The Joint Commission

ORYX®
What you need to know:
Frequently Asked Questions (FAQs)
2019 Performance Measure Reporting Requirements

This document contains three sections:

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1. ORYX Accreditation Reporting Requirements

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A. General

1.a.1 What are the major changes to the 2019 ORYX Accreditation Reporting Requirements?

Summary of 2019 Joint Commission ORYX Measurement Requirements

- Hospitals with an ADC > 10 will report on 2 required chart-abstracted measures (reduction from 5 to 2 measures) and a choice of a **minimum of 4** of 13 available eCQMs.
  - In addition, hospitals with at least 300 live births are required to report on all the chart-abstracted perinatal care measures, including PC-06 which is effective starting with 1/1/2019 discharges.
  - *For CY 2019 eCQM data and forward, all hospitals will utilize the Joint Commission Direct Data Submission (DDS) Platform.*
- Critical Access Hospitals (CAHs) and Small Hospitals (ADC ≤ 10) will report on a choice of 3 available measures (reduction from 6 to 3 measures).
- Freestanding Psychiatric Hospitals continue to report on the 4 required Hospital-Based Inpatient Psychiatric (HBIPS) measures.

Suspension of requirements continue for freestanding children's hospitals, long term acute care hospitals, inpatient rehabilitation facilities.

1.a.2 Did all chart abstraction go away in 2019 and does that include sepsis?

Chart abstracted measures are not going away in 2019 for accreditation or certification purposes. The Joint Commission will continue to utilize ORYX chart-based vendors for submission of hospitals' chart-based data through 2019 with the use of chart-based vendors to be evaluated annually thereafter.

The Joint Commission has not adopted the Centers for Medicare & Medicaid Services (CMS) "sepsis management bundle" (SEP-1).

1.a.3 Have any chart-based measures been retired or added for 2019 ORYX reporting requirements?

Effective with January 1, 2019 discharges, one measure is being added and 2 measures will be retired for accreditation purposes.

New Measure:

- PC-06 Unexpected Complications in Term Newborns

Hospitals with an ADC > 10 with at least 300 live births are required to report on all chart-abstracted perinatal care measures; PC-01, PC-o3, PC-04, PC-05 and PC-06

Retired Measures:

- TOB-1 Tobacco Use Screening
- SUB-1 Alcohol Use Screening

These two measures will no longer be available for selection from the list of additional available measures.

See question 1.a.4 regarding CMS removal of ED-1, IMM-2 and VTE-6 for 2019.

1.a.4 Is the Joint Commission retiring the three chart-abstracted measures that CMS is removing effective for the CY 2019 reporting period (i.e., ED-1, IMM-2 and VTE-6)?

The Joint Commission is not retiring ED-1, IMM-2 and VTE-6 for 2019. However, these measures will no longer be required for Hospitals with an ADC > 10 whose number of chart-abstracted required measures are being reduced from 5 to 2 for CY 2019 reporting.

ED-1, IMM_2 and VTE-6 will remain on the list of Additional Joint Commission Chart-Abstracted Measures Available for Selection. These measures may be selected by CAHs, small (ADC ≤ 10) and specialty hospitals to meet their ORYX requirements, or if a hospital with an ADC > 10 wishes to select additional chart-abstracted measures for reporting in CY 2019 beyond the two required chart-abstracted measures,

See question 1.a.5 regarding the Additional Joint Commission Chart-Abstracted Measure Available for Section.

1.a.5 What are the additional chart-abstracted measures that may be selected and reported in CY 2019?

Additional Joint Commission Chart-Abstracted Measures Available for Selection
ED-1, ED-2
PC-01, PC-02, PC-03, PC-04, PC-05, PC-06
VTE-6
IMM-2
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5
TOB-2, TOB-3
SUB-2, SUB-3
OP-18, OP-23

1.a.6 Where do I view my current measure selections?

	A hospital's current chart based measure selections are available in the ORYX Measure Selection (OMS) application which is available on "Joint Commission Connect". The Joint Commission makes all changes to the OMS application as it is closed for update to external users.
1.a.7	**Does the Joint Commission have any type of extraordinary circumstances, extension or exemption process for hospitals?**
	If a hospital believes they have an extenuating circumstance that would impact eCQM and/or chart-abstracted measure reporting for accreditation purposes to The Joint Commission for 2019 please send an email to: hcooryx@jointcommission.org. In the email subject line, include "Extenuating Circumstance".
1.a.8	**Where can I find a list of Joint Commission approved chart-based vendors for accreditation and certification purposes?**
	The list of vendors supporting chart based data submission can be found on The Joint Commission's website at https://www.jointcommission.org/measurement **Note:** As of 2019 there is no longer a list of Joint Commission approved eCQM vendors. For CY 2019 eCQM data submission and forward, all hospitals will utilize the DDS Platform.
1.a.9	**For chart-based measures and eCQMs, does The Joint Commission have a case threshold (five or fewer) exemption and/or a zero denominator attestation similar to CMS?**
	The Joint Commission is aligned with CMS with allowing attestation for zero denominators in a measure or, if desired, invoking the case threshold exemption (five or fewer cases in the denominator). **Chart-based Measures:** ORYX vendors will continue to this information in the hospital's chart-based PaS XML file. **eCQM:** Users of the Direct Data Submission (DDS) Platform will use the functionality within the Platform at time of submission to perform this attestation.
1.a.10	**If reporting the HBIPS measures to The Joint Commission, who should be included in the patient population?**
	For Joint Commission reporting purposes, when determining the patient population to be included and sampled for HBIPS, all psychiatric inpatients must be included regardless of payment source. Hospitals must implement the Joint Commission's sampling requirements for the HBIPs measures. CMS accepts the Joint Commission's sampling requirements for their Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program.
1.a.11	**If reporting the TOB, SUB, or IMM measures to The Joint Commission, who should be included in the patient population?**

	For Joint Commission reporting purposes, when determining the patient population to be included and sampled all applicable inpatients from across the accredited hospital must be included regardless of location, setting of care, and payment source. Hospitals must implement the Joint Commission's sampling requirements for the TOB, SUB and IMM measures. CMS accepts the Joint Commission's sampling requirements for their Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program.
1.a.12	**What ORYX data will be publicly reported on Quality Check?**
	Hospitals reporting on chart-abstracted measures will continue to have their data and performance on the chart-abstracted measures reported on Quality Check. **Note:** At this time, risk adjusted outcome measures are not currently being posted on Quality Check by The Joint Commission. For PC-02 The Joint Commission will begin publicly reporting hospitals with consistently high cesarean birth rates on Quality Check® by July 1, 2020, using data reported by hospitals during the calendar years 2018 and 2019. This designation will be based on hospitals' rates on the perinatal care (PC) Cesarean Birth measure PC-02, which measure the rates of cesarean births among a subset of the general obstetric population of low-risk women having their first birth with a term, singleton baby in a vertex position (NTSV). For additional information, see *Perspectives*®, December 2018, Volume 38, Issue 12 for At this time, eCQM data is not being publicly reported on Quality Check by The Joint Commission or being utilized by surveyors in the accreditation process.
1.a.13	**What data will be reported and displayed in the ORYX Performance Measure Report provided quarterly to the hospital?**
	The Joint Commission will continue to display chart-abstracted measure data and hospital performance on the chart-abstracted measures in the ORYX Performance Measure Report provided to the hospital.
1.a.14	**Where do I ask questions regarding various measurement topics such as ORYX requirements, measure specifications, direct data submission?**

For Questions Regarding:

ORYX and Performance Measurement: For questions related to ORYX measure requirements, vendor change requests (chart-based), measure change requests, extenuating circumstance requests, and related processes, and onboarding to the Direct Data Submission (DDS) Platform for eCQM submissions submit your question via email to: hcooryx@jointcommission.org .

