Before initiating a blood or blood component transfusion:
- Match the blood or blood component to the order.
- Match the patient to the blood or blood component.
- Use a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding.

(See also NPSG.01.01.01, EPs 1 and 2)
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<tr>
<th>NPSG.01.03.01</th>
<th>EP: 2</th>
<th>PC.02.01.01</th>
<th>EP: 10</th>
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<tbody>
<tr>
<td><strong>Current EP Text:</strong></td>
<td><strong>Revision Type:</strong> Consolidated</td>
<td><strong>New EP Text:</strong></td>
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<td>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.</td>
<td></td>
<td>Before initiating a blood or blood component transfusion, the practice 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</td>
<td><strong>Note:</strong> 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 practice. (See also NPSG.01.01.01, EPs 1, 2)</td>
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NPSG.03.06.01
Current Requirement Text:
Maintain and communicate accurate patient medication information.

NPSG.03.06.01 EP: 4
Current EP Text: Revised
Provide the patient (or family as needed) with written information on the medications
the patient should be taking at the end of the episode of care (for example, name,
dose, route, frequency, purpose).
Note: When the only additional medications prescribed are for a short duration, the
medication information the practice 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.

NPSG.07.05.01
Current Requirement Text: Deleted
Implement evidence-based practices for preventing surgical site infections.

NPSG.07.05.01 EP: 1
Current EP Text: Deleted
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.

NPSG.07.05.01 EP: 2
Current EP Text: Deleted
Educate patients, and their families as needed, who are undergoing a surgical
procedure about surgical site infection prevention.

NPSG.07.05.01 EP: 3
Current EP Text: Moved and Revised
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).

IC.02.05.01
New Requirement Text: New
Implement evidence-based practices to prevent surgical site infections.
Current EP Text: Moved and Revised

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 practice.
- 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 practice’s risk assessment.

New EP Text:

The practice implements processes as indicated by periodic risk assessments (in time frames defined by the organization) for prevention of surgical site infections. (See also IC.01.03.01, EPs 1–3)

Note: Surveillance may be targeted rather than organizationwide.

Current EP Text: Moved and Revised

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 practice’s measurement strategies follow evidence-based guidelines.

Note 1: Surveillance may be targeted to certain procedures based on the practice’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.

New EP Text:

The practice measures and monitors its infection prevention processes, outcomes, and compliance using evidence-based guidelines or best practices for surgical site infections.

Note: Surveillance may be targeted rather than pracitcewide.

Current EP Text: Moved and Revised

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

New EP Text:

The practice provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on surgical site infections.
NPSG.07.05.01

Current EP Text: 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 organization 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 organization follows.

Revision Type: Deleted

NPSG.07.05.01

Current EP Text: 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 organization 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 organization follows.

Revision Type: Deleted