

Frequently Asked Questions (FAQs)

2017/2018 ORYX® Performance Measure Reporting Requirements

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1. HEALTH CARE ORGANIZATION MEASURE SELECTIONS AND REPORTING

Q1.1	When will the 2018 ORYX Measure Selection Forms be due from hospitals?
A1.2	On August 15, 2017 information on modifications to 2017 ORYX eCQM Performance Measurement Reporting Requirements, along with 2018 reporting requirements was sent to accredited hospitals and made available on our website . There were no modifications to 2017 and 2018 Chart-abstracted requirements. Since there will be no change in ORYX reporting requirements from 2017 to 2018, The Joint Commission will not be requesting measure selections for 2018. In addition, the ORYX Measure Selection (OMS) application is closed to external users. Should a hospital wish to add to or modify its measure selections, requests should be submitted to HCOORYX@jointcommission.org where they will be considered on a case by case basis.
Q1.2	We want to plan for our hospital's 2018 budget, are the vendor transmission fees changing?
A1.2	For 2017 and 2018, The Joint Commission fees remain the same and are: <ul style="list-style-type: none"> • \$225 per hospital, per quarter for all chart-abstracted measures transmitted by vendors • \$300 per hospital, per year for all eCQM measures transmitted by eCQM vendors or by hospitals directly submitting their eCQM data
Q1.3	What are the major changes to the 2017 and 2018 ORYX Reporting Requirements?
A1.3	As of 2017, The Joint Commission has eliminated the measure set reporting requirement in favor of reporting on individual measures to include both chart-abstracted measures and eCQMs. In response to the CMS Fiscal Year 2018 Inpatient Prospective Payment System (IPPS) final rule, The Joint Commission will continue to align as closely as possible with CMS: <ul style="list-style-type: none"> • 2017 ORYX eCQM reporting requirements are being modified to: <ul style="list-style-type: none"> ○ a minimum of four eCQMs and ○ a minimum of one self-selected calendar quarter • 2018 ORYX eCQM reporting requirements will remain the same as the 2017 requirements 2017 and 2018 ORYX chart-abstracted measure reporting requirements remain the same. Monthly chart-abstracted measure data must continue to be reported on a quarterly basis for all four calendar quarters of 2017 and 2018.
Q1.4	Does the Joint Commission have any type of extraordinary circumstances, extension or exemption process for hospitals?
A1.4	If a hospital believes they have a unique situation that would impact reporting to The Joint Commission for 2017 and/or 2018, please contact hcooryx@jointcommission.org

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2. HOSPITAL REPORTING REQUIREMENTS

2.1 GENERAL MEDICAL/SURGICAL (ACUTE CARE) HOSPITALS

(Average Daily Census (ADC) of greater than 10 inpatients)

Q2.1-1 On which measures must a hospital report data to The Joint Commission for 2017 and 2018?

A2.1-1 Hospitals with an ADC >10 must select and report data on both chart-abstracted measures and eQMs:

Five required chart-abstracted measures applicable to the services provided and patient populations served by the hospital.

Joint Commission Chart Abstracted Measures	
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
PC-01*	Elective Delivery
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism
IMM-2	Influenza Immunization

*See [Perinatal Care Measure Requirements](#)

AND

Four of thirteen available eQMs applicable to the services provided and patient populations served by the hospital:

Joint Commission eQm Measures	
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
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
eEHDI-1a	Hearing Screening Prior to Hospital Discharge

Q2.1-2 If my hospital does not provide services addressed by one of the five required chart-abstracted measures, e.g., PC-01, must I select an alternate measure from the list of available 2017/2018 chart-abstracted measures?

A2.1-2 Hospitals that do not provide the service or serve the patient population addressed by a required chart-abstracted measure(s) will not be required to select an alternate measure from the list of available measures, though they are free to do so if they wish. Please note that as part of the measure selection process by not selecting all five 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.

