



Accreditation Program: Ambulatory Health Care
National Patient Safety Goals

Goal 1

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




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|---------------------------|---|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------------------------------|--------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|--|--|
| 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 | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td style="text-align: center;"><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | |
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| M | 2. Two patient identifiers are used when administering medications, blood, or blood components. | 3 | C | | | | | | | | | | | | | | | | |
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| M | 3. Two patient identifiers are used when collecting blood samples and other specimens for clinical testing. | 3 | A | | | | | | | | | | | | | | | | |
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| M | 4. Two patient identifiers are used when providing other treatments or procedures. | 3 | C | | | | | | | | | | | | | | | | |
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| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | |
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| M | 6. Containers used for blood and other specimens are labeled in the presence of the patient. | 3 | A | | | | | | | | | | | | | | | | |
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

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **3** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

NPSG.01.03.01

Eliminate transfusion errors related to [patient] misidentification.

Elements of Performance for NPSG.01.03.01

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|----|---|---|
| 1. | <p>Before initiating a blood or blood component transfusion, the patient is objectively matched to the blood or blood component during a two-person bedside or chair-side verification process. At least two unique identifiers are used in the process, and it is conducted after the blood or blood component that matches the order has been issued or dispensed.</p> <p>Note: If two individuals are not available, an automated identification technology (for example, bar coding) may be used in place of one of the individuals.</p> <p><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> <i>Imaging</i> <input type="checkbox"/> <i>Medical/Dental</i> <input checked="" type="checkbox"/> <i>Diagnostic/Therapeutic</i> <input type="checkbox"/>
 <i>Endoscopy</i> <input type="checkbox"/> <i>Sleep</i> <input type="checkbox"/> <i>Telehealth/Surgical</i> <input type="checkbox"/> <i>Telehealth/Non-surgical</i> <input type="checkbox"/></p> | <p> A</p> |
| 2. | <p>When using a two-person bedside or chair-side verification process, one individual conducting the identification verification must be the qualified transfusionist who will administer the blood or blood component to the patient.</p> <p><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> <i>Imaging</i> <input type="checkbox"/> <i>Medical/Dental</i> <input checked="" type="checkbox"/> <i>Diagnostic/Therapeutic</i> <input type="checkbox"/>
 <i>Endoscopy</i> <input type="checkbox"/> <i>Sleep</i> <input type="checkbox"/> <i>Telehealth/Surgical</i> <input type="checkbox"/> <i>Telehealth/Non-surgical</i> <input type="checkbox"/></p> | <p> A</p> |
| 3. | <p>When using a two-person bedside or chair-side verification process, the second individual conducting the identification verification must be qualified to participate in the process.</p> <p><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> <i>Imaging</i> <input type="checkbox"/> <i>Medical/Dental</i> <input checked="" type="checkbox"/> <i>Diagnostic/Therapeutic</i> <input type="checkbox"/>
 <i>Endoscopy</i> <input type="checkbox"/> <i>Sleep</i> <input type="checkbox"/> <i>Telehealth/Surgical</i> <input type="checkbox"/> <i>Telehealth/Non-surgical</i> <input type="checkbox"/></p> | <p> A</p> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success is needed;  indicates that documentation is required

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

M	1.	The individual receiving the information writes down the complete order or test result or enters it into a computer.								3	C
		<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>		
		<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input checked="" type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>		
M	2.	The individual receiving the information reads back the complete order or test result.								3	C
		<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>		
		<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input checked="" type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>		
M	3.	The individual who gave the order or test result confirms the information that was read back.								3	C
		<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>		
		<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input checked="" type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>		

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **Ⓢ** indicates that documentation is required

