PRE-ACCREDITATION ENTRY LEVEL STANDARDS FOR HCO & SHCO

SESSION #2

BASIC PROGRAM TO TRAIN CPQIH

VERSION 2.1 BASIC TRAINING

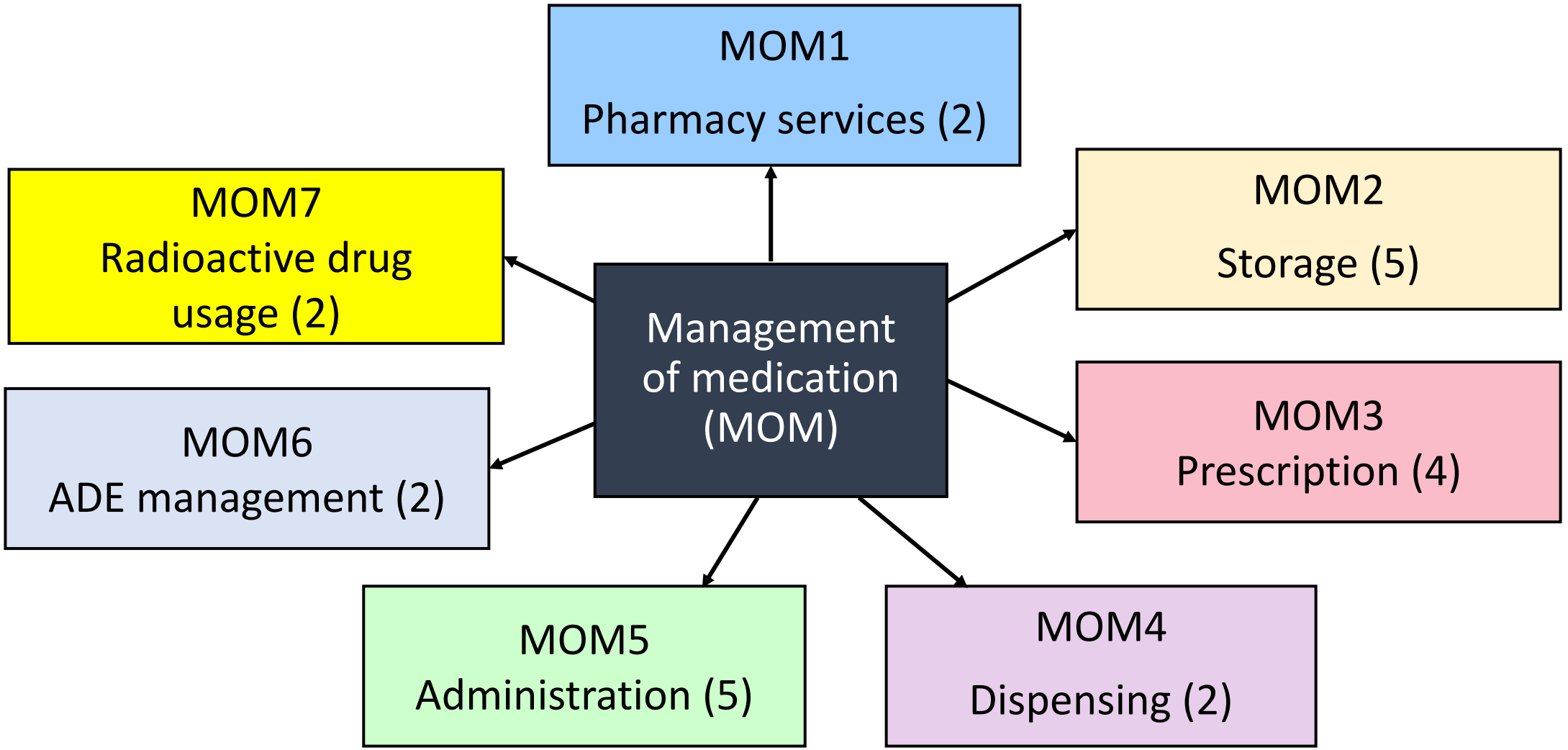
CAHO

Committed to Safer Patient Care

CONSORTIUM OF ACCREDITED HEALTHCARE ORGANIZATIONS

MANAGEMENT OF MEDICATION (MOM)

Summary of Standards



Intent of MOM

The NABH **Management Of Medication** (MOM) chapter aims at:

- Organisation has a safe and organised medication process (Storage, prescription, dispensing and administration).
- Organisation should have a mechanism to ensure that the emergency medications are standardised throughout the organisation, readily available and replenished in a timely manner.
- There should be a mechanism for safe use of high-risk medications.
- Patient safety-monitoring of patients after medication administration, analysing adverse drug events.

