Performance measurement

Learn more about 2020 ORYX reporting requirements

The Joint Commission has announced its 2020 ORYX® reporting requirements. During 2019, all hospitals transitioned to the Direct Data Submission Platform (DDSP) for submission of electronic clinical quality measure (eCQM) data directly to The Joint Commission. In 2020, hospitals will use the DDSP for submission of chart-abstracted measures — meaning in 2020, organizations have one place to submit both eCQM and chart-abstracted data.

eCQM reporting requirements for Hospital Accreditation Program with an ADC > 10

- Acute care hospitals with an ADC >10 report a minimum of four self-selected eCQMs applicable to the services provided and patient populations served by the hospital, for a minimum of one self-selected quarter.
  - 10 eCQMs are available for selection (eED-2, ePC-01, ePC-02, ePC-05, eSTK-2, eSTK-3, eSTK-5, eSTK-6, eVTE-1, eVTE-2).
  - All hospitals utilize the DDSP for eCQM data submission.

Changes to chart-abstracted submission requirements starting with calendar year 2020 for Hospital Accreditation Program

- Starting with calendar year (CY) 2020 chart-abstracted data, The Joint Commission no longer has contracts with ORYX chart-based vendors.
  - ORYX vendors, based on contractual language, are required to submit a hospital’s third and fourth quarter 2019 chart-abstracted data in January and April 2020, respectively, using their current vendor data submission processes.
- For CY 2020 chart-abstracted data and beyond, all hospitals submitting data will be transitioned to and utilize the Joint Commission’s DDSP.
  - Hospitals collect and report monthly chart-abstracted aggregate data on a quarterly basis for CY 2020 using the Joint Commission’s DDSP.
  - In early 2020, The Joint Commission will provide additional information concerning the transition to the DDS Platform.

Chart-abstracted measure reporting requirements for acute care Hospital Accreditation Program with an ADC > 10

- Acute care hospitals with an ADC > 10 that provide obstetrical services report one required chart-abstracted measure, which is PC-01.
- In addition, hospitals with at least 300 live births also are required to report on all chart-abstracted perinatal care measures: PC-02, PC-05 and PC-06.
- Please note: Effective Jan. 1, 2020, PC-03 and PC-04 have been retired from the Perinatal Care measures.

Freestanding psychiatric Hospital Accreditation Program reporting requirements

- Freestanding psychiatric hospitals continue to report on the four required Hospital-Based Inpatient Psychiatric Services (HBIPS) measures: HBIPS-1, HBIPS-2, HBIPS-3 and HBIPS-5.

Critical access hospitals, small hospitals (ADC of 10 or fewer inpatients) and ORYX-designated specialty program reporting requirements
Joint Commission Online
Sept. 11, 2019
Page 2

©2019 The Joint Commission
Published by the Department of Corporate Communications

• Critical access hospitals, small hospitals (ADC ≤ 10) and ORYX-designated specialty hospitals continue to report on a choice of three available measures (selected measures can be chart-abstracted or eCQM).
  o These hospitals remain exempt from requirement to submit data to The Joint Commission. If data are not submitted, the organization is required to make data reports available for review by surveyors during on-site surveys.

Hospital Accreditation Program for which ORYX performance measure reporting requirements continue to be suspended
• Suspension of requirements continues for freestanding children's hospitals, long-term acute care hospitals and inpatient rehabilitation facilities.

Learn more about ORYX performance measurement. (Contact: hcooryx@jointcommission.org)

Accreditation and certification

Updated: Comprehensive Cardiac Center Certification measure implementation guide
A new version of the Comprehensive Cardiac Center (CCC) Certification program’s standardized measures implementation guide was posted to The Joint Commission’s website on Sept. 9 with updated measure specifications.

Beginning Jan. 1, 2020, data collection on five new inpatient performance measures for the CCC Certification program will be mandatory for currently certified programs and organizations seeking initial certification. The measures — which were posted for public comment and underwent pilot testing — were selected by a Joint Commission Technical Advisory Panel in partnership with the American Heart Association.

