

# Sentinel Event Alert 61 DOACs The Joint Commission Requirements

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## NPSG.03.05.01

- AHC Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.  
Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).
- CAH Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.  
Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).
- HAP Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.  
Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).
- NCC Reduce the likelihood of harm to patients and residents associated with the use of anticoagulant therapy.  
Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).

## Elements of Performance (EPs) for NPSG.03.05.01

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### EP Text for NPSG.03.05.01, EP 1

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- AHC 1. The organization uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.
- CAH 1. The critical access hospital uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.
- HAP 1. The hospital uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.
- NCC 1. The organization uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.

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**EP Text for NPSG.03.05.01, EP 2**


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- AHC 2. The organization uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication.
- CAH 2. The critical access hospital uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication.
- HAP 2. The hospital uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication.
- NCC 2. The organization uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication.

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**EP Text for NPSG.03.05.01, EP 3**


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- CAH 3. The critical access hospital uses approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants.  
Note: Perioperative management may address the use of bridging medications, timing for stopping an anticoagulant, and timing and dosing for restarting an anticoagulant.
- HAP 3. The hospital uses approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants.  
Note: Perioperative management may address the use of bridging medications, timing for stopping an anticoagulant, and timing and dosing for restarting an anticoagulant.

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**EP Text for NPSG.03.05.01, EP 4**


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- AHC 4. The organization has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.  
Note: For all patients receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients on a direct oral anticoagulant (DOAC), follow evidence-based practice guidelines regarding the need for laboratory testing.
- CAH 4. The critical access hospital has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.  
Note: For all patients receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients on a direct oral anticoagulant (DOAC), follow evidence-based practice guidelines regarding the need for laboratory testing.
- HAP 4. The hospital has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.  
Note: For all patients receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients on a direct oral anticoagulant (DOAC), follow evidence-based practice guidelines regarding the need for laboratory testing.

- NCC 4. The organization has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.  
Note: For all patients or residents receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients or residents on a direct oral anticoagulant (DOAC), follow evidence-based practice guidelines regarding the need for laboratory testing.

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**EP Text for NPSG.03.05.01, EP 5**

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- AHC 5. The organization addresses anticoagulation safety practices through the following:
- Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes
  - Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the organization
- CAH 5. The critical access hospital addresses anticoagulation safety practices through the following:
- Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes
  - Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the critical access hospital
- HAP 5. The hospital addresses anticoagulation safety practices through the following:
- Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes
  - Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the hospital
- NCC 5. The organization addresses anticoagulation safety practices through the following:
- Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes
  - Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the organization

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**EP Text for NPSG.03.05.01, EP 6**

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- AHC 6. The organization provides education to patients and families specific to the anticoagulant medication prescribed, including the following:
- Adherence to medication dose and schedule
  - Importance of follow-up appointments and laboratory testing (if applicable)
  - Potential drug–drug and drug–food interactions
  - The potential for adverse drug reactions

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- CAH 6. The critical access hospital provides education to patients and families specific to the anticoagulant medication prescribed, including the following:
- Adherence to medication dose and schedule
  - Importance of follow-up appointments and laboratory testing (if applicable)
  - Potential drug–drug and drug–food interactions
  - The potential for adverse drug reactions
- HAP 6. The hospital provides education to patients and families specific to the anticoagulant medication prescribed, including the following:
- Adherence to medication dose and schedule
  - Importance of follow-up appointments and laboratory testing (if applicable)
  - Potential drug–drug and drug–food interactions
  - The potential for adverse drug reactions
- NCC 6. The organization provides education to patients, residents, and families specific to the anticoagulant medication prescribed, including the following:
- Adherence to medication dose and schedule
  - Importance of follow-up appointments and laboratory testing (if applicable)
  - Potential drug–drug and drug–food interactions
  - The potential for adverse drug reactions

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**EP Text for NPSG.03.05.01, EP 7**

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- CAH 7. The critical access hospital uses only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.  
Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.
- HAP 7. The hospital uses only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.  
Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.
- NCC 7. The organization uses only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.  
Note: For pediatric patients and residents, prefilled syringe products should be used only if specifically designed for children.

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**EP Text for NPSG.03.05.01, EP 8**

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- CAH 8. When heparin is administered intravenously and continuously, the critical access hospital uses programmable pumps in order to provide consistent and accurate dosing.
- HAP 8. When heparin is administered intravenously and continuously, the hospital uses programmable pumps in order to provide consistent and accurate dosing.
- NCC 8. When heparin is administered intravenously and continuously, the organization uses programmable pumps in order to provide consistent and accurate dosing.