The Joint Commission’s *Top Performer* program to take hiatus in 2016

CMS revises DMEPOS ventilator accreditation requirements

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New on the Web

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**Performance measurement**

The Joint Commission’s *Top Performer* program to take hiatus in 2016

The Joint Commission’s *Top Performer on Key Quality Measures®* program, in its current form, will go on hiatus in 2016 while The Joint Commission reevaluates the program to better fit the evolving national measurement environment.

The last two years have seen many changes in performance measurement. The Centers for Medicare and Medicaid Services (CMS) made significant changes to the performance measures in the Hospital Inpatient Quality Reporting program, including the retirement of a number of chart-based measures.

The Joint Commission made many of these same changes to maintain alignment with CMS, and it introduced the Flexible Reporting Option in 2015 to respond to its customers’ requests that they be allowed to choose which measure sets to report. The Flexible Reporting Option also allowed hospitals to begin reporting electronic clinical quality measures (eCQMs). The push for eCQMs will accelerate in 2016 when CMS will implement a requirement for hospitals to report at least four eCQMs.

The Joint Commission’s *Top Performer* program utilized the results of a fixed set of designated accountability chart-based performance measures to compare performance and determine top hospitals. But now, the retirement of some accountability measures, the heterogeneity of measure sets reported by hospitals and the fact that performance rates for eCQMs may not be equivalent to performance rates on chart-based measures make it very difficult to compare hospitals and identify top performers.

The Joint Commission remains committed to measures that meet its accountability criteria, which greatly increase the likelihood that patient outcomes will improve if hospitals achieve increased performance on the measures included in the *Top Performer* program.

In the interim, The Joint Commission will provide a program that continues to support its *Top Performers*, as well as those hospitals moving toward becoming a *Top Performer*. The details of this new program will be forthcoming this fall.

The key components of the 2016 programming will include:

- Recognition categories
- Education opportunities
- An annual report
- A strong focus on partnering with customers to provide the highest level of quality care for patients and their families

During the hiatus year, the ORYX flexible reporting options will remain in place with further details coming in early September. The hiatus does not affect the announcement of the 2015 *Top Performers* (based on 2014 ORYX data) scheduled to occur on Nov. 17. For additional questions, email topproperformersprogram@jointcommission.org.
Accreditation

CMS revises DMEPOS ventilator accreditation requirements
Recently, the Centers for Medicare & Medicaid Services (CMS) revised the requirements surrounding ventilator accreditation to specify that Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) organizations that are furnishing any items in the ventilator policy group must now also meet the requirements for product code R03. This means suppliers should be equipped and able to meet all quality standards required for products in the frequent and substantial servicing payment category, ensuring that the patient has access to ventilator equipment in good working order at all times.

Beginning Oct. 1, DMEPOS organizations that are using The Joint Commission’s Home Care accreditation to meet CMS DMEPOS recognition eligibility and are furnishing items in the ventilator policy group under product codes R12 and/or R09 will be expected to meet this new requirement. To further clarify:
- Suppliers accredited for DMEPOS product code R12 are required to be accredited for R03 if they plan to furnish items in the ventilator policy group after Oct. 1.
- For those suppliers accredited for DMEPOS product code R09, the requirement of being accredited for R03 only will apply to suppliers who are furnishing items within the ventilator policy group beginning Oct. 1.

For more information, read the Medicare Learning Network Matters® article published by CMS or contact your organization’s account executive.

Quality and safety

Learn more about new hospital respiratory protection program resources, earn free CE credit
The Joint Commission is partnering with the CDC National Institute for Occupational Safety and Health (NIOSH) to celebrate N95 Day Sept. 4 with a one-hour webinar highlighting two resources — Implementing Hospital Respiratory Protection Programs: Strategies from the Field and Hospital Respiratory Protection Program Toolkit.

Topics of the webinar will include: NIOSH-supported respiratory protection program (RPP) research; key components of an RPP program; the processes used to develop the educational resources; and the value of organizational leadership and performance improvement in effective programs.

 Speakers include:
- Debra A. Novak, PhD, RN, senior research fellow at NIOSH National Personal Protective Technology Laboratory
- Barbara Braun, PhD, associate director, The Joint Commission’s Department of Health Services Research
- Brette Tschurtz, BA, project director, The Joint Commission’s Department of Health Services Research

The Joint Commission also is offering 1.0 continuing education credit from:
- American Nurses Credentialing Center (ANCC)
- Accreditation Council for Continuing Medical Education (ACCME)
- American College of Healthcare Executives (ACHE)
- California Board of Nursing

CE/CME/CEU is available for the live audio only. Credits won’t be available for webinar replays.

Webinar – Hospital Respiratory Protection Programs: New Resources
Friday, Sept. 4, 2015 11 a.m. CT, Register.
CDC releases Vital Signs about reducing antibiotic-resistant infections in health care facilities

The Centers for Disease Control and Prevention (CDC) recently released its latest Vital Signs, which includes mathematical modeling projecting increases in drug-resistant infections and Clostridium difficile (C. difficile) without nationwide prevention efforts, including infection control and antibiotic prescriptions.

By collaborating with Johns Hopkins Bloomberg School of Public Health, the University of Utah, and University of California Irvine School of Medicine, the modeling shows that a coordinated approach from health care facilities and health departments could prevent up to 70 percent of life-threatening carbapenem-resistant enterobacteriaceae (CRE) infections during a five-year span. Additional estimates project that these efforts can prevent 619,000 antibiotic-resistant and C. difficile infections and save 37,000 lives during that time span.

The report recommends a coordinated, two-part approach to turn the data into action:

- Public health departments should track and alert health care facilities to drug-resistant outbreaks in their areas, as well as the threat of germs coming from other facilities.
- Health care facilities should work together and with public health authorities to implement shared infection control actions to stop the spread of antibiotic-resistant germs and C. difficile between facilities.

Read the Morbidity and Mortality Weekly Report article on this topic.

Resources

New on the Web

- The View from The Joint Commission — Integrated Care is Here: The Joint Commission now has a program for Integrated Care Certification. The voluntary program looks at the coordination of care between health care settings, starting with the alignment between a hospital and an ambulatory setting.
- Lab Focus — Issue Two: Learn more about The Joint Commission’s new voluntary Individualized Quality Control Plan (IQCP). This issue features a Q&A with an IQCP pilot program participant, as well as FAQ from the Standards Interpretation Group.
- Ambulatory Buzz — (New) Tools of the Trade: Environment of Care (EC) standards have consistently been among the most challenging areas for meeting compliance for some ambulatory organizations, particularly for ambulatory surgery centers (ASCs). Recognizing this, The Joint Commission set out to try and figure a way to address these challenges for its customers.
- @ Home with The Joint Commission — A day of experts: Thanks to Joint Commission Resources, this year’s Home Care Executive Briefing will give attendees greater insight into how The Joint Commission works with industry experts to gain the information necessary to advance the work of its provider partners.

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.