 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 prescriber to administer a medication to an individual in clearly defined circumstances as specified in the instructions
- Automatic stop orders: Orders that include a date or time to discontinue a medication
- 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 status of the individual served
- Orders for medication-related devices (for example, inhalers, nebulizers, glucometers)
- Orders for investigational medications
- Orders for herbal products
- Orders for medications at discharge or transfer

2009 Standard: MM.3.20

2009 EP: 8

2010 Standard: MM.04.01.01

2010 EP: 7

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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

For organizations that prescribe medications: The organization reviews and updates preprinted order sheets to support clarity, accuracy, and safety.

2009 Standard: MM.3.20

2009 EP: 9

2010 Standard: MM.04.01.01

2010 EP: 8

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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.

For organizations that prescribe medications: The organization prohibits summary (blanket) orders to resume previous medications.

2009 Standard: MM.3.20

2009 EP: 13

2010 Standard: MM.04.01.01

2010 EP: 13

2009 EP Text:

Revision Type: Retain

2010 EP Text:

Policies and procedures regarding medication orders are implemented.

For organizations that prescribe medications: The organization implements its policies for medication orders.

Standard MM.4.10

2009 Standard Text:

All prescriptions or medication orders are reviewed for appropriateness.

Standard MM.05.01.01

2010 Standard Text:

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

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

2009 Standard: MM.4.10

2009 EP: 2

2009 EP Text:

Before dispensing, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparing, and dispensing 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).

Revision Type: Retain

2010 Standard: MM.05.01.01

2010 EP: 1

2010 EP Text:

For organizations that operate a pharmacy: Before dispensing, a pharmacist reviews all prescription or medication orders unless a prescriber controls the ordering, preparing, and dispensing of the medication, or delaying the order would harm the individual served, in accordance with law and regulation.

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: 4

2010 EP Text:

For organizations that operate a pharmacy: All medication orders are reviewed for the individual's allergies or potential sensitivities.

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: 5

2010 EP Text:

For organizations that operate a pharmacy: All medication orders are reviewed for existing or potential interactions between the medication ordered, food, alcohol, and medications the individual served 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:

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

For organizations that operate a pharmacy: All medication orders are reviewed for the appropriateness of the medication, dose, frequency, and route of administration.

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:

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

For organizations that operate a pharmacy: When clinically indicated, medication orders are reviewed for current or potential impact as indicated by laboratory values.

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:

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

For organizations that operate a pharmacy: All medication orders are reviewed for therapeutic duplication.

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:

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

For organizations that operate a pharmacy: All medication orders are reviewed for other contraindications (for example, age, medical conditions, body weight).

2009 Standard: MM.4.10

2009 EP: 5

2010 Standard: MM.05.01.01

2010 EP: 10

2009 EP Text:

Revision Type: Split

2010 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

For organizations that operate a pharmacy: All medication orders and prescriptions are reviewed for variation from the organization's indications for use. (See also MM.02.01.01, EP 2)

2009 Standard: MM.4.10

2009 EP: 6

2010 Standard: MM.05.01.01

2010 EP: 11

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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

For organizations that operate a pharmacy: After the medication order has been reviewed, all concerns, issues, or questions about the order 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 for administration.
 Note: This standard is applicable only to organizations that prepare medications for administration.

2009 Standard: MM.4.20

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

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).

2009 Standard: MM.4.20

2009 EP: 2

2010 Standard: MM.03.01.05

2010 EP: 1

2009 EP Text:

Revision Type: Split

2010 EP Text:

For organizations that administer medications: The organization defines in writing when medications brought into the organization by individuals served, their families, or prescribers can be administered.

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 usedIf allowed, a process to evaluate the integrity of medications brought in by a practitioner prior to use in {jc}patient{/1} care

2009 Standard: MM.4.20

2009 EP: 2

2010 Standard: MM.03.01.05

2010 EP: 2

2009 EP Text:

Revision Type: Split

2010 EP Text:

For organizations that administer medications: Before use or administration of a medication brought into the organization by an individual, his or her family, or a prescriber, 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)

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 usedIf allowed, a process to evaluate the integrity of medications brought in by a practitioner prior to use in {jc}patient{/1} care

2009 Standard: MM.4.20

2009 EP: 3

2010 Standard: MM.03.01.05

2010 EP: 2

2009 EP Text:

Revision Type: Split

2010 EP Text:

For organizations that administer medications: Before use or administration of a medication brought into the organization by an individual, his or her family, or a prescriber, 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)

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.

<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: For organizations that administer medications: The organization informs the prescriber and individual served if the medications brought into the organization by individuals, their families, or prescribers 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: 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 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: For organizations that prepare medications for administration: Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for medication preparation. Note: Sterile technique (also called aseptic technique) refers to practices that are designed to minimize exposure to germs and maintain sterility of the medication through the use of "no touch" procedures; the use of sterile gloves, supplies, and instruments (for example, needles and syringes); and the use of a sterile field. In contrast, clean technique refers to practices designed to reduce exposure to germs, and include the use of hand washing, clean instruments, and a clean environment. Clean technique does not require the use of sterile technique or sterile supplies. The technique used for medication preparation depends on the need for sterility (for example, intravenous solutions) versus cleanliness (for example, oral products).</p>

2009 Standard: MM.4.20**2009 EP:** 6**2010 Standard:** MM.05.01.07**2010 EP:** 3**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

For organizations that prepare medications for administration: 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)

Standard MM.4.30

2009 Standard Text:

Medications are labeled.

