
The Joint Commission's National Patient Safety Goals

Overview

The National Patient Safety Goals are identified annually by The Joint Commission to promote changes in patient safety. Each year, health care organizations must address the current goals and requirements as part of their patient safety performance improvement initiatives. The goals are identified by an advisory panel of patient safety experts and are based on emerging patient safety issues and the recommendations of national safety experts. The information in this course pertains to The Joint Commission's National Patient Safety Goals that are applicable to hospitals.

The Joint Commission's National Patient Safety Goals

Learning Outcome

Upon course completion, participants should be able to:

Identify The Joint Commission's National Patient Safety Goals (NPSGs) for hospitals and the requirements to meet each goal.

[View Objectives](#)

Objectives

- ✓ Describe the purpose of the National Patient Safety Goals (NPSGs).
- ✓ Discuss the requirements for each NPSG and the related implications for health care organizations.
- ✓ Explain the requirements of The Joint Commission's Universal Protocol.

National Patient Safety Goals (NPSG)

The National Patient Safety Goals (NPSGs) are identified annually by The Joint Commission to promote continuous improvement in patient safety. Each year, health care organizations must address the current goals and requirements as part of their patient safety performance improvement initiatives.



View [The Joint Commission's National Safety Goals](#) documentation for additional details.

Let's take a look at each of the National Patient Safety Goals for hospitals in more detail.

Goal 1

Goal 1: Improve the accuracy of patient identification

Use the navigation arrows to review the requirements of Goal 1.

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

Unique patient identifiers help to correctly match a patient to the service or treatment intended for them. When possible patient identifiers can be verified by comparing information provided by the patient with information found on ID band or in the patient's medical record.

Acceptable identifiers may include:

- Individual's name
- An assigned identification number (e.g., medical record number)
- Telephone number
- Person-specific identifier, such as date of birth

The patient's room number or physical location should not be used as an identifier.



Goal 1

Goal 1: Improve the accuracy of patient identification

Use the navigation arrows to review the requirements of Goal 1.

Use **distinct** methods of identification for newborn patients.



Newborns are a vulnerable patient population at higher risk for misidentification because they cannot speak for themselves and they frequently look alike.

Examples of methods to prevent misidentification may include:

- Distinct naming systems – could include using the mother's first and last names and the newborn's gender (e.g., 'Smith, Judy Girl,' or 'Smith, Judy Girl A' and 'Smith, Judy Girl B' for multiples)
- Standardized practices for identification banding (e.g., using two body sites and/or bar coding)
- Establish communication tools among staff (e.g., visually alerting staff with signage noting newborns with similar names)



Goal 1

Goal 1: Improve the accuracy of patient identification

Use the navigation arrows to review the requirements of Goal 1.

Label containers used for blood and other specimens in the presence of the patient. This will reduce the risk of later treatment errors due to mislabeled specimens.



Goal 2

Goal 2: Improve the effectiveness of communication among caregivers

NPSG.02.03.01: Report [critical results](#) of tests and diagnostic procedures on a timely basis.

This goal includes:

- Development of written procedures for managing critical results of tests and diagnostic procedures.
- Established policy for acceptable length of time for laboratory results and services to be completed, recorded and reported back to the caregiver. This is specifically important in point-of-care testing and other diagnostic results that require an urgent response.



Goal 3

Goal 3: Improve the safety of using medications

Use the navigation arrows to review the requirements of Goal 3.

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

In perioperative and other procedural settings, labels must include the following:

- Medication or solution name
- Strength
- Amount of medication or solution
- Diluent
- Expiration date
- If required by organization, date and time



Goal 3

Goal 3: Improve the safety of using medications

Use the navigation arrows to review the requirements of Goal 3.

Additional guidelines for preparing and using medications in procedures includes:

- Label each medication or solution as soon as it is prepared unless it is [immediately administered](#).
- When the person preparing the medication/solution differs from the person administering it, the label must be verified verbally and visually by two qualified individuals.
- Immediately discard any unlabeled medications/solutions.
- Discard the contents of containers from the sterile field following procedures.



Goal 3

Goal 3: Improve the safety of using medications

Use the navigation arrows to review the requirements of Goal 3.

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

Follow evidenced-based practice guidelines for anticoagulation therapy, such as:

- Use oral and parenteral unit-dose products and premixed infusion
- Use programmable pumps when administering heparin intravenously
- Use approved anticoagulant therapy protocols, including initiation and maintenance of therapy, baseline and ongoing lab tests, reversal of anticoagulation and management of bleeding, and perioperative management of patients on oral therapy



Goal 3

Goal 3: Improve the safety of using medications

Use the navigation arrows to review the requirements of Goal 3.

