

# History Tracking Report: 2009 to 2008 Requirements

## Accreditation Program: Hospital Chapter: National Patient Safety Goals

### NPSG.01.01.01

#### 2009 Requirement Text:

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

### Requirement 1A

#### 2008 Requirement Text:

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

### NPSG.01.01.01

2009 EP: 2

#### 2009 EP Text:

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

### Requirement 1A

2008 EP: 1

#### 2008 EP Text:

Revision Code: Retain

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

### NPSG.01.01.01

2009 EP: 3

#### 2009 EP Text:

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

### Requirement 1A

2008 EP: 2

#### 2008 EP Text:

Revision Code: Retain

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

### NPSG.01.01.01

2009 EP: 4

#### 2009 EP Text:

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

### Requirement 1A

2008 EP: 3

#### 2008 EP Text:

Revision Code: Retain

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

### NPSG.01.01.01

2009 EP: 5

#### 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)

### Requirement 1A

2008 EP: 4

#### 2008 EP Text:

Revision Code: Retain

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

### NPSG.01.01.01

2009 EP: 6

#### 2009 EP Text:

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

### Requirement 1A

2008 EP: 5

#### 2008 EP Text:

Revision Code: Retain

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

**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 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 EP: 1**

**2009 EP Text:**

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

**Requirement 2A**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.02.01.01**

**2009 EP: 2**

**2009 EP Text:**

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

**Requirement 2A**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.02.01.01**

**2009 EP: 3**

**2009 EP Text:**

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

**Requirement 2A**

**2008 EP: 3**

**2008 EP Text:**

**Revision Code:** Retain

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

**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 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 EP: 1**

**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.

**Requirement 2B**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.02.02.01**

**2009 EP: 2**

**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.

**Requirement 2B**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.02.02.01**

**2009 EP: 3**

**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.

**Requirement 2B**

**2008 EP: 3**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.02.02.01****2009 EP: 4****Requirement 2B****2008 EP: 4****2009 EP Text:**

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

**2008 EP Text:**

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

**Revision Code: Retain**

**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 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 EP: 1****2009 EP Text:**

The hospital defines critical tests and critical results and values.

**Requirement 2C****2008 EP: 1****2008 EP Text:****Revision Code:** Retain

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

**NPSG.02.03.01****2009 EP: 2****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.

**Requirement 2C****2008 EP: 2****2008 EP Text:****Revision Code:** Split

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.

**NPSG.02.03.01****2009 EP: 3****2009 EP Text:**

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

**Requirement 2C****2008 EP: 2****2008 EP Text:****Revision Code:** Split

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.

**NPSG.02.03.01****2009 EP: 4****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.

**Requirement 2C****2008 EP: 3****2008 EP Text:****Revision Code:** Retain

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.

**NPSG.02.03.01****2009 EP: 5****2009 EP Text:**

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

**Requirement 2C****2008 EP: 4****2008 EP Text:****Revision Code:** Retain

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

**NPSG.02.03.01****2009 EP: 6****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.

**Requirement 2C****2008 EP: 5****2008 EP Text:****Revision Code:** Retain

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

**NPSG.02.03.01****2009 EP: 7****2009 EP Text:**

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 2C****2008 EP: 6****2008 EP Text:**

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

**Revision Code:** Retain

**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 Requirement Text:**

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

**NPSG.02.05.01**

**2009 EP: 1**

**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.

**Requirement 2E**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.02.05.01**

**2009 EP: 2**

**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)

**Requirement 2E**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.02.05.01**

**2009 EP: 3**

**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.

**Requirement 2E**

**2008 EP: 3**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.02.05.01**

**2009 EP: 4**

**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.

**Requirement 2E**

**2008 EP: 4**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.02.05.01**

**2009 EP: 5**

**2009 EP Text:**

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

**Requirement 2E**

**2008 EP: 5**

**2008 EP Text:**

**Revision Code:** Retain

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

**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 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 EP: 1**

**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>.

**Requirement 3C**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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).

**NPSG.03.03.01**

**2009 EP: 2**

**2009 EP Text:**

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

**Requirement 3C**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.03.03.01**

**2009 EP: 3**

**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.

**Requirement 3C**

**2008 EP: 3**

**2008 EP Text:**

**Revision Code:** Retain

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

**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 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 EP: 1****2009 EP Text:**

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

**Requirement 3D****2008 EP: 1****2008 EP Text:****Revision Code:** Retain

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

**NPSG.03.04.01****2009 EP: 2****2009 EP Text:**

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

**Requirement 3D****2008 EP: 2****2008 EP Text:****Revision Code:** Retain

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

**NPSG.03.04.01****2009 EP: 3****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.

**Requirement 3D****2008 EP: 3****2008 EP Text:****Revision Code:** Retain

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.

**NPSG.03.04.01****2009 EP: 4****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.

**Requirement 3D****2008 EP: 4****2008 EP Text:****Revision Code:** Retain

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.

