

History Tracking Report: 2008 to 2009 Requirements

Accreditation Program: Hospital Chapter: National Patient Safety Goals

Requirement 1A

2008 Requirement Text:

Use at least two {jc}patient{/1} identifiers when providing care, treatment or services.

NPSG.01.01.01

2009 Requirement Text:

Use at least two [patient] identifiers when providing care, treatment, and services.

Requirement 1A

2008 EP Text:

1. Two {jc}patient{/1} identifiers are used when administering medications or blood products.

2008 EP: 1

Revision Type: Retain

NPSG.01.01.01

2009 EP Text:

Two patient identifiers are used when administering medications, blood, or blood components.

2009 EP: 2

Requirement 1A

2008 EP Text:

2. Two {jc}patient{/1} identifiers are used when collecting blood samples and other specimens for clinical testing.

2008 EP: 2

Revision Type: Retain

NPSG.01.01.01

2009 EP Text:

Two patient identifiers are used when collecting blood samples and other specimens for clinical testing.

2009 EP: 3

Requirement 1A

2008 EP Text:

3. Two {jc}patient{/1} identifiers are used when providing other treatments or procedures.

2008 EP: 3

Revision Type: Retain

NPSG.01.01.01

2009 EP Text:

Two patient identifiers are used when providing other treatments or procedures.

2009 EP: 4

Requirement 1A

2008 EP Text:

4. The {jc}patient's{/9} room number or physical location is not used as an identifier.

2008 EP: 4

Revision Type: Retain

NPSG.01.01.01

2009 EP Text:

The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11)

2009 EP: 5

Requirement 1A

2008 EP Text:

5. Containers used for blood and other specimens are labeled in the presence of the {jc}patient{/1}.

2008 EP: 5

Revision Type: Retain

NPSG.01.01.01

2009 EP Text:

Containers used for blood and other specimens are labeled in the presence of the patient.

2009 EP: 6

Requirement 2A

2008 Requirement Text:

For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

NPSG.02.01.01

2009 Requirement Text:

For verbal or telephone orders or for telephone reporting of critical test results, the individual giving the order or test result verifies the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

Requirement 2A

2008 EP Text:

1. The receiver of the information writes down the complete order or test result or enters it into a computer.

2008 EP: 1

Revision Type: Retain

NPSG.02.01.01

2009 EP Text:

The individual receiving the information writes down the complete order or test result or enters it into a computer.

2009 EP: 1

Requirement 2A

2008 EP Text:

2. The receiver of the information reads back the order or test result.

2008 EP: 2

Revision Type: Retain

NPSG.02.01.01

2009 EP Text:

The individual receiving the information reads back the complete order or test result.

2009 EP: 2

Requirement 2A

2008 EP Text:

3. The receiver of the information receives confirmation from the individual who gave the order or test result.

2008 EP: 3

Revision Type: Retain

NPSG.02.01.01

2009 EP Text:

The individual who gave the order or test result confirms the information that was read back.

2009 EP: 3

Requirement 2B

2008 Requirement Text:

Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

NPSG.02.02.01

2009 Requirement Text:

There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the [organization].

Requirement 2B

2008 EP Text:

1. The organization develops a standardized a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

2008 EP: 1

Revision Type: Retain

NPSG.02.02.01

2009 EP Text:

The hospital develops a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the hospital.

2009 EP: 1

Requirement 2B

2008 EP Text:

2. The list of abbreviations not to be used includes the following: U,uIU Q.D., QD, q.d., qd Q.O.D., QOD, q.o.d, qodTrailing zero (X.0 mg)*Lack of leading zero (.X mg)MSMSO4MgSO4* Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

2008 EP: 2

Revision Type: Retain

NPSG.02.02.01

2009 EP Text:

The current list of abbreviations, acronyms, symbols, and dose designations not to be used includes the following:

- U,u
- IU
- Q.D., QD, q.d., qd
- Q.O.D., QOD, q.o.d, qod
- Trailing zero (X.0 mg)
- Lack of leading zero (.X mg)
- MS
- MSO4
- MgSO4

Note: A trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

2009 EP: 2

Requirement 2B

2008 EP Text:

3. The organization implements the “do not use” list and applies this list to all orders and all medication-related documentation when handwritten or entered as free text into a computer.

2008 EP: 3

Revision Type: Retain

NPSG.02.02.01

2009 EP Text:

The hospital implements the “do not use” list of abbreviations, acronyms, symbols, and dose designations and applies it to all orders and all medication-related documentation that is handwritten or entered as free text into a computer.

2009 EP: 3

Requirement 2B

2008 EP: 4

NPSG.02.02.01

2009 EP: 4

2008 EP Text:

Revision Type: Retain

2009 EP Text:

4. Preprinted forms do not include any abbreviations identified as not to be used.

The hospital does not include any abbreviations, acronyms, symbols, and dose designations identified as not to be used on preprinted forms.

