National Patient Safety Goals®
Effective January 2024 for the Critical Access Hospital Program

Goal 1

Improve the accuracy of patient identification.

NPSG.01.01.01

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

Element(s) of Performance for NPSG.02.03.01

1. Develop and implement written procedures for managing the critical results of tests and diagnostic procedures that address the following:
   - The definition of critical results of tests and diagnostic procedures
   - By whom and to whom critical results of tests and diagnostic procedures are reported
   - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures

   R D

3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

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Goal 3

Improve the safety of using medications.

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.

--Rationale for NPSG.03.04.01--

Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects basic principles of safe medication management, yet it is routine in many organizations.

The labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications in perioperative and other procedural settings. Labels for medications and medication containers are also addressed at Standard MM.05.01.09.

Element(s) 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.

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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.

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3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:
   - Medication or solution name
   - Strength
   - Amount of medication or solution containing medication (if not apparent from the container)
   - Diluent name and volume (if not apparent from the container)
   - Expiration date and time
   Note: The date and time are not necessary for short procedures, as defined by the critical access hospital.

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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.

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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. R

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).

--Rationale for NPSG.03.05.01--

Anticoagulation therapy can be used as therapeutic treatment for several 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 anticoagulant medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance.

To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program. The use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, warfarin, and direct oral anticoagulants (DOACs).

Element(s) of Performance for NPSG.03.05.01

2. The critical access hospital uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication. R

3. The critical access hospital uses approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants. R
Note: Perioperative management may address the use of bridging medications, timing for stopping an anticoagulant, and timing and dosing for restarting an anticoagulant.

7. The critical access hospital uses only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available. R
Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.

Introduction to Reconciling Medication Information

The large number of people receiving health care who take multiple medications and the complexity of managing those medications make medication reconciliation an important safety issue. In medication reconciliation, a physician or other licensed practitioner compares the medications a patient should be using (and is actually using) to the new medications that are ordered for the patient and resolves any discrepancies.

The Joint Commission recognizes that organizations face challenges with medication reconciliation. The best medication reconciliation requires a complete understanding of what the patient was prescribed and what medications the patient is actually taking. It can be difficult to obtain a complete list from every patient in an encounter, and accuracy is dependent on the patient s ability and willingness to provide this information. A good faith effort to collect this information is recognized as meeting the intent of the requirement. As health care evolves with the adoption of more sophisticated systems (such as centralized databases for prescribing and collecting medication information), the effectiveness of these processes will grow.

This National Patient Safety Goal (NPSG) focuses on the risk points of medication reconciliation.

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The elements of performance in this NPSG are designed to help organizations reduce negative patient outcomes associated with medication discrepancies. Some aspects of the care process that involve the management of medications are addressed in the standards rather than in this goal. These include coordinating information during transitions in care both within and outside of the organization (PC.02.02.01), patient education on safe medication use (PC.02.03.01), and communications with other providers (PC.04.02.01).

In settings where medications are not routinely prescribed or administered, this NPSG provides organizations with the flexibility to decide what medication information they need to collect based on the services they provide to patients. It is often important for physicians and other licensed practitioners to know what medications the patient is taking when planning care, treatment, and services, even in situations where medications are not used.

NPSG.03.06.01

Maintain and communicate accurate patient medication information.

--Rationale for NPSG.03.06.01--

There is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies it is a process of comparing the medications a patient is taking (or should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that physicians and other licensed practitioners use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected in order to reconcile current and newly ordered medications and to safely prescribe medications in the future.

Element(s) of Performance for NPSG.03.06.01

1. Obtain information on the medications the patient is currently taking when they are admitted to the critical access hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications. R D
   Note 1: Current medications include those taken at scheduled times and those taken on an as-needed basis. See the Glossary for a definition of medications.
   Note 2: It is often difficult to obtain complete information on current medications from a patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.
2. Define the types of medication information (for example, name, dose, route, frequency, purpose) to be collected in non-24-hour settings. R
   Note: Examples of non-24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.
3. Compare the medication information the patient brought to the critical access hospital with the medications ordered for the patient by the critical access hospital in order to identify and resolve discrepancies. R
   Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the critical access hospital, does the comparison.
4.

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violence.

The elements of performance (EPs) in National Patient Safety Goal NPSG.16.01.01 focus on fundamental processes that will help organizations address health care equity as a quality and safety issue (that is, identifying a leader, understanding patients health-related social needs [HRSNs], stratifying key measures, and developing a plan to address one or more target). The EPs provide flexibility in their scope to accommodate organizations at different stages on the path forward and serve as a foundation for future work to address health care disparities and achieve equity.

NPSG.16.01.01

Improving health care equity for the critical access hospital s patients is a quality and safety priority.

--Rationale for NPSG.16.01.01--

Health-related social needs (HRSNs) are frequently identified as root causes of disparities in health outcomes. Understanding individual patients HRSNs can be critical for designing practical, patient-centered care plans; however, organizations vary in their capacity to do this. Due to differences in patient populations served, the availability of community resources, and health care organization capacity, it is acceptable for each organization to focus on the social needs that are most practical and relevant for its unique situation. Similarly, the organization may determine what information about the potential interventions, services, and resources in its community is needed to address the HRSNs of its patients. EP 2 allows organizations the

2. The critical access hospital assesses the patient s health-related social needs (HRSNs) and provides information about community resources and support services. [R] [D]
Note 1: Critical access hospitals determine which HRSNs to include in the patient assessment. Examples of a patient s HRSNs may include the following:
- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity
Note 2: HRSNs may be identified for a representative sample of the critical access hospital s patients or for all the critical access hospital s patients.

3. The critical access hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the critical access hospital s patients. [R] [D]
Note 1: Critical access hospitals may focus on areas with known health care disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication).
Note 2: Critical access hospitals determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:
- Age
- Gender
- Preferred language
- Race and ethnicity

4. The critical access hospital develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its patient population. [R] [D]

5. The critical access hospital acts when it does not achieve or sustain the goal(s) in its action plan to improve health care equity. [R] [D]

6. At least annually, the critical access hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity. [R]

Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery

or to create processes that are not specifically addressed within these requirements.

Critical access hospitals should identify the timing and location of the preprocedure verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedure verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedure verification and site marking precede the final verification in the time-out). Preprocedure verification, site marking, and the time-out procedures should be as consistent as possible throughout the critical access hospital.

Note: Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure through to the performance of the procedure.

UP.01.01.01

Conduct a preprocedure verification process.

--Rationale for UP.01.01.01--

Critical access hospitals should always make sure that any procedure is what the patient needs and is performed on the right person. The frequency and scope of the verification process will depend on the type and complexity of the procedure.

The preprocedure verification is an ongoing process of information gathering and confirmation. The purpose of the preprocedure verification process is to make sure that all relevant documents and related information or equipment are as follows:
- Available prior to the start of the procedure
- Correctly identified, labeled, and matched to the patient s identifiers
- Reviewed and are consistent with the patient s expectations and with the team s understanding of the intended patient, procedure, and site

Preprocedure verification may occur at more than one time and place before the procedure. It is up to the critical access hospital to decide when this information is collected and by which team member, but it is best to do it when the patient can be involved. Possibilities include the following:

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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
   - Teeth
   - Premature infants, for whom the mark may cause a permanent tattoo

UP.01.03.01

A time-out is performed before the procedure.

--Rationale for UP.01.03.01--

The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including involvement of the patient. A critical access hospital may conduct the time-out before anesthesia or may add another time-out at that time. During a time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.

A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The time-out is most effective when it is conducted consistently across the critical access hospital.

Element(s) 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 critical access hospital.
   - 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.