

Measurable Elements of MMU.01.01

1. ② The hospital implements a written program for antimicrobial stewardship that is based on scientific evidence, accepted clinical practice guidelines, and local laws and regulations and, at minimum, includes the following:
 - Documentation indicating that the scope of the antimicrobial stewardship program includes the entire hospital and all services associated with the hospital
 - Implementation of at least two evidence-based clinical practice guidelines to improve antimicrobial use for the most common indications
 - Evaluation of adherence to at least one of the evidence-based clinical practice guidelines the hospital implements (including antimicrobial selection and duration of therapy, where applicable)
2. The hospital has an interdisciplinary team that oversees the antimicrobial stewardship program. The interdisciplinary team is defined and includes, at minimum, an infection prevention and control professional, a physician, a nurse, a pharmacist, and hospital leaders.
3. The antimicrobial stewardship program demonstrates coordination among all components of the hospital responsible for antimicrobial use and resistance, including but not limited to the infection prevention and control program, the quality and patient safety program, the medical staff, nursing services, and pharmacy services.
4. The program includes guidelines for the optimal use of antimicrobial therapy for treatment of selected and/or high-risk infections, including the proper use of prophylactic antimicrobial therapy.
5. There is a mechanism to oversee the program for antimicrobial stewardship, and the program's effectiveness is monitored according to hospital policy.
6. ② The antimicrobial stewardship program collects, analyzes, and reports data to hospital leaders, medication interdisciplinary committee, infection prevention and control department, quality improvement department, pharmacy leaders, all staff, and other stakeholders per hospital policy.
7. The antimicrobial stewardship program uses program data to improve performance of antimicrobial stewardship activities.
8. Patients and families receive education on the antimicrobial stewardship program and on the appropriate use of antimicrobials.

Standard MMU.01.02

The hospital has a medication recall system process.

Intent of MMU.01.02

Hospitals must ensure that they have a process for receiving notifications of medication recalls and for identifying, retrieving, and returning, or safely and properly destroying, medications recalled by the manufacturer or supplier when found to be either defective or potentially harmful. Product defects may be related to incorrect packaging, potential contamination, or poor manufacturing, resulting in impurities or errors in strength/potency. Sometimes, a recall is initiated by the manufacturer, who identifies a problem with a drug and voluntarily recalls it. Other times, a government agency will request that a medicine be recalled after receiving reports of problems from the public. The hospital may receive communications about medication recalls directly from the manufacturer or from regulatory authorities. The recall process includes any medications compounded within the hospital in which products that have been recalled have been used. The hospital has a process to inform health care providers about the recall and advise them on alternative treatments, if necessary, as well as notifying patients who have received recalled medication and offering appropriate guidance as needed. The time frame for notifying health care providers and patients of the recall is according to hospital policy, the manufacturer's recommendations, and local laws and regulations.

Measurable Elements of MMU.01.02

1. ① The hospital implements a written policy for receiving and acting on notifications of recalled medications, including medications compounded within the hospital in which products that have been recalled have been used.
2. ① The policy includes identifying, retrieving, and returning, or safely and properly destroying, medications recalled by the manufacturer, supplier, or regulatory agency.
3. The hospital isolates recalled medications from the rest of the medication stock to prevent accidental use or distribution and clearly labels them as “Recalled.”
4. The hospital notifies patients who received recalled medication and provides them with appropriate guidance.
5. The hospital has a process to inform health care providers about the recall and advise them on alternative treatments if necessary.
6. The process includes documentation of all actions taken related to the recall of a medication, including details such as the recall notice, affected lot numbers, actions taken, communications sent, and any responses received.

Standard MMU.01.03

The hospital has a process for handling expired medications.

Intent of MMU.01.03

Hospitals must ensure that they have a process for identifying, retrieving, and returning, or safely and properly discarding, expired medications. There is a policy or procedure that addresses any use of or the destruction of medications known to be expired or outdated. An expired medication is one that is past the expiration date listed on the original packaging from the manufacturer. A “beyond use date” (BUD) is the date and/or time after which the product should not be used. A “beyond use date” medication is defined as a medication that is opened, or used not in original form or conditions that the manufacturer provides, and is typically safe and effective to use for a short period of time after opening (shelf life). This would apply to a refrigerated medication that has a usable time outside of the refrigerator or an insulin vial that is opened and used for 28 days, or a sterile admixture that is compounded using other components. These “beyond use date” medications should be marked with a date of expiration based on when they were opened so that staff know the end date of use.

Measurable Elements of MMU.01.03

1. ① The hospital establishes and implements a written process for the following:
 - Identifying, retrieving, and returning opened and unopened, expired medications and outdated medications
 - Using unopened, expired medications and outdated medications
 - Destroying medications known to be expired or outdated
2. The hospital isolates expired medications from the rest of the medication stock to prevent accidental use or distribution and clearly labels them as “Expired.”
3. The process includes documentation of all actions taken related to the expired medication.

Selection and Procurement**Standard MMU.02.00**

The hospital implements a process for the selection and procurement of medications.