MOM 1: Documented procedures guide the organisation of pharmacy services and usage of medications.

- **MOM 1a:** Documented procedures shall incorporate purchases, storage, prescription and dispensing of medications.
- **MOM 1b:** Documented procedures address procurement and usage of implantable prosthesis.

Medical Implants

What is it?	Devices/ tissues that are made from bone, skin, tissue, metal, plastic or ceramic.
Where is it placed?	They are placed inside the body or under surface of the body.
Why is it used?	▪ To replace missing body parts. ▪ To deliver medication. ▪ To monitor body functions. ▪ To support organs and tissues.

How to implement MOM1?

Medication

- Order placed with approved vendors.
- Define ROL and raise PO.
- Stores personnel: Check and receive items.

Implant

- Selection by a consultant based on patient's requirement.
- Adhere to national/international or have manufacturing practices (GMP) certificates.
- Purchase through pharmacy request.
- Stocks can be maintained outside pharmacy.
- Sterilise before use.
- Discard in blue bags.

Points to Remember

Vendor	Pharmacy	Pharmacist
▪ Should have appropriate licenses.	▪ Should have approved list of vendors. ▪ Should have list of implants and departments using them. ▪ Can be outsourced.	▪ Should be available 24/7. ▪ Should have list of medications used in the hospital. ▪ Should be endorsed in license. ▪ Change in pharmacists should reflect in the license.

Documentation

Apex manual

- Protocols for purchase, storage, prescribing and dispensing medications.

Theatre logbook/implant register

- Implant details.

MOM 2: Documented procedures guide the storage of medications.

- **MOM 2a:** Documented policies and procedures exist for storage of medication.
- **MOM 2b:** Medications are stored in a clean, safe environment and incorporate manufacturer's recommendations.
- **MOM 2c:** Sound alike and look alike medications are stored separately.
- **MOM 2d:** Beyond expiry date medications are not stored/used.
- **MOM 2e:** List of emergency medicines defined, stored and available at all time.

Storage Room and Pharmacy

- Discard empty and unused cartons.
- Pest-free and rodent-free racks and stacking cupboards. Have records of pest control.
- Medicines should not be stored on the floor. (1 feet from floor)
- Racks used for storage should have at least a gap pf 6 inches from the ceiling.
- Ladders to access items stocked in high cupboards.
- Availability of adequate smoke detectors and alarms.
- CCTV monitoring and restricted entry.

How to implement MOM2?

Proper storage

- Clean and well-ventilated storage room.
- Air-conditioned pharmacy. (24^0C)
- Monitor room temperature of pharmacy and temperature of refrigerator.
- Store appropriate medications in refrigerator.
- Refrigerate food and medications separately.
- Maintain cold chain for vaccines.
- Keep vaccines on inner racks.

Avoid dispensing errors

- Store medications in alphabetical order of brand/generic name.
- Store LASA medications separately.
- Give list of LASA medications to staff.
- Check and return expired medications to supplier.
- Destroy or discard expired medications as per BMW norms.
- Prevent circulation of expired medications.
- Check expiry date before dispensing and administration medications.
- Train staff about LASA storage and patient safety.

