



**National Patient Safety Goals®
Effective January 2024 for the Assisted
Living Community Program**



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the organization (PC.02.02.01) 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 residents. It is often important for physicians or other licensed practitioners to know what medications the resident is taking when planning care, treatment, and services, even in situations where medications are not used.

NPSG.03.06.01

Maintain and communicate accurate resident medication information.

--Rationale for NPSG.03.06.01--

There is evidence that medication discrepancies can affect outcomes. Medication reconciliation is intended to identify and resolve discrepancies—it is a process of comparing the medications a resident 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 or 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 (for example, name, dose, route, frequency, duration, purpose) on the medications the resident is currently taking when they are admitted to the community. This information should be obtained from the resident, family members, or other appropriate sources. This information should be communicated to the resident's physician or other appropriate provider.

Medication physicians or other appropriate providers



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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) and/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, monitors compliance, and provides feedback.

Element(s) 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) and/or the current World Health Organization (WHO) hand hygiene guidelines.
2. Set goals for improving compliance with hand hygiene guidelines.
3. Improve compliance with hand hygiene guidelines based on established goals.

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--

Assisted living residents are vulnerable to the effects of muscle weakness, chronic health conditions, polypharmacy, and sensory deficits. This can lead to a loss of balance leading to a fall that potentially causes injury. 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.