Performance measurement

Joint Commission announces ORYX performance measure changes for 2016
The Joint Commission is to continue to provide its accredited hospitals and critical access hospitals with flexibility in meeting ORYX performance measure reporting requirements for the 2016 calendar year. The Centers for Medicare & Medicaid Services (CMS) has made multiple changes in its Hospital Inpatient Quality Reporting Program, and The Joint Commission has made changes to continue to align with CMS as closely as possible.

The table below outlines the changes and expectations for 2016. In early October, hospitals will be provided with additional instructions on updating their 2016 ORYX measure reporting options, along with their selections of measure sets on which data will be reported for 2016. Reporting on 2015 measure set/measure selections must continue through calendar year 2015. For more information, visit the Performance Measurement Web page. (Contact: Frank Zibrat, fzibrat@jointcommission.org, 630-792-5992)

<table>
<thead>
<tr>
<th>Measure changes in 2016</th>
<th>Performance measure expectations for 2016</th>
<th>Action to take now</th>
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<td><strong>Chart-abstracted measures retired:</strong></td>
<td><strong>General:</strong></td>
<td><strong>Review:</strong></td>
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<td>- Acute Myocardial Infarction: AMI-7a</td>
<td>- Hospitals are to continue reporting on a minimum of six measure sets (four sets for critical access hospitals) based on services provided and populations served.</td>
<td>- <a href="#">Joint Commission Measure Sets Effective January 1, 2016</a></td>
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<td>- Children’s Asthma Care: CAC-3</td>
<td>- Organizations submit chart-abstracted or electronically-derived measure data.</td>
<td>- <a href="#">2016 Flexible ORYX Performance Measure Reporting Options</a></td>
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<td>- Hospital-Based Inpatient Psychiatric Services: HBIPS-4, HBIPS-6, HBIPS-7</td>
<td>- Data on the eCQM measure sets must be reported for a minimum of one calendar quarter or up to two calendar quarters and include either third quarter 2016 and/or fourth quarter 2016 data. The third and fourth quarter data must be received no later than Feb. 28, 2017.</td>
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<td>- Immunization: IMM-1</td>
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<td>- Stroke: STK-1, STK-2, STK-3, STK-5, STK-6, STK-10</td>
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<td>- Surgical Care Improvement Project: SCIP-Inf-4</td>
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<td>- Venous Thromboembolism: VTE-1, VTE-2, VTE-3</td>
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<td><strong>Electronic Clinical Quality Measures (eCQMs) added:</strong></td>
<td><strong>Change made:</strong></td>
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<td>- Acute Myocardial Infarction: AMI-8a</td>
<td>- The threshold for mandatory reporting of the Perinatal Care (PC) performance measure set has been reduced to 300 or more live births per year.</td>
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<td>- Early Hearing Detection and Intervention: EHDI-1a</td>
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<td><strong>Chart-abstracted measure collected for CMS only:</strong></td>
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<td>- Sepsis Bundle Project: SEP-1 (Early Management Bundle, Severe Sepsis/Septic Shock)</td>
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Joint Commission seeking volunteer hospitals for palliative care performance measures pilot test

The Joint Commission is seeking volunteer hospitals to pilot test a draft standardized performance measure set for its certification program for palliative care. The certification recognizes hospital inpatient programs that demonstrate exceptional patient and family-centered care and optimize the quality of life for adult and pediatric patients with serious illness. The Joint Commission — with the assistance of a technical advisory panel — has adapted performance measures identified as important through the Measuring What Matters initiative of the American Academy of Hospice and Palliative Care (AAHPM) and Hospice and Palliative Nurses Association (HPNA).

The objectives of the pilot test are:

- To obtain information about how the measures and specifications can be enhanced to provide more meaningful and reliable data.
- To assess the reliability of the measures and associated data elements to ensure that measure results can be compared across multiple organizations.
- To assess the feasibility of collecting the data elements through an electronic health record or registry system.

The pilot test's purpose is to assess the palliative care (PAL) measures and their specifications. It will not assess the performance of individual organizations, and participation will have no impact on any organization's accreditation or certification status.

Volunteer hospitals must register for the pilot test by Sept. 20. As part of the pilot test, hospitals will be expected to perform data collection and provide monthly reports on palliative care patients from Oct. 1, 2015, to Jan. 30, 2016. Pilot sites must provide inpatient palliative care and be capable of collecting data for all six draft measures in the set.

Interested organizations will need to fill out a brief questionnaire to register and be considered as a pilot site. All questionnaires will be reviewed and organizations will be notified by Sept. 23 by email regarding whether they have been selected as a pilot site. (Contact: Susan Yendro, syendro@jointcommission.org)

Quality and safety

FDA, ISMP issue warnings about BD 3- and 5-milliliter syringes for compounded drug storage

The U.S. Food and Drug Administration (FDA) issued an alert to health care professionals, warning them to not administer to patients compounded or repackaged drugs that have been stored in 3-milliliter or 5-milliliter syringes manufactured by Becton-Dickinson (BD) unless there is no suitable alternative available. The FDA states that preliminary information indicates that drugs stored in these syringes may lose potency over a period of time because of a possible interaction with the rubber stopper in the syringe. BD’s 10-, 20- and 30-milliliter syringes also may contain the same rubber stopper, and the company is alerting customers not to use those syringes as a closed container system for compounded and repackaged drugs.