Requirement 2C

2008 Requirement Text:

Measure, assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests and critical results and values.

NPSG.02.03.01

2009 Requirement Text:

The [organization] measures, assesses, and, if needed, takes action to improve the timeliness of reporting, and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.

Requirement 2C

2008 EP Text:

1.The organization defines critical tests and critical results and values.

2008 EP: 1

Revision Type: Retain

NPSG.02.03.01

2009 EP Text:

The hospital defines critical tests and critical results and values.

2009 EP: 1

Requirement 2C

2008 EP Text:

2. The organization defines the acceptable length of time between the ordering of critical tests and reporting the critical tests and critical results and values.

2008 EP: 2

Revision Type: Split

NPSG.02.03.01

2009 EP Text:

The hospital defines the acceptable length of time between the ordering of critical tests and reporting the results of these tests, whether normal or abnormal.

2009 EP: 2

Requirement 2C

2008 EP Text:

2. The organization defines the acceptable length of time between the ordering of critical tests and reporting the critical tests and critical results and values.

2008 EP: 2

Revision Type: Split

NPSG.02.03.01

2009 EP Text:

The hospital defines the acceptable length of time for reporting the results of routine tests with critical abnormal values or findings.

2009 EP: 3

Requirement 2C

2008 EP Text:

3. The organization defines the acceptable length of time between the availability of critical tests and critical results and values and receipt by the responsible licensed care giver.

2008 EP: 3

Revision Type: Retain

NPSG.02.03.01

2009 EP Text:

The hospital defines the acceptable length of time between the availability of critical tests and critical results and values and receipt by the responsible licensed caregiver.

2009 EP: 4

Requirement 2C

2008 EP Text:

4. The organization collects data on the timeliness of reporting critical tests and critical results and values.

2008 EP: 4

Revision Type: Retain

NPSG.02.03.01

2009 EP Text:

The hospital collects data on the timeliness of reporting critical test results and critical results and values from routine tests.

2009 EP: 5

Requirement 2C

2008 EP Text:

5. The organization assesses the data and determines whether there is a need for improvement.

2008 EP: 5

Revision Type: Retain

NPSG.02.03.01

2009 EP Text:

The hospital assesses the data on the timeliness of reporting critical test results and critical results and values from routine tests and determines whether a need for improvement exists.

2009 EP: 6

Requirement 2C

2008 EP: 6

NPSG.02.03.01

2009 EP: 7

2008 EP Text:

Revision Type: Retain

2009 EP Text:

6. The organization takes appropriate action to improve and measure the effectiveness of those actions.

The hospital takes appropriate action to improve the timeliness of reporting critical test results and critical results and values from routine tests and measures the effectiveness of those actions.

Requirement 2E

2008 Requirement Text:

Implement a standardized approach to “hand-off” communications, including an opportunity to ask and respond to questions.

NPSG.02.05.01

2009 Requirement Text:

The [organization] implements a standardized approach to hand-off communications, including an opportunity to ask and respond to questions.

Requirement 2E

2008 EP Text:

1. The organization’s process for effective “hand off” communication includes: Interactive communications allowing for the opportunity for questioning between the giver and receiver of {jc}patient{/1} information.

2008 EP: 1

Revision Type: Retain

NPSG.02.05.01

2009 EP Text:

The hospital’s process for effective hand-off communication includes the following: Interactive communications that allows for the opportunity for questioning between the giver and receiver of patient information.

2009 EP: 1

Requirement 2E

2008 EP Text:

2. The organization’s process for effective “hand off” communication includes: Up-to-date information regarding the {jc}patient’s{/9} care, treatment and services, condition and any recent or anticipated changes.

2008 EP: 2

Revision Type: Retain

NPSG.02.05.01

2009 EP Text:

The hospital’s process for effective hand-off communication includes the following: Up-to-date information regarding the patient’s condition, care, treatment, medications, services, and any recent or anticipated changes. (See also NPSG.08.01.01, EP 4)

2009 EP: 2

Requirement 2E

2008 EP Text:

3. The organization’s process for effective “hand off” communication includes: A process for verification of the received information, including repeat-back or read-back, as appropriate.

2008 EP: 3

Revision Type: Retain

NPSG.02.05.01

2009 EP Text:

The hospital’s process for effective hand-off communication includes the following: A method to verify the received information, including repeat-back or read-back techniques.

2009 EP: 3

Requirement 2E

2008 EP Text:

4. The organization’s process for effective “hand off” communication includes: An opportunity for the receiver of the hand off information to review relevant {jc}patient{/1} historical data, which may include previous care, treatment and services.