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

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|---------------------------|---|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------------------------------|--------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------|
| 1. | <p>D The organization develops a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input checked="" type="checkbox"/> | A |
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| 2. | <p>The current list of abbreviations, acronyms, symbols, and dose designations not to be used includes the following:</p> <ul style="list-style-type: none"> - 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 <p>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.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input checked="" type="checkbox"/> | <p>3 A</p> |
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| 3. | <p>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.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input checked="" type="checkbox"/> | <p>3 C</p> |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| 4. | <p>The organization does not include any abbreviations, acronyms, symbols, and dose designations identified as not to be used on preprinted forms.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input checked="" type="checkbox"/> | <p>3 A</p> |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |

KEY: A indicates scoring category A; C indicates scoring category C; **3** indicates situational decision rules apply; **3** indicates direct impact requirements apply; M indicates Measure of Success is needed; D indicates that documentation is required

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		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>
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		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>
3.	The organization defines the acceptable length of time for reporting the results of routine tests with critical abnormal values or findings.					A		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>
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		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>
5.	The organization collects data on the timeliness of reporting critical test results and critical results and values from routine tests.					A		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>
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		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>
7.	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.					A		
	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **Ⓜ** indicates Measure of Success is needed; **Ⓢ** indicates that documentation is required

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

- | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|--|
| 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 | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| M | 5. Interruptions during hand-offs are limited to minimize the possibility that information fails to be conveyed or is forgotten. | 3 C | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **3** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

Goal 3

NPSG

Improve the safety of using medications.

NPSG.03.03.01

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.

Elements of Performance for NPSG.03.03.01

- | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| 1. | <p>D 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.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | A |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 2. | <p>The organization reviews the list of look-alike/sound-alike medications at least annually.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | A |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 3. | <p>The organization takes action to prevent errors involving the interchange of the medications on the list of look-alike/sound-alike medications.</p> <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | <p>3 A</p> |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

NPSG.03.04.01

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

Rationale for NPSG.03.04.01

Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects basic principles of medication management safety yet has been routine in many organizations.

The labeling of all medications, medication containers, and solutions is a risk reduction activity consistent with safe medication practices. This practice addresses a recognized risk point in the safe administration of medications in perioperative and other procedural settings.

Elements of Performance for NPSG.03.04.01

1.	Medications and solutions both on and off the sterile field are labeled even if there is only one medication being used.	A																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
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2.	Labeling occurs when any medication or solution is transferred from the original packaging to another container.	A																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
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3.	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.	A																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
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4.	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.	C																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
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5.	No more than one medication or solution is labeled at one time.	A																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
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<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>											
6.	Any medications or solutions found unlabeled are immediately discarded.	A																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>											
<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>											

KEY: **A** indicates scoring category A; **C** indicates scoring category C; indicates situational decision rules apply; indicates direct impact requirements apply; indicates Measure of Success is needed; indicates that documentation is required

- M** 7. All original containers from medications or solutions remain available for reference in the perioperative or procedural area until the conclusion of the procedure. **3** **C**
- | | | | | | | | |
|--------------------|-------------------------------------|---------|-------------------------------------|---------------------|-------------------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input checked="" type="checkbox"/> | Imaging | <input checked="" type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input checked="" type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
8. All labeled containers on the sterile field are discarded at the conclusion of the procedure. **3** **A**
- | | | | | | | | |
|--------------------|-------------------------------------|---------|-------------------------------------|---------------------|-------------------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input checked="" type="checkbox"/> | Imaging | <input checked="" type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input checked="" type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
- M** 9. At shift change or break relief, all medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting personnel. **3** **C**
- | | | | | | | | |
|--------------------|-------------------------------------|---------|-------------------------------------|---------------------|-------------------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input checked="" type="checkbox"/> | Imaging | <input checked="" type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input checked="" type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **Ⓢ** indicates that documentation is required

NPSG.03.05.01







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.

Rationale for NPSG.03.05.01

Anticoagulation therapy poses risks to patients and often leads to adverse drug events due to complex dosing, requisite follow-up monitoring, and inconsistent [patient] compliance. The use of standardized practices for anticoagulation therapy that include [patient] involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), low molecular weight heparin, and warfarin.