Clarification on door in-door out times for Acute Heart Attack Ready hospitals
Taking effect in 2020, the American Heart Association is adding a Quality (PLUS) measure to its Mission: Lifeline ST-elevation myocardial infarction (STEMI) Referring Hospital award program for Door In-Door Out (DIDO) within 30 minutes of Acute Heart Attack Ready (AHAR) arrival. During the on-site review process, organizations may be asked about their performance meeting the stretch goal of DIDO within 30 minutes of a patient’s arrival to the AHAR hospital.

Joint Commission reviewers will see that AHAR-certified organizations are meeting the current 45-minute transfer requirement and showing movement toward the upcoming 30-minute DIDO requirement. The standard and performance measure collectively evaluate DIDO times, like the expectation that organizations perform percutaneous coronary intervention (PCI) within 90 and/or 60 minutes.

The AHAR Certification program for STEMI heart attack patient care was launched in July 2019 in collaboration with the American Heart Association. The standards were based on clinical practice guidelines published in Circulation, and the performance measures were adopted from the American Heart Association’s Get With The Guidelines® — Coronary Artery Disease.

If an AHAR-certified organization does not perform PCI, performance measurement standard DSPM.1, element of performance 6a requires that for a transferring organization, the DIDO time should be 30 minutes or less. However, one of four measures selected for AHAR centers from the Mission: Lifeline® STEMI Referring achievement measures captures the percentage of STEMI patients who are transferred out for PCI within 45 minutes of arrival. Data submitted to The Joint Commission reports a measure rate compliant with transfer to another hospital within 45 minutes of arrival to the AHAR-certified organization.

For more information about Joint Commission requirements for AHAR centers, please refer to the Disease-Specific Care Certification Manual, July 2019. Questions about the measures selected for AHAR certification may be sent to the AHA at accreditation@heart.org, (Contact: Antigone Kokalias, akokalias@jointcommission.org)
Quality and safety

Help stomp out sepsis: Center seeks organizations to use Targeted Solutions Tool
Sepsis affects more than 30 million people worldwide and costs U.S. hospitals nearly $17 billion annually.

To try to stomp out sepsis, the Joint Commission Center for Transforming Healthcare led a collaborative that reduced sepsis mortality by nearly 25%. A subsequent collaborative led by the Center saw additional hospitals reduce their mortality rates anywhere from nearly 20% to more than 50%.

Based on that work, the Center developed an online Targeted Solutions Tool® (TST®) and is looking for health care systems to be part of an early adopter cohort to use the TST starting in October. The TST® aims to provide health care organizations the ability to:

- Conduct their own sepsis project.
- Enter sepsis data.
- Receive immediate data analysis.
- Get access to validated solutions based on an organization’s identified root causes.

Learn more about the TST.

Interested in participating in the cohort? For more information, contact Kelly Barnes at kbarnes@jointcommission.org.

Observe National Suicide Prevention Week with new Joint Commission resources
Suicide is the 10th leading cause of death in the United States — but it doesn’t have to be.

In observance of National Suicide Prevention Week — running Sept. 8-14 — The Joint Commission has developed new quality and safety resources. They are:

- A video with Lisa DiBlasi Moorehead, EdD, MSN, RN, associate nurse executive, who discusses preventing nurse suicide.
- A case study detailing a suicidal patient falling through the cracks.
- A KevinMD.com blog post with Craig Slater, MD, MBA, surveyor, who discusses physician depression and suicide.
- A Dateline @TJC blog post by Gerry Castro, PhD, project director, Patient Safety Initiatives, who reviews the new suicide-related sentinel event categories.
- A social graphic supporting suicide prevention in health care.

Throughout the week, The Joint Commission will emphasize the importance of suicide prevention through its social media channels. Join or follow the conversation by using hashtag #BeThe1To.

Center for Transforming Healthcare

Center for Transforming Healthcare celebrates 10-year anniversary
In June, the Joint Commission Center for Transforming Healthcare turned 10 years old.

The Center, a nonprofit affiliate of The Joint Commission, has partnered with more than 100 health care organizations to uncover and overcome safety and quality barriers by implementing data-focused, high reliability initiatives that drive transformational change. With its mission to transform health care into a high reliability industry by developing effective, durable solutions, the Center has helped organizations build and strengthen the systems and structures, skills and practices that support transformation to high reliability and achievement of zero harm.

