

National Patient Safety Goals: **HOSPITAL**

GOAL 1 Improve the accuracy of patient identification.

NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, and 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, and other solutions on and off the sterile field in perioperative and other procedural settings.

Note: Medication containers include syringes, medicine cups, and basins.

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

Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.

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

GOAL 6 Improve the safety of clinical alarm systems.

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

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 guidelines.

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

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.

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

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

Note: This requirement is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is no consensus that these practices apply to children.

GOAL 15 The hospital identifies safety risks inherent in its patient population.

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.

UNIVERSAL PROTOCOL for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

UP.01.01.01: Conduct a preprocedure verification process.

UP.01.02.01: Mark the procedure site.

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

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GOAL 6	Improve the safety of clinical alarm systems.
GOAL 7	Reduce the risk of health care-associated infections.
GOAL 15	The hospital identifies safety risks inherent in its patient population.
UNIVERSAL PROTOCOL	Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™