Direct submission of eCQM data: If your hospital is already onboarded and using the Direct Data Submission (DDS) Platform for submittal of eCQMs and has questions/issues with that process or Platform, those questions are submitted directly within the Platform. In the DDS Platform, click the "Need Help" button; Then select: "Create a DDS Platform Support Ticket". The DDS Platform also has help screens and links to assist with answering common questions via the "Need Help" feature on the Platform. The Joint Commission staff are prepared to respond to help with inquiries in a timely manner.

Chart-Based Specifications: Measure questions related to Joint Commission Specifications must be submitted to the Wiki platform: https://manual.jointcommission.org

1.a.15 Why don't I get email notifications and how can I be added to the list to receive these communications?

There are a few possible reasons why you have not received an ORYX email notification:
1. ORYX email notifications are sent to the individuals documented within your hospitals Joint Commission Connect site. Notifications are primarily sent to the contact listed as the ORYX Contact, with additional notifications going to the Primary Accreditation and/or Certification Contact, Chief Quality Office, and CEO depending on the significance and/or subject of the notifications.

Note: If you should be listed as either the ORYX Contact, Primary Accreditation and/or Certification Contact, or CEO for your hospital, please contact your hospital's Joint Commission Connect Site Administrator, as they are the only one with the authority to modify your hospital's list of contacts.

2. If you are a listed contact (i.e., ORYX Contact, Primary Accreditation and/or Certification Contact, or CEO), check to see if you have opted out of receiving emails from The Joint Commission. You may have opted out in one of two ways, either by checking the opt-out box on the "Security Admin" page on Joint Commission Connect and/or you have clicked the 'One_Click Unscribe' link at the bottom of an email sent by The Joint Commission.

3. If you have not opted out of receiving emails, please check if your hospital is using email filtering. Hospitals that use email filtering need to whitelist (see definition below) specific domains and email addresses to ensure all communications are received.
- For general Joint Commission communication, whitelist The Joint Commission Domain (@jointcommission.org)

DDS Platform participants also need to whitelist:
-The Apervita Domain (@apervita.com)
-The Apervita email address (accounts@apervita.com)
-The domain of jira@apervita.atlassian.net (which is the domain/site for the Direct Data Submission (DDS) Platform support)

Definition: A whitelist is a list of e-mail addresses or domain names from which an e-mail blocking

	program will allow messages to be received. E-mail blocking programs, also called spam filters, are intended to prevent most unsolicited e-mail messages (spam) from appearing in subscriber inboxes. If you are uncertain how your hospital handles whitelisting, please contact your internal information systems staff.
1.a.16	**How will my hospital be billed for the ORYX annual fee, beginning in 2019?**
	ORYX annual fees will be billed on a separate line of the January, annual fee invoice.
1.a.17	**What is the difference between our HCO number, our CCN number, and our Joint Commission number?**
	The HCO ID# is not the same as CMS' CCN. The HCO identification number is the same as the Joint Commission number and is a unique number assigned by the Joint Commission. The Joint Commission's HCO ID# can most easily be found on Joint Commission Connect in the upper right hand corner, under the facility name and address.

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B. Hospitals (HAP) with An Average Daily Census (ADC) of greater than 10 inpatients

1.b.1 On which measures must a hospital with an ADC >10 report data to The Joint Commission for 2019?

Hospitals with an ADC >10 must select and submit data to The Joint Commission on both chart-abstracted measures and eCQMs, this includes:

Joint Commission Chart Abstracted Measures
Two required Joint Commission chart-abstracted measures applicable to the services provided and patient populations served by the hospital.

- ED-2 Admit Decision Time to ED Departure Time for Admitted Patients
- PC-01* Elective Delivery

* Hospitals with at least 300 live births are required to report on all the chart-abstracted perinatal care measures (i.e., PC-01, PC-02, PC-03, PC-04, PC-05, and PC-06). Hospitals with 1 to 299 live births are only required to report PC-01.

Joint Commission eCQMs
Four of thirteen available eCQMs, applicable to the services provided and patient populations served by the hospital.

- eAMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival
- eCAC-3 Home Management Plan of Care Document Given to Patient/Caregiver
- eED-1 Median Time from ED Arrival to ED Departure for Admitted ED Patients
- eED-2 Admit Decision Time to ED Departure Time for Admitted Patients
- eEHDI-1a Hearing Screening Prior to Hospital Discharge
- ePC-01 Elective Delivery
- ePC-05 Exclusive Breast Milk Feeding
- eSTK-2 Discharged on Antithrombotic Therapy
- eSTK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter
- eSTK-5 Antithrombotic Therapy by End of Hospital Day Two
- eSTK-6 Discharged on Statin Medication
- eVTE-1 Venous Thromboembolism Prophylaxis
- eVTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis

See the Performance Measurement page on the Joint Commission's main website (https://www.jointcommission.org/measurement) for a list of available 2019 chart-abstracted measures and eCQMs.

1.b.2 What if my hospital cannot report on the required 2 chart-abstracted measures (i.e., ED-2 and PC-01) as they are not applicable to our services provided and patient populations?

Hospitals that do not provide the service or serve the patient population addressed by ED-2 and/or PC-01 will not be required to select an alternate measure from the list of additional available measures, though they are free to do so if they wish (see Question 1.a.5 for list of additional available chart-abstracted measures).

	Please note that as part of the measure selection process, if a hospital does not select/submit all required chart-abstracted measures, the hospital is attesting to the fact that it does not provide the related service or serve the related patient population and may be asked to verify at the time of survey.
1.b.3	**Are hospitals with an ADC >10 required to report on the Perinatal Care (PC) measures?**
	Reporting on the chart-abstracted PC-01 measure is required of all hospitals that provide OB services. In addition, hospitals with at least 300 live births per year must report on the five additional chart-abstracted PC measures: PC-02 Cesarean Section PC-03 Antenatal Steroids PC-04 Healthcare-Associated Bloodstream Infections in Newborns PC-05 Exclusive Breast Milk Feeding PC-06 Unexpected Complications in Term Newborns
1.b.4	**If my hospital has fewer than 300 live births per year, are we still able to select and report on any of the additional PC measures?**
	Any hospital that provides OB services with fewer than 300 live births per year may elect to report on additional PC measures.
1.b.5	**In selecting our four eCQMs, can we select the eCQMs (i.e., eED-2, ePC-01, ePC-05) which correspond to my required chart-abstracted measures?**
	You may report on both the corresponding chart-based measures and eCQMs if they are representative of the services provided and patient population your facility serves.

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C. Small Hospitals (HAP with ADC ≤ 10) and Critical Access Hospitals (CAH)

1.c.1 For 2019, will critical access hospitals (CAHs) or accredited hospitals with small inpatient populations (ADC ≤ 10) be required to meet the same ORYX reporting requirements as larger hospitals (ADC > 10)?

The requirements for CAHs and small hospitals are different than the requirements for larger hospitals. CAHs and small hospitals will report on a total of any three measures applicable to the services provided and patient populations served.

