

History Tracking Report: 2009 to 2008 Requirements

Accreditation Program: Behavioral Health Care

Chapter: National Patient Safety Goals

NPSG.01.01.01

2009 Requirement Text:

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

Requirement 1A

2008 Requirement Text:

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

NPSG.01.01.01

2009 EP: 2

2009 EP Text:

Two client identifiers are used when administering medications.

Requirement 1A

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.01.01.01

2009 EP: 3

2009 EP Text:

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

Requirement 1A

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.01.01.01

2009 EP: 4

2009 EP Text:

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

Requirement 1A

2008 EP: 3

2008 EP Text:

Revision Code: Retain

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

NPSG.01.01.01

2009 EP: 5

2009 EP Text:

The client's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11)

Requirement 1A

2008 EP: 4

2008 EP Text:

Revision Code: Retain

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

NPSG.01.01.01

2009 EP: 6

2009 EP Text:

Containers used for specimens are labeled in the presence of the client.

Requirement 1A

2008 EP: 5

2008 EP Text:

Revision Code: Retain

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

NPSG.02.01.01

2009 Requirement Text:

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

Requirement 2A

2008 Requirement Text:

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

NPSG.02.01.01

2009 EP: 1

2009 EP Text:

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

Requirement 2A

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.02.01.01

2009 EP: 2

2009 EP Text:

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

Requirement 2A

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.02.01.01

2009 EP: 3

2009 EP Text:

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

Requirement 2A

2008 EP: 3

2008 EP Text:

Revision Code: Retain

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

NPSG.02.02.01

2009 Requirement Text:

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

Requirement 2B

2008 Requirement Text:

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

NPSG.02.02.01

2009 EP: 1

2009 EP Text:

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

Requirement 2B

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.02.02.01

2009 EP: 2

2009 EP Text:

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

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

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

Requirement 2B

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.02.02.01

2009 EP: 3

2009 EP Text:

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

Requirement 2B

2008 EP: 3

2008 EP Text:

Revision Code: Retain

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

NPSG.02.02.01**2009 EP: 4****2009 EP Text:**

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

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

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

NPSG.02.03.01**2009 Requirement Text:**

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

Requirement 2C**2008 Requirement Text:**

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

NPSG.02.03.01**2009 EP: 1****2009 EP Text:**

The organization defines critical tests and critical results and values.

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

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

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

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

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

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

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

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

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

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

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

The 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.

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

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

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

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

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

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

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

The 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.

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

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

NPSG.02.03.01

2009 EP: 7

2009 EP Text:

The organization takes appropriate action to improve the timeliness of reporting critical test results and critical results and values from routine tests and measures the effectiveness of those actions.

Requirement 2C

2008 EP: 6

2008 EP Text:

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

Revision Code: Retain

NPSG.02.05.01

2009 Requirement Text:

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

Requirement 2E

2008 Requirement Text:

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

NPSG.02.05.01

2009 EP: 1

2009 EP Text:

The organization’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 client information.

Requirement 2E

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.02.05.01

2009 EP: 2

2009 EP Text:

The organization’s process for effective hand-off communication includes the following: Up-to-date information regarding the client's condition, care, treatment, medications, services, and any recent or anticipated changes. (See also NPSG.08.01.01, EP 4)

Requirement 2E

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.02.05.01

2009 EP: 3

2009 EP Text:

The 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.

Requirement 2E

2008 EP: 3

2008 EP Text:

Revision Code: Retain

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

NPSG.02.05.01

2009 EP: 4

2009 EP Text:

The organization’s process for effective hand-off communication includes the following: An opportunity for the receiver of the hand-off information to review relevant client historical data, which may include previous care, treatment, or services.

Requirement 2E

2008 EP: 4

2008 EP Text:

Revision Code: Retain

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

NPSG.02.05.01

2009 EP: 5

2009 EP Text:

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

Requirement 2E

2008 EP: 5

2008 EP Text:

Revision Code: Retain

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

NPSG.03.03.01

2009 Requirement Text:

The [organization] identifies and, at a minimum, annually reviews a list of look-alike/sound-alike medications used by the [organization] and takes action to prevent errors involving the interchange of these medications.

Requirement 3C

2008 Requirement Text:

Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

NPSG.03.03.01

2009 EP: 1

2009 EP Text:

The organization identifies a list of look-alike/sound-alike medications used by the organization. The list includes a minimum of 10 look-alike/sound-alike medication combinations selected from the tables of look-alike/sound-alike medications posted on The Joint Commission Web site at <http://www.jointcommission.org>.

