



Ambulatory Health Care Accreditation Program

2010 Chapter: National Patient Safety Goals

NPSG.01.01.01

Use at least two patient identifiers when providing care, treatment, or services.

Elements of Performance for NPSG.01.01.01

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also NPSG.01.03.01, EP 1)
 2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1)
-

NPSG.01.03.01

Eliminate transfusion errors related to patient misidentification.

Elements of Performance for NPSG.01.03.01

1. 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.(See also NPSG.01.01.01, EP 2)
2. 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.
3. 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 organization.

NPSG.03.04.01

Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

Note: Medication containers include syringes, medicine cups, and basins.

Elements of Performance for NPSG.03.04.01

1. In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.
Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Refer to NPSG.03.04.01, EP 5, for information on timing of labeling.
2. In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.
3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:
 - Medication name
 - Strength
 - Quantity
 - Diluent and volume (if not apparent from the container)
 - Preparation date
 - Expiration date when not used within 24 hours
 - Expiration time when expiration occurs in less than 24 hoursNote: The date and time are not necessary for short procedures, as defined by the organization.
4. Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.
5. Label each medication or solution as soon as it is prepared, unless it is immediately administered.
Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
6. Immediately discard any medication or solution found unlabeled.
7. Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure.
Note: This does not apply to multiuse vials that are handled according to infection control practices.
8. All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Note: This requirement applies only to organizations that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.

Elements of Performance for NPSG.03.05.01

2. Use approved protocols for the initiation and maintenance of anticoagulant therapy.
 3. Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the clinical record.
 7. Provide education regarding anticoagulant therapy to staff, patients, and families. Patient/family education includes the following:
 - The importance of follow-up monitoring
 - Compliance
 - Drug-food interactions
 - The potential for adverse drug reactions and interactions
 8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.
-

NPSG.07.01.01

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Elements of Performance for NPSG.07.01.01

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.
2. Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3)
3. Improve compliance with hand hygiene guidelines based on established goals.

NPSG.07.05.01

Implement evidence-based practices for preventing surgical site infections.

Elements of Performance for NPSG.07.05.01

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.
2. Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.
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).
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 organization.
 - 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 organization's risk assessment.
5. Measure surgical site infection rates for the first 30 days following procedures that do not involve inserting implantable devices and for the first year following procedures involving implantable devices. The organization's measurement strategies follow evidence-based guidelines.
Note: Surveillance may be targeted to certain procedures based on the organization's risk assessment.
6. Provide process and outcome (for example, surgical site infection rate) measure results to key stakeholders.
7. Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to evidence-based best practices.
8. When hair removal is necessary, use clippers or depilatories.
Note: Shaving is an inappropriate hair removal method.

NPSG.08.01.01

A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization.

Note: This standard is not effective at this time.

Elements of Performance for NPSG.08.01.01

1. At the time the patient enters the organization or is admitted, a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented. The patient and, as needed, the family are involved in creating this list.
Note: This element of performance is not effective at this time.
2. The medications ordered for the patient while under the care of the organization are compared to those on the list created at the time of entry to the organization or admission.
Note: This element of performance is not effective at this time.
3. Any discrepancies (that is, omissions, duplications, adjustments, deletions, additions) are reconciled and documented while the patient is under the care of the organization.
Note: This element of performance is not effective at this time.
4. When the patient's care is transferred within the organization the current provider(s) informs the receiving provider(s) about the up-to-date reconciled medication list and documents the communication.
Note 1: Updating the status of a patient's medications is also an important component of all patient care hand-offs.
Note 2: This element of performance is not effective at this time.

NPSG.08.02.01

When a patient is referred to or transferred from one organization to another, the complete and reconciled list of medications is communicated to the next provider of service, and the communication is documented. Alternatively, when a patient leaves the organization's care to go directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, the original referring provider, or a known next provider of service.

Note 1: When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the patient and, as needed, the family the list of reconciled medications is sufficient.

Note 2: This standard is not effective at this time.

Elements of Performance for NPSG.08.02.01

1. The patient's most current reconciled medication list is communicated to the next provider of service, either within or outside the organization. The communication between providers is documented.
Note: This element of performance is not effective at this time.
2. At the time of transfer, the transferring organization informs the next provider of service how to obtain clarification on the list of reconciled medications.
Note: This element of performance is not effective at this time.