The three measures may be selected from any of the chart-abstracted measures and/or eCQMs listed below. For example, a small hospital could choose to report on 3 chart-abstracted measures, or 2 chart-abstracted measures and 1 eCQMs, or 3 eCQMs, etc.

Joint Commission Chart-Abstracted Measures	Joint Commission eCQM Measures
ED-1, ED-2	eAMI-8a
PC-01, PC-02, PC-03, PC-04, PC-05, PC-06	eCAC-3
VTE-6	eED-1, eED-2
IMM-2	ePC-01, ePC-05
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5	eSTK-2, eSTK-3, eSTK-5, eSTK-6
TOB-2, TOB-3	eVTE-1, eVTE-2
SUB-2, SUB-3	eEHDI-1a
OP-18, OP-23	

1.c.2 Are small hospitals and CAHs required to transmit data using a listed ORYX vendor?

Small hospitals and CAHs remain exempt from the requirement to transmit data to The Joint Commission but are encouraged to do so.

If CY 2019 chart-abstracted measures are selected and not transmitted to The Joint Commission through a vendor and/or eCQMs are selected and not reported through the Direct Data Submission (DDS) Platform, the small hospital or CAH will be expected to collect data internally on all relevant measures and make data reports available for review by, and share data conclusions with, surveyors during on-site surveys.

Small hospitals and CAHs that elect to self-report (internally collect) some or all their required measures, must notify The Joint Commission via email to hcooryx@jointcommission.org of the measures they will be collecting internally.

1.c.3 Do small hospitals and CAHs need to report on the Perinatal Care (PC) measures?

Small hospitals and CAHs are not required to report on the PC measures (chart-abstracted or eCQM) to meet their 2019 ORYX reporting requirements.

However, they may elect to use any of the PC measures if they provide obstetrical services.

1.c.4 In selecting our three measures, can we select the chart-based measures and eCQMs which correspond to each other?

You may report on both the corresponding chart-based measures and eCQMs if they are representative of the services provided and patient population your facility serves.

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D. Inpatient Psychiatric Facilities (HAP) - Freestanding Psychiatric Hospitals and Inpatient Psychiatric Units

1.d.1	**What measures will accredited psychiatric hospitals be required to report to meet 2019 ORYX reporting requirements?**
	Psychiatric hospitals that are "freestanding" facilities separately accredited by The Joint Commission (i.e., not surveyed and accredited as a site or an inpatient unit under the main Joint Commission accredited hospital) will continue to be required to report on all of the Hospital-Based Inpatient Psychiatric Services (HBIPS) Joint Commission Chart-Abstracted Measures only, to include: HBIPS-1, HBIPS-2, HBIPS-3, and HBIPS-5. Hospitals with an Inpatient Psychiatric Unit are not required to report the HBIPS measures but may choose to do so.
1.d.2	**Do inpatient psychiatric units or general medical/surgical hospitals that operate a separate psychiatric hospital surveyed and accredited under the main Joint Commission accredited hospital have to report on the HBIPS measures?**
	The CMS Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program includes inpatient psychiatric facilities and inpatient psychiatric units that bill under the Medicare Inpatient Psychiatric Facilities Prospective Payment System. For Joint Commission purposes, accredited general medical/surgical hospitals with inpatient psychiatric units or that operate a separate psychiatric hospital surveyed and accredited under the main Joint Commission accredited hospital are not required to report on the HBIPS measures. However, they may choose to do so.
1.d.3	**Please clarify if the HBIPS-1 measure is required for Joint Commission Freestanding Psychiatric Hospitals, as this measure has never been required by CMS?**
	The Joint Commission ORYX reporting requirements are completely separate from the CMS Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program requirements. HBIPS-1 has previously been required to be reported by accredited freestanding psychiatric hospitals. HBIPS-1 continues to be required for "freestanding" psychiatric hospitals along with HBIPS-2, HBIPS-3, and HBIPS-5.
1.d.4	**Do psychiatric hospitals have to select and report on eCQMs?**
	There are no eCQMs applicable or available for selection by psychiatric facilities or hospitals with an Inpatient Psychiatric Unit.

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E. Specialty Hospitals

1.e.1 What are the CY 2019 ORYX reporting requirements for Specialty Hospitals?

ORYX requirements require Specialty Hospitals to report on only those measures applicable to their services provided and patient populations served. While many measures have limited applicability to a Specialty Hospital, the expectation is that the hospital will collect data on any relevant measures.

A specialty hospital has no minimum number of measures to collect/submit, however if less than 3 measures are collected/submitted, they will need to attest to the lack of population or services to collect data on at the time of survey.

Joint Commission Chart-Abstracted Measures	Joint Commission eCQM Measures
ED-1, ED-2	eAMI-8a
PC-01, PC-02, PC-03, PC-04, PC-05, PC-06	eCAC-3
VTE-6	eED-1, eED-2
IMM-2	ePC-01, ePC-05
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5	eSTK-2, eSTK-3, eSTK-5, eSTK-6
TOB-2, TOB-3	eVTE-1, eVTE-2
SUB-2, SUB-3	eEHDI-1a
OP-18, OP-23	

1.e.2 Where do we indicate we are a Specialty Hospital in ORYX Measure Selection (OMS) application?

Designated Specialty Hospitals (e.g. Orthopedic, Surgical, Cardiac, etc.) must contact hcooryx@jointcommission.org to discuss applicability of the "Specialty" Designation.

The Joint Commission will list you as a "specialty" hospital in OMS. Beware that as an external user, you will not see the "specialty" designation on your screen when you view the measure selections page.

1.e.3 Are Specialty hospitals required to transmit data using a listed ORYX vendor?

Specialty Hospitals remain exempt from the requirement to transmit data to The Joint Commission but are encouraged to do so.

If CY 2019 chart-abstracted measures are selected and not transmitted to The Joint Commission through a vendor and/or eCQMs are selected and not reported through the Direct Data Submission (DDS) Platform, the Specialty Hospital will be expected to collect data internally on all relevant measures and make data reports available for review by, and share data conclusions with, surveyors during on-site surveys.

Specialty Hospitals that elect to self-report (internally collect) some or all their required measures, must notify The Joint Commission via email to hcooryx@jointcommission.org of the measures they will be collecting internally.

1.e.4 In selecting our three measures, can we select the chart-based measures and eCQMs which correspond to each other?

You may report on both the corresponding chart-based measures and eCQMs if they are representative of the services provided and patient population your facility serves.

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F. Hospitals (HAP) with suspended ORYX requirements

1.f.1	**We are an Inpatient Rehabilitation Facility (IRF), what measures are we required to report on to meet ORYX requirements?**
	Suspension of requirements continue for inpatient rehabilitation facilities regarding ORYX performance measure reporting requirements.
1.f.2	**We are a Long-term Acute Care Hospital (LTACH), what measures are we required to report on to meet ORYX requirements?**
	Suspension of requirements continue for long term care acute hospitals regarding ORYX performance measure reporting requirements.
1.f.3	**We are a Children's Hospital, what measures are we required to report on to meet ORYX requirements?**
	Suspension of requirements continue for children's hospitals that are "freestanding" facilities separately accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or inpatient unit under the accreditation of the main Joint Commission accredited hospital).

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2. Electronic Clinical Quality Measures (eCQMs) Back

A. General

2.a.1 What are the 2019 eCQM requirements?