Elements of Performance for NPSG.03.05.01

- | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|--------------------------|------------------|--------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|--|
| 1. | The organization implements a defined anticoagulation management program to individualize the care provided to each patient receiving anticoagulant therapy. |  A | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 2. | 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 patients, pre-loaded syringe products should only be used if specifically designed for children. |  A | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
|  3.  | 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. |  C | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 4. | 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 this therapy. |  A | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success is needed;  indicates that documentation is required

- M** 5. When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/medication interaction program. **3** C
- | | | | | | | | |
|--------------------|--------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|--------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
6. When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps in order to provide consistent and accurate dosing. **3** A
- | | | | | | | | |
|--------------------|--------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|--------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
7. **D** The organization has a written policy that addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies. **3** A
- | | | | | | | | |
|--------------------|--------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|--------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
- M** 8. The organization provides education regarding anticoagulant therapy to staff, patients, and families. **3** C
 Note: Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.
- | | | | | | | | |
|--------------------|--------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|--------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
9. 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. **A**
- | | | | | | | | |
|--------------------|--------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|--------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **3** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

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

- M** 1. The organization complies with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

3 C

Note: Organizations are required to comply with 1A, 1B, and 1C of the WHO or CDC guidelines.

<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input checked="" type="checkbox"/>	<i>Telehealth/Surgical</i>	<input checked="" type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input checked="" type="checkbox"/>

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

- M** 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).

3 C

<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input checked="" type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>

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

A

<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **Ⓜ** indicates that documentation is required




NPSG.07.04.01





Implement best practices or evidence-based guidelines to prevent central line–associated bloodstream infections.

Note 1: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

Note 2: This requirement has a one-year phase-in period that includes defined expectations for planning, development, and testing (“milestones”) at three, six, and nine months in 2009, with the expectation of full implementation by January 1, 2010.

Elements of Performance for NPSG.07.04.01

1.	As of April 1, 2009, the organization's leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation of NPSG.07.04.01.	A																
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2.	As of July 1, 2009, an implementation work plan is in place that identifies adequate resources, assigned accountabilities, and a time line for full implementation of NPSG.07.04.01 by January 1, 2010.	A																
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 5.	As of January 1, 2010, the organization educates health care workers who are involved in these procedures about health care–associated infections, central line–associated bloodstream infections, and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual's job responsibilities.	C																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input checked="" type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>	<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
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 6.	As of January 1, 2010, prior to insertion of a central venous catheter, the organization educates patients and, as needed, their families about central line–associated bloodstream infection prevention.	C																
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KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success is needed;  indicates that documentation is required

- M** 7. As of January 1, 2010, the organization implements policies and practices aimed at reducing the risk of central line–associated bloodstream infections that meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines). **3 C**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
8. As of January 1, 2010, the organization conducts periodic risk assessments for surgical site infections, measures central line–associated bloodstream infection rates, monitors compliance with best practices or evidence based guidelines, and evaluates the effectiveness of prevention efforts. **A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
9. As of January 1, 2010, the organization provides central line–associated bloodstream infection rate data and prevention outcome measures to key stakeholders including leaders, licensed independent practitioners, nursing staff, and other clinicians. **A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
16. **D** As of January 1, 2010, use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports. **3 A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
17. As of January 1, 2010, evaluate all central venous catheters routinely and remove nonessential catheters. **3 A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |

NPSG.07.05.01

Implement best practices for preventing surgical site infections.

Note: This requirement has a one-year phase-in period that includes defined expectations for planning, development, and testing (“milestones”) at three, six, and nine months in 2009, with the expectation of full implementation by January 1, 2010.