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2.1 GENERAL MEDICAL/SURGICAL (ACUTE CARE) HOSPITALS - CONTINUED

(Average Daily Census (ADC) of greater than 10 inpatients)

Q2.1-3	My hospital is required to report the five chart-abstracted measures; in selecting four eCQMs can I select the three corresponding eCQMs (i.e., eED-1, eED-2, and ePC-01) as part of my four eCQM selections?					
A2.1-3	In selecting four eCQMs you may select and report on the eCQMs that correspond to the chart-abstracted measures.					
Q2.1-4	If my hospital wants to select and report on chart-abstracted measures in addition to the five that are required, which measures are available?					
A2.1-4	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Additional Chart-Abstracted Measures Available for Selection</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5</td> </tr> <tr> <td style="text-align: center;">TOB-1, TOB-2, TOB-3</td> </tr> <tr> <td style="text-align: center;">SUB-1, SUB-2, SUB-3</td> </tr> <tr> <td style="text-align: center;">OP-18, OP-20, OP-21*, OP-23</td> </tr> </tbody> </table> <p style="text-align: center; color: yellow; background-color: black; margin-top: 5px;">*OP-20 and OP-21 retired as of 12/31/2017</p>	Additional Chart-Abstracted Measures Available for Selection	HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5	TOB-1, TOB-2, TOB-3	SUB-1, SUB-2, SUB-3	OP-18, OP-20, OP-21 *, OP-23
Additional Chart-Abstracted Measures Available for Selection						
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5						
TOB-1, TOB-2, TOB-3						
SUB-1, SUB-2, SUB-3						
OP-18, OP-20, OP-21 *, OP-23						
Q2.1-5	Is the Joint Commission requiring hospitals to report on the same number of eCQMs as required by CMS for 2017 and 2018?					
A2.1-5	To remain as closely aligned as possible with CMS, accredited hospitals will report on a minimum of four eCQMs for a minimum of one self-selected calendar quarter of data for calendar year (CY) 2017 and CY 2018 by the annual submission deadlines. Note: the deadline for Joint Commission CY 2017 eCQM data whether submitted through Direct Data Submission or through an ORYX eCQM Vendor has been extended to June 29, 2018 (beyond the original date of March 15, 2018) to accommodate new processes regarding Direct Data Submission. At this time the deadline for Joint Commission CY 2018 eCQM data remains March 15, 2019.					
Q2.1-6	Is reporting on either chart-abstracted measures or eCQMs still an option for 2017 and 2018?					
A2.1-6	The 2016 flexible reporting option was eliminated as of 2017. Please refer to the 2017/2018 ORYX Reporting Requirements on our website (link below). In reviewing the requirements, keep in mind that these are minimum requirements. Hospitals may elect to report on additional measures beyond the required chart-abstracted measures and choice of eCQMs. For a list of available chart-abstracted measures and eCQMs see: https://www.jointcommission.org/performance_measurement.aspx					
Q2.1-7	May a hospital utilize a listed ORYX eCQM vendor that is different from their chart-abstracted listed ORYX vendor?					
A2.1-7	Yes, a hospital may utilize a different listed ORYX vendor for chart abstracted and/or eCQMs. However, the vendor must support all of the measures in a topic area with multiple measures. For example, a hospital may use one vendor that supports the two chart-abstracted ED measures and a different vendor that supports the two ED eCQMs, or a single vendor that supports both.					

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2.2 SMALL HOSPITALS (ADC OF 10 OR FEWER INPATIENTS)

Q2.2-1 For 2017/2018, will accredited hospitals with small inpatient populations be required to meet the same ORYX reporting requirements as larger hospitals?

A2.2-1 The Joint Commission has removed the measure set reporting requirement as of 2017 in favor of reporting on individual measures. Small hospitals will report on a **total of six measures** applicable to the services provided and patient populations served. The six measures may be selected from any of the chart-abstracted measures and eCQMs listed in the table below. For example, a smaller hospital could choose to report on 6 chart-abstracted measures or 4 chart-abstracted measures and 2 eCQMs, or 6 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	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-1, TOB-2, TOB-3	eVTE-1, eVTE-2
SUB-1, SUB-2, SUB-3	eEHDI-1a
OP-18, OP-20 , OP-24* , OP-23	

***OP-20 and OP-21 retired as of 12/31/2017**

Q2.2-2 **Are small hospitals required to transmit data using a listed ORYX vendor?**

A2.2-2 As in the past, small hospitals remain exempt from the requirement to transmit data to The Joint Commission through a Joint Commission-listed ORYX vendor but are encouraged to do so. If data are not transmitted to The Joint Commission through a vendor, the small 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.

