



Meeting
The Joint Commission's

2013

National Patient
Safety Goals



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Introduction

The purpose of The Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence- and expert-based solutions for these problems. Recognizing that system design is intrinsic to the delivery of safe, high-quality care, the goals focus on systemwide solutions, wherever possible.

The Joint Commission has revised National Patient Safety Goals and associated requirements for 2013. The 2013 goals are program specific, as discussed later in this Introduction, and apply—as indicated—to accredited ambulatory care, office-based surgery, behavioral health care, home care, and long term care organizations, as well as critical access hospitals, hospitals, and laboratories.

Revisions for 2012 and 2013

The Joint Commission made no substantive revisions to the language of the National Patient Safety Goals for 2013. However, the elements of performance (EPs) for each goal now have Focused Standards Assessment (FSA) risk icons **R**. In the Joint Commission's new Intracycle Monitoring process, the FSA replaces the Periodic Performance Review (PPR).

The FSA enables organizations to conduct their own self-assessment of standards compliance throughout the triennial accreditation cycle. Standards with the risk icon are associated with critical systems/processes that could lead to adverse effects if they become weak or fail. Risk is assessed by a system's proximity to the patient, probability of harm, severity of harm, and number of patients at risk.

The only other revision for 2013 is the deletion of NPSG.07.06.01, EP 1, which established an implementation timeline. The remaining EPs for that requirement have been renumbered. NPSG.07.06.01, which was new in 2012, requires accredited hospitals and critical access hospitals to implement evidence-based practices to prevent catheter-associated urinary tract infections (CAUTIs). Full implementation of NPSG.07.06.01 is required by January 1, 2013.

A number of the goals address health care–associated infections (HAIs). The Joint Commission has been a participant in the Healthcare Associated Infection (HAI)–Allied Task Force, which released a compendium of guidelines on several HAI topics in March 2008. The HAI–Allied Task Force guidelines were written for acute care hospitals; The Joint Commission expanded their applicability to other settings in some cases and ensured the consistency of the HAI–related 2012 National Patient Safety Goals with these guidelines.

This edition also contains the revised National Patient Safety Goal for medication reconciliation which became effective July 1, 2011. Formerly listed under National Patient Safety Goal 8, the medication reconciliation requirement is now numbered NPSG.03.06.01. The language was streamlined to focus on critical risk points in the medication reconciliation process. This requirement was revised based on input from the field about implementation difficulties related to the 2009 version of the medication reconciliation requirement, which organizations felt was too prescriptive and detailed. Consequently, The Joint Commission decided in 2010 that survey findings would not be factored into an organization's accreditation decision until it developed a revised requirement. The revised requirement underwent field review in the second quarter of 2010. This review reaffirmed that medication reconciliation is an important patient safety issue that should continue as a National Patient Safety Goal. NPSG.03.06.01 replaces Goal 8 (NPSG.08.01.01, NPSG.08.02.01, NPSG.08.03.01, and NPSG.08.04.01) and its related elements of performance.

The Joint Commission uses the following criteria in determining the value of a National Patient Safety Goal and required revisions to them:

- *Impact*—The frequency and severity of occurrence of an adverse outcome
- *Cost*—The cost of care and cost to society caused by an adverse outcome
- *Effectiveness*—The likelihood of an effective (and comparatively effective) intervention

The strength of the evidence factors into the decision about what to include in a goal.

Evaluating Compliance with the National Patient Safety Goals

The Joint Commission evaluates compliance with all National Patient Safety Goals and requirements that are relevant to an organization's services. To ensure that an organization is in continuous compliance throughout the accreditation cycle, The Joint Commission uses

* Laboratories and office-based surgery practices are not currently required to complete the PPR.

on-site surveys, the Periodic Performance Review* and Evidence of Standards Compliance (ESC). Surveyors will look for evidence of consistent implementation of the requirements regardless of when a survey is conducted during the year since January 1, 2012, **unless otherwise indicated:**

To determine whether the goals and their requirements have been implemented and how consistently they are being performed, surveyors will do the following:

- Look at any relevant documentation an organization has
- Trace the care of selected patients throughout the organization
- Interview the organization's leaders and direct caregivers
- Directly observe performance with respect to the goals to determine whether the requirements have been implemented and how consistently they are being performed

While implementing these goals and requirements, an organization *does not need to create any extra documentation* for The Joint Commission that it wouldn't already have created, unless otherwise specified within a requirement or an element of performance. However, if an organization created policies and procedures or other documents that stipulate how the organization is to comply with a goal and its requirement(s) and a surveyor finds that the organization does not comply with its own policies and procedures, The Joint Commission will issue an appropriate Requirement for Improvement (RFI).

