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## Performance measurement

### Hospitals to have greater flexibility in meeting 2015 ORYX performance measure requirements

Beginning with performance measure set selections for 2015, Joint Commission accredited hospitals will have greater flexibility in meeting the ORYX performance measure requirements for reporting on six measure sets. Effective January 1, 2015, hospitals will no longer be required to report on four mandatory measure sets (acute myocardial infarction, heart failure, pneumonia and surgical care improvement project). Only one measure set – perinatal care – will remain mandatory in calendar year 2015 as one of the six measure sets for hospitals with at least 1,100 live births per year. Next year, accredited hospitals will have the flexibility of meeting ORYX reporting requirements through one of three options:

- Option 1: Vendor submission of quarterly data on six sets of chart-abstracted measures.
- Option 2: Vendor submission of quarterly data on six sets of electronic clinical quality measures (eCQMs).
- Option 3: Vendor submission of quarterly data on six measure sets using a combination of chart-abstracted measures and eCQMs.

*Note: Not all vendors will qualify for Options 2 or 3. See note in [2015 Flexible ORYX Performance Measure Reporting Options document](#).*

On November 1, 2014, hospitals can begin updating their ORYX measure reporting options, along with their selections of measure sets on which data will be reported for 2015; **all updates to 2015 elections need to be completed by November 30, 2014.**

The decision to provide accredited hospitals with greater flexibility in meeting ORYX requirements was influenced by a number of factors, including the increasing focus on performance measurement, the use of performance measures and performance measure data, the adoption of electronic health records, and The Joint Commission's awareness and sensitivity to accredited organizations' growing concerns in meeting their many reporting requirements.

### Tips for selecting 2015 ORYX measure reporting option

- Review the [2015 Flexible ORYX Performance Measure Reporting Options document](#), paying careful attention to the measures associated with each of the three options and the associated notes.
- If the hospital elects either Option 2 or 3 and the use of eCQMs, all the conditions under Options 2 or 3 must be met.
- For the eCQM measure sets, data must be reported for a minimum of one calendar quarter or up to three consecutive calendar quarters for 2015 and include either first quarter 2015, and/or second quarter 2015, and/or third quarter 2015 data. Unlike the requirement for the quarterly submission of chart-abstracted data no later than four months after the close of the calendar quarter, eCQM measure data may be submitted beginning as early as June 2015 and must be received no later than December 15, 2015.
- Hospitals failing to submit data by the required reporting dates, (e.g., eCQM measure set data, at least 1Q of data by the 12/15/2015 date) are at risk of failing to meet The Joint Commission's Accreditation Participation Requirement, APR.04.01.01, respecting the selection and use of ORYX measure sets through a listed ORYX vendor. Failing to do so places a hospital's accreditation status at risk.
- Having selected an option for meeting 2015 ORYX measure reporting requirements, the hospital must continue to use the selected option for a minimum of calendar year 2015.

*Note: Reporting on 2014 measure selections must continue through calendar year 2014.*

In response to the aforementioned factors and as part of its deliberations, The Joint Commission elected to more closely align its 2015 measurement requirements with those measures that it has in common with the Centers for Medicare & Medicaid Services (CMS), resulting in:

- Reduction in the number of measure sets (from 14 to 12 chart-abstracted measure sets) and the number of measures within specific measure sets
- Reduced data collection effort
- Enhanced efficiencies in meeting data collection and reporting requirements

*2015 measure reporting options for Advanced Certification in Heart Failure and Stroke:*

- **Advanced Certification in Heart Failure (ACHF):** Effective with January 1, 2015 discharges, hospitals that maintain Joint Commission ACHF will no longer be required to report on the following two heart failure measures, HF-2 (Evaluation of LVS Function) and HF-3 (ACEI or ARB for LVSD). Performance measure reporting requirements will continue to be met through reporting on the six mandatory inpatient ACHF measures that were required effective January 1, 2014.
- **Primary Stroke Center Certification (PSC):** Hospitals seeking or that are currently Joint Commission PSC certified will continue to be required to report data on the existing mandatory eight chart-abstracted measures that comprise The Joint Commission stroke core measure set.
- **Comprehensive Stroke Center Certification (CSC):** Hospitals seeking or that are currently Joint Commission CSC certified will continue to be required to report data on the existing mandatory eight chart abstracted measures that comprise The Joint Commission stroke core measure set, along with data on eight new comprehensive stroke (CSTK) measures that will be required effective with January 1, 2015 discharges.

