


# Consistent Interpretation

## Joint Commission Surveyors' Observations on MM.03.01.03, EPs 1–3

The bimonthly **Consistent Interpretation** column is designed to support standards compliance efforts. Each column draws from a de-identified database containing surveyors' observations—as well as guidance from the Standards Interpretation Group on how to interpret the observations—on one or more elements of performance (EPs) in the *Comprehensive Accredita-*

*tion Manual for Hospitals*. This installation (the fourth in the series) highlights three of the four requirements for Medication Management (MM) Standard MM.03.01.03 (EPs 1–3). **Note:** *Interpretations are subject to change to allow for unique and/or unforeseen circumstances.* 

<b>Medication Management (MM) Standard MM.03.01.03:</b> The hospital safely manages emergency medications.	
<b>EP 1:</b> Hospital leaders, in conjunction with members of the medical staff and licensed independent practitioners, decide which emergency medications and their associated supplies will be readily accessible in patient care areas based on the population served.	
<b>Surveyor Observations</b>	<b>Guidance/Interpretation</b>
There was no evidence that hospital leaders consulted with the medical staff to determine which emergency medications and supplies would be readily available for specific populations served, such as pediatrics.	<p>“Readily available” items may be described as the specific medication(s) that, while they may not be on a crash cart, are available elsewhere and without delay.</p> <p>Organizations should consider conducting a risk assessment to ensure emergency medications are readily available when not contained within an emergency cart. The risk assessment should include staff knowledge as to where such medications are located.</p>
<b>EP 2:</b> Emergency medications and their associated supplies are readily accessible in patient care areas. (See also PC.03.01.01, EP 8)	
<b>Surveyor Observations</b>	<b>Guidance/Interpretation</b>
Staff were unable to articulate where the malignant hyperthermia cart containing dantrolene was stored and where additional vials of dantrolene or Ryanodex® could be obtained. In some cases, the organization had secured emergency medications on crash carts with combination or keyed padlocks. In other cases, expired dantrolene was noted in the malignant hyperthermia emergency box.	<p>The organization should define and follow what is meant by “readily accessible.” These meds need not be on the crash cart, for example, but the Malignant Hyperthermia Association of the United States (MHAUS) does recommend having 36 vials of (unexpired) dantrolene available. Some health care organizations may be transitioning to a product called Ryanodex®, which is a concentrated, soluble form of dantrolene containing 50 mg/ml of the drug. Each vial contains 250 mg of dantrolene sodium in lyophilized powder form requiring 5 mL of sterile water for reconstitution. MHAUS recommends that health care organizations have three vials available. The vials may be divided between the obstetrics operating room and the main operating room with the understanding that the additional vials can be immediately available.</p> <p>The “associated supplies” addressed in this EP are specific to administration of emergency medications. For nonmedication-related emergency supplies, see Provision of Care, Treatment, and Services (PC) Standard PC.02.01.11, EP 2.</p>
<b>EP 3:</b> Whenever possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms.	
<b>Surveyor Observations</b>	<b>Guidance/Interpretation</b>
Multidose vials were observed in a crash cart when unit-dose vials were readily available. In addition, although infant-dose unit-dose vials of resuscitation medication were stocked, there were no pediatric-dose or unit-dose vials available where pediatric surgery or procedures were performed.	<p>“Readily available” may signify that a specific medication in a multidose vial on the crash cart is available elsewhere within the health care organization as a unit-dose vial. Nonemergency medications are cited at Standard MM.03.01.01, EP 10.</p> <p>If multidose vials are used, the organization should be prepared to discuss the rationale behind not using unit-dose emergency medications.</p>