

National Patient Safety Goals®

Effective January 2024 for the Behavioral Health Care and Human Services Program

Goal 1

Improve the accuracy of the identification of individuals served.

NPSG.01.01.01

Use at least two identifiers when providing care, treatment, or services.

Note: Treatments covered by this goal include high-risk interventions and certain high-risk medications (for example, methadone). In some settings, use of visual recognition as an identifier is acceptable. Such settings include those that regularly serve an individual (for example, therapy) or serve only a few individuals (for example, a group home). These are settings in which the individual stays for an extended period of time, staff and populations served are stable, and individuals receiving care are well-known to staff.

--Rationale for NPSG.01.01.01--

Errors involved in misidentification of the individual served can occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

Element(s) of Performance for NPSG.01.01.01

1. Use at least two identifiers of the individual served when administering medications or collecting specimens for clinical testing. The room number or physical location of the individual served is not used as an identifier.
(See also MM.05.01.09, EPs 7, 10)
2. Label containers used for specimens in the presence of the individual served.



Goal 3

Improve the safety of using medications.

Introduction to Reconciling Medication Information

The large number of people receiving care, treatment, or services who take multiple medications and the complexity of managing those medications make medication reconciliation an important safety issue. In medication reconciliation, a physician or other licensed practitioner compares the medications the individual served should be using (and is actually using) to the new medications that are ordered for the individual and resolves any discrepancies.

The Joint Commission recognizes that organizations face challenges with medication reconciliation. The best medication reconciliation requires a complete understanding of what the individual served was prescribed and what medications they are actually taking. It can be difficult to obtain a complete list from every individual in an encounter, and accuracy is dependent on the ability and willingness of the individual served to provide this information. A good faith effort to collect this information is recognized as meeting the intent of the requirement. As more sophisticated systems evolve (such as centralized databases for prescribing and collecting medication information), the effectiveness of these processes will grow.

This National Patient Safety Goal (NPSG) focuses on the risk points of medication reconciliation. The elements of performance in this NPSG are designed to help organizations reduce negative outcomes associated with medication discrepancies. Some aspects of the care, treatment, or services that involve the management of medications are addressed in the standards rather than in

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this goal. These include coordinating information during transitions in care both within and outside of the organization (CTS.04.01.01), education of the individual on safe medication use (CTS.04.01.03), and communications with other providers (CTS.06.02.05).

In settings where medications are not routinely prescribed or administered, this NPSG provides organizations with the flexibility to decide what medication information they need to collect based on the services they provide. It is often important for staff to know what medications the individual is taking when planning care, treatment, or services, even in situations where medications are not used.

NPSG.03.06.01

Maintain and communicate accurate medication information for the individual served.

--Rationale for NPSG.03.06.01--

There is evidence that medication discrepancies can affect outcomes. Medication reconciliation is intended to identify and resolve discrepancies—it is a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that physicians and other licensed practitioners use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected in order to reconcile current and newly ordered medications and to safely prescribe medications in the future.

Element(s) of Performance for NPSG.03.06.01

1. Obtain and/or update information on the medications the individual served is currently taking. This information is documented in a list or other format that is useful to those who manage medications. R D
 Note 1: The organization obtains the individual's medication information during the first contact. The information is updated when the individual's medications change.
 Note 2: Current medications include those taken at scheduled times and those taken on an as-needed basis. See the Glossary for a definition of medications.
 Note 3: It is often difficult to obtain complete information on current medications from the individual served. A good faith effort to obtain this information from the individual and/or other sources will be considered as meeting the intent of the EP.
2. Define the types of medication information (for example, name, dose, route, frequency, purpose) to be collected in non-24-hour settings based on situations of individuals served and characteristics of different settings. R
3. For organizations that prescribe medications: Compare the medication information the individual served brought to the organization with the medications ordered for the individual by the organization in order to identify and resolve discrepancies. R
 Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified staff member, identified by the organization, does the comparison. (See also HRM.01.06.01, EP 1)
4. For organizations that prescribe medications: Provide the individual served (or family as needed) with written information on the medications the individual should be taking at the end of the encounter (for example, name, dose, route, frequency, purpose). R D
5. For organizations that prescribe medications: Explain the importance of managing medication information to the individual served. R
 Note: Examples include instructing the individual served to give a list to their primary care physician or other licensed practitioner; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. (For information on education of the individual served, refer to Standard CTS.04.01.03.)

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Goal 7

Reduce the risk of health care–associated infections.

NPSG.07.01.01

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

Note: This standard applies only to organizations that provide physical care.

--Rationale for NPSG.07.01.01--

According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, or services in a health care organization. Consequently, health care–associated infections (HAIs) are a safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) and/or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to individuals served, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, monitors compliance, and provides feedback.

Following safe hand hygiene practices is important in all organizations; however, the risk to individuals served increases when there is physical contact. In these situations, it is more important to follow formal hand hygiene guidelines. This requirement, therefore, applies only to organizations that provide physical care.

Element(s) of Performance for NPSG.07.01.01

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| <p>1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) and/or the current World Health Organization (WHO) hand hygiene guidelines.
Note: This element of performance applies only to organizations that provide physical care. (See also IC.01.04.01, EP 1)</p> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> |
| <p>2. Set goals for improving compliance with hand hygiene guidelines.
Note: This element of performance applies only to organizations that provide physical care. (See also IC.03.01.01, EP 1)</p> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> |
| <p>3. Improve compliance with hand hygiene guidelines based on established goals.
Note: This element of performance applies only to organizations that provide physical care.</p> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> |

Goal 15

The organization identifies safety risks inherent in the population of the individuals it serves.

