




ORYX[®] 2024 Performance Measurement Reporting Requirements Webinar

October 12, 2023

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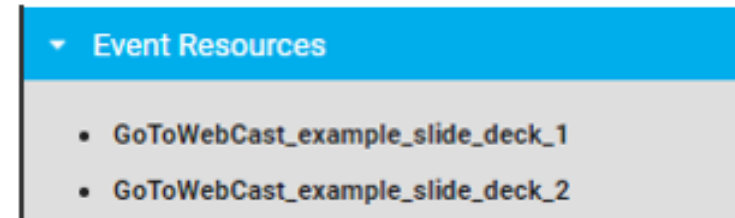
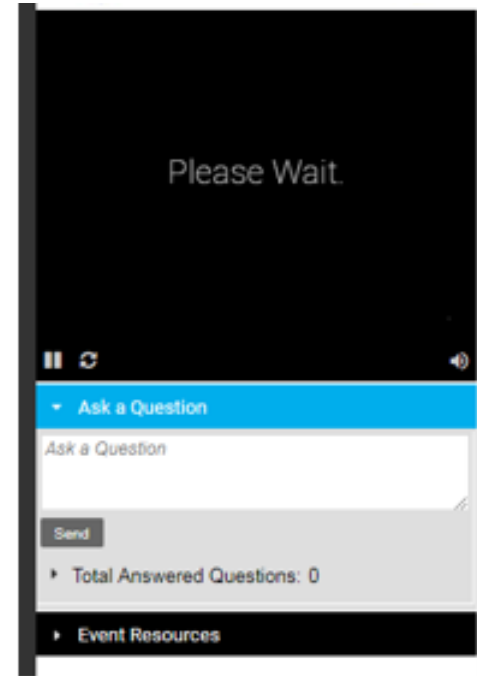


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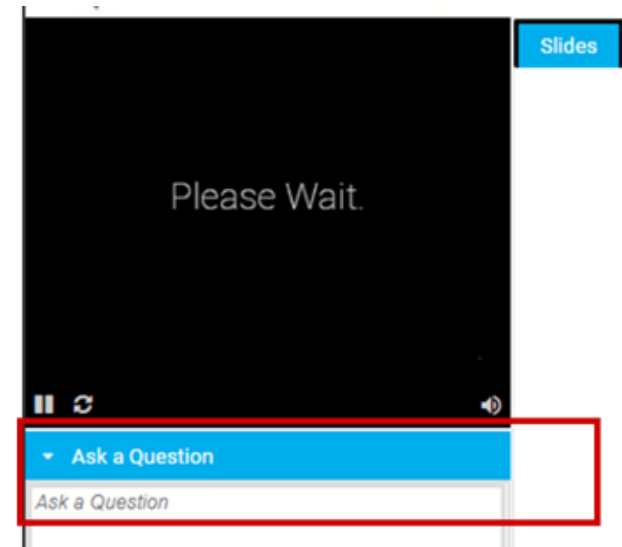
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<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/>



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The learning objectives for this session are:

- Determine 2024 ORYX[®] policies for your organization
- Describe 2024 ORYX chart-abstracted and eCQM performance measurement requirements for accreditation
- Locate available resources regarding ORYX measurement requirements

Disclosure Statement

These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

- Susan Funk, MPH, LSSGB, Associate Project Director, Measurement Coordination and Outreach
- Susan Yendro, MSN, RN, Associate Director, Measurement Coordination and Outreach
- Michelle Dardis, MSN, MBA, RN, Director, Department of Quality Measurement
- Kelly Claytor, Associate Project Director, Performance Measurement

Scope of today's webinar

Includes

- ORYX[®] policy requirements effective CY 2024
- 2024 ORYX requirements for chart-abstracted and eCQM data submission for accredited hospitals and critical access hospitals.
- Joint Commission Measurement resources

Excludes

- Measure requirements for certification
 - Measure requirements for Assisted Living Communities
 - System/application function questions – Direct Data Submission (DDSP) Office Hours will be provided in CY2024
-

ORYX[®] Program Overview

ORYX Reporting Overview

ORYX integrates performance measurement into the accreditation process

- Measurement data are directly reported to Joint Commission via the DDSP and collected from public sources like CMS Care Compare
- Joint Commission experts analyze performance
- Quality performance data are reported confidentially via Accelerate PI dashboards on JC Connect and publicly via Quality Check[®]
- Data are applied to continuous improvement and the survey process

Confidential Measure Reports

Two types of reports:

- Accelerate PI™ Dashboard - ORYX reports
 - *Current through 4Q2022*
- Quality Measurement Trends and Benchmarks Report
 - *Coming Soon: 2022 report*

Reports are posted in each organization's Joint Commission Connect site under "*Resources & Tools*"

- [Accelerate PI Resources Video Short link](#)
-

Programs with ORYX® Requirements

ORYX requirements are specific to the accreditation program:

- Accredited Hospital (HAP)
- Critical Access Hospital (CAH)

For Accredited Hospitals, requirements are further refined by:

- Facility size
- Services provided

Organizations may submit an extraordinary circumstance request if unable to submit data in certain situations (e.g., natural disaster)

Programs with Suspended Reporting Requirements

- Free-standing Children's Hospitals (*may submit measures if they choose*)
- Indian Health / Tribal Hospitals (*may submit measures if they choose*)
- Long Term Acute Care Hospitals (LTACHs)
- Inpatient Rehabilitation Facilities (IRFs)
- Hospitals in the PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program

Key Program Updates

Key Program Updates

- **New** NHSN group participation requirement
- **New** accreditation decision rule for ORYX participation
- **Added** four new measures
- **Retired** four measures
- **Expanded** eCQM reporting requirements consistent with CMS Inpatient Quality Reporting Program

National Healthcare Safety Network (NHSN)

Effective July 1, 2024: Hospitals already required through a CMS program to participate in NHSN will be required to participate in **The Joint Commission NHSN Group**.

Goals:

- Improve timeliness of facility-level performance data available to hospitals and surveyors
- Provide Joint Commission facility-level performance data for use in the design and evaluation of improvement programs
- Minimize time and effort required to report data to The Joint Commission

NHSN Measures

The Joint Commission NHSN Group will include the following measures:

1. Catheter-associated Urinary Tract Infection (**CAUTI**) Outcome Measure;
 2. Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (**CDI**) Outcome Measure;
 3. Central Line-Associated Bloodstream Infection (**CLABSI**) Outcome Measure;
 4. Colon and Abdominal Hysterectomy Surgical Site Infection (**SSI**) Outcome Measure; and
 5. Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (**MRSA**) bacteremia Outcome Measure.
-

NHSN: Implementation Details

Applicability

- Participation required for all Acute Care & Critical Access Hospitals with ORYX Requirements
- Freestanding Psychiatric Hospitals are excluded

Logistics

- Facilities participating in the group can not see each other's data
- Your NHSN Facility Administrator will confer rights to share facility-level data with Joint Commission
- *No PHI will be shared with Joint Commission*
- Information on the process to join the NHSN group will be provided in late 2023 and early 2024

New Accreditation Decision Rule

Effective 1/1/2024, The Joint Commission is implementing a new decision rule to reinforce the requirement to participate in ORYX

DA07 The hospital has failed to meet ORYX performance measurement requirements for two consecutive years in the absence of an approved Extenuating Circumstance from The Joint Commission.

- The new rule establishes a route for Joint Commission to work with hospitals to assure continuous participation
- Very few hospitals fail to meet their annual ORYX requirements
- Organizations experiencing emergency or disaster incidents, changes to their EHR, or other circumstances may request an exemption from their ORYX requirements
- Refer to [Key Communications](#) for additional information

New Measures for CY2024

The Joint Commission has added the following measures as optional reporting measures available to meet reporting requirements:

- **GMCS:** Global Malnutrition Composite Score
- **HH-ORAE:** Hospital Harm - Opioid-Related Adverse Events
- **SDOH-01:** Screening for Social Drivers of Health
- **SDOH-02:** Screen Positive Rate for Social Drivers of Health

Retired Measures for CY2024

Consistent with CMS, we have retired the following measures:

eCQMS

- **ED-2:** Admit Decision Time to ED Departure Time for Admitted Patients
- **STK-6:** Discharged on Statin Medication

Chart-abstracted

- **HBIPS-5:** Antipsychotic Medications at Discharge
- **TOB-2:** Tobacco Use Treatment

2024 ORYX Requirements – By program, size, and services

2024 ORYX Requirements Document

ORYX requirements are posted on the external [jointcommission.org](https://www.jointcommission.org) website via the “*Measurement*” section under both “*Reporting*” & “*Resources*”:

The screenshot shows the Joint Commission website's navigation menu with "Measurement" highlighted. Below the menu, a sidebar lists various categories under "Measurement", with orange arrows pointing to "Reporting" and "Resources". The main content area features an article titled "Performance Measurement" with a background image of a stethoscope and charts.

Measurement	
Measures	+
Specifications Manuals	+
Reporting	-
Reporting Accreditation - Hospital Certification	
Pioneers in Quality	+
Resources	
ORYX FAQs	
Quality Measurement Webinars & Videos	+
Assisted Living Community (ALC)	

Performance Measurement

The Joint Commission is a nationally recognized leader in performance measurement and implemented standardized performance measures for internal quality improvement, accreditation and certification. The Joint Commission's methodology is considered the "gold standard" in health care today.

2024 ORYX Requirements Document (2)

2024 ORYX® Performance Measure Reporting Requirements: Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

DATA SUBMISSION REQUIREMENTS OVERVIEW: HAP & CAH FACILITIES				
HAP & CAH: Facility Size/Type	Required Chart-Abstracted Measures (CAM)	Required Electronic Clinical Quality Measures (eCQMs)	Required External Data Sources	Notes
[HAP Large] Hospitals with ≥ 26 Licensed beds OR ≥ 50,000 Outpatient visits AND <ul style="list-style-type: none"> Provide Obstetrical Services 	<ul style="list-style-type: none"> PC-06* <p>*May be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement.</p>	<ul style="list-style-type: none"> ePC-02 ePC-07 Safe Use of Opioids Select a minimum of three (3) additional eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of 6 eCQMs.^{1,2} 	Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: <u>Hyst.</u>	<p>¹If required but unable to submit any eCQMs for CY 2024, HCOs must submit an extenuating circumstance request (ECR) and receive an exemption from The Joint Commission. HCOs will be required to submit three (3) chart-abstracted measures for all four (4) quarters of CY2024. Refer to page 2 of this document for additional information on ECRs.</p>
[HAP Large] Hospitals with ≥ 26 Licensed beds OR ≥ 50,000 Outpatient visits AND <ul style="list-style-type: none"> Do not provide Obstetrical Services 	There are no applicable chart-abstracted measures for HCOs that do not provide Obstetrical Services; HCOs with no OB may submit chart-abstracted measures if they choose.	<ul style="list-style-type: none"> Safe Use of Opioids Select a minimum of three (3) additional eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of four eCQMs.^{1,2} 	Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: <u>Hyst.</u>	<p>²If eOP-40 is required and you cannot complete measures meeting the eCQM minimum requirement, you may elect to submit additional measures on patient services.</p>
[HAP Small] Hospitals with <26 Licensed beds AND <50,000 Outpatient visits	Required to submit any combination of three (3) measures applicable to patient population/services offered. May submit:		Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: <u>Hyst.</u>	<ul style="list-style-type: none"> May elect to submit additional measures on patient services. Not required to submit measures if they choose.
Critical Access Hospitals (CAH)	<ul style="list-style-type: none"> chart-abstracted measures and/or eCQMs per the calendar year requirements 		Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: <u>Hyst.</u>	
Freestanding Psychiatric Hospitals	<ul style="list-style-type: none"> HBIPS-2 HBIPS-3 One additional self-selected measure 	There are no applicable eCQMs for Freestanding Psychiatric Hospitals.	Participation in the Joint Commission NHSN Group is not applicable for Freestanding Psychiatric Hospitals.	<ul style="list-style-type: none"> IMM-2, SDOH-2 are available for abstraction.
<p>ORYX Performance Measurement reporting requirements are suspended for these Accreditation Programs ^{3,4}:</p> <ul style="list-style-type: none"> Free-standing Children's Hospitals Long Term Acute Care Hospitals (LTACHs) Inpatient Rehabilitation Facilities (IRFs) HCOs in PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program Indian Health / Tribal Hospitals 				<p>³Suspend submit OF Measures Commission choose.</p> <p>⁴These exclude participat</p>

The CY2024 ORYX Requirement document is **six** pages, including notes and lists of available measures by HCO type

<https://www.jointcommission.org/measurement/reporting/accreditation-oryx/>

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2024 ORYX Requirements for:

[Large] Hospitals (HAP) with ≥ 26 Licensed beds OR $\geq 50,000$ Outpatient visits AND Provide Obstetrical Services

2024 ORYX Requirements: HAP Large/OB

➤ [Large] Hospitals (HAP) with ≥26 Licensed beds OR ≥50,000 Outpatient visits AND Provide Obstetrical Services:

2024 ORYX® Performance Measure Reporting Requirements:
Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

DATA SUBMISSION REQUIREMENTS OVERVIEW: HAP & CAH FACILITIES

HAP & CAH: Facility Size/Type	Required Chart-Abstracted Measures (CAM)	Required Electronic Clinical Quality Measures (eCQMs)	Required External Data Sources	Notes
<p>[HAP Large] Hospitals with ≥ 26 Licensed beds OR ≥ 50,000 Outpatient visits AND</p> <ul style="list-style-type: none"> Provide Obstetrical Services 	<ul style="list-style-type: none"> PC-06* <p>*May be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement.</p>	<ul style="list-style-type: none"> ePC-02 ePC-07 Safe Use of Opioids Select a minimum of three (3) additional eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of 6 eCQMs.^{1,2} 	<p>Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: <u>Hyst.</u></p>	<p>If required but unable to submit any eCQMs for CY 2024, HCOs must submit an extenuating circumstance request (ECR) and receive an exemption from The Joint Commission. HCOs will be required to submit three (3) chart-abstracted measures for all four (4) quarters of CY2024. Refer to page 2 of this document for additional information on ECRs.</p> <p>² If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement.</p>
<p>[HAP Large] Hospitals with ≥ 26 Licensed beds OR ≥ 50,000 Outpatient visits AND</p> <ul style="list-style-type: none"> Do not provide Obstetrical Services 	<p>There are no applicable chart-abstracted measures for HCOs that do not provide Obstetrical Services; HCOs with no OB may submit chart-abstracted measures if they choose.</p>	<ul style="list-style-type: none"> Safe Use of Opioids Select a minimum of three (3) additional eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of four eCQMs.^{1,2} 	<p>Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: <u>Hyst.</u></p>	

2024 ORYX Requirements: HAP Large/OB (2)

Required to submit a minimum of 6 eCQMs, reporting the same eCQMs for the calendar year as applicable to patient population/ services offered. Of those 6 eCQMs, the following 3 are required:

- **ePC-02: Cesarean Birth (eCQM)** *Required*
- **ePC-07: Severe Obstetric Complications (eCQM)** *Required*
- **Safe Use of Opioids (eCQM)** *Required*
- Select a minimum of **three (3) additional eCQMs**

Additionally: PC-06: Complications in Term Newborns is *Required* and may be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement.

