ORYX 2025 Performance Measurement Reporting Requirements for Hospitals

Recorded: October 24, 2024

(00:00:06):

Welcome everyone and thank you for joining us today for our Pioneers in Quality Webinar. 2025 Joint Commission, ORYX Performance Measurement Requirements. I'm Susan Funk, an Associate Project Director with the Engagement in Quality Improvement team, and today I'll be serving as this webinar's facilitator.

Before we start, just a few comments about today's webinar platform. Audio is by voiceover 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 in the event that this occurs.

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Although we've listed the organizations that accredit Joint Commission to provide CEs, many other professional societies and state boards not listed accept credits or will match credit from Joint Commission's educational courses.

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The program evaluation and attestation survey is accessible via a QR code, on the final slide, you can scan that QR code with your mobile device. This afternoon, an email with the survey link will be sent to the address each participant used to register.

When you complete the online evaluation survey, after you click submit, you'll be redirected to a page from which you can access your certificate. After you complete the survey, an automated email will also be sent, that includes the link to the certificate.

The participant list learning objectives are, describe 2025 ORYX chart-abstracted and eCQM performance measurement requirements for accreditation, determine 2025 ORYX policies for your organization and locate available resources, regarding ORYX measurement requirements.

All staff and speakers for this webinar 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, Kelly Claytor, and Susan Yendro.

Now to provide an overview of today's content, we will include information about ORYX policy requirements effective Calendar Year 2025. 2025 ORYX Requirements for chart-abstracted and eCQM data submission for Accredited Hospital and Critical Access Hospitals. and Joint Commission measurement resources.

We will not be addressing measure requirements for certification, and system and application function questions. There will be Direct Data Submission Office Hours provided in 2025. With that, I'll now turn it over to Michelle Dardis to begin today's presentation. Michelle, take it away when you're ready.

(00:05:08):

Thanks so much, Susan.

Hi everyone, I'm Michelle Dardis, Director of Quality Measurement at The Joint Commission.

We'll start today with an introductory overview of the ORYX program for Accredited Hospitals and Critical Access Hospitals. The ORYX program integrates performance measurement into the accreditation process. Measurement data are reported to The Joint Commission by accredited organizations via our Direct Data Submission Platform.

Additionally, Joint Commission uses data from public sources like CMS Care Compare and the CDC's National Healthcare Safety Network. Our Joint Commission experts analyze performance to provide performance feedback data to our accredited organizations and for use in the accreditation process. Quality performance data are reported confidentially via Accelerate PI dashboards on JC Connect and our data are applied to continuous improvement. I wanted to briefly summarize the three types of confidential measure reports that are available to participants in the ORYX program. The first is our Accelerate PI dashboards.

These are designed to help healthcare organizations quickly identify areas where their performance is lagging or leading. For each measure, the dashboard shows the organization's performance compared to national, state and Joint Commission accredited organization averages. These reports are current through third quarter 2023 and we'll soon be releasing fourth quarter 2023, which includes eCQM performance for the 2023 performance year.

Our next report is the Quality Measurement Trends and Benchmarks Report. This report supports benchmarking efforts by providing percentile rankings and other comparative data for all measures that are reported to The Joint Commission, as part of the ORYX program. It also helps organizations identify trends in quality measurement over time, providing insights into areas of improvement or decline nationally.

Finally, we have a new report, The Joint Commission's eCQM Demographic Data Quality Report, which is designed to help organizations evaluate the quality of the sociodemographic data they submit for electronic clinical quality measures. This report specifically provides data for PC-02, ED-2a, VTE-1, and the VTE-2 eCQMs, and it was posted to JC Connect in July of 2024.

This report is intended to help organizations assess the plausibility, the accuracy, and the completeness of the sociodemographic data that they are sharing with The Joint Commission and with other organizations who receive QRDA I files. Evaluating and addressing data quality issues with these sociodemographic data elements including race, ethnicity, payer, and sex, serves as an important first step in using eCQMs to stratify measure performance by these variables which can be used to identify and resolve disparities in care.

