

April 19, 2007

Dennis S. O'Leary, MD
President
The Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181

Dear Dr. O'Leary:

This letter is being sent on behalf of the American College of Emergency Physicians, the American Academy of Emergency Medicine, and the Emergency Nurses Association representing over 60,000 health care providers. We would like to thank you for taking time to discuss with Dr. Brian Keaton the recent action taken by The Joint Commission (TJC) related to pharmacist review in the emergency department (ED). The intent of this letter is to express in writing our deep concern with the recent reversal to the interim medication standards.

In 2005 when TJC called for comment regarding the proposed medication standard, using TJC process, a comment letter was sent citing the areas of concern with the standard. In particular, we noted that first dose pharmacy review would not be feasible in the ED.

We collectively wrote to you in May 2006 and January 2007 regarding our concerns over TJC's position on pharmacists' prospective review of medication administration in the ED setting (Medication Management standard 4.10). It was, and continues to be, our opinion that as written, standard MM 4.10 will seriously impact the ability of already overtaxed EDs to effectively care for patients while, at the same time, not improving the quality of patient care or patient safety. The rationale for our opinion related to MM 4.10 includes:

1. We have not been able to identify, nor has TJC been able to identify, any research that indicates prospective pharmacist review would result in a reduction in medication errors in the ED.
2. Medication administration in the ED does not require prospective pharmacist review since the ordering physician is in attendance and has ordered the medication based on his/her assessment of the patient.
3. Two reports from the USP databases note very low rates of medication errors in the ED:
 - a) Medication Errors in Emergency Department Settings
<http://www.usp.org/patientSafety/resources/posters/posterEmergencyDept.html>
 - b) Medication Errors in Emergency Department Settings – 5 Year Review
<http://www.usp.org/patientSafety/resources/posters/posterEmergencyDept5yr.html>
4. ED medications are typically not danger-prone drugs (ie, most ED medications include pain medications, antibiotics and GI medications). Those that are danger-prone (ie, thrombolytics and anticoagulants) are administered using protocols that have been developed and approved by interdisciplinary teams.

5. Pharmacists typically already are, and should continue to be, available for consultation should it be sought by emergency physicians and nurses.

Our organizations, radiologists, pharmacists and key TJC Standards Division staff participated in the Joint Commission Workgroup that was established to review medication standards impact in the ED and other areas of the hospital. This workgroup held two conference calls during which the above rationale was shared with the workgroup. After a thorough and robust discussion, the workgroup was able to come to consensus on interim standards that required a pharmacist to perform a retrospective review of all medications given in the ED within 48 hours. The retrospective review was proposed by TJC as an alternative for the need to perform first dose pharmacy review.

We believe the interim medication management standards are feasible to implement in the ED environment for several reasons:

1. A retrospective review would meet the intent of the standard. (However we would support retrospective review being done on a sampling rather than all.)
2. The impact on patient throughput in the ED would be minimal.
3. Patient safety would not be compromised.
4. A retrospective review would require minimal staff additions, whereas a prospective system would require additional staff – a requirement which may not be possible to meet given availability of pharmacists and/or nurses in a given locale.

It was our understanding that the interim standards would remain in effect until a full review of the current standards was completed and any needed revisions finalized. Hospitals have prepared to meet the interim standards as agreed to by the workgroup. It is unreasonable to expect hospitals to be able to comply with the original standards on such short notice, especially given the number of additional resources it will take to comply.

It is our understanding that all key stakeholders participated in the workgroup and agreed to the interim standards. The workgroup reviewed current literature and practices related to medication errors and administration in the ED and there was no compelling data to be found that warranted the implementation of standard MM 4.10, as written. In fact, available data indicates a retrospective system would not only be a feasible strategy for the ED but also would result in an appropriate level of action in the ED environment.

Our organizations do not understand what data were considered that lead to the decision to precipitously overturn the interim standards. We request that this information be shared with us. In addition, we strongly urge that the interim standards be reinstated immediately and that they be maintained until a full review of the current standard is completed and any required changes finalized.

Please understand that it is just not our three organizations that have taken issue with first dose pharmacy review. The American Medical Association adopted a policy against first dose pharmacy review. Hospital pharmacists have also indicated they are not in favor of first dose pharmacy review.

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Our organizations are eager to assist in any way with these standards. Thank you for your consideration.

Sincerely,



Brian F. Keaton, MD, FACEP

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