



National Patient Safety Goals®

Effective January 2026 for the Telehealth Program

Goal 1

Improve the accuracy of patient and resident identification.

Introduction for NPSG.01.01.01

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

NPSG.01.01.01

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

Element(s) of Performance for NPSG.01.01.01

EP 1	Use at least two identifiers when providing care, treatment, or services via telehealth. Note: Examples of identifiers include name, medical record number or assigned identification number, date of birth, and phone number.
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Goal 2

Improve the effectiveness of communication among caregivers.

Introduction for NPSG.02.03.01

Critical results of tests and diagnostic procedures that fall significantly outside the normal range may indicate a life-threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient or individual served can be promptly treated.

NPSG.02.03.01

Report critical results of tests and diagnostic procedures on a timely basis.

Element(s) of Performance for NPSG.02.03.01

EP 1	Develop and implement written procedures for managing the critical results of tests and diagnostic procedures. The written procedures address the following: • The definition of critical results of tests and diagnostic procedures • By whom and to whom critical results of tests and diagnostic procedures are reported • The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures ⓓ Documentation is required.
EP 3	Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

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Goal 3

Improve the safety of using medications.

Introduction 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 a patient or individual served 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 or 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.

NPSG.03.06.01

Maintain and communicate accurate medication information for the patient or individual served.

Element(s) of Performance for NPSG.03.06.01

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| EP 1 | Obtain and/or update information on the medications the patient or individual served is currently taking. This information is documented in a list or other format that is useful to those who manage medications.
Note 1: The organization obtains the patient's or individual's medication information during the first contact. The information is updated when the patient's or 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 patient or individual served. A good faith effort to obtain this information from the patient or individual and/or other sources will be considered as meeting the intent of the element of performance.
ⓓ Documentation is required. |
| EP 2 | Define the types of medication information (for example, name, dose, route, frequency, purpose) to be collected in different settings. |
| EP 3 | For organizations that prescribe medications: Compare the medication information the patient or individual served provided to the organization with the medications ordered for the patient or individual by the organization in order to identify and resolve discrepancies.
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified staff member, identified by the organization, does the comparison. |
| EP 4 | For organizations that prescribe medications: Provide the patient or individual served (or family as needed) with written information on the medications the patient or individual should be taking at the end of the encounter (for example, name, dose, route, frequency, purpose).
ⓓ Documentation is required. |
| EP 5 | For organizations that prescribe medications: Explain the importance of managing medication information to the patient or individual served.
Note: Examples include instructing the patient or individual served to give a list to their primary care physician or other licensed practitioner; to update the information when medications are |



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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.

Goal 15

The organization identifies safety risks inherent in its patient population.

Introduction for NPSG.15.01.01

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

NPSG.15.01.01

Reduce the risk for suicide.

Element(s) of Performance for NPSG.15.01.01

EP 2	Screen all individuals served for suicidal ideation using a validated screening tool. Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.
EP 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. 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.
EP 4	Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide.
EP 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: • 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 ⓓ Documentation is required.
EP 6	Follow written policies and procedures for counseling and follow-up care at discharge for individuals served identified as at risk for suicide.
EP 7	Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of individuals served who are at risk for suicide and take action as needed to improve compliance.

Goal 16

Improve health outcomes for all.

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Introduction for 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. 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. The elements of performance (EPs) in National Patient Safety Goal NPSG.16.01.01 focus on fundamental processes that will help organizations address excellent health outcomes for all as a quality and safety issue (that is, identifying a leader, understanding the health-related social needs [HRSNs] of patients or individuals served, 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 excellent health outcomes for all.

NPSG.16.01.01

Improving health outcomes for all the organization's patients or individuals served is a quality and safety priority. Note: This standard applies to organizations that have an ongoing, longitudinal relationship with their patients or individuals served. It does not apply to organizations that only provide episodic care.

Element(s) of Performance for NPSG.16.01.01

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| EP 1 | The organization designates an individual(s) to lead activities to improve health outcomes for all the organization's patients or individuals served.
Note: Leading the organization's activities to improve health outcomes for all may be an individual's primary role or part of a broader set of responsibilities. |
| EP 2 | The organization assesses the health-related social needs (HRSNs) of patients or individuals served and provides information about community resources and support services.
Note 1: Organizations determine which HRSNs to include in the assessment. Examples of a patient's or individual's HRSNs may include the following: <ul style="list-style-type: none">• 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 individuals served or for all the organization's patients or individuals served.
ⓓ Documentation is required. |
| EP 3 | The organization identifies health care disparities in its population by stratifying quality and safety data using the sociodemographic characteristics of the organization's patients or individuals served.
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 or individuals served (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: <ul style="list-style-type: none">• Age• Gender• Preferred language• Race and ethnicity ⓓ Documentation is required. |



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- EP 4 The organization develops a written action plan that describes how it will improve health outcomes for all by addressing at least one of the health care disparities identified in its population of patients or individuals served.
 ⓓ Documentation is required.
- EP 5 The organization acts when it does not achieve or sustain the goal(s) in its action plan to improve health outcomes for all.
 ⓓ Documentation is required.
- EP 6 At least annually, the organization informs key stakeholders, including leaders and staff, about its progress to improve health outcomes for all.
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