Standard MM.05.01.09

2010 Standard Text:

Medications are labeled.

Note: This standard is applicable only to organizations that dispense or administer medications.

2009 Standard: MM.4.30

2009 EP: 1

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.05.01.09

2010 EP: 2

2010 EP Text:

For organizations that dispense or administer medications: Information on medication labels is displayed in accordance with law and regulation.

2009 Standard: MM.4.30

2009 EP: 2

2009 EP Text:

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.

Revision Type: Retain

2010 Standard: MM.05.01.09

2010 EP: 1

2010 EP Text:

For organizations that dispense or administer medications: 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 an individual served, and administers to that individual without any break in the process.

2009 Standard: MM.4.30

2009 EP: 3

2009 EP Text:

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*This does not apply when providing an individual dose of medication previously dispensed by the pharmacy.*Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

Revision Type: Split

2010 Standard: MM.05.01.09

2010 EP: 3

2010 EP Text:

For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the medication name, strength, and amount (if not apparent from the container).

2009 Standard: MM.4.30

2009 EP: 3

2010 Standard: MM.05.01.09

2010 EP: 4

2009 EP Text:

Revision Type: Split

2010 EP Text:

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* This does not apply when providing an individual dose of medication previously dispensed by the pharmacy. *Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the expiration date when not used within 24 hours.

2009 Standard: MM.4.30

2009 EP: 3

2010 Standard: MM.05.01.09

2010 EP: 5

2009 EP Text:

Revision Type: Split

2010 EP Text:

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* This does not apply when providing an individual dose of medication previously dispensed by the pharmacy. *Expiration date, also called the ""beyond use date,"" refers to the last date that the product should be used by the {jc}patient{/1}.

For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the expiration time when expiration occurs in less than 24 hours.

2009 Standard: MM.4.30

2009 EP: 4

2010 Standard: MM.05.01.09

2010 EP: 3

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")

For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the medication name, strength, and amount (if not apparent from the container).

2009 Standard: MM.4.30

2009 EP: 4

2010 Standard: MM.05.01.09

2010 EP: 7

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")

For organizations that dispense or administer medications: All individualized medications that are dispensed or administered to multiple individuals are labeled with the name of the individual.

<p>2009 Standard: MM.4.30 2009 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")</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: MM.05.01.09 2010 EP: 8 2010 EP Text: For organizations that dispense and administer medications: All individualized medications that are dispensed or administered to multiple individuals are also labeled with 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 an identifier of the individual during administration of a medication, as indicated by NPSG.01.01.01, EP 1.</p>
<p>2009 Standard: MM.4.30 2009 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")</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: MM.05.01.09 2010 EP: 9 2010 EP Text: For organizations that dispense or administer medications: When dispensing or preparing individualized medications for administration to multiple individuals, the label also includes directions for use and applicable accessory and cautionary instructions.</p>
<p>2009 Standard: MM.4.30 2009 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")</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: MM.05.01.09 2010 EP: 10 2010 EP Text: For organizations that dispense and administer medications: When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the name of the individual served.</p>
<p>2009 Standard: MM.4.30 2009 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")</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: MM.05.01.09 2010 EP: 11 2010 EP Text: For organizations that dispense and administer medications: When an individualized medication(s) is prepared for administration 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 an identifier during administration of a medication, as indicated by NPSG.01.01.01, EP 1.</p>

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”)

For organizations that dispense or administer medications: When an individualized medication(s) is prepared for administration by someone other than the staff administering the medication, the label includes directions for use and applicable accessory and cautionary instructions.

2009 Standard: MM.4.30

2009 EP: 5

2010 Standard: MM.05.01.15

2010 EP: 4

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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

For organizations that do not operate a pharmacy but administer medications: The organization validates that all medications coming into the organization are appropriately labeled.

2009 Standard: MM.4.30

2009 EP: 6

2010 Standard: MM.05.01.15

2010 EP: 5

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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

For organizations that do not operate a pharmacy but administer medications: If an unlabeled medication comes into the organization, the organization takes action to have the medication correctly labeled.
Note: For example, if a medication from a contractual pharmacy is not labeled, the organization notifies the pharmacy in order to obtain a correctly labeled medication.

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 is applicable only to organizations that operate a pharmacy.

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: Delete:Redun

2010 Standard: MM.05.01.11

2010 EP: 1

2010 EP Text:

For organizations that operate a pharmacy: The organization dispenses quantities of medications that are consistent with the needs of the individual served.

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:

For organizations that operate a pharmacy: 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:

For organizations that operate a pharmacy: The organization dispenses medications within time frames it defines to meet the needs of the individuals served.

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: Retain

2010 Standard: MM.05.01.11

2010 EP: 4

2010 EP Text:

For organizations that operate a pharmacy: 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: 5

2009 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.

Revision Type: Delete:Redun

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: MM.4.40

2009 EP: 7

2010 Standard: MM.05.01.11

2010 EP: 7

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: Medication doses are adjusted as needed if the program switches from one generic formula to another and differences in effective dose cause clinically relevant complaints.

For opioid treatment programs: Doses of methadone or other approved medications are adjusted as needed if a program switches from one generic formulation to another and differences in effective dose cause clinically relevant complaints.

2009 Standard: MM.4.40

2009 EP: 8

2010 Standard: MM.05.01.11

2010 EP: 8

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: There is a procedure for calibrating medication dispensing instruments consistent with manufacturers' recommendations to ensure accurate patient dosing and substance tracking.

