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Update: Medication reconciliation NPSG field review results

The Joint Commission recently completed a field review of revisions to National Patient Safety Goal 8 on medication reconciliation. An overwhelming majority of those who responded to the survey agreed that the medication reconciliation NPSG addresses an important patient safety issue. However, substantially fewer respondents agreed that the revised goal resolved their concerns, most of which revolve around implementation. Comments in the field review highlighted problems with the NPSG, including that compliance is a challenge because it involves critical issues beyond the organization's control, particularly the reliability of patient reporting of current medications.

Based on this feedback, The Joint Commission is investigating alternatives, including requirements with more feasible implementation expectations, and whether medication reconciliation could be better addressed in the standards. The field review results will be reviewed by The Joint Commission's Standards and Survey Procedures Committee before next steps are determined. At this time, The Joint Commission believes that the implementation date for a revised requirement will be July 2011 rather than January 2011. In the meantime, during the on-site survey, surveyors will continue to evaluate the organization's medication reconciliation processes, discuss opportunities for improvement, and collect information on the progress organizations are making in meeting NPSG 8. Survey findings from NPSG 8 will not be factored into the organization's accreditation decision and will not generate Requirements for Improvement (RFIs). (Contact: Maureen Carr, mcarr@jointcommission.org)

Reminder: Interim staffing effectiveness requirements go into effect July 1, 2010

On July 1, 2010, interim requirements to the staffing effectiveness standards will go into effect for hospitals and long term care organizations. The interim standards will remain in effect while The Joint Commission continues to research staffing effectiveness issues. While the survey of the original, problematic hospital staffing effectiveness standard PI.04.01.01 remains suspended, beginning July 1, The Joint Commission will begin assessing organization compliance with the interim staffing effectiveness requirements (the last bullet under LD.04.04.05 EP 13 and PI.02.01.01 EPs 12,13,14). The interim staffing effectiveness requirements were based on input from hospitals and other stakeholders during two field reviews: the first in June 2009 and the second in September 2009. The interim requirements were included in the first manual update for 2010; the E-dition (electronic manual) will be updated in July. To see the interim requirements, see the December 16, 2009, issue of [Joint Commission Online](#). (Contact: Laura Smith, lsmith@jointcommission.org)

Customer service

Comment on the standards

Customers and other interested parties are invited to comment on the standards via an [online form](#) on The Joint Commission Web site. The Joint Commission is interested in knowing which standards our customers and stakeholders value the most, and those which they consider to be of questionable value to the delivery of quality health care. There are forms for all accreditation and certification programs. This feature is a product of The Joint Commission's Robust Process Improvement (RPI) initiative to improve

the efficiency and effectiveness of internal processes and to better meet customers' needs and expectations of value. (Carrie Mayer, cmayer@jointcommission.org)

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