

**The Joint Commission
National Patient Safety Goals – 2012**

Goal	Response to Goals /Elements of Performance
Improve the accuracy of patient identification.	<ul style="list-style-type: none"> a) Use at least two patient identifiers (full name and date of birth) when providing care, treatment and services. Match the same identifiers with the patient's ID band. b) Use at least two patient identifiers when administering medications, collecting blood samples and other specimens, or when providing other treatments or procedures. c) Transfusion Safety – Eliminate transfusion errors related to patient misidentification. Use a two person, two identifier technique for blood transfusions.
Improve the effectiveness of communication among caregivers.	<ul style="list-style-type: none"> a) Report critical results of tests and diagnostic procedures on a timely basis. b) Develop written procedures for managing critical results of tests and diagnostic procedures including by whom and to whom critical results are reported.
Improve the safety of using medications.	<ul style="list-style-type: none"> a) Label all medication containers, and other solutions, on and off the sterile field in perioperative and other procedural settings. Medication containers include syringes, medication cups and basins. b) Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. c) For anticoagulant therapy, use only oral unit- dose products, prefilled syringes, or premixed infusions bags when available. d) Use approved protocols for initiation and maintenance of anticoagulant therapy. e) Use programmable pumps for IV heparin administered continuously. f) Provide education regarding anticoagulant therapy to prescribers, staff, patients and families.
Reduce the risk of health care-associated infections	<ul style="list-style-type: none"> a) Comply with either the World Health Organization (WHO) hand hygiene guidelines or Center for Disease Control and Prevention (CDC) hand hygiene guidelines. b) Set goals for improving compliance with hand hygiene guidelines. c) Implement evidence based practices to prevent health care-associated infections due to multidrug-resistant organisms. This applies to, but is not limited to, methcillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE) and multidrug-resistant gram-negative bacteria. d) Implement evidence-based practices to prevent central line-associated bloodstream infections. e) Implement evidence-based practices for preventing surgical site infections.

<p>Accurately and completely reconcile medications across the continuum of care.</p>	<ul style="list-style-type: none"> a) Maintain and communicate accurate patient medication information. b) Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications. c) Define the types of medication information to be collected in non-24-hour settings and different patient circumstances. Examples of non-24-hour settings include the ED, outpatient radiology, ambulatory surgery and diagnostic settings. d) Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies. Examples of discrepancies include omissions, duplications, contraindications and unclear information. e) Provide the patient (or family) with written information on the medications the patient should be taking when he or she is discharged from the hospital, or at the end of the outpatient encounter. f) Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or outpatient setting. For example, patients should be advised to carry their medication information with them at all times in the event of emergency situations.
<p>The hospital identifies safety risks inherent in its patient population.</p>	<ul style="list-style-type: none"> a) Conduct a risk assessment and identify patients at risk for suicide. b) Address the patient's immediate safety needs and appropriate setting for treatment. c) When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.
<p>Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).</p> <p><i>*New goal for 2012. Full implementation of this NPSG by January 1, 2013.</i></p>	<ul style="list-style-type: none"> a) Insert indwelling urinary catheters according to established evidence-based guidelines that address both limiting their use and duration, and aseptic techniques for site preparation and equipment. b) Manage indwelling urinary catheters according to evidence-based guidelines that address securing catheters, maintaining sterility, collecting urine samples and replacing the urine collection system when required. c) Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high volume areas using evidence-based guidelines or best practices.
<p>The Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.</p>	<ul style="list-style-type: none"> a) Universal Protocol is implemented most successfully in hospitals that promote teamwork and all individuals feel empowered to protect patient safety. b) Conduct a pre-procedure verification process. The pre-procedure verification assures that relevant documents (e.g. history and physical, signed consent) and related information (e.g. radiology images) and required equipment are available. c) Mark the procedure site. If possible, mark the site with the patient involved. The site is marked by a practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. d) A time-out is conducted before the procedure. During the time-out, the team members agree on the correct patient identity, the correct site and the correct procedure to be done.