2024 ORYX Requirements: HAP Large/OB (3)

New Notable Changes Applicable To: “Large” HAP facilities that provide obstetrical services:

We have removed the annual live birth volume criteria (e.g. 1-299 or 300+) from ORYX requirements. All “*Large*” hospitals providing OB services are required to submit PC measures per the requirements, specifically:

- ePC-02: Cesarean Birth
- PC-06: Unintended Newborn Complications (eCQM or CAM)
- ePC-07: Severe Obstetric Complications

2024 ORYX Requirements for:

[Large] Hospitals (HAP) with ≥ 26 Licensed beds OR $\geq 50,000$ Outpatient visits AND do not provide Obstetrical Services

2024 ORYX Requirements: HAP Large /no OB

[Large] Hospitals (HAP) with ≥26 Licensed beds OR ≥50,000 Outpatient visits AND does not provide Obstetrical Services:

2024 ORYX® Performance Measure Reporting Requirements: Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

DATA SUBMISSION REQUIREMENTS OVERVIEW: HAP & CAH FACILITIES				
HAP & CAH: Facility Size/Type	Required Chart-Abstracted Measures (CAM)	Required Electronic Clinical Quality Measures (eCQMs)	Required External Data Sources	Notes
<p>[HAP Large] Hospitals with ≥ 26 Licensed beds OR ≥ 50,000 Outpatient visits AND</p> <ul style="list-style-type: none"> Provide Obstetrical Services 	<ul style="list-style-type: none"> PC-06* <p>*May be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement.</p>	<ul style="list-style-type: none"> ePC-02 ePC-07 Safe Use of Opioids Select a minimum of three (3) additional eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of 6 eCQMs.^{1,2} 	<p>Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst.</p>	<p>¹If required but unable to submit any eCQMs for CY 2024, HCOs must submit an extenuating circumstance request (ECR) and receive an exemption from The Joint Commission. HCOs will be required to submit three (3) chart-abstracted measures for all four (4) quarters of CY2024. Refer to page 2 of this document for additional information on ECRs.</p>
<p>[HAP Large] Hospitals with ≥ 26 Licensed beds OR ≥ 50,000 Outpatient visits AND</p> <ul style="list-style-type: none"> Do not provide Obstetrical Services 	<p>There are no applicable chart-abstracted measures for HCOs that do not provide Obstetrical Services; HCOs with no OB may submit chart-abstracted measures if they choose.</p>	<ul style="list-style-type: none"> Safe Use of Opioids Select a minimum of three (3) additional eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of four eCQMs.^{1,2} 	<p>Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst.</p>	<p>²If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement.</p>

2024 ORYX Requirements: HAP Large /no OB (2)

Required to submit a minimum of 4 eCQMs, reporting the same eCQMs for the calendar year as applicable to patient population/ services offered. Of those 4 eCQMs, the following 1 measure is required:

- **Safe Use of Opioids (eCQM) *Required***
- Select a minimum of **three (3) additional eCQMs**

NOTE: Large Hospitals with no OB services may choose to submit more measures than required, including chart-abstracted measures, but are not required to do so.

2024 ORYX Requirements for:

[Small] Hospitals (HAP) with <26 Licensed
beds AND <50,000 Outpatient visits

Critical Access Hospitals (CAH)

2024 ORYX Requirements: HAP Small / CAH

- [Small] Hospitals (HAP) with <26 Licensed beds AND <50,000 Outpatient visits:
- Critical Access Hospitals (CAH):

2024 ORYX® Performance Measure Reporting Requirements:
Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

DATA SUBMISSION REQUIREMENTS OVERVIEW: HAP & CAH FACILITIES				
HAP & CAH:	Required Chart-Abstracted	Required Electronic Clinical Quality Measures	Required External Data Sources	Notes

[HAP Small] Hospitals with <26 Licensed beds AND <50,000 Outpatient visits	Required to submit any combination of three (3) measures applicable to patient population/services offered. May submit: <ul style="list-style-type: none"> • chart-abstracted measures and/or eCQMs per the calendar year requirements 	Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst.	<ul style="list-style-type: none"> • May elect to submit additional measures based on patient population / services offered. • Not required to submit PC measures but may do so if they choose.
Critical Access Hospitals (CAH)			

2024 ORYX Requirements: HAP Small / CAH (2)

Required to submit three (3) measures for the calendar year applicable to patient population/services offered; **may submit any combination of:**

- chart-abstracted measures
- eCQMs
- May elect to submit additional measures based on patient population/services offered
- Not required to submit PC measures but may do so if they choose

Anticipated Change in 2025: HAP Small / CAH

Applicable To: Small & Critical Access Hospitals

- **Effective CY2025:** In alignment with CMS, the Joint Commission anticipates **requiring Small/CAH** hospitals to submit eCQMs
 - Additional information will be provided during CY2024.

2024 ORYX Requirements for:

Freestanding Psychiatric Hospitals (HAP)

2024 ORYX Requirements: HAP Psych

➤ Freestanding Psychiatric Hospitals

2024 ORYX® Performance Measure Reporting Requirements:
Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

DATA SUBMISSION REQUIREMENTS OVERVIEW: HAP & CAH FACILITIES

HAP & CAH: Facility Size/Type	Required Chart-Abstracted Measures (CAM)	Required Electronic Clinical Quality Measures (eCQMs)	Notes
Freestanding Psychiatric Hospitals	<ul style="list-style-type: none"> • HBIPS-2 • HBIPS-3 • One additional self-selected measure 	There are no applicable eCQMs for Freestanding Psychiatric Hospitals.	<p>Participation in the Joint Commission NHSN Group is not applicable for Freestanding Psychiatric Hospitals.</p> <ul style="list-style-type: none"> • IMM-2, TOB-3, SDOH-1, SDOH-2, SUB-2, SUB-3 are available as additional chart-abstracted measures

2024 ORYX Requirements: HAP Psych (2)

- **HBIPS-2:** Hours of Physical Restraint Use (chart-abstracted) *Required*
- **HBIPS-3:** Hours of Seclusion Use (chart-abstracted) *Required*
- Select a minimum of **one (1) additional measure**, reporting the same measure for the calendar year as applicable to patient population/ services offered, for a minimum of 3 measures.
- There are currently no applicable eCQMs

2024 ORYX Requirements

Suspended Hospital Accreditation Programs

2024 ORYX Requirements: Suspended

ORYX Performance Measurement reporting requirements are suspended for these Hospital Accreditation Programs:

- Free-standing Children’s Hospitals (*may submit measures if they choose*)
- Indian Health / Tribal Hospitals (*may submit measures if they choose*)
- Long Term Acute Care Hospitals (LTACHs)
- Inpatient Rehabilitation Facilities (IRFs)
- HCOs in PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program

<p>ORYX Performance Measurement reporting requirements are suspended for these Accreditation Programs ^{3,4}:</p> <ul style="list-style-type: none">• Free-standing Children’s Hospitals• Long Term Acute Care Hospitals (LTACHs)• Inpatient Rehabilitation Facilities (IRFs)• HCOs in PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program• Indian Health / Tribal Hospitals	<p>³ Suspended organizations may submit ORYX Performance Measures to The Joint Commission via the DDSP if they choose.</p> <p>⁴ These programs are currently excluded from NHSN participation requirement.</p>
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2024 ORYX Requirements: Suspended (2)

ORYX Performance Measurement additional information for Suspended Programs:

- The Joint Commission continues to evaluate adding cross-cutting measures in the future to be applicable to a variety of settings to assist organizations with their performance measurement efforts.
- Suspended organizations may elect to submit data to The Joint Commission if they choose.
- Suspended HCOs electing to submit measures should email: HCOORYX@jointcommmission.org if they would like to submit data but are not yet on the Direct Data Submission Platform.

CY2024 ORYX[®] Guide to Alignment with CMS Reporting Programs

CMS/TJC Alignment on eCQMs

The Joint Commission and CMS are in alignment in **requiring** the following eCQMs:

- **ePC-02: Cesarean Birth (eCQM)**
- **ePC-07: Severe Obstetric Complications (eCQM)**
- **Safe Use of Opioids (eCQM)**

For The Joint Commission:

- All “Large” hospitals must report **Safe Use of Opioids**
- “Large” hospitals that provide obstetrical services must also report **ePC-02** and **ePC-07**

“Large” = ≥ 26 Licensed beds OR $\geq 50,000$ Outpatient visits

CMS/TJC Alignment on eCQMs (2)

The Joint Commission and CMS are in alignment including the following eCQMs in the available list of measures:

- **GMCS:** Global Malnutrition Composite Score
 - **eHH-01:** Hospital Harm—Severe Hypoglycemia Measure
 - **eHH-02:** Hospital Harm—Severe Hyperglycemia Measure
 - **HH-03:** Hospital Harm - Opioid-Related Adverse Events
 - **eSTK-2:** Discharged on Antithrombotic Therapy
 - **eSTK-3:** Anticoagulation Therapy
 - **eSTK-5:** Antithrombotic Therapy / Day 2
 - **eVTE-1:** Venous Thromboembolism Prophylaxis
 - **eVTE-2:** ICU Venous Thromboembolism Prophylaxis
 - **eOP-40:** ST-Segment Elevation Myocardial Infarction (STEMI)
-

eOP-40: ST-Segment Elevation Myocardial Infarction

In alignment with CMS, for CY2024, if eOP-40 is reported, only one (1) quarter is required

- eOP-40 is an available **optional** eCQM for **The Joint Commission** for CY2024
 - eOP-40 is a **required** eCQM for **CMS** in the Outpatient Quality Reporting Program for CY2024
 - One submitted quarter of eOP-40 will count as a complete measure
 - One submitted quarter of eOP-40 counts towards meeting the eCQM requirement
 - Organizations electing to submit eOP-40 to The Joint Commission may self-select which quarter they want to submit; no advance notification is needed.
-

SDOH: Social Drivers of Health

SDOH-01: Screening for Social Drivers of Health

SDOH-02: Screen Positive Rate for Social Drivers of Health

- **For CMS:** Requires attestation to the SDOH measures on an annual basis. Their annual submission period for the structural measures is April 1 through May 15.
 - *Example: for the CY 2023 voluntary reporting period, hospitals will be able to report these measures in the HQR Secure Portal from April 1, 2024, through May 15, 2024.*
 - **For TJC:** Those electing to submit the SDOH measures will do so annually in alignment with the 4Q CAM submission deadline.
 - *Example: for the CY 2024 reporting period, hospitals will be able to report these measures in the DDSP from January 1, 2024 through March 30, 2024.*
-

Additional eCQMs for TJC

Additionally, The Joint Commission accepts the following additional eCQMs:

- **ePC-01:** Elective Delivery
- **ePC-05:** Exclusive Human Milk Feeding
- **ePC-06:** Unexpected Complications in Term Newborns

Retained Measures for CY2024

The Joint Commission has **RETAINED** the following as available/optional measures, *CMS has retired* them:

Chart-abstracted

- **ED-1:** Median ED Arrival to ED Departure-Admit
- **IMM-2:** Influenza Immunization
- **PC-01:** Elective Delivery
- **PC-05:** Exclusive Human Milk Feeding
- **VTE-6:** Hospital Acquired Potentially-Preventable VTE

Other CMS Measure Requirements

The Joint Commission has not adopted the following CMS Inpatient Quality Reporting (IQR) Program measures for 2024:

- Claims-based measures
- Hybrid measures
- Attestation structural measures
- Vaccine measures
- Patient experience and patient-reported outcomes measures
- SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock

Future Measurement Considerations

The Joint Commission will assess the following measures for addition in 2025:

- **HH-PI:** Hospital Harm—Pressure Injury
- **HH-AKI:** Hospital-Harm—Acute Kidney Injury
- **ExRad:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults

Resources

Education & Resources: Where to Ask Questions

Information on where to ask questions is available in the [ORYX FAQs](#) under the “Measurement” section of the external Joint Commission website; refer to “[Resources, Links, & Abbreviations](#)”

- ORYX policy questions, applicable measures, issues accessing the DDSP, email hcooryx@jointcommission.org and include your HCO ID #
 - Measure questions related to measure interpretation, patient data outliers, etc., submit your question to the Wiki site: <https://manual.jointcommission.org/>
 - DDSP specific questions should be submitted via the DDSP “*Need Help?*” icon
 - Standards related questions are submitted on the external <http://www.jointcommission.org> website at the bottom of the page: *Connect With Us > Ask a Standards Question*
-

Website Resources

The **Joint Commission external website** provides resources via the **“Measurement”** tab including ORYX performance measurement requirements, specifications, FAQs, and Supporting Materials such as Key Communications and timelines.

The screenshot shows the website jointcommission.org/measurement/. The navigation bar includes links for Careers, E-Access, and Contact Us. The main navigation menu has tabs for Who We Are, What We Offer, Our Priorities, Standards, Measurement, and Resources. The Measurement tab is highlighted with a red box. Below the navigation, a sidebar menu for Measurement is also highlighted with a red box, listing: Measures, Specifications Manuals, Reporting, Pioneers in Quality, Resources, ORYX FAQs, Quality Measurement Webinars & Videos, and Assisted Living Community (ALC). The main content area features a section titled "Performance Measurement" with introductory text. A yellow callout box with a black border and a drop shadow points to the Measurement tab in the navigation bar.

Home > Measurement

Measurement

- Measures +
- Specifications Manuals +
- Reporting +
- Pioneers in Quality +
- Resources
- ORYX FAQs
- Quality Measurement Webinars & Videos +
- Assisted Living Community (ALC)

Performance Measurement

The Joint Commission is a nationally recognized leader in performance measurement and implemented standardized performance measures for internal quality improvement, accreditation and certification. The Joint Commission's methodology is considered the "gold standard" in health care today.

