

# History Tracking Report: 2008 to 2009 Requirements

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

### Requirement 1A

**2008 Requirement Text:**

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

### NPSG.01.01.01

**2009 Requirement Text:**

Use at least two [patient] identifiers when providing laboratory services.

#### Requirement 1A

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

#### NPSG.01.01.01

**2009 EP Text:**

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

**2009 EP: 2**

#### Requirement 1A

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

#### NPSG.01.01.01

**2009 EP Text:**

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

**2009 EP: 3**

#### Requirement 1A

**2008 EP Text:**

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

**2008 EP: 3**

**Revision Type:** Retain

#### NPSG.01.01.01

**2009 EP Text:**

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

**2009 EP: 4**

#### Requirement 1A

**2008 EP Text:**

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

**2008 EP: 4**

**Revision Type:** Retain

#### NPSG.01.01.01

**2009 EP Text:**

The patient's room number or physical location is not used as an identifier.

**2009 EP: 5**

#### Requirement 1A

**2008 EP Text:**

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

**2008 EP: 5**

**Revision Type:** Retain

#### NPSG.01.01.01

**2009 EP Text:**

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

**2009 EP: 6**

**Requirement 1A****2008 EP:** 6**NPSG.01.01.01****2009 EP:** 7**2008 EP Text:****Revision Type:** Retain**2009 EP Text:**

6. Processes are established to maintain samples' identity throughout the pre-analytical, analytical and post-analytical processes.

The laboratory establishes processes to maintain specimen identity throughout the preanalytical, analytical and post-analytical processes.

**Requirement 1B**

**2008 Requirement Text:**

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

**NPSG.01.02.01**

**2009 Requirement Text:**

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

**Requirement 1B**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.01.02.01**

**2009 EP Text:**

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

**2009 EP: 1**

**Requirement 1B**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.01.02.01**

**2009 EP Text:**

The final verification process involves the entire team, uses active communication, and includes the following:

- Correct patient identity.
- Correct side and site.
- Agreement on the procedure to be done.
- Correct patient position.
- Availability of appropriate documents, correct implants, and any special equipment or special requirements.

**2009 EP: 2**

**Requirement 1B**

**2008 EP Text:**

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

**2008 EP: 3**

**Revision Type:** Retain

**NPSG.01.02.01**

**2009 EP Text:**

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

**2009 EP: 3**

**Requirement 1B**

**2008 EP Text:**

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

**2008 EP: 4**

**Revision Type:** Retain

**NPSG.01.02.01**

**2009 EP Text:**

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

**2009 EP: 4**

**Requirement 1B**

**2008 EP Text:**

5. The patient's identity is re-established if the practitioner leaves the patient's location prior to initiating the procedure.

**2008 EP: 5**

**Revision Type:** Retain

**NPSG.01.02.01**

**2009 EP Text:**

The patient's identity is re-established if the practitioner leaves the patient's location prior to initiating the procedure.

**2009 EP: 5**

**Requirement 1B****2008 EP:** 6**NPSG.01.02.01****2009 EP:** 6**2008 EP Text:****Revision Type:** Retain**2009 EP Text:**

6. Marking the site is required unless the practitioner is in continuous attendance from the time of the decision to do the procedure and patient consent to the initiation of the procedure (for example, bone marrow collection, or fine needle aspiration).

Marking the site is required unless the practitioner is in continuous attendance from the time of the decision to do the procedure and patient consent to the initiation of the procedure (for example, bone marrow collection, or fine needle aspiration).

**Requirement 2A**

**2008 Requirement Text:**

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

**NPSG.02.01.01**

**2009 Requirement Text:**

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

**Requirement 2A**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.02.01.01**

**2009 EP Text:**

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

**2009 EP: 1**

**Requirement 2A**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.02.01.01**

**2009 EP Text:**

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

**2009 EP: 2**

**Requirement 2A**

**2008 EP Text:**

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

**2008 EP: 3**

**Revision Type:** Retain

**NPSG.02.01.01**

**2009 EP Text:**

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

**2009 EP: 3**

**Requirement 2B**

**2008 Requirement Text:**

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

**NPSG.02.02.01**

**2009 Requirement Text:**

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

**Requirement 2B**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.02.02.01**

**2009 EP Text:**

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

**2009 EP: 1**

**Requirement 2B**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.02.02.01**

**2009 EP Text:**

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

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

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

**2009 EP: 2**

**Requirement 2B**

**2008 EP Text:**

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

**2008 EP: 3**

**Revision Type:** Retain

**NPSG.02.02.01**

**2009 EP Text:**

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

**2009 EP: 3**

**Requirement 2B**

**2008 EP:** 4

**NPSG.02.02.01**

**2009 EP:** 4

**2008 EP Text:**

**Revision Type:** Retain

**2009 EP Text:**

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

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

**Requirement 2C**

**2008 Requirement Text:**

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

**NPSG.02.03.01**

**2009 Requirement Text:**

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

**Requirement 2C**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.02.03.01**

**2009 EP Text:**

The laboratory defines critical tests and critical results and values.

