



Accreditation Program: Home 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.

Note: In the home care setting, patient identification is less prone to error than in other settings. At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the clinician "knows" the patient, one of the identifiers can be facial recognition. In the home, the correct address is also confirmed. The patient's confirmed address is an acceptable identifier when used in conjunction with another individual-specific identifier.

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. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|-------------|----------|------|----------|----------|-----|---|---|------|------|---|-------|---|----------|----|---|------|-----|----------|-----|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | | X | X | | | | | | | | | X | | | | | X | |
| EP 2 | X | | X | X | | | | | | | | | X | | | | | X | |

Elements of Performance for NPSG.01.01.01

- M** 1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.
2. Label containers used for blood and other specimens in the presence of the patient.

3 C

3 A

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Goal 7

Reduce the risk of health care–associated infections.

NPSG.07.01.01

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


Rationale for NPSG.07.01.01

According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, or services in a health care organization. Consequently, health care-associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| EP 2 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| EP 3 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |





Elements of Performance for NPSG.07.01.01

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines. (See also IC.01.04.01, EP 5)
2. Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3)
3. Improve compliance with hand hygiene guidelines based on established goals.

 **A**

A

A

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 if needed;  indicates that documentation is required

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.

Note: This standard is not in effect at this time.

Rationale for NPSG.08.01.01

Patients 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.

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | |
|------|----|------|-----|-------|-----|---|---|------|------|---|-------|---|-----|----|---|------|-----|------|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI |
| EP 1 | X | | X | X | | | | | | | | | | | | X | X | |
| EP 2 | X | | X | X | | | | | | | | | | | | X | X | |
| EP 3 | X | | X | X | | | | | | | | | | | | X | X | |
| EP 4 | X | | X | X | | | | | | | | | | | | X | X | |

Elements of Performance for NPSG.08.01.01

- 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
 Note: This element of performance is not in effect at this time.
- 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
 Note: This element of performance is not in effect at this time.
- 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
 Note: This element of performance is not in effect at this time.
- 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. 3 C
 Note 1: Updating the status of a patient's medications is also an important component of all patient care hand-offs.
 Note 2: This element of performance is not in effect at this time.

KEY: **A** indicates scoring category A; **C** indicates scoring category C; 2 indicates situational decision rules apply; 3 indicates direct impact requirements apply; M indicates Measure of Success if 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 1: 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.



Note 2: This standard is not in effect at this time.


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.





| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|-------------|----------|------|----------|----------|-----|---|---|------|------|---|-------|---|-----|----|---|------|----------|----------|-----|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | | X | X | | | | | | | | | | | | | X | X | |
| EP 2 | X | | X | X | | | | | | | | | | | | | X | X | |

Elements of Performance for NPSG.08.02.01

-  1. The patient’s most current reconciled medication list is communicated to the next provider of service, either within or outside the organization. The communication between providers is documented.
 Note: This element of performance is not in effect at this time.
-  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.
 Note: This element of performance is not in effect at this time.

 **C**

C

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 if needed;  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.

Note: This standard is not in effect at this time.

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.

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|-------------|----------|------|----------|----------|-----|---|---|------|------|---|-------|---|-----|----|---|------|----------|----------|-----|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | | X | X | | | | | | | | | | | | | X | X | |

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 1: Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies.
- Note 2: This element of performance is not in effect at this time.

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

NPSG.08.04.01

In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

Note 1: This requirement does not apply to organizations that do not administer medications. It may be important for health care organizations to know which types of medications their patients are taking because these medications could affect the care, treatment, or services provided.

Note 2: This standard is not in effect at this time.

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.

