Disease-Specific Care Certification

National Patient Safety Goals

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Goal 1

NPSG

Improve the accuracy of [patient] identification.

NPSG.01.01.01

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

Rationale for NPSG.01.01.01

Wrong-[patient] errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

Elements of Performance for NPSG.01.01.01

M	1.	Prior to any specimen collection, medication administration, transfusion, or treatment, the organization actively involves the patient and, as needed, the family in the identification and matching process. When active patient involvement is not possible or the patient's reliability is in question, the organization will designate the caregiver responsible for identity verification. Note: The involvement of a single caregiver is acceptable as long as the other components of patient identification are satisfied.	3	C
M	2.	Two patient identifiers are used when administering medications, blood, or blood components.	3	C
M	3.	Two patient identifiers are used when collecting blood samples and other specimens for clinical testing.	3	A
M	4.	Two patient identifiers are used when providing other treatments or procedures.	3	C
	5.	The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11)	3	A
M	6.	Containers used for blood and other specimens are labeled in the presence of the patient.	3	A

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Goal 2

NPSG

Improve the effectiveness of communication among caregivers.

NPSG.02.01.01

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.

Rationale for NPSG.02.01.01

Ineffective communication is the most frequently cited root cause for sentinel events. Effective communication that is timely, accurate, complete, unambiguous, and understood by the recipient reduces error and results in improved [patient] safety.

Elements of Performance for NPSG.02.01.01

Ⓜ 1. The individual receiving the information writes down the complete order or test result or enters it into a computer. △3 **C**

Ⓜ 2. The individual receiving the information reads back the complete order or test result. △3 **C**

Ⓜ 3. The individual who gave the order or test result confirms the information that was read back. △3 **C**

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NPSG.02.02.01

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

Elements of Performance for NPSG.02.02.01

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

2. The current list of abbreviations, acronyms, symbols, and dose designations not to be used includes the following: **A**
   - 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.

3. (M) 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. **C**

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

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NPSG.02.03.01

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.

Elements of Performance for NPSG.02.03.01

1.	The organization defines critical tests and critical results and values.	**A**
2.	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.	**A**
3.	The organization defines the acceptable length of time for reporting the results of routine tests with critical abnormal values or findings.	**A**
4.	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.	**A**
5.	The organization collects data on the timeliness of reporting critical test results and critical results and values from routine tests.	**A**
6.	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.	**A**

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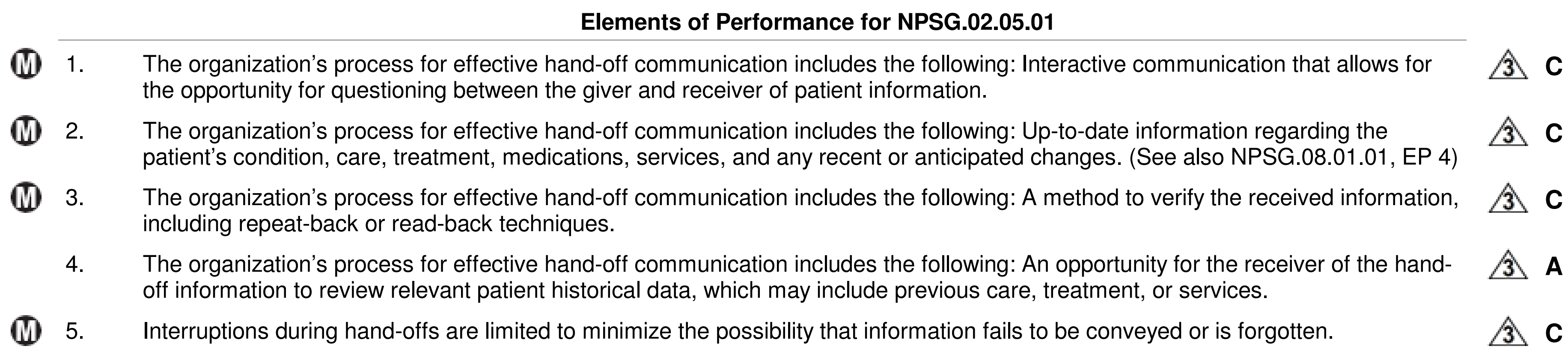
NPSG.02.05.01

