Revised Medication Management EPs Across Programs

Effective January 1, 2018, The Joint Commission has edited its Medication Management (MM) standards for the ambulatory care, behavioral health care, critical access hospital, home care, hospital, nursing care center, and office-based surgery practice programs to assure that they continue to reflect evidence-based practices and quality and safety issues that have emerged from the field in recent years. (During the review, it was determined that some additions and revisions also were needed for Environment of Care [EC] standards and Record of Care, Treatment, and Services [RC] standards.)

The Joint Commission conducted a field review of all proposed revisions in September and October of 2016. The final changes require organizations to take the following actions:

- Implement a policy to provide emergency backup for essential medication dispensing equipment identified by the organization.
- Implement a policy to provide emergency backup for essential refrigeration for medications identified by the critical access hospital.
- Manage hazardous medications in behavioral health care settings that engage in the medication management processes.
- Add “wasting” of medications to the required written policy addressing the control of medications between when they are received by an individual health care provider and when they are administered.
- Implement a policy that describes the types of medication overrides that will be reviewed for appropriateness and the frequency of the reviews when automatic dispensing cabinets are used.
- Record, in the patient’s clinical record, the date and time of any medication administered.

Not all new requirements and revisions are applicable to all accreditation

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compliance with all Joint Commission Waived Testing (WT) standards and elements of performance must be evaluated.

- If waived testing is performed using the patient’s equipment, compliance must be evaluated on all the WT standards including the following areas:
  - Established waived testing quality control checks as recommended by the manufacturer
  - Documentation of quality control results, including internal and external controls for waived testing
  - Documentation in the patient’s record of test results for waived testing
  - Accompanying test result reports in the patient record for waived testing with reference intervals (normal values) and quality control results specific to the test method and instrument used
  - Competency assessment for waived testing using at least two of the following methods per person per test: performance of a test on a blind specimen, periodic observation of routine work by the supervisor or qualified designee, monitoring of each user’s quality control performance, use of a written test specific to the test assessed
  - Records retention of quality control results, test results, and instruments used for waived testing for at least two years

Again, lancet devices should never be used on more than one patient. If glucometers are shared amongst multiple persons, they must be cleaned and disinfected following manufacturer’s guidelines between use. If the cleaning and disinfection process as directed by the manufacturer cannot be reasonably conducted in the field, then the device will need to be returned to the office and properly cleaned and disinfected before being used on another patient. Please see the sidebar above for applicable Joint Commission requirements.

For additional information, please visit the CDC website at https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html. Questions may be directed to the Standards Interpretation Group at https://web.jointcommission.org/sigsubmission/sigquestionform.aspx.

### APPLICABLE JOINT COMMISSION REQUIREMENTS

| IC.01.03.01: The organization identifies risks for acquiring and spreading infections. (see EPs 2 and 3) |
| IC.01.04.01: Based on the identified risks, the organization sets goals to minimize the possibility of spreading infections. (see EP 4) |
| IC.02.01.01: The organization implements the infection prevention and control activities it has planned. (see EPs 1, 2, and 6) |
| IC.02.02.01: The organization reduces the risk of infections associated with medical equipment, devices, and supplies. (see EPs 1 and 3) |
| PC.02.01.01: The organization provides care, treatment, or services for each patient. (see EP 2) |
| WT.01.01.01: Policies and procedures for waived tests are established, current, approved, and readily available. (see EPs 3, 5, and 6) |
| WT.03.01.01: Staff and licensed independent practitioners performing waived tests are competent. (see EPs 2–6) |
| WT.04.01.01: The organization performs quality control checks for waived testing on each procedure. (see EPs 1, 2, and 4–6) |
| WT.05.01.01: The organization maintains records for waived testing. (see EPs 1–5) |

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