The FDA recommends hospital and pharmacy staff should check supply stocks and remove drug products that were filled by pharmacies or outsourcing facilities and stored in general purpose BD 3- and 5-milliliter syringes. FDA does not have information on how long drugs can be stored in these syringes before degrading.

The FDA is continuing to investigate this matter. Meanwhile, the Institute for Safe Medication Practices (ISMP) recently published an article about these syringes and states hospitals should:

- Try to limit drug exposure in plastic syringes by using them as promptly as possible after preparation in the pharmacy.
- Make sure that clinical staff are aware of the situation and know to report unexpected changes in drug effectiveness, such as a sudden loss of pain control, especially with infusions via a syringe pump.
Monitor patients for signs of decreased efficacy when administering drugs that have been stored in syringes, and use caution when administering sequential doses to avoid a sudden increased effect that could occur when switching from a syringe of medication stored for a period of time to a newly prepared syringe.

Assign staff to watch for new FDA, BD, ISMP, American Society of Health-System Pharmacists or other alerts.

Work with BD to understand whether any syringes in your health care institution belong to lots that are affected by this issue. To check, contact the company at 201-847-4500.

**ISMP seeks input on draft guidelines on safe communication of electronic medication info**

The Institute for Safe Medication Practices released new draft guidelines for the safe communication of electronic medication information in its Acute Care ISMP Medication Safety Alert! newsletter. As electronic health records (EHRs), computerized prescriber order entry (CPOE) systems, electronic medication administration records (eMARs) and electronic prescribing (e-prescribing) systems become more widely accepted by health care providers, ISMP notes that if this information is not carefully considered, these forms of health information technology (HIT) can contribute to — instead of mitigate the risk of — medication errors.

While ISMP notes many HIT vendors have followed a set of accepted standards from national-level sources, it states these sources have not compiled a robust list of guidelines to promote the safe communication of electronic medication-related information.

ISMP has compiled a set — Draft Guidelines for the Safe Electronic Communication of Medication Information — to identify potential confusion that is unique to electronic communication and covers issues that deal with how information about medications is communicated in electronic formats. View the draft guidelines.

ISMP is encouraging comments on the guidelines by Oct. 16. After the comment period ends, ISMP is to review and finalize the guidelines and submit them to The Office of the National Coordinator for Health Information Technology (ONC HIT). It also intends to share them with The Joint Commission, the Centers for Medicare & Medicaid Services, and other standards-setting organizations.

**CDC clarifies Ebola PPE guidance for U.S. health care personnel**

The Centers for Disease Control and Prevention (CDC) issued an update Aug. 27 to its personal protective equipment (PPE) guidance for U.S. health care personnel when caring for patients suspected or confirmed of having the Ebola virus.

Using feedback received after an October 2014 release of guidelines, CDC has clarified the use of fluid-resistant and impermeable gowns and coveralls. In addition, the updated PPE guidance for confirmed Ebola patients includes:

- Expanding the rationale why respiratory protection is recommended when caring for an Ebola patient.
- Clarifying that the trained observer should not serve as an assistant for doffing PPE.
- Suggesting that a designated doffing assistant might be helpful, especially in doffing with the Powered Air Purifying Respirator (PAPR) option.
- Modifying the PAPR doffing procedure to make the steps more clear.
- Changing the order of boot cover removal. Boot covers are now removed after the gown or coverall.
- Emphasizing the importance of frequent cleaning of the floor in the doffing area.

See FAQ for more information.
Resources

Free ONC health information technology webinar set for Sept. 10
A free health information technology (IT) and patient safety webinar — the 10th and final in a series covering a wide range of topics, research and programs all related to the objective of using health IT to make care safer — is set for 1-2:30 p.m. ET, Thursday, Sept. 10.

This Health IT Safety Webinar — titled A Roadmap for a National Health IT Safety Collaboratory — is to provide an overview of the central components of the plan, focused on improving safety and safe use of health IT. Register.

This webinar series is funded by the Office of the National Coordinator for Health Information Technology (ONC). (Contact: Michael Shapiro, mshapiro@rti.org, 312-777-5227)

New on the Web

- **Hospital Executive Briefings** — Rosemont, Illinois on Sept. 24; and New York, Oct. 5. For those who are guiding their organization’s 2016 accreditation efforts, this event can help attendees prepare for a compliant, successful 2016. The event includes reviews of the most challenging standards, any changes coming in 2016, information about the new Physical Environment Portal, a session devoted to discovering the link between infection prevention and control standards, and a question and answer panel with leaders from The Joint Commission. Register: Rosemont; New York. Extend your knowledge on the same trip by attending a **CMS update** and a **CJCP® Essentials Prep** seminar.

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