1A Successful Implementation of Complex Medication Orders for Joint Commission Compliance

American Society of Pain Management Nurses

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Guiding Joint Commission Standards

- MM.04.01.01
  - Medication orders are clear
- MM.05.01.01
  - Pharmacist review of medication orders
- MM.06.01.01
  - Medications are safely administered
- PC.02.01.03
  - Providers orders are followed

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MM.04.01.01
SAFER Matrix Distribution

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Top Trends of Non-compliance

- Incomplete medication orders
- Orders written out of policy
- Therapeutic duplication

What is a complete order for medication?

- MM.04.01.01 EP 1 requires organization to define what orders are acceptable
  - Must minimal include required contents
  - Organization may choose what additional items they wish to include in orders
How much is enough in the order

- Name of the patient
- Date and time of order
- Drug name
- Dose, frequency and route
- Dose calculation requirements, when applicable
- Exact strength of concentration when applicable
- Quantity/duration, when applicable
- Special instructions, when applicable

Policy guidance

- Is the policy as written able to be implemented?
  - Written expectations can lead to unintended consequences

- Policies can be utilized and implemented to guide direction when orders are unclear

- If policies are problematic start focus on administration and work backwards

Policy Development - where should we start?
Therapeutic Duplication

- Intended versus accidental
  - Intended multi-modal approach to pain relief is not prohibited.
  - Organizations should address:
    - How this will be delineated in orders
    - How pharmacy will know when reviewing orders
    - How nurses will know when reviewing orders
    - Organizations should leverage use of electronic medical records

Pharmacist review of medication orders

- Interactive education is highly recommended to be provided for providers and pharmacy staff
- Pharmacy staff must review orders and hold processing of orders that do not match policy
- Special attention to “how” medication orders are referred back to the provider and “who”

Range Orders

- Range orders are not prohibited
- Double range orders are acceptable for use
  - Morphine 2-4mg IV every 4-6 hours prn pain
- Must develop consistent implementation
  - Organizations should evaluate risk of splitting range orders into multiple orders
Titration Orders

- Required elements:
  - Medication name
  - Medication route
  - Initial or starting rate of infusion (dose/min)
  - Incremental units the rate can be increased or decreased
  - Frequency for incremental doses (how often dose(rate) can be increased or decreased
  - Maximum rate (dose) of infusion
  - Objective clinical endpoint (RASS score, CAM score, etc.)

Rescue Doses

- Are not prohibited by Joint Commission standards.
- Should be allotted for in policy.
- Should have clear guidance in the order as to when and why the dose can be given.
  - Consideration should be made regarding any special physiological assessment that might be needed for given patient populations.

Important factors to consider when developing pain management protocols

- Is the patient opiate naïve?
- Does the patient have co-morbidities that would increase the risk of adverse effects of the pharmacological approach?
- Would certain trigger initiate a separate protocol for pain management?
Have Questions..... Need Answers?

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