Who is Eligible for the Program?
Joint Commission-accredited hospitals and critical access hospitals reporting ORYX data on one or more core measure sets, which contain accountability measures identified for inclusion in The Joint Commission’s calculation of accountability measure composite rates for calendar year 2014, are eligible for consideration.

What are the Prerequisites to being Eligible for the Program?
- Hospitals and critical access hospitals must have submitted at least 12 calendar months of data on at least one core measure set. **Note:** Seasonal measures e.g., influenza immunization, will be included if two calendar quarters of data exist for the calendar year under consideration.
- The sum of all the denominator cases for all accountability measures submitted must be ≥ 30.
- **Hospitals not meeting these minimum requirements are excluded from consideration for the Top Performer program.**

How is the Overall Recognition and Core Measure Set Designation(s) Determined?
Recognition as a Top Performer is determined using a three-step process. To be recognized as a Top Performer, a hospital must successfully meet all of the criteria in the three steps outlined below. For additional detailed information, please see Attachments A and B.

- **Step 1 - Overall Composite Rate ≥ 95%**
  - A hospital must achieve a composite rate across all reported accountability measures that is ≥ 95% (based on the rate obtained from the combined 12 calendar months of data). Data on all designated accountability measures across all core measure sets for which the hospital submits data for the calendar year under consideration will be included in the calculation.

- **Step 2 - Each and Every Accountability Measure ≥ 95%**
  - A hospital must achieve a rate ≥ 95% on each and every applicable reported accountability measure where there are at least 30 denominator cases (based on the rate obtained from the combined 12 calendar months of data).

- **Step 3 – Core Measure Set Designation**
  - A hospital must first be identified as a Top Performer (meet Step 1 and 2) and have at least one core measure set that has:
    - A core measure set composite rate ≥ 95% (based on the rate obtained from the combined 12 calendar months of data)
    - All applicable individual accountability measures with a rate that is ≥ 95% (based on the rate obtained from the combined 12 calendar months of data)

Which Accountability Measures will be Considered for 2014 (2015 Recognition)?
The complete list of accountability measures that will be used in the review of 2014 data (2015 recognition) will be posted on the Top Performer program section of The Joint Commission’s website at: [www.jointcommission.org/accreditation/top_performers.aspx](http://www.jointcommission.org/accreditation/top_performers.aspx) during the fall.

What are the Specific Calculations Used in each of the Three Steps?
- **Attachment A (Detailed Calculation Information/Measure Clarifications)** - provides detailed calculation information along with measure-specific clarifications for 2014 data.
- **Attachment B (Health Care Organization Eligibility Criteria Diagram)** - provides detailed calculation information as a flow diagram.

Questions?
Please contact the Top Performer Program at topperformersprogram@jointcommission.org.
The Joint Commission’s Top Performer on Key Quality Measures® Program
How to Determine “Top Performer” Status – Detailed Calculation Information
Being Applied to 2014 Data for 2015 Recognition

Step 1 - Overall Composite Rate ≥95%

To determine whether the hospital meets the criteria for Step 1, the following analysis is completed:

Divide the sum of all the reported accountability measure numerators for the calendar year by the sum of all the reported accountability measure denominators. This calculation must be ≥ 95% to meet Step 1.

Notes:
  a. The sum of all the reported accountability measure denominators must be ≥ 30 for this criterion to be met.
  b. Accountability measures reported for less than 12 months during 2014 (less than 6 months for seasonal measures, e.g., influenza immunization) are excluded from this calculation.
  c. Accountability measures with denominators of less than 30 cases are included in this calculation.

Step 2 - Each and Every Accountability Measure ≥ 95%

To determine whether the hospital meets the criteria for Step 2, the following analysis is completed:

For each individually reported accountability measure, divide the numerator by the denominator. Each of these calculations must be ≥ 95% to meet Step 2.

