# National Patient Safety Goals (NPSG) Chapter

## NPSG.01.03.01

**Current Requirement Text:**

Eliminate transfusion errors related to patient misidentification.

**Revision Type:** Deleted

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### NPSG.01.03.01

<table>
<thead>
<tr>
<th>Current EP Text:</th>
<th>Revision Type:</th>
<th>New EP Text:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before initiating a blood or blood component transfusion:</td>
<td>Moved and Revised</td>
<td>Before initiating a blood or blood component transfusion, the critical access hospital follows a process to correctly identify patients that includes the following:</td>
</tr>
<tr>
<td>- Match the blood or blood component to the order.</td>
<td></td>
<td>- Matching the blood or blood component to the order</td>
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<tr>
<td>- Match the patient to the blood or blood component.</td>
<td></td>
<td>- Matching the patient to the blood or blood component</td>
</tr>
<tr>
<td>- Use a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding.</td>
<td></td>
<td>- Using a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding</td>
</tr>
<tr>
<td>(See also NPSG.01.01.01, EPs 1 and 2)</td>
<td></td>
<td>Note: When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient. The second individual conducting the identification verification is qualified to participate in the process, as determined by the critical access hospital.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See also NPSG.01.01.01, EPs 1, 2)</td>
</tr>
</tbody>
</table>
When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient.

Before initiating a blood or blood component transfusion, the critical access hospital follows a process to correctly identify patients that includes the following:

- Matching the blood or blood component to the order
- Matching the patient to the blood or blood component
- Using a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding

Note: When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient. The second individual conducting the identification verification is qualified to participate in the process, as determined by the critical access hospital.

(See also NPSG.01.01.01, EPs 1, 2)

When using a two-person verification process, the second individual conducting the identification verification is qualified to participate in the process, as determined by the critical access hospital.

Before initiating a blood or blood component transfusion, the critical access hospital follows a process to correctly identify patients that includes the following:

- Matching the blood or blood component to the order
- Matching the patient to the blood or blood component
- Using a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding

Note: When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient. The second individual conducting the identification verification is qualified to participate in the process, as determined by the critical access hospital.

(See also NPSG.01.01.01, EPs 1, 2)
**NPSG.03.06.01**

**Current Requirement Text:**
Maintain and communicate accurate patient medication information.

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**NPSG.03.06.01**

**Current EP Text:**

- Revision Type: Revised

Define the types of medication information to be collected in non-24-hour settings and different patient circumstances.

*Note 1:* Examples of non-24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.

*Note 2:* Examples of medication information that may be collected include name, dose, route, frequency, and purpose.

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**New EP Text:**

Define the types of medication information (for example, name, dose, route, frequency, purpose) to be collected in non-24-hour settings.

*Note:* Examples of non-24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.

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**NPSG.03.06.01**

**Current EP Text:**

- Revision Type: Revised

Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the critical access hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).

*Note:* When the only additional medications prescribed are for a short duration, the medication information the critical access hospital provides may include only those medications. For more information about communications to other providers of care when the patient is discharged or transferred, refer to Standard PC.04.02.01.

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**New EP Text:**

Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the critical access hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).
## Critical Access Hospital (CAH) Accreditation Program

### NPSG.07.03.01

<table>
<thead>
<tr>
<th>Current Requirement Text:</th>
<th>Revision Type: Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in critical access hospitals. 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 multidrug-resistant gram-negative bacteria.</td>
<td></td>
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</tbody>
</table>

### IC.02.05.01

<table>
<thead>
<tr>
<th>New Requirement Text:</th>
<th>Revision Type: New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement evidence-based practices to prevent health care–associated infections due to the following: - Multidrug-resistant organisms (MDRO) - Central line–associated bloodstream infections (CLABSI) - Catheter-associated urinary tract infections (CAUTI) - Surgical site infections (SSI)</td>
<td></td>
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</table>

### EP: 1

<table>
<thead>
<tr>
<th>NPSG.07.03.01</th>
<th>Revision Type: Moved and Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct periodic risk assessments (in time frames defined by the critical access hospital) for multidrug-resistant organism acquisition and transmission. (See also IC.01.03.01, EPs 1–3)</td>
<td></td>
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</tbody>
</table>

### EP: 2

<table>
<thead>
<tr>
<th>NPSG.07.03.01</th>
<th>Revision Type: Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>

### EP: 3

<table>
<thead>
<tr>
<th>NPSG.07.03.01</th>
<th>Revision Type: Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection prevention strategies.</td>
<td></td>
</tr>
</tbody>
</table>
Implement a surveillance program for multidrug-resistant organisms based on the
risk assessment.
Note: Surveillance may be targeted rather than hospitalwide.

