Revised Requirements Related to Medication Compounding

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM
Effective January 1, 2024

Medication Management (MM) Chapter

MM.05.01.07

The critical access hospital safely prepares medications.

Element(s) of Performance for MM.05.01.07

1. When an on-site licensed pharmacy is available, a pharmacist, or pharmacy staff under the supervision of a pharmacist, compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product’s stability is short.

2. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.

Key: D indicates that documentation is required; R indicates an identified risk area;
2. The critical access hospital develops and implements policies and procedures for sterile medication compounding of nonhazardous and hazardous medications in accordance with state and federal laws and regulation. 
Note: All compounded medications are prepared in accordance with the orders of a physician or other licensed practitioner.

3. During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity.

3. The critical access hospital assesses competency of staff who conduct sterile medication compounding of nonhazardous and hazardous medications in accordance with state and federal law and regulation and the critical access hospital policies.

4. The critical access hospital uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 24 hours.

4. The critical access hospital conducts sterile medication compounding of nonhazardous and hazardous medications within a proper environment in accordance with state and federal law and regulation and critical access hospital policies. 
Note: Aspects of a proper environment include but are not limited to air exchanges and pressures, ISO designations, viable testing, and cleaning/disinfecting.

5. For rehabilitation and psychiatric distinct part units in critical access hospitals: Medications are prepared and administered in accordance with the orders of a physician or other licensed practitioner responsible for the patient’s care, and in accordance with critical access hospital policies; medical staff bylaws, rules, and regulations; and law and regulation.

5. The critical access hospital properly stores compounded sterile preparations of nonhazardous and hazardous medications and labels them with beyond-use dates in accordance with state and federal law and regulation and critical access hospital policies.

Key: ∎ indicates that documentation is required; ❅ indicates an identified risk area;
6. For rehabilitation and psychiatric distinct part units in critical access hospitals: In-house preparation of radiopharmaceuticals is done by, or under the direct supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.

6. The critical access hospital conducts quality assurance of compounded sterile preparations of nonhazardous and hazardous medications in accordance with state and federal law and regulation and critical access hospital policies.

7. For rehabilitation and psychiatric distinct part units in critical access hospitals: An appropriately trained registered pharmacist or doctor of medicine or osteopathy performs or supervises in-house preparation of radiopharmaceuticals.

National Patient Safety Goals (NPSG) Chapter

NPSG.03.04.01

Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

Note: Medication containers include syringes, medicine cups, and basins.

Element(s) of Performance for NPSG.03.04.01

3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:
   - Medication or solution name
   - Strength
   - Amount of medication or solution containing medication (if not apparent from the container)
   - Diluent name and volume (if not apparent from the container)
   - Expiration date when not used within 24 hours
   - Expiration time when expiration occurs in less than 24 hours

Note: The date and time are not necessary for short procedures, as defined by the critical access hospital.

3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:
   - Medication or solution name
   - Strength
   - Amount of medication or solution containing medication (if not apparent from the container)
   - Diluent name and volume (if not apparent from the container)
   - Expiration date and time

Note: The date and time are not necessary for short procedures, as defined by the critical access hospital.

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