The Joint Commission continues to align as closely as possible with CMS. On August 2, 2019 the CMS published its fiscal year (FY) 2019 Inpatient Prospective Payment System (IPPS) final rule. This rule includes requirements for CY 2019 Hospital Inpatient Quality Program reporting requirements. In the final IPPS rule:

- CMS maintained its CY 2018 eCQM reporting requirements and currently available eCQMs for CY 2019; hospitals are required to report on four eCQMs for one self-selected calendar quarter.

The Joint Commission ORYX eCQM Reporting Requirements* are as follows:

- 2019 ORYX eCQM reporting requirements:
  - a minimum of four eCQMs, applicable to the services provided and patient populations served by the hospital
  - a minimum of one self-selected calendar quarter
  - **All hospitals will utilize the DDS Platform**

* Information regarding 2019 eCQM requirements and related information can be found at the "Measurement" link (https://www.jointcommission.org/measurement).

2.a.2 Can a hospital use the same eCQMs being submitted to CMS to meet the Joint Commission's 2019 ORYX requirements?

All 13 eCQMs offered by The Joint Commission for 2019 ORYX measure reporting are in alignment with CMS and utilize the same measure specifications.

Note: For CY 2019 eCQM data reporting, CMS also offers:

- eSTK-8 (Stroke Education) and eSTK-10 (Assessed for Rehabilitation) which The Joint Commission retired effective 1/1/2017 as these two eCQMs have become "check box" measures, and their value has been diminished.
- eED-3 (Median Time from ED Arrival to ED Departure for Discharged ED Patients) which The Joint Commission does not utilize because it is an outpatient measure.
- Note: These 2 eCQMs were previously retired by The Joint Commission effective 1/1/2017

2.a.3 Will The Joint Commission retire the seven eCQMs for the CY 2020 reporting period that CMS finalized for removal in the August 2019 IPPS final rule?

The Joint Commission will determine the CY 2020 ORYX performance measurement reporting requirements in late summer 2019 following the release of the CMS' FY 2020 IPPS final rule.

2.a.4 Is there a minimum number of patients required to be in the measure population for a hospital to select the eCQM for submission to The Joint Commission?

	Hospitals should select those eCQMs for which they provide the service and have a patient population to derive a quality improvement benefit.
2.a.5	**What if we cannot pick four eCQMs that are applicable to the hospital services provided and patient populations?**
	Hospitals that believe they cannot submit the minimum of four (4) eCQMs to The Joint Commission should contact hcooryx@jointcommission.org to discuss the eCQMs that are most applicable to their hospital.
2.a.6	**What are the key benefits of using the DDS Platform?**
	Key benefits of the DD Platform include: • 24/7 access during the submission period, • Easy to use data visuals, • Cloud-based Platform environment with fast file transfer, • Robust security and HIPAA compliance, • State of the art rules engine, • Transparency Hospitals have the ability to see results and outcomes prior to the final submission step of submitting data to The Joint Commission.
2.a.7	**Does The Joint Commission accept QRDA III documents and what is the difference between QRDA I and QRDA III?**
	The QRDA III document is being used by CMS for the submission of provider level aggregate data used in the Merit-based Incentive Payment System (MIPS) program. Both CMS and The Joint Commission are utilizing the QRDA I document for submission of hospital patient-level eCQM data for our respective uses.
2.a.8	**For chart-based measures and eCQMs, does The Joint Commission have a case threshold (five or fewer) exemption and/or a zero denominator attestation similar to CMS?**
	The Joint Commission is aligned with CMS with allowing attestation for zero denominators in a measure or, if desired, invoking the case threshold exemption (five or fewer cases in the denominator). **Chart-based Measures:** ORYX vendors will continue to this information in the hospital's chart-based PaS XML file. **eCQM:** Users of the DDS Platform will use the functionality within the Platform at time of submission to perform this attestation.
2.a.9	**When will eCQM data be publicly reported?**

	At this time, eCQM data is not being publicly reported by The Joint Commission on Quality Check or used in accreditation activities.
2.a.10	**Will hospitals reporting eCQM data receive reports similar to the Joint Commission's current chart-based ORYX Performance Measure Reports?**
	ORYX eCQM Feedback Reports are provided annually to hospitals that submitted eCQM data to The Joint Commission. The report reflects data submitted for the respective eCQM reporting year. **Note**: eCQM data is not being utilized by surveyors in the accreditation process; however, hospitals with successful eCQM implementation(s) are encouraged to share their experiences during their on-site survey.
2.a.11	**May we submit eCQM data on a quarterly basis just like chart-abstracted data?**
	Currently, a minimum of one calendar quarter of data on the hospitals selection of four eCQMs are due at The Joint Commission no later than the annual deadline date. Hospitals may submit their eCQM data on a quarterly basis; however, the transmission deadline is the same for all quarters of data.
2.a.12	**When are CY2019 eCQM data due to The Joint Commission?**
	The submission deadline for CY 2019 eCQM data is *March 16, 2020. **Deadline extended due to original deadline falling on a weekend.*
2.a.13	**Which version of eCQMs, HL7 standards, and CMS Implementation Guides must be utilized by hospitals reporting on eCQMs for 2019?**
	The Joint Commission aligns with CMS on the eCQM version for each annual reporting period (2019). Please see *Attachment A –CY 2019 eCQM Versions, HL7 Standards, and CMS Implementation Guides* below for specific eCQM versions, HL7 standards, and guides that must be used for CY 2019 reporting.
2.a.14	**Will The Joint Commission be aligned with CMS on the usage of HL7's Clinical Quality Language (CQL) beginning with CY 2019 eCQMs?**
	The Joint Commission will be aligned with CMS on the usage of HL7's Clinical Quality Language (CQL) standard. As a measure developer, The Joint Commission worked closely with CMS to develop the CY 2019 eCQM specifications utilizing not only HL7's HQMF (V3/R1) standard, but also HL7's new CQL (R1/STU 2) standard and associated CQL-based HQMF Implementation Guide (R1/STU 2.1). The DDS Platform's Rule Engine will implement the CY 2019 eCQM specifications based on CQL, as published by CMS on the eCQI Resource Center. Please see *Attachment A –CY 2019 eCQM Versions, HL7 Standards, and CMS Implementation Guides* below for specific eCQM versions, HL7 standards, and guides that must be used for CY 2019 reporting.
2.a.15	**What is a QRDA file?**

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The Quality Reporting Data Architecture (QRDA) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report quality measures results in a structured, consistent format and can be used to exchange eCQM data between systems. QRDA Category I is an individual-patient-level report. It contains quality data for one patient for one or more eCQMs. The Direct Data Submission Platform uses the QRDA I file format. Additional information is available on the eCQI Resource Center at: https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture

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B. Direct Data Submission (DDS) General and Onboarding

2.b.1.1 What is Apervita's relationship to The Joint Commission in supporting direct data submission?

The Joint Commission has partnered with Apervita, a leading health insights company, to build a platform for the direct submission of eCQM data to The Joint Commission. Apervita is an industry-scale Platform-as-a-Service (PaaS) that empowers health enterprises to build, deploy and exchange analytic and data applications easily, improve performance and provide better care. Apervita provides a technical solution for rapidly building and deploying health care applications with innovative, powerful analytics, and collaboration capabilities.

The Joint Commission's DDS Platform has been built upon Apervita's technical solution.

