

Frequently Asked Questions regarding the March 26, 2020 Communication: Joint Commission Makes Accreditation and Certification Performance Measure Reporting Optional and Extends Timelines

Question: If accreditation and/or certification programs continue to abstract and report, there is no penalty for doing so. However, from a data standpoint, how are HCOs ensured that the Joint Commission will somehow be removing these optional reporting months (quarters) from any data trending done, since programs that continue to report will have trends affected if compliance decreases/changes?

Answer (*updated August 2020*):

For those organizations that can and choose to submit data, the Joint Commission will continue to provide feedback reports and benchmarks of available data. The data and benchmarks will be shared with individual healthcare organizations for quality improvement purposes only. Any documents or reports produced with the data will have notations regarding optional data reporting, as data may not be reflective of an organizations true level of performance on measures.

Responding to the coronavirus pandemic, in March 2020, The Joint Commission placed a hold on the public reporting of two ORYX Perinatal Care (PC) measures on Quality Check®:

- PC-02 Cesarean Birth
- PC-06 Unexpected Complications in Term Newborns

The Joint Commission has since received the 4Q2019 data and determined most health care organizations with ORYX requirements for perinatal care measures did submit data for the fourth quarter, allowing for public reporting of 2019 data. Note that the public reporting for 1Q2020 and 2Q2020 data is still TBD and will be assessed based on data submission.

Question: Will measure specifications change for chart abstracted measures during this period of optional and extended deadlines as a result of COVID-19?

Answer: The Joint Commission measure specifications will not change during this time. The Joint Commission will emphasize the time period as a result of the COVID-19 crisis. If hospitals choose to abstract measures, Joint Commission understands there are many implications for all measures; e.g., practices and patterns are impacted during this time period. The Joint Commission recognizes that the data may be different than expected due to the impact of COVID-19, and hospital level data will not appear on public facing sites.

Question: If the Centers for Medicare & Medicaid Services (CMS) is allowing a telemedicine visit during this COVID-19 crisis, will this meet criteria for measures requiring follow-up visits?

Answer: Yes. When following CMS guidance on telemedicine services, this may be counted as a follow-up visit.

Question: If I choose to submit chart-abstracted data, do I need to submit all selected measures and all 3 months of data for the quarter?

Answer: For hospitals choosing to submit data, the Joint Commission will accept any number of chart-abstracted measures with available data. Ideally, hospital submissions should include all the cases for a measure, for the months in the calendar quarter being reported.

Question: Is there any impact to my accreditation or certification program status if we choose not to submit data for 4Q2019, 1Q2020 and 2Q2020?

Answer: There are no impacts to accreditation or certification, since submitting chart-abstracted data is optional.

Question: Will the ePC-01 and ePC-02 measure specifications be updated this year?

Answer: Yes, the Joint Commission eQMs are updated on an annual basis. ePC-01 and ePC-02 measure specifications for 2021 reporting will be released on June 15, 2020.

Question: All elective surgeries have been cancelled, including hip and knee replacement until the end of April, perhaps longer. For our certification program, there will be no data to enter for hip and knee replacement. Should a zero be entered in the Certification Measure Information Process (CMIP) application and do I need to indicate anything else?

Answer: Organizations can enter zero denominator for THKR measures. The Joint Commission will not be reviewing records for the Advanced Total Hip and Total Knee Replacement Certification programs, where the program has no patients during this national emergency timeframe. We ask that at the time of review, your organization be prepared to address the national emergency timeframe and why there is no data available. Your organization should also be prepared to share how your program managed during this COVID-19 crisis time frame and based on your experience how your HCO is preparing for any future national emergencies.

Question: My HCO is due for a certification survey this summer, do we need data abstracted for the onsite review, as it is highly likely we will have no data?

Answer: For any certified programs that do not have patients during the national emergency timeframe, records will not be reviewed at time of survey. At the time of your survey, be prepared to address the national emergency timeframe and why no data is available.

Note: While certification program data reporting is optional (4Q2019, 1Q2020 and 2Q2020), if patients are seen, the expectation is that patients will be tracked. The reviewer, when onsite, will expect to see available data for patients seen during the national emergency timeframe. Your organization should also be prepared to share how your program(s) managed during this COVID-19 crisis time frame and based on your experience, how your HCO is preparing for any future national emergencies.

Updated information regarding performance measurement is available at [The Joint Commission Measurement](#) webpage.

Questions regarding these modified requirements may be directed to the [ORYX Help Email](#) inbox.