Requirement 3C

2008 EP: 1

2008 EP Text:

Revision Code: Retain

1. Identify a list of look-alike/sound-alike (LASA) drugs used by the organization (the list must include a minimum of 10 look-alike/sound-alike drug combinations selected from the tables of LASA drugs posted on the Joint Commission website).

NPSG.03.03.01

2009 EP: 2

2009 EP Text:

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

Requirement 3C

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.03.03.01

2009 EP: 3

2009 EP Text:

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

Requirement 3C

2008 EP: 3

2008 EP Text:

Revision Code: Retain

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

NPSG.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 when providing services to a high-risk population, or administering physical care.

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 when providing services to a high-risk population, or administering physical care.

NPSG.07.01.01

2009 EP: 1

2009 EP Text:

The organization complies with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines when providing services to a high-risk population, or administering physical care.
 Note: Organizations are required to comply with 1A, 1B, and 1C of the WHO or CDC guidelines.

Requirement 7A

2008 EP: 1

2008 EP Text:

Revision Code: Retain

1. Comply with current WHO Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines* when providing services to a high-risk population, or administering physical care. * Organizations are required to comply with all 1A, 1B, 1C CDC or WHO guidelines.

NPSG.07.02.01

2009 Requirement Text:

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

Requirement 7B

2008 Requirement Text:

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

NPSG.07.02.01

2009 EP: 1

2009 EP Text:

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

Requirement 7B

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.07.02.01

2009 EP: 2

2009 EP Text:

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

Requirement 7B

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.08.01.01

2009 Requirement Text:

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

Requirement 8A

2008 Requirement Text:

There is a process for comparing the {jc}patient's{/9} current medications with those ordered for the {jc}patient{/1} while under the care of the organization.

NPSG.08.01.01

2009 EP: 1

2009 EP Text:

At the time the client enters the organization or is admitted, a complete list of the medications the client is taking at home (including dose, route, and frequency) is created and documented. The client, and family as needed, are involved in creating this list.

Requirement 8A

2008 EP: 1

2008 EP Text:

Revision Code: Retain

1. The organization, with the {jc}patient's{/9} involvement, creates a complete list of the {jc}patient's{/9} current medications at admission/entry.

NPSG.08.01.01

2009 EP: 2

2009 EP Text:

The medications ordered for the client while under the care of the organization are compared to those on the list created at the time of entry to the organization or admission.

Requirement 8A

2008 EP: 2

2008 EP Text:

Revision Code: Retain

2. The medications ordered for, administered to, or dispensed to the {jc}patient{/1} while under the care of the organization are compared to those on the list and any discrepancies (e.g., omissions, duplications, potential interactions) are resolved.

NPSG.08.02.01

2009 Requirement Text:

When a [patient] is referred to or transferred from one [organization] to another, the complete and reconciled list of medications is communicated to the next provider of service and the communication is documented. Alternatively, when a [patient] leaves the [organization]’s care directly to his or her home, the complete and reconciled list of medications is provided to the [patient]’s known primary care provider, or the original referring provider, or a known next provider of service.

Note: When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the [patient], and family as needed, the list of reconciled medications is sufficient.

Requirement 8B

2008 Requirement Text:

A complete list of the {jc}patient’s{/9} medications is communicated to the next provider of service when a {jc}patient{/1} is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

NPSG.08.02.01

2009 EP: 1

2009 EP Text:

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

Requirement 8B

2008 EP: 1

2008 EP Text:

Revision Code: Retain

1. The {jc}patient{/1}’s accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization

NPSG.13.01.01

2009 Requirement Text:

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

Requirement 13A

2008 Requirement Text:

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

NPSG.13.01.01

2009 EP: 1

2009 EP Text:

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

Requirement 13A

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.13.01.01

2009 EP: 4

2009 EP Text:

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

Requirement 13A

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.15.01.01

2009 Requirement Text:

The [organization] identifies [patient]s at risk for suicide.

Requirement 15A

2008 Requirement Text:

The organization identifies {jc}patients{/6} at risk for suicide.

NPSG.15.01.01

2009 EP: 1

2009 EP Text:

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

Requirement 15A

2008 EP: 1

2008 EP Text:

Revision Code: Retain

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

NPSG.15.01.01

2009 EP: 2

2009 EP Text:

The organization addresses the client's immediate safety needs and most appropriate setting for treatment.

Requirement 15A

2008 EP: 2

2008 EP Text:

Revision Code: Retain

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

NPSG.15.01.01

2009 EP: 3

2009 EP Text:

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

Requirement 15A

2008 EP: 3

2008 EP Text:

Revision Code: Retain

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