

Principles Respecting Joint Commission Core Performance Measurement Activities

Preamble

The Joint Commission's primary mission is to improve the quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. Performance measurement is a critical link between accreditation and the processes and outcomes of patient care, allowing the Joint Commission to review data trends and patterns, and work collaboratively with organizations as they use data to improve health care quality, improve patient outcomes and reduce associated costs.

These principles respecting core performance measurement activities are intended to guide the Joint Commission in the identification, implementation and use of tools for measuring and improving patient care. As Joint Commission core measure activities continue to evolve, adhering to the principles listed below will ensure that these efforts: (1) fit with existing health care organization approaches to performance improvement; (2) are consistent with the Joint Commission mission; (3) meet the needs of disparate users; (4) identify individual measures that adhere to established criteria and are supported by the highest possible level of clinical evidence ; (5) result in appropriately disseminated measurement data; (6) are coordinated with other national measurement-related efforts; (7) are cost effective and support waste reduction; (8) do not place undue burden on health care organizations, and; (9) are based upon data that are accurate and complete.

Principles

1. Joint Commission performance measurement activities complement ongoing health care organization efforts to improve patient care.

Rationale

- Performance measurement is intended to provide health care organizations with an additional tool that can be incorporated into their ongoing improvement activities. The goal of measurement is to improve both the quality of patient care and the cost of services.
 - Performance measure data are monitored and factored into the accreditation process as appropriate.
2. Performance measures must be identified and organized in ways that address the highest priority measurement needs of specific users and/or stakeholders (e.g., patients, payers, purchasers, regulators). This includes configuring performance measure sets to meet Joint Commission measurement needs across accreditation and certification programs, and grouping available measures so that they address the unique needs of other interested stakeholders.

Rationale

- Measures should be built around the Institute of Medicine's six specific aims for improvement, that is, around the core need for health care to be:
 - Safe – Safety is incorporated as a fundamental property of system design;

- Effective – Health care should match science, with neither underuse nor overuse of the best available techniques;
 - Patient-Centered - The individual patient’s culture, social context, and specific needs deserve respect, and the patient should play an active role in making decisions about her own care;
 - Timely - Unintended waiting that doesn’t provide information or time to heal is a system defect. Prompt attention benefits both the patient and the caregiver;
 - Efficient - the health care system should be **efficient**, constantly seeking to reduce the waste — and hence the cost — of supplies, equipment, space, capital, ideas, time, and opportunities; and
 - Equitable - Race, ethnicity, gender, and income should not prevent anyone in the world from receiving high-quality care. We need advances in health care delivery to match the advances in medical science so the benefits of that science may reach everyone equally.
- Providing a robust picture of health care quality requires a constellation of measures addressing multiple dimensions of the health care continuum. For example, measure sets can be combinations of condition-specific, setting-specific, problem oriented, population-specific and specialty-specific indicators.
 - Measures can also focus on clinical care, health status and patient perceptions of care and address access, efficiency, efficacy and the effectiveness of health care.
 - Measures can focus on process and outcomes of care with an evolving emphasis on the identification and implementation of outcomes measures.
 - Measures should be endorsed by the National Quality Forum and on the agenda of the Hospital Quality Alliance.
3. Performance measurement activities are consonant with the mission of the Joint Commission, are useful for quality oversight purposes, facilitate internal quality improvement and meet the needs of multiple stakeholders, including consumers and payers.

Rationale

- Performance measurement was implemented by the Joint Commission to monitor accredited organization performance as part of an ongoing, continuous accreditation process, and to provide health care organizations with a quantitative basis for improving the quality of health care.
 - Performance measurement is also intended to provide comparative information to assist consumers and purchasers, both public and private, in selecting among health care organizations in relation to the quality of their health care services.
 - As the Joint Commission increases its focus on data in the accreditation process, health care organizations will be motivated to increase their use of data in quality improvement activities.
4. Each performance measure used in accreditation complies with established Joint Commission evaluation criteria (i.e., targets improvement in populations; precisely defined and specified; reliable; valid; interpretable; risk adjusted or stratified; data collection effort is assessed; useful in the accreditation process; under provider control; publicly available). To the extent possible,

measures also meet the criteria established by the National Quality Forum and are harmonized across settings.

Rationale

- To be applicable for their intended use, individual performance measures must meet a number of strict requirements, including having established reliability and validity, and controlling for the influences of factors that differ among groups being compared through some form of risk adjustment.
 - All health care organization participants must collect performance measure data on the same measures in the same way, in order to generate valid comparisons. Consequently, detailed technical specifications for abstracting and/or collecting performance measure data must be provided to, and followed by, all participating organizations.
 - Lead and/or support standardization of guidelines for measure development and harmonization that can be used by all measure developers.
 - Lead and/or support efforts to develop and implement measures that span the continuum of care and address the transitions of care from setting to setting.
5. Performance measurement data are disseminated in a way that reaches the intended audience(s), through both public and private reporting, and in a format and time frame that meets their needs. Data dissemination activities are coordinated with the Board's Data Use Oversight Strategic Issues Work Group.

Rationale

- In order to be useful for its targeted audience, performance measurement data must be disseminated in a timely fashion and in a format that promotes understanding.
 - Data analysis should be based upon rigorous statistical techniques.
 - For reporting purposes, data should permit aggregation at different levels.
 - Data from external sources (e.g., CMS—HCAHPS data) that meet Joint Commission evaluation criteria may be imported and utilized in the accreditation process and publicly reported along with core measure data.
6. The identification of performance measures, and the establishment of performance measurement requirements, are coordinated with, and are consistent with, the measures and requirements of other driving entities in this area. All Joint Commission core measures are vetted through extant processes.

Rationale

- In order to reduce duplicative data collection demands on health care organizations, the Joint Commission should strive to achieve as much commonality as possible across measures in the greater performance measurement environment. This entails sharing data elements, data element definitions and, if applicable, the same measures with entities such as CMS, the National Quality Forum, the Hospital Quality Alliance, the AMA, NCQA and others as appropriate.
- Where possible, Joint Commission core measures should be useful to AHRQ for inclusion in the National Quality Report.

7. Joint Commission performance measurement requirements do not place undue data collection burden on accredited organizations.

Rationale

- Performance measurement should be cost effective for organizations, measurement systems and the Joint Commission. The benefit of performance measurement should exceed the cost for all participants.
 - In order to make performance measurement as relevant as possible to individual health care organizations, the Joint Commission should allow accredited organizations some flexibility – balanced with earlier goals to achieve comparability of data and information - in meeting measurement requirements.
 - Seek to identify and implement mechanisms to facilitate data collection efforts through automation (e.g., through the EHR).
 - Support retirement of measures where opportunities for improvement have been substantially realized (i.e., where national measure rates indicate high levels of performance by most hospitals); implement mechanisms to assure that high levels of performance are sustained.
8. The Joint Commission, performance measurement systems and health care organizations collaborate to ensure that performance measurement data are consistently accurate and complete.

Rationale

- The usefulness and credibility of performance measurement for all parties depends upon the quality of the data. Inaccurate and/or incomplete data cannot be used to monitor performance, generate valid comparisons or identify opportunities for quality improvement.

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