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](http://www.jcrinc.com).

### Medication Management (MM)

#### Standard MM.01.01.03

The [critical access] hospital safely manages high-alert and hazardous medications.

##### Element of Performance for MM.01.01.03

1. ☑️ The [critical access] hospital identifies, in writing, its high-alert and hazardous medications. *(See also [EC.02.02.01, EP 8]*)

   **Note:** This element of performance is also applicable to sample medications.


#### Standard MM.03.01.01

The [critical access] hospital safely stores medications.

##### Element of Performance for MM.03.01.01

4. ☑️ The [critical access] hospital has a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.

   **Note:** This element of performance is also applicable to sample medications.

#### Standard MM.04.01.01

Medication orders are clear and accurate.

##### Element of Performance for MM.04.01.01

1. ☑️ The [critical access] hospital 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 prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
- Automatic stop orders: Orders that include a date or time to discontinue a medication
- Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient’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 patient’s status
- Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed independent practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on specific date(s) and time(s)
- Orders for compounded drugs or drug mixtures not commercially available
- Orders for medication-related devices (for example, nebulizers, catheters)
- Orders for investigational medications
- Orders for herbal products
- Orders for medications at discharge or transfer

Standard MM.08.01.01
The [critical access] hospital evaluates the effectiveness of its medication management system.

Note: This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)

Element of Performance for MM.08.01.01
16. When automatic dispensing cabinets (ADCs) are used, the [critical access] hospital has a policy that describes the types of medication overrides that will be reviewed for appropriateness and the frequency of the reviews. One-hundred percent review of overrides is not required.

Record of Care, Treatment, and Services (RC)

Standard RC.02.01.01
The medical record contains information that reflects the patient’s care, treatment, and services.

Element of Performance for RC.02.01.01
2. The medical record contains the following clinical information:

- The reason(s) for admission for care, treatment, and services
- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)
- Any findings of assessments and reassessments (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)
- Any allergies to food
- Any allergies to medications
- Any conclusions or impressions drawn from the patient’s medical history and physical examination
- Any diagnoses or conditions established during the patient’s course of care, treatment, and services (including complications and hospital-acquired infections). [For distinct part units in critical access hospitals: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.] For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.
- Any consultation reports
- Any observations relevant to care, treatment, and services
- The patient’s response to care, treatment, and services
- Any emergency care, treatment, and services provided to the patient before his or her arrival
- Any progress notes
- All orders
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, and route, date and time of administration
- Any access site for medication, administration devices used, and rate of administration
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23)
- Results of diagnostic and therapeutic tests and procedures
- Any medications dispensed or prescribed on discharge
- Discharge diagnosis
- Discharge plan and discharge planning evaluation (See also PC.01.02.03, EP 6[-8])