## National Patient Safety Goals (NPSG) Chapter

### NPSG.03.06.01

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

<table>
<thead>
<tr>
<th>NPSG.03.06.01</th>
<th>EP: 4</th>
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</thead>
<tbody>
<tr>
<td><strong>Current EP Text:</strong></td>
<td><strong>Revision Type:</strong> Revised</td>
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<tr>
<td>Provide the patient or resident (or family as needed) with written information on the medications the patient or resident should be taking when he or she leaves the organization's care (for example, name, dose, route, frequency, duration, purpose). For more information about communications to other providers of care when the patient is discharged or transferred, refer to Standard PC.04.02.01.</td>
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<tr>
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<tr>
<td><strong>New EP Text:</strong></td>
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<td>Provide the patient or resident (or family as needed) with written information on the medications the patient or resident should be taking when he or she leaves the organization's care (for example, name, dose, route, frequency, duration, purpose).</td>
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</table>
NPSG.07.03.01
Current Requirement Text: Deleted
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 enterococcus (VRE), carbapenem-resistant enterobacteriaceae (CRE), and other and multidrug-resistant gram-negative bacteria.

IC.02.05.01
New Requirement Text: New
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)

NPSG.07.03.01
Current EP Text: Moved and Revised
Conduct periodic risk assessments (in time frames defined by the organization) for multidrug-resistant organism acquisition and transmission. (See also IC.01.03.01, EP 1)

IC.02.05.01
New EP Text:
The organization implements processes as indicated by periodic risk assessments (in time frames defined by the organization) for prevention of the following:
- Multidrug-resistant organisms (MDRO)
Note: Surveillance may be targeted rather than organizationwide. (See also IC.01.03.01, EP 1)

NPSG.07.03.01
Current EP Text: Deleted
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.

IC.02.05.01
New EP Text:
The organization implements processes as indicated by periodic risk assessments (in time frames defined by the organization) for prevention of the following:
- Multidrug-resistant organisms (MDRO)
Note: Surveillance may be targeted rather than organizationwide. (See also IC.01.03.01, EP 1)

NPSG.07.03.01
Current EP Text: Deleted
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.

IC.02.05.01
New EP Text:
The organization implements processes as indicated by periodic risk assessments (in time frames defined by the organization) for prevention of the following:
- Multidrug-resistant organisms (MDRO)
Note: Surveillance may be targeted rather than organizationwide. (See also IC.01.03.01, EP 1)

NPSG.07.03.01
Current EP Text: Consolidated
Implement a surveillance program for multidrug-resistant organisms based on the risk assessment. Note: Surveillance may be targeted rather than organizationwide.

IC.02.05.01
New EP Text:
The organization implements processes as indicated by periodic risk assessments (in time frames defined by the organization) for prevention of the following:
- Multidrug-resistant organisms (MDRO)
Note: Surveillance may be targeted rather than organizationwide. (See also IC.01.03.01, EP 1)
### NPSG.07.03.01

#### Current EP Text: Moved and Revised

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.

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#### New EP Text:

The organization measures and monitors its infection prevention processes, outcomes, and compliance using evidence-based guidelines or best practices for the following:
- Multidrug-resistant organisms (MDRO)
- Catheter-associated urinary tract infections (CAUTI)

Note: Surveillance may be targeted rather than organizationwide.

| EP: 3 |

### NPSG.07.03.01

#### Current EP Text: Moved and Revised

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

| EP: 6 |

#### New EP Text:

The organization provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on multidrug-resistant organisms (MDRO).

| EP: 21 |

### NPSG.07.03.01

#### Current EP Text: Moved and Revised

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).

| EP: 7 |

#### New EP Text:

The organization 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)

| EP: 1 |

### NPSG.07.03.01

#### Current EP Text: Consolidated

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.

| EP: 8 |

#### New EP Text:

The organization implements processes as indicated by periodic risk assessments (in time frames defined by the organization) for prevention of the following:
- Multidrug-resistant organisms (MDRO)

Note: Surveillance may be targeted rather than organizationwide. (See also IC.01.03.01, EP 1)

| EP: 2 |
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.

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

- Multidrug-resistant organisms (MDRO)

Note: Surveillance may be targeted rather than organizationwide.

(See also IC.01.03.01, EP 1)

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 residents and, as needed, their families about central line–associated bloodstream infection prevention.

Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.
### NPSG.07.04.01

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

**Revision Type:** Consolidated

**IC.02.05.01**

**New EP Text:**

The organization 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)

### NPSG.07.06.01

**Current Requirement Text:** Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

**Revision Type:** Deleted

**Note:** Evidence-based guidelines for CAUTI are located at:

**Current EP Text:** 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.

**Revision Type:** Deleted

**Current EP Text:** Educate patients and residents 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](http://www.shea-online.org/images/patients/NNL_CA-UTI.pdf)
Develop written criteria, using established evidence-based guidelines, for placement of an indwelling urinary catheter. Written criteria are revised as scientific evidence changes.

Note: Examples of criteria for placement of an indwelling urinary catheter include the following:
- Acute urinary retention or bladder outlet obstruction
- To assist in healing of open sacral or perineal wounds in incontinent patients or residents
- 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 by doing the following:
- Selecting measures using evidence-based guidelines or best practices
- Having a consistent method for clinical 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 include patients and residents with an indwelling urinary catheter as identified in the organization’s risk assessment under Standard IC.01.03.01, EP 2.
**NPSG.09.02.01**

**Current Requirement Text:**
Reduce the risk of falls.

**Current EP Text:**
- **EP:** 5
- **Revision Type:** Revised

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.

**New EP Text:**
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 of falls with injuries.

**NPSG.14.01.01**

**Current Requirement Text:**
Assess and periodically reassess each patient’s and resident’s risk for developing a pressure ulcer and take action to address any identified risks.

**Current EP Text:**
- **EP:** 1
- **Revision Type:** Revised

Create a written plan for the identification of risk for and prevention of pressure ulcers.

**New EP Text:**
Create a written plan for the identification of risk for and prevention of pressure injuries.

**EP:** 2
- **Revision Type:** Revised

Perform an initial assessment at admission to identify patients and residents at risk for pressure ulcers.

**New EP Text:**
Perform an initial assessment at admission to identify patients and residents at risk for pressure injuries.

**EP:** 3
- **Revision Type:** Revised

Conduct a systematic risk assessment for pressure ulcers using a validated risk assessment tool such as the Braden Scale or Norton Scale.

**New EP Text:**
Conduct a systematic risk assessment for pressure injuries using a validated risk assessment tool such as the Braden Scale or Norton Scale.

**EP:** 4
- **Revision Type:** Revised

Reassess pressure ulcer risk at intervals defined by the organization.

**New EP Text:**
Reassess pressure injury risk at intervals defined by the organization.
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<tr>
<td>5</td>
<td>Take action to address any identified risks to the patient or resident for pressure ulcers, including the following:</td>
<td>Revised</td>
<td>Take action to address any identified risks to the patient or resident for pressure injuries, including the following:</td>
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<td>- Preventing injury to patients and residents by maintaining and improving tissue tolerance to pressure in order to prevent injury</td>
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<tr>
<td></td>
<td>- Protecting against the adverse effects of external mechanical forces</td>
<td></td>
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<tr>
<td>6</td>
<td>Educate staff on how to identify risk for and prevent pressure ulcers.</td>
<td>Revised</td>
<td>Educate staff on how to identify risk for and prevent pressure injuries.</td>
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