2008 EP: 4

Revision Type: Retain

NPSG.02.05.01

2009 EP Text:

The hospital’s process for effective hand-off communication includes the following: An opportunity for the receiver of the hand-off information to review relevant patient historical data, which may include previous care, treatment, and services.

2009 EP: 4

Requirement 2E

2008 EP Text:

5. Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.

2008 EP: 5

Revision Type: Retain

NPSG.02.05.01

2009 EP Text:

Interruptions during hand-offs are limited to minimize the possibility that information fails to be conveyed or is forgotten.

2009 EP: 5

Requirement 3C

2008 Requirement Text:

Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

NPSG.03.03.01

2009 Requirement Text:

The [organization] identifies and, at a minimum, annually reviews a list of look-alike/sound-alike medications used by the [organization] and takes action to prevent errors involving the interchange of these medications.

Requirement 3C

2008 EP Text:

1. Identify a list of look-alike/sound-alike (LASA) drugs used by the organization (the list must include a minimum of 10 look-alike/sound-alike drug combinations selected from the tables of LASA drugs posted on the Joint Commission website).

2008 EP: 1

Revision Type: Retain

NPSG.03.03.01

2009 EP Text:

The hospital identifies a list of look-alike/sound-alike medications used by the hospital. The list includes a minimum of 10 look-alike/sound-alike medication combinations selected from the tables of look-alike/sound-alike medications posted on The Joint Commission Web site at <http://www.jointcommission.org>.

2009 EP: 1

Requirement 3C

2008 EP Text:

2. Review the list of look-alike/sound-alike drugs used by the organization at least annually.

2008 EP: 2

Revision Type: Retain

NPSG.03.03.01

2009 EP Text:

The hospital reviews the list of look-alike/sound-alike medications at least annually.

2009 EP: 2

Requirement 3C

2008 EP Text:

3. The organization takes action to prevent errors involving the interchange of these drugs.

2008 EP: 3

Revision Type: Retain

NPSG.03.03.01

2009 EP Text:

The hospital takes action to prevent errors involving the interchange of the medications on the list of look-alike/sound-alike medication list.

2009 EP: 3

Requirement 3D

2008 Requirement Text:

Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

NPSG.03.04.01

2009 Requirement Text:

Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

Requirement 3D

2008 EP Text:

1. Medications and solutions both on and off the sterile field are labeled even if there is only one medication being used.

2008 EP: 1

Revision Type: Retain

NPSG.03.04.01

2009 EP Text:

Medications and solutions both on and off the sterile field are labeled even if there is only one medication being used.

2009 EP: 1

Requirement 3D

2008 EP Text:

2. Labeling occurs when any medication or solution is transferred from the original packaging to another container.

2008 EP: 2

Revision Type: Retain

NPSG.03.04.01

2009 EP Text:

Labeling occurs when any medication or solution is transferred from the original packaging to another container.

2009 EP: 2

Requirement 3D

2008 EP Text:

3. Labels include the drug name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours, and expiration time when expiration occurs in less than 24 hours.

2008 EP: 3

Revision Type: Retain

NPSG.03.04.01

2009 EP Text:

Medication or solution labels include the medication name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours, and expiration time when expiration occurs in less than 24 hours.

2009 EP: 3

Requirement 3D

2008 EP Text:

4. All labels are verified both verbally and visually by two qualified individuals when the person preparing the medication is not the person administering the medication.

2008 EP: 4

Revision Type: Retain

NPSG.03.04.01

2009 EP Text:

All medication or solution labels are verified both verbally and visually by two qualified individuals whenever the person preparing the medication or solution is not the person who will be administering it.

2009 EP: 4

Requirement 3D

2008 EP Text:

5. No more than one medication or solution is labeled at one time.

2008 EP: 5

Revision Type: Retain

NPSG.03.04.01

2009 EP Text:

No more than one medication or solution is labeled at one time.

2009 EP: 5

Requirement 3D

2008 EP Text:

6. Any medications or solutions found unlabeled are immediately discarded.

2008 EP: 6

Revision Type: Retain

NPSG.03.04.01

2009 EP Text:

Any medications or solutions found unlabeled are immediately discarded.

