CHAPTER 7

Documents Checklist

The Joint Commission expects organizations to maintain adequate documentation to demonstrate continuous compliance with standards and legal requirements. Well-organized and well-maintained documentation fosters high-quality patient care and enhances pharmacy management. This checklist should help pharmacies improve their documentation and ensure that most documents and records are readily available.

POLICIES AND PROCEDURES

Policies and procedures are an important type of documentation. The Joint Commission, in its leadership (LD) standards, requires leaders to establish policies and procedures that guide and support patient care, treatment, and services (see LD.04.01.07). These include policies and procedures that support safe medication management. The pharmacy must ensure that its medication management and other policies and procedures do not conflict with each other or with policies and procedures of other departments; with bylaws, rules, regulations, and policies of the medical staff; with bylaws of the governing body; and with local, state, and federal laws, rules, and regulations. The Joint Commission requires some specific policies. See **Table 7-1** for a list of these requirements for medication management.

Format

The Joint Commission does not specify a format for policies and procedures, and there is no standard or legally required layout. Although many organizations have adopted a uniform format, other organizations use a variety of formats within the same facility. **Example 7-1** is a sample policy and procedure for processing requests for non-formulary medications. The example provides a format that should meet the requirements of most organizations.

Document Management

Only current policies and procedures should be routinely available. Follow organizational processes if they exist or, if such a process is not used, establish a prudent system within the pharmacy. Each policy and procedure should include a descriptive title, number, effective date, revision date (if applicable), and the date by which the document will be reviewed (e.g., annually). Many organizations also include the owner (e.g., pharmacy department or nursing department) of the document. Many organizations expect use of a current electronic document, and automatically generate a notation on any printed document that it is not official.

Disposition

The Joint Commission does not address the disposition of outdated policies and procedures. However, good management practices call for their retention. For legal or other reasons, you may need to refer to them to establish the policies and procedures in effect on a specific date. A separate manual or file of outdated policies and procedures, including those with seemingly minor changes, is suggested. Check with your organization for the number of years that discontinued policies should be accessible.

CHECKLIST ORGANIZATION

This chapter presents checklists of policies and procedures and other documentation that are

- Required by Joint Commission standards
- Frequently requested by surveyors
- Recommended to demonstrate compliance with standards and legal requirements, and/or
- Recommended by accepted standards of practice.

Many of the items in the checklist reflect Joint Commission standards and elements of performance (EPs). The numbers of the standards and EPs follow these items. Some laws and regulations may require documents that are not in this checklist.

Note: Although the checklist cannot address all documents that might be requested, it should ensure that the pharmacy will have most of the documents needed to demonstrate continuous compliance with The Joint Commission and legal requirements pertaining to the medication-use process. Unless otherwise requested, the most current 12 months of documentation should be adequate.

TABLE 7-1. Documentation Specifically Required in Medication Management Standards

Standard	EP	Documentation Required
MM.01.01.01	1	Policy describing patient information available to staff who participate in medication management
MM.01.01.03	1	A list of high-alert and hazardous medications
MM.01.02.01	1	A list of look-alike and sound-alike medications
MM.02.01.01	1	Written criteria for formulary agents
MM.02.01.01	4	A formulary, including medication strength and dosage
MM.02.01.01	12	Written medication substitution protocols in event of medication shortage or outage
MM.03.01.01	4	Policy addressing control of medication between receipt by a healthcare provider and administration of the medication
MM.03.01.01	24	Records of receipt and disposition of radiopharmaceuticals
MM.04.01.01	1	Policy addressing the types of medication orders deemed acceptable by the organization
MM.04.01.01	2	Policy defining required elements of a complete medication order
MM.04.01.01	2	Policy defining occasions when the indication for use is required on a medication order
MM.04.01.01	2	Policy defining precautions for ordering medications with look-alike or sound-alike names
MM.04.01.01	2	Policy defining actions to take when medication orders are incomplete, illegible, or unclear
MM.04.01.01	10	Documentation defining the circumstances for which weight-based dosing is required for pediatrics
MM.04.01.01	15	Written process for use of standing orders, orders sets, and protocols for medication orders
MM.05.01.17	1	Policy describing how medications, recalled or discontinued for safety reasons by the manufacturer or FDA, will be retrieved and handled
MM.06.01.01	1	Documentation (e.g., policy and procedure) defining LIPs and clinical staff disciplines who can administer medications
MM.06.01.03	1	Written process for self-administration of medications
MM.06.01.05	1	Written process for use of investigational medications
MM.07.01.03	1	Written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors
MM.07.01.03	2	Written process for notification of the prescriber in the event of an adverse drug event, significant adverse drug reaction, or medication error
MM.08.01.01	16	Policy describing types of ADC overrides that will be reviewed for appropriateness including frequency of review
MM.09.01.01	5	Documentation that antimicrobial stewardship program includes required core elements
MM.09.01.01	6	Organization-approved multidisciplinary protocols (e.g., policies and procedures) for antimicrobial stewardship program
MM.09.01.01	7	Documentation of data collection, analyses, and reporting on antimicrobial stewardship program
MM.09.01.01	8	Documentation of actions taken on improvement opportunities identified in antimicrobial stewardship program

ADC = automatic dispensing cabinet, FDA = Food and Drug Administration, LIP = licensed independent practitioner.