The DDS Platform does not replace the hospital's ONC-ACB certified Healthcare Record (EHR) and/or Health Information Technology (HIT) vendor(s) being used to capture patient data and/or generate their QRDA I documents.

2.b.1.2 Does Apervita or the Joint Commission's DDS Platform replace submissions through CMS' QualityNet Portal?

Apervita and the DDS Platform do not replace submission to CMS' QualityNet.

QualityNet is CMS' portal for receiving their submission of eCQM data and the QualityNet portal is unable to provide The Joint Commission with a hospital's eCQM data.

Neither The Joint Commission nor Apervita are able to provide QualityNet with Joint Commission data.

2.b.1.3 Does Apervita or the Joint Commission's DDS Platform replace the Joint Commission's Connect website?

"Joint Commission Connect" is a secure website used by The Joint Commission for communication with accredited and certified organizations concerning, among other activities, their pre and post survey/review process, scheduling activities, key communications, and alerts. The Joint Commission Connect website does not provide hospitals the ability to upload and submit data to The Joint Commission.

The DDS Platform is a separate secure website built upon Apervita's technical solution and specifically designed to support hospital's activities of uploading, reviewing and analyzing measure results, and submitting eCQM data to The Joint Commission.

2.b.1.4 How is the DDS Platform accessed?

Information concerning how to access the DDS Platform will be communicated directly to hospitals as they are being onboarded to the Platform.

2.b.1.5 Who has access to our DDS Platform?

The Joint Commission will initially onboard each hospital's identified DDS Designated Contact and work with them to ensure they can successfully access, review and accept the required legal forms for utilizing the Platform. The DDS Designated Contact for each hospital will subsequently onboard the remainder of the hospital's users.

The hospital is responsible for all users who are invited and granted permissions on the DDS Platform per the legal agreements signed by the hospital.

The users granted permission could include hospital staff, healthcare system staff and anyone else who is needed to assist in a successful submission of data for the hospital (e.g., consultant, vendor).

2.b.1.6 What is the role of the Designated Contact for DDS Platform?

The Designated DDS Contact is specific to the DDS Platform. They are the first person to log onto the DDS Platform for a given hospital.

The Designated DDS Contact is the hospital representative who has signing authority on behalf of their hospital(s) and will agree to and accept the required legal forms related to the DDS Platform.

Following the initial onboarding, the Designated DDS Contact can invite additional users to the DDS Platform. These additional users may include other staff who can invite and manage other users. In addition, the Designated Contact is not necessarily the same person who performs the data upload and submittal process.

On-boarding is related to the agreement and acceptance of the required legal forms related to the DDS Platform. Designated Contacts should on-board as early as possible to facilitate the review and acceptance of the legal forms.

There are three distinct steps required to utilize the DDS Platform:
(1) hospital onboarding;
(2) uploading QRDA I documents;
(3) submitting eCQM data.

NOTE: Each hospital is responsible for all users who are invited and granted permissions on the DDS Platform per the legal agreements. See question 2.b.1.11 for more information.

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2.b.1.7	**What is the difference between the three distinct steps required to utilize the DDS Platform:** **(1) hospital onboarding;** **(2) uploading QRDA I documents;** **(3) submitting eCQM data.**
	(1) Hospital onboarding is performed by the Designated Contact where they agree and accept of the required legal forms to utilize the DDS Platform. (2) Uploading QRDA I documents includes the ability to upload the hospital's QRDA I document, review any errors or warning messages that are generated, and analyze measure results. At this point, the QRDA I documents are loaded into the hospital's workspace and provides the capability to correct QRDA I format issues and patient data issues before the measures are submitted to The Joint Commission. The Upload step may occur multiple times prior submission. (3) Submitting eCQM data is a separate step from Uploading data to the DDS Platform. By separating the Upload and Submit steps, The Joint Commission is allowing hospitals the opportunity to review their uploaded documents and measure results prior to submitting their data. The Submission step occurs once before the submission deadline.
2.b.1.8	**May a hospital invite an external user (e.g., vendor or consultant) to assist them on the DDS Platform?**
	Hospital staff using the Joint Commission's DDS Platform can grant external user permissions to assist with functionality such as uploading QRDA I documents or the data verification process (e.g., correct QRDA I generation based on error/warnings, review measure results and rates to assist with data mapping issues). • Hospital staff using the Joint Commission's DDS Platform are responsible for the data submission process and the relationships with users on the DDS Platform. Note: The Joint Commission no longer has any contracts with ORYX eCQM vendors.
2.b.1.9	**Is the Designated Contact the ORYX Contact?**
	The Designated DDS Contact is specific to the DDS Platform and may or may not be the same as the hospital's ORYX Contact. A different Designated DDS Contact will not change or impact the ORYX Contact on Joint Commission Connect.
2.b.1.10	**I'm the ORYX Contact, but not the Designated Contact for DDS. How do I inform The Joint Commission who the Designated Contact is?**
	Organizations will be provided an opportunity to update their Designated Contact during the onboarding process. If at a later date an organization needs to modify the Designated Contact again, , please contact the Joint Commission as soon as possible to provide the via the hcooryx@jointcommission.org . In the email subject line, include: DDS Participant and your hospital's HCO ID#.

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2.b.1.11	**What are the legal documents on the Direct Data Submission (DDS) Platform that must be agreed to before accessing the Platform?**
	The Designated Contact for each hospital reads and agrees to the 1. Business Associate Agreement (BAA) with Apervita 2. End User License Agreement (EULA) with The Joint Commission establishing the right to use the DD Platform. **The Designated Contact must be a hospital representative who has signing authority on behalf of their hospital(s) and is authorized to agree to and accept the required legal forms related to the DDS Platform.** ***Note:*** Designated Contacts who will be signing for multiple hospitals must individually sign the BAA and EULA document for each hospital. In addition, **all users**, as part of the privacy and security process, will read and agree to the Platform's Terms of Service (ToS) during their registration process. The ToS defines the rules which users must agree to abide by to use the DD Platform. This document is signed once by the user.
2.b.1.12	**My hospital is new to the DDS Platform. As the Designated Contact, when do I get my invitation to access the Platform?**
	New hospitals will be onboarded weekly between May 2019 and December 2020. Organizations must notify us no later than end of business the Friday before their preferred onboarding week. Invites to access the platform will be sent by close of business the following Monday except in the case of holidays, whereupon they will be sent the following Tuesday. Additional information regarding this process is available on our website: https://www.jointcommission.org/measurement
2.b.1.13	**My hospital used the DDS Platform to submit CY 2018 data. When will I get my CY 2019 Platform invitation?**
	Hospital staff **that had access** to the CY 2018 DDS Platform as of 3/15/2019, should have received correspondence mid-April providing information on how to access the CY 2019 Platform. If you cannot find this communication, please contact hcooryx@jointcommission.org for assistance. Hospital staff that **did not have access** to the CY 2018 DDS Platform as of mid-April2019 must have the hospital staff with Invite & Manager User functionality invite them to the hospital's CY 2019 Platform.
2.b.1.14	**We have multiple hospitals, and some used the CY 2018 DDS Platform. How do we enroll additional hospitals for CY 2019 data submission via the DDS Platform?**

Each hospital that did not participate in direct data submission for CY 2018 must go through the onboarding process for CY 2019.

2.b.1.15 Does a Designated Contact need multiple sign-on's to onboard more than one hospital?