NPSG.15.01.01

Reduce the risk for suicide.

--Rationale for NPSG.15.01.01--

Suicide of an individual served while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

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Element(s) of Performance for NPSG.15.01.01

1. The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). R D
 Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).
2. Screen all individuals served for suicidal ideation using a validated screening tool. R
 Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.
3. Use an evidence-based process to conduct a suicide assessment of individuals served who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. R
 Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens individuals served for suicidal ideation and assesses the severity of suicidal ideation.
4. Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide. R
5. Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. At a minimum, these should include the following: R D
 - Training and competence assessment of staff who care for individuals served at risk for suicide
 - Guidelines for reassessment
 - Monitoring individuals served who are at high risk for suicide
6. Follow written policies and procedures for counseling and follow-up care at discharge for individuals served identified as at risk for suicide. R
7. Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of individuals served at risk for suicide and take action as needed to improve compliance. R

Goal 16

Improve health care equity.

Introduction to NPSG.16.01.01

Although health care disparities are often viewed through the lens of social injustice, they are first and foremost a quality of care problem. As with other high-risk issues like elopement, the use of restraint and seclusion, and medication errors, health care disparities must be examined, the root causes understood, and the causes addressed with targeted interventions. Organizations need established leaders and standardized structures and processes in place to detect and address health care disparities. These efforts should be fully integrated with existing quality improvement activities within the organization, such as activities related to suicide prevention, infection prevention and control, and the safety of individuals served and staff.

The elements of performance (EPs) in National Patient Safety Goal NPSG.16.01.01 focus on fundamental processes that will help organizations address health care equity as a quality and safety issue (that is, identifying a leader, understanding the health-related social needs [HRSNs] of the individual served, stratifying key measures, and developing a plan to address one or more

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target). The EPs provide flexibility in their scope to accommodate organizations at different stages on the path forward and serve as a foundation for future work to address health care disparities and achieve equity.

NPSG.16.01.01

Improving health care equity for the individuals served by the organization is a quality and safety priority.

--Rationale for NPSG.16.01.01--

Health-related social needs (HRSNs) are frequently identified as root causes of disparities in health outcomes. Understanding the HRSNs of individuals served can be critical for designing practical, individual-centered care plans; however, organizations vary in their capacity to do this. Due to differences in the populations served, the availability of community resources, and organization capacity, it is acceptable for each organization to focus on the social needs that are most practical and relevant for its unique situation. Similarly, the organization may determine what information about the potential interventions, services, and resources in its community is needed to address the HRSNs of the individuals it serves. EP 2 allows organizations the flexibility to determine which individuals to target for assessment of HRSNs and which HRSNs to assess and connect to resources.

It is essential for organizations to understand the specific disparities that may exist at their institution. This process begins with stratifying existing measures. Organizations may differ in the information they collect from the individuals served, the quality and safety measures they use, and their ability to perform data analyses. Organizations may focus their analyses on measures that affect all individuals served (for example, experience of care, readmissions) or concentrate on a well-known area of persistent disparity (for example, substance use disorder and treatment, use of restraint or seclusion). Understanding which processes and outcomes vary by sociodemographic characteristics allows an organization to explore the possible root causes of a health care disparity and to tailor interventions to improve care. If stratified analyses show differences across groups, organizations should work to understand the root causes of the differences and develop actions to address disparities when they are identified.

Organizations are required to address one topic, even if they identify multiple disparities. The organization should develop an action plan that defines the health care disparity and the specific population(s) of focus, the organization's improvement goal, the strategies and resources needed to achieve the goal, and the process that will be used to monitor and report progress. Assessing progress and evaluating whether an organization's efforts to improve health care equity are successful can also inform the organization if it should revise its action plan or provide additional resources. Leaders, practitioners, and staff need to be aware of the organization's initiatives to improve health care equity and be informed of their potential role in those initiatives. It is also important to update leaders, practitioners, and staff about the challenges and successes of the organization's efforts to improve care for all individuals served.

Element(s) of Performance for NPSG.16.01.01

1. The organization designates an individual(s) to lead activities to improve health care equity for the population served by the organization.



Note: Leading the organization's activities to improve health care equity may be an individual's primary role or part of a broader set of responsibilities.

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2. The organization assesses the health-related social needs (HRSNs) of the individual served and provides information about community resources and support services.



Note 1: Organizations determine which HRSNs to include in the individual assessment. Examples of an individual's HRSNs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Note 2: HRSNs may be identified for a representative sample of the individuals served by the organization or for all individuals served by the organization.

3. The organization identifies health care disparities in the population it serves by stratifying quality and safety data using the sociodemographic characteristics of the individuals served by the organization.



Note 1: Organizations may focus on areas with known health care disparities identified in the scientific literature (for example, treatment for substance abuse disorder, restraint use, suicide rates) or select measures that affect all individuals (for example, experience of care and communication).

Note 2: Organizations determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:

- Age
- Gender
- Preferred language
- Race and ethnicity

4. The organization develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in the individuals it serves.



5. The organization acts when it does not achieve or sustain the goal(s) in its action plan to improve health care equity.



6. At least annually, the organization informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity.

