APPLICABLE TO PROGRAMS AS INDICATED IN BLUE

Effective immediately

From the “Environment of Care” (EC) Chapter:

EC.04.01.03, EP 2
The [organization] uses the results of data analysis to identify opportunities to resolve environmental safety issues, improve the environment of care. (See also EC.04.01.05, EP 1)

Applies to: Ambulatory care, critical access hospital (rehabilitation and psychiatric distinct part units), home care, hospital

EC.04.01.03, EP 3
Annually, representatives from clinical, administrative, and support services recommend to leaders one or more priorities for improving priority performance improvement activities for the environment of care.

Applies to: Ambulatory care, critical access hospital (rehabilitation and psychiatric distinct part units), home care, hospital

EC.04.01.05, EP 1
The [organization] takes action on the identified opportunities to resolve environmental safety issues, improve the environment of care. (See also EC.04.01.03, EP 2)

Applies to: Ambulatory care, critical access hospital (rehabilitation and psychiatric distinct part units), home care, hospital

EC.04.01.05, EP 2
The [organization] evaluates changes to determine if they resolved environmental safety issues, resulted in improvements in the environment of care.

Applies to: Ambulatory care, critical access hospital (rehabilitation and psychiatric distinct part units), home care, hospital

Continued on page 6
From the “Equipment Management” (EQ) Chapter:

EQ.01.01.01, EP 12 (text revised to better align with Centers for Medicare & Medicaid Services’ interpretation)

The organization verifies that the patient received the medical equipment and supplies. Verification of delivery is documented.

Note: Verification is a written, verbal or electronic acknowledgement by the patient, family, or caregiver of receipt of the medical equipment or supplies. A UPS or common carrier tracking number alone without a signature does not constitute verification. Some examples of methods for verifying delivery include, but are not limited to the following: contacting the patient to confirm that delivery occurred, providing the patient with a return receipt to complete upon delivery, and retaining a copy of the delivery service’s tracking slip as well as the supplier’s own invoice. Proof of delivery can also be demonstrated by verifying a sample of deliveries and using the data collected for a performance improvement indicator.

Applies to: Home care

From the “Infection Prevention and Control” (IC) Chapter:

IC.01.01.01, EP 1—Remove MOS designation, ☑

Applies to: Critical access hospital, hospital

IC.01.06.01, EP 1—Remove MOS designation, ☑

Applies to: Ambulatory care, critical access hospital, home care, hospital

IC.02.02.01, EP 2—Scoring category change, from “C” to “A”, ☑

Applies to: Ambulatory care, critical access hospital, hospital, office-based surgery

From the “National Patient Safety Goals” (NPSG) Chapter:

NPSG.01.01.01, EP 1
Prior to any specimen collection, medication administration, transfusion, or treatment, the organization actively involves the client and, as needed, the family in the identification and matching process. When active client involvement is not possible or the client’s reliability is in question, the organization will designate the caregiver responsible for identity verification.

Note: The involvement of a single caregiver is acceptable as long as the other components of client identification are satisfied.

Applies to: Behavioral health care

From the “Medication Management” (MM) Chapter:

MM.01.01.03, EP 4
The [organization] minimizes risks associated with managing hazardous medications. (See also EC.02.02.01, EPs 1 and 8)

Applies to: Ambulatory care, critical access hospital, hospital, office-based surgery

MM.2.20, EP 15 (add inadvertently omitted EP)

Applies to: Behavioral health care

From the “Life Safety” (LS) Chapter:

LS.02.01.30, add EP 25 (add inadvertently omitted EP)

In buildings, exit stairs connecting three or fewer floors are fire-rated for 1 hour; exit stairs connecting four or more floors are fire-rated for 2 hours. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.3.2.1.)

Note: Vertical openings include, but are not limited to, stairways, elevator shafts, escalator openings, and other vertical openings.

Applies to: Behavioral health care
NPSG.01.01.01, EP 3—Remove MOS designation, 
Applies to: Ambulatory care, behavioral health care, critical access hospital, disease-specific care, home care, hospital, laboratory, long term care, Medicare/Medicaid certification-based long term care, office-based surgery

NPSG.01.01.01, EP 6—Remove MOS designation, 
Applies to: Ambulatory care, behavioral health care, critical access hospital, disease-specific care, home care, hospital, laboratory, long term care, Medicare/Medicaid certification-based long term care, office-based surgery

NPSG.07.04.01, EP 8
As of January 1, 2010, the [organization] conducts periodic risk assessments for surgical site infections, measures central line–associated bloodstream infection rates, monitors compliance with best practices or evidence based guidelines, and evaluates the effectiveness of prevention efforts.

Applies to: Ambulatory care, critical access hospital, home care, hospital, long term care, Medicare/Medicaid certification-based long term care

NPSG.08.01.01, EP 1—Scoring Tier change, from “Tier 4”* (Indirect Impact Requirements) to “Tier 3”† (Direct Impact Requirements) 
Applies to: Ambulatory care, behavioral health care, critical access hospital, disease-specific care, home care, hospital, long term care, Medicare/Medicaid certification-based long term care, office-based surgery

NPSG.08.01.01, EP 2—Scoring Tier change, from “Tier 4” (Indirect Impact Requirements) to “Tier 3” (Direct Impact Requirements) 
Applies to: Ambulatory care, behavioral health care, critical access hospital, disease-specific care, home care, hospital, long term care, Medicare/Medicaid certification-based long term care, office-based surgery

UP.01.01.01, EP 1—Remove MOS designation, 
Applies to: Ambulatory care, critical access hospital, disease-specific care, hospital, office-based surgery

UP.01.01.01 EP 2—Remove MOS designation, 
Applies to: Ambulatory care, critical access hospital, disease-specific care, hospital, office-based surgery

UP.01.03.01, EP 5—Remove MOS designation, 
Applies to: Ambulatory care, critical access hospital, disease-specific care, hospital, office-based surgery

From the “Provision of Care, Treatment, and Services” (PC) Chapter:

PC.01.03.01, EP 5—Remove MOS designation, 
Applies to: Critical access hospital, home care, hospital

PC.02.02.03, EP 11
The [organization] stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.

Applies to: Ambulatory care, critical access hospital, home care, hospital

PC.04.02.01, EP 3
The organization provides a written discharge summary to the patient’s physician in accordance with law and regulation.

Note: Medicare regulations require that the home health agency must inform the attending physician of the availability of a discharge summary. The discharge summary is provided to the physician upon the physician’s request and includes the patient’s medical and health status at the time of discharge.

Applies to: Home care

From the “Rights and Responsibilities of the Individual” (RI) Chapter:

RI.01.02.01, EP 18
For DMEPOS suppliers serving Medicare beneficiaries:
The organization provides the patient with options for renting or purchasing equipment and items.

Applies to: Home care

* “Tier 4” indicates Indirect Impact Requirements. These requirements are typically applied to planning and evaluation of care processes; the risk to patient safety increases if these requirements are not resolved over time.

† “Tier 3” indicates Direct Impact Requirements. These requirements are based on the implementation of care processes that are likely to create an immediate risk to patient safety or quality of care if they are not adhered to.