**2009 EP: 1**

**Requirement 2C**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.02.03.01**

**2009 EP Text:**

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

**2009 EP: 2**

**Requirement 2C**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.02.03.01**

**2009 EP Text:**

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

**2009 EP: 3**

**Requirement 2C**

**2008 EP Text:**

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

**2008 EP: 3**

**Revision Type:** Retain

**NPSG.02.03.01**

**2009 EP Text:**

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

**2009 EP: 4**

**Requirement 2C**

**2008 EP Text:**

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

**2008 EP: 4**

**Revision Type:** Retain

**NPSG.02.03.01**

**2009 EP Text:**

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

**2009 EP: 5**

**Requirement 2C**

**2008 EP Text:**

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

**2008 EP: 5**

**Revision Type:** Retain

**NPSG.02.03.01**

**2009 EP Text:**

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

**2009 EP: 6**

<p><b>Requirement 2C</b>  <b>2008 EP Text:</b>                  6. The organization takes appropriate action to improve and measure the effectiveness of those actions.</p>	<p><b>2008 EP:</b> 6  <b>Revision Type:</b> Retain</p>	<p><b>NPSG.02.03.01</b>  <b>2009 EP Text:</b>                  The laboratory 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.</p>	<p><b>2009 EP:</b> 7</p>
<p><b>Requirement 2C</b>  <b>2008 EP Text:</b>                  7. Critically abnormal results are communicated quickly to a responsible individual so that prompt action may be taken.</p>	<p><b>2008 EP:</b> 7  <b>Revision Type:</b> Retain</p>	<p><b>NPSG.02.03.01</b>  <b>2009 EP Text:</b>                  Critically abnormal test results are communicated quickly to a responsible licensed caregiver so that prompt action may be taken.</p>	<p><b>2009 EP:</b> 8</p>
<p><b>Requirement 2C</b>  <b>2008 EP Text:</b>                  8. When the responsible licensed caregiver is not available, a back-up reporting system can ensure the information is provided in a timely manner to another qualified responsible caregiver to prevent avoidable delays in treatment or response.</p>	<p><b>2008 EP:</b> 8  <b>Revision Type:</b> Retain</p>	<p><b>NPSG.02.03.01</b>  <b>2009 EP Text:</b>                  When the responsible licensed caregiver is not available, a back-up reporting system provides the information in a timely manner to another qualified responsible caregiver to prevent avoidable delays in treatment or response.</p>	<p><b>2009 EP:</b> 9</p>

**Requirement 2E**

**2008 Requirement Text:**

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

**NPSG.02.05.01**

**2009 Requirement Text:**

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

**Requirement 2E**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.02.05.01**

**2009 EP Text:**

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

**2009 EP: 1**

**Requirement 2E**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.02.05.01**

**2009 EP Text:**

The laboratory’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.

**2009 EP: 2**

**Requirement 2E**

**2008 EP Text:**

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

**2008 EP: 3**

**Revision Type:** Retain

**NPSG.02.05.01**

**2009 EP Text:**

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

**2009 EP: 3**

**Requirement 2E**

**2008 EP Text:**

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

**2008 EP: 4**

**Revision Type:** Retain

**NPSG.02.05.01**

**2009 EP Text:**

The laboratory’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 laboratory services.

**2009 EP: 4**

**Requirement 2E**

**2008 EP Text:**

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

**2008 EP: 5**

**Revision Type:** Retain

**NPSG.02.05.01**

**2009 EP Text:**

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

**2009 EP: 5**

**Requirement 7A**

**2008 Requirement Text:**

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

**NPSG.07.01.01**

**2009 Requirement Text:**

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

**Requirement 7A**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.07.01.01**

**2009 EP Text:**

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

**2009 EP: 1**

**Requirement 7B**

**2008 Requirement Text:**

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

**NPSG.07.02.01**

**2009 Requirement Text:**

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

**Requirement 7B**

**2008 EP Text:**

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

**2008 EP: 1**

**Revision Type:** Retain

**NPSG.07.02.01**

**2009 EP Text:**

The laboratory 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 laboratory conducts a root cause analysis).

**2009 EP: 1**

**Requirement 7B**

**2008 EP Text:**

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

**2008 EP: 2**

**Revision Type:** Retain

**NPSG.07.02.01**

**2009 EP Text:**

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

**2009 EP: 2**

**Requirement 13A**

**2008 Requirement Text:**

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

**NPSG.13.01.01**

**2009 Requirement Text:**

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

**Requirement 13A**

**2008 EP: 1**

**NPSG.13.01.01**

**2009 EP: 1**

**2008 EP Text:**

**Revision Type:** Retain

**2009 EP Text:**

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

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

**Requirement 13A**

**2008 EP: 2**

**NPSG.13.01.01**

**2009 EP: 4**

**2008 EP Text:**

**Revision Type:** Retain

**2009 EP Text:**

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

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