JCAHO/HSI Notes 59th Medical Wing (Wilford Hall)

15 March

– range orders – supposedly a big deal from one of the JCAHO inspectors – mentioned several times. Will need to re-address and refine in MDWI 44-10 (i.e Wing medication use instruction) revision.
- Looked at one chart (of a diabetic patient), spoke to the RN taking care of the patient. Their feedback was they would like us to have a standard insulin sliding scale (the patient's had been changed several times). FYI – when I discussed this with our endo chief she had some serious heartburn with this) Only other thing was the MD had written U instead of units and that on the MAR ISS blocks, it's hard to write "8units" because the block is so small. They suggested bigger blocks on MAR.
- We will sign in ALL inspectors at ALL PHARMACIES. If the inspectors should up after normal duty hours, they should have a WHMC ID badge. Be cordial, escort them in, sign them in, and DO NOT leave them alone. They should be escorted the entire time they're within the pharmacy(ies).
- Wear your hospital ID badges.
- Keep all your controlled drug cabinets and vaults/safes LOCKED. Inspectors have been known to try and open cabinets and safes. Even when escorted, they've tried to distract personnel and access controlled drugs. (FYI – the HSI inspectors DID check all the narc cabinets and safes)
- CAF Folders/training folders – these should all be LOCKED up. Don't leave them out and about where someone could take them or take anything out of them. (FYI – the HSI inspectors made it a point to look at ALL the binders left out. If the binder(s) were out they were fair game)

- Be sure your staffs, including volunteers, are asking the two questions in our OI 1) have you taken this medication(s) before and 2) do you have any questions? The inspectors will be listening.

16 March – Data use tracer – MAJ Davenport

The JCAHO Administrator conducted the Data System Tracer interview this morning at 0830. There were several questions directed at pharmacy and medication management:
- Inpatient Order Entry for Pharmacy: the administrator noted we did not have a system in place to provide pharmacy inpatient order entry and pharmacy did not electronically generate MARs. I explained about the facility's plan to implement Pyxis Safety Net (UFR at AETC, ~$3.5M, # 5 of 7 on list, awaiting funding) and it would provide the capability for pharmacy to generate MARs, improved control of pharmacy review prior to administration and the capability of bar-code verification of med doses at time of administration. During this discussion, he noted yesterday surveyors had found unapproved abbreviations (U for Unit) and range orders. The surveyor <u>strongly</u> encouraged the facility to implement electronic inpatient pharmacy order entry on two separate occasions during the interview, and noted approximately 85% of civilian facilities now have electronic inpatient order entry FYI – We think this figure is WAY high!).

- He asked about the top two successes for pharmacy in reducing medication errors. For outpatient, I presented the implementation of PharmASSIST, the bar-code filling and verification process has helped us reduce our dispensing errors by more than half in the pharmacies where it has been installed. For inpatient side, Ms. Lightner and I spoke about the effect of the recent RCAs in reducing inpatient dispensing errors and late doses.
- He noted there was not a good system in place to review second doses in the ER. I will let the subject matter experts address this one. (Ordering, dispensing, and administering under the control of a LIP?) The JCAHO doc elaborated on this during our medication management tracer interview – in the ER the first dose could be emergent and 'exempt' from the required first dose review. However, if the patient is held in the ER for a prolonged period of time, requiring a second dose of whatever med, is pharmacy reviewing the second dose? He said pharmacy SHOULD be reviewing the second dose vice the nurse/doc pulling another dose from the PYXIS or floor stock or whatever.
- Respiratory meds: they are scanned to the pharmacy, reviewed by the pharmacy like any other medication order and input to the patient profile. Thanks to Annabel to provide the surveyor the information in the message below, he seemed satisfied with our response. (This came up several times from all three inspectors)

Bottom line, Pharmacy and medication management is a big topic (target?) for JCAHO during this survey. I was expecting to be a "back-seater" in this meeting, and had only prepared to talk about staffing effectiveness (which we did not discuss at all.) The surveyor asked about ten separate questions during this one-hour interview, and four of them were about pharmacy or medication management. Be prepared in advance to speak to process improvement efforts to reduce medication errors and address national patient safety goals.

