

National Patient Safety Goals®

Effective January 2026 for the

Rural Health Clinic 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.

Element(s) of Performance for NPSG.01.01.01

EP 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.
EP 2	Label containers used for blood and other specimens in the presence of the patient.

Goal 3

Improve the safety of using 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.

Element(s) of Performance for NPSG.03.04.01

EP 1	In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used. Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
EP 2	In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.
EP 3	In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following: <ul style="list-style-type: none">• 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 24 hours• Expiration time when expiration occurs in less than 24 hours

Note: The date and time are not necessary for short procedures, as defined by the rural health clinic.

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EP 4 Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.

EP 5 Label each medication or solution as soon as it is prepared unless it is immediately administered. Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).

Element(s) of Performance for NPSG.03.05.01

EP 2 The rural health clinic uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication.

NPSG.03.06.01

Maintain and communicate accurate patient medication information.

Element(s) of Performance for NPSG.03.06.01

EP 1 Obtain and/or update information on the medications the patient is currently taking. This information is documented in a list or other format that is useful to those who manage medications.
Note 1: The rural health clinic obtains the patient's medication information at the beginning of an episode of care. The information is updated when the patient'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. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.
④ Documentation is required.

EP 3 For rural health clinics that prescribe medications: Compare the medication information the patient brought to the rural health clinic with the medications ordered for the patient by the rural health clinic in order to identify and resolve discrepancies.
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison.

EP 4 For rural health clinics that prescribe medications: Provide the patient (or family as needed) with written information on the medications the patient should be taking at the end of the episode of care (for example, name, dose, route, frequency, purpose).
④ Documentation is required.

EP 5 For rural health clinics that prescribe medications: Explain the importance of managing medication information to the patient at the end of the episode of care.
Note: Examples include instructing the patient to give a list to their primary care physician; to update the information when medications are discontinued, doses are changed, or new medications

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(including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

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.

Element(s) of Performance for NPSG.07.01.01

EP 1	Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.
EP 2	Set goals for improving compliance with hand hygiene guidelines.
EP 3	Improve compliance with hand hygiene guidelines based on established goals.

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. Rural health clinics 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 rural health clinics with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A rural health clinic should consider its culture when designing processes to meet the Universal Protocol. In some rural health clinics, 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.

Rural health clinics should identify the timing and location of the preprocedure verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedure verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedure verification and site

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marking precede the final verification in the time-out). Preprocedure verification, site marking, and the time-out procedures should be as consistent as possible throughout the rural health clinic.

Note: Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure through to the performance of the procedure.

Introduction to UP.01.01.01 through UP.01.03.01

Rural health clinics should always make sure that any procedure is what the patient needs and is performed on the right person. The frequency and scope of the verification process will depend on the type and complexity of the procedure.

Marking the procedure site is one way to protect patients. 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, and lesions. The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. 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.

UP.01.01.01

Conduct a preprocedure verification process.

Element(s) of Performance for UP.01.01.01

EP 1 Implement a preprocedure process to verify the correct procedure, for the correct patient, at the correct site.

Note: The patient is involved in the verification process when possible.

EP 2 Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following:

- Relevant documentation (for example, history and physical, signed procedure consent form, nursing assessment, and pre-anesthesia assessment)
- Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
- Any required blood products, implants, devices, and/or special equipment for the procedure

Note: The expectation of this element of performance is that the standardized list is available and is used consistently during the preprocedure verification. It is not necessary to document that the standardized list was used for each patient.

④ Documentation is required.

UP.01.02.01

Mark the procedure site.

Element(s) of Performance for UP.01.02.01

EP 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.

EP 2 Mark the procedure site before the procedure is performed and, if possible, with the patient involved.

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EP 3 The procedure site is marked by a physician or other licensed practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the physician or other licensed practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:

- An individual in a medical postgraduate education program who is being supervised by the physician or other licensed practitioner performing the procedure, is familiar with the patient, and will be present when the procedure is performed
- A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the physician or other licensed practitioner performing the procedure (that is, an advanced practice registered nurse or physician assistant), is familiar with the patient, and will be present when the procedure is performed

Note: The rural health clinic's leaders define the limited circumstances (if any) in which site marking may be delegated to an individual meeting these qualifications.

EP 4 The method of marking the site and the type of mark is unambiguous and is used consistently throughout the rural health clinic.

Note: The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers are not the sole means of marking the site.

EP 5 A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum).

Note: Examples of other situations that involve alternative processes include:

- Minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
- Teeth
- Premature infants, for whom the mark may cause a permanent tattoo

④ Documentation is required.

UP.01.03.01

A time-out is performed before the procedure.

Element(s) of Performance for UP.01.03.01

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

EP 2 The time-out has the following characteristics:

- It is standardized, as defined by the rural health clinic.
- 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 rural health clinics 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.

EP 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.

EP 4 During the time-out, the team members agree, at a minimum, on the following:

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- Correct patient identity
- The correct site
- The procedure to be done

Note: For rural health clinics 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.

EP 5

Document the completion of the time-out.

Note: The rural health clinic determines the amount and type of documentation.

- ④ Documentation is required.