Elements of Performance for NPSG.07.05.01

1.	As of April 1, 2009, the organization’s leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation of NPSG.07.05.01.	A																
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<i>Endoscopy</i>	<input type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>											
5.	As of January 1, 2010, the organization educates health care workers involved in surgical procedures about health care associated infections, surgical site infections, and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual’s job responsibilities.	A																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input type="checkbox"/>	<i>Endoscopy</i>	<input type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input type="checkbox"/>											
<i>Endoscopy</i>	<input type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>											
6.	As of January 1, 2010, prior to all surgical procedures, the organization educates patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.	C																
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input type="checkbox"/>	<i>Endoscopy</i>	<input type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>	
<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input type="checkbox"/>											
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; indicates situational decision rules apply; indicates direct impact requirements apply; indicates Measure of Success is needed; indicates that documentation is required

- M** 7. **D** As of January 1, 2010, the organization implements policies and practices aimed at reducing the risk of surgical site infections that meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines). (See also UP.01.03.01, EP 5) **3 C**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
8. As of January 1, 2010, the organization conducts periodic risk assessments for surgical site infections, selects surgical site infection measures using best practices or evidence-based guidelines, monitors compliance with best practices or evidence-based guidelines, and evaluates the effectiveness of prevention efforts. **A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
9. As of January 1, 2010, measurement strategies follow evidence-based guidelines, and surgical site infection rates are measured for the first 30 days following procedures that do not involve inserting implantable devices and for the first year following procedures involving implantable devices. **A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
10. As of January 1, 2010, the organization provides surgical site infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians. **A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
- M** 11. As of January 1, 2010, antimicrobial agents for prophylaxis used for a particular procedure or disease are administered according to evidence-based standards and guidelines for best practices. **3 C**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
12. As of January 1, 2010, when hair removal is necessary, the organization uses clippers or depilatories. Note: Shaving is an inappropriate hair removal method. **3 A**
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |

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

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|---|--|---|---|---|---|--|---------------------------------------|---|---|--|
| M | 1. D 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 | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | | | | | | | |
| <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | | | | | | | |
| M | 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 | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | | | | | | | |
| <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | | | | | | | |
| M | 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 | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | | | | | | | |
| <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | | | | | | | |
| M | 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 | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> <input checked="" type="checkbox"/> | <i>Imaging</i> <input checked="" type="checkbox"/> | <i>Medical/Dental</i> <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> <input checked="" type="checkbox"/> | | | | | | | |
| <i>Endoscopy</i> <input checked="" type="checkbox"/> | <i>Sleep</i> <input type="checkbox"/> | <i>Telehealth/Surgical</i> <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> <input type="checkbox"/> | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

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

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|---------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|--|
| M | 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. | 3 C | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | | |
| M | 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 | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

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

- M** 1. **D** 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. **C**

Note: Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies.

- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|--------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> |
| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |

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

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|---------------------------|--|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|--------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|------------|
| M | <p>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.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | 3 C |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| M | <p>2. D 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.</p> <p>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.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | 3 C |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| M | <p>3. In these settings, a complete, documented medication reconciliation process is used when: Any new long-term (chronic) medications are prescribed.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input type="checkbox"/></td> <td><i>Imaging</i></td><td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | 3 C |
| <i>Ambulatory Surgery</i> | <input type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

- M** 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**
- | | | | | | | | |
|--------------------|--------------------------|---------|-------------------------------------|---------------------|--------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input checked="" type="checkbox"/> | Medical/Dental | <input type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
-
- M** 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**
- | | | | | | | | |
|--------------------|--------------------------|---------|-------------------------------------|---------------------|--------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input checked="" type="checkbox"/> | Medical/Dental | <input type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
-
- M** 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**
- | | | | | | | | |
|--------------------|--------------------------|---------|-------------------------------------|---------------------|--------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input type="checkbox"/> | Imaging | <input checked="" type="checkbox"/> | Medical/Dental | <input type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |

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Goal 11

NPSG

Reduce the risk of surgical fires.

NPSG.11.01.01

The [organization] educates staff, including licensed independent practitioners who are involved with surgical procedures and anesthesia providers, on how to control heat sources and how to manage fuels while maintaining enough time for [patient] preparation, and establishes guidelines to minimize oxygen concentration under drapes.