NPSG.08.03.01

When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient and, as needed, the family, and the list is explained to the patient and/or family.

Note: This standard is not effective at this time.

Elements of Performance for NPSG.08.03.01

1. When the patient leaves the organization's care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.

Note 1: Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies.

Note 2: This element of performance is not effective at this time.

NPSG.08.04.01

In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

Note: This requirement does not apply to organizations that do not administer medications. It may be important for health care organizations to know which types of medications their patients are taking because these medications could affect the care, treatment, or services provided.

Elements of Performance for NPSG.08.04.01

1. The organization obtains and documents an accurate list of the patient's current medications and known allergies in order to safely prescribe any setting-specific medications (for example, local anesthesia, antibiotics) and to assess for potential allergic or adverse drug reactions.
Note: This element of performance is not effective at this time.
2. When only short-term medications (for example, a preprocedure medication or a short-term course of an antibiotic) will be prescribed and no changes are made to the patient's current medication list, the patient and, as needed, the family are provided with a list containing the short-term medication additions that the patient will continue after leaving the organization.
Note 1: This list of new short-term medications is not considered to be part of the original, known, and current medication list. When patients leave these settings, a list of the original, known, and current medications does not need to be provided, unless the patient is assessed to be confused or unable to comprehend adequately. In this case, the patient's family is provided both medication lists and the circumstances are documented.
Note 2: This element of performance is not effective at this time.
3. In these settings, a complete, documented medication reconciliation process is used when: Any new long-term (chronic) medications are prescribed.
Note: This element of performance is not effective at this time.
4. In these settings, a complete, documented medication reconciliation process is used when: There is a prescription change for any of the patient's current, known long-term medications.
Note: This element of performance is not effective at this time.
5. In these settings, a complete, documented medication reconciliation process is used when: The patient is required to be subsequently admitted to an organization from these settings for ongoing care.
Note: This element of performance is not effective at this time.
6. When a complete, documented, medication reconciliation is required in any of these settings, the complete list of reconciled medications is provided to the patient, and their family as needed, and to the patient's known primary care provider or original referring provider or a known next provider of service.
Note: This element of performance is not effective at this time.

UP.01.01.01

Conduct a preprocedure verification process.

Elements of Performance for UP.01.01.01

1. Implement a preprocedure process to verify the correct procedure, for the correct patient, at the correct site.
Note: The patient is involved in the verification process when possible.
2. Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following:
 - Relevant documentation (for example, history and physical, signed procedure consent form, nursing assessment, and preanesthesia assessment)
 - Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
 - Any required blood products, implants, devices, and/or special equipment for the procedureNote: The expectation of this element of performance is that the standardized list is available and is used consistently during the preprocedure verification. It is not necessary to document that the standardized list was used for each patient.
3. Match the items that are to be available in the procedure area to the patient.

UP.01.02.01

Mark the procedure site.

Elements of Performance for UP.01.02.01

1. Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.
Note: For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level.
2. Mark the procedure site before the procedure is performed and, if possible, with the patient involved.
3. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:
 - An individual in a medical residency program who is being supervised by the licensed independent practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure is performed
 - A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed independent practitioner performing the procedure (that is, an advanced practice registered nurse (A.P.R.N.) or physician assistant (P.A.)); who is familiar with the patient; and who will be present when the procedure is performed.
4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the organization.
Note: The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers are not the sole means of marking the site.
5. A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum).
Note: Examples of other situations that involve alternative processes include:
 - Minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
 - Interventional procedure cases for which the catheter/instrument insertion site is not predetermined (for example, cardiac catheterization, pacemaker insertion)
 - Teeth
 - Premature infants, for whom the mark may cause a permanent tattoo

UP.01.03.01

A time-out is performed before the procedure.

Elements of Performance for UP.01.03.01

1. Conduct a time-out immediately before starting the invasive procedure or making the incision.
2. The time-out has the following characteristics:
 - It is standardized, as defined by the organization.
 - It is initiated by a designated member of the team.
 - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.
3. When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.
4. During the time-out, the team members agree, at a minimum, on the following:
 - Correct patient identity
 - The correct site
 - The procedure to be done
5. Document the completion of the time-out.
Note: The organization determines the amount and type of documentation.