For opioid treatment programs: A procedure is established for calibrating medication dispensing instruments consistent with manufacturers' recommendations in order to ensure accurate patient dosing and substance tracking.

2009 Standard: MM.4.40

2009 EP: 9

2010 Standard: MM.05.01.11

2010 EP: 9

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: The program dispenses methadone only in an oral form that is formulated in such a way as to reduce its potential for parenteral abuse.

For opioid treatment programs: The program dispenses methadone only in an oral form that is formulated in such a way as to reduce its potential for parenteral abuse.

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.

2009 Standard: MM.4.50

2009 EP: 5

2009 EP Text:

Revision Type: Retain

For Opioid Treatment Programs: The program maintains an up-to-date written plan for emergency administration of medications in the event the program must be closed temporarily. The plan describes how patients will be informed of these emergency arrangements.

2009 Standard: MM.4.50

2009 EP: 6

2009 EP Text:

Revision Type: Retain

For Opioid Treatment Programs: Medication dosages and other pertinent patient information are available on a 24-hour, 7 day a week basis in case of patient emergency.

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 the needs of the individual served 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 the needs of the individual served when the pharmacy is closed.

2010 Standard: MM.05.01.13

2010 EP: 8

2010 EP Text:

For opioid treatment programs: The program maintains an up-to-date written plan for emergency administration of medications in the event the program must be closed temporarily. The plan describes how patients will be informed of these emergency arrangements.

2010 Standard: MM.05.01.13

2010 EP: 9

2010 EP Text:

For opioid treatment programs: Medication dosages and other pertinent patient information are available on a 24-hour, 7-day-a-week basis in case of patient emergency.

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:

For organizations that do not operate a pharmacy but administer medications: The organization safely obtains prescribed medications.

2010 Standard: MM.05.01.15

2010 EP: 1

2010 EP Text:

For organizations that do not operate a pharmacy but administer medications: The organization has a process for obtaining medications to meet the needs of the individual served.

2010 Standard: MM.05.01.15

2010 EP: 3

2010 EP Text:

For organizations that do not operate a pharmacy but administer medications: 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:

For organizations that do not operate a pharmacy but administer medications: 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:

Organizations that operate a pharmacy or distribute sample medications follow a process to retrieve recalled or discontinued medications.

2010 Standard: MM.05.01.17

2010 EP: 1

2010 EP Text:

For organizations that operate a pharmacy or distribute sample medications: 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:

For organizations that operate a pharmacy or distribute sample medications: 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:

For organizations that operate a pharmacy or distribute sample medications: 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.

For organizations that operate a pharmacy or distribute sample medications: When required by law and regulation or organization policy, the organization informs individuals served 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}.

Standard MM.05.01.19

2010 Standard Text:

The organization safely manages unused, expired, or returned medications. Note: This standard is applicable only to organizations that administer medications.

2009 Standard: MM.4.80

2009 EP: 1

2009 EP Text:

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}.

Revision Type: Retain

2010 Standard: MM.05.01.19

2010 EP: 1

2010 EP Text:

For organizations that administer medications: The organization determines how it will manage unused, expired, or returned medications. (See also MM.03.01.01, EP 8)

2009 Standard: MM.4.80

2009 EP: 2

2009 EP Text:

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.

Revision Type: Retain

2010 Standard: MM.05.01.19

2010 EP: 2

2010 EP Text:

For organizations that administer medications: When the organization accepts unused, expired, or returned medications, it has a process for destroying the medications or returning the medications to a pharmacy's control that includes procedures for preventing diversion.

2009 Standard: MM.4.80

2009 EP: 3

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.05.01.19

2010 EP: 3

2010 EP Text:

For organizations that administer medications: The organization determines if and when outside sources are used for destruction of medications.

2009 Standard: MM.4.80

2009 EP: 4

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.05.01.19

2010 EP: 4

2010 EP Text:

For organizations that administer medications: 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.

Standard MM.06.01.01

2010 Standard Text:

The organization safely administers medications.

Note: This standard is applicable only to organizations that administer medications.

2009 Standard: MM.5.10

2009 EP: 1

2009 EP Text:

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.

Revision Type: Split

2010 Standard: MM.06.01.01

2010 EP: 1

2010 EP Text:

For organizations that administer medications: The organization defines, in writing, the staff that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)

2009 Standard: MM.5.10

2009 EP: 1

2009 EP Text:

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.

Revision Type: Split

2010 Standard: MM.06.01.01

2010 EP: 2

2010 EP Text:

For organizations that administer medications: Only authorized staff administer medications.
 Note 1: This does not prohibit self-administration of medications by individuals served, when indicated. (See also MM.06.01.03, EP 1)
 Note 2: This element of performance does not apply to foster parents.

2009 Standard: MM.5.10

2009 EP: 2

2009 EP Text:

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 or prescriber instructions and product label.

Revision Type: Retain

2010 Standard: MM.06.01.01

2010 EP: 3

2010 EP Text:

For organizations that administer medications: Before administration, the staff member administering the medication verifies that the medication selected matches the medication order and product label.

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: 4

2010 EP Text:

For organizations that administer medications: Before administration, the staff member administering the medication 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

2010 Standard: MM.06.01.01

2010 EP: 5

2009 EP Text:

Revision Type: Split

2010 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.

