



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

- ▶ 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

- ▶ 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**
- ▶ Questions can be sent to the Standards Interpretation Group at (630) 792-5900 or via the Standards Online Question Submission Form