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
(See also MM.09.01.01, EP 5)
Note: Surveillance may be targeted rather than hospitalwide.

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

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).
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.

The critical access hospital implements processes as indicated by periodic risk assessments (in time frames defined by the critical access hospital) for prevention of the following:

- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)

Note: Surveillance may be targeted rather than critical access hospitalwide. (See also IC.01.03.01, EPs 1, 2, 3)

When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients 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 critical access hospital may define its own parameters in terms of time and clinical manifestation to determine which readmitted patients require isolation. The critical access hospital implements processes as indicated by periodic risk assessments (in time frames defined by the critical access hospital) for prevention of the following:

- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)

Note: Surveillance may be targeted rather than critical access hospitalwide. (See also IC.01.03.01, EPs 1, 2, 3)

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.

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 or granting of initial privileges and periodically thereafter as determined by the organization.
Prior to insertion of a central venous catheter, educate patients and, as needed, their families about central line–associated bloodstream infection prevention.

Implement policies and practices aimed at reducing the risk of central line–associated bloodstream infections. 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).

Conduct periodic risk assessments for central line–associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the critical access hospital, and this infection surveillance activity is hospitalwide, not targeted.

Provide central line–associated bloodstream infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

Use a catheter checklist and a standardized protocol for central venous catheter insertion.
### NPSG.07.04.01

**Current EP Text:**
Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.

**Revision Type:** Deleted

**EP: 7**

### NPSG.07.04.01

**Current EP Text:**
Perform hand hygiene prior to catheter insertion or manipulation.

**Revision Type:** Deleted

**EP: 8**

### NPSG.07.04.01

**Current EP Text:**
Use maximum sterile barrier precautions during central venous catheter insertion.

**Revision Type:** Deleted

**EP: 9**

### NPSG.07.04.01

**Current EP Text:**
For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.

**Revision Type:** Deleted

**EP: 10**

### NPSG.07.04.01

**Current EP Text:**
Use an alcoholic chlorhexidine antiseptic for skin preparation during central venous catheter insertion unless contraindicated.

**Revision Type:** Deleted

**EP: 11**

### NPSG.07.04.01

**Current EP Text:**
Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.

**Revision Type:** Deleted

**EP: 12**

### NPSG.07.04.01

**Current EP Text:**
Evaluate all central venous catheters routinely and remove nonessential catheters.

**Revision Type:** Consolidated

**EP: 13**

### IC.02.05.01

**New EP Text:**
The critical access hospital develops policies and practices based on evidence and implements these policies and practices aimed at reducing the risk for the following:
- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Surgical site infections (SSI)
### NPSG.07.05.01

**Current Requirement Text:**  
Implement evidence-based practices for preventing surgical site infections.

**Current EP Text:**  
#### EP: 1
Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual's job responsibilities.

#### EP: 2
Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.

#### EP: 3
Implement policies and practices aimed at reducing the risk of surgical site infections. These policies and practices meet regulatory requirements and are aligned with evidence-based guidelines (for example, the Centers for Disease Control and Prevention [CDC] and/or professional organization guidelines).

#### EP: 4
As part of the effort to reduce surgical site infections:
- Conduct periodic risk assessments for surgical site infections in a time frame determined by the critical access hospital.
- Select surgical site infection measures using best practices or evidence-based guidelines.
- Monitor compliance with best practices or evidence-based guidelines.
- Evaluate the effectiveness of prevention efforts.

Note: Surveillance may be targeted to certain procedures based on the critical access hospital's risk assessment.

### IC.02.05.01

**New EP Text:**  
The critical access hospital develops policies and practices based on evidence and implements these policies and practices aimed at reducing the risk for the following:
- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Surgical site infections (SSI)

As part of the effort to reduce surgical site infections:
- Conduct periodic risk assessments in time frames defined by the critical access hospital for prevention of the following:
  - Multidrug-resistant organisms (MDRO)
  - Central line–associated bloodstream infections (CLABSI)
  - Surgical site infections (SSI)

Note: Surveillance may be targeted rather than critical access hospitalwide.

(See also IC.01.03.01, EPs 1, 2, 3)
NPSG.07.05.01  EP: 5

Current EP Text:  Revision Type: Deleted

Measure surgical site infection rates for the first 30 or 90 days following surgical procedures based on National Healthcare Safety Network (NHSN) procedural codes. The critical access hospital’s measurement strategies follow evidence-based guidelines.