For organizations that administer medications: Before administration, the staff member administering the medication verifies the medication has not expired.

2009 Standard: MM.5.10

2009 EP: 4

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 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.

No EP

2009 Standard: MM.5.10

2009 EP: 5

2010 Standard: MM.06.01.01

2010 EP: 7

2009 EP Text:

Revision Type: Retain

2010 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. Note: For Opioid Treatment Programs: Medications that are also best administered by directly observed therapy (DOT) – such as tuberculosis and psychiatric medications – can be given at the same time as the opioid dose.

For organizations that administer medications: Before administration, the staff member administering the medication verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.

Note: For opioid treatment programs: Medications that are best administered by directly observed therapy (DOT) – such as tuberculosis and psychiatric medications – can be given at the same time as the opioid dose.

2009 Standard: MM.5.10

2009 EP: 6

2010 Standard: MM.06.01.01

2010 EP: 9

2009 EP Text:

Revision Type: Retain

2010 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.

For organizations that administer medications: The following individuals are informed about any potential clinically significant adverse medication reactions or other concerns regarding a new medication:

- Individuals served
 - Legal guardian if the individual served has one
 - Family if authorized by the individual served
- (See also MM.06.01.03, EPs 3-6)

Note: The term “adverse medication reaction” is synonymous with the term “adverse drug reaction.”

2009 Standard: MM.5.10

2009 EP: 7

2010 Standard: MM.06.01.01

2010 EP: 8

2009 EP Text:

Revision Type: Retain

2010 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.

For organizations that administer medications: Before administration, the staff member administering the medication discusses any unresolved concerns about the medication with supervisory staff or the prescriber.

2009 Standard: MM.5.10

2009 EP: 8

2010 Standard: MM.07.01.03

2010 EP: 2

2009 EP Text:

Revision Type: Retain

2010 EP Text:

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

For organizations that prescribe or administer medications: The organization's written process addresses prescriber notification in the event of a significant adverse medication event, significant adverse medication reaction, or a significant medication error.

2009 Standard: MM.5.10

2009 EP: 9

2010 Standard: MM.06.01.01

2010 EP: 11

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: Every dose of medication is recorded on an administration sheet at the time the dose is administered or dispensed, and recorded on the patient's individual medication dose history.

For opioid treatment programs: Every dose of medication is recorded on an administration sheet at the time the dose is administered or dispensed, and recorded on the patient's individual medication dose history.

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:

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}.

Revision Type: Split

2010 Standard: MM.06.01.03

2010 EP: 1

2010 EP Text:

If self-administration of medications is allowed, the organization has a written policy that addresses the training and supervision of the individual served to guide the safe and accurate self-administration of medications. (See also MM.06.01.01, EPs 1 and 2)
 Note: Self-administration includes those instances when an individual served independently uses a medication that is stored by the organization.

2009 Standard: MM.5.20

2009 EP: 1

2009 EP Text:

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}.

Revision Type: Split

2010 Standard: MM.06.01.03

2010 EP: 2

2010 EP Text:

For organizations that allow self-administration of medications: The organization implements its policy for medication self-administration.

2009 Standard: MM.5.20

2009 EP: 2

2009 EP Text:

Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering or foster parents) 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}

Revision Type: Split

2010 Standard: MM.06.01.03

2010 EP: 3

2010 EP Text:

For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about the medication name, type, and reason for use. (See also MM.06.01.01, EP 9)

<p>2009 Standard: MM.5.20</p> <p>2009 EP Text:</p> <p>Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering or foster parents) 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}</p>	<p>2009 EP: 2</p> <p>Revision Type: Split</p>	<p>2010 Standard: MM.06.01.03</p> <p>2010 EP: 4</p> <p>2010 EP Text:</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about how to administer medication, including special instructions, time of day, route, and dose. (See also MM.06.01.01, EP 9)</p>
<p>2009 Standard: MM.5.20</p> <p>2009 EP Text:</p> <p>Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering or foster parents) 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}</p>	<p>2009 EP: 2</p> <p>Revision Type: Split</p>	<p>2010 Standard: MM.06.01.03</p> <p>2010 EP: 5</p> <p>2010 EP Text:</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about the anticipated actions and potential side effects of the medication administered. (See also MM.06.01.01, EP 9)</p>
<p>2009 Standard: MM.5.20</p> <p>2009 EP Text:</p> <p>Persons who administer medications but are not staff members (for example, the {jc}patient{/1} if self-administering or foster parents) 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}</p>	<p>2009 EP: 2</p> <p>Revision Type: Split</p>	<p>2010 Standard: MM.06.01.03</p> <p>2010 EP: 6</p> <p>2010 EP Text:</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about monitoring the effects of the medication. (See also MM.06.01.01, EP 9)</p>
<p>2009 Standard: MM.5.20</p> <p>2009 EP Text:</p> <p>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.</p>	<p>2009 EP: 3</p> <p>Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03</p> <p>2010 EP: 7</p> <p>2010 EP Text:</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization determines that the individual or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.</p>

2009 Standard: MM.5.20

2009 EP: 4

2010 Standard: MM.06.01.03

2010 EP: 11

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: The program’s medical director authorizes procedures for determining the eligibility of patients in comprehensive maintenance treatment for unsupervised, or “take-home”, doses of medication that include consideration of the following: • Absence of recent use of drugs, including alcohol• Regularity of clinic attendance• Absence of serious behavior problems at the clinic• Absence of recent known criminal activity, such as drug-dealing• Stability of the patient’s home environment and social relationships• Length of time in maintenance treatment• Assurance that the take-home medication can be safely stored within the patient’s home• Whether the benefit the patient will derive from decreasing clinic attendance outweighs the potential risks of diversionNote: Policies that prohibit take-home doses for all patients are unacceptable because they preclude individualized patient care.