Designated Contacts with responsibility for multiple hospitals (i.e., a Super User) will utilize the same login / password to onboard all hospitals. "Super Users" will be able to "switch" within the Platform between hospitals to perform other activities without having to logout.

2.b.1.16 How does a Designated Contact for multiple hospitals complete the onboarding process?

The Designated Contact will select one of the onboarding emails they have received from @apervita.com for their specific hospitals and will login.

- Designated Contacts that are *not already a DDS Platform user* will be required to create their login and password prior to onboarding their first hospital.
- Designated Contacts that are *already a DDS Platform user* will access the Platform using their existing login and password.

After agreeing and accepting the required legal forms related to the DDS Platform for the selected hospital, the Designated Contact should remain logged in. The purpose of remaining logged is to simplify the process of onboarding the remaining hospitals.

- The Designated Contact will select each onboarding email (one for each hospital) and agree and accept the required legal forms for each hospital.
- If the Designated Contact logs out of the DDS Platform, they will be prompted to log back in, using the login/password previously created, when they begin onboarding their remaining hospitals.

Note: Once onboarding of multiple hospitals has been completed, Designated Contacts are now "super users" and will be able to "switch" within the Platform between these hospitals to perform other activities without having to logout.

2.b.1.17 Does the DDS Platform support submission of chart-abstracted data to The Joint Commission?

Not this time. The DDS Platform currently only supports eCQMs and cannot accept the chart-abstracted data.

2.b.1.18 Does Apervita charge a fee?

Apervita does not charge any fees to the hospitals for direct data submission. Any payment obligation or billing statements in Apervita's Terms of Service do not apply to hospitals participating in the Joint Commission's Direct Data Submission (DDS) Platform.

2.b.1.19 If we have chosen our eCQM's already, we can change them when we actually submit data on the Platform and you will consider those our choice at that time?

As the data submitter, you directly manage the eCQMs being submitted to The Joint Commission directly within the DDS platform. To update The Joint Commission's list of expected measures for the hospital: Use the checkbox for the eCQMs for the appropriate quarter on the "Submit Data" Screen and complete the submission steps.

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2.b.1.20	**Do you have to submit the same quarter of data to the Joint Commission as you do for the CMS Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program)?**
	Both CMS and Joint Commission require reporting for at least one self-selected quarter (Q) of 2019 data (Q1, Q2, Q3, or Q4). The quarters submitted to Joint Commission and CMS can be different, as can the eCQMs selected.

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B. Direct Data Submission (DDS) Education, Technical Information, and Using the Platform

2.b.2.1 Where is information available to get an overview of DDS Platform?

See the April 23 2019 Pioneers in Quality™ webinar "2019 eCQM Direct Data Submission for All Hospitals: Transitioning to the Direct Data Submission Platform" " available at https://www.jointcommission.org/measurement/pioneers-in-quality

2.b.2.2 As a DDS Platform user, is there education on how to use the Platform?

During the onboarding process, hospitals will be provided with access to a series of self-directed webinars. In addition, the DDS Platform contains help documentation and the ability to ask questions.

The Joint Commission conducts monthly DDS "Office Hours". Content includes tips for successful use of the DD Platform and frequently asked questions. The webinars are staffed by The Joint Commission and Apervita staff to answer questions for hospitals.

2.b.2.3 As a user of the DDS Platform, what browser do I need?

Hospitals need to ensure they use a supported internet browser version to be able to use the DDS Platform.

Browser	Supported Version(s)
Internet Explorer	Version 11 (Supported on Windows 7, 8.1, and 10)
Microsoft Edge	41.16299.15.0 and above
Google Chrome	61.0.3163.100 (Official Build) and above
Firefox	52.0.2. and above
Safari (on Mac)	10.1.1 (12603.2.4) and above

Please note: If you are not using one of the supported browser/version on the computer(s) for use with the Joint Commission's DDS Platform, please work with your internal information systems staff to download or upgrade to one of the browser/version listed. If you elect not to use a supported browser/version, you may not be able to log into the DDS Platform. Browsers should be configured to enable JavaScript.

2.b.2.4 Does the DDS Platform provide a trial/test capability?

The DDS Platform does not utilize the concept of separate Production and Trial data upload. Rather, when a hospital uploads their data onto the DDS Platform, the data are loaded into their individual workspace. Hospital staff can then use additional portions of the DDS Platform to evaluate the completeness and accuracy of their data. Once a hospital is satisfied that the data within their workspace is ready to be submitted as Production data to The Joint Commission, the hospital will utilize functionality within the DDS Platform to submit their data.

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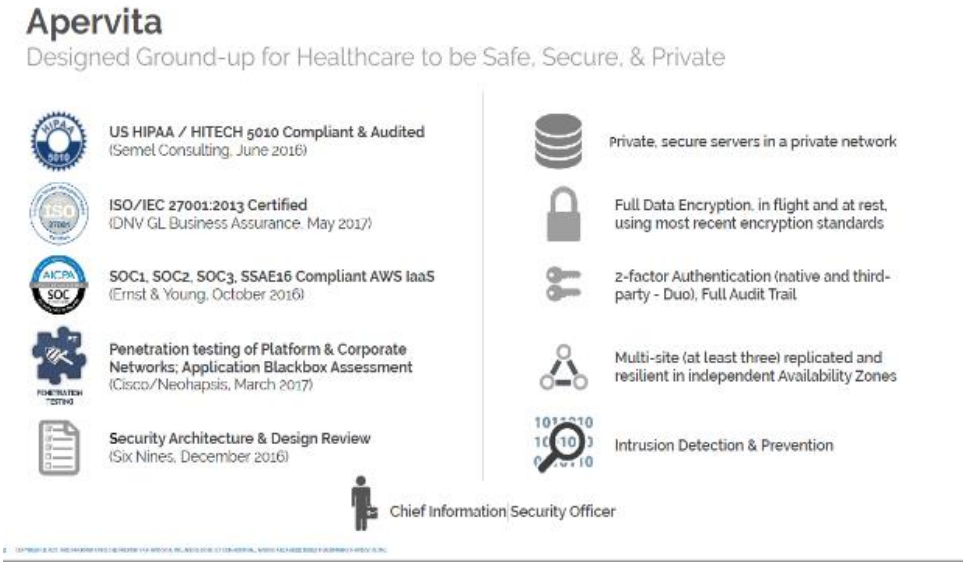
2.b.2.5	**Can vendors have access to the DDS Platform to test their QRDA I documents so they may address potential errors?**
	Hospital staff using the Joint Commission's DDS Platform can grant external user permissions to assist with functionality such as uploading QRDA I documents or the data verification process (e.g., correct QRDA I generation based on error/warnings, review measure results and rates to assist with data mapping issues). However, The Joint Commission is not providing a separate workspace to any vendor or consultant. Instead, we are instructing all vendors/consultants to work with their clients to test changes to their QRDA-I document generation software. Hospital staff using the Joint Commission's DDS Platform are responsible for the data submission process and the relationships with users on the DDS Platform. The Joint Commission no longer has any contracts with ORYX eCQM vendors In addition, we are requesting that vendor/consultant staff who have been onboarded utilize the "Create DDS Platform Support Ticket" function from within the hospital's workspace that is being used for "testing" purposes to ensure that the response to their questions are the same as what would be provided to the hospital should they submit the same question.
2.b.2.6	**What security measures are in place on the DDS Platform?**
	In working with Apervita, The Joint Commission has completed a rigorous evaluation process of the privacy and security components of the technology to ensure the DDS Platform meets privacy and security standards. A high-level summary of the privacy and security of the DDS Platform includes:  Additional details regarding the compliance of the privacy and security standards is available in the Legal section of the DDS Platform.