There are several programs with ORYX Requirements that we'll discuss today. ORYX Requirements are used in three accreditation programs, the Accredited Hospital Program, the Critical Access Hospital program, and the Assisted Living Community program. The focus of today's webinar is on the Accredited Hospital and Critical Access Hospital settings. For Accredited Hospitals ORYX Requirements are further refined by the facility size and the services that you provide.

There are several settings within hospitals that have suspended ORYX reporting requirements. These settings are excluded and exempt from ORYX but may submit data if they choose. This includes freestanding children's hospitals, Indian health and tribal hospitals, long-term acute care hospitals, inpatient rehabilitation facilities and hospitals participating in the PPS-Exempt-Cancer Hospital Quality Reporting Program. If you are a hospital falling into one of these categories and you're interested in participating in ORYX, you can contact us at the hcooryx@jointcommission.org email address provided on this slide.

Before we introduce the Calendar Year 2025 updates, we want to address the current challenges many of you are facing. We know that Hurricanes Helene and Milton had a devastating impact on many organizations we serve and your communities. Our thoughts are with you, your staff, and the patients you serve during this incredibly challenging time. In response, we have preemptively applied extenuating circumstances for all organizations in the White House FEMA Hurricane Disaster Declaration area for hurricanes Helene and Milton. This means that these organizations will have no ORYX data expected or required for third quarter and fourth quarter 2024 or the dates July 1st, 2024, to December 31st, 2024.

These organizations do not need to notify HCO ORYX or complete an extenuating circumstance request. The FEMA list was indicated by affected county, so any organization within any county that's listed received an extraordinary circumstance exemption for all data submitted for the third and fourth quarter. Any organization within those designated areas can still submit data if they're able and willing to do so. We understand that some organizations may need extensions, and some facilities may be permanently affected, so we'll continue to work with you and update information as it's received.

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Now that we've provided some background on the ORYX program, we'll move into the Calendar Year 2025 program updates.

We'll start by introducing the general additions and removals from the program along with the rationales for these changes. After introducing the general changes, we will review changes specific to organizations based on the size and services they offer. In past years, we've required Critical Access Hospitals and small hospitals to report three optional chart-abstracted measures or eCQMs. We are changing this requirement for 2025. For Calendar Year 2025, we are requiring at least one eCQM and two additional measures, which may be eCQM or chart-abstracted to equal a total of three measures and highly suggest hospitals submit the Safe Use of Opioids eCQM to meet their eCQM reporting requirement.

Small and Critical Access Hospitals have been settings for which we did not require eCQMs previously. This was due to the varying EHR adoption status within organizations as well as measure considerations like lack of applicable measures available.

However, these conditions are changing. EHR use is maturing. In 2023, over 75% of small and Critical Access Hospitals that we accredit voluntarily reported eCQMs to The Joint Commission. Additionally, there are many new measures available. Most new measures released for the hospital setting in recent years are eCQMs and they address broadly applicable quality and safety priorities important in Joint Commission accreditation such as Safe Opioid Prescribing and reducing hospital harm events.

Finally, eCQM use in other national programs has also expanded. eCQMs are now used for these settings, in both the CMS promoting interoperability program and through the optional HRSA Medicare Beneficiary Quality Improvement Project or MBQIP, and we believe it's the time, the time is right to introduce eCQM requirements for ORYX as well. An eCQM reporting requirement will enable Joint Commission to apply these data to the evaluation of Accredited Hospital performance on quality and safety priorities.

We understand that this requirement is new to some organizations we serve. We will cover information on training and education for small and Critical Access Hospitals who have not previously submitted eCQMs as we draw closer to 2025. Additionally, if your hospital is truly unable to submit eCQMs, we have a process that exists to submit extenuating circumstance requests, which would allow you to outline the reason for your request.

Next, The Joint Commission is adding three new measures as optional reporting measures that organizations may select to meet their ORYX reporting requirements. For each measure, I'll provide a brief description and a rationale for adding the measure to the ORYX program.

