An editorial addressing the appropriateness of The Joint Commission’s performance measure addressing VTE prophylaxis (VTE-1) as it relates to ACCP guidelines appeared recently in the journal *Annals of Internal Medicine* (Baker & Qaseem, 2011). This critique reflects an incomplete understanding of the VTE-1 measure by the authors, in that it does not recognize that the performance measure accounts for use of mechanical as well as pharmacological prophylaxis modalities. Furthermore, as with all Joint Commission measures, any patient can be excluded from the measure based on the clinician’s documented determination that VTE prophylaxis is not appropriate for an individual patient.

The Joint Commission’s VTE measures were developed based on careful consideration of the ACCP guideline recommendations. The ACCP does not advocate patient-specific assessment for VTE risk due to the lack of appropriately-derived and validated risk assessment tools. Further, the ACCP guidelines state “there is sufficient evidence to recommend routine thromboprophylaxis for most hospitalized patient groups” (Geerts, WH et al., 2008). The ACCP guideline does not support the identification of small populations of low risk patients who do not require thromboprophylaxis.

The Joint Commission continually monitors the evidence supporting each of its measures in an effort to assure the integrity and clinical currency of the measure. For all measures, The Joint Commission is advised by technical experts as to the most current evidence around the measures, and reports on this evidence to the National Quality Forum (NQF) on a triennial basis. VTE-1 was found to have met the NQF’s criteria for importance, scientific acceptability, feasibility, and usability, and therefore was endorsed by NQF in 2008.