For opioid treatment programs: The program’s medical director authorizes procedures for determining the eligibility of patients in comprehensive maintenance treatment for take-home doses of medication that include consideration of the following:

- Absence of recent use of drugs, including alcohol
- Regularity of clinic attendance
- Absence of serious behavior problems at the clinic
- Absence of recent known criminal activity, such as drug dealing
- Stability of the patient’s home environment and social relationships
- Length of time in maintenance treatment
- Assurance that the take-home medication(s) can be safely stored within the patient’s home
- Whether the benefit the patient will derive from decreasing clinic attendance outweighs the potential risks of diversion

Note: A physical is not required to determine eligibility for take-home medication.

2009 Standard: MM.5.20

2009 EP: 5

2010 Standard: MM.06.01.03

2010 EP: 15

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: The number and quantity of take-home doses are restricted as follows: • First 90 days of treatment: maximum of 1 unsupervised dose per week• Second 90 days of treatment: maximum of 2 unsupervised doses per week• Third 90 days of treatment: maximum of 3 unsupervised doses per week• Remaining months of the first year: maximum of 6 unsupervised doses per week• After 1 year of continuous treatment: maximum of 14 unsupervised doses of medication• After 2 years of continuous treatment: maximum of 1-month supply; however, the patient must make monthly visits

For opioid treatment programs: The number and quantity of take-home doses are restricted as follows:

- First 90 days of treatment: maximum of one unsupervised dose per week
- Second 90 days of treatment: maximum of two unsupervised doses per week
- Third 90 days of treatment: maximum of three unsupervised doses per week
- Remaining months of the first year: maximum of six unsupervised doses per week
- After one year of continuous treatment: maximum of 14 unsupervised doses of medication
- After two years of continuous treatment: maximum of one-month supply; however, the patient must make monthly visits.

<p>2009 Standard: MM.5.20 2009 EP Text: For Opioid Treatment Programs: There are policies that guide decisions about one-time, temporary take-home medication in exceptional circumstances, such as documented family or medical emergencies.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03 2010 EP Text: For opioid treatment programs: There are written policies that guide decisions about additional occurrences of take-home medication on a temporary basis in exceptional circumstances, such as documented family or medical emergencies. The program obtains approval for the exception from the Center for Substance Abuse Treatment.</p>
<p>2009 Standard: MM.5.20 2009 EP Text: For Opioid Treatment Programs: A multidisciplinary team provides recommendations and input for the physician’s review for decisions allowing take-home medications.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03 2010 EP Text: For opioid treatment programs: A multidisciplinary team provides recommendations and input for the physician’s review for decisions allowing take-home medications.</p>
<p>2009 Standard: MM.5.20 2009 EP Text: For Opioid Treatment Programs: A physician makes the final decision of approval for take-home medications and documents the reasons for the decision (in accordance with the criteria outlined in EP 4) in the patient’s record.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03 2010 EP Text: For opioid treatment programs: A physician makes the final decision on approval for take-home medications and documents the reasons for the decision in the patient’s record.</p>
<p>2009 Standard: MM.5.20 2009 EP Text: For Opioid Treatment Programs: Decisions regarding take-home medications are reviewed periodically (according to the criteria outlined in EP 4 and any other clinically relevant factors), and documented in the patient record.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03 2010 EP Text: For opioid treatment programs: Decisions regarding take-home medications are reviewed periodically (according to the criteria for take-home eligibility and any other clinically relevant factors) and documented in the patient record.</p>
<p>2009 Standard: MM.5.20 2009 EP Text: For Opioid Treatment Programs: Take-home medications are packaged in child-proof containers.</p>	<p>2009 EP: 10 Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03 2010 EP Text: For opioid treatment programs: Take-home medications are packaged in child-proof containers.</p>
<p>2009 Standard: MM.5.20 2009 EP Text: For Opioid Treatment Programs: Patients are informed of their responsibility to keep opioid medications secure.</p>	<p>2009 EP: 11 Revision Type: Retain</p>	<p>2010 Standard: MM.06.01.03 2010 EP Text: For opioid treatment programs: The patient is informed of his or her responsibility to keep opioid medications secure.</p>

2009 Standard: MM.5.20**2009 EP:** 12**2010 Standard:** MM.06.01.03**2010 EP:** 20**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

For Opioid Treatment Programs: The program records the chain of custody for transporting methadone when a patient is transferring to a different level of care or a new location and the program provides sufficient medication to cover the time until the patient arrives at the new location.

For opioid treatment programs: The program records the chain of custody for transporting methadone when a patient is transferring to a different level of care or a new location and the program provides sufficient medication to cover the time until the patient arrives at the new location.

Standard MM.6.10

2009 Standard Text:

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

Standard MM.07.01.01

2010 Standard Text:

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

Note: This standard is applicable only to organizations that prescribe or administer medications.

2009 Standard: MM.6.10

2009 EP: 1

2009 EP Text:

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.

Revision Type: Split

2010 Standard: MM.07.01.01

2010 EP: 1

2010 EP Text:

For organizations that prescribe or administer medications: The organization monitors the side effects and effectiveness of the medications, as reported by the individual served or his or her family.