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2.b.2.7	**What is "Two Factor Authentication"?**
	The DDS Platform utilizes "Two Factor Authentication" as an extra layer of security beyond a password and username. Two Factor Authentication requires the user to have a piece of information only they should know or have immediately at hand. The piece of information is a code that is sent to the registrant's cell phone. Once the code is received via text, it is entered into the appropriate field on the DDS Platform's registration form. Registration can then proceed with the completion of additional key fields. Upon the first login to the Platform, and periodically (every 90 days), the user is prompted to enter a new security code which is received via text, as part of the continued two factor authentication process.
2.b.2.8	**Will we send you the same QRDA I documents that we send to CMS?**
	The DDS Platform has been implemented to accept the same QRDA I documents that are submitted to CMS. Please see *Attachment A –CY 2019 eCQM Versions, HL7 Standards, and CMS Implementation Guides* below for specific eCQM versions, HL7 standards, and guides that must be used for CY 2019 reporting.
2.b.2.9	**Should we run the QRDA I document through the CMS PSVA tool 1st?**
	The DDS Platform provides tools to assist hospitals in both identifying QRDA I document errors and in drilling down into the QRDA I XML structure to identify how to correct the issue.
2.b.2.10	**Is there an acceptable number or percentage of QRDA I document rejections when submitting to the DDS Platform?**
	For CY2019, there is no acceptable number or percentage of QRDA I document rejections that must be met to submit data directly to The Joint Commission. We encourage hospitals to submit all their eCQM data, even if they have concerns that it will be rejected. This will facilitate the hospital's learning about the DDS Platform's tools to assist in researching and correcting QRDA I issues and the Joint Commission's learning about the types of issues still occurring in the field as it relates to eCQMs.
2.b.2.11	**If QRDA I document(s) are rejected, do you need to resubmit the complete zip file or just the corrected QRDA I document(s)?**
	QRDA I documents that are rejected have not been processed against the eCQM logic. Hospitals may resubmit a zip file containing only those QRDA I documents that were rejected. If only one document needs to be resubmitted, it must still be zipped. The DDS Platform currently does not accept individual QRDA I XML documents, all documents must be zipped.
2.b.2.12	**How soon can CY 2019 eCQM data be submitted?**
	eCQM data may be upload QRDA I documents as soon as The Joint Commission has onboarded your hospital to the DDS Platform. To upload data, the entire calendar quarter must available.

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3. Certification Standardized Measures

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A. General

3.a.1	**For what certification programs may hospitals use an ORYX vendor to submit standardized measure data?**
	Hospitals may utilize an ORYX vendor to submit their standardized chart-abstracted data for the following certification programs: Acute Stroke Ready Hospital (ASRH), Primary Stroke Center (PSC), Thrombectomy-capable Stroke Center (TSC), Advanced Comprehensive Stroke Center (CSC–A), and Perinatal Care (PNC).
3.a.2	**We are a certified Stroke Center. What are our measure requirements for certification?**
	Based on your Stroke Center certification program (i.e., ASRH, PSC, TSC, CSC-A), your hospital will collect and report data on the chart-abstracted measures required by the program. See *Attachment B – Standardized Performance Measures for Certification*.
3.a.3	**If a hospital reports the PC chart-abstracted measures for ORYX reporting purposes, can the hospital utilize an ORYX vendor to submit their PC data for Perinatal Care certification purposes?**
	Hospitals choosing to have a vendor submit their PC data for certification purposes must utilize the same ORYX vendor to report on the PC measures to meet both their accreditation and certification requirements. While hospitals are required to utilize an ORYX vendor for submitting their PC data for accreditation purposes, they may choose to self-report their certification PC data via CMIP.
3.a.4	**For certification purposes, can we use eCQMs?**
	There are no eCQMs available for certification program purposes at this time. Data must be reported on the standardized chart-abstracted measures.

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CY 2019 REPORTING PERIOD
eCQM VERSIONS, HL7 STANDARDS, AND CMS IMPLEMENTATION GUIDES

Note: The Joint Commission aligns with CMS on the eCQM version, HL7 standards, and CMS Implementation Guide utilized for the 2019 reporting period. The below documents this alignment.

To access the below eCQM specifications, HL7 standards, and CMS Implementation Guides, please visit CMS/ONC's eCQI Resource Center at https://ecqi.healthit.gov/. In addition, the eCQI Resource Center contains documentation designed to assist in reading and understanding the eCQM Specifications, including Implementation Checklists, Guide for Reading eCQMs, eCQM Measure Logic Guidance, Technical Release Notes, and eCQM Flows.

- Please be sure when using the eCQI Resource Center, that you have select the appropriate Reporting Period and click 'Applied'.

CY 2019 eCQM Specifications, HL7 Standards, and CMS Implementation Guides

Patients discharged during the calendar year (CY)	2019
eCQM data submission deadline	CMS: 2/29/2020 Joint Commission: 3/16/2020
eCQM Specifications for Eligible Hospitals and Critical Access Hospitals (posted to eCQI Resource Center)	May 2018
eCQM Value Sets (posted to the Value Set Authority Center – VSAC) Technical Release notes (posted to eCQI Resource Center)	September 17, 2018 addendum Along with Technical Release notes from Sept and Nov 2018
CMS' Quality Data Model (posted to eCQI Resource Center)	QDM v5.3 Annotated
HL7 Standards to represent a health quality measure as an electronic document (eCQM) (available from HL7)	• HL7 HQMF V3 Normative R1 • HL7 CQL R1 STU 2 • HL7 V3 IG: CQL-based HQMF R1 STU 2.1
HL7 Standard to report quality measure data (available from HL7)	HL7 QRDA I R1 STU R5
CMS Implementation Guide (IG) for Quality Reporting Document Architecture (QRDA) Category I - Hospital Quality Reporting	CMS QRDA IG 2019 QRDA I HQR

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*CY 2019 eCQM ID and Specification Versions for Eligible Hospitals and Critical Access Hospitals

Measure Short Name	Measure Name	CMS eCQM ID and Version
eAMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	CMS53v7
eCAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	CMS26v6
eED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	CMS55v7
eED-2	Admit Decision Time to ED Departure Time for Admitted Patients	CMS111v7
eEHDI-1a	Hearing Screening Prior to Hospital Discharge	CMS31v7
ePC-01	Elective Delivery	CMS113v7
ePC-05	Exclusive Breast Milk Feeding	CMS9v7
eSTK-2	Discharged on Antithrombotic Therapy	CMS104v7
eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	CMS71v8
eSTK-5	Antithrombotic Therapy by End of Hospital Day Two	CMS72v7
eSTK-6	Discharged on Statin Medication	CMS105v7
eVTE-1	Venous Thromboembolism Prophylaxis	CMS108v7
eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	CMS190v7

Note:

- For Joint Commission purposes, eSTK-8 (Stroke Education) and eSTK-10 (Assessed for Rehabilitation) were retired effective 1/1/2017 as these two eCQMs have become "check box" measures, and their value has been diminished.
- eED-3 (Median Time from ED Arrival to ED Departure for Discharged ED Patients) is an outpatient measure and not utilized by The Joint Commission.

