HOSPITAL NON-CORE MEASURE SELECTION/CHANGE FORM

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to
(630) 792-4599

Please review the ORYX Participation Requirements for hospitals before completing this form.
http://www.jointcommission.org/AccreditationPrograms/Hospitals/ORYX/oryx_facts.htm

MEASUREMENT SYSTEM SELECTED

MEAUSREMENT SYSTEM NAME/SYSTEM OWNER	SYSTEM ID#	EFFECTIVE DATE

ADDITIONAL NON-CORE MEASURES SELECTED

Please list all required Non-Core Measures selected and enter the Effective Date (i.e., patient discharge date) when data collection will begin. Data collection must begin on the first day of a calendar quarter.

MEASURE ID#	DESCRIPTION OF MEASURE	EFFECTIVE DATE

MEASUREMENT SYSTEM DISCONTINUED

MEASUREMENT SYSTEM NAME/SYSTEM OWNER	SYSTEM ID#	EFFECTIVE DATE

NON-CORE MEASURES DISCONTINUED

Please List all Non-Core Measures discontinued and enter the Effective Date (i.e., patient discharge date) when data collection will end. Data collection must end on the last day of a calendar quarter. Data for each measure must be collected for a minimum of 12 months. A measure may be discontinued so long as there are no trends or patterns or outlier conditions that warrant further investigation,

MEASURE ID#	DESCRIPTION OF MEASURE	EFFECTIVE DATE

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact	Phone	Date

Chief Executive Officer	Signature	Date