Q2.2-3 **Are small hospitals required to report on the PC measures?**

A2.2-3 Small hospitals will not be required to report on either version (chart-abstracted or eCQM) of the Perinatal Care measures in order to meet 2017/2018 ORYX measure reporting requirements, but they may elect to use any of the PC measures if they have the relevant patient population.

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2.3 CRITICAL ACCESS HOSPITALS (CAHs)

Q2.3-1 Will Joint Commission accredited Critical Access Hospitals (CAHs) also be required to report on both chart-abstracted measures and eCQMs in order to meet 2017/2018 ORYX reporting requirements?

A2.3-1 The Joint Commission has removed the measure set reporting requirement as of 2017 in favor of reporting on individual measures. CAHs will collect data on a **total of six measures** applicable to the services provided and patient populations served by the CAH. The selection of six measures may be made from any of the chart-abstracted measures and/or eCQMs listed in the table below. For example, a CAH could choose to report on 6 chart-abstracted measures or 4 chart-abstracted measures and 2 eCQMs, or 6 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	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-1, TOB-2, TOB-3	eVTE-1, eVTE-2
SUB-1, SUB-2, SUB-3	eEHDI-1a
OP-18, OP-20, OP-21* , OP-23	

***OP-20 and OP-21 retired as of 12/31/2017**

Q2.3-2 Are CAHs required to transmit data using a listed ORYX vendor?

A2.3-2 As in the past, CAHs remain exempt from the requirement to transmit data to The Joint Commission through a Joint Commission-listed ORYX vendor but are encouraged to do so. If chart-abstracted and/or eCQM data are not transmitted to The Joint Commission through a vendor or for CAHs that elected direct data submission, the 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.

Q2.3-3 Are CAHs required to report on the PC measures?

A2.3-3 CAHs will not be required to report on either version (chart-abstracted or eCQM) of the Perinatal Care measures in order to meet 2017/2018 ORYX measure reporting requirements, but they may elect to use any of the PC measures if they have the relevant patient population.

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2.4 PERINATAL CARE MEASURE REQUIREMENTS	
Q2.4-1	Are hospitals with an ADC >10 required to report on the Perinatal Care (PC) measures?
A2.4-1	<p>Reporting on the chart-abstracted PC-01 measure is required of all hospitals that provide OB services.</p> <p>In addition, Four additional chart-abstracted perinatal care measures are required for health care organizations with at least 300 live births per year:</p> <ul style="list-style-type: none"> • PC-02 (Cesarean Section), • PC-03 (Antenatal Steroids), • PC-04 (Healthcare-Associated Bloodstream Infections in Newborns), and • PC-05 (Exclusive Breast Milk Feeding).
Q2.4-2	Are small hospitals required to report on the PC measures?
Q2.4-2	Small hospitals will not be required to report on either version (chart-abstracted or eCQM) of the Perinatal Care measures in order to meet 2017/2018 ORYX measure reporting requirements, but they may elect to use any of the PC measures if they have the relevant patient population.
Q2.4-3	Are CAHs required to report on the PC measures?
A2.4-3	CAHs will not be required to report on either version (chart-abstracted or eCQM) of the Perinatal Care measures in order to meet 2017/2018 ORYX measure reporting requirements, but they may elect to use any of the PC measures if they have the relevant patient population.
Q2.4-4	If my hospital has fewer than 300 live births per year am I still able to select and report on any of the additional PC measures?
A2.4-4	Any hospital that provides OB services with fewer than 300 live births per year may elect to report on additional PC measures. Hospitals may report on any and all measures relevant to services provided and patient populations served.

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2.5A FREE-STANDING PSYCHIATRIC HOSPITALS

Q2.5a-1 What measures will accredited psychiatric hospitals be required to report on to meet 2017/2018 ORYX measure reporting requirements?

A2.5a-1 Psychiatric hospitals that are “freestanding” facilities separately accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or an inpatient unit under the accreditation of the main Joint Commission accredited hospital) will continue to be required to report on all of the Hospital-Based Inpatient Psychiatric Services (HBIPS) measures only, to include:

Joint Commission Chart-Abstracted Measures

HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5

Q2.5a-2 In reporting the HBIPS measures to The Joint Commission, who should be included in the patient population?