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|------|----|------|-----|-------|-----|---|---|------|------|---|-------|---|-----|----|---|------|-----|------|-----|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | | X | X | | | | | | | | | | | | X | X | | |
| EP 2 | X | | X | X | | | | | | | | | | | | X | X | | |
| EP 3 | X | | X | X | | | | | | | | | | | | X | X | | |
| EP 4 | X | | X | X | | | | | | | | | | | | X | X | | |
| EP 5 | X | | X | X | | | | | | | | | | | | X | X | | |
| EP 6 | X | | X | X | | | | | | | | | | | | X | X | | |

Elements of Performance for NPSG.08.04.01

- M 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. ⚠️ C
 Note: This element of performance is not in effect at this time.
- M 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. ⚠️ C
 Note 1: 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.
 Note 2: This element of performance is not in effect at this time.

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 if needed; **D** indicates that documentation is required

- M** 3. In these settings, a complete, documented medication reconciliation process is used when: Any new long-term (chronic) medications are prescribed. **3** **C**
Note: This element of performance is not in effect at this time.
- 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**
Note: This element of performance is not in effect at this time.
- 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**
Note: This element of performance is not in effect at this time.
- 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**
Note: This element of performance is not in effect at this time.

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Goal 9

Reduce the risk of patient harm resulting from falls.

NPSG.09.02.01






Reduce the risk of falls.





Rationale for NPSG.09.02.01

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

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|------|----|------|-----|-------|-----|---|---|------|------|---|-------|---|-----|----|---|------|-----|------|-----|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | X | X | X | X | | | | | | X | | | X | | | | | |
| EP 2 | X | X | X | X | X | | | | | | X | | | X | | | | | |
| EP 3 | X | X | X | X | X | | | X | X | | X | | X | X | | | | | |
| EP 4 | X | X | X | X | X | | | X | X | | X | | X | X | X | | | | |
| EP 5 | X | X | X | X | X | | | X | X | | X | | X | X | X | | | | |

Elements of Performance for NPSG.09.02.01

- | | |
|---|---|
| <ul style="list-style-type: none">  1. Assess the patient's risk for falls.  3. Educate staff on the fall reduction program in time frames determined by the organization.  4. Educate the patient and, as needed, the family on any individualized fall reduction strategies. 5. Evaluate the effectiveness of all fall reduction activities including assessment, interventions and education. Note: Examples of outcome indicators to use in the evaluation include decreased number of falls and decreased number and severity of fall-related injuries. | <ul style="list-style-type: none">  C  A C C A |
|---|---|

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 if needed;  indicates that documentation is required

Goal 15

The organization identifies safety risks inherent in its patient population.

NPSG.15.02.01

Identify risks associated with home oxygen therapy such as home fires.

Rationale for NPSG.15.02.01

Many sentinel events reported by home care programs to The Joint Commission were due to a fire in the patient's home. In each case, when patients were injured or killed as a result of a home fire, home oxygen was in use.

| Req | HH | | HOS | | DME | | | Resp | Supp | | O & P | | CRS | RT | | PH | | | |
|------|----|------|-----|-------|-----|---|---|------|------|---|-------|---|-----|----|---|------|-----|------|-----|
| | HH | PC&S | Inp | Pt Re | H | F | M | | H | M | H | F | | H | F | Disp | CCP | FSAI | LTP |
| EP 1 | X | | | X | X | | | X | | | | | X | | | | | | |
| EP 2 | X | | X | X | X | | | X | | | | | X | | | | | | |
| EP 3 | X | | | X | X | | | X | | | | | X | | | | | | |

Elements of Performance for NPSG.15.02.01

- M
 1. Conduct a home oxygen safety risk assessment that addresses at least the following:
 - Whether there are smoking materials in the home
 - Whether there are other fire safety risks in the home, such as the potential for open flames
 - Whether or not the home has functioning smoke detectors
 Note: Further information about risks associated with home oxygen therapy and risk reduction strategies can be found in Sentinel Event Alert 17.

 C

- M
 2. Inform the patient and family/caregiver of the findings of the safety risk assessment and educate the patient and family/caregiver about the causes of fire, precautions that can prevent fire-related injuries, and recommendations to address the specific identified risk.

 C

- M
 3. Assess the patient's level of comprehension of and compliance with identified risks and suggested interventions.

 C

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 if needed; D indicates that documentation is required