Reid clinic/Trainee Health

Capt Vo just called, said he was asked several questions by JCAHO inspector at Reid Clinic:

1. Who do you provide medication for?
   Ans: For Basic Training Health, Flight Medicine, Podiatry, Optometry.
2. Do we have any IV medication?
   Ans: Yes, but nothing that required compounding. Only premixed IV meds.
3. Is the pharmacy locked at night, and who has access?
   Ans: Locked and alarmed at night, and only designated pharmacy personnel listed entry authorization roster can gain access at night. No other clinic personnel can enter the pharmacy at night.
4. How many pharmacists and technicians work in the pharmacy.
   Ans: 1 pharmacist and 2 technicians
5. Do we have a Pyxis machine at Reid clinic or any other satellite pharmacies.
   Ans: No. Inspector told Capt Vo the reason he asked was because he was told by Gen Green we had a Pyxis at our Satellite pharmacies. Major Garner told the inspector what Gen Green was referring to was that we are testing the Pyxis in the field in the deployment arena and we don't have them at satellite pharmacies here at Wilford Hall.
6. Where and how do we receive our meds/supplies at Reid Clinic.
   Ans: We get them from Wilford Hall main pharmacy ordering through our supply channels. They are couriered the Reid clinic by Wilford Hall supply personnel.

Capt Vo said the JCAHO personnel are still in the Reid clinic area inspecting.

16 March – JCAHO Administrator –

Points of resolution for the inpatient pharmacy walk thru this morning 16Mar04.

-Inspector was concerned about the incomplete orders printed on the MAR's. I explained we do not input or fill orders from the MAR but instead from the actual physician written order. The MAR is reconciled against our cart fill list upon delivery and all discrepancies are taken care of at this point.
-Cart Fill was another area of concern. The patient drawers should be bar-coded to ensure the meds match the patient. I explained our equipment did not at this time perform this function but the cart fill was manually checked against the cart list by our technicians to ensure accuracy. (FYI – explained we had an unfunded requirement at MAJCOM for a Pyxis Safety Net® system that would include this option)
-It was suggested we have a plan in place to review our compounding book on regular basis. Maj Schindler has added this item to the annual calendar as a function of the P&T committee. A policy also needs to be developed to address the expiration dates of chemical agents used in compounding that do not have a manufacturer exp date printed on the bottle.
-Concern was expressed over the review of medications given to patients in an emergent situation by pharmacy. If a medication is administered in an emergency, all subsequent doses should meet the requirements for pharmacy review or be reviewed by the physician writing the order.

- Inspector (I): What studies are being done to determine Fentanyl problems (misuse etc.)
    - Response (R): PYXIS download to cross reference misuse and wastage, done daily and reviewed by pharmacist
- I: PYXIS has a software package for less than $500 that will do this and more automatically
    - R: Our PYXIS is legacy .. won't allow upgrade. We have a new system on order (PYXIS Safety Net®).
- I: How do you review OR usage of Fentanyl?
    - R: Separate pharmacy review ... WHMC form 3486 review by Ms Kettler in OR pharmacy
- I: Is periodic check done to match orders against inpatient record?
    - R: Ms Kettler in OR does this (inspector made note to check on OR visit)
- I: What about use of agents to counter act Fentanyl?
    - R: Yes, done by Ms Kettler. Naloxone and flumazenil.
- I: Does pharmacy vault supply OR pharmacy?
    - R: Yes

Other rater comments:
- Rx needs to really look at dating compounds (we do have do not use after dates on manufactured items). Need to review recipes in compounding by our experts to determine applicability. Review not only for correct and accurate recipe and stability but

appropriateness of compounded. Just because you have a ‘good’ recipe/formula for a compounded or manufactured items doesn’t mean it should still be used.
- Rx needs to audit orders. MAR did not agree with provider orders and it makes it difficult for our techs to tell what to do.
- **Medications are the focus area for JCAHO this year!** We heard this over and over again. Medication orders are "pumping" the inspection.
- ER/second dose: there is no mechanism for review. Recommend nursing put in a policy that for 2nd dose it come back to pharmacy for review.
- Pharmacy "looks very good overall"! Need to tighten up systems/technology in inpatient.
* INSPECTOR DID NOT SIGN IN TO PHARMACY ... WE SHOULD STAY THE SAME IN ALL SECTIONS.
1. Have medical therapeutics review on things we make to ensure compounds are the appropriate therapy for the pt. Probably thru P&T (already arranged)
2. The other was the policy on what we do to assess when a chemical expires when there is NO exp date (we should date the chemical on receipt as we do now. Even though we had a signed letter from the manufacturer stating these chemicals, stored properly and under correct conditions were good indefinitely, the JCAHO administrator STILL harped on putting our own exp date on the chemicals and wrote it up as a supplemental finding)

