



Accreditation Program: Long Term Care

National Patient Safety Goals

Goal 1

Improve the accuracy of resident identification.

NPSG.01.01.01



Use at least two resident identifiers when providing care, treatment, and services.



Note: At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the clinician knows the resident, one identifier can be facial recognition.

Rationale for NPSG.01.01.01

Wrong-resident errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the resident as the person for whom the service or treatment is intended; second, to match the service or treatment to that resident. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

Elements of Performance for NPSG.01.01.01

- | | | |
|--------------------|--|---|
| <p>M 1.</p> | <p>Use at least two resident identifiers when administering medications; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The resident's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11)</p> | <p> C</p> |
| <p>2.</p> | <p>Label containers used for blood and other specimens in the presence of the resident.</p> | <p> A</p> |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Goal 3

Improve the safety of using medications.

NPSG.03.05.01

Reduce the likelihood of resident 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 resident'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 resident's laboratory values for coagulation will remain within, or close to, normal values.

Rationale for NPSG.03.05.01

Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant. However, it is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent resident compliance. This National Patient Safety Goal has great potential to positively impact the safety of residents on this class of medications and result in better outcomes.

To achieve better resident outcomes, resident education is a vital component of an anticoagulation therapy program. Effective anticoagulation resident education includes face-to-face interaction with a trained professional who works closely with residents to be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring. The use of standardized practices for anticoagulation therapy that include resident involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin.

Elements of Performance for NPSG.03.05.01

- | | | |
|------|--|-----|
| 1. | Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.
Note: For pediatric residents, prefilled syringe products should be used only if specifically designed for children. | 3 A |
| M 2. | Use approved protocols for the initiation and maintenance of anticoagulant therapy. | 3 C |
| 3. | Before starting a resident on warfarin, assess the resident's baseline coagulation status; for all residents 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. | 3 A |
| 4. | Use authoritative resources to manage potential food and drug interactions for residents receiving warfarin. | 3 A |
| 5. | When heparin is administered intravenously and continuously, use programmable pumps in order to provide consistent and accurate dosing. | 3 A |
| 6. D | A written policy addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies. | 3 A |

KEY: A indicates scoring category A; C indicates scoring category C; 2 indicates situational decision rules apply; 3 indicates direct impact requirements apply; M indicates Measure of Success if needed; D indicates that documentation is required

- M** 7. Provide education regarding anticoagulant therapy to staff, residents, and families. Resident/family education includes the following: **3** **C**
- 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. **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Goal 7

Reduce the risk of health care–associated infections.


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.

Rationale for NPSG.07.01.01

According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, and services in a health care organization. Consequently, health care-associated infections (HAIs) are a resident safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to residents, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

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. (See also IC.01.04.01, EP 5) |  A |
| 2. | Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3) | A |
| 3. | Improve compliance with hand hygiene guidelines based on established goals. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

NPSG.07.04.01

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.

Elements of Performance for NPSG.07.04.01

- | | | |
|----------|---|-------------------|
| M | 1. 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, annually thereafter, and when involvement in these procedures is added to an individual's job responsibilities. | C |
| M | 12. D Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports. | 3 C |
| M | 13. Evaluate all central venous catheters routinely and remove nonessential catheters. | 3 C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Goal 8

Accurately and completely reconcile medications across the continuum of care.

NPSG.08.01.01

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

Note: This standard is not in effect at this time.

Rationale for NPSG.08.01.01

Residents are at high risk for harm from adverse drug events when communication about medications is not clear. The chance for communication errors increases whenever individuals involved in a resident's care change. Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential to reducing the risk of transition-related adverse drug events.

Elements of Performance for NPSG.08.01.01

- | | | |
|----------|--|-------------------|
| M | 1. D At the time the resident enters the organization or is admitted, a complete list of the medications the resident is taking at home (including dose, route, and frequency) is created and documented. The resident and, as needed, the family are involved in creating this list.
Note: This element of performance is not in effect at this time. | 3 C |
| M | 2. The medications ordered for the resident 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 in effect at this time. | 3 C |
| M | 3. Any discrepancies (that is, omissions, duplications, adjustments, deletions, additions) are reconciled and documented while the resident is under the care of the organization.
Note: This element of performance is not in effect at this time. | 3 C |
| M | 4. When the resident'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 resident's medications is also an important component of all resident care hand-offs.
Note 2: This element of performance is not in effect at this time. | 3 C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

NPSG.08.02.01

When a resident 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 resident leaves the organization's care to go directly to his or her home, the complete and reconciled list of medications is provided to the resident's known primary care provider, the original referring provider, or a known next provider of service.

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

Note 2: This standard is not in effect at this time.

Rationale for NPSG.08.02.01

The accurate communication of a resident's reconciled medication list to the next provider of service reduces the risk of transition-related adverse drug events. The communication enables the next provider of service to receive thorough knowledge of the resident's medications and to safely order/prescribe other medications that may be needed. This communication is especially important at transitions in care when a resident is referred or transferred from one organization to another.