2009 EP: 6

| | | | |
|---|--|--|--------------------------|
| <p>Requirement 3D 2008 EP Text: 7.All original containers from medications or solutions remain available for reference in theperioperative/procedural area until the conclusion of the procedure.</p> | <p>2008 EP: 7 Revision Type: Retain</p> | <p>NPSG.03.04.01 2009 EP Text: All original containers from medications or solutions remain available for reference in the perioperative or procedural area until the conclusion of the procedure.</p> | <p>2009 EP: 7</p> |
| <p>Requirement 3D 2008 EP Text: 8. All labeled containers on the sterile field are discarded at the conclusion of the procedure.</p> | <p>2008 EP: 8 Revision Type: Retain</p> | <p>NPSG.03.04.01 2009 EP Text: All labeled containers on the sterile field are discarded at the conclusion of the procedure.</p> | <p>2009 EP: 8</p> |
| <p>Requirement 3D 2008 EP Text: 9. At shift change or break relief, all medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting personnel</p> | <p>2008 EP: 9 Revision Type: Retain</p> | <p>NPSG.03.04.01 2009 EP Text: At shift change or break relief, all medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting personnel.</p> | <p>2009 EP: 9</p> |

Requirement 3E

2008 Requirement Text:

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. Note: This requirement applies only to organizations that provide anticoagulation therapy.

NPSG.03.05.01

2009 Requirement Text:

Reduce the likelihood of [patient] harm associated with the use of anticoagulation therapy.
 Note: This requirement applies only to [organization]s that provide anticoagulation therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the [patient]'s laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations where short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the [patient]'s laboratory values for coagulation will remain within, or close to, normal values.

Requirement 3E

2008 EP: 5

NPSG.03.05.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

5. The organization implements a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy.

The hospital implements a defined anticoagulation management program to individualize the care provided to each patient receiving anticoagulant therapy.

Requirement 3E

2008 EP: 6

NPSG.03.05.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

6. To reduce compounding and labeling errors, the organization uses ONLY oral unit dose products and pre-mixed infusions, when these products are available.

To reduce compounding and labeling errors, the hospital uses only oral unit dose products, pre-filled syringes, or pre-mixed infusion bags when these types of products are available.
 Note: For pediatric patients, pre-loaded syringe products should only be used if specifically designed for children.

Requirement 3E

2008 EP: 7

No Requirement for 2009

2008 EP Text:

Revision Type: Delete:NE

2009 EP Text:

7. When pharmacy services are provided by the organization, warfarin is dispensed for each patient in accordance with established monitoring procedures.

No EP

Requirement 3E

2008 EP: 8

NPSG.03.05.01

2009 EP: 3

2008 EP Text:

Revision Type: Retain

2009 EP Text:

8. The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for drug interactions.

The hospital uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for medication interactions.

| | | | |
|---|--|--|--------------------------|
| <p>Requirement 3E 2008 EP Text: 9. For patients being started on warfarin, a baseline International Normalized Ratio (INR) is available, and for all patients receiving warfarin therapy, a current INR is available and is used to monitor and adjust therapy.</p> | <p>2008 EP: 9 Revision Type: Retain</p> | <p>NPSG.03.05.01 2009 EP Text: For patients starting on warfarin, a baseline International Normalized Ratio (INR) is available, and for all patients receiving warfarin therapy, a current INR is available and is used to monitor and adjust therapy.</p> | <p>2009 EP: 4</p> |
| <p>Requirement 3E 2008 EP Text: 10. When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program.</p> | <p>2008 EP: 10 Revision Type: Retain</p> | <p>NPSG.03.05.01 2009 EP Text: When dietary services are provided by the hospital, the service is notified of all patients receiving warfarin and responds according to its established food/medication interaction program.</p> | <p>2009 EP: 5</p> |
| <p>Requirement 3E 2008 EP Text: 11. When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps.</p> | <p>2008 EP: 11 Revision Type: Retain</p> | <p>NPSG.03.05.01 2009 EP Text: When heparin is administered intravenously and continuously, the hospital uses programmable infusion pumps in order to provide consistent and accurate dosing.</p> | <p>2009 EP: 6</p> |
| <p>Requirement 3E 2008 EP Text: 12. The organization has a policy that addresses baseline and ongoing laboratories tests that are required for heparin and low molecular weight heparin therapies.</p> | <p>2008 EP: 12 Revision Type: Retain</p> | <p>NPSG.03.05.01 2009 EP Text: The hospital has a written policy that addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies.</p> | <p>2009 EP: 7</p> |
| <p>Requirement 3E 2008 EP Text: 13. The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families.</p> | <p>2008 EP: 13 Revision Type: Retain</p> | <p>NPSG.03.05.01 2009 EP Text: The hospital provides education regarding anticoagulation therapy to prescribers, staff, patients, and families. Note: Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.</p> | <p>2009 EP: 8</p> |
| <p>Requirement 3E 2008 EP Text: 14. Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.</p> | <p>2008 EP: 14 Revision Type: Delete:NE</p> | <p>No Requirement for 2009 2009 EP Text: No EP</p> | |

Requirement 3E

2008 EP: 15

NPSG.03.05.01

2009 EP: 9

2008 EP Text:

Revision Type: Retain

2009 EP Text:

15. The organization evaluates anticoagulation safety practices (see MM.8.10).

The hospital evaluates its anticoagulation safety practices, takes appropriate action to improve its practices, and measures the effectiveness of those actions on a regular basis.