Sound Alike and Look Alike

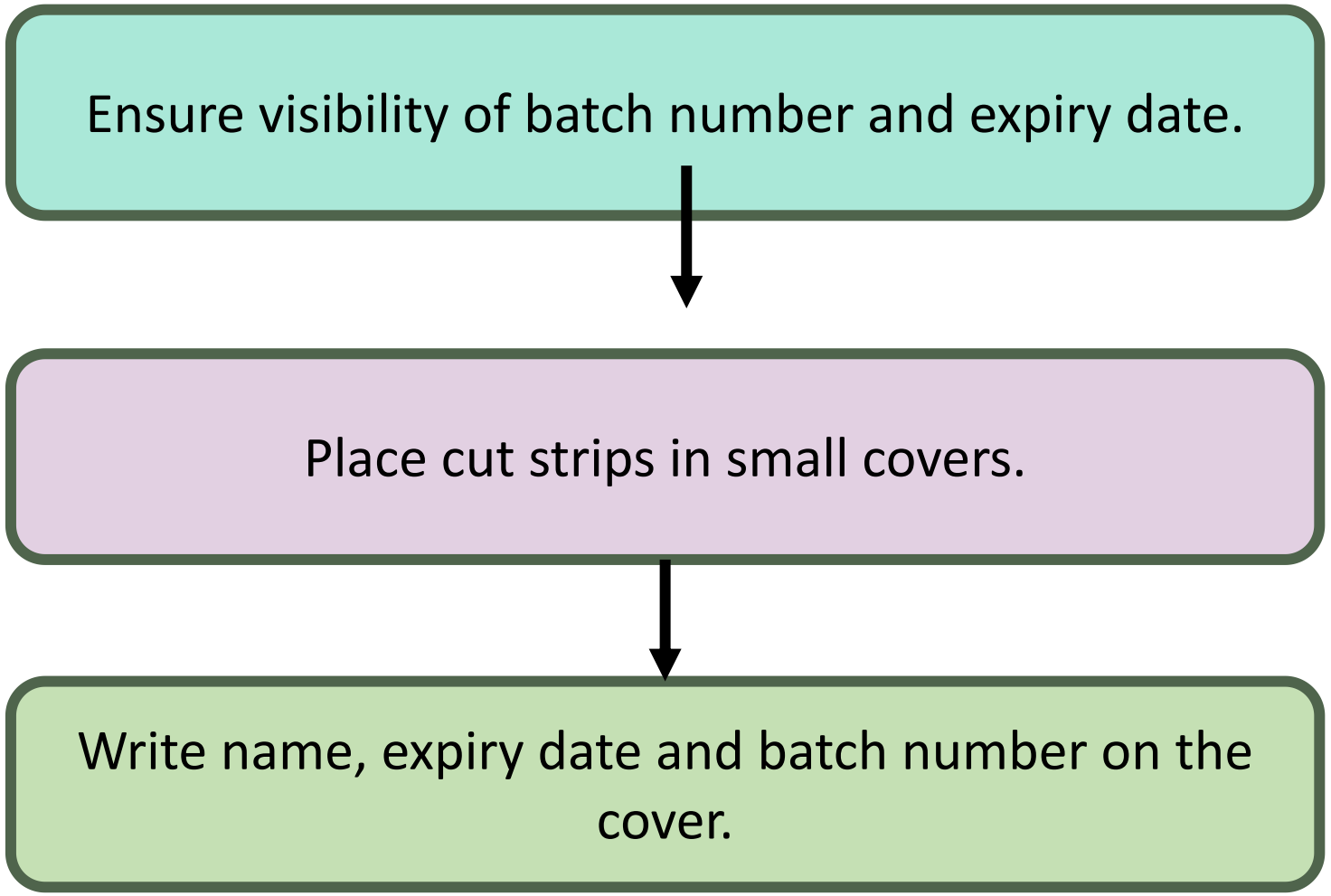
Many ampoules, vials and tablets may sound alike and also look alike. The list of such drugs should be identified and available in all areas where drugs are stored.

Expired drugs/ Near Expiry

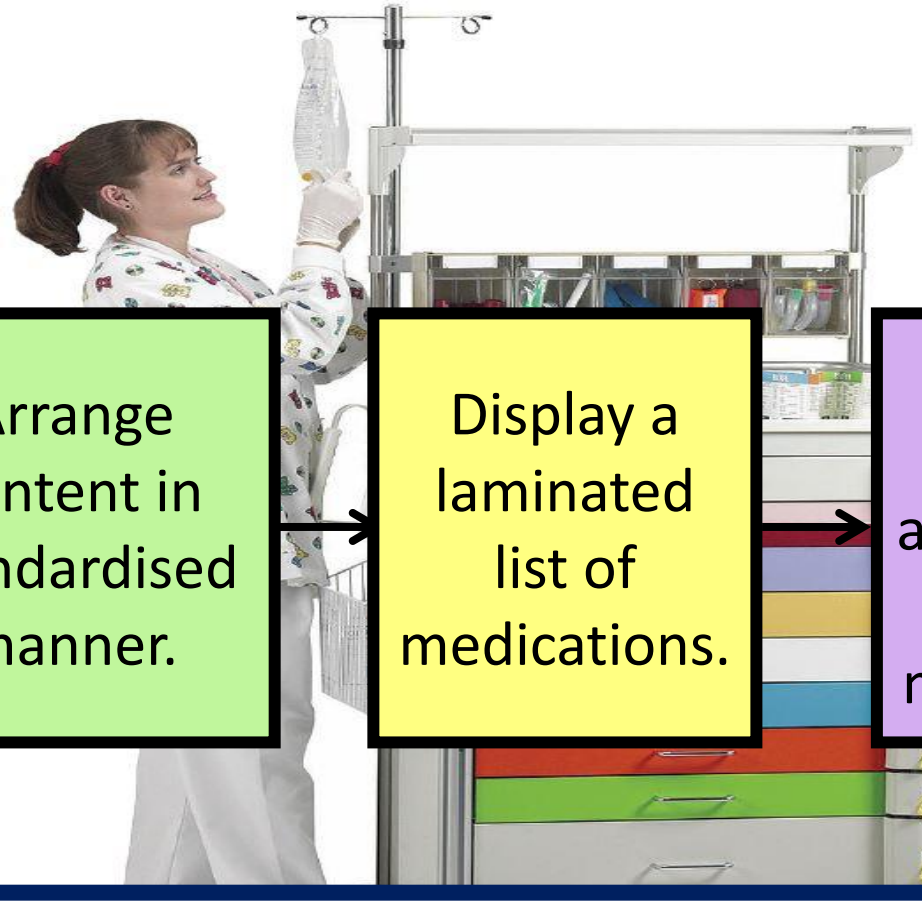
Expired drugs are those which might not be suitable for use after their expiration date. You should always check the expiration date before medication administration.