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

Rationale for NPSG.02.05.01

Health care has numerous types of [patient] hand-offs, including, but not limited to, nursing shift changes; physician transfer of complete responsibility for a [patient]; physician transfer of on-call responsibility; acceptance of temporary responsibility for staff leaving the unit for a short time; anesthesiologist report to post-anesthesia recovery room nurse; nursing and physician hand-off from the emergency department to inpatient units, different hospitals, nursing homes, and home health care; and critical laboratory and radiology results sent to physician offices. The primary objective of a hand-off is to provide accurate information about a [patient]'s care, treatment, and services; current condition; and any recent or anticipated changes. The information communicated during a hand-off must be accurate in order to meet [patient] safety goals.



Elements of Performance for NPSG.02.05.01

		Element of Performance		
(M)	1.	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 patient information.	(3)	C
(M)	2.	The organization'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)	(3)	C
(M)	3.	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.	(3)	C
	4.	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 patient historical data, which may include previous care, treatment, or services.	(3)	A
(M)	5.	Interruptions during hand-offs are limited to minimize the possibility that information fails to be conveyed or is forgotten.	(3)	C

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Goal 7

NPSG

Reduce the risk of health care associated infections.

NPSG.07.01.01

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

Rationale for NPSG.07.01.01

Compliance with the WHO or CDC hand hygiene guidelines will reduce the transmission by staff to [patient]s of infectious agents, thereby decreasing the incidence of health care–associated infections.

Elements of Performance for NPSG.07.01.01

1. 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. **C**

NPSG.07.02.01

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

Rationale for NPSG.07.02.01

A significant percentage of [patient]s who unexpectedly die or suffer major permanent loss of function have health care–associated infections. These unanticipated deaths and injuries meet the definition of a sentinel event and, therefore, are required to undergo a root cause analysis. The root cause analysis should attempt to answer the following questions: Why did the [patient] acquire an infection? Why did the [patient] die or suffer permanent loss of function?

Elements of Performance for NPSG.07.02.01

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, the organization conducts a root cause analysis). **C**

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

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Goal 8

Accurately and completely reconcile medications across the continuum of care.

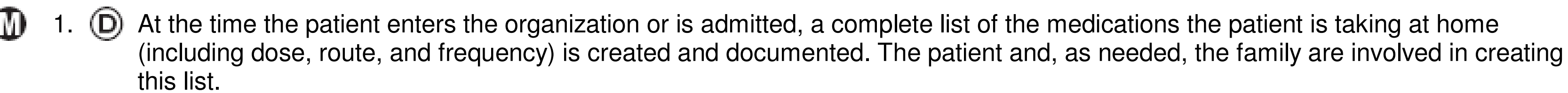
NPSG.08.01.01

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

Rationale for NPSG.08.01.01

[Patient]s are at high risk for harm from adverse drug events when communication about medications is not clear. The chance for communication errors increases whenever individuals involved in a [patient]'s care change. Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential to reducing the risk of transition-related adverse drug events.

Elements of Performance for NPSG.08.01.01



Ⓜ 1. Ⓓ At the time the patient enters the organization 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, as needed, the family are involved in creating this list. — ⚠3 **C**

Ⓜ 2. The medications ordered for the patient 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. — ⚠3 **C**

Ⓜ 3. Any discrepancies (that is, omissions, duplications, adjustments, deletions, additions) are reconciled and documented while the patient is under the care of the organization. — ⚠3 **C**

Ⓜ 4. When the patient's care is transferred within the organization the current provider(s) informs the receiving provider(s) about the up-to-date reconciled medication list and documents the communication. (See also NPSG.02.05.01, EP 2)
Note: Updating the status of a patient's medications is also an important component of all patient care hand-offs. — ⚠3 **C**

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NPSG.08.02.01

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.

Rationale for NPSG.08.02.01

The accurate communication of a [patient]'s reconciled medication list to the next provider of service reduces the risk of transition-related adverse drug events. The communication enables the next provider of service to receive thorough knowledge of the [patient]'s medications and to safely order/prescribe other medications that may be needed. This communication is especially important at transitions in care when a [patient] is referred or transferred from one organization to another.