Educate patient/family on anticoagulation therapy specific to the medication prescribed, including:

- Adherence to medication dose and schedule
- Importance of follow-up appointments and lab tests
- Potential drug-drug and drug-food interaction
- Potential for adverse drug reactions



Goal 3

Goal 3: Improve the safety of using medications

Use the navigation arrows to review the requirements of Goal 3.

NPSG 03.06.01: Maintain and communicate accurate patient medication information.

Implement actions to:

- Collect information about the patient's current medications
- Define the types of medication information to be collected in non-24-hour settings (i.e., emergency department, primary care, outpatient, radiology, ambulatory surgery, and diagnostic settings)
- Compare the medication information provided by the patient with the medications being prescribed
- At discharge from inpatient or outpatient setting:
 - Provide the patient (or family) with written information about medications
 - Explain the importance of managing medication information (i.e., keeping medication list updated and available)



Goal 6

Goal 6: Reduce the harm associated with clinical alarm systems

NPSG.06.01.01: Improve the safety of clinical alarm systems.

Clinical alarms are necessary to alert health care providers of potential problems, but they can affect patient safety if not properly managed. Excessive false alarms can cause caregivers to be less responsive, resulting in compromised patient safety.

Hospitals must:

- Make alarm system safety a hospital priority
- Identify the most important alarm signals
- Educate staff and providers on the proper operation and importance of the alarm systems for which they are responsible
- Establish policies and procedures for managing alarms, including but not limited to:
 - Identify staff members with authority for making alarm changes
 - Establish appropriate settings for alarm signals (e.g., normal parameters by age)
 - Determine when alarms can be changed or disabled
 - Establish system of testing alarms for proper operation



Goal 7

Goal 7: Reduce the risk of healthcare-associated infections

NPSG.07.01.01: Comply with either the current Centers for Disease Control and Prevention (CDC) [hand hygiene guidelines](#) and/or the current World Health Organization (WHO) hand hygiene guidelines.

The Centers for Disease Control and Prevention report that every year millions of people acquire infections while being treated or cared for in a health care organization.

One of the most important ways to reduce healthcare-associated infections (HAIs) is through compliance with hand hygiene guidelines. Organizations, therefore, should have a comprehensive hand hygiene program that includes a hand hygiene policy, fosters a culture of hand hygiene, monitors compliance, and provides feedback.



GOAL 7 REQUIRES ORGANIZATIONS TO:

- Implement a program that follows CDC or WHO hand hygiene guidelines
- Set goals for improving compliance with hand hygiene guidelines
- Improve compliance with hand hygiene guidelines based on established goals

Goal 15

Goal 15: Hospital identifies safety risks inherent in its patient population

NPSG.15.01.01: Reduce the risk for suicide.

A frequently reported [sentinel event](#) is the suicide of patients in health care settings. Identify patients at risk for suicide and take steps to protect them while they are in your care.

Expand each section to learn more about reducing the risk of suicide.



▼ Environmental Assessment

[close](#)

Management of environment in general hospitals

Psychiatric units	Non-psychiatric units
Conduct an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide	Implement procedures to mitigate the risk of suicide for patients at high risk for suicide, such as: <ul style="list-style-type: none">• One-to-one monitoring• Removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care• Assessing objects brought into a room by visitors• Using safe transportation procedures when moving patients to other parts of the hospital
Take necessary action to minimize risk(s) (e.g., removal of anchor points, door hinges, and hooks that can be used for hanging)	Routinely follow rigorous safety protocols; clinical areas are not expected to be ligature-resistant

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> Environmental Assessment

[view](#)

▼ Patient Screening and Assessment

[close](#)

- Screen patients being evaluated or treated for behavioral health conditions for suicidal ideation. All patients 12 and above should be screened with a validated tool.
- For patients that screen positive for suicidal ideation on a screening tool, an evidence-based process for further suicide assessment should ask directly about suicidal ideation, plan, intent or self-harm behaviors, risk factors and protective factors.
- Document patient level of suicide risk and mitigation plan

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> Environmental Assessment	view
> Patient Screening and Assessment	view
▼ Policies and Procedures	close
<ul style="list-style-type: none">• Follow written policies addressing care of patients identified at risk, to include at a minimum:<ul style="list-style-type: none">◦ Training and competence assessment of staff◦ Guidelines for reassessment◦ Monitoring patients who are at high risk• Follow written policies for counseling and follow-up care at discharge• Monitor implementation and effectiveness of policies and procedures	



This NPSG applies to patients in psychiatric hospitals and patients being evaluated or treated for behavioral health conditions as their primary reason for care, as well as patients that express suicidal ideation during care in a general hospital.