A2.5a-2 For Joint Commission reporting purposes, when determining the patient population to be included and sample size 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.

Q2.5a-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?

A2.5a-3 The Joint Commission ORYX reporting requirements are completely separate from the Centers for Medicare and Medicaid Services (CMS) Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program requirements. HBIPS-1 has previously been required to be reported by accredited freestanding psychiatric hospitals. For 2017/2018, psychiatric hospitals that are “freestanding” facilities accredited by The Joint Commission will continue to be required to report the four HBIPS measures, including HBIPS-1.

2.5B GENERAL MEDICAL/SURGICAL HOSPITALS WITH INPATIENT PSYCHIATRIC UNITS

Q2.5b-1 Will general medical/surgical hospitals with inpatient psychiatric units or that maintain a separate site that is a psychiatric hospital accredited under the accreditation of the main hospital also be required to report on the HBIPS measures to meet 2017/2018 ORYX requirements?

A2.5b-1 Unlike the CMS Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program, which includes psychiatric hospitals and psychiatric units that bill under the Medicare Inpatient Psychiatric Facilities Prospective Payment System, Joint Commission accredited general medical/surgical hospitals with inpatient psychiatric units, or that operate a separate psychiatric hospital that is accredited as a site under the main hospital:

- Are not required to report on the HBIPS measures to meet 2017/2018 ORYX requirements.
- May elect to report on any of the HBIPS measures.

Q2.5b-2 Which patients should be included in the population for a general medical/surgical hospital with an inpatient psychiatric unit, or that operates a psychiatric hospital accredited under the main hospital, and that elects to report on HBIPS measures and also reports on the HBIPS measures to meet CMS IPFQR Program requirements?

A2.5b-2 For Joint Commission reporting purposes, when determining the patient population to be included and sampled, 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 IPFQR Program.

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2.5b General Medical/Surgical Hospitals with Inpatient Psychiatric Units - *Continued*

Q2.5b-3 Since I have an inpatient psychiatric unit (or a psychiatric hospital site) that requires me to report data to CMS to meet CMS IPFQR Program requirements, I plan on submitting data on Tobacco Treatment (TOB), Substance Use (SUB), and Immunization (IMM) measures to The Joint Commission and to CMS to meet CMS IPFQR Program requirements. Which patients should I include in the population for the TOB, SUB and IMM measures?

A2.5b-3 For Joint Commission reporting purposes, general medical/surgical hospitals with inpatient psychiatric units or that maintain a separate site that is a psychiatric hospital accredited under the accreditation of the main hospital and that elects to report data to The Joint Commission on any of the chart-abstracted global measures (i.e., TOB, SUB, and/or IMM) must include in their population and sample all applicable inpatients across the accredited organization 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 IPFQR Program.

2.6 CHILDREN'S HOSPITALS

Q2.6 What measures will accredited children's hospitals be required to report on to meet ORYX requirements for 2017/2018?

A2.6 ORYX performance measure reporting requirements were suspended as of 2016 and remain suspended for children's hospital 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).

2.7 LONG TERM ACUTE CARE HOSPITALS (LTACHs)

Q2.7 What measures will accredited long term acute care hospitals be required to report on to meet ORYX requirements for 2017/2018?

A2.7 ORYX performance measure reporting requirements for LTACHs were previously suspended and remain suspended.

2.8 INPATIENT REHABILITATION FACILITIES (IRFs)

Q2.8 What measures will accredited inpatient rehabilitation facilities be required to report on to meet ORYX requirements for 2017/2018?

A2.8 ORYX performance measure reporting requirements for IRFs were previously suspended and remain suspended.

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3. CHART-ABSTRACTED & ELECTRONIC CLINICAL QUALITY MEASURES (ECQMs)

3.1 CHART-ABSTRACTED MEASURES

Q3.1	What if we cannot report on all required 5 chart-abstracted measures if they are not applicable to the services provided and patient populations served by my hospital?
A3.1	Hospitals that do not provide the service or serve the patient population addressed by a required chart-abstracted measure(s) will not be required to select an alternate measure from the list of available measures, though they are free to do so if they wish. Please note that as part of the measure selection process and not selecting all five 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