Elements of Performance for NPSG.08.02.01

1. The patient'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. **C**

Ⓜ 2. At the time of transfer, the transferring organization informs the next provider of service how to obtain clarification on the list of reconciled medications. **C**

NPSG.08.03.01

When a [patient] leaves the [organization]'s care, a complete and reconciled list of the [patient]'s medications is provided directly to the [patient] and, as needed, the family, and the list is explained to the [patient] and/or family.

Rationale for NPSG.08.03.01

The accurate communication of the [patient]'s medication list to the [patient] and, as needed, the family, reduces the risk of transition-related adverse drug events. A thorough knowledge of the [patient]'s medications is essential for the [patient]'s primary care provider or next provider of service to manage the subsequent stages of care for the [patient].

Elements of Performance for NPSG.08.03.01

1. Ⓓ When the patient leaves the organization's care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.
Note: Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies. **C**

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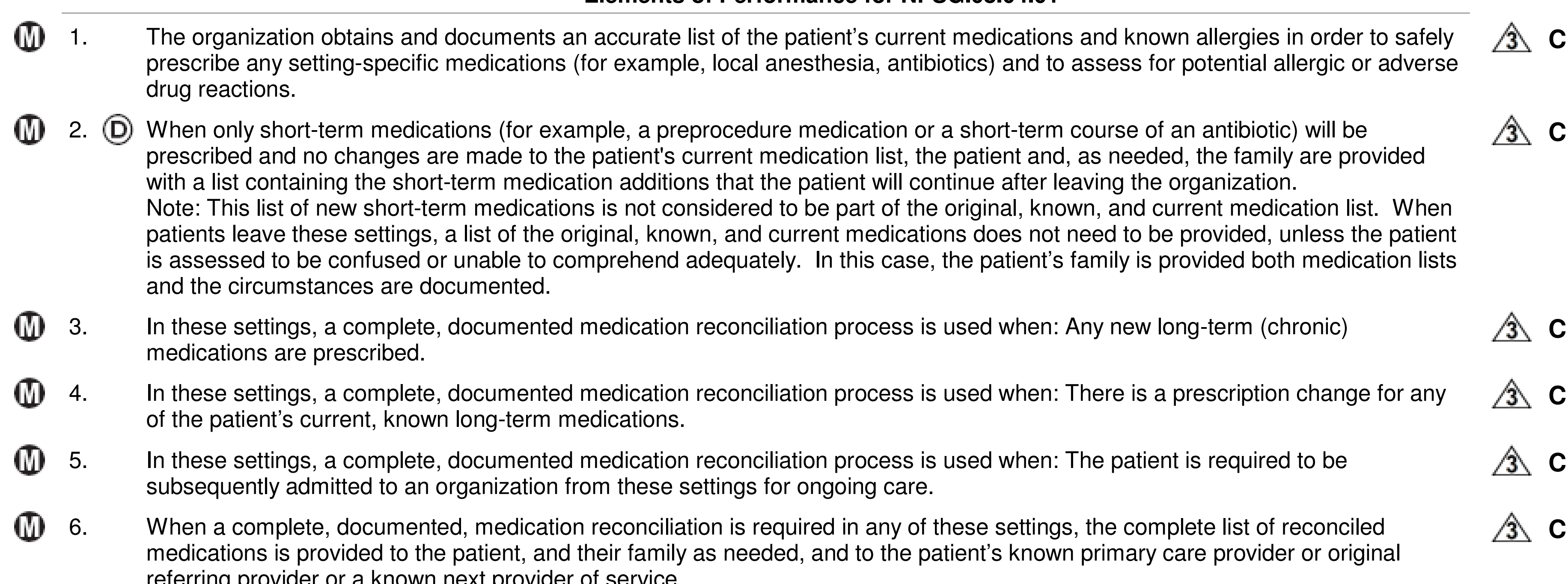
NPSG.08.04.01

In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.
Note: This requirement does not apply to [organization]s that do not administer medications. It may be important for health care organizations to know which types of medications their [patient]s are taking because these medications could affect the care, treatment, or services provided.

