Measurable Elements of MMU.04.01

1. Ⓓ The hospital establishes, implements, and trains staff on a written process for the safe prescribing, ordering, and transcribing of medications in the hospital.
2. A diagnosis, condition, or indication for use exists for each medication ordered.
3. Ⓓ All orders and prescriptions contain the following elements:
   - Name of the drug
   - Dose
   - Frequency
   - Route of administration

   (*See also* IPSG.03.02, ME 1)
4. Ⓓ Additional elements of complete medication orders or prescriptions include, at minimum, the following as appropriate to the order:
   - Data necessary to accurately identify the patient
   - When generic or brand names are acceptable or required
   - Specific guidelines for the use of PRN orders
   - Weight-based orders
   - Rates of administration for intravenous infusions
   - Special orders such as titrating, tapering, or range orders
   - Titration orders include the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the rate or dose can be increased or decreased, how often the rate or dose can be changed, the maximum rate or dose of infusion, and the objective clinical measure to be used to guide changes.

   (*See also* IPSG.01.00, MEs 1 and 2; IPSG.03.02, ME 1)
5. Ⓓ The hospital implements a written policy that includes the following types of medication orders:
   - As needed (PRN) orders
   - Standing orders
   - Automatic stop orders
   - Titrating orders
   - Taper orders
   - Range orders
   - Signed and held orders
   - Orders for compounded drugs or drug mixtures not commercially available
   - Orders for medication-related devices (for example, nebulizers, catheters)
   - Orders for investigational medications, if applicable
   - Orders for herbal products, if applicable
   - Orders for medications at discharge or transfer
6. Ⓓ The hospital implements a written process to manage the following medication orders:
   - Incomplete, illegible, or unclear; including measures to prevent continued occurrence
   - Special types of orders, such as emergency, standing, or automatic stop, and any elements unique to such orders
   - Verbal, telephone, and text medication orders and the process to verify such orders (*See also* COP.01.00, ME 1)
7. Medications prescribed or ordered are documented in the patient's medical record or inserted into the patient's medical record at discharge or transfer.

Standard MMU.04.02

The hospital has a medication reconciliation process.

Intent of MMU.04.02

Medication ordering and transcribing is an important process of safe medication management for the patient and for reducing the risks for adverse events. Patients entering a hospital are often taking multiple medications at home. Obtaining an accurate list of those medications and documenting them in the patient's medical record helps reduce the risk of an adverse event.

Medication discrepancies can affect patient outcomes. It can be difficult to obtain a complete list from every patient in an encounter, and accuracy is dependent on the patient's ability and willingness to provide this information. A credible effort to collect this information is recognized as meeting the intent of the requirement. Examples of a credible effort may include contacting the patient's pharmacy and/or family members or consulting with the patient's primary physician.

Medication reconciliation is defined as the process of identifying the medications currently being taken by an individual. These medications are compared to newly ordered medications, and discrepancies are identified and reconciled. The types of information that clinicians use to reconcile medications include but are not limited to medication name, dose, frequency, route, and purpose. Hospitals should identify the information that needs to be collected to reconcile current and newly ordered medications and to safely prescribe medications in the future. Height and weight information may not be collected for every patient. However, the hospital must have a process to ensure that all required information for safe prescribing is collected and documented in the patient's medical record (*see also* MMU.04.01). This can be accomplished by collecting height, weight, age, and other information from every patient; by identifying categories of patients (for example, pediatric renal impairment, oncology, burn injuries, cardiology); and by identifying types of medications (for example, chemotherapy or other medications calculated by body surface area [BSA]) for which specific information must be collected, such as height and weight.

Good medication management practices include a review of a proposed new medication against the list of medications the patient is currently taking to improve the quality and safety of adding a new medication to the patient's treatment plan and reduce the risk of an adverse medication event. A listing of all current medications is recorded in the patient's medical record and is available to the pharmacy, nurses, and physicians. The hospital establishes a process to compare the patient's list of medications taken prior to admission against the initial orders.

Measurable Elements of MMU.04.02

1. Ⓓ The hospital identifies, in writing, the information needed to reconcile current and newly ordered medications.
2. The patient's medical record contains a list of current medications taken prior to admission or registration as an outpatient, and this information is made available to the patient's health care practitioners and the pharmacy as needed. (*See also* ACC.03.00, ME 5)
3. Medication reconciliation includes comparing the initial medication orders with the list of medications taken prior to admission, according to the hospital's established process.
4. A medication review is conducted when there are changes to the patient's level of care, unit, or health care practitioner service, including the discharge planning process for medication management

Preparing and Dispensing

Standard MMU.05.00

Medications are prepared and dispensed in a safe and clean environment.