TIP: Bookmark / Favorite the “Measurement” section of our external website.

Website Resources (2)

The “Measures” Section provides measure specific information and resources:

The screenshot displays the website interface for The Joint Commission. The breadcrumb trail is highlighted in a red box: Home > Measurement > Measures > Hospital-Based Inpatient Psychiatric. The left sidebar menu is also highlighted in a blue rounded rectangle, with the 'Measures' item circled in red. The main content area shows a list of measure categories for Hospital-Based Inpatient Psychiatric, with 'Measure Specific Resources' highlighted by a red arrow. The right sidebar menu is highlighted in a red rounded rectangle, with 'Hospital-Based Inpatient Psychiatric' selected.

Left Sidebar Menu (Measurement):

- Measures
- Specifications Manuals
- Reporting
- Pioneers in Quality
- Resources
- ORYX FAQs
- Quality Measurement Webinars & Videos
- Assisted Living Community (ALC)

Main Content Area:

Hospital-Based Inpatient Psychiatric

- Electronic Clinical Quality Measures (eCQMs) for Accreditation
- Chart Abstracted Measures for Accreditation
- Electronic Clinical Quality Measures (eCQMs) for Certification
- Chart Abstracted Measures for Certification
- Measure Specific Resources

Click on the link(s) below to access measure specific resources:

- [HBIPS Measures Resource Links](#) (Revised March 2023)

Right Sidebar Menu (Measures):

- Assisted Living Community Measures
- Cardiac Care
- Emergency Department
- Health Care Staffing Services
- Hospital Outpatient Department
- Hospital-Based Inpatient Psychiatric
- Immunization
- Palliative Care
- Perinatal Care
- Spine Surgery
- Stroke
- Substance Use
- Tobacco Treatment
- Total Hip and Knee Replacement
- Venous Thromboembolism

Website Resources (3)

Specifications provides specification manuals and the **Guide for Data Entry of Chart-Abstracted Measures** into the DDSP:

The screenshot shows the website interface for The Joint Commission. The breadcrumb trail is: Home > Measurement > Specifications Manuals > Chart Abstracted Measures. The main heading is "Chart Abstracted Measures". The content includes an introduction to chart abstraction, information about historical versions, and release notes. A table at the bottom lists "Specifications Manuals" and "Guide for Data Entry of Chart-Abstracted Measures into DDSP".

Navigation: Home > Measurement

Measurement

- Measures +
- Specifications Manuals** +
- Reporting +
- Pioneers in Quality +
- Resources
- ORYX FAQs
- Quality Measurement Webinars & Videos +
- Assisted Living Community (ALC)

Specifications Manuals

- Electronic Clinical Quality Measures
- ▶ Chart Abstracted Measures

Chart Abstracted Measures

Chart abstraction is the review of medical record documentation from the current episode of care for the purposes of data collection and submission. Measures listed in the specifications manuals section below are chart-abstracted Measures that are part of the performance measurement data submission for accreditation and certification programs.

Over time, it may be necessary to view historical or future versions of the Specifications Manuals as they are associated with very specific data collection time periods (i.e., based on hospital discharge/encounter dates).

The Release Notes for each version of the manual outline the changes associated with that specific release and include corrections and clarifications from the Joint Commission.

Note: Measure specifications available in the manuals below are also used in CMS payment programs (e.g., IMM, TOB, SUB and HBIPS measures are used in Inpatient Psychiatric Facility Quality Reporting Program).

Specifications Manuals	+
Guide for Data Entry of Chart-Abstracted Measures into DDSP	+

Website Resources (4)

Resources includes **Key Communications** and Supporting Materials such as an overview of the **ORYX Performance Measurement Timeline**; CY2024 timeline information will be added during 1Q2024

Home > Measurement

Measurement	
Measures	+
Specifications Manuals	+
Reporting	+
Pioneers in Quality	+
Resources	
ORYX FAQs	
Quality Measurement Webinars & Videos	+
Assisted Living Community (ALC)	

Measurement Resources

Learn about the key communications and resources pertaining to The Joint Commission's performance measurement activities including access to webinar recordings and content.

Key Communications

Supporting Materials

Supporting Materials

- [ORYX Performance Measurement Timeline](#)
- [What You Need to Know: ORYX FAQs](#)
- [What You Need to Know: Certification FAQs](#)

TIP: Copy the web address for the "Resources" section into an Outlook Reminder - set for monthly - to check **Key Communications** for updates

Website Resources (5)


The timeline graphic has a quick-link to additional information in the FAQs, which includes:

- Important notes regarding deadlines
- Data Submission timeline for CAM and eCQM data - available in written, infographic, and worksheet format

<https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/71008257/>

The Joint Commission

ORYX Performance Measurement Timeline

 Created by Kelly C.
Last updated: Jan 30, 2023 • 4 min read • 5 people viewed

[Return to the Table of Contents](#)

Topics Covered in this section:

- Important notes regarding deadlines
- Data Submission timelines for CY2022 and CY2023 CAM and eCQM data - written
- Data Submission timelines for CY2022 and CY2023 CAM and eCQM data - infographic
- Worksheet for Data Submission
- Resubmission - *pending*

Important Notes:

1. CY2022 and CY2023 Reporting timelines were modified to accommodate extended deadlines.
2. Open/close dates and deadlines are shown within the platform
3. To be considered for an exemption from submitting **chart-abstracted data** for the current calendar year requirements, all forms must be received at The Joint Commission no later than **thirty (30) days prior to quarter close** applicable to the request.
 - a. See [2. General ORYX Information--Basics](#) Q2.8 and Q2.9 for more information on Extenuating Circumstance Requests (ECRs).

Education & Resources: Expert to Expert Webinars

Expert to Expert eCQM webinar series presented by Joint Commission in collaboration with, and incorporating expertise from, Centers for Medicare & Medicaid Services, Mathematica, and eCQM measure stewards.

- **Oct 31 Stroke eCQMs Webinar Broadcast**
<https://attendee.gotowebinar.com/register/6619005457651682656>
- **Nov 7 VTE eCQMs Webinar Broadcast**
<https://attendee.gotowebinar.com/register/5701844534808216153>

Access registration links, captioned recordings, accessible slides, and Q&A documents when available: <https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

Upcoming DDSP Office Hours

Office Hours webinars cover Direct Data Submission Platform and ORYX “hot topics”, such as recently submitted common user questions and platform related known issues / fixes / performance:

Date	Time	Offices Hours Registration Link
11/14/2023	11:00 am CT	https://goto.webcasts.com/starthere.jsp?ei=1598038&tp_key=c4a01a4542

Additional Office hours will be added for CY2024. Invitations to Office Hours are sent to all active DDSP users.

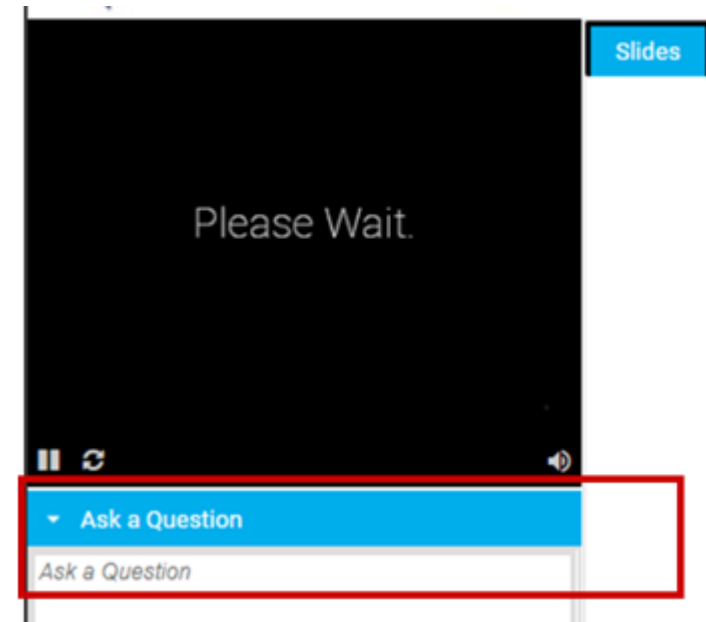
Live Question & Answer Segment

Directions to Submit Questions

- Please submit questions via the “Ask a Question” pane in the viewer tools
- Click the arrow to expand and close the pane.
- Include slide reference numbers when possible

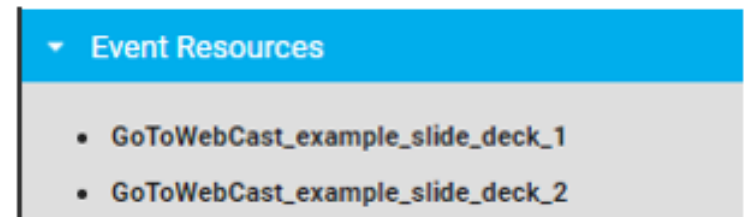
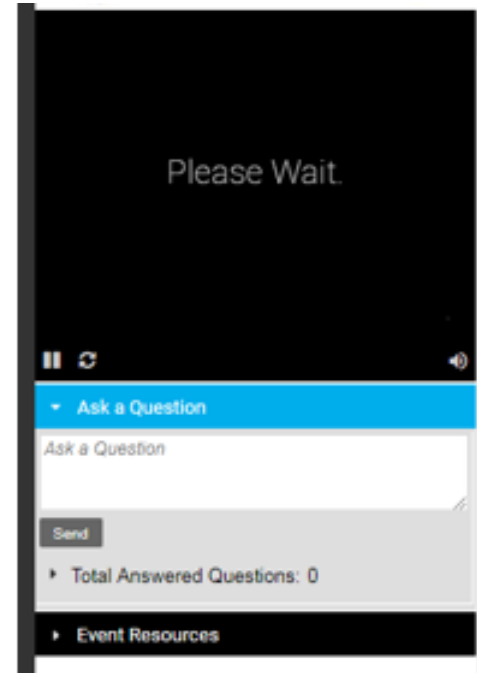


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REMINDER – Slides are available now!

- To access the slides, see the Event Resources Pane
- Select the slides for today's session
- A new window will open where you can download, save, or print the PDFs



Recording link, slides, and Q&A document

Visit the Pioneers in Quality webinars landing page on the Joint Commission's website:

<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/>

The screenshot shows the Joint Commission website header with the logo, 'Our Websites' dropdown, a search bar, and a 'Login' button. The main heading is 'Pioneers in Quality General Sessions'. Below this is a descriptive paragraph and a note about scheduling updates. A search filter sidebar on the left shows 'Pioneers in Quality General Sessions' with a table of results: 'Recent' (10) and 'Past' (1). The main content area displays search results 1-10 of 17, with a 'DATE PUBLISHED' dropdown. Three results are visible, each with a 'RESOURCE' tag, a title, a date, and links for 'Slides' and 'Transcript'.

Pioneers in Quality General Sessions

The Joint Commission's Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.

As Joint Commission schedules the Pioneers in Quality General Sessions, check back for updates.

Pioneers in Quality General Sessions	
<input type="checkbox"/> Recent	10
<input type="checkbox"/> Past	1

Results 1-10 of 17

DATE PUBLISHED ▾

RESOURCE

[Click Here to Register and View - On Demand Webinar: Introduction to New Assisted Living Community Memory Care Certification Requirements](#)

07/25/2023
Slides | Transcript

RESOURCE

[Click Here to Register and View- Emergency Management Requirement Revisions for Joint Commission Accredited Home Care Programs](#)

06/13/2023
Slides | Transcript

RESOURCE

[Click Here to Register and View - Introduction to Joint Commission's New Health Care Equity Certification Standards](#)

06/05/2023
Slides | Transcript

Webinar CE Evaluation Survey and Certificate



- We use your feedback to inform future content and assess the quality of our educational programs. Survey closes in 2 weeks.
- Use QR Code on next slide to access survey
- You will also receive an automated email **tomorrow** that will direct you to the evaluation survey.

CE Certificate Distribution

Complete the online evaluation survey. After you click ***SUBMIT***, you will be redirected to a URL from which you can print or download a PDF CE Certificate.



Thank you for attending!



Scan QR code with
your mobile device
to access CE
Survey



pioneersinquality@jointcommission.org



<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/>



Pioneers in Quality ORYX 2023 Performance Measurement Reporting Requirements Webinar

Date: October 12, 2023

00:00:05

Welcome everyone, and thank you for joining us today for our Pioneers in Quality webinar, 2024 Joint Commission ORYX Performance Measurement Requirements.

00:00:16

Before we start, just a few comments about today's webinar platform. Audio is by Voice Over Internet Protocol only. Use your computer speakers or headphones to listen. There are no dial in lines. If you hear background music, you have more than one window open. Close the "test" window and the music will stop. If you currently cannot hear audio, click the "play" triangle icon in the upper left pane to launch audio. Feedback or dropped audio are common for live streaming events. Refresh your screen or rejoin the event if this occurs. The slides are designed to follow Americans with Disabilities Act Rules.

00:00:55

The slides are available now, in the Event Resources pane, select the link to download or print the PDF of the slides. We also have a couple additional handouts that you might also wish to download.

00:01:10

Just a few housekeeping items. The "Ask a Question" pane permits participants to ask questions. Please visit the links or resources noted in the slides. Please also share the session recording and slides with interested colleagues. The recording and slides will be available via the same link used to join the broadcast, two hours after the broadcast concludes.

00:01:32

CE Credits are offered for this webinar. This webinar is approved for 1.5 Continuing Education Credits for the entities listed on this slide. The Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center, American College of Healthcare Executives, California Board of Registered Nursing, and the International Association for Continuing Education and Training.

00:01:57

Credit is available for the live webinar only. Credits will not be available for webinar replays. To claim CE credit, you must have individually registered for the webinar. Participate for the entire broadcast and complete a post-program evaluation and attestation. The program evaluation and attestation survey is accessible on the final slide via a QR code you can scan with your mobile device. And tomorrow an email will be sent to the email address each participant used to register. If you are listening with colleagues and did not use your own link or phone line to join, you can still obtain credit if you meet these three criteria. If you did not pre-register, do so now so you can be eligible when the session concludes.

When you complete the online evaluation survey, after you click SUBMIT, you will be redirected to a page from which you can access your PDF CE Certificate. After you complete the survey, an automated email will also be sent from the survey platform that includes the link to access the PDF certificate. For more information on The Joint Commission's Continuing Education policies, visit the link at the bottom of this slide.

