GOAL: 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: Improve the effectiveness of communication among caregivers.
PC.02.01.03: Before taking action on a verbal order or verbal report of a critical test result, staff uses a record and “read back” process to verify the information.
IM.02.02.01: The hospital follows its list of prohibited abbreviations, acronyms, symbols, and dose designations.
NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.
PC.02.02.01: The hospital’s process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient information. NOTE: Such information may include the patient’s condition, care, treatment, medications, services and any recent or anticipated changes to any of these.

GOAL: Improve the safety of using medications.
MM.01.02.01: The hospital addresses the safe use of look-alike/sound-alike medications.
NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. NOTE: Medication containers include syringes, medicine cups, and basins.
NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
NPSG.03.06.01: Maintain and communicate accurate patient medication information.

GOAL: Reduce the risk of health care-associated infections.
NPSG.07.01.01: Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
NPSG.07.03.01: Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals. NOTE: 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 multidrug-resistant gram-negative bacteria.
NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections. NOTE: This requirement covers short and long-term venous catheters and peripherally inserted central catheter (PICC) lines.
NPSG.07.05.01: Implement evidence-based practices for preventing surgical site infections.
NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI). NOTE: This NPSG is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is no consensus that these practices apply to children.
GOAL: Reduce the risk of harm resulting from falls.

PC.01.02.08: The hospital assesses and manages the patient’s risks for falls.

HR.01.05.03: Staff participate in education and training on fall reduction activities. Staff participation is documented.

PC.02.03.01: Based on the patient’s condition and assessed needs, the education and training provided to the patient by the hospital includes fall reduction strategies.

PI.01.01.01: The hospital evaluates the effectiveness of all fall reduction activities including assessment, interventions, and education.

GOAL: Encourage patient’s active involvement in their own care as a patient safety strategy.

PC.02.03.01: The hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.

IC.02.01.01: The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. NOTE: Information may have different forms of media, such as posters or pamphlets.

GOAL: The hospital identifies safety risks inherent in its patient population.

NPSG.15.01.01: Identify patients at risk for suicide.

GOAL: Improve recognition and response to changes in a patient’s condition.

PC.02.01.19: The hospital recognizes and responds to changes in a patient’s condition.

HR.01.05.03: The hospital provides education and training that addresses how to identify early warning signs of a change in a patient’s condition and how to respond to a deteriorating patient, including how and when to contact responsible clinicians. Education is provided to staff and licensed independent practitioners who may request assistance and those who may respond to those requests. Participation in this education is documented.

PI.01.01.01: The hospital collects data on the effectiveness of its response to change or deterioration in a patient’s condition. NOTE: Measures may include length of stay, response time for responding to changes in vital signs, cardiopulmonary arrest, respiratory arrest, and mortality rates before and after implementation of an early intervention plan.

Goal: Prevent wrong site, wrong procedure, and wrong person surgery.


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 before the procedure.