**NPSG.03.04.01****2009 EP: 5****2009 EP Text:**

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

**Requirement 3D****2008 EP: 5****2008 EP Text:****Revision Code:** Retain

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

**NPSG.03.04.01****2009 EP: 6****2009 EP Text:**

Any medications or solutions found unlabeled are immediately discarded.

**Requirement 3D****2008 EP: 6****2008 EP Text:****Revision Code:** Retain

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



**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 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 EP: 1**

**2009 EP Text:**

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

**Requirement 3E**

**2008 EP: 5**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.03.05.01**

**2009 EP: 2**

**2009 EP Text:**

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: 6**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.03.05.01**

**2009 EP: 3**

**2009 EP Text:**

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.

**Requirement 3E**

**2008 EP: 8**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.03.05.01**

**2009 EP: 4**

**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.

**Requirement 3E**

**2008 EP: 9**

**2008 EP Text:**

**Revision Code:** Retain

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.

<b>NPSG.03.05.01</b>	<b>2009 EP: 5</b>	<b>Requirement 3E</b>	<b>2008 EP: 10</b>
<b>2009 EP Text:</b>		<b>2008 EP Text:</b>	<b>Revision Code:</b> Retain
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.		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.	
<b>NPSG.03.05.01</b>	<b>2009 EP: 6</b>	<b>Requirement 3E</b>	<b>2008 EP: 11</b>
<b>2009 EP Text:</b>		<b>2008 EP Text:</b>	<b>Revision Code:</b> Retain
When heparin is administered intravenously and continuously, the hospital uses programmable infusion pumps in order to provide consistent and accurate dosing.		11. When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps.	
<b>NPSG.03.05.01</b>	<b>2009 EP: 7</b>	<b>Requirement 3E</b>	<b>2008 EP: 12</b>
<b>2009 EP Text:</b>		<b>2008 EP Text:</b>	<b>Revision Code:</b> Retain
The hospital has a written policy that addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies.		12. The organization has a policy that addresses baseline and ongoing laboratories tests that are required for heparin and low molecular weight heparin therapies.	
<b>NPSG.03.05.01</b>	<b>2009 EP: 8</b>	<b>Requirement 3E</b>	<b>2008 EP: 13</b>
<b>2009 EP Text:</b>		<b>2008 EP Text:</b>	<b>Revision Code:</b> Retain
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.		13. The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families.	
<b>NPSG.03.05.01</b>	<b>2009 EP: 9</b>	<b>Requirement 3E</b>	<b>2008 EP: 15</b>
<b>2009 EP Text:</b>		<b>2008 EP Text:</b>	<b>Revision Code:</b> Retain
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.		15. The organization evaluates anticoagulation safety practices (see MM.8.10).	

**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 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 EP: 1**

**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.

**Requirement 7A**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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.

**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 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 EP: 1**

**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).

**Requirement 7B**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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).

**NPSG.07.02.01**

**2009 EP: 2**

**2009 EP Text:**

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

**Requirement 7B**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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

**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 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 EP: 1**

**2009 EP Text:**

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: 1**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.08.01.01**

**2009 EP: 2**

**2009 EP Text:**

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 8A**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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.

**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.

**NPSG.08.02.01**

**2009 EP: 1**

**2009 EP Text:**

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 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.

**Requirement 8B**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code: Retain**

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

**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 Requirement Text:**

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

**NPSG.09.02.01****2009 EP: 1****2009 EP Text:**

The hospital establishes a fall reduction program.

**Requirement 9B****2008 EP: 1****2008 EP Text:****Revision Code:** Retain

1. The organization establishes a fall reduction program.

**NPSG.09.02.01****2009 EP: 2****2009 EP Text:**

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

**Requirement 9B****2008 EP: 2****2008 EP Text:****Revision Code:** Retain

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

**NPSG.09.02.01****2009 EP: 3****2009 EP Text:**

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

**Requirement 9B****2008 EP: 3****2008 EP Text:****Revision Code:** Retain

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

**NPSG.09.02.01****2009 EP: 4****2009 EP Text:**

Staff receive education and training for the fall reduction program.

**Requirement 9B****2008 EP: 4****2008 EP Text:****Revision Code:** Retain

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

**NPSG.09.02.01****2009 EP: 5****2009 EP Text:**

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: 5****2008 EP Text:****Revision Code:** Retain

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

**NPSG.09.02.01****2009 EP: 6****2009 EP Text:**

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 9B****2008 EP: 6****2008 EP Text:****Revision Code:** Retain

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.)

**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 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 EP: 1**

**2009 EP Text:**

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: 1**

**2008 EP Text:**

**Revision Code:** Retain

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.