00:03:10

The learning objectives for this session are: Describe 2024 ORYX chart-abstracted and eCQM performance measurement requirements for accreditation. Determine 2024 ORYX policies for your organization and locate available resources regarding ORYX measurement requirements.

00:03:32

These staff and speakers have disclosed that they do not have any conflicts of interest, for example, financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. [Myself] Susan Funk, Michelle Dardis, and Susan Yendro.

00:03:56

Just a few words about the scope of today's content. We will be covering ORYX policy requirements effective Calendar Year 2024, 2024 ORYX requirements for chart-abstracted and eCQM data submitted for Accredited Hospitals and Critical Access Hospitals, and Joint Commission measurement ORYX and DDSP resources.

We will not be addressing these topics: Measure requirements for certification. And questions about DDSP Functionality can be addressed during one of the upcoming Office Hour webinars. I will now turn it over to Michelle to begin today's presentation. Michelle, take it away.

00:04:35

Good morning everyone. Thank you Susan. I'll start with a brief overview of the ORYX program. The goal of the ORYX program is to establish a data driven accreditation process that includes outcome and process performance measures, and supplies organizations with objective feedback about their own performance. Performance data can be used internally for quality improvement activities and externally to demonstrate accountability to the public, purchasers, payers, and other stakeholders.

Accredited health care organizations collect and send data to The Joint Commission. Additionally, The Joint Commission leverages publicly available data such as data on CMS Care Compare to provide organizations with information to support improvement.

The program uses a combination of chart-abstracted as well as electronic Clinical Quality Measures. Quality performance data are reported back to hospitals confidentially via our Accelerate PI Dashboards. We also produce annual Quality Measurement Trends and Benchmarks reports to analyze national trends and select chart-abstracted measures [that] are reported publicly via Quality Check to The Joint Commission's website, which shows the accreditation and certification status of our customers.

00:05:59

We'd like to describe the two types of confidential reports a bit further. There are two types of reports that we provide: the Accelerate PI Dashboard and the Quality Measurement Trends and Benchmarks report.

The Accelerate PI Dashboards provide facility performance compared to national data. We recently posted reports that demonstrate your performance through Calendar Year 2022.

The Quality Measurement Trends and Benchmarks report is a representation of all Joint Commission accredited organizations' performance on each of the selected ORYX measures. The information in the Quality Measurement Trends and Benchmarks report was obtained by aggregating 12 months of data transmitted by hospitals and critical access hospitals to The Joint Commission.

eCQM aggregate and comparison data is only provided via Accelerate PI Dashboards and Quality Measurement Trends and benchmarks. We do not post eCQM data on Quality Check. It is our hope that these reports bring value to the accreditation experience, and help to meaningfully guide discussion with your surveyors.

For where to find these reports. Reports are posted to each organization's JC Connect site. Reports can be accessed under the Resources and Tools tab as a hyperlink named Accelerate PI. And if you download the slides for today's presentation, the link here will guide you to a video short to help you find these resources.

00:07:30

Another question we receive is which programs have ORYX Requirements? ORYX Requirements are specific to the accreditation program you participate in. There are requirements for Accredited Hospitals as well as Critical Access Hospitals. For Accredited Hospitals, requirements are further refined by your facility size and the type of services provided.

Additionally, organizations may be exempt from ORYX Requirements if they are unable to submit data in certain situations, such as a natural disaster. There are programs with suspended ORYX reporting requirements: Freestanding children's hospitals, Indian Health and tribal hospitals. Although these types of hospitals may submit measures if they choose to benefit from the Accelerate PI Dashboards and Trends and Benchmarks. And also suspended are Long-Term Acute Care Hospitals, inpatient rehabilitation facilities, and hospitals participating in the PPS-exempt Cancer Hospital Quality Reporting Program from CMS.

00:08:42

All right, let's get into key program updates for 2024. Each year, The Joint Commission re-evaluates measures used in the ORYX program, assessing both current program measures and newly available measures. The Joint Commission applies structured evaluation criteria for our measure addition and removal decisions. When evaluating new outcome measures, we consider the quality of evidence. The measure precision, which is reliability and validity. The risk adjustment methods and potential for unintended consequences or burden. Similarly for process measures, we also consider the strength of evidence that the process leads to improved outcomes. Whether the measure accurately captures the evidence-based practice care that has been provided. The proximity of the process to outcomes, and the risk for unintended consequences.

We also consider how emerging quality improvement priorities and publicly available data can be used to support quality improvement through Joint Commission accreditation. And we evaluate the national performance and variability in performance on existing program measures to identify measures for removal.

Finally, we harmonize the CMS Inpatient Quality Reporting program requirements, where CMS and Joint Commission measure priorities are aligned.

For this year, we're introducing the following ORYX program updates. A new group NHSN participation requirement. A new accreditation decision rule for ORYX participation. We have added four new measures, retired four measures, and expanded eCQM reporting requirements consistent with the CMS Inpatient Quality Reporting Program.

00:10:36

Preventing healthcare associated infections is a priority for The Joint Commission. Despite being largely preventable, an estimated 633,300 patients contract HAI's each year, and they result in about 72,000 annual deaths, with an estimated direct medical cost of 28.4 billion per year. The HAI infection rate increased significantly between 2019 and 2021, according to data from the Centers for Disease Control and Prevention. And for this reason, we have prioritized the CDC's National Healthcare Safety Network, or NHSN system as a data source to evaluate patient safety and clinical quality performance by Joint Commission Accredited Hospitals. The majority of Joint Commission accredited hospitals already participate in NHSN as a requirement under CMS programs.

There are several measures collected through NHSN applications that are currently included in our Accelerate PI Dashboards. However, we are currently obtaining these data from the publicly available CMS Compare website where the data can be 18 to 24 months old. Sharing data with us will allow us to include more recent data in Accelerate PI Dashboards and identify quality improvement opportunities more efficiently. So, this requirement, effective July 1st, 2024, hospitals already required through a CMS program to participate in NHSN, will be required to participate in The Joint Commission NHSN Group. Again, our goals are to improve the timeliness of facility-level performance data available to hospitals and surveyors. To provide Joint Commission facility-level performance data for use in the design and evaluation of improvement programs, and to minimize time and effort required to report new data to The Joint Commission.

00:12:36

The Joint Commission NHSN Group will include the following healthcare associated infection measures: Catheter-associated Urinary Tract Infection or CAUTI, Facility wide Inpatient Hospital- onset C. diff Infection or CDI, Central Line Associated Bloodstream Infection, (CLABSI), Colon and Abdominal Hysterectomy Surgical Site Infection (SSI) and Facility Wide Inpatient Hospital- onset Methicillin-resistant Staphylococcus aureus or MRSA bacteremia.

00:13:17

This requirement will apply to Acute Care and Critical Access Hospitals that have ORYX Requirements. We are not including Freestanding Psychiatric hospitals. As far as logistics, facilities participating in the group will not be able to see each other's data. And if you've participated in other NHSN groups, for example, Leapfrog's NHSN group, logistics should be very similar. Your NHSN facility administrator will confer rights to The Joint Commission to access your facility-level data.

I'd like to underline that there will be no PHI shared with The Joint Commission. We are only looking for facility-level data. Further information on the process to join the NHSN group will be provided in late 2023 and early 2024, as we work with the CDC and early adopters to refine the process.

00:14:24

Next, The Joint Commission is implementing a new Accreditation Decision rule for Critical Access Hospitals and hospitals to reinforce the requirement to participate in the ORYX Performance Measurement Initiative. We announced this rule in September and received some surprised responses. Assuming such a rule or requirement already existed, so we would like to clarify the rule today. Currently, ORYX performance measure reporting is required by Accreditation Participation Requirement or APR standard, APR.04.01.01. Element of Performance 24. However, evaluating ORYX participation as part of the survey process can be difficult, as submission timeframes for ORYX are continuous, which is difficult to observe during a date dependent survey.

With the new decision rule, organizations may receive a Denial of Accreditation if they fail to meet ORYX performance measure reporting requirements for two consecutive years.

00:15:29

So, this is how this works. Beginning with Calendar Year 2024 ORYX performance measurement data, if an accredited organization does not submit performance measures for a Calendar Year, it will receive a notification that it either needs an approved Extenuating Circumstance Request for that year or to submit performance measures. If the organization still has not submitted performance measures at the close of a second Calendar Year, it may receive a Denial of Accreditation regardless of where the organization is in its accreditation cycle. Organizations experiencing emergency, or disaster incidents, changes to their Electronic Health Record systems, or other circumstances that create a significant burden for quality reporting may request an exemption for the ORYX reporting requirements by completing and returning The Joint Commission ECR form. And the attached materials for today's presentation include further instructions on how to access and complete that form.

Michelle, I'm sorry to break in. We've had some comments from the audience that you are not coming in as loud as, as as they need you, as they need to hear you. So, if you could maybe get a little closer to the microphone, that would be helpful. Thank you. Okay. Thank you. I'll just pause really quick. Is this any better? That does sound better. Thank you. Okay. Thank you.

All right. So, thanks for that. So, for the logistics for this rule again the goal is to establish a route for Joint Commission to work with hospitals to assure your continuous participation in ORYX. Very few hospitals fail to meet their annual ORYX requirements. This should not have an impact for the majority of organizations, and most often, when hospitals fail to meet their annual ORYX requirements is due to changes in contact, changes in organizational structure and other operational challenges that The Joint Commission can work with you to address. And again, organizations experiencing emergency or disaster incidents and other circumstances may request an exemption. This was originally communicated in the Perspectives in October, the October Perspectives, and there is an article also available on the Key Communication section of The Joint Commission website.

00:17:58

All right. Now let's get to new measures for Calendar Year 2024. The Joint Commission has added the following measures as optional reporting measures available to meet reporting requirements: the Global Malnutrition Composite Score eCQM, Hospital Harm, Opioid Related Adverse Events eCQM and CMS' Screening for Social Drivers of Health measures, SDOH-01, Screening for Social Drivers of Health and SDOH-02, Screen Positive Rate for Social Drivers of Health.

00:18:33

Consistent with CMS, we have retired the following measures. For eCQMs, [we] have retired ED-2 Admit Decision Time to ED Departure Time for Admitted Patients, STK-6 Discharged on Statin Medication, and then the chart-abstracted measures, HBIPS-5, Antipsychotic Medications at Discharge, and TOB-2 Tobacco Use Treatment. And to clarify for those who may wonder how these chart-abstracted measures align with CMS - Hospitals participating in the CMS Inpatient Psychiatric Facility Reporting program also participate in ORYX, so the chart-abstracted measure removals here apply to Psychiatric hospitals.

00:19:27

And with that, I'm going to turn it over to my colleague, Susan Yendro, to walk through these requirements in further detail by hospital program size and services. Susan.

00:19:39

Great. Thanks, Michelle.

So going to the next slide, just wanted to reiterate that the requirements document is located on The Joint Commission website currently. It is posted under the Measurement tab, and you'll find it in two spots, both under the Reporting Requirements section as well as Resources. We've also attached this document in the handout section of today's webinar. So, you can download this and refer to it as we go through.

00:20:17

Now here's what the document looks like. We just wanted to make sure you see that this document does also have six pages. So, we encourage you to scroll through the pages. We have added notes to help you to navigate the requirements. There are also lists of measures that are available by the HCO type. So, we hope that you find this as a helpful document. And the link that goes to the page where this is located on the website is also on this slide.

00:20:56

So, the first category of hospitals that we're going to look at is the Large Hospitals with Obstetrical Services.

00:21:05

These Large Hospitals are defined by the fact that they have greater than or equal to 26 licensed beds, or they have greater than or equal to 50,000 outpatient visits, and they provide obstetrical services.

00:21:24

So, the changes in requirements here include that the ePC-02 measure, Cesarean Birth, is going to be required in 2024, as well as the ePC-07, Severe Obstetric Complications Measure, and the Safe Use of Opioids. These three measures are, for the first time, required compulsory measures for all hospitals, and this does align with CMS and Michelle will walk us through a little bit more in a little bit about the CMS alignment.

Hospitals will also need to select a minimum of three additional eCQMs from the list of available measures. And in addition, hospitals that provide OB services for The Joint Commission will have to submit PC-06. This is the Complications in Term Newborns measure, and it may be submitted as either a chart-abstracted measure or an eCQM, so that is up to the decision of the individual hospital.

00:22:33

Additionally, we want to notate that we have changed the requirement from the criteria of having a 300 or more live births per year requirement that has been removed, so that now all Large Hospitals providing OB services will be required to submit the PC measures. This is in alignment with the CMS requirements as well. So that's why we decided to remove that criteria and just make it a requirement for all Large Hospitals.

00:23:12

Well, the next group of hospitals we're going to look at is the Large Hospital that does not provide OB Services. So again, a Large Hospital is greater than or equal to 26 beds, licensed beds, or greater than or equal to 50,000 outpatient visits. And in this case, we're looking at a hospital that does not provide OB services.

00:23:37

So, the requirement for these hospitals is to submit four eCQMs. They will include the Safe Use of Opioids as a required measure, and they will need to select three additional eCQMs. Large Hospitals with no OB Services may choose to submit more measures if they would choose, if they like to, as well as submit chart-abstracted measures, but it's not a requirement.

00:24:08

One additional thing that I do want to mention with regard to the hospitals that don't provide OB Services is there is a difference in the way that this is managed by CMS and The Joint Commission. So according to the CMS guidance, hospitals that don't provide services can submit Zero Denominator declarations or case threshold exemptions. However, for The Joint Commission, the hospital that does not provide OB services is not required to submit the PC measures and they should not submit zeros. So, if this applies to you, you can find more information in the Help documents that are posted on DDSP. Another great opportunity would be to attend the DDSP Office Hours and get more information on details and how this is... This process is managed.

00:25:05

Okay. So, the next group of hospitals is the Small Hospitals and Critical Access Hospitals. Now, these are defined by the small hospital is a hospital that is less than 26 licensed bed and less than 50,000 outpatient visits. This category also includes hospitals that are designated as Critical Access Hospitals.

00:25:37

The requirements really haven't changed for this group of hospitals. They are still required to submit three measures. They can submit any combination of chart-abstracted measures or eCQMs. And they may elect to submit more measures if they are applicable to their population, including PC measures if they provide perinatal care. However, that is not required.