The hospital could define near expiry. For example: Three months prior to the expiry date.

Best Practices for Storing Cut Medication Strip



Crash Cart



Prepare a list of emergency medications.

Arrange content in standardised manner.

Display a laminated list of medications.

Check daily to ensure availability of adequate medications.

Replenish stock after use.

Note: Checking of medications in a sealed crash cart can be done after each use.

Documentation

Apex manual

- Daily room temperature of the pharmacy.
- Temperature of the refrigerator.
- Policy for retrieving expired drugs and identifying near expiry medications (3 months from the date of expiry).

Internal audit report

- Inventory audits.

MOM 3: Documented procedure guides the prescription of medications.

- **MOM 3a:** The organisation determines who can write orders.
- **MOM 3b:** Orders are written in a uniform location in the medical records.
- **MOM 3c:** Medication orders are clear, legible, dated and signed.
- **MOM 3d:** The organisation defines a list of high-risk medication and process to prescribe them.

How to implement MOM3?

Outpatient prescriptions

- Write in OP prescription form.
- Medical Reg. No
- Write repeat prescriptions on previous/fresh forms.
- Write date and sign on repeat prescription.
- Follow same principles for electronic orders.

Inpatient orders

- Write in uniform location in medical records.
- Include patient's name and UHID.
- Write medication order and administration details in medication chart or use "Drug Kardex".
- Write fresh order for change in existing order.

How to implement MOM3?

Avoid prescribing errors

- Write medication order in capital letters.
- Include important details.
- Write generic names.
- State strength in SI units.
- Use approved abbreviations.
- Avoid confusing phrases.
- Follow best practices for high-risk medications.
- Read back orders.

Training

- Doctors: Documentation of medication orders.
- Nurses: Documentation of medication administration.
- All staff: Dangers of misusing high-risk medications.

Medication Order: Points to Remember

Medication order	What should the doctor do?
HIS/EMR	Enter details using login id.
Handwritten order or HIS entry by assistant/nurse	Verify and authorise the order.
Verbal order	Counter-sign within specified time.

Note: The medication order in OP, IP and emergency department should be written by a doctor registered in a State medical council.