First, we're adding the Hospital Harm Pressure Injury eCQM. This measure evaluates the proportion of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage two, stage three, stage four, deep tissue, or unstageable pressure injury. Hospital acquired pressure injuries are a common patient harm to hospitalized patients. Development of a pressure injury can increase the length of a patient's hospital stay by an average of four days and is associated with a 1.5 to two times greater risk of readmission at 30, 60 and 90 days. Stage three, stage four, and unstageable pressure injuries are considered a serious reportable event by the Agency For Healthcare Research and Quality* [CORRECTION made post broadcast: *National Quality Forum]. Hospital acquired pressure injuries can be prevented through risk identification and prevention practices. Age, severity of illness, comorbidities, high blood pressure, Length of Stay, and Braden score are predictors of pressure injury, and risk can be reduced or avoided with appropriate care and monitoring. For example, regularly assessing and cleaning skin, assessing pressure points, and repositioning patients, and mobilization can be effective prevention strategies. The 2022 Joint Commission quick safety bulletin on pressure injuries details safety actions to prevent pressure injury. The quick safety is available as a PDF in the event resources pane of our webinar platform today.

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This measure is stewarded by CMS and is included in the CMS Inpatient Quality Reporting Program. The measure is endorsed. It was tested in 18 hospitals with two different electronic health record vendors and hospitals of varying bed size, geographic location, teaching status and urban or rural status. Testing results indicated strong measure reliability and validity. The measure was also reviewed by the CMS Measures Applications Partnership in 2022. The application partnership concluded that the measure appropriately includes only cases where a pressure injury develops after a patient is under the care of a hospital. We are adopting this measure as an optional reporting measure beginning with Calendar Year 2025.

The other two measures we are adopting are related. The excessive radiation dose or inadequate image quality for diagnostic computed tomography in adult's measures are specified for the inpatient and outpatient setting, respectively. We are adopting both measures as optional measures organizations may select to meet their ORYX reporting requirements. The ExRad measures provide a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, which is a risk factor for cancer, while preserving imaging quality. They're expressed as a percentage of CT exams that are out of range based on having either excessive radiation dose or inadequate image quality relative to evidence-based thresholds. These thresholds are based on the clinical indication for exam. Imaging safety is a topic of focus in Joint Commission standards in our accreditation process with which this measure aligns. Diagnostic imaging using CT occurs in more than a third of acute care hospitalizations in the US and greater than 90 million scans are performed annually.

There is clear observed variation in the radiation doses used to perform these exams. The inconsistency in how CT exams are performed represents a significant, unnecessary, and modifiable iatrogenic health risk. As there is extensive epidemiological and biological evidence that suggests exposure to radiation in the same range as that routinely delivered by CT increases a person's risk of

developing cancer. It is estimated that 2% of the 1.8 million cancers diagnosed annually in the US are caused by CT exams. The widespread use of CT and other procedures that use ionizing radiation to create images of the body has raised concerns that even small increases in cancer risk could lead to large numbers of future cancers. This measure was also thoroughly tested and is used in a CMS program.

The measures were tested across 16 inpatient and outpatient hospitals and a large system of outpatient radiology practices. Measure testing revealed that the availability, accuracy, validity, and reproducibility were high for all of the measures required data elements. The measure developers also reported that measure testing found that assessing radiation doses and providing audit feedback to radiologists resulted in significant reductions in excessive and unsafe dose levels. The participating test sites also noted that using the measure to assess dosing was helpful for identifying areas for quality improvement.

We will note that the ExRad eCQMs require the use of additional software to access primary data elements stored within the radiology health record. This software translates radiology data into data elements that can be used in the eCQM. Details on this free software are provided in the eCQM measure specification, which is available on the CMS ECQI resource center. If you are interested in selecting these measures, we recommend you collaborate across your quality, IT systems and EHR vendor support teams to determine the feasibility of implementing the processes and technology necessary to collect data and report these measures.

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Finally, we are retiring one measure, the chart-abstracted measure VTE-6, Hospital Acquired, Potentially-Preventable Venous Thromboembolism. VTE-6 is a proportion measure that measures the number of patients who did not receive VTE prophylaxis prior to developing VTE during hospitalization. The measure was removed from CMS programs for Calendar Year 2018 but was retained as an optional measure in The Joint Commission ORYX program.

