

# Prepublication Requirements

• Issued August 21, 2023 •



## 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 HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2024

### Medication Management (MM) Chapter

#### MM.05.01.07

The hospital safely prepares medications.

#### Element(s) of Performance for MM.05.01.07

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| 1. | <del>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.</del>   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 1. | <b><u>A pharmacist supervises all compounding, packaging, and dispensing of drugs and biologicals except in urgent situations in which a delay could harm the patient or when the product's stability is short. All compounding, packaging, and dispensing of drugs and biologicals are performed in accordance with state and federal law and regulation.</u></b> | <input type="checkbox"/> <input type="checkbox"/>            |
| 2. | <del>Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.</del>   | <input type="checkbox"/> <input type="checkbox"/>            |

Key: **D** indicates that documentation is required;

**R** indicates an identified risk area;

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|---|---|---|---|
| <p><b>2. The hospital develops and implements policies and procedures for sterile medication compounding of nonhazardous and hazardous medications in accordance with state and federal law and regulation.</b><br/> <b>Note: All compounded medications are prepared in accordance with the orders of a physician or other licensed practitioner.</b></p>                                  | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> |   | D |
|   | D   |   |   |
| <p><del>3. During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity.</del></p>   | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>                      |   |   |
|   |   |   |   |
| <p><b>3. The 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 hospital policies.</b></p>  | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> |   | D |
|   | D   |   |   |
| <p><del>4. The 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.</del></p>   | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>                      |   |   |
|   |   |   |   |
| <p><b>4. The hospital conducts sterile medication compounding of nonhazardous and hazardous medications within a proper environment in accordance with federal law and regulation and hospital policies.</b><br/> <b>Note: Aspects of a proper environment include but are not limited to air exchanges and pressures, ISO designations, viable testing, and cleaning/disinfecting.</b></p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> |   | D |
|   | D   |   |   |
| <p><del>5. For hospitals that use Joint Commission accreditation for deemed status purposes: 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 hospital policies; medical staff bylaws, rules, and regulations; and law and regulation.</del></p>            | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px; text-align: center;">R</td> <td style="width: 30px;"></td> </tr> </table> | R |   |
| R   |   |   |   |
| <p><b>5. The 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 hospital policies.</b></p>  | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">D</td> </tr> </table> |   | D |
|   | D   |   |   |
| <p><del>6. For hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.</del></p>  | <table border="1" style="border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>                      |   |   |
|   |   |   |   |

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

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

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7. For hospitals that use Joint Commission accreditation for deemed status purposes: An appropriately trained registered pharmacist or doctor of medicine or osteopathy performs or supervises in-house preparation of radiopharmaceuticals.

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## 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 hospital.

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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 hospital.

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