

2009 National Patient Safety Goals for Hospitals



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.02.01.01. 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 and “read-back” the complete order or test result.

NPSG.02.02.01. There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the hospital.

NPSG.02.03.01. The hospital measures, assesses, and, if needed, takes action to improve the timeliness of reporting, and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.

NPSG.02.05.01. The hospital implements a standardized approach to hand-off communications, including an opportunity to ask and respond to questions.



Goal 3 Improve the safety of using medications.

NPSG.03.03.01. The hospital identifies and, at a minimum, annually reviews a list of look-alike/sound-alike medications used by the hospital and takes action to prevent errors involving the interchange of these medications.

NPSG.03.04.01. Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

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

Goal 7 Reduce the risk of health care associated infections.

NPSG.07.01.01. Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

NPSG.07.02.01. Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a health care associated infection.

NPSG.07.03.01. Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.

NPSG.07.04.01. Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.

NPSG.07.05.01. Implement best practices for preventing surgical site infections.



Goal 8 Accurately and completely reconcile medications across the continuum of care.

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.

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 communi-

cated to the next provider of service and the communication is documented. Alternatively, when a patient leaves the hospital’s care directly to his or her home, the complete and reconciled list of medications is provided to the patient’s known primary care provider, or the original referring provider, or a known next provider of service.

NPSG.08.03.01. When a patient leaves the hospital’s care, a complete and reconciled list of the patient’s medications is provided directly to the patient, and the patient’s family as needed, and the list is explained to the patient and/or family.

NPSG.08.04.01. In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

Goal 9 Reduce the risk of patient harm resulting from falls.

NPSG.09.02.01. The hospital implements a fall reduction program that includes an evaluation of the effectiveness of the program.



Goal 13 Encourage patients’ active involvement in their own care as a patient safety strategy.

NPSG.13.01.01. Identify the ways in which the patient and his or her family can report concerns about safety and encourage them to do so.



Goal 15 The organization identifies safety risks inherent in its patient population.

NPSG.15.01.01. The hospital identifies patients at risk for suicide.



Goal 16 Improve recognition and response to changes in a patient’s condition.

NPSG.16.01.01. The hospital selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient’s condition appears to be worsening.



Universal Protocol

The organization meets the expectations of the Universal Protocol.

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

UP.01.02.01. Mark the procedure site.

UP.01.03.01. A time-out is performed immediately prior to starting procedures.