Rationale for NPSG.11.01.01

When surgical fires occur, they often result in serious injury and sometimes death. The unique circumstances in the surgical environment (oxygen-rich atmosphere, flammable materials, and ignition sources) require response and prevention strategies to be specific to the setting. Educating surgical staff about these distinctions is crucial to reducing and eliminating surgical fires.

Elements of Performance for NPSG.11.01.01

1.	Organizations assess the risk for surgical fires based on equipment and procedures used.	A								
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>	<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>	
<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>							
<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>							
2.	Organizations establish guidelines to minimize oxygen concentrations under drapes.	A								
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>	<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>	
<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>							
<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>							
M	3. Organizations that identify themselves at risk for surgical fires provide staff training on methods to minimize oxygen concentration under drapes.	C								
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>	<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>	
<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>							
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M	4. Organizations that identify themselves at risk for surgical fires provide staff training on methods to avoid the use of flammable solutions and materials.	C								
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>	<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>	
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<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>							
M	5. Organizations that identify themselves at risk for surgical fires provide staff training on actions to take in the event of a surgical fire.	C								
	<table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i> <input checked="" type="checkbox"/></td> <td><i>Imaging</i> <input type="checkbox"/></td> <td><i>Medical/Dental</i> <input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i> <input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i> <input checked="" type="checkbox"/></td> <td><i>Sleep</i> <input type="checkbox"/></td> <td><i>Telehealth/Surgical</i> <input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i> <input type="checkbox"/></td> </tr> </table>	<i>Ambulatory Surgery</i> <input checked="" type="checkbox"/>	<i>Imaging</i> <input type="checkbox"/>	<i>Medical/Dental</i> <input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i> <input type="checkbox"/>	<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>	
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<i>Endoscopy</i> <input checked="" type="checkbox"/>	<i>Sleep</i> <input type="checkbox"/>	<i>Telehealth/Surgical</i> <input type="checkbox"/>	<i>Telehealth/Non-surgical</i> <input type="checkbox"/>							

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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

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|---------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|-------------------------------------|--------------|-------------------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|--|
| M | 1. | The patient and family are educated on available reporting methods for concerns related to care, treatment, or services and patient safety issues. | C | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
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| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | | |
| M | 2. | D 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 | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
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| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | | |
| M | 3. | D For surgical patients, the organization describes the measures that will be taken to prevent adverse events in surgery. Examples include, but are not limited to, patient identification practices, prevention of surgical infections, and marking of the procedure sites. The patient's understanding 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 | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input type="checkbox"/> | | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | | |
| M | 4. | The organization encourages patients and their families to report concerns about safety. | C | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input checked="" type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input checked="" type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required

Universal Protocol

NPSG

The organization meets the expectations of the Universal Protocol.

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **▲** indicates situational decision rules apply; **▲** indicates direct impact requirements apply; **Ⓜ** indicates Measure of Success is needed; **Ⓢ** indicates that documentation is required

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

- M** 1. Verification of the correct person, correct site, and correct procedure occurs at the following times:  **A**
- 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

<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>

- M** 2. **D** 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:  **A**
- 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

<i>Ambulatory Surgery</i>	<input checked="" type="checkbox"/>	<i>Imaging</i>	<input type="checkbox"/>	<i>Medical/Dental</i>	<input checked="" type="checkbox"/>	<i>Diagnostic/Therapeutic</i>	<input checked="" type="checkbox"/>
<i>Endoscopy</i>	<input checked="" type="checkbox"/>	<i>Sleep</i>	<input type="checkbox"/>	<i>Telehealth/Surgical</i>	<input type="checkbox"/>	<i>Telehealth/Non-surgical</i>	<input type="checkbox"/>

