

Infection Prevention

7. The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also HR.01.04.01, EP 4; IC.01.05.01, EP 7)

Note: Information may have different forms of media, such as posters or pamphlets.

Medication management

Standard MM.06.01.01 The hospital safely administers medications.

9. Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication. (See also MM.06.01.03, EPs 3–6; PC.02.03.01, EP 10)

MM.06.01.03 Self-administered medications are administered safely and accurately.

1. If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a non-staff member or by a family member. (See also MM.06.01.01, EPs 1 and 2)

2. The hospital implements its written processes for medication self-administration or medication administration.

3. The hospital educates patients and families involved in self-administration about the following: Medication name, type, and reason for use. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

4. The hospital educates patients and families involved in self-administration about the following: How to administer medication, including process, time, frequency, route, and dose. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

5. The hospital educates patients and families involved in self-administration about the following: Anticipated actions and potential side effects of the medication administered. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

6. The hospital educates patients and families involved in self-administration about the following: Monitoring the effects of the medication. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

7. The hospital determines that the patient or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.

Patient Safety Goals

NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

7. Provide education regarding anticoagulant therapy to prescribers 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

NPSG.03.06.01 Maintain and communicate accurate patient medication information.

4. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).

Note: When the only additional medications prescribed are for a short duration, the medication information the hospital 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.

5. Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

Note: Examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. (For information on patient education on medications, refer to Standards MM.06.01.03, PC.02.03.01, and PC.04.01.05.)

NPSG.07.03.01 Implement evidence-based practices to prevent health care– associated infections due to multidrug-resistant organisms in acute care hospitals.

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 enterococci (VRE), and multidrug-resistant gramnegative bacteria.

3. Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection prevention strategies

NPSG.07.05.01 Implement best practices for preventing surgical site infections.

2. Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.

Patient Care

Standard PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services.

1. The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1)

Note 1: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

Note 2: This element of performance will not affect the accreditation decision at this time.

2. The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1–3)

Standard PC.02.02.07 The hospital arranges for academic education to children and youth, as needed.

1. The hospital arranges for a child or youth to receive academic education based on his or her length of stay and condition in accordance with law and regulation.

Standard PC.02.03.01 The hospital provides patient education and training based on each patient's needs and abilities.

1. The hospital performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.

4. The hospital provides education and training to the patient based on his or her assessed needs.

5. The hospital coordinates the patient education and training provided by all disciplines involved in the patient's care, treatment, and services.

10. Based on the patient's condition and assessed needs, the education and training provided to the patient by the hospital include any of the following:

An explanation of the plan for care, treatment, and services

Basic health practices and safety

Information on the safe and effective use of medications. (See also MM.06.01.01, EP 9; MM.06.01.03, EPs 3–6)

Nutrition interventions (for example, supplements) and modified diets

Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management

Information on oral health

Information on the safe and effective use of medical equipment or supplies provided by the hospital

Habilitation or rehabilitation techniques to help the patient reach maximum

Independence

Fall reduction strategies

25. The hospital evaluates the patient's understanding of the education and training it provided. (See also NPSG.13.01.01, EPs 2 and 3)

27. The hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.

Standard PC.02.03.03 The patient's personal hygiene is maintained.

4. The hospital provides the patient with education about maintaining his or her personal hygiene and grooming.

Standard PC.03.01.03 The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of deep sedation or anesthesia.

Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered (EPs 1–4):

4. The hospital provides the patient with pre-procedural education, according to his or her plan for care.

Standard PC.03.02.03 For hospitals that do not use accreditation for deemed status purposes: Written policies and procedures guide the hospital's safe use of restraint for non-behavioral health purposes.

1. For hospitals that do not use Joint Commission accreditation for deemed status purposes: The hospital has written policies and procedures on the use of restraint for non-behavioral health purposes which include the following: (longer series of items)
Discussion of the use of restraint with patients and their families

Standard PC.04.01.05 Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.

1. When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision-making or on-going care

2. Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision-making or ongoing care, of the kinds of continuing care, treatment, and services the patient will need.

3. When the patient is discharged or transferred, the hospital provides the patient with information about why he or she is being discharged or transferred.

5. Before the patient is transferred, the hospital provides the patient with information about any alternatives to the transfer.

7. The hospital educates the patient, and also the patient's family when it is involved in decision-making or on-going care, about how to obtain any continuing care, treatment, and services that the patient will need.

8. The hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)

Standard PC.04.02.01 When a patient is discharged or transferred, the hospital gives information about the care, treatment, and services provided to the patient to other service providers who will provide the patient with care, treatment, or services.

1. At the time of the patient's discharge or transfer, the hospital informs other service providers who will provide care, treatment, or services to the patient about the following:

The reason for the patient's discharge or transfer

The patient's physical and psychosocial status

A summary of care, treatment, and services it provided to the patient

The patient's progress toward goals

A list of community resources or referrals made or provided to the patient (See also

PC.02.02.01, EP 1)

Standard RI.01.01.01 The hospital respects, protects, and promotes patient rights.

1. The hospital has written policies on patient rights.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.

Patient Rights

R 2. The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1–3)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

R 4. The hospital treats the patient in a dignified and respectful manner

Standard RI.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.

R 1. The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)

Reviewed 1/23/2014 dm