

ORYX SELECTION FORM A ADDITIONAL HOME CARE MEASURES

HCO ID #
HCO NAME
ADDRESS
ADDRESS

**Fax completed form to
(630) 792-4599**

G NO ADDITIONAL MEASURES REQUIRED

| MEASUREMENT SYSTEM NAME/ SYSTEM OWNER | SYSTEM ID # <small>(e.g. 0345-01)</small> | MEASURE ID # <small>(e.g. 03579)</small> | DESCRIPTION OF MEASURE <small>(e.g. Discharge to community)</small> |
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Joint Commission policy requires that your organization provide written confirmation of the additional performance measurement system(s) and performance measures your organization has selected to meet ORYX performance measurement requirements for accreditation.

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|-------------------------|-----------|------|
| Primary Contact | Phone | Date |
| Chief Executive Officer | Signature | Date |