Changes in ORYX reporting requirements for 2017; measure selection updates due Feb. 10

Changes in the 2017 ORYX measure reporting requirements are now in effect. The Joint Commission is asking that hospitals review and make all required updates to their measure selections no later than Friday, Feb. 10. Updates can be made using the ORYX Measure Selection (OMS) application accessed through the organization’s Joint Commission Connect extranet. Changes for 2017 include the elimination of the measure set reporting requirement. Now, measure selection and reporting is by individual measure.

Other items of note in the 2017 Joint Commission ORYX measurement requirements include:

- Hospitals will report on five required chart-abstracted measures as well as a choice of 6 of 13 available electronic clinical quality measures (eCQMs)
  - Additionally, hospitals with at least 300 live births per year are required to report on all of the chart-abstracted perinatal care (PC) measures
- Critical access hospitals (CAHs) and small hospitals (ADC ≤10) will report on a choice of six available measures
- Freestanding psychiatric hospitals will report on four required Hospital-Based Inpatient Psychiatric Services (HBIPS) measures
- Suspension of the requirements for the following types of hospitals will continue:
  - Freestanding children’s hospitals
  - Long-term acute care hospitals
  - Inpatient rehabilitation facilities

For 2017 eCQM data, for which four quarters of data must be submitted by March 15, 2018, there will be two submission options available for hospitals:

- Submission through a listed ORYX vendor
- Direct submission to The Joint Commission

A secure extranet connection that allows hospitals to directly submit their 2017 QRDA Category 1 files will be available in time for the March 15, 2018, eCQM data submission deadline. For hospitals submitting data directly, there will be transmission fees matching those charged to ORYX vendors. The Joint Commission is moving to a flat fee billing model for 2017 data submissions. The eCQM vendors will be billed $300 per hospital per year for all eCQMs transmitted. Individual hospitals electing to directly submit their eCQM data also will be billed $300 for all 2017 eCQMs transmitted. When selecting eCQMs, hospitals must indicate the listed ORYX eCQM vendor. For those directly submitting, they will need to Direct Submission Vendor (0100-04).
Clarification: secure text messaging of patient care orders should not be done

The Joint Commission recently clarified its position on the use of secure text messaging for patient care orders, deeming it unacceptable at this time.

This comes after an article in the May 2016 issue of Perspectives, in which The Joint Commission acknowledged the advancements in technology in securing text message data. At the time, The Joint Commission revised its previous position to allow licensed independent practitioners (LIPs) to use secure text messaging platforms to send patient care orders, provided the systems met requirements.

However, after concerns remained about the security issues related to transmitting orders via texts, and with collaboration with the Centers for Medicare and Medicaid Services (CMS), The Joint Commission has developed the following recommendations:

- All health care organizations should have policies prohibiting the use of unsecured text messaging — short message service (SMS) from a personal mobile device — for communicating protected health information.
- The Joint Commission and CMS agree that computerized provider order entry (CPOE) should be the preferred method for submitting orders, as it allows providers to directly enter orders into the electronic health record (EHR).
- In the event that a CPOE or written order cannot be submitted, a verbal order is acceptable on an infrequent basis.

Several reasons were listed as to why the use of secure text orders is not permitted at this time, including that the implementation of the additional method to transmit orders may lead to an increased workload on nurses due to the transcription process to EHRs. Another reason was that the verbal order allows for real-time clarification and confirmation of an order by the practitioner.

The Joint Commission will continue to see how advancements in technology shape this issue. (Contact: textingorders@jointcommission.org)

Field review: tell us what you think of revisions to pain assessment, management standards

The Joint Commission is revising its pain assessment and management standards for the Hospital accreditation program. These revisions are being developed to further promote patient safety and quality of care and align the accreditation requirements with current recommendations from scientific, professional, and governmental organizations. A field review is available until Feb. 20.

Laboratory accreditation

Updated molecular, genetic testing standards for lab program

After performing a gap analysis on the molecular and genetic testing standards for its laboratory accreditation program, The Joint Commission added standards, which will become effective July 1, 2017.

The updated standards address:
- Prevention of sample degradation
- Nucleic acid extraction
- Turnaround time requirement
- Indication for genetic testing

View the prepublication standards.
Revisions coming to lab accreditation to add mass spectrometry requirements
The Joint Commission is expanding its clinical chemistry requirements in its laboratory accreditation program to add specific quality control (QC) and testing requirements for mass spectrometry, effective July 1, 2017.

Mass spectrometry is a continuously advancing analytical technique, and laboratories have increasingly adopted the use of mass spectrometry in various settings, such as drug testing and therapeutic drug monitoring. The revisions address specific issues and challenges on the application of mass spectrometry in clinical laboratories.

View the prepublication standards.

Updated CAMLAB aligns with CMS lab standards on routine maintenance
To maintain alignment with the Centers for Medicare and Medicaid Services’ (CMS) Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88), The Joint Commission updated four areas in the Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing (CAMLAB). The updated requirements will go into effect July 1, 2017 and cover:
- Blood gas quality control testing
- Calibration verification on instruments that are manufacturer calibrated and/or tests that are considered non-quantitative
- Implementation related to an individualized quality control plan
- Staffing and workload requirements for cytology

View the prepublication standards.

Patient safety

The Institute for Safe Medication Practices (ISMP) has released its “2016-2017 Targeted Medication Safety Best Practices for Hospitals,” which encourages national adoption of consensus-based best practices for specific medication safety issues that continue to cause fatal and harmful errors. While targeted for hospitals, some of the 11 best practices may be applicable to other health care settings. The best practices have been reviewed by experts and approved by ISMP’s board of trustees.

The following five new best practices have been added to the list:
- Segregate, sequester, and differentiate all neuromuscular blocking agents (NMBs) from other medications, wherever they are stored in the organization.
- Administer high-alert intravenous (IV) medication infusions via a programmable infusion pump utilizing dose error-reduction software.
- Ensure all appropriate antidotes, reversal agents, and rescue agents are readily available. Have standardized protocols and/or coupled order sets in place that permit the emergency administration of all appropriate antidotes, reversal agents, and rescue agents used in the facility. Have directions for use/administration readily available in all clinical areas where the antidotes, reversal agents, and rescue agents are used.
- Eliminate all 1,000 mL bags of sterile water (labeled for “injection,” “irrigation,” or “inhala-tion”) from all areas outside of the pharmacy.
- When compounding sterile preparations, perform an independent verification to ensure that the proper ingredients (medications and diluents) are added, including confirmation of the proper amount (volume) of each ingredient prior to its addition to the final container.

Access the best practices.
Resources

New blog: CMO writes about Health Equity Forum
In the latest Quality, Reliability & Leadership blog, Ana McKee, MD, executive vice president and chief medical officer of The Joint Commission, writes about how The Joint Commission hosted its inaugural Health Equity Forum, along with the American Hospital Association, to spark discussion about the efforts of several health care systems and health care professional organizations to reduce health disparities, and the challenges ahead. Read the post, "Innovative Ways to Eliminate Health Disparities."

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