Prepublication Requirements

• Issued June 18, 2021 •

Revisions to Accreditation Participation Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2022

Accreditation Participation Requirements (APR) Chapter

APR.04.01.01

The hospital selects and uses performance measures from among those available to meet specified ORYX® measure reporting requirements for accreditation.

Note: Hospitals are encouraged to keep up-to-date on any changes in the ORYX® requirements by reviewing recent issues of The Joint Commission Perspectives® or by going to the “Measurement” area on The Joint Commission website at http://www.jointcommission.org.

The hospital selects and uses performance measures from among those available that are relevant to the services it provides and the population(s) it serves to meet specified ORYX® measure reporting requirements for accreditation.

Note: Hospitals are encouraged to keep up-to-date on any changes in the ORYX® requirements by reviewing recent issues of The Joint Commission Perspectives® or by going to the “Measurement” area on The Joint Commission website at http://www.jointcommission.org.

Element(s) of Performance for APR.04.01.01

2. The hospital selects and uses measures that reflect the following characteristics: Relevant to the hospital

3. The hospital selects and uses measures that reflect the following characteristics: Support strategic measurement goals

Key:  ☑  indicates that documentation is required;  ❌  indicates an identified risk area;
4. The hospital selects and uses measures that reflect the following characteristics: Target high-volume, high-risk, problem-prone issues

5. The hospital selects and uses measures that reflect the following characteristics: Provide opportunities to improve the quality of care

11. The hospital selects chart-abstracted measures and/or electronic clinical quality measures (eCQMs) based on their patient population/services offered to meet its current ORYX® requirements.

11. The hospital selects chart-abstracted measures and/or electronic clinical quality measures (eCQMs) based on its patient population/services offered to meet current ORYX® requirements.

12. The hospital notifies The Joint Commission of its performance measure selections by the date requested.

12. The hospital selects performance measures within The Joint Commission’s data submission application.

18. The hospital uses each individual measure to identify patterns, trends, or variations for improvement opportunities before replacing it (for example, chart-abstracted measures should be used for at least four consecutive quarters before being replaced).

18. The hospital uses each individual measure to identify patterns, trends, or variations for improvement opportunities before replacing it. (For example, chart-abstracted measures should begin the first quarter of the calendar year or first quarter following receipt of an accreditation decision letter and be used for the remainder of the calendar year before replacing any measures.)

20. The hospital selects a new measure if the data reflect stable and satisfactory performance.

21. The hospital notifies The Joint Commission of any changes in its measure selections.

21. The hospital notifies The Joint Commission of a change in its service line that results in specific measures no longer being applicable (for example, a hospital closes its obstetrical unit and can no longer report the Perinatal Care measures).

Key: □ indicates that documentation is required; □ indiciates an identified risk area;
22. The hospital’s performance measure data is submitted to The Joint Commission in accordance with timelines established by The Joint Commission.

22. The hospital’s performance measure data is submitted to The Joint Commission in the timelines established and technical manner prescribed by The Joint Commission.

24. For the most recent 12-month calendar reporting period, the hospital achieves and sustains an acceptable level of performance, as defined by Joint Commission statistical analysis, for each measure before it discontinues its use.

24. For the most recent 12-month calendar reporting period, the hospital achieves and sustains an acceptable level of performance for each measure, as defined by Joint Commission statistical analysis, before it discontinues a measure’s use in performance improvement activities.

26. The hospital ensures that hospital-specific data for its selected performance measures are submitted to The Joint Commission, in accordance with timelines established by The Joint Commission.