Requirement 7A

2008 Requirement Text:

Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

NPSG.07.01.01

2009 Requirement Text:

Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

Requirement 7A

2008 EP Text:

1. Comply with current WHO Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines* *Organizations are required to comply with all 1A, 1B, 1C CDC or WHO guidelines.

2008 EP: 1

Revision Type: Retain

NPSG.07.01.01

2009 EP Text:

The hospital complies with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. Note: Hospitals are required to comply with 1A, 1B, and 1C of the WHO or CDC guidelines.

2009 EP: 1

Requirement 7B

2008 Requirement Text:

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

NPSG.07.02.01

2009 Requirement Text:

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a health care associated infection.

Requirement 7B

2008 EP Text:

1. The organization manages all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection as sentinel events (that is, conducts a root cause analysis).

2008 EP: 1

Revision Type: Retain

NPSG.07.02.01

2009 EP Text:

The hospital manages all identified cases of unanticipated death or major permanent loss of function associated with a health care associated infection as sentinel events (that is, the hospital conducts a root cause analysis).

2009 EP: 1

Requirement 7B

2008 EP Text:

2. The root cause analysis addresses the management of the {jc}patient{/1} before and after the identification of infection.

2008 EP: 2

Revision Type: Retain

NPSG.07.02.01

2009 EP Text:

The root cause analysis addresses the management of the patient before and after the identification of infection.

2009 EP: 2

Requirement 8A

2008 Requirement Text:

There is a process for comparing the {jc}patient's{/9} current medications with those ordered for the {jc}patient{/1} while under the care of the organization.

NPSG.08.01.01

2009 Requirement Text:

A process exists for comparing the [patient]'s current medications with those ordered for the [patient] while under the care of the [organization].

Requirement 8A

2008 EP: 1

NPSG.08.01.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. The organization, with the {jc}patient's{/9} involvement, creates a complete list of the {jc}patient's{/9} current medications at admission/entry.

At the time the patient enters the hospital or is admitted, a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented. The patient, and family as needed, are involved in creating this list.

Requirement 8A

2008 EP: 2

NPSG.08.01.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

2. The medications ordered for, administered to, or dispensed to the {jc}patient{/1} while under the care of the organization are compared to those on the list and any discrepancies (e.g., omissions, duplications, potential interactions) are resolved.

The medications ordered for the patient while under the care of the hospital are compared to those on the list created at the time of entry to the hospital or admission.

Requirement 8B

2008 Requirement Text:

A complete list of the {jc}patient's{/9} medications is communicated to the next provider of service when a {jc}patient{/1} is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

NPSG.08.02.01

2009 Requirement Text:

When a [patient] is referred to or transferred from one [organization] to another, the complete and reconciled list of medications is communicated to the next provider of service and the communication is documented. Alternatively, when a [patient] leaves the [organization]'s care directly to his or her home, the complete and reconciled list of medications is provided to the [patient]'s known primary care provider, or the original referring provider, or a known next provider of service.

Note: When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the [patient], and family as needed, the list of reconciled medications is sufficient.

Requirement 8B

2008 EP: 1

NPSG.08.02.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. The {jc}patient{/1}'s accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization

The patient's most current reconciled medication list is communicated to the next provider of service, either within or outside the hospital. The communication between providers is documented.

Requirement 8B

2008 EP: 2

No Requirement for 2009

2008 EP Text:

Revision Type: Delete:NE

2009 EP Text:

2.The next provider of service checks the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.

No EP

Requirement 8B

2008 EP: 3

No Requirement for 2009

2008 EP Text:

Revision Type: Delete:NE

2009 EP Text:

3.The complete list of medications is also provided to the {jc}patient{/1} on discharge from the organization.

No EP

Requirement 9B

2008 Requirement Text:

Implement a fall reduction program including an evaluation of the effectiveness of the program.

NPSG.09.02.01

2009 Requirement Text:

The [organization] implements a fall reduction program that includes an evaluation of the effectiveness of the program.

Requirement 9B

2008 EP: 1

NPSG.09.02.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. The organization establishes a fall reduction program.

The hospital establishes a fall reduction program.

Requirement 9B

2008 EP: 2

NPSG.09.02.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

2. The fall reduction program includes an evaluation as appropriate to the {c}patient{/1} population, settings and services provided.

The fall reduction program includes an evaluation appropriate to the patient population, settings, and services provided.