Elements of Performance for NPSG.08.02.01

- | | | |
|----------|--|-------------------|
| M | 1. The resident'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 in effect at this time. | 3 C |
| M | 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 in effect at this time. | C |

NPSG.08.03.01

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

Note: This standard is not in effect at this time.

Rationale for NPSG.08.03.01

The accurate communication of the resident's medication list to the resident and, as needed, the family, reduces the risk of transition-related adverse drug events. A thorough knowledge of the resident's medications is essential for the resident's primary care provider or next provider of service to manage the subsequent stages of care for the resident.

Elements of Performance for NPSG.08.03.01

- M** 1. **D** When the resident leaves the organization's care, the current list of reconciled medications is provided and explained to the resident and, as needed, the family. This interaction is documented. **C**
- Note 1: Residents 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 in effect 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 1: 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 residents are taking because these medications could affect the care, treatment, and services provided.

Note 2: This standard is not in effect at this time.


Rationale for NPSG.08.04.01

A number of resident care settings exist in which medications are not used, are used minimally, or are prescribed for only a short duration. This includes areas such as the emergency department, urgent and emergent care, convenient care, office-based surgery, outpatient radiology, ambulatory care, and behavioral health care. In these settings, obtaining a list of the resident's original, known, and current medications that he or she is taking at home is still important; however, obtaining information on the dose, route, and frequency of use is not required.





Elements of Performance for NPSG.08.04.01

- | | | |
|----------|---|-------------------|
| M | 1. The organization obtains and documents an accurate list of the resident'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 in effect at this time. | 3 C |
| M | 2. D 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 resident's current medication list, the resident and, as needed, the family are provided with a list containing the short-term medication additions that the resident 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 residents leave these settings, a list of the original, known, and current medications does not need to be provided, unless the resident is assessed to be confused or unable to comprehend adequately. In this case, the resident's family is provided both medication lists and the circumstances are documented.
Note 2: This element of performance is not in effect at this time. | 3 C |
| M | 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 in effect at this time. | 3 C |
| M | 4. In these settings, a complete, documented medication reconciliation process is used when: There is a prescription change for any of the resident's current, known long-term medications.
Note: This element of performance is not in effect at this time. | 3 C |
| M | 5. In these settings, a complete, documented medication reconciliation process is used when: The resident is required to be subsequently admitted to an organization from these settings for ongoing care.
Note: This element of performance is not in effect at this time. | 3 C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

-  6. When a complete, documented, medication reconciliation is required in any of these settings, the complete list of reconciled medications is provided to the resident, and their family as needed, and to the resident's known primary care provider or original referring provider or a known next provider of service.
Note: This element of performance is not in effect at this time.

 **C**

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Goal 9

Reduce the risk of resident harm resulting from falls.






NPSG.09.02.01





Reduce the risk of falls.

Rationale for NPSG.09.02.01

Falls account for a significant portion of injuries in hospitalized patients, long term care residents, and home care recipients. In the context of the population it serves, the services it provides, and its environment of care, the organization should evaluate the resident’s risk for falls and take action to reduce the risk of falling as well as the risk of injury, should a fall occur. The evaluation could include a resident’s fall history; review of medications and alcohol consumption; gait and balance screening; assessment of walking aids, assistive technologies, and protective devices; and environmental assessments.

Elements of Performance for NPSG.09.02.01

- | | |
|--|--|
| <ul style="list-style-type: none">  1. Assess the resident’s risk for falls. 2. Implement interventions to reduce falls based on the resident’s assessed risk.  3. Educate staff on the fall reduction program in time frames determined by the organization.  4. Educate the resident and, as needed, the family on any individualized fall reduction strategies. 5. 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. | <ul style="list-style-type: none">  C  A C C A |
|--|--|

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Goal 14

Prevent health care–associated pressure ulcers (decubitus ulcers).










NPSG.14.01.01





Assess and periodically reassess each resident's risk for developing a pressure ulcer and take action to address any identified risks.

Rationale for NPSG.14.01.01

Pressure ulcers (decubiti) continue to be problematic in all health care settings. Most pressure ulcers can be prevented, and deterioration at Stage I can be halted. The use of clinical practice guidelines can effectively identify residents and define early intervention for prevention of pressure ulcers.

Elements of Performance for NPSG.14.01.01

- | | | |
|---|---|--|
| | 1.  Create a written plan for the identification of risk for and prevention of pressure ulcers. | A |
|  | 2. Perform an initial assessment at admission to identify residents at risk for pressure ulcers. |  C |
|  | 3. Conduct a systematic risk assessment for pressure ulcers using a validated risk assessment tool such as the Braden Scale or Norton Scale. |  C |
|  | 4. Reassess pressure ulcer risk at intervals defined by the organization. |  C |
|  | 5. Take action to address any identified risks to the resident for pressure ulcers, including the following:
- Preventing injury to residents by maintaining and improving tissue tolerance to pressure in order to prevent injury
- Protecting against the adverse effects of external mechanical forces |  C |
| | 6. Educate staff on how to identify risk for and prevent pressure ulcers. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required