

NEWS RELEASE

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Editor's note: Go to www.jointcommission.org for the specific National Patient Safety Goals for each of The Joint Commission's accreditation and certification programs: Ambulatory Care and Office-Based Surgery, Behavioral Health Care, Hospitals and Critical Access Hospitals, Disease-Specific Care, Home Health, Long Term Care, and Laboratories.

The Joint Commission Announces 2009 National Patient Safety Goals

(OAKBROOK TERRACE, Ill. – June 17, 2008) The Joint Commission today announced the 2009 National Patient Safety Goals and related requirements for each of its accreditation programs and its Disease-Specific Care Certification Program. The National Patient Safety Goals promote specific improvements in patient safety by providing health care organizations with proven solutions to persistent patient safety problems. These Goals apply to the more than 15,000 Joint Commission-accredited and -certified health care organizations and programs.

Major changes for 2009 include three new hospital and critical access hospital requirements related to preventing deadly health care-associated infections due to multiple drug-resistant organisms (MDROs), central line-associated bloodstream infections and surgical site infections. These additions build on an existing National Patient Safety Goal to reduce the risk of health care-associated infections, and recognize that patients continue to acquire preventable infections at an alarming rate within hospitals. The new requirements related to central line-associated bloodstream infections also will take effect for ambulatory care facilities and office-based surgery practices, home care organizations and long term care organizations. In addition, prevention of surgical site infections will be a new requirement for ambulatory care facilities and office-based surgery practices. These new infection-related requirements have a one-year phase-in period that includes defined milestones, with full implementation expected by January 1, 2010.

"The 2009 National Patient Safety Goals represent ongoing opportunities for improvement that can immediately benefit patients," says Mark R. Chassin, M.D., M.P.P., M.P.H., president, The Joint Commission. "By taking action to consistently meet the Goals, health care organizations can substantially improve patient safety in America."

A revision of the requirements for the existing medication reconciliation Goal is based on feedback obtained from a Medication Reconciliation Summit convened in late 2007 and is included in the 2009 update. Other changes to the National Patient Safety Goals include a requirement to eliminate transfusion errors related to patient misidentification in hospitals, critical access hospitals, ambulatory care facilities and office-based surgery practices. New requirements for several programs focus on engaging patients in their care regarding infection control, prevention of surgical adverse events, and the patient identification process.

The requirements associated with the existing Universal Protocol, initiated to help prevent errors in surgical and non-invasive surgical procedures, were also improved for 2009. These changes, which address the topics of procedure verification, marking the procedure site, and conducting a “time out” immediately prior to starting procedures, were based on feedback received at the Wrong Site Surgery Summit in 2007. The Universal Protocol is used by hospitals, critical access hospitals, disease-specific care organizations, ambulatory care facilities and office-based surgery practices.

The development, annual review and modification of the National Patient Safety Goals, first introduced in 2003, is overseen by the Sentinel Event Advisory Group, a panel that includes widely recognized patient safety experts, nurses, physicians, pharmacists, risk managers and other professionals who have hands-on experience in addressing patient safety issues in hospitals and other health care settings. Each year, this panel works with The Joint Commission to undertake a systematic review of the literature and available databases to identify potential new Goals and requirements. The Joint Commission also conducts an extensive field review of candidate new Goals and seeks input from practitioners, provider organizations, purchasers, and consumer groups among others. The Joint Commission’s Board of Commissioners approves the Goals and requirements each year. Compliance with the requirements is a condition of continuing accreditation or certification for Joint Commission-accredited and -certified organizations.