

## INTRODUCTION AND BACKGROUND

### ***The History of the Performance Measurement Initiative***

In 1987, The Joint Commission announced its *Agenda for Change*, which outlined a series of major steps designed to modernize the accreditation process. A key component of the *Agenda for Change* was the future incorporation of performance measurement into the accreditation process. As the performance measurement initiative evolved, the name ORYX® was chosen to represent the overall initiative. Beginning with the Hospital and Long Term Care accreditation programs, performance measurement requirements were phased in over several years. Initial requirements allowed organizations to select a performance measurement system from a Joint Commission approved list to collect aggregate health care data on individual performance measures. In March of 1999, the ORYX® initiative became operational when the performance measurement systems began transmitting data to The Joint Commission on behalf of accredited hospitals and long term care organizations. Since that time, home care and behavioral health organizations have been included in the ORYX® initiative.

The eventual development and inclusion of standardized core performance measures was a standing goal of the ORYX® initiative. The next phase of the ORYX® initiative focused on the identification of standardized sets of valid, reliable, and evidence-based “core” measures for use in the hospital accreditation program. In early 1999, The Joint Commission solicited input from a wide variety of stakeholders - clinical professionals, health care provider organizations, health care consumers, and performance measurement experts – about potential focus areas for core measures. The input of these stakeholders, together with recommendations from State Hospital Associations led to the identification of five initial core measurement areas:

- Acute myocardial infarction (including coronary artery disease)
- Heart Failure
- Community acquired pneumonia
- Pregnancy and related conditions (including newborn and maternal care)
- Surgical procedures and complications

A period of extensive work involving clinical input from expert panels, attributes and evaluation criteria for core performance measures developed with the Advisory Council on Performance Measurement and pilot testing with state hospital associations, measurement systems, and hospitals led to the final selection of hospital core measures. Implementation of data collection on the first sets of ORYX® core measures for hospitals began in July 2001.

### ***Performance Measurement in Certification***

In 2004, The Joint Commission launched the Health Care Staffing Certification Program to meet quality oversight needs that have arisen in recent years as a result of significant, on-going shortages of nurses, pharmacists, and other health care professionals. These shortages have caused health care organizations to increasingly fill positions with temporary workers through contractual arrangements with staffing firms. The Joint Commission's certification program provides an independent, comprehensive evaluation of a staffing firm's abilities to provide competent staffing services. The certification evaluation process is reliant on standards which, in addition to other specific topics relating to health care staffing firms, outline expectations for performance measurement and improvement.

Since consensus-based nationally standardized performance measures have not historically existed for Health Care Staffing Services (HCSS), The Joint Commission initiated a two-stage process with respect to performance measurement expectations for HCSS certification. Stage I of the process required HCSS firms to select, collect, and analyze data on one or more non-standardized, industry-related performance measure(s) derived from the universe of measures. Simultaneously, a systematic process for the identification of Stage II, or standardized performance measures, for the HCSS Certification Program was initiated.

Identification of standardized measures for Stage II involved a multi-faceted approach which included an extensive literature review, development of a framework for identification of measurement areas, a targeted call for measures, a stakeholder comment period, and development of detailed measure specifications. These activities were advised and guided by an advisory panel of external experts. Measure specifications for a set of three performance measures were ultimately drafted along with development of this HCSS Certification Program Performance Measurement Implementation Guide which includes the HCSS measurement framework, measure information forms, data element dictionary, data collection tools, sampling methodology for data collection, glossary of terms, and references.

August 1, 2006, marked the beginning of a six-month pilot test of the candidate measure set. The pilot process, completed on January 31, 2007, tested the utility and reliability of this set of three standardized performance measures. Modifications to the candidate measure set were then made based on the feedback received from pilot site participants and recommendations from the expert panel.

The measures included in this second edition of the Health Care Staffing Services Implementation Guide are the outcome of the Stage II measure development process. These Stage II measures replace the Stage I measures previously used by HCSS firms for performance improvement.