17 March, 2004 HSI inspector – pharmacy tour

- CMSgt Jody Hanks and CMSgt (sel) ??? met up with CMSgt Hodge and started their tour. (FYI – the CMSgt (sel) is an IDMT by training and focused on IDMT stuff a lot. Make sure your IDMT drug list is reviewed and approved by the supervising doc AND the P&T committee. List should NOT come directly from the senior IDMT without supervising doc review/concurrence.
- ED/Discharge pharmacy – asked about hours, shifts, checked refrigerator temps, narc cabinet
- Inpatient – quick walk through checking metrics, walk in refrigerator temp log
- Looked at pharmacy access letter and went to IV room
- Asked junior airman (FYI – inspectors focused on JUNIOR folks and not the pharmacists or senior techs) to explain the process for making IVs, stat vs. daily batch IVs. Showed inspector the IV hoods (laminar flow vs vertical flow hoods and explained the difference), the TPN compounder, and IV storage room
- Vault – asked about and looked at daily inventories, accessibility, current vault letter and asked when combo was last changed and why, form 85s (questions about being signed by group/CC vs. Wing or MTF/CC), biennial inventory (missing a signature), asked about biennial inventory and liked attached documentation about HOW we came up with our numbers across the entire sqdn), inventoried a drug (Ritalin® 10mg)
- Asked about process for investigational drugs (FYI – during the inspections we brought ALL investigational drugs and any drugs being dispensed as part of a protocol into the pharmacy. The JCAHO standards clearly state (MM 7.40) when pharmacy services are provided the pharmacy controls the storage, dispensing, labeling, and distribution of the investigational medications.)

- Actually wrote us up for NOT using the DD Form 2081 (new drug request form). Instead we use a local form similar to DD Form 2081 since we have a joint P&T committee and formulary with BAMC. Said since it was a DoD form, all DoD facilites should use it (even though it hasn't been revised since the mid 70's!)
- License validation letter – didn't circle whether we saw an original copy vs something from the state board website – Disconnect between HSI and JCAHO on this – JCAHO said they did NOT want copies of licenses in 6 part folders so we only had the verification letters. HSI wanted actual copies of pharmacist license to see.
- IDMT medication list review – not done recently – on agenda for MAY P&T meeting – should be done annually
- P&T committee issues – most issues from 2002 including controlled drug use monitoring – nothing between Mar 2002 thru Jan 2003. Interested in ADL review process and schedule for annual review. Med errors supposed to be reported every quarter but wasn't – why? P&T required membership attendance per AFI 44-102 – specifically physician, RPh, dentist, loggie, RMO, asked about an AF-wide error rate (something from AF consultant?), "Do not use" abbreviations – looking for graphs and proof of compliance/improvement as attachments to P&T minutes, more details of controlled substance monitoring in minutes AND attaching list of identified providers, DD Form 2081 for new drug requests (a "required" form? We use a WHMC specific form because of joint WHMC/BAMC P&T committee), a letter delegating the authority for Form 85's to group /CC from Wing/CC or MTF/CC, asked how we monitor for narcotic diversion, disinterested inspection copies, VAERS (vaccine ADRs) none reported to P&T in 2 years, IDMT drug list review IDMT drug list from senior MD to P&T and NOT from senior IDMT
- Main outpt – asked about annual SF physical security survey (last letter from 1999), what do you do with questionable prescriptions (mentioned intervention log), semi annual controlled area training?
- Inpatient – asked again by JCAHO nurse regarding review of breathing treatments – we DO review breathing treatments and input into CHCS

17 March – BMT unit, pharmacy

JCAHO insp Ken Peterson came by during 6d ward inspection. questions to follow:

1. Who works here? How many?
2. Are the techs licensed?
3. Who makes the chemo?
4. Who takes over after you close?
5. Are the hoods inspected?
6. Where are the iv admixtures made?
7. What else do you do besides chemo prep?
8. Who picks up the chemo waste? How often?
9. What areas of the hospital do you service?