3.2 ELECTRONIC CLINICAL QUALITY MEASURES (ECQMs)

Q3.2-1	Which version of the eCQMs must be utilized by hospitals reporting on eCQMs for 2017 and 2018?
A3.2-1	<p>The Joint Commission aligns with CMS on the eCQM version for each annual reporting period:</p> <ul style="list-style-type: none"> For 2017, eCQM discharge data must be consistent with the April 2016 annual update of eCQM specifications and the January 2017 addendum For 2018, eCQM discharge data must be consistent with the May 2017 annual update eCQM specifications, the September 2017 addendum and any future addendums. <p>For more information visit the eCQI Resource Center, EH/CAH Measures at: https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms</p>
Q3.2-2	How will eCQM data on calendar year 2017 and 2018 discharges need to be submitted to the Joint Commission?
A3.2-2	<p>For Joint Commission 2017/2018 eCQM data reporting purposes:</p> <ul style="list-style-type: none"> eCQM data must be reported using Quality Reporting Document Architecture (QRDA) Category I files. Hospitals electing to directly report their eCQM data to The Joint Commission will use the Direct Data Submission Platform similar in nature to that which is available for CMS through QualityNet. Hospitals will log in and be able to upload their QRDA I files and view their submission reports. Hospitals may continue to use a third party, i.e., ORYX eCQM vendor, to submit QRDA Category I files on their behalf.
Q3.2-3	Do all Joint Commission listed vendors support the submission of data for eCQMs, and where can I find a list of those that do?
A3.2-3	The list of vendors supporting eCQM data submission can be found on The Joint Commission's website at https://www.jointcommission.org/performance_measurement.aspx

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3.2 Electronic Clinical Quality Measures (eCQMs) - Continued	
Q3.2-4	What if I cannot pick four eCQMs that are applicable to the services provided and patient populations served by my hospital?
A3.2-4	The hospital should make its best efforts to identify a minimum of four eCQMs for which it has a related patient population. Hospitals unable to identify four eCQMs will be required to select and report on all those eCQMs as appropriate. Please note that if The Joint Commission has any questions, the hospital will be asked to attest to the reason that it is unable to report on additional eCQMs.
Q3.2-5	Can I submit my eCQM data on a quarterly basis just like my chart-abstracted data?
A3.2-5	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. Note: the deadline for Joint Commission CY 2017 eCQM data whether submitted through Direct Data Submission or through an ORYX eCQM Vendor has been extended to June 29, 2018 (beyond the original date of March 15, 2018) to accommodate new processes regarding Direct Data Submission. At this time the deadline for Joint Commission CY 2018 eCQM data remains March 15, 2019.
Q3.2-6	How soon can I begin submitting my eCQM data?
A3.2-6	eCQM data may be submitted as soon as the Joint Commission opens for data receipt. In order to submit data, the entire calendar quarter must be available for submission.
Q3.2-7	Why has The Joint Commission elected to not include eSTK-8 (Stroke Education) and eSTK-10 (Assessed for Rehabilitation) on the list of available eCQMs?
A3.2-7	As currently specified, these two eCQMs have become “check box” measures, and their value has been diminished. The remaining 13 eCQMs offered by The Joint Commission are aligned with CMS.
Q3.2-8	For CMS reporting purposes under its Hospital Inpatient Quality Reporting (HIQR) Program hospitals are expected to report on four individual eCQMs for 2017 and 2018. Does that mean that a hospital can use the same eCQMs toward meeting Joint Commission 2017/2018 ORYX requirements?
A3.2-8	All 13 eCQMs offered by The Joint Commission for both 2017 and 2018 ORYX measure reporting are in alignment with CMS and utilize the same measure specifications.

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4. USE OF 2017/2018 ORYX PERFORMANCE MEASURE DATA

Q4.1	Will my 2017 and/or my 2018 ORYX data continue to be publically reported on Quality Check?
A4.1	<p>Hospitals reporting on chart-abstracted measures will continue to have their data and performance on the chart-abstracted measures reported on Quality Check.</p> <p>At this time, eCQM data is not being publicly reported on Quality Check by The Joint Commission. ORYX eCQM Feedback Reports are provided annually to those organizations that submit electronic clinical quality measure (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, organizations with successful eCQM implementation(s) are encouraged to share their experiences during their on-site survey.</p>
Q4.2	What data will be reported and displayed in the ORYX Performance Measure Report provided quarterly to the hospital?
A4.2	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.
Q4.3	What became of the display of the accountability composite rate? Will the Joint Commission continue to calculate and display a hospital's accountability composite rate using my 2017 and/or 2018 data?
A4.3	With the reduction in the number of chart-abstracted accountability measures The Joint Commission removed and will no longer calculate and display the hospital's accountability composite rate. It was determined that continuing to provide an accountability composite rate based on so few measures was not meaningful.