We are retiring this measure for several reasons. First, this is an inverse measure with consistently low performance. Additionally, the number of hospitals submitting data on this optional measure decreases each year since its removal from the CMS IQR program in 2018, which limits our ability to provide meaningful benchmarking.

For organizations prioritizing VTE prevention, there are alternative measures available, the eCQMs VTE-1, Venous Thromboembolism Prophylaxis and VTE-2, Intensive Care Unit Venous Thromboembolism Prophylaxis support continuous monitoring of organization performance and providing appropriate prevention. These eCQMs are available as optional measures in both ORYX and in the CMS inpatient quality reporting program. Additionally, Critical Access Hospitals participating in the MBQIP program administered by HRSA are also able to report the VTE-1 eCQM as an optional safety measure in that program.

This concludes our summary of general program updates. Next, I'll turn the presentation over to my colleague Kelly Claytor to begin our introduction of requirements by program, size, and services. Take it away, Kelly. Thank you, Michelle.

Good morning and good afternoon everyone. I'm Kelly Claytor, Project Director in the Department of Quality Measurement at The Joint Commission. We provide a link to view annual ORYX Requirements on the external Joint Commission website, so that's jointcommission.org under measurement and reporting, but we have changed the format of the annual ORYX Requirements as part of an accessibility initiative.

You can still navigate to the external Joint Commission website where they've been posted in the past, but now instead of an embedded PDF file, you will find a link which is going to redirect you to our Confluence site.

The landing page within Confluence will let you navigate to ORYX Requirements for the current Calendar Year as well as past years from within the landing page. You can also navigate to those pages via the table of contents in the left sidebar and when you select the ORYX Requirements for the respective year, at the top section of that landing page we cover what's new for the respective Calendar Year as well as the summary of changes applicable to specific organization types.

Below that are the links for the requirements listed by organization type and you can select your organization type to review the requirements and available list of measures. We use the information in organization's Joint Commission Connect Site, General Application or eAPP to determine ORYX Requirements by organization type. We also show that information in your HCO characteristics within the DDSP under the organization requirement tab, so if you're looking for what your organization type is and what your ORYX Requirements are, these are good places to start.

The next few slides are going to contain a list of available measures for 2025, but we also want to touch on a few topics of note.

We'll start with some of the new eCQMs for 2025 and a few of the newer eCQMs from recent years. We want to highlight these measures because some organizations are not keeping up with the annual measure list and this limits their reporting options or prevents them from meeting their ORYX Requirements because they haven't evaluated workflow impacts or implemented system changes, to support data capture for new or modified measures. You want to be certain that you're working with your IT, informatics, quality staff, consultants, or vendors well in advance to select your eCQMs for the 2025 data submission Calendar Year. Make sure that your workflow, data capture and QRDA I file generation can support the eCQMs you intend to submit and verify that you are using the correct eCQM version because new eCQM specifications and value sets are published annually and they're available on The Joint Commission and CMS websites and I'll show you where those are a little bit later in the webinar. We also continue to provide some more familiar eCQMs and those are listed on the slide as well as in your handouts and within The Joint Commission Confluence site for ORYX Requirements.

These are the same measures that have been available for the last several years and are going to continue to be available as optional or required eCQMs to report for 2025 depending on your organization type. We also continue to maintain chart-abstracted measures for those critical access or small hospitals and freestanding psych hospitals using them to meet their ORYX Requirements. These are also available for any large hospitals who choose to optionally report them..

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Next up, Michelle will come back to provide a few key reminders and cover the 2025 ORYX Requirements in detail, Michelle.

Thanks Kelly.

All right, we'll start by reviewing several aspects of ORYX that remain consistent with the 2024 program requirements and we're calling these items reminders. Our first reminder is that The Joint Commission implemented a new decision rule effective January 1st, 2024, regarding participation in ORYX. The ORYX initiative is an integral part of Joint Commission accreditation and compliance with the initiative supports an organization's continuous quality improvement efforts by monitoring key performance areas. An organization may be denied accreditation if they fail to meet the ORYX reporting requirements for two consecutive years. This rule establishes a route for Joint Commission to work hospitals to assure continuous participation and helps us appreciate the reasons an organization may not be able to participate and work with you. The decision rule was first published in the fall 2023 edition update to the Comprehensive Accreditation Manual for Critical Access Hospitals and the Comprehensive Accreditation Manual for Hospitals.