He was impressed that we were full service. Like we fill outpt scripts, inpt meds.

18 March, OR pharmacy

Dr. Lundgren came up to OR this morning; he came inside the satellite and was very interested in conc electrolytes.
I showed him our processes for these and also narc documentation, record keeping, controlled substance review, etc. He also took copies of our KCL process for the perfusionists (special labeling, restricted access, unique control) , the approval form from JCAHO and the potential best practice write-up.

18 March, IMDT conference

Not too much for pharmacy. We need to review the IDMT list via P&T. Last review done o/a 18 Oct 2001, WHMC-specific P&T minutes. HSI stated training needed to be done and documented but didn't state it was a pharmacy responsibility. Again, one of the HSI inspectors was an IDMT and they hit this hard.

18 March, BMT pharmacy

1. Where do you get your chemo? (from supply)
2. How do the wards and clinics get there chemo from you? (they pick it up)

Report from LTC Condron from red headed female tracer jcaho person:

Do you want to go to the BMT Pharmacy?

Answer: No, I talked to Ken Peterson and he said the BMT pharmacy was wonderful and I don't need to go there.

18 March, IDMT interview with HSI (one of the inspectors was an IDMT by training)

-Only question posed to pharmacy was when that last time the IDMT Authorized Drug List was reviewed. I answered to the best of my recollection, 2001 (verified by WHMC specific P&T minutes, Oct, 2001).
-LtCol Schantz reported a new ADL had been submitted. Pharmacy was a little swamped, so they were on the schedule for review (They are?)
-The inspector then asked which of the physician preceptors had approved the list before it was forwarded. No answer. So, I piped in with an assurance pharmacy would most certainly coordinate the review of the list with the preceptor(s) before it ever came before P&T. CMS Hanks seemed OK with that (maybe?)

-IDMTs seemed like they were getting hit pretty hard on documentation of training. While I was there, there was no mention of WHO provided the training. (Pharmacy can provide the training but we felt it was the IDMTs responsibility to ask. This isn't our monkey)

An interesting note: When LtCol Schantz reported they had identified deficiencies and were working to correct them, they requested a copy of the self inspection where it had been identified. (FYI – self inspection at the 18 month point is going to be a BIG deal under the new standards and new process)

18 March, follow-up on tracer patient

- Had a 23 hour admit with allergies written on the order and the MAR but NOT in CHCS. Our policy states everyone with CHCS access should input allergies at every opportunity.
- Queried the inspector (administrator) on his thoughts regarding the exp dates on chemicals for compounding. He mentioned it should be on there as part of the standards (MM 2.20, EP 7). We discussed it wasn't provided by the manufacturer. When querying the manufacturer, their reply was when using good laboratory technique and proper handling and storage the products are good indefinitely. We couldn't find anything in any other reference or professional organization's standards. The inspector wanted an expiration date (ex. 3 years) and then a professional review upon reaching the exp date. If determined OK for use, the pharmacists could put another exp date on it (i.e. extending the original exp date) and review the product again upon reaching that 'new' exp date. We're awaiting replies from both the pharmacist at JCAHO and ISMP for their comments on this question.

18 March, JCAHO Medication Management tracer interview, JCAHO physician surveyor

- Before interview had looked at MD orders, turnaround time, correct transcription to MAR, etc. mentioned ICUs should look at this esp for "high risk" drugs (he didn't define high risk drugs)
- If use a self medication system, ensure competence of patient or non-staff member administering the meds – written in our Wing instruction.
- Breathing treatments AGAIN – does pharmacy review them? Yes, input and profiled via CHCS. How does nursing and/or RT know pharmacy reviewed it? They don't unless we call with a problem
- Contrast and dyes in radiology – does pharmacy review beforehand? Is a licensed independent practitioner (LIP) involved in the process? Currently, we do not review these or profile them.
- P&T minutes – medication misadventures – wanted more detailed information and ANALYSIS – graphs were fine but what are you doing to "fix"?
- "Do not use" abbreviations – how monitored? How clarified? Policy written on handling these banned abbreviations? Clarification back to the ward/unit? Pharmacy writes clarification on AF Form 3066 and FAXes back clarification to nursing unit for inclusion on the chart and countersignature by provider.
- Reporting of occurrences – report per doses administered vs absolute # - report occurrence using the same criteria or else data is junk
- Fentanyl patch disposal – policy? Manufacturer recommends folding over sticky side to sticky side and flushing down the toilet. Check with state board for additional guidance. Manufacturer has info on this in their package insert.

