

Joint Commission's 2010 Patient Safety Goals

Can Your Hospital's Healthcare Information System (HCIS) Satisfy These Goals?

For 2010, the Joint Commission has significantly shortened the list of [National Patient Safety Goals](#) (NPSGs). The number has been reduced from 20 to 2009 to 11 in 2010. Regardless, it would be most efficient and effective if your hospital's HCIS can address and insure that these goals are being satisfied. The goals are:

The Joint Commission Goal	The Joint Commission Goal Description	How Your Hospital's HCIS Satisfies These
Goal #1: Improve the accuracy of patient identification	NPSG.01.01.01 Use at least two patient identifiers when providing care, treatment, or services. NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification.	
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.	
Goal #3: Improve the safety of using medications	NPSG.03.04.01 Label all medications, medication containers (e.g. syringes, medicine cups, basins), and other solutions on and off the sterile field in peri-operative and other procedural settings. NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values.	
Goal #7: Reduce the risk of 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	

	<p>guidelines.</p> <p>NPSG.07.03.01 Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms (MDRO) in acute care hospitals. Note: 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 multidrug-resistant gram-negative bacteria.</p> <p>NPSG.07.04.01 Implement evidence-based practices to prevent central line-associated bloodstream infections. Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.</p> <p>NPSG.07.05.01 Implement evidence-based practices for preventing surgical site infections (SSI).</p> <p>* These requirements have a one year phase in period that includes defined expectations for planning and development milestones at 3, 6, and 9 months in 2009. Implement by January 1, 2010.</p>	
<p>Goal #8: Accurately and completely reconcile medications across the continuum of care</p>	<p>NPSG.08.01.01 A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the hospital.</p> <p>NPSG.08.02.01 When a patient is referred to or transferred from one hospital 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 hospital'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</p>	



	<p>of service.</p> <p>NPSG.08.03.01 When a patient leaves the hospital's care, a completed 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.</p> <p>NPSG.08.04.01 In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed. Note: This requirement does not apply to hospitals that do not administer medications.</p>	
<p>Goal #15: The organization identifies safety risks inherent in its patient population.</p>	<p>NPSG.15.01.01 Identify patients at risk for suicide. Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.</p>	
<p>Universal Protocol</p>	<p>UP.01.01.01 Conduct a pre procedure verification process.</p> <p>UP.01.02.01 Mark the procedure site.</p> <p>UP.01.03.01 A time-out is performed before the procedure.</p>	

Compliance with the NPSGs and the UP is non-negotiable. Every hospital must be able to document how their HCIS is meeting these NPSG and UP goals, and be fully prepared to demonstrate it during any Joint Commission survey. If you are unsure how your system is supporting this, or how to make your system responsive, [contact Inteck](#).

