

## Key Historical Milestones

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- **Indicator Measurement System**

Beginning in 1986, the Joint Commission developed and tested six sets of performance measures (peri-operative care, obstetrical care, trauma care, oncology care, infection control, and medication use) that were to be implemented through the Joint Commission's new measurement system known as the Indicator Measurement System or the IMSystem. The intent was that all accredited hospitals would collect and transmit these data beginning in 1995. Although that never happened, this concept set the stage for a broader, more ecumenical approach now known as the ORYX initiative.

- **Request for Measurement Systems**

The revised approach to performance measurement was initiated in 1995 with a "call" for Performance Measurement Systems (PMSs) to participate in the ORYX initiative. Candidate PMSs satisfying selection criteria would be "listed" for selection by accredited health care organizations (HCOs). HCOs were required to select and contract with a listed PMS in order to meet accreditation requirements. Today, PMSs meeting the Joint Commission's requirements continue to serve as intermediaries between the Joint Commission and the HCO in the transmission and aggregation of measure data. More than 400 PMSs have been evaluated to date, and today 98 PMSs support the ORYX initiative.

- **Attributes of Conformance**

All candidate PMSs were and are evaluated against specified characteristics known as the Attributes of Conformance. These Attributes are designed to describe the technical and operational infrastructure that is necessary to support performance measurement now and in the future. The Attributes were initially defined at a minimal level with the intent that expectations would increase over time; since 1995, the Attributes have in fact been modified many times to respond to the need for tighter data quality and are now known as PMS Requirements for ORYX Listing.

- **Request for Indicators**

Once the initial group of candidate PMSs were evaluated and listed, a "request for indicators" was issued to solicit PMS' extant measures for review, evaluation and approval for use in the ORYX process. Once approved, these measures could be selected by HCOs to satisfy ORYX requirements. To date, the Joint Commission's database houses more than 15,000 extant performance measures.

- **Establishment of the Auto-Stat Process**

The Joint Commission designed and implemented a software application to analyze in-coming performance measure data against specific statistical process control decision rules. All incoming data pass through this application to determine whether the associated process is statistically in control or not. Longitudinal results are displayed on a control chart; additional analyses provide comparative information, including determinations of outlier status. These data are an important input to the Priority Focus Process associated with the Joint Commission's new 2004 accreditation process (Shared Visions – New Pathways).

- **Design and Implementation of the Pre-Survey Report**

Initial use of performance measure data focused on development of a pre-survey report for use by surveyors during the onsite visit. The Pre-Survey Report is customized and generated for each accredited HCO. The Pre-Survey Report includes a control chart and comparison chart for each measure selected by the HCO. The control chart looks at the organization against itself overtime and the comparison chart looks at the organization against all other organizations collecting the identical measures. HCOs currently receive these reports 30 days prior to survey; in the future, HCOs will be able to access these reports via the secure Extranet.

- **Initial ORYX Performance Measurement Requirements**

In 1998, hospitals, long term care organizations and networks were among the first required to participate in the ORYX initiative; home care and behavioral health care organizations followed a year later. Initial policies required that HCOs select a listed PMS and two of the approved measures (also known as non-core measures) and begin collecting and transmitting monthly data points for these measures on a quarterly basis. The number of measures to be collected would be increased on an annual basis until replaced with standardized or core measures. Currently, hospitals must collect up to 9 measures if not participating in core measurement activities and non-hospitals must collect 6 measures.

**The overarching objective of these activities was to establish the prerequisite technical infrastructures within health care organizations, performance measurement systems and at the Joint Commission necessary to support the continuing evolution of performance measurement activities.**