

HOSPITAL VENDOR/CORE MEASURE SET CHANGE FORM

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to
(630) 792-4599

Please review the ORYX Participation Requirements before completing this form.

MEASUREMENT SYSTEM DISCONTINUED

MEASUREMENT SYSTEM (VENDOR) NAME

SYSTEM ID#

CORE MEASURE SET(S) DISCONTINUED

- Please CIRCLE the Core Measure Set(s) discontinued and enter the Data Collection End Date (i.e., patient discharge date) when data collection will end.
Data collection must end on the last day of a calendar quarter.
If you are changing vendors, or if you are replacing one of the measure sets below with another measure set, please complete the appropriate Core Measure Set Selection Form and return it to The Joint Commission.

NOTE: Data for each Core Measure Set/Measure must be collected for a minimum of 12 months. An organization may change its Core Measure Set(s) so long as there are no trends or patterns, or outlier conditions identified that warrant further investigation.

MEASURE SET

DATA COLLECTION END DATE

AMI

Note: If you previously selected the AMI core measure set but do not provide a related service/procedure described below, and you failed to notify The Joint Commission, or if you no longer provide a related service/procedure described below, please check the appropriate box and return this form with the appropriate signature.

- We do not currently administer thrombolytic agents
We do not currently perform PCIs

HF

PN

PR

SCIP

CAC

OPPS

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