Rationale for NPSG.08.04.01

A number of [patient] care settings exist in which medications are not used, are used minimally, or are prescribed for only a short duration. This includes areas such as the emergency department, urgent and emergent care, convenient care, office-based surgery, outpatient radiology, ambulatory care, and behavioral health care. In these settings, obtaining a list of the [patient]'s original, known, and current medications that he or she is taking at home is still important; however, obtaining information on the dose, route, and frequency of use is not required.

Elements of Performance for NPSG.08.04.01



Ⓜ	1.	The organization obtains and documents an accurate list of the patient's current medications and known allergies in order to safely prescribe any setting-specific medications (for example, local anesthesia, antibiotics) and to assess for potential allergic or adverse drug reactions.	⚠3	C
Ⓜ	2. Ⓓ	When only short-term medications (for example, a preprocedure medication or a short-term course of an antibiotic) will be prescribed and no changes are made to the patient's current medication list, the patient and, as needed, the family are provided with a list containing the short-term medication additions that the patient will continue after leaving the organization. Note: This list of new short-term medications is not considered to be part of the original, known, and current medication list. When patients leave these settings, a list of the original, known, and current medications does not need to be provided, unless the patient is assessed to be confused or unable to comprehend adequately. In this case, the patient's family is provided both medication lists and the circumstances are documented.	⚠3	C
Ⓜ	3.	In these settings, a complete, documented medication reconciliation process is used when: Any new long-term (chronic) medications are prescribed.	⚠3	C
Ⓜ	4.	In these settings, a complete, documented medication reconciliation process is used when: There is a prescription change for any of the patient's current, known long-term medications.	⚠3	C
Ⓜ	5.	In these settings, a complete, documented medication reconciliation process is used when: The patient is required to be subsequently admitted to an organization from these settings for ongoing care.	⚠3	C
Ⓜ	6.	When a complete, documented, medication reconciliation is required in any of these settings, the complete list of reconciled medications is provided to the patient, and their family as needed, and to the patient's known primary care provider or original referring provider or a known next provider of service.	⚠3	C

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Goal 9

NPSG

Reduce the risk of [patient] harm resulting from falls.

NPSG.09.02.01

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

Rationale for NPSG.09.02.01

Falls account for a significant portion of injuries in hospitalized patients, long term care residents, and home care recipients. In the context of the population it serves, the services it provides, and its environment of care, the [organization] should evaluate the [patient]'s risk for falls and take action to reduce the risk of falling as well as the risk of injury, should a fall occur. The evaluation could include a [patient]'s fall history; review of medications and alcohol consumption; gait and balance screening; assessment of walking aids, assistive technologies, and protective devices; and environmental assessments.

Elements of Performance for NPSG.09.02.01

	1.	The organization establishes a fall reduction program.		A
Ⓜ	2.	The fall reduction program includes an evaluation appropriate to the patient population, settings, and services provided.	⚠3	C
	3.	The fall reduction program includes interventions to reduce the patient's fall risk factors.	⚠3	A
Ⓜ	4.	Staff receive education and training for the fall reduction program.		C
Ⓜ	5.	The organization educates the patient and, as needed, the family on the fall reduction program and any individualized fall reduction strategies.		C
	6.	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.		A

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Goal 10

NPSG

Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

NPSG.10.01.01

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

Elements of Performance for NPSG.10.01.01

	#		Element		Category
	1.	Ⓓ	Protocols are developed to determine whether to administer the influenza vaccine to a resident.	⚠3	A
Ⓜ	2.		Protocols are implemented for residents identified as high risk for influenza.	⚠3	C

NPSG.10.02.01

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

Elements of Performance for NPSG.10.02.01

	#		Element		Category
	1.	Ⓓ	Protocols are developed to determine whether to administer the pneumococcus vaccine to a resident.	⚠3	A
Ⓜ	2.		Protocols are implemented for residents identified as high risk for pneumococcus.	⚠3	C

NPSG.10.03.01

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

Elements of Performance for NPSG.10.03.01

	#		Element		Category
	1.	Ⓓ	Protocols are developed to identify new cases of influenza and to manage an outbreak.	⚠3	A
Ⓜ	2.		Protocols are implemented for residents displaying signs and symptoms of influenza.	⚠3	C
	3.		Evidence exists that the outbreak was managed (or identified) and tracked.		A

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Goal 13

NPSG

Encourage [patient]s' active involvement in their own care as a [patient] safety strategy.