00:26:10

We also want to mention that for CMS, Small and Critical Access Hospitals are included in the CMS eCQM requirements. And so, for 2025, The Joint Commission anticipates that we will be adding that requirement for Small and CAH hospitals. So, we encourage you to start to look at submitting the eCQMs that you're required to submit to CMS, to start submitting those to The Joint Commission.

But that will not be a requirement until the following year in 2025.

00:26:51

The next group of hospitals is the Freestanding Psychiatric Hospitals. And we just want to reiterate that Freestanding Psychiatric Hospitals do have a requirement for ORYX participation.

00:27:07

There has been some changes, as Michelle mentioned. With the retirement of HBIPS-5, so freestanding hospitals will still be required to submit the Physical Restraint and Seclusion Measures. They will also be required to submit one additional measure of... and...this will be for a total of three measures. This is an alignment with what we require for the Small and CAH Hospitals. There are currently no applicable eCQMs for psych hospitals, so there is a list of measures...chart-abstracted measures that are applicable for Psychiatric hospitals.

00:27:48

And our last group is the group that has Suspended ORYX accreditation requirements. And Michelle read off this listing of the types of hospitals that currently are suspended. And we want to mention that we are continuing to evaluate adding cross-cutting measures in the future for those hospitals in these settings. And this will be able to help those hospitals to improve their performance measurement efforts by allowing some benchmarking with other hospitals that are... that are also collecting and submitting these measures. So, we'll be looking at adding measures in the future. Suspended organizations may elect to submit to The Joint Commission if they choose to. And for those hospitals that have not yet onboarded to the Direct Data Submission Platform, you're welcome to do so. You can contact HCORYX@JointCommission.org, and they will help you to go through that process.

Okay, and that concludes our different types of hospitals and their requirements. Now I'm going to turn it back over to Michelle. And she's going to review some more about CMS alignment and within the reporting programs. Thank you.

00:29:17

All right. Thanks, Susan. Right.

So, alignment with CMS is a priority for The Joint Commission, though due to differences in our programs, that alignment is not always 100% as many of you will know. So, in this next section, we want to clearly describe some of the similarities and differences between CMS and Joint Commission reporting requirements for 2024. So, we'll start with electronic Clinical Quality Measures.

This is where CMS and Joint Commission are in alignment. The Joint Commission and CMS are requiring the following eCQMs: ePC-02 Cesarean Birth, ePC-07 Severe Obstetric Complications, and the Safe Use of Opioids Measure. The specifications for these measures for both Joint Commission and CMS are the specifications that are available on the eCQI Resource Center.

Now specific for The Joint Commission. All Large Hospitals, defined as greater than 28, greater than 26 licensed beds, or greater than or equal to 50,000 outpatient visits, must report Safe Use of Opioids, and all Large Hospitals that provide Obstetrical Services must also report ePC-02 and ePC-07. It is our understanding that this may be a difference from CMS requirements, as we are applying the requirement for the PC measures to only Large Hospitals, and that may not align with CMS who may include smaller hospitals in the reporting requirement.

00:30:59

Next, The Joint Commission and CMS are in alignment on including the following eCQMs in our available list of measures. The specifications used by both Joint Commission and CMS for all of these measures are the specifications that are available on the eCQI Resource Center.

00:31:28

Let's talk a little bit about eOP-18, the STEMI measure. In alignment with CMS for Calendar Year 2024, if eOP-40 is reported, we're only requiring one Calendar quarter to be submitted. Now eOP-40 is available as an optional eCQM for The Joint Commission for Calendar Year 2024. It is required by CMS in the Outpatient Quality Reporting Program. The Joint Commission does not have separate inpatient and outpatient reporting programs for hospitals. So, this is optional for Joint Commission while required for the outpatient setting for CMS.

Like CMS, one submitted quarter of eOP-40 will count as a complete measure submission. So, while other measures, we expect a full year of data, for eOP-40, we will accept one self-selected quarter. You may self-select that quarter, any quarter you want to submit, and you do not need to notify Joint Commission which quarter you'll be submitting.

00:32:43

All right, now on to the Social Drivers of Health measures. The Joint Commission will be accepting SDOH-01 and SDOH-02 for Calendar Year 2024. We are not publishing separate specifications from CMS. You can use the CMS specifications on the Inpatient Quality Reporting Program website. As for the process of reporting for CMS, CMS requires attestation to the measures on an annual basis as web entry measures. Their annual submission period for the structural measures is April 1st through May 15th.

For example, for Calendar Year 2023, hospitals will be able to report these measures in the HQR secure portal from April first through May 15th of 2024.

Now for The Joint Commission. Those electing to submit the SDOH measures will do so annually in alignment with CMS. However, the reporting period is different. The reporting period for Joint Commission will be January 1st, 2024, through March 30th, 2024. This aligns with the quarter four reporting period for Calendar Year 2024.

So just a couple more comments. CMS terms these measures as process or structural. However, we are using the same measure specifications, the same data collect... you collect for CMS. You'll be used for reporting to The Joint Commission. And we're using our chart-abstracted module to collect the measure data. The chart-abstracted module within The Joint Commission DDSP.

00:34:36

Now we have had some questions around the measures, PC-01 and PC-05. The Joint Commission accepts the following additional eQMs that CMS does not accept. That's ePC-01 Elective Delivery and ePC-05 Exclusive Human Milk Feeding, ePC-06 Unexpected Complications in Term Newborns. As Susan described ePC-06 or the chart-abstracted version, PC-06 is a required measure for Large Hospitals with Obstetrical Services. The remaining PC measures, PC-01 and PC-05, are optional measures to meet eQm reporting requirements to The Joint Commission. The specifications for ePC-01 and ePC-05 are available on The Joint Commission website. They are not on CMS' eCQI Resource Center. However, The Joint Commission does continue to maintain the specifications for ePC-01 and ePC-05. So, if you choose to report these measures for 2024, you'll need to look to our website for the updated specifications for the 2024 reporting year.

00:35:51

All right. And finally, The Joint Commission continues to retain chart-abstracted measures that CMS has retired. We are retaining these measures, as there are hospitals who continue to have opportunities for improvement in these areas and who wish to continue to monitor and benchmark data. Additionally, we know that there are some hospitals who have challenges with eQm implementation, and we believe these measures provide continued options for quality improvement. The measures we have retained are the chart-abstracted measures, ED-1 Median Arrival to ED Departure-Admitted patients, IMM-2 Influenza Immunization, PC-01, the chart-abstracted version for Elective Delivery, PC-05 Chart-Abstracted Exclusive Human Milk Feeding, and PC-05 Hospital Acquired Potentially Preventable VTE.

These specifications are also updated for the 2024 Reporting Period and available in The Joint Commission Specifications Manual.

00:36:58

All right. Finally, The Joint Commission has not adopted the following CMS Inpatient Quality Reporting Program measures. These include Claims-based measures. The Joint Commission is not a receiver of Claims data, and so we do not use Claims measures in the ORYX program because we do not receive claims data. We also do not support Hybrid measures, which involve a combination of claims and eCQM data. So, there are no Hybrid measure reporting requirements. We also don't use attestation structural measures currently, such as the structural measures used in the IQR program. This is because we rely on our standards and survey process to assess structures of care, and so we don't want to increase the burden by also including these measures for reporting at this time. We are not using the COVID-19 vaccine measures. And we also do not receive patient experience and patient reported outcomes data at this time. So, we will not be using CMS patient experience measures. And finally, we do not accept the chart-abstracted measure, SEP-01, Early Management Bundle for Severe Sepsis and Septic Shock.

00:38:15

We have evaluated some measures for consideration for 2025 and these include the Hospital Harm Pressure Injury eCQM, Hospital Harm Acute Kidney Injury eCQM, and the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography or CT in Adults. These measures are measures that we look forward to further feedback on, but likely will implement for 2025-year reporting, but these measures are not in use for 2024.

So, this ends our summary of similarities and differences between CMS and Joint Commission measures for the 2024 reporting period. I hope this was helpful in understanding the differences between our programs.

00:39:03

Next, I'll hand the presentation back to Susan to review available tools and resources to support your 2024 ORYX participation.

00:39:15

Thanks, Michelle. So, we realize that there are just a whole lot of resources out there, and it's sometimes a challenge to navigate through all of these things. We put together a lot of slides to help guide you, and then realized we really need to spend a lot more time on our questions and help answer your questions that you have today. So, we gathered a bunch of those, and we put them over into the Supplemental Resources slide deck. So, I really encourage you to also download the Supplemental slide deck, as well as the ORYX requirements document in the handout section, and refer to those for more detailed information. As Michelle mentioned earlier, there are slides on extenuating circumstances. There are slides to help you navigate how to figure out what your hospital size requirement is. So which hospital category do you fall into? So, there's some slides on that. We have slides with additional other resources to find on our website, as well as some external websites, such as information on where to find the SDOH measure, information out on the CMS website and the NHSN information out on the CDC website. So, lots of information in that supplemental slide deck. So, I really encourage you to go to that. And then once again on the requirements, the ORYX Requirements document, that is where you'll find the listing that is specific to your hospital type. Just a plug for those resources.

00:40:57

So, we also wanted to mention that if you do have additional questions, there is an ORYX FAQ under the measurement section on The Joint Commission website. It refers to resources, links and abbreviations. So, there's a whole bunch of information in there that will help you to navigate through. If you're new to ORYX or need a refresher on something, there's lots of information in there. If you have questions about ORYX policy, HCOORYX@JointCommission.org is the email address that you will use to get those questions answered. We have a measure information. It has all of the measure specifications as well as a Question and Answer platform within the... It is located at manual.jointcommission.org.

Excuse me. The DDSP specific questions for those of you who have. Excuse me. For those of you who are DDSP users. We refer you to that page. If you have standard. Excuse me. Standard related questions can be sent to www.jointcommission.org on our main web page. If you scroll down to the bottom, Connect With Us. Ask a standard question is where you'll submit those questions.

00:42:37

So, our website has a lot of information. As we mentioned, under the Measurement tab you'll find information on supporting materials. So, one tip that we have for you is to favorite the Measurement section of the external website.

00:42:55

The measure section has a listing of all of the measure topic areas. So, this particular example is showing you that Psychiatric measures. So, you can go in there and find more information and resources about the Psychiatric measures or any other measure topic that's listed in the right-hand side. Those are all live links that you can click on and go into more information there.

00:43:29

The next slide is showing you where to find this. The measure of chart-abstracted measure chart-abstracted measure specifications manual. So that's starting place for anyone who's looking for that information.

00:43:45

And then on this slide, we're wanted to emphasize that the Key Communications is an area where we post all of the information that we send out to hospitals. We typically will send the information to the person who is listed as the main ORYX contact. And we understand that you get a lot of emails, and you might have missed something. So, you can always go out to the Key Communications section and see updates that we have sent out to HCOs. There's also supporting information supporting materials there as well.

00:44:27

Another important thing to draw your attention to is the timeline graphics. There's a quick link within the website to get to the information about the important deadlines. This is really important for you to understand when the submission deadlines are for both the chart-abstracted measures as well as the eCQMs, and there's an infographic and written information in there for to help guide you.

00:44:57

I also wanted to mention the Expert to Expert series for anyone who is implementing eCQMs. We have two upcoming webinars related to the Stroke eCQMs as well as VTE. These are technical webinars that will that cover the annual updates to the eCQMs.

00:45:20

And then finally I wanted to mention the DDSP Office Hours. Anyone who is a DDSP user is encouraged to attend DDSP Office Hours. The next one is on November 14th, and we will be adding additional measures or additional webinars DDSP Office Hours in 2024, so stay tuned for those dates to be posted.

00:45:49

And now I'll turn it over to Susan to kick off our live Question and Answer segment.

00:45:56

Great. Thank you so much Susan & Michelle for your parts in the presentation. I'm just going to go back over the directions again to submit questions. To ask a question, please type your question in the "Ask a Question" pane. Include a slide reference number, if possible. We will answer as many questions as possible in the remaining time, and all questions that are submitted will be addressed in a follow up written Q&A document. And I will give our speakers just a moment to open up the widget they need to get into the questions. And Michelle, when you're ready, I'll turn it over to you to begin to moderate the Question and Answer segment.

00:46:34

Excellent. Thanks, Susan. There are over 1700 of you on the call today, so we have received many, many questions. So, I just want to emphasize that we'll do our best to address as many questions as possible and to try to group the themes of questions somewhat. Any questions we are unable to address on the call today, we'll be sure to follow up about.

I'm going to start with questions about the new NHSN requirement.

00:47:04

The first question I have here is, "Will the NHSN data be pulled out from the NHSN, or do we have to upload it manually to the DDSP site?"

The answer is that the data will be pulled from NHSN. There will not need to be any manual upload to the DDSP.

Susan would you like to take the next question?

Sure. Thanks, Michelle. To the screen here.

This question asks about Inpatient Psychiatric indicators. And yes, we did cover the annual reporting requirements. Those, once again, are located in the Requirements document. There, I believe on page six will show you the specific listing of measures that are applicable for Psychiatric hospitals to the required measures, as well as the list of measures that are available for Psychiatric hospitals. And those are also available at The Joint Commission website, under Measurement tab and Reporting on the external website.

That's it. Thanks, Michelle.

00:48:27

I have a couple other questions here about NHSN that I'll try to condense into one.

One is, "Will instructions on how to join our group be sent out? And if a hospital already belongs to NHSN, does that meet their requirements?"

So simply belonging to NHSN does not meet the requirement. But the requirement is fairly easy to meet. So, hospitals will need to join The Joint Commission's NHSN Group to share data. Your NHSN Administrator would be the person to join our group, which gives us the rights to specific data that you confer rights to us for. Really detailed information on this process will be sent to Joint Commission hospitals later this year. We're currently working with the CDC, and we'll work with some early adopters to make the process as clear as possible.

Susan.

00:49:27

Okay. We've gotten a number of questions about SDOH measures and we're saying 'electing'. "So does this mean that it is optional for The Joint Commission?"

The answer to that is yes. These are optional measures for The Joint Commission. While they're required for CMS in 2024, you can submit them to Joint Commission as well.

I also saw a question regarding the slide. So going back to our slide, I believe it was 47 maybe. We mentioned that it was dates were 2024 dates. Here you go. So, I just wanted to clarify that for The Joint Commission, we are not accepting the 2023 Voluntary Reporting Period. We will start accepting 2024. So, the dates on the slide in our examples should be reading 2025 rather than 2024. So, the annual data for 2024 will come in in January to March of 2025.