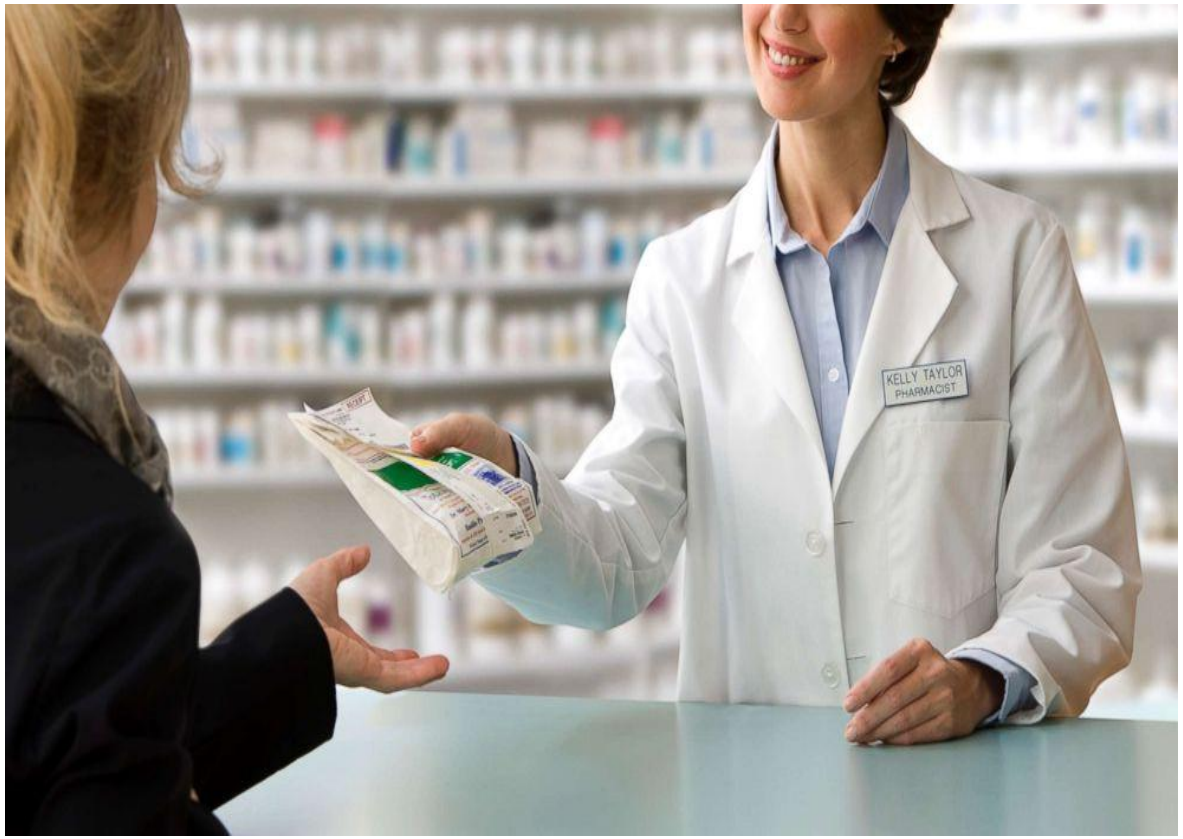
Documentation

Apex manual

- Policy on approved list of drugs that can be ordered verbally, details on who can give verbal orders and how to validate the orders.
- Policy on prescribing/dispensing and administering high-risk medications.

Audit report

- Compliance check of prescriptions and orders.



MOM 4: Policies and procedures guide the safe dispensing of medications.

- **MOM 4a:** Medications are checked prior to dispensing including expiry date to ensure that they are fit for use.
- **MOM 4b:** High risk medication orders are verified prior to dispensing.

High Risk Medications

Medications that have a high risk of causing significant patient harm or death when used in error.

For example: Medications with a low therapeutic window(Potassium), controlled substances(pethidine and morphine), psychotherapeutic medications(Lithium) and radioactive substances.

How to implement MOM4?

Dispensing

- Display list of high-risk medications in prominent locations.
- Staff should be familiar with the list.
- Pharmacist: Cross-check medications with prescription.
- Pharmacist and nurse: Check expiry date.

Avoid dispensing errors

- Remove short-expiry date medications (preferably within 3 months of expiry).
- Follow best practices for high-risk medications.

Training

- All staff: Dangers of misusing high-risk medications.

What to document in the apex manual?

- Policy on safe dispensing of medications.

MOM 5: There are defined procedures for medication administration.

- **MOM 5a:** Medications are administered by trained personnel.
- **MOM 5b:** Prior to administration, medication order including patient, dosage, route and timing are verified.
- **MOM 5c:** Prepared medication is labelled prior to preparation of a second medication.
- **MOM 5d:** Medication administration is documented.
- **MOM 5e:** A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.

How to implement MOM5?

Administration

- Doctors prescribe narcotics using individual prescription.
- Doctor or registered nurses can administer medications.
- Administer within one hour of permissible time.
- Consider actual time and not planned time.

Avoid administration errors

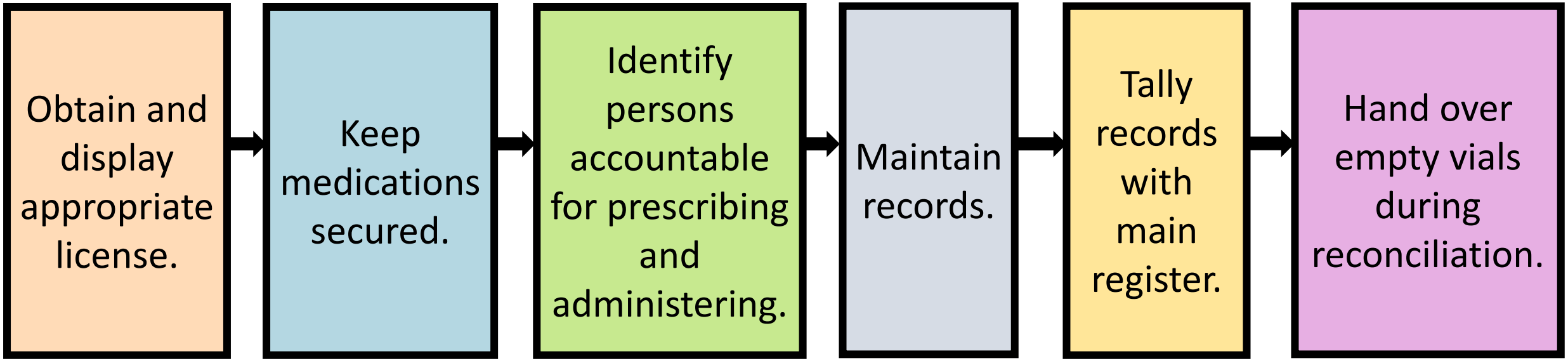
Prior to administration:

- Check patient information.
- Check five rights of medication administration.
- Double check high-risk medications.

