



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)





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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



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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.

