

2009 NATIONAL PATIENT SAFETY GOALS (NPSGs)

▲ This triangle symbol indicates a new or updated requirement as part of an existing NPSG.

NPSG: Improve the accuracy of patient identification.

- Use at least two identifiers when providing care, treatment, and services.
- ▲ Eliminate transfusion errors related to patient misidentification.

NPSG: Improve the effectiveness of communication among caregivers.

- For verbal or telephone orders or for telephone reporting of critical test results, the individual giving the order or test result verifies the complete order or test result by having the person receiving the information record “read back” the complete order or test result.
- Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- Measure, assess, and if appropriate, take action to improve the timeliness of reporting and receipt of critical tests as well as critical results and values by the responsible licensed caregiver.
- Implement a standardized approach to “hand-off” communications, including an opportunity to ask and respond to questions.

NPSG: Improve the safety of using medications.

- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs, and take action to prevent errors involving the interchange of these drugs.
- Label all medications and medication containers (e.g., syringes, medicine cups, basins, or other solutions) on and off the sterile field.
- ▲ Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

NPSG: Reduce the risk of healthcare-associated infections.

- Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control & Prevention (CDC) hand hygiene guidelines.
- Manage as Sentinel Events all identified cases of unanticipated death or major permanent loss of function related to a healthcare-associated infection.
- ▲ Implement evidence-based practices to prevent healthcare-associated infections due to multidrug-resistant organisms in acute care hospitals. This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (CDI), vancomycin-resistant *Enterococci* (VRE), and multiple drug-resistant gram-negative bacteria.
- ▲ Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections. This requirement covers short- and long-term central venous catheters and peripherally-inserted central catheter (PICC) lines.

- ▲ Implement best practices for preventing surgical site infections.

NPSG: Accurately and completely reconcile medications across the continuum of care.

- A process exists for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
- ▲ When a patient is referred to or transferred from one organization to another, the complete and reconciled list of medications is communicated to the next provider of service, and the communication is documented. Alternatively, when a patient leaves the organization’s care to go directly to his or her home, the complete and reconciled list of medications is provided to the patient’s known primary care provider, the original referring provider, or a known next provider of service. When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the patient and, as needed, the family the list of reconciled medications is sufficient.
- ▲ When a patient leaves the organization’s care, a complete and reconciled list of the patient’s medications is provided directly to the patient and, as needed, the family, and the list is explained to the patient and/or family.
- ▲ In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

NPSG: Reduce the risk of patient harm resulting from falls.

- Implement a falls reduction program that includes an evaluation of the effectiveness of the program.

NPSG: Encourage patients’ active involvement in their own care as a patient safety strategy.

- ▲ Identify the ways in which the patient and his or her family can report concerns about safety and encourage them to do so.

NPSG: The organization identifies safety risks inherent in its patient population.

- Identify patients at risk for suicide.

NPSG: Improve recognition and response to changes in a patient’s condition.

- Select a suitable method that enables healthcare staff members to directly request additional assistance from specially trained individuals when the patient’s condition appears to be worsening.

Universal Protocol

- ▲ Conduct a pre-procedure verification process to ensure correct patient, correct site, and correct procedure.
- ▲ Mark the procedure site. This must be performed by the licensed practitioner who will perform the intended surgical or nonsurgical invasive procedure.
- A time-out is performed immediately prior to starting procedures.