

History Tracking Report: 2008 to 2009 Requirements

Accreditation Program: Medicare/Medicaid Long Term Care

2008 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 resident 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 resident 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 resident 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 resident's room number or physical location is not used as an identifier.

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 resident.

2009 EP: 6

Requirement 1B

2008 Requirement Text:

Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct {jc}patient{/1}, procedure and site, using active—not passive—communication techniques.

NPSG.01.02.01

2009 Requirement Text:

Prior to the start of any surgical or invasive procedure, individuals involved in the procedure conduct a final verification process, such as a time-out, to confirm the correct [patient], procedure, and site using active, not passive, communication techniques.

Requirement 1B

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

NPSG.01.02.01

2009 EP Text:

The final verification process is conducted in the location where the procedure will be done, immediately prior to starting the surgical or invasive procedure.

2009 EP: 1

Requirement 1B

2008 EP Text:

2. The process must involve the entire team, use active communication, and must, at least, include the following: 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

2008 EP: 2

Revision Type: Retain

NPSG.01.02.01

2009 EP Text:

The final verification process involves the entire team, uses active communication, and includes the following:
 - Correct resident identity
 - Correct side and site
 - Agreement on the procedure to be done
 - Correct resident position
 - Availability of correct implants and any special equipment or special requirements

2009 EP: 2

Requirement 1B

2008 EP Text:

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

2008 EP: 3

Revision Type: Retain

NPSG.01.02.01

2009 EP Text:

The process is briefly documented using a method such as a checklist. Note: The organization determines the type and amount of documentation.

2009 EP: 3

Requirement 1B

2008 EP Text:

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

2008 EP: 4

Revision Type: Retain

NPSG.01.02.01

2009 EP Text:

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

2009 EP: 4

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: 1

2009 EP Text:

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

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: 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 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: 3

2009 EP Text:

The organization 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: 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 organization 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 organization 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: Retain

NPSG.02.03.01

2009 EP Text:

The organization 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: Retain

NPSG.02.03.01

2009 EP Text:

The organization 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 organization 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 organization 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 organization 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:

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

Revision Type: Retain

2009 EP Text:

The organization 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 organization’s process for effective hand-off communication includes the following: Interactive communication that allows for the opportunity for questioning between the giver and receiver of resident 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 organization’s process for effective hand-off communication includes the following: Up-to-date information regarding the resident’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 organization’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 organization’s process for effective hand-off communication includes the following: An opportunity for the receiver of the hand-off information to review relevant resident 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: 1

NPSG.03.03.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 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).

The organization identifies a list of look-alike/sound-alike medications used by the organization. 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: 2

NPSG.03.03.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

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

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

Requirement 3C

2008 EP: 3

NPSG.03.03.01

2009 EP: 3

2008 EP Text:

Revision Type: Retain

2009 EP Text:

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

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

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 anticoagulant therapy.
 Note: This requirement applies only to [organization]s that provide anticoagulant 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 in which 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 organization implements a defined anticoagulation management program to individualize the care provided to each resident 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 organization uses only oral unit dose products, pre-filled syringes, or pre-mixed infusion bags when these types of products are available.
 Note: For pediatric residents, 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

<p>Requirement 3E 2008 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.</p>	<p>2008 EP: 8 Revision Type: Retain</p>	<p>NPSG.03.05.01 2009 EP Text: The organization uses approved protocols for the initiation and maintenance of anticoagulant therapy appropriate to the medication used, to the condition being treated, and to the potential for medication interactions.</p>	<p>2009 EP: 3</p>
<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 residents starting on warfarin, a baseline International Normalized Ratio (INR) is available, and for all residents receiving warfarin therapy, a current INR is available and is used to monitor and adjust this 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 organization, the service is notified of all residents 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 organization 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 organization 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 staff, patients, and families.</p>	<p>2008 EP: 13 Revision Type: Retain</p>	<p>NPSG.03.05.01 2009 EP Text: The organization provides education regarding anticoagulant therapy to staff, residents, and families. Note: Resident/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>	
<p>Requirement 3E 2008 EP Text: 15. The organization evaluates anticoagulation safety practices (see MM.8.10).</p>	<p>2008 EP: 15 Revision Type: Retain</p>	<p>NPSG.03.05.01 2009 EP Text: The organization evaluates its anticoagulation safety practices, takes appropriate action to improve its practices, and measures the effectiveness of those actions on a regular basis.</p>	<p>2009 EP: 9</p>

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 organization complies with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. Note: Organizations 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: 1

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).

Revision Type: Retain

NPSG.07.02.01

2009 EP: 1

2009 EP Text:

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, the organization conducts a root cause analysis).

Requirement 7B

2008 EP: 2

2008 EP Text:

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

Revision Type: Retain

NPSG.07.02.01

2009 EP: 2

2009 EP Text:

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

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 resident enters the organization or is admitted, a complete list of the medications the resident is taking at home (including dose, route, and frequency) is created and documented. The resident and, as needed, the family 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 resident while under the care of the organization are compared to those on the list created at the time of entry to the organization 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 to go directly to his or her home, the complete and reconciled list of medications is provided to the [patient]'s known primary care provider, 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, as needed, the family the list of reconciled medications is sufficient.

Requirement 8B

2008 EP: 1

2008 EP Text:

Revision Type: 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.08.02.01

2009 EP: 1

2009 EP Text:

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

Requirement 8B

2008 EP: 2

2008 EP Text:

Revision Type: Delete:NE

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 Requirement for 2009

2009 EP Text:

No EP

Requirement 8B

2008 EP: 3

2008 EP Text:

Revision Type: Delete:NE

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

No Requirement for 2009

2009 EP Text:

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

1. The organization establishes a fall reduction program.

2009 EP Text:

The organization establishes a fall reduction program.

