Revisions to NPSG.15.02.01 on Home Oxygen Use

The Joint Commission approved modifications to National Patient Safety Goal NPSG.15.02.01 on risks associated with home oxygen use for accredited home care organizations. Effective January 1, 2015, the modifications enhance the Goal’s focus on patient safety and clarify specific requirements.

NPSG.15.02.01’s introduction in 2007 came about because of incidents reported to The Joint Commission involving patients who were injured or killed as a result of home fires related to oxygen use. When compliance data from recent years showed that one in ten organizations were not in compliance with the Goal, The Joint Commission analyzed survey findings, conducted focus groups with surveyors and accredited organizations, and reviewed current literature to assess the situation.

This analysis resulted in revisions that were reviewed by members of the field, a substantial majority of whom agreed that the NPSG addresses an important patient safety issue—and that compliance with the NPSG contributes to patient safety and quality of care. Further feedback from professional advisory groups led to the following revisions:

- **A new element of performance (EP) requiring periodic reevaluation of fire risks in the home.** The new requirement allows organizations to establish the intervals for reevaluation based on evidence of unsafe practices in the home.

- **A new EP requiring organizations to implement strategies to improve compliance with oxygen safety precautions when unsafe practices are observed in the home.** Depending upon individual patient and family circumstances, the strategies may include notifying the licensed independent practitioner ordering oxygen, additional education, written reminders in various locations, and exploring alternative living arrangements.

- **An expanded rationale.** The expanded rationale for NPSG.15.02.01 describes the fire risks associated with oxygen, explains the importance of the home risk assessment, and emphasizes the

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responsibility of every organization providing services in the home to assess safety risks.

- A new note to EP 1 regarding the assessment of functioning smoke detectors. The note states that, while they are not required to do so, home care staff may test the detectors if they are accessible and if testing does not pose any safety risk. Alternatively, home care staff may verify the functioning of the alarms with the patient and family.
- Clarification of documentation requirements for the NPSG. Documentation provides a record of steps taken to reduce patient risk, and this information is important for communication among those providing home care services.

The revised Goal appears on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. It will be published in the fall 2014 E-dition update and the 2014 Update 2 to the Comprehensive Accreditation Manual for Home Care and is shown in the box below. New text is underlined and deleted text is shown in strikethrough.

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- Home oxygen therapy and risk reduction strategies can be found in Sentinel Event Alert 17. Home care staff may ask the patient and family whether smoke detectors are functioning or may test the smoke detectors if they are accessible. However, testing smoke detectors is not required.
- Document the performance of the risk assessment.
  (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10 and PC.02.03.01, EP 5)

C 2. Reevaluate potential fire risks at intervals established by the organization. Evidence of unsafe practices leading to potential risk is used to establish these intervals. Document the reevaluation of potential fire risks.

C 2-3. Inform and educate the patient, and family, and/or caregiver about the following:
- The findings of the safety risk assessment and educate the patient and family/caregiver about
- The causes of fire,
- Fire risks for neighboring residences and buildings
- Precautions that can prevent fire-related injuries
- Recommendations to address the specific identified risk(s)
- Document the provision of information and education.
  (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10 and PC.02.03.01, EP 5)

C 3-4. Assess the patient’s, family’s, and/or caregiver’s level of comprehension and compliance with identified risks and compliance with suggested interventions during home visits. Document this assessment.

C 5. Implement strategies to improve patient and/or family compliance with oxygen safety precautions when unsafe practices are observed in the home. This includes notifying the licensed independent practitioner ordering the oxygen. Document the implementation of strategies to address compliance.

Note: Other strategies to be considered include additional education, placing written reminders in specific locations, and exploring alternative living arrangements with the patient and family.