Thanks. That was good clarification.

00:50:53

I've seen a couple of times here the question, "CMS finalized removal of PC-01 from the IQR program beginning with Calendar Year 2024 reporting period for Fiscal Year 2026 payment determination, will Joint Commission also remove PC-01?"

The Joint Commission has elected to keep the PC-01 measure as an optional measure. It is no longer required for hospitals to submit. However, we have retained it as an optional measure to meet your ORYX requirements.

Okay.

00:50:53

Here's a question about, "How do I get the Accelerate PI reports?"

The Accelerate PI reports are located under the Resource and Tools tabs within The Joint Commission Secure Internet site. So, the secure site, so the individual would have to have access to Joint Commission Connect. If you contact your organization's ORYX or sorry, your organization's Joint Commission contact, that person should be able to either grant you access or pull down that report for you. And it is again, once again, it's located under Resources and Tools. You also would be interested in the... When you download the slide deck for today, there is a live link for the Accelerate PI video short that would show where that is located as well.

Thanks, Susan. I have a couple of DDSP questions here.

00:52:33

One is, "Will The Joint Commission consider vendor-level access to DDSP to ease the burden on hospitals to grant access to multiple individuals?" So, for those not familiar, the DDSP is Joint Commission's Direct Data Submission Platform. And currently hospitals, hospitals may invite their vendor staff and consultants to the DDSP. So, vendors are able to access the DDSP, just after hospitals have invited them.

The hospital is responsible for the accuracy and completeness of the data that they submit, that vendors submit on your behalf. But you can designate a vendor to have access to eCQM and or chart-abstracted data entry.

00:53:16

We also had a question about the file types submitted through the DDSP, whether hospitals submit QRDA 3 or another data extract. For submission of eCQMs to The Joint Commission, you submit QRDA-1 files, which is the standard for submitting patient-level data and consistent with CMS's requirements for the Inpatient Quality Reporting Program. For NHSN, there is no data submission, we will be accessing data through CDC's NHSN portal, and there's no data that you need to upload.

Great. Thanks.

00:53:52

So, Michelle answered a question about PC-01, and we also are getting questions about PC-05 for Large Hospitals that have OB services,

"What's the status of PC-05? It wasn't mentioned."

So just want to reiterate that PC-05 is still an optional measure available for hospitals who are tracking and monitoring that measure. It can be submitted either as a chart-abstracted measure or an eCQM. And then I would also like to reiterate that that measure, both PC-01 and PC-05 do remain required if your organization is seeking the ACPC or the Advanced Certification in Perinatal Care Certification.

00:54:44

Have another Perinatal Care-related question.

"How do we notify you if we are submitting chart-abstracted PC-06 versus if we choose to submit PC-06 as an eCQM?" Within the Direct Data Submission Platform, there is a space in the chart-abstracted data entry module for PC-06, and you can go there to turn on the eCQM attestation button, and you only need to do this once per year. There is an FAQ about the process on the ORYX FAQs site, and a link to that site is included in the supplemental materials for today's presentation.

Okay, great.

00:55:27

Here's a question about Stroke, STK-6. "Can we still submit eCQM STK-6 in 2024 using 2023 data?"

So, the Calendar Year 2023 eCQM submission will be available until March of 2024. The deadline date is available within the DDSP in the eCQM status box on the home page. So, the answer to that question is yes. We will still be accepting the STK-6 measure for Calendar Year 2023. It'll be retired for 2024 collection.

And I think just to add on that, in case the question was going in a slightly different direction for Calendar Year 2024, we have retired STK-6, so we will not be accepting STK-6 for Calendar Year 2024. So, the 2023 specification is the last year of specification for that measure.

00:56:35

Just scrolling to find some new questions. Here's a question on the SDOH measures.

"Will SDOH measures be for an entire year or for a specific number of quarters?"

The SDOH measures are submitted annually for the year and in alignment with the 4Q chart-abstracted measure submission deadline.

00:57:03

Okay, so here's a question about the HAP Small category.

"If we do not have the ability to submit eCQMs to CMS, how will that affect our Joint Commission accreditation?"

So currently Small hospitals are not required to submit eCQM data. The Calendar Year 2024 requirements are that you must submit a combination of three measures that are applicable to your patient population and services offered. These can be chart-abstracted or eCQM or a combination. We do anticipate in the future that that may come about. And there are extenuating circumstances forms that can be completed for not being able to meet an eCQM requirement. And then those hospitals would be required to submit the chart-abstracted that won't come up until 2025.

00:58:06

Thanks. I don't think we've addressed this flavor of this question.

The question is, "Are the suggested benchmarks and recommendation ranges for the various eCQMs compiled anywhere?"

We do provide benchmark data for eCQMs through confidential reports to hospitals. They can be found within the Accelerate PI Dashboards and the Quality Measurement Trends and Benchmark Reports. So, the Accelerate PI Dashboards are currently available for all of Calendar Year 2022, and they will provide your performance, as well as a national rate. So that will help you see the average performance. And then we're in the process of developing the Calendar Year 2022 Quality Measurement Trends and Benchmark Reports, which will provide National Benchmark data.

00:58:54

Okay, I don't think, Michelle, don't think you answered this one on your own questions that you were addressing.

"Who is the person who should join the group? This particular person doesn't have access to NHSN. It's managed by the Infection Control Department."

So, whoever the NHSN administrator is for your facility, they will be the person that will join. Using the confer rights template. They will join the group. That particular requirement is going to go into effect in July of 2024. So, there's a little bit of time to work this through. And as Michelle mentioned earlier, we will be sending out more information about how to join the Joint Commission NHSN Group, so be on the lookout for more information later this year and early next year.

01:00:05

This question is, "Is there a table that lists the eCQMs that are available, and/or are required for Calendar Years 24 and 25?"

So yes, we have provided a list of all Calendar Year 2024 requirements. Those are available on the Measurement web page and the Reporting part of our website, and the ORYX Requirements are updated annually, typically in late September or early October, so the requirements that are currently posted are for Calendar Year 2024.

In the slides for today, we suggested some topics that we may address in 2025, but we will not finalize the Calendar Year 2025 requirements until next year. One reason is that we prioritize aligning with CMS requirements, and so we closely follow the IQR Proposed Rule to make sure that there are not changes to recommend to requirements that CMS has already announced for future years.

So just to summarize, Calendar Year 2024 requirements now available on our website and discussed today. Calendar Year 2025 will not be released until next year.

01:01:18

Great. So here is a question: Is DDSP where you submit ORYX required information or are these separate requirements?

So, correct, the DDSP is where ORYX required measures are to be submitted. The Measurement page of The Joint Commission will give you additional details. I would also like to mention that in the supplemental slide deck, there is a link to ORYX 101, which may be very helpful to someone who is new to learning about ORYX. So again, that's an ORYX 101 video short that could be very helpful for you to find on our website.

01:02:08

Susan, I have a question here. "How do I know if I qualify as a Large Hospital?"

Within the DDSP, there is a page where you called HCO Characteristics, where you can see how The Joint Commission has categorized your facility. The supplemental slides document that we included today includes directions on how to find that information within the DDSP. So, if you don't have access to the DDSP, your staff who do have access should be able to find that information for you.

01:02:46

Okay. Great. So, this question is for Freestanding Psych facilities. What are the other measures they can choose to submit along with HBIPS-2 and HBIPS-3.

So, you can submit IMM-1, which is a first and fourth quarter measure. You can submit SUB-2, SUB-3, TOB-3, SDOH-1, and SDOH-2. These are all, once again, these are listed in the ORYX Requirements document.

01:03:16

We have a policy question here. "If a Large facility is unable to submit eCQMs, is the five-year ECR approval rule still in effect, and if so, what would be their options to retain accreditation?"

So let me describe this question a little bit. We do have an Extenuating Circumstances Request process at The Joint Commission, similar to... a similar, but separate from CMS process. Both CMS and The Joint Commission put a five-year limit on the number of years consecutively that you can request an Extraordinary Circumstance request.

The policy has been in place for about five years, so we're at the point where some organizations may continue to be experiencing a series of challenges that prevent their ability to submit eCQMs, be that multiple mergers, EHR transitions, or natural disaster. It's a small group of organizations, but we know there are some. If you fall into this group, please send an email to us at, HCORYX@jointcommission.org and we'll work with you through your specific circumstances.

01:04:32

Thanks. This question is about the Specifications Manual. "Will The Joint Commission 2024A Manual and Release Notes be updated to reflect the retired measures and other information presented today?"

So yes, The Joint Commission Specification Manual was recently posted. The updates have been included to remove the retired measures. So that is on our Manual.jointcommission.org manual. and you can also access the Specifications Manual through our Joint Commission website and go to the Measurement tab and then go to the Specifications tab. The chart-abstracted measure tab will get you over to the manual that you're seeking to look at.

01:05:28

Thanks. I don't think we've answered this one yet.

"If an organization chooses to submit PC-06 as an eCQM to meet their PC measure reporting requirement, does it count as one of the six eCQMs or will the hospital submit the three required eCQMs, three self-selected eCQMs and ePC-06 for seven eCQMs?" The answer is that for ePC-06, it will count as one of your three self-selected eCQMs. So, if you choose to report the eCQM version of PC-06, you will only have two additional self-selected eCQMs to pick.

01:06:12

Okay. Here's another question I think it bears reiteration is: The chart-abstracted SDOH measure will be entered manually, similar to other chart-abstracted measures? So yeah, the measure aggregate data will be entered within the DDSP chart-abstracted measure module, similar to the way other chart-abstracted measures are entered. So, following the CMS measure specifications, the aggregate data will be entered into The Joint Commission chart-abstracted module.

01:06:57

Just skimming for new questions.

Just while you're looking for another question, I'll mention, we are scheduled to go till 12:30 on this webinar and the questions and answers, whatever we don't get to today, we will put together a written Q&A document and that will be posted along with the slides and the recording on The Joint Commission website. And the location is that it goes under the Measures tab under the Webinars. And these... this is a General Session, General Pioneers in Quality session.

And Susan. I'll jump in here. One of the slides in the rest of the deck has that link, so everyone will be able to click that if you download the slides.

Thanks.

01:08:07

Here is a new one.

"Can you clarify the Reporting Period for ePC-02 and ePC-07 requirements. When does required submission start?"

So, these measures are both currently optional measures for 2023. Requirements to report the data starts January 1st, 2024.

01:08:32

Okay, here's another new question. It's about the Accelerate PI Dashboards that we recently, we recently updated the ORYX reports. And this individual was looking for an email or how do they know when updates are posted.

So currently we're announcing through The Joint Commission online Newsletter. So, we recommend that you sign up for that newsletter. You can go to The Joint Commission webpage, scroll down to the bottom of the page and click Sign Up to receive a notification of the JC Online. The Joint Commission Online comes out every Wednesday and it will alert you. And it has the key updates that are included in each of those editions. And so, you can watch that for any updates to the ORYX policies, as well as education webinars and the Accelerate PI Dashboard updates. We post all of that information in that newsletter, so highly recommend you sign up for that newsletter if you don't already get it.

01:09:40

Thanks. I have a question here about CMS's Hybrid measures.

It asks, "Are the Hybrid measures called HWM and HWR required for Joint Commission for 2024?"

The Joint Commission has not adopted the CMS Hybrid hospital wide readmission or the Hybrid hospital wide mortality measures.

01:10:05

I am scanning through to find any kind of new questions. We've gotten a few questions, a couple questions in here that are specific to chart-abstracted clinical questions. And so, we would like to refer you to the Manual.jointcommission.org site. That is where, again, once again, the specifications manual for the chart-abstracted measures is located there as well as the Question and Answer forum. You can also get to this same website through The Joint Commission main website, going under the Manual page and then to Chart-abstracted Measure Specifications and that location will take you to the Q&A as well.

01:11:22

It seems a lot of people have had similar questions. So, we're just kind of trying to scan through here to identify something as different information that we can give you.

So, here's one from a Freestanding Psychiatric hospital. "If they select IMM-2 as their additional measure. What is going to be the expectation for the submission since it's only two quarters?"

So, because it is a seasonal measure, that's why when I read it off earlier, I said it's available only for first and fourth quarter. So those will be when what you'll submit, when you, when you submit those measures. So, they are not available since it's a seasonal measure and that is programmed within the chart-abstracted module for IMM-2.

01:12:21

I think I have one additional new question that I saw then. I think we're getting pretty close to the end here.

This question was about The Joint Commission requirement to have ePC-06 or PC-06 as required for reporting when CMS doesn't require that measure, and how we consider the burden related to reporting PC-06.

Joint Commission has long prioritized addressing maternal and child health through our Perinatal Care Measure set and the PC-06 Unintended Newborn Complications measure is a high priority for us. I mean, first, unintended newborn complications should be highly preventable and never events. And second, the measure serves as an important balancing measure to PC-02, the Cesarean Birth Rate measure, or a potential unintended consequence of reducing cesarean birth rates could be increased newborn [complication] rates. And so, it's an important measure for us as we focus on maternal health collectively. We have we want to continue to collect data on ePC-06 so that we have sufficient data to take the measure for endorsement, and it's possible that CMS could require it in the future. But it's one of those areas where we have our own evaluation criteria when we consider new measures for our national accountability programs, and we've identified this as a priority.

Great. Thanks, Michelle. Okay, with that, we will hand it back over to Susan Funk to provide the closeout information. Thank you.

01:13:58

Thanks Susan and Michelle and thanks to all of our staff that are in the background that are furiously typing responses to all of your questions.

01:14:08

Just a few closing remarks as we close out the session. One moment. As a reminder, many of you have been asking where to find the slides. The slides are available right now in your Event Resources Pane. You will select the name of the document and it will open another window. And from there you can download and save it or just print it.

01:14:34

To access Pioneers in Quality, the Pioneers in Quality website, visit the link shown on this slide. The follow up Q&A document, some of you have also asked about that and where you'll be able to find it. This is the link where you'll go. So, the Q&A document, the transcript, the slides, and the webinar recording link will all be available on The Joint Commission's website within about 2 to 3 weeks of the webinar. And also, you can also find registration links for other upcoming and On Demand Pioneers in Quality webinars.

01:15:04

Before the session concludes, a few words about the survey. We use your feedback to inform future content and assess the quality of our educational programs. A QR code on the next slide provides access to the survey via your mobile device, and you will also receive an automated email tomorrow that will direct you to the evaluation survey. At the end of the online evaluation survey, when you click submit, you will be redirected to a page from which you can access a PDF CE certificate, and after completing the survey, you will also receive an automated email that includes the link to that CE certificate.