Requirement 9B

2008 EP: 3

NPSG.09.02.01

2009 EP: 3

2008 EP Text:

Revision Type: Retain

2009 EP Text:

3. The fall reduction program includes interventions to reduce the {c}patient{/1}'s fall risk factors.

The fall reduction program includes interventions to reduce the patient's fall risk factors.

Requirement 9B

2008 EP: 4

NPSG.09.02.01

2009 EP: 4

2008 EP Text:

Revision Type: Retain

2009 EP Text:

4. Staff receive education and training for the fall reduction program

Staff receive education and training for the fall reduction program.

Requirement 9B

2008 EP: 5

NPSG.09.02.01

2009 EP: 5

2008 EP Text:

Revision Type: Retain

2009 EP Text:

5. The {c}patient{/1} and {c}patient{/1}'s family is educated on the fall reduction program and any individualized fall reduction strategies.

The hospital educates the patient, and their family as needed, on the fall reduction program and any individualized fall reduction strategies.

Requirement 9B

2008 EP: 6

NPSG.09.02.01

2009 EP: 6

2008 EP Text:

Revision Type: Retain

2009 EP Text:

6. The fall reduction program is evaluated to determine the effectiveness of the program. (Outcome indicators such as decreased number of falls and decreased number and severity of fall-related injuries could be used.)

The hospital evaluates the fall reduction program to determine the effectiveness of the program.
Note: Outcome indicators such as decreased number of falls and decreased number and severity of fall-related injuries could be used.

Requirement 13A

2008 Requirement Text:

Define and communicate the means for {jc}patients{/6} and their families to report concerns about safety and encourage them to do so.

NPSG.13.01.01

2009 Requirement Text:

Identify the ways in which the [patient] and his or her family can report concerns about safety and encourage them to do so.

Requirement 13A

2008 EP: 1

NPSG.13.01.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. {jc}Patients{/6} and families are educated on methods available to report concerns related to care, treatment, services and {jc}patient{/1} safety issues.

The patient and family are educated on available reporting methods for concerns related to care, treatment, services and patient safety issues.

Requirement 13A

2008 EP: 2

NPSG.13.01.01

2009 EP: 4

2008 EP Text:

Revision Type: Retain

2009 EP Text:

2. The organization encourages {jc}patient{/1}s and their families to report concerns about safety.

The hospital encourages patients and their families to report concerns about safety.

Requirement 15A

2008 Requirement Text:

The organization identifies {jc}patients{/6} at risk for suicide.Note: This requirement only applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

NPSG.15.01.01

2009 Requirement Text:

The [organization] identifies [patient]s at risk for suicide.
Note: This requirement only applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

Requirement 15A

2008 EP Text:

1. The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.

2008 EP: 1

Revision Type: Retain

NPSG.15.01.01

2009 EP Text:

The risk assessment includes identification of specific patient factors and environmental features that may increase or decrease the risk for suicide.

2009 EP: 1

Requirement 15A

2008 EP Text:

2. The {jc}patient{/1}'s immediate safety needs and most appropriate setting for treatment are addressed.

2008 EP: 2

Revision Type: Retain

NPSG.15.01.01

2009 EP Text:

The hospital addresses the patient's immediate safety needs and most appropriate setting for treatment.

2009 EP: 2

Requirement 15A

2008 EP Text:

3. The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.

2008 EP: 3

Revision Type: Retain

NPSG.15.01.01

2009 EP Text:

The hospital provides information such as a crisis hotline to individuals at risk for suicide and their family members.

2009 EP: 3

Requirement 16A

2008 Requirement Text:

The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

NPSG.16.01.01

2009 Requirement Text:

The [organization] selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the [patient]'s condition appears to be worsening.

Requirement 16A

2008 EP: 5

NPSG.16.01.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

5. The organization selects an early recognition and response method most suitable for its needs and resources.

The hospital selects an early recognition and response method most suitable for its needs and resources.

Requirement 16A

2008 EP: 6

NPSG.16.01.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

6. The organization develops criteria for calling additional assistance to respond to a change in patient's condition or perception of change by the staff, patients and/or families.

The hospital develops criteria for calling additional assistance to respond to a change in the patient's condition or a perception of change by the staff, the patient, and/or family.

Requirement 16A

2008 EP: 7

NPSG.16.01.01

2009 EP: 3

2008 EP Text:

Revision Type: Split

2009 EP Text:

7. The organization empowers staff, patients, and/or families to request additional assistance when they have a concern about the patient's condition.

Based on the hospital's criteria, staff seek additional assistance when they have concerns about a patient's condition.

Requirement 16A

2008 EP: 7

NPSG.16.01.01

2009 EP: 4

2008 EP Text:

Revision Type: Split

2009 EP Text:

7. The organization empowers staff, patients, and/or families to request additional assistance when they have a concern about the patient's condition.