2009 Standard: MM.6.10

2009 EP: 1

2009 EP Text:

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.

Revision Type: Split

2010 Standard: MM.07.01.01

2010 EP: 2

2010 EP Text:

For organizations that prescribe or administer medications: The organization monitors the response of the individual served to his or her medications by taking into account information from the clinical/case record, and the individual's response. (See also MM.02.01.01, EP 3)
 Note: Monitoring response to medications is an important assessment activity. In particular, monitoring the response to the first dose of a new medication is essential to safety because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the individual.

2009 Standard: MM.6.10

2009 EP: 2

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 efficacy
 Referring to information from the {jc}patient's{/9} {jc}medical record{/8}, relevant laboratory results, clinical response, and medication profile

Revision Type: Split

2010 Standard: MM.07.01.01

2010 EP: 1

2010 EP Text:

For organizations that prescribe or administer medications: The organization monitors the side effects and effectiveness of the medications, as reported by the individual served or his or her family.

<p>2009 Standard: MM.6.10</p> <p>2009 EP Text:</p> <p>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</p>	<p>2009 EP: 2</p> <p>Revision Type: Split</p>	<p>2010 Standard: MM.07.01.01</p> <p>2010 EP: 2</p> <p>2010 EP Text:</p> <p>For organizations that prescribe or administer medications: The organization monitors the response of the individual served to his or her medications by taking into account information from the clinical/case record, and the individual's response. (See also MM.02.01.01, EP 3)</p> <p>Note: Monitoring response to medications is an important assessment activity. In particular, monitoring the response to the first dose of a new medication is essential to safety because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the individual.</p>
<p>2009 Standard: MM.6.10</p> <p>2009 EP Text:</p> <p>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</p> <p>Revision Type: Delete:NE</p>	<p>2010 Standard: N/A</p> <p>2010 EP Text:</p> <p>No EP</p>
<p>2009 Standard: MM.6.10</p> <p>2009 EP Text:</p> <p>When a medication is prescribed within the {jc}organization{/2}, the licensed independent practitioner who ordered the medication reviews the relevant laboratory results for any potential problems related to the {jc}patient's{/9} medication regimen.</p>	<p>2009 EP: 4</p> <p>Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01</p> <p>2010 EP: 3</p> <p>2010 EP Text:</p> <p>For organizations that prescribe or administer medications: When a medication is prescribed within the organization, the prescriber takes into account information from the clinical/case record, relevant lab values, medication profile, and the individual's response.</p>
<p>2009 Standard: MM.6.10</p> <p>2009 EP Text:</p> <p>For Opioid Treatment Programs: The maintenance dose is individually determined based on monitoring of the effects of the patient’s treatment. Note: The medication dose and the interval between doses may require adjustments for patients who have concurrent health conditions, atypical metabolic patterns, or if the patient takes other prescribed medications that alter rates of opioid medication metabolism.</p>	<p>2009 EP: 7</p> <p>Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01</p> <p>2010 EP: 7</p> <p>2010 EP Text:</p> <p>For opioid treatment programs: The maintenance dose is individually determined based on monitoring of the effects of the patient’s treatment. Note: The medication dose and the interval between doses may require adjustments for patients who have concurrent health conditions or atypical metabolic patterns, or if the patient takes other prescribed medications that alter rates of opioid medication metabolism.</p>

<p>2009 Standard: MM.6.10 2009 EP Text: For Opioid Treatment Programs: The program maintains patients who become pregnant during treatment on the pre-pregnancy dosage, if effective, and applies the same medication dosages as used with any other non-pregnant patient.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01 2010 EP Text: For opioid treatment programs: The program maintains patients who become pregnant during treatment on the pre-pregnancy dosage, if effective, and applies the same medication dosages as used with any other nonpregnant patient.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: For Opioid Treatment Programs: The methadone dose is carefully monitored for pregnant patients. This is especially true during the third trimester when pregnancy-induced changes in the rate at which methadone is metabolized or eliminated from the system. Note: In these cases, an increased or a split dose may be necessary.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01 2010 EP Text: For opioid treatment programs: The methadone dose is carefully monitored for pregnant patients. Monitoring is especially important during the third trimester when biological changes, induced by pregnancy, can alter the rate at which methadone is metabolized or eliminated from the system. In these cases, an increased or a split dose may be necessary.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: For Opioid Treatment Programs: The physician evaluates the patient's stability and response to take-home medication and adjusts the dosage at regular intervals.</p>	<p>2009 EP: 10 Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01 2010 EP Text: For opioid treatment programs: The physician evaluates the patient's stability and response to take-home medication and adjusts the dosage at regular intervals.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: For Opioid Treatment Programs: For women of childbearing potential, the physician conducts an assessment for pregnancy before initiating medical supervised withdrawal.</p>	<p>2009 EP: 11 Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01 2010 EP Text: For opioid treatment programs: For women of childbearing potential, the physician conducts an assessment for pregnancy before initiating medically supervised withdrawal.</p>
<p>2009 Standard: MM.6.10 2009 EP Text: For Opioid Treatment Programs: If a pregnant patient elects to withdraw from methadone and stays in the program, a physician experienced in addiction medicine supervises the withdrawal process with regular fetal assessments as appropriate for gestational age as part of the withdrawal process. The withdrawal is not initiated before 14 weeks or after 32 weeks of gestation.</p>	<p>2009 EP: 12 Revision Type: Retain</p>	<p>2010 Standard: MM.07.01.01 2010 EP Text: For opioid treatment programs: If a pregnant patient elects to withdraw from methadone and stays in the program, a physician experienced in addiction medicine supervises the withdrawal process with regular fetal assessments as appropriate for gestational age as part of the withdrawal process. The withdrawal is not initiated before 14 weeks or after 32 weeks of gestation.</p>

Standard MM.6.20

2009 Standard Text:

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

Standard MM.07.01.03

2010 Standard Text:

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

Note 1: This standard is applicable only to organizations that prescribe or administer medications.