While loading medication into syringe:

- Label medication immediately after preparation.
- Check expiry date of loaded medication.
- Discard unidentified medication.

Narcotics Drugs and Psychotropic Medications



Training

- **Certified medication technicians:** Provide appropriate training.
- **All staff:** Correct labelling of medications and the practice should be audited periodically.

Documentation

Apex manual

- Policy on self-medication.
- Policy on safety precautions for permitted self-medications.
- Policy on usage of narcotics.

Audit report

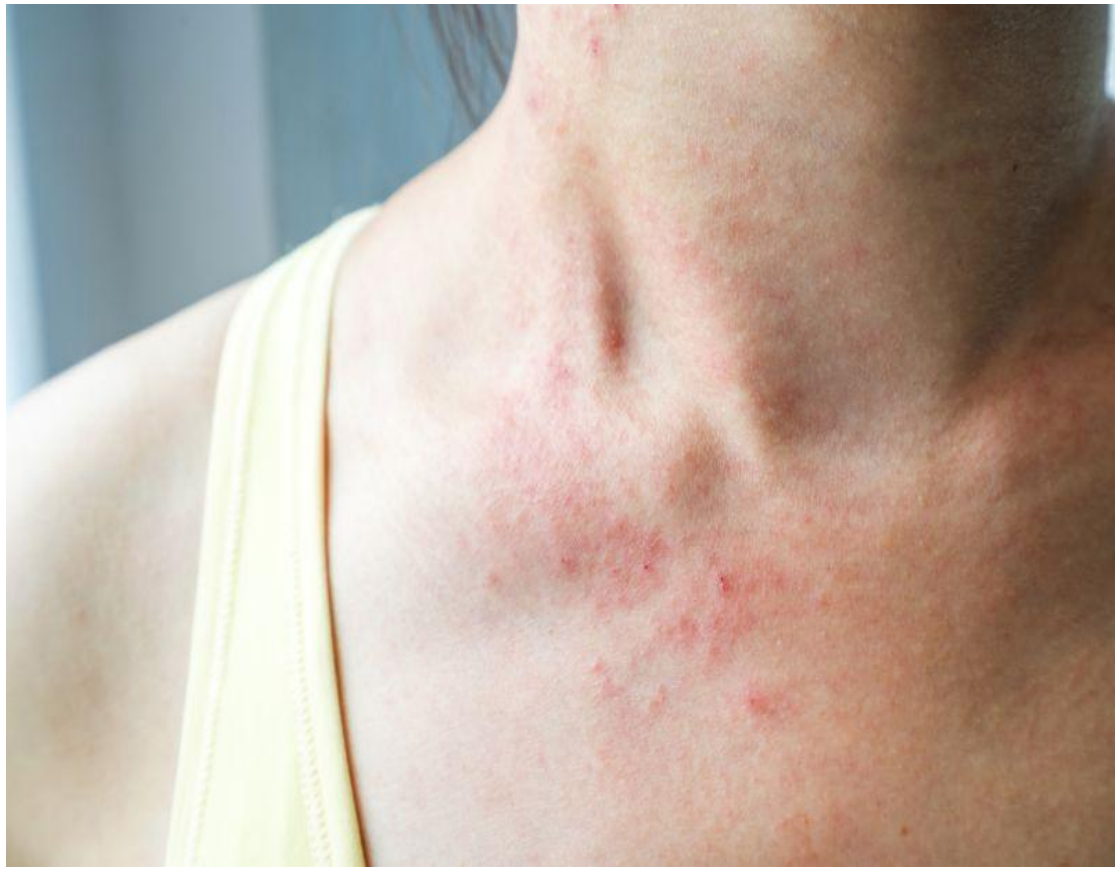
- Compliance check of medication orders and administration records.

Registers

- Name of the patient and UHID.
- Quantity of narcotic medication used and discarded.
- Name of doctor who prescribed the medication and the nurse who administered it.

MOM 6: Adverse drug events are monitored.

- **MOM 6a:** Adverse drug events are defined and monitored.
- **MOM 6b:** Adverse drug events are documented and reported within a specified time frame.



Definitions

Adverse Drug Event (ADE): Harm resulting from medical intervention related to a drug (IOM).