Note 1: Surveillance may be targeted to certain procedures based on the critical access hospital’s risk assessment.

Note 2: The NHSN is the Centers for Disease Control and Prevention’s health care-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate health care-associated infections. For more information on NHSN procedural codes, see http://www.cdc.gov/nhsn/CPTcodes/ssi-cpt.html.

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NPSG.07.05.01  EP: 6

Current EP Text:  Revision Type: Consolidated

Provide process and outcome (for example, surgical site infection rate) measure results to key stakeholders.

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NPSG.07.05.01  EP: 7

Current EP Text:  Revision Type: Deleted

Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to methods cited in scientific literature or endorsed by professional organizations. *

Footnote *: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the critical access hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or widespread consensus. During the on-site survey, surveyors will explore the source of the practices the critical access hospital follows.

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PI.02.01.01  EP: 21

New EP Text:

The critical access hospital provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on the following:
- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)
When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations. *

Footnote *: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the critical access hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or widespread consensus. During the on-site survey, surveyors will explore the source of the practices the critical access hospital follows.

Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).  

Note: Evidence-based guidelines for CAUTI are located at:
- Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals, 2014 at https://doi.org/10.1017/S0899823X00193845

Educate staff and licensed independent practitioners involved in the use of indwelling urinary catheters about CAUTI and the importance of infection prevention. Education occurs upon hire or granting of initial privileges and when involvement in indwelling catheter care is added to an individual’s job responsibilities. Ongoing education and competence assessment occur at intervals established by the organization.
### NPSG.07.06.01

#### EP: 2

**Current EP Text:**
Educate patients who will have an indwelling catheter, and their families as needed, on CAUTI prevention and the symptoms of a urinary tract infection.

**Revision Type:**
Deleted

Note: See FAQs about “Catheter-associated Urinary Tract Infection” at http://www.shea-online.org/images/patients/NNL_CA-UTI.pdf

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### NPSG.07.06.01

#### EP: 3

**Current EP Text:**
Develop written criteria, using established evidence-based guidelines, for placement of an indwelling urinary catheter. Written criteria are revised as scientific evidence changes.

**Revision Type:**
Consolidated

**New EP Text:**
The critical access hospital develops policies and practices based on evidence and implements these policies and practices aimed at reducing the risk for the following:

- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Surgical site infections (SSI)

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- Critically ill patients who need accurate urinary output measurements
- Patients with acute urinary retention or bladder outlet obstruction
- Patients who require prolonged immobilization (for example, a potentially unstable thoracic or lumbar spine or multiple traumatic injuries such as pelvic fractures)
- Incontinent patients with an open sacral wound or perineal wounds
- Perioperative use for selected surgical procedures, such as patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract; patients who will have a prolonged duration of surgery (catheters inserted for this reason should be removed in a post-anesthesia care unit); patients anticipated to receive large-volume infusions or diuretics during surgery; patients needing intraoperative monitoring of urinary output
- End-of-life care
- Neurogenic bladder
Follow written procedures based on established evidence-based guidelines for inserting and maintaining an indwelling urinary catheter. The procedures address the following:

- Limiting use and duration
- Performing hand hygiene prior to catheter insertion or maintenance care
- Using aseptic techniques for site preparation, equipment, and supplies
- Securing catheters for unobstructed urine flow and drainage
- Maintaining the sterility of the urine collection system
- Replacing the urine collection system when required
- Collecting urine samples

Note: There are medical conditions that require a prolonged use of an indwelling urinary catheter in order to avoid adverse events and promote patient safety. Examples can include, but are not limited to, patients with a spinal cord injury, multiple sclerosis, Parkinson’s disease, and spina bifida.

Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high-volume areas by doing the following:

- Selecting measures using evidence-based guidelines or best practices
- Having a consistent method for medical record documentation of indwelling urinary catheter use, insertion, and maintenance
- Monitoring compliance with evidence-based guidelines or best practices
- Evaluating the effectiveness of prevention efforts

Note: Surveillance may be targeted to areas with a high volume of patients using indwelling catheters. High-volume areas are identified through the hospital’s risk assessment as required in IC.01.03.01, EP 2.

The critical access hospital develops policies and practices based on evidence and implements these policies and practices aimed at reducing the risk for the following:

- Multidrug-resistant organisms (MDRO)
- Central line-associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Surgical site infections (SSI)