National Patient Safety Goals®
Effective January 2024 for the Ambulatory Health Care Program

Goal 1

Improve the accuracy of patient identification.

NPSG.01.01.01

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

--Rationale for NPSG.01.01.01--

Wrong-patient errors 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 patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier.
   (See also MM.05.01.09, EPs 7

3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:
   - Medication or solution name
   - Strength
   - Amount of medication or solution containing medication (if not apparent from the container)
   - Diluent name and volume (if not apparent from the container)
   - Expiration date when not used within

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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 patients health-related social needs [HRSNs], stratifying key measures, and developing a plan to address one or more 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 organization s patients is a quality and safety priority.

--Rationale for NPSG.16.01.01--

Health-related social needs (HRSN) are frequently identified as root causes of disparities in health outcomes. Understanding individual patients HRSNs can be critical for designing practical, patient-centered care plans; however, organizations vary in their capacity to do this. Due to differences in patient populations served, the availability of community resources, and health care 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 resources0 0 g root punity resoccearit

2. The organization assesses the patient s health-related social needs (HRSNs) and provides information about community resources and support services. R D
Note 1: Organizations determine which HRSNs to include in the patient assessment. Examples of a patient 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 organization s patients or for all the organization s patients.

3. The organization identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the organization s patients. R D
Note 1: Organizations may focus on areas with known health care disparities identified in the scientific literature (for example, kidney disease, maternal care, diabetes management) or select measures that affect all patients (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 its patient population. R D

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

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

Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery

The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Organizations can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

The Universal Protocol is based on the following principles:
- Wrong-person, wrong-site, and wrong-procedure surgery can and must be prevented.
- A robust approach using multiple, complementary strategies is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
- Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success.
- To the extent possible, the patient and, as needed, the family are involved in the process.
- Consistent implementation of a standardized protocol is most effective in achieving safety.

The Universal Protocol is implemented most successfully in organizations with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. An organization should consider its culture when designing processes to meet the Universal Protocol. In some organizations, it may be necessary to be more prescriptive on certain elements of the Universal Protocol or to create processes that are not specifically addressed within these requirements.

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Introduction to UP.01.02.01

Wrong-site surgery should never happen, yet it is an ongoing problem in health care that compromises patient safety. Marking the procedure site is one way to protect patients; patient safety is enhanced when a consistent marking process is used throughout the organization. Site marking is done to prevent errors when there is more than one possible location for a procedure. Examples include different limbs, fingers and toes, lesions, level of the spine, and organs. In cases where bilateral structures are removed (such as tonsils or ovaries) the site does not need to be marked.

UP.01.02.01

Mark the procedure site.

Element(s) of Performance for UP.01.02.01

1. Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.
   Note: For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level.

2.

A time-out is performed before the procedure.

--Rationale for UP.01.03.01--

The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including involvement of the patient. An organization may conduct the time-out before anesthesia or may add another time-out at that time. During a time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.

A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The time-out is most effective when it is conducted consistently across the organization.

Element(s) of Performance for UP.01.03.01

1. Conduct a time-out immediately before starting the invasive procedure or making the incision. R

2. The time-out has the following characteristics: R
   - It is standardized, as defined by the organization.
   - It is initiated by a designated member of the team.
   - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

   Note: For organizations providing telehealth surgical services: Based on current UP requirements, telehealth staff who are physically present in the operating room and participating in a surgical procedure are actively involved in the time-out.

3. When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated. R

4. During the time-out, the team members agree, at a minimum, on the following: R
   - Correct patient identity
   - The correct site
   - The procedure to be done

   Note: For organizations providing telehealth surgical services: Based on current UP requirements, telehealth staff who are physically present in the operating room and participating in a surgical procedure are actively involved in the time-out.

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