This includes medication errors, adverse drug reactions, allergic reactions and overdoses.

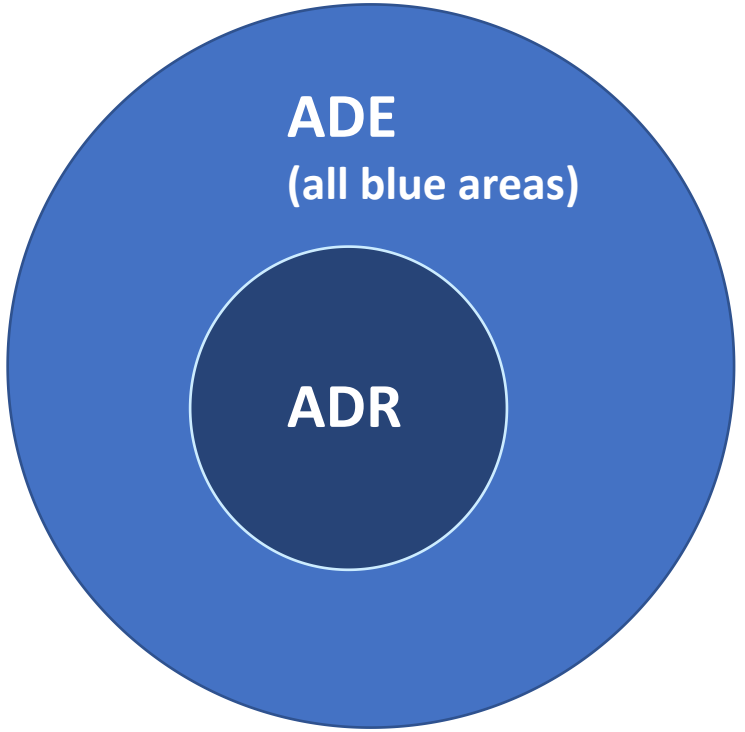
- Account for an estimated 1 in 3 of all hospital adverse events.
- Affect about 2 million hospital stays each year
- Prolong hospital stays by 1.7 to 4.6 days.

Definitions

Adverse Drug Reaction (ADR): Is drug-induced harm occurring with appropriate use of medication (i.e., not caused by an error).

It includes any response to a drug which is noxious and unintended that occurs **at doses normally used in man** for prophylaxis, diagnosis, or therapy of disease, or for the modifications of physiological function (WHO).

Adverse Drug Reaction (ADR) is a subtype of an ADE (i.e., all ADRs are ADEs, but not vice versa).



Definitions

Medication errors are mistakes that occur during prescribing, transcribing, dispensing, administering, adherence, or monitoring a drug.

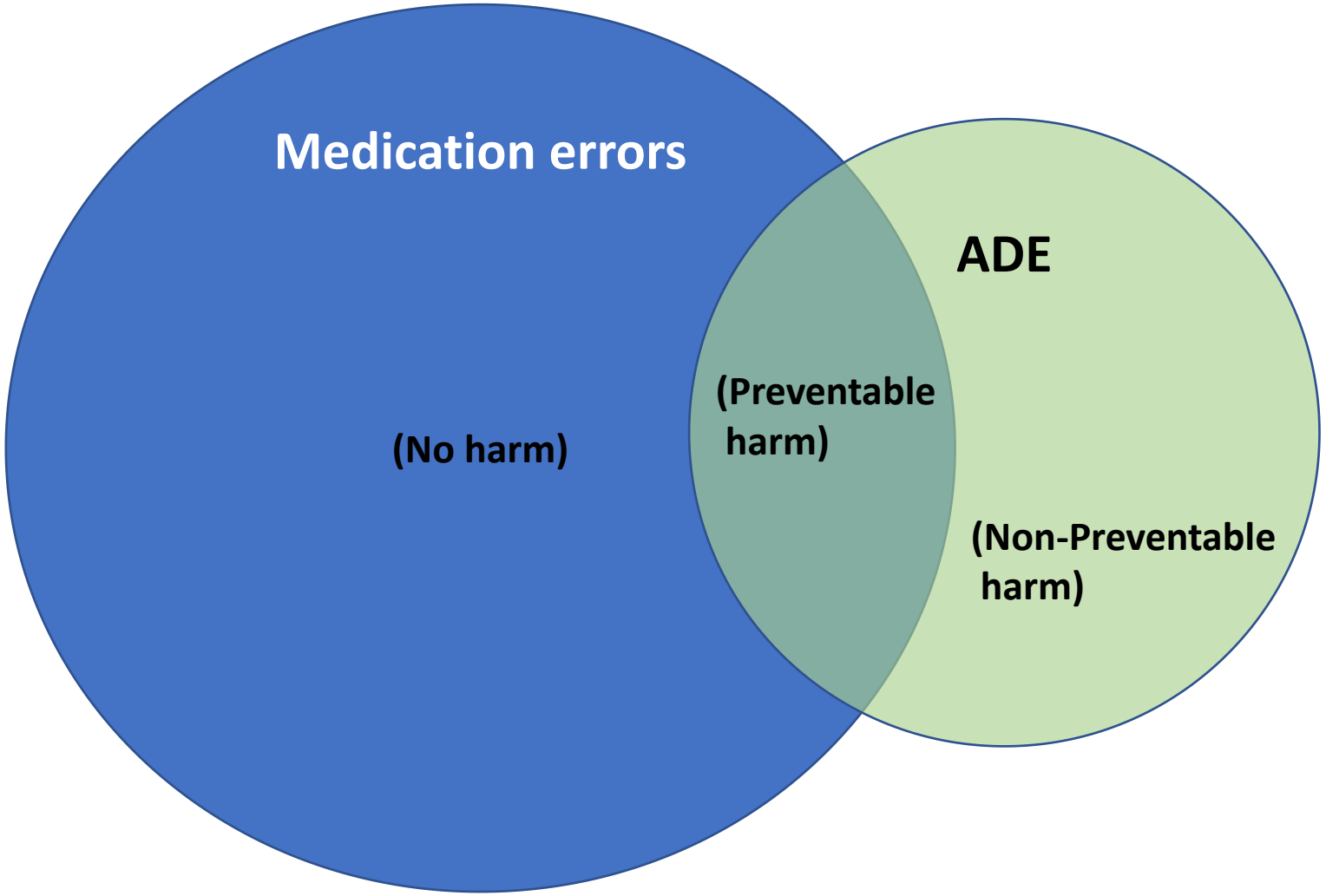
Medication errors that are stopped before harm can occur are sometimes called “near misses” or more formally, a potential adverse drug event.