Requirement 9B

2008 EP: 2

NPSG.09.02.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

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

2009 EP Text:

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

Requirement 9B

2008 EP: 3

NPSG.09.02.01

2009 EP: 3

2008 EP Text:

Revision Type: Retain

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

2009 EP Text:

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

Requirement 9B

2008 EP: 4

NPSG.09.02.01

2009 EP: 4

2008 EP Text:

Revision Type: Retain

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

2009 EP Text:

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

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

2009 EP Text:

The organization educates the resident and, as needed, the family 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

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.)

2009 EP Text:

The organization 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 10A

2008 Requirement Text:

Develop and implement a protocol for administration and documentation of the flu vaccine.

NPSG.10.01.01

2009 Requirement Text:

The [organization] develops and implements protocols for administration of the influenza vaccine.

Requirement 10A

2008 EP: 1

NPSG.10.01.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. Appropriate protocols are developed to determine whether or not to administer the flu vaccine to a {jc}patient{/1}.

Protocols are developed to determine whether to administer the influenza vaccine to a resident.

Requirement 10A

2008 EP: 2

NPSG.10.01.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

2. There is evidence protocols were implemented for residents identified as high risk.

Protocols are implemented for residents identified as high risk for influenza.

Requirement 10B

2008 Requirement Text:

Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.

NPSG.10.02.01

2009 Requirement Text:

The [organization] develops and implements protocols for administration of the pneumococcus vaccine.

Requirement 10B

2008 EP: 1

NPSG.10.02.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. Appropriate protocols are developed to determine whether or not to administer the pneumococcus vaccine to a {jc}patient{/1}.

Protocols are developed to determine whether to administer the pneumococcus vaccine to a resident.

Requirement 10B

2008 EP: 2

NPSG.10.02.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

2. There is evidence protocols were implemented for {jc}patients{/6} identified as high risk.

Protocols are implemented for residents identified as high risk for pneumococcus.

Requirement 10C

2008 Requirement Text:

Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.

NPSG.10.03.01

2009 Requirement Text:

The [organization] develops and implements protocols to identify new cases of influenza and to manage outbreaks.

Requirement 10C

2008 EP Text:

1. Protocols are developed to identify cases of influenza and to manage an outbreak.

2008 EP: 1

Revision Type: Retain

NPSG.10.03.01

2009 EP Text:

Protocols are developed to identify new cases of influenza and to manage an outbreak.

2009 EP: 1

Requirement 10C

2008 EP Text:

2. There is evidence the protocols were followed for {jc}patients{/6} displaying signs and symptoms of influenza.

2008 EP: 2

Revision Type: Retain

NPSG.10.03.01

2009 EP Text:

Protocols are implemented for residents displaying signs and symptoms of influenza.

2009 EP: 2

Requirement 10C

2008 EP Text:

3. There is evidence the outbreak was managed (or identified) and tracked.

2008 EP: 3

Revision Type: Retain

NPSG.10.03.01

2009 EP Text:

Evidence exists that the outbreak was managed (or identified) and tracked.

2009 EP: 3

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

2008 EP Text:

Revision Type: 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: 1

2009 EP Text:

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

Requirement 13A

2008 EP: 2

2008 EP Text:

Revision Type: Retain

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

NPSG.13.01.01

2009 EP: 4

2009 EP Text:

The organization encourages residents and their families to report concerns about safety.

Requirement 14A

2008 Requirement Text:

Assess and periodically reassess each patient's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

NPSG.14.01.01

2009 Requirement Text:

Assess and periodically reassess each [patient]'s risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

Requirement 14A

2008 EP: 1

NPSG.14.01.01

2009 EP: 1

2008 EP Text:

Revision Type: Retain

2009 EP Text:

1. There is a plan for the prediction, prevention, and early treatment of pressure ulcers, which addresses: Identifying individuals at risk and the specific factors placing them at risk. Maintaining and improving tissue tolerance to pressure in order to prevent injury. Protecting against the adverse effects of external mechanical forces. Reducing the incidence of pressure ulcers through staff educational programs.

The organization has a written plan for the prediction, prevention, and early treatment of pressure ulcers, which addresses the following:
 - Identifying individuals at risk for pressure ulcers and the specific factors that place them at risk
 - Maintaining and improving tissue tolerance to pressure in order to prevent injury
 - Protecting against the adverse effects of external mechanical forces
 - Reducing the incidence of pressure ulcers through staff educational programs

Requirement 14A

2008 EP: 2

NPSG.14.01.01

2009 EP: 2

2008 EP Text:

Revision Type: Retain

2009 EP Text:

2. Initial assessments are performed at admission.

An initial assessment for the risk of pressure ulcers is performed for each resident at admission.

Requirement 14A

2008 EP: 3

NPSG.14.01.01

2009 EP: 3

2008 EP Text:

Revision Type: Retain

2009 EP Text:

3. A systematic risk assessment is conducted using a validated risk assessment tool such as the Braden Scale or Norton Scale.

A systematic risk assessment for pressure ulcers is conducted using a validated risk assessment tool such as the Braden Scale or Norton Scale.

Requirement 14A

2008 EP: 4

NPSG.14.01.01

2009 EP: 4

2008 EP Text:

Revision Type: Retain

2009 EP Text:

4. Pressure ulcer risk is reassessed at periodic intervals.

Pressure ulcer risk is reassessed at periodic intervals.

Requirement 14A

2008 EP: 5

NPSG.14.01.01

2009 EP: 5

2008 EP Text:

Revision Type: Retain

2009 EP Text:

5. Action is taken to address any identified risks.

The organization takes action to address any identified risks to the resident for pressure ulcers.