Goal Revisions for Healthcare-Associated Infections NPSGs

APPlicable to Nursing Care Centers

Effective January 1, 2018

National Patient Safety Goals (NPSG)

NPSG.07.03.01 Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in nursing care centers.

Note: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), carbapenem-resistant enterobacteriaceae (CRE), and other and multidrug-resistant gram-negative bacteria.

Elements of Performance for NPSG.07.03.01

1. Conduct periodic risk assessments (in time frames defined by the organization) for multidrug-resistant organism acquisition and transmission. (See also IC.01.03.01, EPs 1-5)

2. Educate staff and licensed independent practitioners about multidrug-resistant organisms and prevention strategies. Education occurs upon hire or granting of initial privileges and periodically thereafter as determined by the organization.

Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the organization.

3. Educate patients and residents, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection prevention strategies.

4. Implement a surveillance program for multidrug-resistant organisms based on the risk assessment.

Note: Surveillance may be targeted rather than organizationwide.

5. Measure and monitor multidrug-resistant organism prevention processes and outcomes, including the following:

- Multidrug-resistant organism infection rates using evidence-based metrics
- Compliance with evidence-based guidelines or best practices
- Evaluation of the education program provided to staff and licensed independent practitioners

Note: Surveillance may be targeted rather than organizationwide.

6. Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

7. Implement policies and practices aimed at reducing the risk of transmitting multidrug-resistant organisms. These policies and practices 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).

8. When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms.

Note: The alert system may use telephones, faxes, pagers, automated and secure electronic alerts, or a combination of these methods.

9. When indicated by the risk assessment, implement an...
alert system that identifies readmitted or transferred patients and residents who are known to be positive for multidrug-resistant organisms.

**Note 1:** The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both.

**Note 2:** Each organization may define its own parameters in terms of time and clinical manifestation to determine which readmitted patients and residents require isolation.

**NPSG.07.04.01**
Implement evidence-based practices to prevent central line–associated bloodstream infections.

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

**Element of Performance for NPSG.07.04.01**

1. Educate staff and licensed independent practitioners who are involved in managing central lines about 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 or granting of initial privileges and periodically thereafter as determined by the organization.

2. Prior to insertion of a central venous catheter, educate patients and residents and, as needed, their families about central line–associated bloodstream infection prevention.