- Range orders – mentioned a LOT by different inspectors – ended up being a supplemental finding – prefer ONE range per order. Range can be in dose OR dosing frequency but preferably NOT both. Standardize interpretation amongst nursing staff (write policy). Need guidance on when to start with higher dose for pain (ex. When VAS > 5, start with higher end of range)
- How handling documentation of diagnosis/condition/indication for all meds prescribed? For chronic meds, we require this it in the medical record vice PRN orders where we require it on the order.
- MAR (medication administration record) – in civilian hospitals, pharmacy prepares the MAR and give it to nursing. Here the nurses handwrite the MAR. How do you ensure the MAR and pharmacy profile are correct and the same? We compare unit dose fill list with MAR every night with nurse when delivering carts. Recommended we focus on "high risk" (undefined) drugs.
- Watch one time orders for things like epi, benadryl®, steroids, etc. as indicators for ADRs
- Polypharmacy – how does pharmacy review in outpt setting? Review controlled drug report (> 5 controlled drug Rx/30 days, reported to P&T), pharmacists do in Wellness clinic and other outpt clinics, clinical pharmacy available to medical staff for individual patient medication review.
- Omnicell – found sticker on drawer "Pot Phosphate" - had no potassium phosphate in drawer but DID have drawer/slot filled with sterile water. Why? How? They were drooling when they thought they'd found a concentrated electrolyte in a patient care area! Again, medication management is THE high visibility area this year!
- Do you reconcile narcotics given, narcotic waste, with orders in the patient chart – will start doing these kind of audits in the ED soon

19 March, leadership interview

Not many questions asked. Mostly statements or rhetorical. Every question asked was supposed to be addressed from the hospital leadership position. For the most part the attendants stuck to this, but on occasion a few folks got openly defensive. Never fear, it was never anyone from D&T!

Administrator: with regard to the current system of handwritten MARs plus the two computer systems, what is leadership doing in the interim before the projected new systems are in place to assure patient safety, to monitor for mistakes. He perseverated on this for some time. The number of errors (400 and something) was deemed too low and representative of inadequate reporting. (BAMC gets more ADRS by handing out pizzas to the top reporting ward/clinic) The general agreement in the peanut gallery, where I sat, was he's overdoing it, this was addressed yesterday in the MM meeting. The example he couldn't let go of was the allergy on the admission order missed by pharmacy. (this is when some individuals got defensive). Patient Safety commented on Working groups and RCA that have addressed issues involving medication's ordering/delivery/ administration, General Green acknowledged the need to more forward towards all electronic records, etc. Administrator commented on the lack of tracking of error follow-ups, recommended more detailed breakdown of errors: "I'd like you to be more diligent

about error reporting and tracking," and " I bet that the error with the missed allergy hasn't been written up. Who's going to write that up?"

Physician: I want you to move away from reactive reporting towards proactive monitoring throughout the process, from writing to filling to dispensing to administering to evaluating.

RN: How do you ensure when implementing a new program or process, each involved area's needs are considered and monitored? Gen Green: the highest echelon sets initial goals and objectives, the next echelon goes out and starts planning and implementation. feedback to oversight leads to modification of goals to meet needs and capabilities.

RN: do you have a process to monitor new processes? Group commander: consult follow-ups.

Administrator: aside from the one finding the first day, pain management processes by nursing has been outstanding. HOWEVER... nothing is being done by OT & PT "after my visit it was obvious that they have not been educated on this or they have chosen to ignore it."

Physician: You tell me that patients don't hand carry records, and yet I see many patients carrying their records. Gen Green acknowledged we are overcoming a culture change. Group commander: until we go 100% electronic records, multiple clinic appointments in a single WHMC visit will require the patient to carry records from appointment to appointment.

Physician: Do you believe the one year duration of many of your nursing contracts limits the quality of your applicants. The answer all around was most of our contractors loyalty is with WHMC, not the contract company.

RN: gave us kudos for our succession planning! Her question was "how do you do that?!"