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5. CERTIFICATION PROGRAMS

5.1 STROKE MEASURES FOR CERTIFICATION

Q5.1-1	If a hospital reports on the eSTK measures to meet ORYX reporting requirements for accreditation purposes, can the hospital still have a vendor submit chart-abstracted Stroke measure data for purposes of Primary or Comprehensive Stroke Center certification?						
A5.1-1	Hospitals that choose to report on eSTK measures to meet 2017/2018 ORYX requirements can still submit data on the required eight chart-abstracted Stroke measures through an ORYX vendor for purposes of certification. See Q5.1-2 below						
Q5.1-2	For purposes of Stroke Center certification, can a hospital report on eSTK measures rather than chart-abstracted measures?						
A5.1-2	For purposes of Stroke Center certification, data must still be reported on the eight chart-abstracted measures. The data may be submitted through a Joint Commission listed ORYX vendor or monthly aggregate values manually entered into the Certification Measure Implementation Process (CMIP) application accessed through the hospital's Joint Commission Connect extranet site.						
Q5.1-3	Since the chart-abstracted STK-4 measure was retired for purposes of accreditation, do I still have to report on STK-4 for certification purposes?						
A5.1-3	While STK-4 was retired for use for accreditation purposes effective January 1, 2017, hospitals that are or will become Primary or Comprehensive Stroke Center certified are required to report on all eight of the chart-abstracted Stroke measures including STK-4.						
Q5.1-4	Can you summarize which Stroke measures can be used and/or are required for purposes of accreditation and/or Stroke Center certification?						
A5.1-4	The table below summarizes which Stroke measures can be used and/or are required for purposes of accreditation and/or Stroke Center certification.						
<table border="1"> <thead> <tr> <th colspan="2">Using the Stroke Measures to Meet 2017/2018 Reporting Requirements for Accreditation and/or Certification</th> </tr> <tr> <th>Accreditation 2017 ORYX requirements</th> <th>Primary or Comprehensive Stroke Center Certification (Required)</th> </tr> </thead> <tbody> <tr> <td> RETIRED Chart-Abstracted Stroke (STK) – STK-4 No STK chart-abstracted measures available May choose to meet ORYX requirement for reporting four of thirteen available electronic clinical quality measures - eSTK-2, eSTK-3, eSTK-5, eSTK-6, </td> <td> Chart-Abstracted Stroke (STK) To include STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10 (Vendor submitted or manual entry into CMIP) </td> </tr> </tbody> </table>		Using the Stroke Measures to Meet 2017/2018 Reporting Requirements for Accreditation and/or Certification		Accreditation 2017 ORYX requirements	Primary or Comprehensive Stroke Center Certification (Required)	RETIRED Chart-Abstracted Stroke (STK) – STK-4 No STK chart-abstracted measures available May choose to meet ORYX requirement for reporting four of thirteen available electronic clinical quality measures - eSTK-2, eSTK-3, eSTK-5, eSTK-6,	Chart-Abstracted Stroke (STK) To include STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10 (Vendor submitted or manual entry into CMIP)
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Q5.1-5	I am a Certified Comprehensive Stroke Center. What are my measure requirements for certification?						
A5.1-5	In addition to the eight STK measures, Certified Comprehensive Stroke Centers must also collect and report data on the eight chart-abstracted CSTK measures.						

5.2 PERINATAL CARE MEASURES FOR CERTIFICATION

Q5.2	If a hospital reports on the Perinatal Care (PC) chart-abstracted measures to meet ORYX reporting requirements for accreditation purposes, can the hospital still have a vendor submit chart-abstracted PC measure data for purposes of Perinatal Care certification?
A5.2	Hospitals that report on chart-abstracted PC measures to meet 2017/2018 ORYX requirements can also submit this data through an ORYX vendor for purposes of certification.