Modifications to National Patient Safety Goal 7 (continued)

6. Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

7. Implement policies and practices aimed at reducing the risk of transmitting multidrug-resistant organisms. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention [CDC] and/or professional organization guidelines).

8. When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms.
   Note: The alert system may use telephones, faxes, pages, automated and secure electronic alerts, or a combination of these methods.

9. When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients and residents who are known to be positive for multidrug-resistant organisms.
   Note 1: The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both.

Note 2: Each organization may define its own parameters in terms of time and clinical manifestation to determine which readmitted patients and residents require isolation.

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

Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

Revised Elements of Performance for NPSG.07.03.01
1. Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities or granting of initial privileges and periodically thereafter as determined by the organization.

2. Prior to insertion of a central venous catheter, educate patients and residents and, as needed, their families about central line–associated bloodstream infection prevention.

Changes to Review Notification Policy for HCSS Firms Seeking Recertification
As previously announced (see March 2017 Perspectives, pages 3 and 4), The Joint Commission recently updated its policy for notifying accredited organizations of upcoming surveys and certified programs of upcoming reviews. An additional change has been approved for staffing firms with upcoming reviews for Health Care Staffing Services (HCSS) recertification.

Effective June 5, 2017, single and corporate model staffing firms—regardless of the number of full-time employees—seeking HCSS recertification will receive seven business days’ notice of the scheduled review date. This change is reflected in the spring Edition® update of the Health Care Staffing Services Certification Manual in “The Joint Commission Certification Process” (CERT) chapter.

As a reminder, organizations with upcoming recertification reviews no longer receive a phone call from a Joint Commission representative notifying them that the event has been scheduled. Notice is posted on the Joint Commission Connect™ extranet seven business days prior to the event, and an e-mail is sent to those listed on the extranet as the chief executive officer and primary certification contact with instructions to view the event details on the extranet. Another e-mail with the same information is sent by 7:30 a.m. in the organization’s local time zone on the morning of the event.

Also as a reminder, staffing firms seeking Health Care Staffing Services Certification for the first time still receive 30 days’ advance notice of the scheduled review date. Questions may be directed to your organization’s assigned Account Executive.