Scoring the National Patient Safety Goals

Surveyors score the National Patient Safety Goals the same way they score the standards. Accredited organizations that provide care relevant to the goals are required to demonstrate successful implementation of the published requirements and elements of performance, or acceptable alternatives to the requirements. Each element of performance is scored individually. When an organization does not fully comply with an element of performance, the organization will be assigned an RFI at the requirement level, in the same way that noncompliance with an element of performance generates an RFI at the standard level. All RFIs can affect the organization's accreditation decision and follow-up requirements, as determined by established accreditation decision rules. Failure to resolve an RFI can ultimately lead to loss of accreditation. Organizations need to take the appropriate follow-up measures to address all goal-related RFIs. An organization's performance regarding each goal's requirements will be publicly disclosed in the "National Patient Safety Goals" section of the 2013 Quality Report.

Clarifying the Applicability of the Goals

The goals and their associated requirements, rationales, and elements of performance appear in the “National Patient Safety Goals” chapter of the 2012 accreditation and certification manuals for applicable programs. The National Patient Safety Goals are program specific and are therefore not equally applicable to all organizations. A goal or requirement may *not* be applicable to a particular setting if it is not relevant to the services provided by the organization or has not been identified as a priority for the specific accreditation program.

For example, Goal 14 (“Prevent health care–associated pressure ulcers”) is applicable only to long term care for accreditation purposes. Thus, Goal 14 is identified as “not applicable” to many organizations, including hospitals, even when it is clearly relevant to services that might be provided by those organizations. Findings related to how a hospital addressed pressure ulcers would likely be scored in the “Provision of Care, Treatment, and Services” (PC) chapter, perhaps at PC.01.02.01, PC.01.02.03,

Program Acronyms Used in this E-Book

AHC	Ambulatory health care	HAP	Hospital
BHC	Behavioral health care	LAB	Laboratory
CAH	Critical access hospital	LTC	Long term care
OME	Home care	OBS	Office-based surgery

PC.01.02.07, or PC.01.03.01, depending on the nature of the finding. Table 1 on page ix shows which goals apply to each accreditation program for 2013.

Using This E-Book

This E-book provides a compendium of practical advice and helpful tips for implementing the 2013 National Patient Safety Goals in various types of health care organizations. These resources have been previously published elsewhere in Joint Commission Resources (JCR) publications and are now compiled in a user-friendly format. The hyperlinks in the menu on the left allow for easy navigation of the content.

This E-book is organized differently from previous editions. The E-book is divided into two parts:

Part 1 provides the complete National Patient Safety Goals for 2013 with scoring and applicability information.

Part 2 contains compliance solutions and articles from JCR periodicals that help organizations comply with individual National Patient Safety Goals and the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™.

Use Table 1 below to determine which chapters are most relevant to your organization.

Table 1. National Patient Safety Goal Applicability for 2013*								
	AHC	BHC	CAH	OME	HAP	LAB	LTC	OBS
NPSG.01.01.01	X	X	X	X	X	X	X	X
NPSG.01.03.01	X	N/A	X	N/A	X	N/A	N/A	X
NPSG.02.03.01	N/A	N/A	X	N/A	X	X	N/A	N/A
NPSG.03.04.01	X	N/A	X	N/A	X	N/A	N/A	X
NPSG.03.05.01	X	N/A	X	N/A	X	N/A	X	N/A
NPSG.03.06.01	X	X	X	X	X	N/A	X	X
NPSG.07.01.01	X	X	X	X	X	X	X	X
NPSG.07.03.01	N/A	N/A	X	N/A	X	N/A	N/A	N/A
NPSG.07.04.01	N/A	N/A	X	N/A	X	N/A	X	N/A
NPSG.07.05.01	X	N/A	X	N/A	X	N/A	N/A	X
NPSG.07.06.01	N/A	N/A	X	N/A	X	N/A	N/A	N/A
NPSG.09.02.01	N/A	N/A	N/A	X	N/A	N/A	X	N/A
NPSG.14.01.01	N/A	N/A	N/A	N/A	N/A	N/A	X	N/A
NPSG.15.01.01	N/A	X	N/A	N/A	X	N/A	N/A	N/A
NPSG.15.02.01	N/A	N/A	N/A	X	N/A	N/A	N/A	N/A
Universal Protocol	X	N/A	X	N/A	X	N/A	N/A	X

* **Note:** AHC, ambulatory care; BHC, behavioral health care; CAH, critical access hospital; OME, home care; HAP, hospital; LAB, laboratory; LTC, long term care; OBS, office-based surgery.

X = Applicable in 2013. N/A = Does not apply in 2013.