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ATTACHMENT B

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STANDARDIZED PERFORMANCE MEASURES FOR CERTIFICATION
EFFECTIVE WITH 1/1/2019 DISCHARGES

Measure Description for Specifications	Acute Stroke Ready Hospital (ASRH)	Primary Stroke Center (PSC)	Thrombectomy -capable Stroke Center (TSC)	Advanced Comprehensive Stroke Center (CSC–A)
Specifications Measure Topic: ASR				
ASR-IP-1 Thrombolytic Therapy: Inpatient Admission	**ASR-IP-1** *Effective 7/1/2018*			
ASR-IP-2 Antithrombotic Therapy By End of Hospital Day 2	**ASR-IP-2** *Effective 7/1/2018*			
ASR-IP-3 Discharged on Antithrombotic Therapy	**ASR-IP-3** *Effective 7/1/2018*			
ASR-OP-1 Thrombolytic Therapy: Drip and Ship	**ASR-OP-1** *Effective 7/1/2018*			
ASR-OP-2 Door to Transfer to Another Hospital **2a** Overall Rate - *Overall Rate is not reported* **2b** Hemorrhagic Stroke **2c** Ischemic Stroke; Drip and Ship **2d** Ischemic Stroke; No IV t-PA Prior to Transfer	**ASR-OP-2b, 2c, 2d** *Effective 7/1/2018*			
Specifications Measure Topic: STK				
STK-1 Venous Thromboembolism (VTE Prophylaxis) *Note: Retired from accreditation as of 12/31/2015*		**STK-1** *Effective 1/1/2013*	**STK-1** *Effective 1/1/2018*	**STK-1** *Effective 1/1/2015*
STK-2 Discharged on Antithrombotic Therapy *Note: Retired from accreditation as of 12/31/2015*		**STK-2** *Effective 1/1/2013*	**STK-2** *Effective 1/1/2018*	**STK-2** *Effective 1/1/2015*
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter *Note: Retired from accreditation as of 12/31/2015*		**STK-3** *Effective 1/1/2013*	**STK-3** *Effective 1/1/2018*	**STK-3** *Effective 1/1/2015*
STK-4 Thrombolytic Therapy *Note: Retired from accreditation as of 12/31/2015*		**STK-4** *Effective 1/1/2013*	**STK-4** *Effective 1/1/2018*	**STK-4** *Effective 1/1/2015*
STK-5 Antithrombotic Therapy By End of Hospital Day Two *Note: Retired from accreditation as of 12/31/2015*		**STK-5** *Effective 1/1/2013*	**STK-5** *Effective 1/1/2018*	**STK-5** *Effective 1/1/2015*

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Measure Description for Specifications	Acute Stroke Ready Hospital (ASRH)	Primary Stroke Center (PSC)	Thrombectomy -capable Stroke Center (TSC)	Advanced Comprehensive Stroke Center (CSC–A)
STK-6 Discharged on Statin Medication *Note: Retired from accreditation as of 12/31/2015*		**STK-6** *Effective 1/1/2013*	**STK-6** *Effective 1/1/2018*	**STK-6** *Effective 1/1/2015*
STK-8 Stroke Education *Note: Retired from accreditation as of 12/31/2015*		**STK-8** *Effective 1/1/2013*	**STK-8** *Effective 1/1/2018*	**STK-8** *Effective 1/1/2015*
STK-10 Assessed for Rehabilitation *Note: Retired from accreditation as of 12/31/2015*		**STK-10** *Effective 1/1/2013*	**STK-10** *Effective 1/1/2018*	**STK-10** *Effective 1/1/2015*
STK-OP-1 Door to Transfer to Another Hospital **1a** Overall Rate - *Overall Rate is not reported* **1b** Hemorrhagic Stroke **1c** Ischemic Stroke; IV Alteplase Prior to Transfer (Drip and Ship) **1d** Ischemic Stroke; No IV Alteplase Prior to Transfer, LVO and MER Eligible **1e** Ischemic Stroke; No IV Alteplase Prior to Transfer, LVO and NOT MER Eligible **1f** Ischemic Stroke; No IV Alteplase Prior to Transfer, No LVO		**STK-OP-1b, 1c, 1d, 1e, 1f** *Effective 1/1/2019*		
Specifications Measure Topic: CSTK				
CSTK-01 National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients		**CSTK-01** *Effective 1/1/2019*	**CSTK-01** *Effective 1/1/2018*	**CSTK-01** *Effective 1/1/2015*
CSTK-02 Modified Rankin Score (mRS) at 90 Days			**CSTK-02** *Effective 1/1/2018*	**CSTK-02** *Retired 12/31/2017*
CSTK-03 Severity Measurement Performed for SAH and ICH Patients (Overall Rate) **03a** SAH **03b** ICH				**CSTK-03, 03a, 03b** *Effective 1/1/2015*
CSTK-04 Procoagulant Reversal Agent Initiation for Intracerebral Hemorrhage (ICH)				**CSTK-04** *Effective 1/1/2015*
CSTK-05 Hemorrhagic Transformation (Overall Rate) **05a** IV t-PA Only **05b** IA t-PA or MER			**CSTK-05, 05a, 05b** *Effective 1/1/2018*	**CSTK-05, 05a, 05b** *Effective 1/1/2015*
CSTK-06 Nimodipine Treatment Administered				**CSTK-06** *Effective 1/1/2015*

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Frequently Asked Questions (FAQs)
2019 Performance Measure Reporting Requirements

Measure Description for Specifications	Acute Stroke Ready Hospital (ASRH)	Primary Stroke Center (PSC)	Thrombectomy -capable Stroke Center (TSC)	Advanced Comprehensive Stroke Center (CSC–A)
CSTK-08 Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade			**CSTK-08** *Effective 1/1/2018*	**CSTK-08** *Effective 1//2015*
CSTK-09 Arrival Time to Skin Puncture			**CSTK-09** *Effective 1/1/2018*	**CSTK-09** *Effective 1/1/2017*
CSTK-10 Modified Rankin Score (mRS) at 90 Days: Favorable Outcome				**CSTK-10** *Effective 1/1/2018*
CSTK-11 Arrival Time to TICI 2B or Higher				**CSTK-11** *Effective 1/1/2018*
CSTK-12 Skin Puncture to TICI 2B or Higher				**CSTK-12** *Effective 1/1/2018*

Measure Description for Specifications	Accreditation	Certification Perinatal Care (PNC)
Specifications Measure Topic: PC		
PC-01 Elective Delivery	**PC-01** *Effective 4/1/2010*	**PC-01** *Effective 1/1/2016*
PC-02 Cesarean Section	**PC-02** *Effective 4/1/2010*	**PC-02** *Effective 1/1/2016*
PC-03 Antenatal Steroids	**PC-03** *Effective 1/1/2013*	**PC-03** *Effective 1/1/2016*
PC-04 Health Care-Associated Bloodstream Infections in Newborns	**PC-04** *Effective 7/1/2013*	**PC-04** *Effective 1/1/2016*
PC-05 Exclusive Breast Milk Feeding	**PC-05** *Effective 1/1/2011*	**PC-05** *Effective 1/1/2016*
PC-06 Unexpected Complications in Term Newborns **06.0** (Overall Rate) **06.1** Severe Rate **06.2** Moderate Rate	**PC-06.0, 06.1, 06.2** *Effective 1/1/2019*	**PC-06.0, 06.1, 06.2** *Effective 1/1/2019*