Additional Performance Measurement Requirements for General Medical/Surgical Hospitals

The Joint Commission's ORYX® initiative integrates the use of outcomes and other performance measurement data into the accreditation process. Because ORYX requirements help hospitals to continually monitor performance, they serve as a tool for stimulating and guiding quality improvement efforts. Currently, hospitals are expected to select a minimum of four of the 14 available core measure sets, reflecting their specific patient populations served and services provided, and submit data for all applicable measures in the set via a selected vendor. Effective January 1, 2014, The Joint Commission will expand data collection requirements for general medical/surgical hospitals from four to six measure sets. Hospitals will have mandatory and some discretionary measure set requirements. Performance measurement requirements for critical access hospitals and specialty hospitals (such as children's hospitals and psychiatric hospitals) will continue as currently defined until other applicable metrics are identified and implemented.

Four of the six measure sets (shown on page 5) will be mandatory for all general medical/surgical hospitals that serve specific patient populations addressed by the measure sets and related measures. These are common to several federally legislated programs and selected most frequently by hospitals. For hospitals with 1,100 or more births per year, the perinatal care measure set (see page 5) will become the mandatory fifth measure set.

The Joint Commission chose the perinatal care measure set because of the high volume of births in the United States (four million per year) and because it affects approximately 50% of Joint Commission–accredited hospitals. The Joint Commission Perspectives®, December 2012, Volume 32, Issue 12

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Commission will monitor the threshold of 1,100 births over the first four to eight quarters of data collection to reassess ongoing applicability; it expects to modify this threshold over time so that more hospitals are included. (Hospitals are strongly encouraged to consider adopting this measure set before the required effective date of January 1, 2014.)

The sixth measure set (or fifth and sixth measure sets, for hospitals with fewer than 1,100 births per year) will be chosen by all general medical/surgical hospitals from the approved complement of core measure sets. The Joint Commission expects that requirements will increase over time, depending on the national health care environment, emerging national measurement priorities, and hospitals’ ever-increasing capability to electronically capture and transmit data.

Although hospitals must modify and update measure set selections two months before the start of data collection on January 1, 2014, data received for the newly added measure sets and measures will not be incorporated into calculations for either Performance Improvement (PI) Standard PI.02.01.03 (which requires that the hospital improve its performance on ORYX accountability measures) or the Top Performers program until sufficient data are received. This will provide hospitals a minimum of 12 months and up to 23 months of experience with the new measure sets before the data are included in performance calculations.

For more information, contact Frank Zibrat, associate director, Accreditation Systems Integration and ORYX, at fzibrat@jointcommission.org or 630-792-5992. ORYX vendors may direct questions to Mary Kay Bowie, BSN, MHSA, RN, CPHQ, associate director, Center for Measurement System Operations, at mbowie@jointcommission.org or 630-792-5974.
## Data Collection Requirements for General Medical/Surgical Hospitals in 2014

### Mandatory Measure Sets for All General Medical/Surgical Hospitals

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Applicable Measures</th>
</tr>
</thead>
</table>
| **1. Acute Myocardial Infarction (AMI)** | ✔AMI-1 Aspirin at arrival  
AMI-2 Aspirin prescribed at discharge  
AMI-3 ACEI or ARB for LVSD  
AMI-5 Beta-blocker prescribed at discharge  
AMI-7 Median time to fibrinolysis  
AMI-7a Fibrinolytic therapy received within 30 minutes of hospital arrival  
AMI-8 Median time to primary PCI  
AMI-8a Primary PCI received within 90 minutes of hospital arrival  
AMI-10 Statin prescribed at discharge |
| **2. Heart Failure (HF)**             | ✔HF-1 Discharge instructions  
HF-2 Evaluation of LVSD function  
HF-3 ACEI or ARB for LVSD                                                                                                                                      |
| **3. Pneumonia (PN)**                | ✔PN-3a Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU within 24 hours of hospital arrival  
PN-3b Blood cultures performed in the emergency department prior to initial antibiotic received in hospital  
PN-6a Initial antibiotic selection for CAP in immunocompetent patient—ICU patient  
PN-6b Initial antibiotic selection for CAP in immunocompetent patient—Non-ICU patient |
| **4. Surgical Care Improvement Project (SCIP)** | ✔SCIP-INF-1 Prophylactic antibiotic received within one hour prior to surgical incision  
SCIP-INF-2 Prophylactic antibiotic selection for surgical patients  
SCIP-INF-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time  
SCIP-INF-4 Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose  
SCIP-INF-6 Surgery patients with appropriate hair removal  
SCIP-INF-9 Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero  
SCIP-INF-10 Surgery patients with perioperative temperature management  
SCIP-CARD-2 Surgery patients on beta-blocker therapy prior to admission who received a beta-blocker during the perioperative period  
SCIP-VTE-1 Surgery patients with recommended venous thromboembolism prophylaxis ordered*  
SCIP-VTE-2 Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery |

### Mandatory Measure Set for Hospitals with 1,100 or More Births per Year (Optional for Others)

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Applicable Measures</th>
</tr>
</thead>
</table>
| **5. Perinatal Care (PC)**          | ✔PC-01 Elective delivery  
PC-02 Cesarean section  
PC-03 Antenatal steroids  
PC-04 Health care–associated bloodstream infections in newborns  
PC-05 Exclusive breast milk feeding  
PC-05a Exclusive breast milk feeding considering mother’s choice†                                                                 |

### Discretionary Measure Sets

**6. Choose from complement of core measure sets:**

- ✔Children's Asthma Care (CAC)
- ✔Hospital-Based Inpatient Psychiatric Services (HBIPS)
- ✔Venous Thromboembolism (VTE)
- ✔Stroke (STK)
- ✔Immunization (IMM)

- ✔Emergency Department (ED)
- ✔Tobacco Treatment (TOB)
- ✔Substance Use (SUB)
- ✔Hospital Outpatient (OP)

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* This measure is retired as of December 31, 2012.
† This measure is effective as of January 1, 2013.