

Ongoing Activities

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- **Principles Respecting Joint Commission Core Performance Measurement**

These principles were developed and are maintained by the Performance Measurement Strategic Issues Work Group and are designed to guide the Joint Commission in the identification, implementation and on-going use of tools for measuring and improving patient care and in all national collaborative activities associated with performance measurement.

- **Identification and Implementation of Core Measures**

With critical infrastructure and operational processes in place as a result of earlier activities, implementation of standardized metrics (i.e., core measures) became possible. Toward this end, the Joint Commission developed a process for the identification, testing, specification and implementation of core performance measures. To date, five core performance measure sets have been identified for hospitals. These include acute myocardial infarction, heart failure, pneumonia, pregnancy and related conditions, and surgical infection prevention. ICU, children's asthma care and hospital-based inpatient-psychiatric services measures are among the next measure sets scheduled to follow. The process utilized to determine these measure sets relies on working with a content-specific technical expert panel, stakeholder input, rigorous testing and the development of precise technical specifications. All Joint Commission measures are submitted to the National Quality Forum (NQF) for review and potential endorsement. To date, all Joint Commission core measures have been endorsed by the NQF.

- **Performance Measurement Systems (PMSs)**

A process was established to permit PMSs to embed Joint Commission core measures in a standardized fashion thus enabling comparisons across disparate systems. Detailed technical specifications were provided to all PMSs serving accredited hospitals and technical support was provided to the systems during the embedding process. PMSs undergo an initial and annual verification process to determine whether measures have been embedded and are maintained in accord with Joint Commission technical specifications. All PMS data collection tools are similarly reviewed to determine whether they accurately and completely capture the measure data. Currently, approximately 50 PMSs support hospital core performance measurement activities.

- **Evolving ORYX Performance Measure Requirements**

Beginning in July 2002, hospitals began collecting core measure data. Hospitals were required to select at least 2 measure sets respecting populations served by the HCO. Where hospitals could not select 2 measure sets, they were required to use a combination of core and non-core measures. Effective January 2004, hospitals are required to select 3 core measure sets to meet accreditation requirements. This requirement also supports the Hospital Quality Alliance's "10 measure starter set" requirement since the starter set is a subset of the current complement of core measures.

- **Use of Measure Data in the Accreditation Process**

The utilization of measure data has also evolved. In addition to the use of the data for on-going HCO internal quality improvement activities and the Joint Commission's Pre-Survey Report, core measure data are now also used to focus the onsite survey visit through the Priority Focus Process (PFP). The PFP aggregates data from multiple sources and associates those data with predefined priority focus areas (e.g., communication, infection control, information management) to identify one or more initial focus areas for the onsite survey.

- **Public Reporting of Measure Data**

Public reporting of core measure data was initiated as part of the Joint Commission's Quality Report in July 2004. This information can be accessed at www.QualityCheck.org. The Quality Report provides a user friendly format for accessing organization-specific data for each of the HCO's selected measures. It also provides composite scores for each set of measures. All data are displayed against national and state comparative data. Measures in this report are defined as National Quality Improvement Goals.

- **Data Quality**

Attention to data quality in the early stages focused primarily on missing and aberrant data. The Joint Commission identified issues associated with missing and aberrant data through electronic processes and worked with PMSs to determine and address the underlying causes. Review of data for such issues still occurs after each quarterly transmission of ORYX data. Data quality became an even more critical issue with the advent of core measures and public reporting. While missing and aberrant data are still important issues, attention to other areas of data quality are now evolving. Current efforts are focusing on the reliability of the data collection and aggregation processes.

- **National Collaboration**

Many of the Joint Commission's core measures are common with measures required by the Centers for Medicare and Medicaid Services (CMS). Consequently, CMS and the Joint Commission have established a working agreement to precisely align common measures. This will greatly reduce the data collection burden for hospitals since one set of data can be used to satisfy the requirements for both entities, including the Hospital Quality Alliance. The Joint Commission also works closely with NQF and other external entities in the ongoing identification and specification of additional core measure sets.

The overarching objective of these activities was the introduction and initial use of standardized core measures.