Note 2: See the Glossary for definitions of "adverse medication event" and "significant adverse medication reaction."

2009 Standard: MM.6.20

2009 EP: 1

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.07.01.03

2010 EP: 1

2010 EP Text:

For organizations that prescribe or administer medications: The organization has a written process to respond to actual adverse medication events, significant adverse medication reactions, and significant medication errors.

2009 Standard: MM.6.20

2009 EP: 2

2009 EP Text:

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).

Revision Type: Retain

2010 Standard: MM.07.01.03

2010 EP: 5

2010 EP Text:

For organizations that prescribe or administer medications: The organization implements its process for responding to significant adverse medication events, significant adverse medication reactions, or significant medication errors.

2009 Standard: MM.6.20

2009 EP: 3

2009 EP Text:

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]).

Revision Type: Retain

2010 Standard: MM.07.01.03

2010 EP: 3

2010 EP Text:

For organizations that prescribe or administer medications: The organization complies with internal and external reporting requirements for significant adverse medication events, significant adverse medication reactions, or significant medication errors.

2009 Standard: MM.6.20

2009 EP: 4

2009 EP Text:

For Opioid Treatment Programs: Medication blood levels are obtained when clinically indicated.

Revision Type: Retain

2010 Standard: MM.07.01.03

2010 EP: 7

2010 EP Text:

For opioid treatment programs: Medication blood levels are obtained when clinically indicated.

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 Text:

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 Text:

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 Text:

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

2009 Standard: MM.7.10

2009 EP Text:

For Opioid Treatment Programs: The program creates an ongoing accurate inventory of all medications received, dispensed and disposed of.

2009 Standard: MM.7.10

2009 EP Text:

For Opioid Treatment Programs: The program has a written diversion control plan.

2009 Standard: MM.7.10

2009 EP Text:

For Opioid Treatment Programs: The diversion control plan includes specific activities for reducing diversion and identification of those responsible for managing these activities.

2009 EP: 1

Revision Type: Retain

2009 EP: 2

Revision Type: Retain

2009 EP: 3

Revision Type: Retain

2009 EP: 4

Revision Type: Retain

2009 EP: 5

Revision Type: Retain

2009 EP: 6

Revision Type: Retain

Standard MM.01.01.03

2010 Standard Text:

The organization safely manages high-alert medications.

Note: This standard is applicable to organizations that engage in any of the medication management processes.

2010 Standard: MM.01.01.03

2010 EP: 1

2010 EP Text:

The organization identifies, in writing, its high-alert medications.

Footnote: For a list of high-alert medications, see <http://www.ismp.org>.

2010 Standard: MM.01.01.03

2010 EP: 2

2010 EP Text:

The organization has a process for managing each identified high-alert medication.

2010 Standard: MM.01.01.03

2010 EP: 3

2010 EP Text:

The organization implements its process for managing high-alert medications. (See also EC.02.02.01, EP 2)

2010 Standard: MM.01.01.03

2010 EP: 8

2010 EP Text:

For opioid treatment programs: The program creates an ongoing accurate inventory of all medications received, dispensed, and disposed.

2010 Standard: MM.01.01.03

2010 EP: 9

2010 EP Text:

For opioid treatment programs: The program has a written diversion control plan.

2010 Standard: MM.01.01.03

2010 EP: 11

2010 EP Text:

For opioid treatment programs: The diversion control plan includes specific activities for reducing diversion and identification of those responsible for managing these activities.

2009 Standard: MM.7.10

2009 EP: 7

2010 Standard: MM.01.01.03

2010 EP: 10

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: The diversion control plan includes a mechanism for periodic monitoring of clinical and administrative activities to reduce the risk of medication diversion. Note: One mechanism for monitoring might be to have security or staff regularly walk around the clinic’s hallways, alleys, and parking lot to assess whether there is a loitering or diversion problem close to the treatment site. Another example is to examine both dosing and take-home dispensing practices to identify potential weaknesses that could lead to diversion problems. Additionally, the program could periodically consult with law enforcement in the community and in areas where patients live to discuss the perceived and actual problems encountered.

For opioid treatment programs: The diversion control plan includes a mechanism for periodic monitoring of clinical and administrative activities to reduce the risk of medication diversion. Note: One mechanism for monitoring might be to have security or staff regularly walk around the clinic’s hallways, alleys, and parking lot to assess whether there is a loitering or diversion problem close to the treatment site. Another example is to examine both dosing and take-home dispensing practices to identify potential weaknesses that could lead to diversion problems. Additionally, the program could periodically consult with law enforcement in the community and in areas where patients live to discuss the perceived and actual problems encountered.

2009 Standard: MM.7.10

2009 EP: 8

2010 Standard: MM.01.01.03

2010 EP: 7

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: On a daily basis, the program documents the total number of milligrams of medication dispensed. (See also MM.5.10, EP 9).

