



2012 Joint Commission Patient Safety Goals Related to Healthcare Staffing Agencies

Patient Safety Goals from The Joint Commission are updated periodically. In the interest of patient safety, PPR wants to ensure that our healthcare professionals are kept informed of the latest modifications. Any violation of patient safety can be immediately reported to The Joint Commission or to PPR Healthcare.

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 (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative 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 [organizations] that provide anticoagulation 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.

Goal 7: Reduce the risk of health care-associated infections.

NPSG.07.01.01 – Comply with either the 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 multiple drug-resistant organisms in acute care organizations. Note 1: 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 multiple drug-resistant gram negative bacteria.

NPSG.07.04.01 – Implement best practices to prevent central line-associated infections. Note 1: This requirement covers short and long term central venous catheters and peripherally inserted central catheter (PICC) lines.

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

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

NPSG.09.02.01 – Reduce the risk of falls.

Goal 14: Prevent health care-associated pressure ulcers (decubitus ulcers).

NPSG.14.01.01 – Assess and periodically reassess each resident's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

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

NPSG.15.01.01 – Identify [patients] at risk for suicide. Note: This requirement only applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

NPSG.15.02.01 – Identify risks associated with home oxygen therapy such as home fires.

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.

Sentinel Events

A **sentinel event** is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called "sentinel" because they signal the need for immediate investigation and response. As a PPR nurse, we advise that you contact us as soon as possible if you are involved with any such clinical situation. You can contact Ruth Stiehl, Vice President of Clinical Quality, or your recruiter to discuss any involvement you may have with a sentinel event.