Though medication errors are very common, they result in harm less than 1% of time.

Adverse Drug Events and Medication Errors

Medication errors are more common than adverse drug events but result in harm less than 1% of the time.

About 25% of adverse drug events are due to medication errors and are preventable.



Scenarios

Side effect , ADR, ADE: A patient is suffering from back pain. And, you give the correct dose of Tab Brufen to the patient. The patient develops skin rash.

Near Miss: The doctor writes an order for five units of insulin. The nurse loads 50 units and senior nurse notices it. She stops the administration

Medication Error: Antibiotic order was missed by the nurse in the morning and administered after 2 hours.

Sentinel event: 60-year-old lady was administered 0.25 mg of epinephrine instead of 5 mg of midazolam during colonoscopy. She started to complain of chest tightness, difficulty breathing, and generalized tremors. Procedure was postponed for several days until the patient recovered.

Preventable and Non-preventable ADE

Medication errors are preventable, whereas ADR is non-preventable. However, by pharmacovigilance (reporting all ADRs and by documenting patient related ADEs), they can be minimised.

Classification of ADE	
Preventable	**Non-preventable**
▪ Medication errors	▪ Adverse drug reaction (ADR)

How to implement MOM6?

Awareness

- Identify ADE.
- Analyse and monitor ADE.
- Take corrective and preventive actions.

Reporting

- Use standardised structure.
- Report within timeframe(preferably within 24 hours).

Documentation

Apex manual

- ADE reporting.

MOM7: Documented policies and procedures govern usage of radioactive drugs.

- **MOM 7a:** Documented policies and procedures govern usage of radioactive drugs.
- **MOM 7b:** Policies and procedures include the safe storage, preparation, handling, distribution and disposal of radioactive drugs.

Radioactive Medications

Radioactive medications pose a safety risk. These medications require special processes for safe storage, preparation, handling, distribution, disposal and control of use.

Monitoring and surveillance programmes ensure radiation protection of the occupational workers, public and the environment.

How to implement MOM7?

AERB guidelines

- Usage of radioactive medications.
- Documentation on usage of radioactive medications.
- Qualification of staff dealing with radioactive materials.
- BMW management.

Documented policies

- Display of licenses of machines, procurement of source, RSO.
- Submission of reports.
- Ensure low radiation exposure.

What should be documented in the apex manual?

- Details of the radioactive medications:
  - Receipt.
  - Identification.
  - Labelling.
  - Storage.
  - Control.
  - Distribution.
  - Disposal (hazardous waste).
- Safety precautions (For example: Layouts, signages, radiation waste pipes and delay tanks) that should be followed by patients, staff and visitors.
- Radiation safety education.
- BMW management.
- Details of delay tank management.

Any Questions

Thank You!