National Patient Safety Goals

- In 2002, The Joint Commission established its National Patient Safety Goals (NPSGs) program
- The first set of NPSGs was effective January 1, 2003
- The NPSGs were established to help accredited organizations address specific areas of concern in regard to patient safety

Development of the Goals
Following a solicitation of input from practitioners, provider organizations, purchasers, consumer groups and other stakeholders, The Joint Commission determines the highest priority patient safety issues and how best to address them, including as a NPSG. The Joint Commission also determines whether a goal is applicable to a specific accreditation program and, if so, tailors the goal to be program-specific.

Changes effective for 2019
- NPSG.15.01.01 on suicide prevention for hospitals and behavioral health care organizations has been revised to be more specific and instructional, to align with current research and expert panel recommendations. Specific revisions include the following:
  o Behavioral health care organizations, psychiatric hospitals, and psychiatric units in general hospitals should conduct environmental risk assessments to be ligature resistant.
  o Non-psychiatric units in general hospitals are not expected to be ligature resistant; however, the units should minimize risks in the environment for patients identified at risk for suicide.
  o Individuals being treated or evaluated for behavioral health conditions as their primary reason for care need to be screened for suicide risk using a validated tool. (The Goal does not require universal screening.)
  o Organizations must develop a plan to mitigate suicide based on an individual’s overall level of risk.
  o Organizations must follow written policies and procedures for counseling and follow-up care for individuals identified as at risk for suicide.
- NPSG.03.05.01 on anticoagulant therapy for the ambulatory health care (applicable to medical centers only), critical access hospital, hospital, and nursing care center accreditation programs. This NPSG applies to organizations that initiate, manage, and adjust dosage for anticoagulation medications; it does not apply to organizations limited to the mechanical treatment of bleeding. The new and revised elements of performance (EPs) address concepts related to using approved protocols and evidenced-based guidelines, ongoing patient monitoring, patient and family education, and evaluating organizational safety practices and then taking actions to improve those practices.