



# 2011 - 2012 National Patient Safety Goals

# Background

- The National Patient Safety Goals (NPSGs) were established in 2002 to help accredited organizations address specific areas of concern in regards to patient safety
- The first set of NPSGs was effective January 1, 2003
- The development and updating of the NPSGs is overseen by the Patient Safety Advisory Group

# Patient Safety Advisory Group

- Comprised of a panel of widely recognized patient safety experts including nurses, physicians, pharmacists, risk managers, clinical engineers, and other professionals with hands-on experience in addressing patient safety issues in a wide variety of health care settings
- Advises The Joint Commission how to address emerging patient safety issues in NPSGs, *Sentinel Event Alerts*, standards and survey processes, performance measures, educational materials, and Center for Transforming Healthcare projects



# 2011 Revisions


- No new NPSGs were implemented for 2011
- Four elements of performance (EPs) were revised to remove very specific requirements and allow for the use of new accepted clinical practices
- The revised EPs are:
  - NPSG.03.05.01, EP 6
  - NPSG.07.04.01, EP 11
  - NPSG.07.05.01, EP 7
  - NPSG.07.05.01, EP 8

# Update to NPSG on Reconciling Medication

- The NPSG on reconciling medication information (*formerly NPSG.08.01.01 - 08.04.01, now NPSG.03.06.01*) was streamlined and focused to place a spotlight on critical risk points in the medication reconciliation process
- The NPSG was revised based on input from the field about implementation difficulties related to the 2009 version of the NPSG which was too prescriptive and detailed
- NPSG.03.06.01 replaces Goal 8 (*08.01.01, 08.02.01, 08.03.01 and 08.04.01*) and its related elements of performance
- NPSG.03.06.01 became effective July 1, 2011



# New Goal for 2012

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- The Joint Commission has approved one new NPSG for 2012
  - The NPSG focuses on catheter-associated urinary tract infection (CAUTI)
  - Applicable to the hospital and critical access hospital accreditation programs
  - CAUTI is the most frequent type of health care-associated infection (HAI) and represents as much as 80 percent of HAIs in hospitals

# Patient Identification



## **Goal 1:**

Improve the accuracy of patient identification.

# Patient Identification

■ NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment and services.

- *Applies to: Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery*



# Patient Identification

■ NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification.

- *Applies to: Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery*

# Improve Communication



## **Goal 2:**

Improve the effectiveness of communication among caregivers.

# Improve Communication

- NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.

- *Applies to: Critical Access Hospital, Hospital, Lab*

# Medication Safety



## **Goal 3:**

Improve the safety of using medications.

# Medication Safety

- NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

- *Applies to: Ambulatory, Critical Access Hospital, Hospital*

# Medication Safety

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

- *Applies to: Ambulatory, Critical Access Hospital, Hospital, Long Term Care*

# Medication Safety

## ■ NPSG.03.06.01: Maintain and communicate accurate patient medication information.

- *Applies to: Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Long Term Care, Office-Based Surgery*

# Health Care-Associated Infections



## **Goal 7:**

Reduce the risk of health care-associated infections.



# 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.


- *Applies to: Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery*

# Health Care-Associated Infections


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

- *Applies to: Critical Access Hospital, Hospital*

# Health Care-Associated Infections

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- NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.
    - *Applies to: Critical Access Hospital, Hospital, Long Term Care*

# Health Care-Associated Infections



■ NPSG.07.05.01: Implement evidence-based practices for preventing surgical site infections.

- *Applies to: Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery*

# Health Care-Associated Infections

- NPSG.07.06.01\*: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

- *Applies to: Critical Access Hospital, Hospital.*  
(Note: This NPSG is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is not consensus that these practices apply to children.)

**\*NEW 2012 NPSG**

# Reduce Falls



## **Goal 9:**

Reduce the risk of patient harm resulting from falls.

# Reduce Falls

■ NPSG.09.02.01: Reduce the risk of falls.

- *Applies to: Home Care, Long Term Care*

# Pressure Ulcers



## **Goal 14:**

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



# Pressure 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.

- *Applies to: Long Term Care*

# Risk Assessment



## **Goal 15:**

The organization identifies safety risks inherent in its patient population.

# Risk Assessment

## ■ NPSG.15.01.01: Identify patients at risk for suicide.

- *Applies to: Behavioral Health Care, Hospital (applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals)*

# Risk Assessment

- NPSG.15.02.01: Identify risks associated with home oxygen therapy, such as home fires.

- *Applies to: Home Care*



# Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™

## ■ UP.01.01.01: Conduct a preprocedure verification process.

- *Applies to: Ambulatory, Critical Access Hospital,  
Hospital, Office-Based Surgery*



# Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™

## ■ UP.01.02.01: Mark the procedure site.

- *Applies to: Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery*



# Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™

■ UP.01.03.01: A time-out is performed  
before the procedure.

- *Applies to: Ambulatory, Critical Access Hospital,  
Hospital, Office-Based Surgery*

# Additional Resources

- An article on the 2011 NPSGs published in the September 2010 issue of *Perspectives on Patient Safety*
- The final program-specific 2011 goals appear in 2011 Update 1, and the 2011 E-dition (electronic manual) and accreditation manuals





# For more information...

- The National Patient Safety Goals for each program and more information are available on The Joint Commission website at **[www.jointcommission.org](http://www.jointcommission.org)**
- Questions can be sent to the Standards Interpretation Group at (630) 792-5900 or via the Standards Online Question Submission Form