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required





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

- | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|------------------|--------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------------------|--------------------------|---|
| M | <p>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.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | <p> C</p> |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| M | <p>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.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | <p> C</p> |
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| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| M | <p>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.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | <p> C</p> |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
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| | <p>4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the organization.</p> <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td><td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td><td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td><td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td><td><input type="checkbox"/></td> <td><i>Sleep</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td><td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td><td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | <p> A</p> |
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | |
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- M** 5. The site marking has the following characteristics: **3** **C**
- It is made at or near the procedure site or the incision site. Other nonprocedure 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.
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| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> |
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-
- M** 6. For spinal procedures, in addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level. **3** **C**
- | | | | | | | | |
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| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> |
| <i>Endoscopy</i> | <input type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> |
-
7. A defined, alternative process is in place for patients who refuse site marking or who cannot easily be marked under the following conditions: **3** **A**
- For cases in which it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, premature infants), an alternative method for visually identifying the correct side and site is used. For example, the organization may place a temporary, unique wrist band on the side of the procedure containing the patient's name, and use a second identifier for the intended procedure and site.
 - For minimal access procedures that intend to treat a lateralized internal organ, whether percutaneous or through a natural orifice, the intended side is indicated by a mark at or near the insertion site, and remains visible after completion of the skin prep and sterile draping.
 - For interventional procedure cases for which the catheter/instrument insertion site is not predetermined (for example, cardiac catheterization, pacemaker insertion).
 - For teeth, the operative tooth name(s) and number are indicated on documentation or the operative tooth (teeth) is marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams are available in the procedure room before the start of the procedure.
 - For premature infants, for whom the mark may cause a permanent tattoo.
- | | | | | | | | |
|---------------------------|-------------------------------------|----------------|--------------------------|----------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> |
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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 | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
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| 2. | <p>The time-out has the following characteristics:</p> <ul style="list-style-type: none"> - 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. | A | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
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| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td><i>Ambulatory Surgery</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Imaging</i></td> <td><input type="checkbox"/></td> <td><i>Medical/Dental</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Diagnostic/Therapeutic</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Endoscopy</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Sleep</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Surgical</i></td> <td><input type="checkbox"/></td> <td><i>Telehealth/Non-surgical</i></td> <td><input type="checkbox"/></td> </tr> </table> | <i>Ambulatory Surgery</i> | <input checked="" type="checkbox"/> | <i>Imaging</i> | <input type="checkbox"/> | <i>Medical/Dental</i> | <input checked="" type="checkbox"/> | <i>Diagnostic/Therapeutic</i> | <input checked="" type="checkbox"/> | <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | |
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| <i>Endoscopy</i> | <input checked="" type="checkbox"/> | <i>Sleep</i> | <input type="checkbox"/> | <i>Telehealth/Surgical</i> | <input type="checkbox"/> | <i>Telehealth/Non-surgical</i> | <input type="checkbox"/> | | | | | | | | | | | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success is needed;  indicates that documentation is required

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**
- | | | | | | | | |
|--------------------|-------------------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input checked="" type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input checked="" type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
5.  **A**
- M** 5. 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
- | | | | | | | | |
|--------------------|-------------------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input checked="" type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input checked="" type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |
6.  **C**
- M** 6. **D** The completed components of the Universal Protocol and time-out are clearly documented.
- | | | | | | | | |
|--------------------|-------------------------------------|---------|--------------------------|---------------------|-------------------------------------|-------------------------|-------------------------------------|
| Ambulatory Surgery | <input checked="" type="checkbox"/> | Imaging | <input type="checkbox"/> | Medical/Dental | <input checked="" type="checkbox"/> | Diagnostic/Therapeutic | <input checked="" type="checkbox"/> |
| Endoscopy | <input checked="" type="checkbox"/> | Sleep | <input type="checkbox"/> | Telehealth/Surgical | <input type="checkbox"/> | Telehealth/Non-surgical | <input type="checkbox"/> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success is needed; **D** indicates that documentation is required