

Changes to 2010 NPSGs

Maureen Carr, MBA, project director for The Joint Commission's division of standards and survey methods, reviewed the changes to the 2010 National Patient Safety Goals for hospitals with *Hospital Peer Review*:

- 1A: two patient identifiers — Remains an NPSG; EP 1 was deleted.
- 2A: read back verbal orders — It was consolidated into one EP and changed to standard PC.02.01.03.
- 2B: do-not-use abbreviations — It was changed to a standard and moved to IM.02.02.01.
- 2C: reporting critical test results — Remains an NPSG. The “key” change here is the deletion of critical tests. The Joint Commission recognized that hospitals were having trouble complying because they weren't sure what constituted a critical test. “Now we're only focusing on critical results,” Carr says.
- 2E: hand-off communication — It was consolidated into one EP. It also was changed to a standard and moved to PC.02.02.01.
- 3C: look-alike, sound-alike drugs — It was changed to a standard and moved to MM.01.02.01.
- 3D: labeling meds — Remains an NPSG. EP 7 — “All original containers from medications or solutions remain available for reference in the perioperative or procedural area until the conclusion of the procedure” — was deleted. “That one was a problem for the field, that EP, and it was perceived to be burdensome so we did delete it,” Carr says.
- 3E: anticoagulation therapy — Remains an NPSG. According to Carr, it remains basically the same but she says, “we had an EP that used to say when dietary services are provided by the hospital, the service is notified when a patient is receiving warfarin. We took that out because we really thought that was not necessary. That really the issue is to just manage food and drug interactions. So we took out that. I don't know if people perceive that as significant or not.”

- 7A: hand hygiene — Remains an NPSG. Previously, Carr says, the goal required hospitals to comply with World Health Organization guidelines. When surveyors saw instances of noncompliance, the hospital had to submit evidence that it was compliant 90% of the time. “We knew that from the literature, there's nobody who's 90% compliant with hand hygiene. So what we did is we modified the goal to say that you have a hand hygiene program, that you have goals for the rate of compliance you're going to have, and that you monitor continued improvement in achieving those goals. We modified it into more of a performance improvement kind of focus,” Carr says. “We think that's more realistic.”
- 7: health care-associated infection — “We had a goal on health care-associated infections that should be treated as sentinel events if someone was harmed,” she says, which was deleted. Carr says the rationale was that was already covered by The Joint Commission's sentinel event policy and goal 7.02 and it was duplicative.
- 7: preventing multidrug-resistant organisms — The goal on preventing health care-associated infections is to go into full implementation in 2010 (see *Hospital Peer Review*, October 2009, cover story).
- 8A: medication reconciliation — The goal still is in review and will not count toward accreditation decisions.
- 9B: fall prevention program — EP 1 was deleted. Changed to standard in various places in the manual (PC.01.02.08, HR.01.05.03, PC.02.03.01, and PI.01.01.01).
- 13A: patient and family involvement — Two EPs moved into standards, PC.02.03.01, IC.01.05.01, IC.02.01.01. EPs 3 and 4 were deleted.
- 16A: early recognition/response — EPs separated into standards, PC.02.01.19, HR.01.05.03, PI.01.01.01.

For more information, see the October 2009 issue of *The Joint Commission Perspectives*. ■