The hospital encourages the patient and family to seek assistance when the patient's condition worsens.

Requirement 16A

2008 EP: 8

NPSG.16.01.01

2009 EP: 5

2008 EP Text:

Revision Type: Retain

2009 EP Text:

8. Formal education for urgent response policies and practices is conducted with the people who may request assistance and the people who may respond to those requests.

Formal education for urgent response policies and practices is conducted with the staff and licensed independent practitioners who may request assistance and those who may respond to those requests.

Requirement 16A

2008 EP: 9

NPSG.16.01.01

2009 EP: 7

2008 EP Text:

Revision Type: Retain

2009 EP Text:

9. The organization measures the utility and effectiveness of the intervention(s) employed.

The hospital evaluates its early intervention program and any underlying organizational system issues, takes appropriate action to improve its intervention system, and measures the effectiveness of those actions on a regular basis.

Note: Hospitals are not required to create “rapid response teams” or “medical emergency teams” in order to meet this goal. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved.

Requirement 16A

2008 EP: 10

NPSG.16.01.01

2009 EP: 6

2008 EP Text:

Revision Type: Retain

2009 EP Text:

10. The organization measures cardiopulmonary arrest, respiratory arrest and mortality rates before and after implementation of an early intervention plan.

The hospital measures cardiopulmonary arrest, respiratory arrest, and mortality rates before and after implementation of an early intervention plan.

UP Requirement 1A

2008 Requirement Text:

Conduct a pre-operative verification process as described in the Universal Protocol

UP.01.01.01

2009 Requirement Text:

Conduct a pre-procedure verification process.

UP Requirement 1A

2008 EP Text:

1. Verification of the correct person, procedure, and site should occur during the following (as applicable): At the time the surgery/procedure is scheduled. At the time of admission or entry into the facility. Anytime the responsibility for care of the patient is transferred to another caregiver. With the patient involved, awake and aware, if possible. Before the patient leaves the preoperative area or enters the procedure/surgical room.

2008 EP: 1

Revision Type: Retain

UP.01.01.01

2009 EP Text:

Verification of the correct person, correct site, and correct procedure occurs at the following times:

- At the time the procedure is scheduled.
- At the time of preadmission testing and assessment.
- At the time of admission or entry into the facility for a procedure, whether elective or emergent.
- Before the patient leaves the pre-procedure area or enters the procedure room.
- Anytime the responsibility for care of the patient is transferred to another member of the procedural care team, (including the anesthesia providers) at the time of, and during, the procedure.
- With the patient involved, awake and aware, if possible.

2009 EP: 1

UP Requirement 1A

2008 EP Text:

2. The following is reviewed prior to the start of the procedure: Relevant documentation (e.g. H&P, consent). Relevant images, properly labeled and displayed. Any required implants and special equipment.

2008 EP: 2

Revision Type: Retain

UP.01.01.01

2009 EP Text:

When the patient is in the pre-procedure area, immediately prior to moving the patient to the procedure room, a checklist (for example, paper, electronic, or other medium such as a wall-mounted white-board) is used to review and verify that the following items are available and accurately matched to the patient:

- Relevant documentation (for example, history and physical, nursing assessment, and pre-anesthesia assessment).
- Accurately completed, and signed, procedure consent form.
- Correct diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly labeled.
- Any required blood products, implants, devices and/or special equipment for the procedure.

2009 EP: 2

UP Requirement 1B

2008 Requirement Text:

Mark the operative site as described in the Universal Protocol

UP.01.02.01

2009 Requirement Text:

Mark the procedure site.

UP Requirement 1B

2008 EP: 1

UP.01.02.01

2009 EP: 5

2008 EP Text:

Revision Type: Consolidate

2009 EP Text:

1. Make the mark at or near the incision site; do not mark any non-operative site(s) unless necessary for some other aspect of care.

The site marking has the following characteristics:

- It is made at or near the procedure site or the incision site. Other non-procedure site(s) are not marked unless necessary for some other aspect of care.
- It includes, preferably, the surgeon's or proceduralist's initials, with or without a line representing the proposed incision.
- It is made using a marker that is sufficiently permanent to remain visible after completion of the skin prep and sterile draping. Adhesive site markers are not to be used as the sole means of marking the site.
- It is positioned to be visible after the patient has his or her skin prepped, is in his or her final position, and sterile draping is completed.

UP Requirement 1B

2008 EP: 2

UP.01.02.01

2009 EP: 4

2008 EP Text:

Revision Type: Consolidate

2009 EP Text:

2. The mark must be unambiguous. (Note: for example, use initials or "YES" or a line representing the proposed incision; consider that "X" may be ambiguous.)

The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.