Universal Protocol

In addition to the National Patient Safety Goals, The Joint Commission developed a Universal Protocol to address the safety of patients specific to surgical and nonsurgical invasive procedures. It is intended to verify the correct procedure, for the correct patient, at the correct site. Three steps are involved: conducting a pre-procedure verification process, marking the procedure site and performing a time-out.

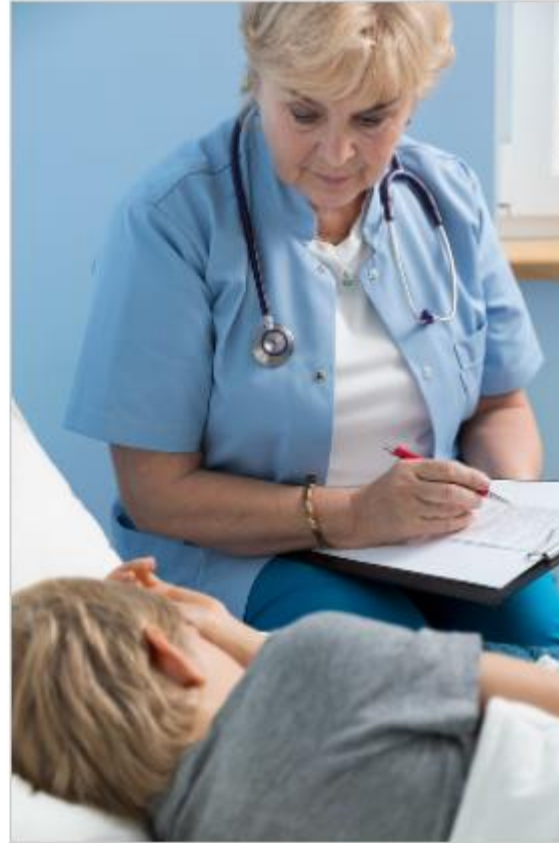
Use the navigation arrows to learn about the three steps of the Universal Protocol.

UP.01.01.01: Conduct a pre-procedure verification process.

Verify Before the Procedure:

The pre-procedure verification process is ongoing and may occur multiple times before the surgery/procedure. The purpose is to be certain all necessary documents, information and equipment are available and correctly matched to the patient. It should occur:

- At the time the surgery/procedure is scheduled
- At the time of pre-admission testing and assessment
- At the time of admission or entry to the facility
- Before the patient leaves the pre-procedure area or enters the procedure room



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Use the navigation arrows to learn about the three steps of the Universal Protocol.

UP.01.02.01: Mark the procedure site.

Identify procedures that require marking of the incision or insertion site.

The procedure site is marked:

- Before the procedure is performed
- By the practitioner who is accountable for the procedure and will be present when the procedure is performed
- Using a clear-cut mark that is used consistently throughout the hospital
- Confirm the site to be marked with the patient whenever possible



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Use the navigation arrows to learn about the three steps of the Universal Protocol.

In certain circumstances alternatives to the methods for marking the site may be needed:

- A written alternative process should be in place for patients who refuse site marking or when it is impossible or impractical to mark the site (for example, mucosal surfaces or perineum).
- In limited circumstances, the practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and who meets [The Joint Commission qualifications](#).



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Use the navigation arrows to learn about the three steps of the Universal Protocol.

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

A time-out is called for by a designated team member immediately before starting a procedure or making the incision. The time-out includes all immediate members of the procedure team.

- During each time-out members agree at a minimum on the correct patient, the correct site and the correct procedure
- All necessary documents, related information and necessary equipment are available
- When two or more procedures are being performed on the same patient and the person performing the procedure changes, another time-out is performed before each procedure
- All completed time-outs are documented.



Conclusion

This course has provided an overview of The Joint Commission's National Patient Safety Goals (NPSGs) for hospitals. The goals are developed to address high-priority issues in patient safety and how to solve them. As the goals are regularly updated, health care team members should remain knowledgeable about and vigilant to current expectations in providing safe, high-quality care.

ADDITIONAL COURSES



Additional Pediatric Learning Solutions courses* you may find helpful:

- High-alert Medications
- Medication Error Reduction
- Promoting Patient Safety

**Note: These courses may not be currently available in your organization.*



To learn more about implementing TJC NPSGs, review your organization's policies and procedures as appropriate.