In the last decade, the Center has seen positive outcomes from these partnerships every day, resulting in:

- 71% increase in hand hygiene compliance
- 62% decrease in falls with injury
- 56% decrease in hand-off communication failures
• 32% decrease in colorectal surgical site infections
• 30% decrease in extreme hyperglycemia
• 23% decrease in sepsis mortality

These partnerships also resulted in the following decreases in wrong-site surgery risks:
• 63% decrease in pre-operative phase
• 51% decrease in the operating room phase
• 46% decrease in scheduling phase

Learn more about the Center.

Resources

BoosterPaks to be retired later this year
The Joint Commission will be retiring its BoosterPaks resources Oct. 28.

These resources, which were initially developed in 2008 to assist accredited organizations with complex standards, have become outdated over the years. Additionally, more current and better resources are available on The Joint Commission’s website, such as:
• R3 Reports
• Standards FAQs
• Topic-specific web portals.

Make plans to attend Oct. 3 Orthopedic Certification conference
The time is now to reserve your place at an Orthopedic Certification conference being held on Oct. 3.

The interactive, solutions-based program — to be held at The Joint Commission Conference Center, 1 Renaissance Blvd., Oakbrook Terrace, Illinois — will provide participants with practical strategies and implementation tips that can be adapted and applied to their orthopedic programs. Two education tracks will be offered to provide content for specific orthopedic services:
• Track A — For health care organizations that are new to Orthopedic Certification or want to expand their orthopedic portfolio. Content will address core hip, knee, shoulder and ankle joint replacement certification programs, and spinal surgery certification programs.
• Track B — For ambulatory surgery centers and hospitals that have or are interested in obtaining Advanced Total Hip and Knee Replacement Certification.

During the program, the Joint Commission Disease-Specific Care program and reviewers knowledgeable in Orthopedic Certification programs will provide an overview of the review process, deliver an in-depth review of the challenging and new standards, speak about appropriate performance measures and allow time for participants to ask candid questions.

At the conclusion of this program, participants will be able to:
• Improve the quality of patient care by reducing variation in clinical processes.
• Provide a framework for program structure and management.
• Provide an objective assessment of clinical excellence.
• Create a loyal, cohesive clinical team.
• Promote a culture of excellence across the organization.
• Facilitate marketing, contracting and reimbursement.
• Strengthen community confidence in the quality and safety of care, treatment and services.
• Pursue or renew certification to fulfill regulatory requirements in select states.

Register.
Up in the blogosphere with The Joint Commission

- **Ambulatory Buzz — Tips for Addressing the Most Challenging Standards for AHC and OBS: Jan.-June 2019**: Joyce Webb, RN, project director, Division of Healthcare Quality Evaluation, looks at the Top 10 challenging standards through the first half of 2019 for accredited Ambulatory Health Care (AHC) organizations and Office-Based Surgery (OBS) practices. In the blog, she shares compliance tips and strategies.

- **Leading Hospital Improvement — Planning Your Active Shooter Drill**: From 2001 to 2011, there were 154 shootings in U.S. hospitals where at least one person was injured. More health care workers, patients and visitors have been endangered and even killed by active shooters since then. Because of this, it is increasingly relevant for health care organizations to ensure they can carry out an active shooter response plan. Organized planning and drills for all organizations can minimize harm caused to every person at the time of an event, writes James Kendig, MS, CHSP, CHCM, CHEM, LHRM, field director, Surveyor Management and Development, Accreditation and Certification Operations.

- **Dateline @ TJC — New Suicide Classifications Highlighted in Frequently Reported Sentinel Events for Early 2019**: In fall 2018, The Joint Commission updated the classification used for describing the types of sentinel event reported. The update is intended to improve the grouping of events and accommodate more detailed categories. Most of the categories are self-explanatory, but a noticeable change is the distinction between sentinel events classified as a patient suicide in the emergency department, inpatient settings and offsite within 72 hours, writes Gerry Castro, PhD, project director, Patient Safety Initiatives.

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