Notes:
  a. Accountability measures with denominators of less than 30 cases are not considered when determining whether this criterion is met.
  b. Accountability measures reported for less than 12 months during 2014 (less than 6 months for seasonal measures, e.g., influenza immunization) are not considered when determining whether this criterion is met.
  c. If all the reported accountability measures have denominators less than 30, then the organization is not eligible to be listed.

Step 3 – Core Measure Set Designation

To determine which core measure set(s) will be designated for hospitals identified as a Top Performer, both of the following criteria must be met for each core measure set:

- The calculated composite rate for all accountability measures reported within a particular core measure set must be ≥ 95%.

To determine:

Using only the accountability measures within a particular measure set, divide the sum of all the reported numerators by the sum of all the reported denominators. This calculation must be ≥ 95% to qualify the core measure set.

Notes:
  a. If the sum of the denominators for the accountability measures in the set is less than 30, then the organization is not eligible to have this core measure set listed.
b. Accountability measures reported for **less than 12 months** during 2014 (less than 6 months for seasonal measures, e.g., influenza immunization) are **not** considered when determining whether this criterion is met.

c. Accountability measures with denominators of less than 30 cases are **included** in this calculation.

• Reported rates for **each individual accountability measure** within the core measure set must be ≥ 95%.

**To determine:**

For each individually reported accountability measure within a particular core measure set, divide the numerator by the denominator. Each of these calculations must be ≥ 95% to have the core measure set recognized for the Top Performer program.

**Notes:**

a. Accountability measures with **denominators of less than 30 cases are not considered** when determining whether this criterion is met.

b. Accountability measures reported for **less than 12 months** during 2014 (less than 6 months for seasonal measures, e.g., influenza immunization) are **not** considered when determining whether this criterion is met.

c. If all the reported accountability measures within a particular core measure set(s) have denominators **less than 30, then the organization is not eligible** to have this core measure set listed.

**Important Clarifications:**

• Actual measure rates are used to determine Top Performer eligibility; the rates are **not** rounded up.

• All ORYX data are considered final as of the 4Q transmission deadline in April; no retransmission data received after April 30 are applied to the program.
Joint Commission’s Top Performers on Key Quality Measures™ Program
Health Care Organization Eligibility Criteria Diagram

Prerequisites

All HCOs reporting ORYX Core measure sets with Accountability Measures

HCO submitted at least 1 or more ORYX Core measure sets

HCO submitted 12 mo. of data for at least 1 Core measure set (≥ 2 CY qtrs for seasonal measures)

Sum of all reported accountability measure denominators (across all sets) is ≥ 30

The overall composite rate for all submitted accountability measures is ≥ 95 %

The Joint Commission excludes individual accountability measures with less than 30 denominator cases.

Step 1 – Overall Composite Rate ≥ 95%

Step 2 – Each and Every Accountability Measure ≥ 95%

Cont. Step 2
Step 2 Continued

Step 2 – Each and Every Accountability Measure ≥ 95%

CONTINUE to Step 3 for determination of measure set(s).

Step 3 – Measure Set Designation(s)
Each core measure set submitted by each HCO goes through the following flow to determine set recognition:

- At least 1 accountability measure in a set has 12 mo. of data (≥ 2 CY qtrs for seasonal measures)
- Sum of all accountability measures denominators in the set ≥ 30
- Composite rate for all accountability measures in the set ≥ 95%

The Joint Commission excludes each individual accountability measure within the given set with less than 30 denominator cases.

- HCO has at least 1 accountability measure within the Core measure set with a denominator count ≥ 30
- Every individual accountability measure with a denominator count ≥ 30 in the set has a rate ≥ 95%

HCO is recognized as a Top Performer for this Core Measure Set

Add 1 to Top Performer Measure Set Counter

HCO submitted another measure set

Core Measure Set is excluded from Top Performers recognition

HCO is recognized as a Top Performer

Top Performer Measure Set Counter ≥ 1

HCO is excluded from Top Performers recognition

STOP