**NPSG.13.01.01**

**2009 EP: 4**

**2009 EP Text:**

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

**Requirement 13A**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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

**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 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 EP: 1**

**2009 EP Text:**

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

**Requirement 15A**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.15.01.01**

**2009 EP: 2**

**2009 EP Text:**

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

**Requirement 15A**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

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

**NPSG.15.01.01**

**2009 EP: 3**

**2009 EP Text:**

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

**Requirement 15A**

**2008 EP: 3**

**2008 EP Text:**

**Revision Code:** Retain

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

**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 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 EP: 1****2009 EP Text:**

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

**Requirement 16A****2008 EP: 5****2008 EP Text:****Revision Code: Retain**

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

**NPSG.16.01.01****2009 EP: 2****2009 EP Text:**

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: 6****2008 EP Text:****Revision Code: Retain**

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.

**NPSG.16.01.01****2009 EP: 3****2009 EP Text:**

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

**Requirement 16A****2008 EP: 7****2008 EP Text:****Revision Code: Split**

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

**NPSG.16.01.01****2009 EP: 4****2009 EP Text:**

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

**Requirement 16A****2008 EP: 7****2008 EP Text:****Revision Code: Split**

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

**NPSG.16.01.01****2009 EP: 5****2009 EP Text:**

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: 8****2008 EP Text:****Revision Code: Retain**

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.

**NPSG.16.01.01****2009 EP: 6****2009 EP Text:**

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

**Requirement 16A****2008 EP: 10****2008 EP Text:****Revision Code: Retain**

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

**NPSG.16.01.01****2009 EP: 7****2009 EP Text:**

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: 9****2008 EP Text:****Revision Code:** Retain

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

**UP.01.01.01****2009 Requirement Text:**

Conduct a pre-procedure verification process.

**UP Requirement 1A****2008 Requirement Text:**

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

**UP.01.01.01****2009 EP: 1****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.

**UP Requirement 1A****2008 EP: 1****2008 EP Text:****Revision Code: Retain**

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.

**UP.01.01.01****2009 EP: 2****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.

**UP Requirement 1A****2008 EP: 2****2008 EP Text:****Revision Code: Retain**

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.

**UP.01.02.01**

**2009 Requirement Text:**

Mark the procedure site.

**UP Requirement 1B**

**2008 Requirement Text:**

Mark the operative site as described in the Universal Protocol

**UP.01.02.01**

**2009 EP: 1**

**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.

**UP Requirement 1B**

**2008 EP: 5**

**2008 EP Text:**

**Revision Code:** Retain

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).

**UP.01.02.01**

**2009 EP: 2**

**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.

**UP Requirement 1B**

**2008 EP: 7**

**2008 EP Text:**

**Revision Code:** Retain

7. Marking must take place with the patient involved, awake and aware, if possible.

**UP.01.02.01**

**2009 EP: 3**

**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.

**UP Requirement 1B**

**2008 EP: 6**

**2008 EP Text:**

**Revision Code:** Retain

6. The person performing the procedure should do the site marking.

**UP.01.02.01**

**2009 EP: 4**

**2009 EP Text:**

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: 2**

**2008 EP Text:**

**Revision Code:** Consolidate

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.)

<p><b>UP.01.02.01</b>  <b>2009 EP Text:</b>                  The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.</p>	<p><b>2009 EP: 4</b></p>	<p><b>UP Requirement 1B</b>  <b>2008 EP Text:</b>                  4. The method of marking and type of mark should be consistent throughout the organization.</p>	<p><b>2008 EP: 4</b>  <b>Revision Code:</b> Consolidate</p>
<p><b>UP.01.02.01</b>  <b>2009 EP Text:</b>                  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>	<p><b>2009 EP: 5</b></p>	<p><b>UP Requirement 1B</b>  <b>2008 EP Text:</b>                  3. The mark must be positioned to be visible after the patient is prepped and draped.</p>	<p><b>2008 EP: 3</b>  <b>Revision Code:</b> Consolidate</p>
<p><b>UP.01.02.01</b>  <b>2009 EP Text:</b>                  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>	<p><b>2009 EP: 5</b></p>	<p><b>UP Requirement 1B</b>  <b>2008 EP Text:</b>                  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.</p>	<p><b>2008 EP: 1</b>  <b>Revision Code:</b> Consolidate</p>

**UP.01.03.01**

**2009 Requirement Text:**

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

**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 EP: 1**

**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.

**UP Requirement 1C**

**2008 EP: 1**

**2008 EP Text:**

**Revision Code:** Retain

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

**UP.01.03.01**

**2009 EP: 5**

**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.

**UP Requirement 1C**

**2008 EP: 2**

**2008 EP Text:**

**Revision Code:** Retain

2. The process must involve the entire operative team, use active communication, and must, at least, include: Correct {jc}patient{/1} identity. Correct side and site Agreement on the procedure to be done. Correct {jc}patient{/1} position. Availability of correct implants and any special equipment or special requirements.

**UP.01.03.01**

**2009 EP: 6**

**2009 EP Text:**

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

**UP Requirement 1C**

**2008 EP: 3**

**2008 EP Text:**

**Revision Code:** Retain

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