In its leadership role in driving improvement through measurement, The Joint Commission will continue to assess how future performance measure reporting requirements can add even greater value for Joint Commission accredited organizations. (Contact: Frank Zibrat, [fzibrat@jointcommission.org](mailto:fzibrat@jointcommission.org) or 630-792-5992)

## Accreditation and certification

### Most challenging requirements for the first half of 2014

The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals (NPSGs), the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements. These data also help The Joint Commission identify risk areas to highlight in the Focused Standards Assessment (FSA) process. The table below identifies five Joint Commission requirements that were most frequently identified as “not compliant” for the first half of 2014 for accredited organizations and certified programs. For more information, see the [Frequently Asked Questions](#). (Contact: Standards Interpretation Group, 630-792-5900 or [online question form](#))

Non-compliance %age	Standard/NPSG	Description
		<b>Ambulatory Care</b>
50%	HR.02.01.03	The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
45%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
37%	MM.03.01.01	The organization safely stores medications.
32%	MM.01.01.03	The organization safely manages high-alert and hazardous medications.
24%	IC.02.04.01	The organization offers vaccination against influenza to licensed independent practitioners and staff.
		<b>Behavioral Health Care</b>
38%	CTS.03.01.03	The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.
21%	NPSG.15.01.01	Identify individuals at risk for suicide.

Non-compliance %age	Standard/NPSG	Description
19%	HR.02.01.03	The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.
14%	HR.01.02.05	The organization verifies staff qualifications.
14%	EC.02.06.01	The organization establishes and maintains a safe, functional environment.
<b>Critical Access Hospital</b>		
58%	EC.02.03.05	The critical access hospital maintains fire safety equipment and fire safety building features.
58%	EC.02.05.01	The critical access hospital manages risks associated with its utility systems.
49%	EC.02.06.01	The critical access establishes and maintains a safe, functional environment.
47%	LS.02.01.20	The critical access hospital maintains the integrity of the means of egress.
42%	IC.02.02.01	The critical access hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
<b>Home Care</b>		
41%	PC.02.01.03	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.
28%	PC.01.03.01	The organization plans the patient's care.
26%	IC.02.04.01	The organization offers vaccination against influenza to licensed independent practitioners and staff.
24%	HR.01.06.01	Staff are competent to perform their responsibilities.
24%	RC.02.01.01	The patient record contains information that reflects the patient's care, treatment, or services.
<b>Hospital</b>		
53%	EC.02.05.01	The hospital manages risks associated with its utility systems.
52%	LS.02.01.20	The hospital maintains the integrity of the means of egress.
51%	EC.02.06.01	The hospital establishes and maintains a safe, functional environment.
50%	EC.02.03.05	The hospital maintains fire safety equipment and fire safety building features.
50%	IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
<b>Laboratory and Point-of-Care Testing</b>		
73%	QSA.01.01.01	The laboratory participates in Centers for Medicare & Medicaid Services (CMS)-approved proficiency testing programs for all regulated analytes.
39%	HR.01.06.01	Staff are competent to perform their responsibilities.
37%	QSA.02.03.01	The laboratory performs calibration verification.
36%	DC.02.03.01	The laboratory report is complete and is in the patient's clinical record.
32%	QSA.08.04.01	The laboratory establishes workload limits for staff who perform primary cytology screening.
<b>Nursing Care Center</b>		
32%	HR.02.01.04	The organization permits licensed independent practitioners to provide care, treatment, and services.
25%	PC.01.02.03	The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.
21%	IM.02.02.01	The organization effectively manages the collection of health information.
19%	HR.01.02.05	The organization verifies staff qualifications.
19%	PC.01.02.07	The organization assesses and manages the patient's or resident's pain.
<b>Medicare/Medicaid Certification-Based Long Term Care</b>		
43%	HR.02.01.04	The organization permits licensed independent practitioners to provide care, treatment, and services.
43%	LD.04.01.07	The organization has policies and procedures that guide and support patient and resident care, treatment and services.
43%	PC.01.02.07	The organization assesses and manages the patient's or resident's pain.
29%	NPSG.01.01.01	Use at least two patient or resident identifiers when providing care, treatment, and services.

