

**HOSPITAL 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 before completing this form.*

**MEASUREMENT SYSTEM SELECTED**

MEASUREMENT SYSTEM NAME/SYSTEM OWNER	SYSTEM ID#	EFFECTIVE DATE
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**ADDITIONAL CORE MEASURE SET(S) SELECTED**

**Please CIRCLE the Core Measure Set(s) 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.**

**NOTE:** *If you select the AMI Core Measure Set but do not currently provide or have the capability of providing a service/procedure listed below, or if you select the CAP Core Measure Set but do not admit the patient populations described below, please check the appropriate box(s).*

<u>MEASURE SET</u>	<u>DESCRIPTION OF MEASURE</u>	<u>EFFECTIVE DATE</u>
AMI	<input type="checkbox"/> We do not currently administer thrombolytic agents <input type="checkbox"/> We do not currently perform PCIs	
HF	-	
PN		

**MEASUREMENT SYSTEM DISCONTINUED**

MEASUREMENT SYSTEM NAME/SYSTEM OWNER	SYSTEM ID#	EFFECTIVE DATE
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**CORE MEASURE SET(S) DISCONTINUED**

**Please CIRCLE the Core Measure Set(s) 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.**

**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. If you previously selected either the AMI or CAP core measure set but do not provide a related service/procedure or do not admit one of the patient populations described below, and you failed to notify JCAHO, please check the appropriate box and return this form with the appropriate signature.*

<u>MEASURE SET</u>	<u>DESCRIPTION OF MEASURE</u>	<u>EFFECTIVE DATE</u>
AMI	<input type="checkbox"/> We do not currently administer thrombolytic agents <input type="checkbox"/> We do not currently perform PCIs	
HF	-	
PN		
PR	-	

*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