01:15:42

So, with that, thanks to Michelle and Susan for presenting today's content. Thanks to our staff that were in the background answering the questions. Thanks all of you for your really great questions and thanks to everyone who listened in. We're going to leave this slide up for just a few seconds so you can access the QR code. Have a great day!



Questions and Answers

Pioneers in Quality Webinar - 2024 Joint Commission ORYX Performance Measurement Requirements

Broadcast October 12, 2023

<p>How do I get these reports?</p>	<p>Accelerate PI Reports™ are located under "Resources and Tools" within your organization's secure Joint Commission Connect site. From the drop-down menu, select "Accelerate PI".</p>
<p>How do I request access to the PI dashboard through TJC connect... I have a "guest" access and cannot view these reports</p>	<p>You will need to request that a JC Connect administrator at your accredited health care organization (HCO) allow you full access to the Oryx Performance Measure Dashboard Reports and Quality Reports.</p>
<p>Is there a schedule for the release of the two Confidential Measures Reports?</p>	<p>Accelerate PI Dashboard - ORYX reports - The data included in the reports will be refreshed based upon the Joint Commission hospital transmission schedule. Data are updated quarterly for chart-abstracted measures and annually for eCQMs.</p> <p>Quality Measurement Trends and Benchmarks Report - data included in this report will be refreshed annually based upon the Joint Commission data transmission schedule for ORYX performance measures.</p>
<p>Are the suggested benchmarks/recommended ranges for all the various eCQMs compiled anywhere?</p>	<p>Benchmark data for eCQMs can be found within the Accelerate PI Dashboard Reports and Quality Measurement Trends and Benchmark reports. Both reports can be found within your organization's secure Joint Commission Connect site. Select "Accelerate PI" from the Resources and Tools menu.</p>
<p>In the presentation you stated you recently released updated ORYX reports in the Accelerate PI Dashboard. I did not receive an email notification of this, so how do we sign up for notifications?</p>	<p>Currently we announce updates to Accelerate PI reports within the Joint Commission Online Newsletter. We recommend signing up for this. Use this link and scroll to the bottom of the page and click "sign up": https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/joint-commission-online/#sort=%40issuedate%20descending</p>
<p>For TOB-3 how is Tobacco Use Status defined?</p>	<p>Chart-abstracted measure questions related to interpretation (e.g., measure interpretation, patient data outliers, etc.) must be submitted to the Wiki site: https://manual.jointcommission.org/. This ensures that your question is directed to the appropriate clinical lead for the measures and additionally allows us to track queries and response time. If the hospital user does not have a wiki login, there is an option to register after the user clicks on the "log on" icon. Once the user has a wiki login, they can submit clinical questions re: chart-abstracted measures.</p>

<p>Mechanical prophylaxis, VTE-1 The resources guidelines list mechanical prophylaxis as acceptable DVT prophylaxis. Why would it be that for "Reason for no DVT prophylaxis", reasons for both pharmacological AND mech prophylaxis have to be checked.</p> <p>For OP-40, will the time start with the STEMI ECG for patients that have a STEMI on a subsequent ECG? If this is not allowed, this affects many patients they evolve into a STEMI after the initial ECG is not a STEMI.</p>	<p>Please refer questions related to CMS program eQMs to the ONC JIRA eCQM issue tracker: https://oncprojecttracking.healthit.gov/support/projects/CQM/issues/CQM-4133?filter=allissues</p> <p>This is an open forum used to track issues related to CMS program electronic clinical quality measures including questions on implementation e.g., the specifications, logic, code sets, measure intent.</p>
<p>Are the hybrid measures called HWM and HWR be required for 2024?</p>	<p>TJC has NOT adopted the CMS hybrid hospital-wide readmission and hybrid hospital-wide mortality measures.</p>
<p>For clarification, in reference to the comment about aligning with CMS for requiring Critical Access Hospitals to submit eQMs - were you referring to eCQM requirements for Promoting Interoperability? Or for IQR?</p>	<p>According to CMS resources: Critical access hospitals are not included in the Hospital IQR Program but are required to participate in the Medicare Promoting Interoperability Program. More information is available on QualityNet: QualityNet.cms.gov > Hospitals - Inpatient > Public Reporting > Hospital Compare Public Reporting > Participation > Optional Public Reporting Notice of Participation.</p>
<p>When you refer to the TJC not requiring Attestation Structural Measures, does that include the Maternal Morbidity Measure - attesting to participation in a Perinatal Quality Collaborative?</p>	<p>Correct, TJC is not currently collecting data on the Maternal Morbidity Measure.</p>
<p>What is the requirement for new rural emergency hospital?</p>	<p>Rural emergency hospitals are not currently included in the ORYX program.</p>
<p>Will DDSP accept a separate zip file for STEMI since the QRDA format/program info is different, or are you expecting the STEMI files in the same zip as the inpatient measures?</p>	<p>The Joint Commission is following CMS' 2023 Implementation Guide for Quality Reporting Document Architecture Category I for Hospital Quality Report for the upload and submission of STEMI. Specifically, for one patient 2 QRDA files must be uploaded, one for the inpatient eQMs and the other for outpatient eQMs. If a patient data is eligible for both the inpatient and outpatient eQMs, the patient's ED encounter must be included in Outpatient file and Inpatient encounter must be included in the inpatient QRDA file.</p> <p>For more information, please refer to the CMS 2023 HIQR implementation guide (IG) for Category I that is posted to the eCQI Resource Center. Pages 16 and 17 supply information concerning the allowable values for "informationRecipient". The document is available here: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0</p>

For chart abstraction, do you still require submitting all quarters even if the sample is less than 5 for measures like OP-STK and OP-AMI?	Organizations required or electing to submit chart-abstracted measures must submit the entire calendar year (all 4 quarters) unless they are seasonal measures (e.g., IMM-2). Joint Commission's requirements state organizations should only select measures applicable to the services provided and patient populations served. An HCO can still meet the intent of the ORYX requirement if at least one patient is in the initial population per quarter for each measure submitted, and that one patient must be counted for and submitted.
Should there have been data submitted in 2022?	Yes, organizations were required to submit CY2022 ORYX data. Organizations can review what was submitted for CY2022 via their Accelerate PI Dashboard report within their Joint Commission Connect extranet site, and/or within the DDSP by navigating to the CY2022 reporting year and downloading their submission report.
On what date will we be able to upload the 4th Qtr. data from this calendar year and on what date can we submit all four quarters. On what date does submission ability for the year end-what's the last day to submit all 4 Qtrs. for this year?	4Q2023 Chart-abstracted measures can be entered beginning 11/1/2023 and must be completed by the deadline of 3/31/2024. Each month is available starting the 1 st day of the following month. For example, the data entry form for November will be available on 12/1/23. Regarding eCQMs, since all four quarters of data are required, data cannot be submitted until 1/1/2024; the deadline to complete eCQM submission for CY2024 data is 3/15/2024. Please see the ORYX timeline for more information: https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/71008257
If a freestanding psychiatric facility selects IMM as their +1 measure, will they just be submitting 0 denominators for Q2 and Q3 discharges?	IMM-2 is a seasonal measure and data cannot be entered for 2Q and 3Q. Only 1Q and 4Q data is submitted for IMM-2.
Can we submit all the quarters for eOP-STEMI instead of just one quarter?	Yes, you will be able to submit all 4 quarters.
To clarify, the Extenuating Circumstances is limited to 5 CONSECUTIVE years, not limited to 5 requests/approvals in a lifetime? Any other limits to the use of Extenuating Circumstances?	The limit is 5 consecutive years of requesting no submission of data.
For the future measures (2025) HH-PI, HH-AKI, and ExRad, Are the 2025 measures required by CMS? Would those be optional measures (eCQM options we can choose) or required for TJC?	According to CMS resources, these 3 eCQMs are added to the list that hospitals have the option to self-select for reporting beginning with the CY 2025 reporting period. The Joint Commission will assess these measures for inclusion as additional optional measures for ORYX in 2025.
Is the HBIPS-5 and TOB-2 change only for psychiatric hospitals?	The HBIPS-5, TOB-2 and TOB-2a measures have been retired for all hospitals and are not available to submit for CY2024.

The requirement document says the CAM ED2 is still an option, but the slides only show ED1--please clarify	The ED-1 and ED-2 chart abstracted measures remain available for voluntary reporting to TJC.
Will the TJC 2024A specification manual and release notes be updated to reflect the retired measures and other information presented today?	Yes. TJC specifications manual 2024A1 was recently posted and included an update about the removal of the retired measures.
Can we still submit eCQM STK-6 Discharged on Statin Med. in 2024 using 2023 data?	eCQM STK-6 is an available measure for CY2023 and can be submitted to meet the CY2023 ORYX Requirements. The deadline to submit CY2023 eCQMs is available within the DDSP in the eCQM Status box on the Home page.
Re slide 16: if hospital already belongs to NHSN does that meet requirement?	Hospitals will need to join The Joint Commission NHSN Group to share data. Information on the process to join The Joint Commission NHSN Group will be distributed during late 2023 and early 2024.
Who is the person that should join the NHSN group participation as I don't have access to NHSN data as its managed by the infection control dept.	The administrator of the NHSN group at your organization will be the person that will join The Joint Commission NHSN Group.
How will we submit NHSN data...in the DDSP portal?	Data will be entered directly into NHSN, and organizations will give permission for The Joint Commission to access this data. Organizations will not need to enter this data in the DDSP.
Will the NHSN data be pulled out from the NHSN, or do we have to upload it manually to the DDPS site?	The data will be pulled from NHSN, and you will not need to upload it manually to the DDSP site.
Can you comment on Joint Commission's partnership with NQF?	The Joint Commission will continue to offer unparalleled capabilities in healthcare performance measurement; and provide accreditation, performance excellence designation, and performance improvement solutions on key measures that span the full continuum of care. The Joint Commission's Department of Quality Measurement will continue to develop and maintain measures for use in the Joint Commission accreditation and certification programs. More information on the strategic affiliation with NQF can be found on the TJC website: https://www.jointcommission.org/resources/news-and-multimedia/news/2023/08/joint-commission-and-national-quality-forum-join-forces/
What happens if you have a population of 0 for eOP-40?	eOP-40 (ST-Segment Elevation Myocardial Infarction) is not a required eCQM for any group of hospitals. When Large hospitals select their additional eCQMs or Small and Critical Care hospitals choose to submit eCQMs, it is expected that the selected eCQMs are applicable to the patient population and services they offer. If a hospital does not have a population for eOP-40, then they should select another eCQM to submit.

<p>If we report all 4 quarters of data for eOP-40 will that satisfy the requirement for one of the 3 self-selected eCQMs?</p>	<p>Yes – as stated in the “Notes” section of the CY2024 ORYX Requirements document: <i>“If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement.”</i></p>
<p>I thought eOP-40 was voluntary for CMS in 2024. Is that correct?</p>	<p>According to CMS resources the STEMI eCQM (OP-40) adopted in the CY 2022 OPPS/ASC final rule, beginning with voluntary reporting for the CY 2023 reporting period and mandatory reporting beginning with the CY 2024 reporting period/CY 2026 payment determination. OP-40 is optional for TJC submission in 2024.</p>
<p>Help to explain the best way in getting questions answered regarding core measures, INPT, and Out Pt.</p>	<p>Please see our ORYX FAQs "Resources" topic on where to ask questions: https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/37486641</p>
<p>How do we know our hospital is included in the 'large' hospital if there's no more numeric value to gauge our scale?</p>	<p>Refer to the CY2024 ORYX requirements document for details. Hospitals are considered large when ≥ 26 licensed beds OR $\geq 50,000$ Outpatient visits.</p> <p>ORYX uses the information that has been entered into your General Application for Accreditation within E-App which is available within TJC’s HCO Extranet.</p> <p>Additionally, resources on how to determine your organization type/size/requirements were provided in a handout for this webinar, and are also available within the DDSP “Need Help?” – direct link: https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/106496001</p>
<p>How do we notify you if we are submitting chart abstracted PC-06 vs if we choose to submit it as eCQM?</p>	<p>Organizations do not need to notify us how they are submitting PC-06. However, for those choosing to submit the measure as an eCQM, they do need to ‘attest’ in the DDSP. Information on PC attestation is available via the DDSP “Need Help?” - direct link: https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/25231379</p>
<p>I am a brand-new Quality Manager and having difficulty understanding this. Who can I reach out to for further support?</p>	<p>Please review the available resources in our ORYX FAQs, specifically the ORYX 101 video: https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/37486691 If you have additional questions, please send an email to HCOOryx@jointcommission.org.</p>
<p>Will TJC consider vendor-level access to DDSP to ease the burden on Hospitals to grant access to multiple individuals?</p>	<p>Organizations may invite their vendor staff and/or consultants to the DDSP.</p> <p>The organization is responsible for the accuracy and completeness of the data that they submit on your behalf.</p> <p>You can designate them to have access to eCQM and/or chart-abstracted data entry.</p>
<p>Is DDSP where you submit ORYX required information or are these separate requirements?</p>	<p>Correct. The DDSP is where the ORYX required measure data are submitted. See the Measurement page of TJC for additional details.</p>