For opioid treatment programs: On a daily basis, the program documents the total number of milligrams of medication dispensed.

Standard MM.7.30

2009 Standard Text:

The use of psychopharmacologic drugs is monitored.

2009 Standard: MM.7.30

2009 EP: 1

2009 EP Text:

Revision Type: Retain

If psychopharmacologic drugs* are used, the organization's governance and administrative and clinical staff establish written policies and procedures addressing the following: The use of multiple psychopharmacologic agents The use of high-dose pharmacotherapy The prevention, identification, and management of tardive dyskinesia * Psychopharmacologic drug Any drug whose intended effect is to alter perception, mental status, or behavior. These include, but are not limited to, those medications that produce drug dependence. Some examples of drug classes that are considered psychotropic medications include, but are not limited to, hypnotics, antipsychotics, long- and short-acting benzodiazepines, sedatives/anxiolytics, and antidepressants.

Standard MM.01.01.05

2010 Standard Text:

The organization monitors the use of psychotropic medications.

2010 Standard: MM.01.01.05

2010 EP: 1

2010 EP Text:

If psychotropic medications are prescribed, the organization establishes written policies and procedures addressing the following:

- The use of multiple psychotropic agents in the same class
- The use of high-dose pharmacotherapy
- The prevention, identification, and management of side effects, including tardive dyskinesia

Standard MM.7.40

2009 Standard Text:

Investigational medications are safely controlled and administered.

Standard MM.06.01.05

2010 Standard Text:

The organization safely manages investigational medications.

Note 1: This standard is applicable only to organizations that use investigational medications.

Note 2: Refer to the Glossary for the definition of investigational medications.

2009 Standard: MM.7.40

2009 EP: 1

2009 EP Text:

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

Revision Type: Retain

2010 Standard: MM.06.01.05

2010 EP: 1

2010 EP Text:

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

2009 Standard: MM.7.40

2009 EP: 2

2009 EP Text:

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

Revision Type: Delete:NE

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: MM.7.40

2009 EP: 3

2009 EP Text:

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)

Revision Type: Delete:NE

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: MM.7.40

2009 EP: 4

2009 EP Text:

The procedures for the use of investigational medications are implemented.

Revision Type: Retain

2010 Standard: MM.06.01.05

2010 EP: 4

2010 EP Text:

For organizations that use investigational medications: The organization implements its process addressing the use of investigational medications.

Standard MM.8.10

2009 Standard Text:

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

Standard MM.08.01.01

2010 Standard Text:

The organization evaluates the effectiveness of its medication management system.

Note: This standard is applicable only to organizations that prescribe, dispense, or administer medications.

2009 Standard: MM.8.10

2009 EP: 1

2009 EP Text:

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

Revision Type: Split

2010 Standard: MM.08.01.01

2010 EP: 1

2010 EP Text:

For organizations that prescribe, dispense, or administer medications: The organization collects data on the performance of its medication management system. (See also PI.01.01.01, EPs 14 and 15)

2009 Standard: MM.8.10

2009 EP: 1

2009 EP Text:

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

Revision Type: Split

2010 Standard: MM.08.01.01

2010 EP: 5

2010 EP Text:

For organizations that prescribe, dispense, or administer medications: Based on analysis of its data, the organization identifies opportunities for improvement in its medication management system.

2009 Standard: MM.8.10

2009 EP: 2

2009 EP Text:

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.

Revision Type: Retain

2010 Standard: MM.08.01.01

2010 EP: 2

2010 EP Text:

For organizations that prescribe, dispense, or administer medications: The organization analyzes data on its medication management system.

2009 Standard: MM.8.10

2009 EP: 3

2009 EP Text:

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).

Revision Type: Retain

2010 Standard: MM.08.01.01

2010 EP: 3

2010 EP Text:

For organizations that prescribe, dispense, or administer medications: The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system.

<p>2009 Standard: MM.8.10</p> <p>2009 EP Text:</p> <p>The {jc}organization{/2} acts to implement improvements based on the following:evaluation of its medication management systemreview of new technologiesexternal datasuccessful practices that have been demonstrated to enhance safety</p>	<p>2009 EP: 4</p> <p>Revision Type: Retain</p>	<p>2010 Standard: MM.08.01.01</p> <p>2010 EP: 6</p> <p>2010 EP Text:</p> <p>For organizations that prescribe, dispense, or administer medications: The organization takes action on improvement opportunities identified as priorities for its medication management system.</p>
<p>2009 Standard: MM.8.10</p> <p>2009 EP Text:</p> <p>The performance of new and modified medication management processes is measured.</p>	<p>2009 EP: 5</p> <p>Revision Type: Retain</p>	<p>2010 Standard: MM.08.01.01</p> <p>2010 EP: 7</p> <p>2010 EP Text:</p> <p>For organizations that prescribe, dispense, or administer medications: The organization evaluates its actions to confirm that they resulted in improvements for its medication management system.</p>
<p>2009 Standard: MM.8.10</p> <p>2009 EP Text:</p> <p>The {jc}organization{/2} uses information from data analysis to identify subsequent changes to improve its medication management system.</p>	<p>2009 EP: 6</p> <p>Revision Type: Retain</p>	<p>2010 Standard: MM.08.01.01</p> <p>2010 EP: 8</p> <p>2010 EP Text:</p> <p>For organizations that prescribe, dispense, or administer medications: The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained.</p>