NPSG.13.01.01

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

Rationale for NPSG.13.01.01

Communication with the [patient] and family about all aspects of care, treatment, or services is an important characteristic of a culture of safety. When the [patient] knows what to expect, he or she is more aware of possible errors and choices. The [patient] can also be an important source of information about potential adverse events and hazardous conditions.

Elements of Performance for NPSG.13.01.01

	EP		Element	Category
Ⓜ	1.		The patient and family are educated on available reporting methods for concerns related to care, treatment, or services and patient safety issues.	C
Ⓜ	2.	Ⓓ	The organization provides the patient with information regarding infection control measures for hand hygiene practices, respiratory hygiene practices, and contact precautions according to the patient's condition. The information is discussed with the patient and his or her family members on the day the patient enters the organization. The patient's understanding of this information is evaluated and documented. (See also PC.02.03.01, EP 25) Note: The information provided to the patient may be in any form of media.	C
Ⓜ	4.		The organization encourages patients and their families to report concerns about safety.	C

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Universal Protocol

NPSG

The organization meets the expectations of the Universal Protocol.

UP.01.01.01

Conduct a preprocedure verification process.

Rationale for UP.01.01.01

The preprocedure verification is an ongoing process of information gathering and verification, beginning with the decision to perform a procedure, continuing through all settings and interventions involved in the preprocedure preparation of the [patient], up to and including the time-out just before the start of the procedure.

The purpose of the preprocedure verification process is to make sure that all relevant documents and related information or equipment are:
- Available prior to the start of the procedure.
- Correctly identified, labeled, and matched to the [patient]'s identifiers.
- Reviewed and are consistent with the [patient]'s expectations and with the team's understanding of the intended [patient], procedure, and site.

Missing information or discrepancies are addressed before starting the procedure.

Elements of Performance for UP.01.01.01

1. 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 preprocedure 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

A

2. Ⓓ When the patient is in the preprocedure 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 whiteboard) 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

A

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UP.01.02.01

Mark the procedure site.

Rationale for UP.01.02.01

Marking the procedure site allows staff to identify without ambiguity the intended site for the procedure.

Elements of Performance for UP.01.02.01

Ⓜ	1.	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 midline or from a natural orifice, the site is still marked and the laterality noted.	⚠3	C
Ⓜ	2.	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.	⚠3	C
Ⓜ	3.	The procedure site is marked by a licensed independent practitioner or other provider who is privileged or permitted by the organization to perform the intended surgical or nonsurgical 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.	⚠3	C
	4.	The method of marking the site and the type of mark is unambiguous and is used consistently throughout the organization.	⚠3	A

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UP.01.03.01

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

Rationale for UP.01.03.01

The purpose of the time-out immediately before starting the procedure is to conduct a final assessment that the correct [patient], site, positioning, and procedure are identified and that, as applicable, all relevant documents, related information, and necessary equipment are available.

The time-out is consistently initiated by a designated member of the team and includes active communication among all relevant members of the procedure team. It is conducted in a standardized fail-safe mode (that is, the procedure is not started until all questions or concerns are resolved).

Elements of Performance for UP.01.03.01

1. 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. **A**

2. The time-out has the following characteristics: **A**
   - It is standardized (as defined by the organization).
   - It is initiated by a designated member of the team.
   - It involves the immediate members of the procedure team including the proceduralist(s), the anesthesia providers, the circulating nurse, the operating room technician, and other active participants as appropriate for the procedure, who will be participating in the procedure at its inception.
   - It involves interactive verbal communication between all team members, and any team member is able to express concerns about the procedure verification.
   - It includes a defined process for reconciling differences in responses.

3. During the time-out, other activities are suspended, to the extent possible without compromising patient safety, so that all relevant members of the team are focused on the active confirmation of the correct patient, procedure, site, and other critical elements. **A**

4. When two or more procedures are being performed on the same patient, a time-out is performed to confirm each subsequent procedure before it is initiated. **A**

5. (M) The time-out addresses the following: **A**
   - 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

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6. Ⓓ The completed components of the Universal Protocol and time-out are clearly documented. **C**

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