There are no new National Patient Safety Goals for 2011, however The Joint Commission revised four elements of performance (EPs) within the Goals to remove specific requirements related to clinical practice. Because the revisions do not involve new requirements, the four revised EPs are effective immediately for the applicable programs.

The recently approved changes mark a concerted effort to move away from prescriptive requirements and allow health care organizations to keep up with emerging clinical research and newly accepted clinical practices. When the EPs were originally developed, the language reflected the best evidence-based knowledge at the time, but medical research continuously discovers new treatments and identifies changes to existing practices.

The revisions allow health care organizations to choose practices that reflect current science and medical knowledge that is validated by an authoritative source, which may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or an endorsement of the practice by a professional organization(s) and/or a government agency(ies). During the on-site survey, surveyors will explore the source of the practices the organization follows. It is not acceptable to follow a practice that is not supported by evidence or widespread consensus.

The revisions can be seen in the box on page 7 with deletions shown with strikethrough and additions with underlined text.

Medication Reconciliation Update
The Joint Commission recently completed a field review of proposed revisions to National Patient Safety Goal 8 on medication reconciliation. While an overwhelming majority of survey respondents agreed that the medication reconciliation goal addresses an important patient safety issue, substantially fewer agreed that the revised goal resolved their concerns.

Specifically, field review comments highlighted implementation challenges because the goal involves critical issues beyond the organization's control, particularly the reliability of patients' reporting of current medications.

Based on this feedback, The Joint Commission is investigating alternatives, including more feasible implementation expectations and whether medication reconciliation could be better addressed in the standards. The Joint Commission's Standards and Survey Procedures (SSP) Committee will evaluate the field review results on July 27 before determining the next steps. At this time, The Joint Commission believes that the implementation date for the revised medication reconciliation requirement will be July 2011 rather than January 2011.

During on-site surveys, surveyors continue to evaluate organizations' medication reconciliation processes, discuss opportunities for improvement, and collect information on the progress organizations are making in meeting medication reconciliation requirements. Survey findings from National Patient Safety Goal 8 requirements are not currently factored into the organization's accreditation decision and do not generate Requirements for Improvement.
APPLICABLE TO PROGRAMS IDENTIFIED IN BLUE

Effective Immediately
APPLIES TO CRITICAL ACCESS HOSPITALS, HOSPITALS, LONG TERM CARE, AND MEDICARE/MEDICAID CERTIFICATION–BASED LONG TERM CARE

NPSG.03.05.01
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Element of Performance for NPSG.03.05.01
A 6. A written policy addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies, anticoagulants.

APPLIES TO CRITICAL ACCESS HOSPITALS AND HOSPITALS

NPSG.07.04.01
Implement evidence-based practices to prevent central line–associated bloodstream infections.

Element of Performance for NPSG.07.04.01
C 11. Use a chlorhexidine-based antiseptic for skin preparation during central venous catheter insertion in patients over 2 months of age, unless contraindicated that is cited in scientific literature or endorsed by professional organizations.*

APPLIES TO AMBULATORY CARE, CRITICAL ACCESS HOSPITALS, HOSPITALS, AND OFFICE-BASED SURGERY PRACTICES

NPSG.07.05.01
Implement evidence-based practices for preventing surgical site infections.

Elements of Performance for NPSG.07.05.01
C 7. Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to evidence-based best practices methods cited in scientific literature or endorsed by professional organizations.*
- Administer intravenous antimicrobial prophylaxis one hour before incision (two hours are allowed for the administration of vancomycin and fluoroquinolones).
- Discontinue the prophylactic antimicrobial agent within 24 hours after surgery (within 48 hours is allowable for cardiothoracic procedures).

Footnote: See Joint Commission core measures at http://www.jointcommission.org/PerformanceMeasurements.

C 8. When hair removal is necessary, use clippers or depilatories a method that is cited in scientific literature or endorsed by professional organizations.*

Note: Shaving is an inappropriate hair removal method.

* A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the organization must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or widespread consensus. During the on-site survey, surveyors will explore the source of the practices the organization follows.