QUESTION #1: Can you explain the difference between denominator exceptions and denominator exclusions and how measure compliance would be impacted?

ANSWER: A Denominator Exclusion is criteria that is removed from the measure population before determining if numerator criteria are met. Cases meeting criteria for exclusion are not included in the outcome. Denominator Exclusion is used in proportion and ratio measures to help narrow the Denominator.

Denominator Exceptions are those conditions that should remove a patient, procedure, or unit of measurement from the denominator of the performance rate only if the Numerator criteria is not met.

I am not sure I understand the part of your question about measure compliance. Hopefully having an explanation of the Denominator Exclusion and Denominator Exceptions provides the information you need. If not, please submit a follow-up question to Pioneersinquality@jointcommission.org.

QUESTION #2: How is the measure parameter of 90 minutes determined? Are there "time stamps" captured in the logic? If yes, which time stamps?

ANSWER: The measure looks to see if a PCI procedure was performed using the Procedure, Performed: PCI data element (PCI Grouping Value Set 2.16.840.1.113762.1.4.1045.67). As long as there is an end dateTime (high value) which demonstrates the procedure was actually performed, then it looks at the start dateTime (low value) for timing. The start dateTime equals the time the procedure begins which should be one of the following (whichever is first):

- time of the first balloon inflation, or
- time of the first stent deployment, or
- time of the first treatment of lesion with another device (Time thrombectomy device used, Time of aspiration, Time of suction, Time of device pass, Excimer time, Laser time, Time Rotablator used).

Question #3: My facility does not have a cath lab. Any STEMI patients are transferred out to another facility. Would our STEMI patients fall out of the measure?

ANSWER: Yes, because a primary PCI procedure performed is one of the denominator requirements, your STEMI patients would not meet the denominator criteria and therefore not be included.

QUESTION #4: How to capture other reasons for delay in PCI. #1 patient refuses then changes their mind but in doing so caused a few minutes delay enough to be over 90 min. #2 how to
capture other medical reasons for delay such as placing a temporary pacer during the Primary PCI which happens frequently with certain types of AMI.

**Answer:** At this time, the eMeasure does not contain logic to capture reason for delay, but measure developers are discussing this concept with the measure steward for the 2017 Annual Update.

**QUESTION #5:** Please explain again how a patient is excluded or included if they come in through the ED, get a PCI, and then is made an inpatient. Or, if they come to the ED, are made an inpatient, and then get the PCI? thx

**Answer:** The situations described are not exclusions for this measure if the ED is your facility ED. In both situations, the timing to PCI begins upon ED arrival. Patients received as a transfer from another hospitals ED, another hospital’s Inpatient or Outpatient department, or an Ambulatory Surgical Center would be considered exclusions.

**QUESTION #6:** Would the start time for 90 minutes would it be time of arrival into ER or Triage time?

**Answer:** Arrival time in ED.

**QUESTION #7:** How is this calculated for a patient who comes in with negative EKG and STEMI EKG develops while in ED or an inpatient.

**Answer:** The measure only looks at the ECG that was performed closest to arrival (either ED arrival or if not seen in ED, the closest to inpatient arrival). Therefore, a case like this would be excluded from the measure.

**QUESTION #8:** Does the JC intend to make the eCQM data available under the Quality Check website in 2017?

**Answer:** The Joint Commission does not plan to post eCQM data on Quality Check in 2017.

**QUESTION #9:** Is the start time for the PCI, the time the balloon crosses the lesion, or the start time of the procedure?

**Answer:** The start dateTime equals the time the procedure begins which should be one of the following (whichever is first):

- Time of the first balloon inflation, or
- Time of the first stent deployment, or
- Time of the first treatment of lesion with another device (Time thrombectomy device used, Time of aspiration, Time of suction, Time of device pass, Excimer time, Laser time, Time Rotablator used).

**QUESTION #10:** For TJC, are eCQM reporting for 2017 be required to be vendor submitted?
Answer: The Joint Commission is in the process of identifying the right technology solution for direct submission of eCQM data that will allow hospitals to directly submit their QRDA Category I file in 2018. Further information will be shared when available.

QUESTION #11: We are changing EMR vendors in October 2017, can we submit from 2 separate vendors within that one time reporting period for the Joint Commission requirement?

Answer: If your hospital believes it has an extenuating circumstance beyond its’ control (e.g., EHR implementation issues, natural disaster) that may impact the ability to report 2017 ORYX measure data to The Joint Commission for a defined period of time, please request the Extenuating Circumstance Form. Note: In making the request for the form, please indicate whether this is for an individual hospital or a healthcare system that has multiple facilities with a common mitigating situation. Send an email to hcooryx@jointcommission.org and include in the e-mail subject line: Request for Extenuating Circumstance Form – Individual Hospital (include HCO ID) or Healthcare System (Include Healthcare System Name). The forms are due February 10, 2017.

QUESTION #12: Will this presentation be shown at 1:00pm ET?

Answer: This is the only live presentation time. A recording of the event will be posted to the Joint Commission website within 7-10 business days.

QUESTION #13: Kathy Musto: Are there implications for pediatric hospitals or future plans for inclusion of pediatric facilities?

Answer: At this time there are no plans to include pediatric facilities.