Non-compliance %age	Standard/NPSG	Description
29%	NPSG.07.01.01	Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
<b>Office-Based Surgery</b>		
38%	HR.02.01.03	The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
34%	IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices, and supplies.
28%	MM.03.01.01	The practice safely stores medications.
23%	EC.02.05.07	The practice inspects, tests, and maintains emergency power systems.
22%	MM.01.01.03	The practice safely manages high-alert and hazardous medications.
<b>Advanced Certification for Palliative Care</b>		
36%	PCPC.4	The interdisciplinary program team assesses and reassesses the patient's needs.
30%	PCPC.3	The program tailors care, treatment, and services to meet the patient's lifestyle, needs, and values.
15%	PCIM.2	The program maintains complete and accurate medical records.
12%	PCPC.5	The program provides care, treatment, and services according to the plan of care.
12%	PCPM.7	The program has an interdisciplinary team that includes individuals with expertise in and/or knowledge about the program's specialized care, treatment, and services.
<b>Disease-Specific Care Certification</b>		
35%	DSDF.3	The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
14%	DSDF.2	The program develops a standardized process originating in clinical practice guidelines (CPG) or evidence-based practice to deliver or facilitate the delivery of clinical care.
14%	DSCT.5	The program initiates, maintains, and makes accessible a health or medical record for every participant.
14%	DSDF.1	Practitioners are qualified and competent.
12%	DSSE.3	The program addresses the patient's education needs.
<b>Health Care Staffing Services Certification</b>		
13%	HSHR.1	The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).
10%	HSHR.6	The HCSS firm evaluates the performance of clinical staff.
6%	HSLD.9	The HCSS firm addresses emergency management.
4%	CPR 5	The staffing firm submits performance measurement data to The Joint Commission on a routine basis.
3%	CPR 11	Any staffing firm employee or independent contractor who has concerns about the quality and safety of patient care provided by the staffing firm's employees or independent contractors can report these concerns to The Joint Commission without retaliatory action from the staffing firm.

## Resources

### New downloadable infographic files available

New downloadable infographic files have been added to the [Infographics Gallery](#) on The Joint Commission website. It was brought to our attention that some of the infographics had limited print capabilities. Infographics, which combine text and graphics to explain complex information, can be downloaded and printed for free. Topics include:

- CLABSI Toolkit
- High Reliability LTC
- Joint Commission enterprise's key accomplishments of 2013

- Medical Device Alarm Safety
- *Sentinel Event Alert* #53: Managing risk during transition to new ISO tubing connector standards
- Strategies for Improving Rapid Influenza Testing
- 2013 Fire Prevention Week

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#### New on the Web

- **Prepublication standards:** [Standards Revisions Related to Medical Equipment and Utility System Maintenance for the Critical Access Hospital Deemed Program](#).
- **Standards field review:** [Proposed Requirements for the Acute Stroke Ready Hospital Certification Program](#), available until October 29.
- **Newsletter:** [BHC News](#) – Issue Three 2014
- **Blog posts:**
  - *@ Home with The Joint Commission:* [Charting a course for success](#)
  - *AmBuzz:* [We listened, and we want to listen again](#)

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