<p>Greater than or equal to 50, 000 Outpatient Visits, to determine what Oryx requirement bucket we fall into. Does Outpatient visits include all the following, OP ER, OP Therapy, OP Surgery volumes? Thank you</p>	<p>Requirements are derived from the information facilities enter in their Joint Commission Connect site E-App /General Application. The outpatient visit definition includes outpatient visits within a 12-month period, in a hospital setting outpatient visits are counted as one visit for each distinct department. Please contact your account representative if you need further assistance with determining outpatient volume.</p> <p>Organizations can determine their ORYX requirements via the DDSP HCO Characteristics; please see the help topic link for assistance in determining your requirements: https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/106496001/</p>
<p>Is there a way for a corporate office to run a report to determine if their satellite hospitals are submitting rather than entering each hospital in https://www.qualitycheck.org/</p>	<p>Yes, if a staff user has access to all sites within their system on the DDSP, they can view the status of data submission for all those organizations from the DDSP home screen. Quality Check does not include information on if an organization is submitting eCQMs (if applicable).</p>
<p>Will Children hospital Oryx measures be reinstated?</p>	<p>For CY2024, ORYX Performance Measurement Reporting Requirements for Free-standing Children’s Hospitals, Long Term Acute Care Hospitals (LTACHs), Inpatient Rehabilitation Facilities (IRFs), HCOs Participating in CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program and Indian Health Service/Tribal facilities remain suspended. Those organizations who identify ORYX measures applicable to their patient population may elect to submit ORYX data to The Joint Commission via the DDSP if they choose.</p>
<p>HAP Small: If we currently do not have the ability to submit eCQMs to CMS how will that effect our TJC Accreditation?</p>	<p>Small hospitals are not required to submit eCQM data to The Joint Commission for CY2024; there is no impact to TJC accreditation if they do not elect to submit eCQMs to meet their ORYX requirements for CY2024.</p> <p>Review the CY2024 ORYX Requirements document for your organization’s reporting requirements.</p>
<p><i>Questions about PC measure requirements</i></p>	<p><i>See table at the end of this document</i></p>
<p>If you do not have Perinatal at your hospital will you be required to do other chart abstracted measures or will your eCQM submission be enough to meet the requirements?</p>	<p>Large hospitals with no OB services are not required to submit any chart-abstracted measures but may do so if they choose. There is no requirement or expectation to submit optional/substitute chart-abstracted measures. Large Hospitals are required to submit eCQMs per the CY2024 ORYX requirements document posted on our website.</p>
<p>Only PC-06 is required submission? Hospitals are not required to submit PC-01 and PC-05 unless they choose to submit the eCQM equivalents?</p>	<p>The PC-06 measure is required for large hospitals with obstetrical services and may be submitted as a chart abstracted measure or an eCQM. Large hospitals with OB services are also required to submit eCQM ePC-02 and ePC-07. The PC-01 and PC-05 chart abstracted measures will remain available for voluntary reporting. The ePC-01 and ePC-5 electronic clinical quality measures may be selected to fulfill the requirement to report 3 additional eCQMs.</p>

<p>PC-01, PC-02, PC-05 are now optional chart abstracted and no longer a requirement for chart abstracted, correct for large hospitals, correct?</p>	<p>The PC-01, PC-02, and PC-05 chart abstracted measures are no longer required to report but remain available for voluntary reporting.</p>
<p>If we submit eCQMs for PC-02, do we still need submit the Chart Abstract Measure. Also, PC-01 is not listed as a required measure. Do we still submit the measure?</p>	<p>The PC-01 and PC-02 chart abstracted measures are available for voluntary reporting. The ePC-02 electronic clinical quality measure (eCQM) is required for large hospitals that provide obstetrical services.</p> <p>Since PC-02 is now required as an eCQM, DDSP Users will no longer select the 'Attest to submit via eCQM" toggle within the CAM module.</p>
<p>So, PC-01 and PC-05 are now not required for TJC but optional for reporting?</p>	<p>Correct, PC-01 and PC-05 chart-abstracted measures are no longer required for data submission. However, they do remain available as Optional measures.</p>
<p>I'm still trying to understand what the ePC-06 requirement is for hospitals that meet the large/OB requirement. If they choose to submit ePC-06 as an eCQM, does it count as one of the 6 eCQMs? Or will hospitals submit the 3 required eCQMs, 3 self-selected and then ePC-06?</p>	<p>PC-06 is a required measure for large facilities with OB services. PC-06 may be submitted as either a chart-abstracted measure or an eCQM; if PC-06 is submitted as eCQM, it counts towards the eCQM minimum requirement.</p>
<p>Little confused are all PC CAMs required or only 02 and 06 for 2024</p>	<p>Large Hospitals with OB services are required to submit the following PC measures:</p> <ul style="list-style-type: none"> • PC-06 Unexpected Complications in Term Newborns – this may be submitted as either a Chart-abstracted measure or as an eCQM. • ePC-02 Cesarean Birth eCQM required. • ePC-07 Severe Obstetric Complications eCQM required.
<p>PC-01 and PC-05 are required if the departments are seeking certification from where?</p>	<p>The Joint Commission offers certification for a variety of settings, including perinatal care. Information on Joint Commission Certification programs is available on our website: https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/</p>
<p>Can you submit ePC-06 as the chart abstracted measure requirement for large hospitals?</p>	<p>Yes; this is addressed on pages 1 and 2 of the CY2024 ORYX Requirements document as follows: (Page 1): PC-06 - May be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement. (Page 2): For required Perinatal Care Measure PC-06, HCOs may submit the full calendar year of ePC-06 eCQM data instead of the corresponding chart-abstracted measure.</p>
<p>If Large Hospitals with OB servicers are required to submit the following PC measures: CAM PC-06; ePC-02, ePC-07, does this mean that CAM PC-02 can no</p>	<p>Large Hospitals with OB services are required to submit ePC-02 as an eCQM for CY2024 to meet their ORYX requirements. CAM PC-02 can no longer be submitted in place of ePC-02.</p>

longer be submitted in place of the ePC-02 metric?	
Since PC-01 chart abstracted measure is being retired by CMS effective CY2024, is TJC aligning with the PC-01 retirement? Thanks	The PC-01 chart abstracted measure will remain available for optional reporting to TJC. It is no longer Required for Large hospitals to submit. PC-01 will continue to be required for hospitals participating in the Joint Commission Advanced Certification in Perinatal Care program.
Is TJC keeping measure PC-05 Exclusive Breastfeeding for 2024? What about 2025?	The PC-05 measure will remain available for optional reporting to TJC. It is no longer Required for Large hospitals to submit. PC-05 will continue to be required for hospitals participating in the Joint Commission Advanced Certification in Perinatal Care program. Whether PC-05 will remain optional for reporting in CY2025 has yet to be determined.
Why is PC-05 now call "Human milk feeding"?	The name was changed to be more inclusive of donor milk feedings and for birthing persons who do not identify as female and utilize the term chest feeding.
Why is PC-06 being required for submission as this is not in alignment with CMS required eQMs or chart abstraction requirements?	TJC recognizes the importance of tracking newborn complications. The most important childbirth outcome for families is bringing home a healthy baby. While there have been measures developed to assess clinical practices and outcomes in preterm infants, there is a lack of metrics that assess the health outcomes of term infants who represent over 90% of all births. Importantly, this metric also serves as a balancing measure for other maternal measures such as NTSV Cesarean rates (PC-02) and early elective delivery rates (PC-01). The purpose of a balancing measure is to guard against any unanticipated or unintended consequences of quality improvement activities for these measures.
Which measures will be publicly reported on quality check, and which will be available for the data download?	The measures to be reported on Quality Check are indicated on the measure list within the CY2024 ORYX reporting requirements document, under the column heading, "Publicly Reported 2024 (Quality Check)"
I understood you to say that eQMs are not posted today on Quality Check but does The Joint Commission plan to post eQMs on Quality Check in the future?	The Joint Commission continues to evaluate when to begin publicly reporting eQm data and will provide additional information to participating HCOs in advance of posting eQm data on Quality Check.
What are the ORYX requirements for psychiatric hospitals and how best do we capture and present to TJC during survey?	The ORYX Requirements for Psychiatric hospitals are provided in the CY2024 ORYX Requirements document posted on our website. Data submitted on the DDSF can be downloaded as PDF files, and submitted data is provided to organizations via their Accelerate PI Dashboard report via their Joint Commission Connect extranet site.

<p>Is there a table that lists the eCQMs that are available and/or required for CY24 & 25?</p>	<p>The annual reporting requirements and list of available measures for CY2024 are available on the Measurement > Reporting part of our external website or copy and paste the following web address in your internet browser: https://www.jointcommission.org/measurement/reporting/accreditation-oryx/</p> <p>ORYX Requirements are updated annually, typically in late September/early October.</p>
<p>Are there required eCQMs that must be submitted for both hospitals, and critical access hospitals? If they are different from each other, please list which ones are required for each for 2024.</p>	<p>Large hospitals have specific eCQM requirements, as indicated in the CY2024 ORYX document posted on our website. Critical Access Hospitals are not required to submit eCQMs but may do so to meet their ORYX requirements.</p>
<p>In terms of submission requirements, what the difference between 2023 and 2024 requirements?</p>	<p>There are a variety of differences dependent upon organization size/type. See slides 16-22 for "Key Program Updates". You can access both the CY2023 and CY2024 requirement documents on TJC's website: https://www.jointcommission.org/measurement/reporting/accreditation-oryx/</p>
<p>To clarify, TJC and CMS requirements for CAHs do not align. TJC requires 3 self-selected measures and CMS requires 3 self-selected plus OPI-1?</p>	<p>For the Joint Commission, per the CY2024 ORYX Requirements posted on our website, CAHs are required to submit any combination of three (3) measures applicable to patient population/services offered. They may submit chart-abstracted measures and/or eCQMs per the calendar year requirements. OPI-1 may be counted as one of those three measures towards meeting the Joint Commission requirements.</p>
<p>Are there plans to require eCQMs or abstracted measures from LTACH's?</p>	<p>Not for CY2024. The Joint Commission continues to evaluate adding cross-cutting measures in the future to be applicable to a variety of settings and assist organizations with their performance measurement efforts. Suspended organizations may elect to submit data to The Joint Commission if they choose.</p>
<p>When you say free standing psych hospitals must submit 1 additional measure, what are the choices to submit?</p>	<p>Additional measures to choose from for free-standing psychiatric hospitals include the following chart-abstracted measures IMM-2, SUB-2, SUB-3, TOB-3, SDOH-01 and SDOH-2. Refer to the CY2024 ORYX requirements document for details.</p>
<p>Are Freestanding Psych Hospitals required to submit SDOH-01 and SDOH-02 measures to CMS? If I understand correctly, these measures are optional for TJC as a measure, however, will be required by CMS. Can you confirm / clarify?</p>	<p>For The Joint Commission, for CY2024, the SDOH measures are Optional for free-standing psych hospitals, and can be used towards the "self-selected" measure requirement.</p> <p>We are unable to address CMS' requirements. Please reach out to CMS directly.</p>

<p>If a free-standing psychiatric hospital selects IMM-2 as the additional measure to meet new CY 2024 requirements, will the hospital submit data for the influenza season starting on October 1, 2024 until March 31, 2025? According to the slide for Freestanding Psychiatric Hospitals (HAP PSYCH), facilities are required to select 1 measure to be submitted for all four (4) quarters however, IMM-2 has been specified to be collected during the influenza season for only two (2) quarters starting in October and finishing at the end of March of the following year.</p>	<p>IMM-2 is a seasonal measure and data entry is only applicable for 1Q and 4Q.</p> <p>IMM-2 can be used towards the "self-selected" measure requirement.</p>
<p>One page 47, for TJC SDOH in the 2nd bullet, is the year (2024) correct for the content (...January 1, 2024 through March 20, 2024) in the example?</p>	<p>No, the slide showed incorrect dates, it should read: For TJC: Those electing to submit the SDOH measures will do so annually in alignment with the 4Q CAM submission deadline. Example: for the CY 2024 reporting period, hospitals will be able to report these measures in the DDSP from January 1, 2025 through March 30, 2025.</p>
<p>1. How will SDOH Abstracts be reported (Abstract or Portal Entry) 2. What are the elements that are being reviewed in abstract? 3. Will SDOH follow CMS and be only Inpatient or include all Accredited facilities (Clinics)</p>	<p>The same measure specifications and data collected for the CMS SDOH measures will be used for TJC collection. We are using the chart abstract measure module within the Direct Data Submission Platform to collect measure data.</p>
<p>Will algorithms be supplied for the SDOH measures?</p>	<p>Information on the SDOH measures is available on the CMS website: https://qualitynet.cms.gov/inpatient/iqr/measures#tab2</p>
<p>Will Measure Specifications for SDOH 1 and 2 be added to the specification's manual</p>	<p>Since CMS is the measure steward for the SDOH measures, we will be pointing to their specifications. The link to the SDOH specifications on the CMS QualityNet website is posted to the Specifications Manual page of TJC website. This is the same way we handle the specifications for the Outpatient measures.</p>
<p>CMS requires 100% collection on inpatient for SDOH are we doing 100% chart abstract or just sample</p>	<p>The same measure specifications and data collected for the CMS SDOH measures will be used for TJC collection. Information on the measures is available on the CMS website: https://qualitynet.cms.gov/inpatient/iqr/measures#tab2</p>
<p>Will SDOH measures be for an entire year or for a specific number of quarters?</p>	<p>SDOH measures will be submitted annually for TJC. The timeline is in alignment with the 4Q CAM submission deadline.</p> <p>Information on the measures is available on the CMS website: https://qualitynet.cms.gov/inpatient/iqr/measures#tab2</p>

Just confirming that the SDOH measures are optional reporting, correct? If so, are there plans to make them mandatory?	Correct. The SDOH measures are optional for CY2024. TJC has not determined if these measures will become mandatory in the future.
SDOH measure required for free-standing psych hospitals?	The SDOH measures are optional for free-standing psych hospitals, they can be used as the "self-selected" measure to meet the requirement of at least 3 measures.
SDOH measures will be entered manually like the other chart abstracted measures?	Yes, the SDOH measure hospital aggregate data will be entered like the other chart-abstracted measures.
Are you suggesting that SDOH-1 and SDOH 02 have to be manually entered in portal. You do realize it is 100 % all inpatient admissions.	You will be entering the hospital aggregate data only for the SDOH measures, not the patient-level data.
Will Joint Commission be aligning with ONC CEHRT Implantable Device List?	For eCQM data upload and submission, The Joint Commission aligns with CMS on the eCQM version and associated data capture and submission standards needed for each annual reporting period.
What about the ED 2 discrepancy	The eED-2 eCQM has been retired and will no longer be available to fulfill eCQM reporting requirements. The ED-2 chart abstracted measure remains available for voluntary/optional reporting.

Perinatal Care Measures for 2024

Name	Chart Abstracted	eCQM	Accreditation (Large Hospitals with OB Services)	Used in CMS Program
Elective Delivery	PC-01	ePC-01	PC-01* ePC-01*	PC-01**
Cesarean Birth	PC-02	ePC-02	ePC-02	ePC-02
Exclusive Human Milk Feeding	PC-05	ePC-05	PC-05* ePC-05*	ePC-05**
Unexpected Complications in Term Newborns	PC-06	ePC-06	PC-06 ePC-06*	---
Severe Obstetric Complications	---	ePC-07	ePC-07	ePC-07

* Optional for CY2024

** Retired from CMS for CY2024 reporting