UP Requirement 1B

2008 EP: 3

UP.01.02.01

2009 EP: 5

2008 EP Text:

Revision Type: Consolidate

2009 EP Text:

3. The mark must be positioned to be visible after the patient is prepped and draped.

The site marking has the following characteristics:

- It is made at or near the procedure site or the incision site. Other non-procedure site(s) are not marked unless necessary for some other aspect of care.
- It includes, preferably, the surgeon's or proceduralist's initials, with or without a line representing the proposed incision.
- It is made using a marker that is sufficiently permanent to remain visible after completion of the skin prep and sterile draping. Adhesive site markers are not to be used as the sole means of marking the site.
- It is positioned to be visible after the patient has his or her skin prepped, is in his or her final position, and sterile draping is completed.

| | | | |
|---|---|--|--------------------------|
| <p>UP Requirement 1B 2008 EP Text: 4. The method of marking and type of mark should be consistent throughout the organization.</p> | <p>2008 EP: 4 Revision Type: Consolidate</p> | <p>UP.01.02.01 2009 EP Text: The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.</p> | <p>2009 EP: 4</p> |
| <p>UP Requirement 1B 2008 EP Text: 5. At a minimum, mark all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine). (Note: In addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level).</p> | <p>2008 EP: 5 Revision Type: Retain</p> | <p>UP.01.02.01 2009 EP Text: For all procedures involving incision or percutaneous puncture or insertion, the intended procedure site is marked. The marking takes into consideration laterality, the surface (flexor, extensor), the level (spine), or specific digit or lesion to be treated. Note: For procedures that involve laterality of organs but the incision(s) or approaches may be from the mid-line or from a natural orifice, the site is still marked and the laterality noted.</p> | <p>2009 EP: 1</p> |
| <p>UP Requirement 1B 2008 EP Text: 6. The person performing the procedure should do the site marking.</p> | <p>2008 EP: 6 Revision Type: Retain</p> | <p>UP.01.02.01 2009 EP Text: The procedure site is marked by a licensed independent practitioner or other provider who is privileged or permitted by the hospital to perform the intended surgical or non-surgical invasive procedure. This individual will be involved directly in the procedure and will be present at the time the procedure is performed. Note: Final confirmation and verification of the site mark takes place during the time-out.</p> | <p>2009 EP: 3</p> |
| <p>UP Requirement 1B 2008 EP Text: 7. Marking must take place with the patient involved, awake and aware, if possible.</p> | <p>2008 EP: 7 Revision Type: Retain</p> | <p>UP.01.02.01 2009 EP Text: The procedure site is initially marked before the patient is moved to the location where the procedure will be performed and takes place with the patient involved, awake and aware, if possible.</p> | <p>2009 EP: 2</p> |

UP Requirement 1C

2008 Requirement Text:

Conduct a “time out” immediately before starting the procedure as described in the Universal Protocol

UP.01.03.01

2009 Requirement Text:

A time-out is performed immediately prior to starting procedures.

UP Requirement 1C

2008 EP Text:

1. The final verification process must be conducted in the location where the procedure will be done, just before starting the procedure.

2008 EP: 1

Revision Type: Retain

UP.01.03.01

2009 EP Text:

The time-out is conducted prior to starting the procedure and, ideally, prior to the introduction of the anesthesia process (including general/regional anesthesia, local anesthesia, and spinal anesthesia), unless contraindicated.

2009 EP: 1

UP Requirement 1C

2008 EP Text:

2. The process must involve the entire operative team, use active communication, and must, at least, include: Correct patient identity. Correct side and site Agreement on the procedure to be done. Correct patient position. Availability of correct implants and any special equipment or special requirements.

2008 EP: 2

Revision Type: Retain

UP.01.03.01

2009 EP Text:

The time-out addresses the following:

- Correct patient identity.
- Confirmation that the correct side and site are marked.
- An accurate procedure consent form.
- Agreement on the procedure to be done.
- Correct patient position.
- Relevant images and results are properly labeled and appropriately displayed.
- The need to administer antibiotics or fluids for irrigation purposes. (See also NPSG.07.05.01, EP 7)
- Safety precautions based on patient history or medication use.

2009 EP: 5

UP Requirement 1C

2008 EP Text:

3. The process is briefly documented, such as in a checklist (Note: the organization should determine the type and amount of documentation.)

2008 EP: 3

Revision Type: Retain

UP.01.03.01

2009 EP Text:

The completed components of the Universal Protocol and time-out are clearly documented.

2009 EP: 6

UP Requirement 1C

2008 EP Text:

4. The organization should have processes and systems in place for reconciling differences in staff responses during the final verification process.

2008 EP: 4

Revision Type: Delete:NE

No Requirement for 2009

2009 EP Text:

No EP