While we're raising this topic as a reminder, I want to stress that very few hospitals fail to meet their annual ORYX Requirements, and that Joint Commission staff proactively contact organizations who we identify as at risk of not meeting their program expectations. Additionally, our established extraordinary circumstances request process, which we've mentioned several times now, enables organizations to request exemption from ORYX for reasons such as emergency or disaster incidents, changes to their electronic health record vendor or other circumstances.

Our next reminder regards the National Healthcare Safety Network or NHSN Joint Commission Group. Beginning July 1st, 2024, many acute care hospitals with ORYX Requirements must join The Joint Commission NHSN group. This requirement applies to organizations that already submit their healthcare acquired infection data to NHSN to meet requirements of a CMS program. Participation in the group is optional for Critical Access Hospitals, where participation in CMS programs is not required. Organizations join the NHSN group through the NHSN platform itself, which grants Joint Commission access to your HAI performance data aggregated to the hospital unit level. No additional data entry or submission to The Joint Commission is required. Joint Commission accesses and uses the HAI data through NHSN directly, so once you join, you're done and most of you have, so thank you to all of you who have joined our group. In the future, we plan to use these HAI data to inform and enhance the survey process.

All right, now let's get to what you've all been waiting for, a review of the requirements applicable to your organization or system. We'll start with the requirements for large hospitals defined as those with greater than or equal to 26 beds or greater than or equal to 50,000 outpatient visits and which provide obstetrical services. The major takeaway for hospitals in this group is that there are no notable changes for you for 2025. So, let's get into what those continuing requirements are.

Large hospitals with obstetrical services are required to report four measures. These are PC-06, Unexpected Complications in Term Newborns, which may be submitted as either an eCQM or a chart-abstracted measure. PC-02, Cesarean Birth submitted as an eCQM. PC-07, Severe Obstetric Complications reported as an eCQM and then the Safe Use of Opioids eCQM.

In addition to the required eCQMs, you are also required to select three additional optional eCQMs from the 16 available, which means large hospitals with OB services are submitting a set of eCQMs.

As Kelly mentioned, if you're interested in receiving trends and benchmarking information for additional quality and safety priorities, you may elect to submit additional measures above and beyond your ORYX program requirements. This includes eCQMs or chart-abstracted measures and on our website you'll find a list of available eCQMs and chart-abstracted measures.

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Next, we'll review requirements for large hospitals, that do not provide obstetrical services. And your major takeaway is also very few changes. There are no notable changes to requirements for large hospitals that do not offer obstetrical services for Calendar Year 2025. So now we'll review your continuing program requirements. Large hospitals without obstetrical services are required to report one required eCQM, the Safe Use of Opioids measure. In addition, large hospitals without obstetrical services are required to select a minimum of three additional eCQMs optional from the list available. And as we mentioned for the previous setting, you have the option to submit additional eCQMs and chart-abstracted measures if you so choose. Moving along we'll address the ORYX Requirements for small hospitals with less than 26 licensed beds and less than 50,000 outpatient visits as well as for Critical Access Hospitals. This group does have changes for 2025.

As we previously mentioned, organizations will be selecting one eCQM plus two additional measures, either chart-abstracted or eCQM that are applicable to the patient population and services they offer. The setting is not required to submit perinatal care measures, but they may do so if it's applicable to their patient population and services offered. So, you are required to submit a minimum of one eCQM from any of the available measures in your measure list. You must also submit two additional measures which may either be eCQM or chart-abstracted that are applicable to the patient population and services you offer.

Next, we'll review requirements for freestanding psychiatric hospitals. This category also has no notable changes for the 2025 Calendar Year. Continuing requirements for the psychiatric hospital setting include the reporting of HBIPS-2, Hours of Physical Restraint Use, and HBIPS-3, Hours of Seclusion Use. Additionally, freestanding psychiatric hospitals must submit a minimum of one additional charted-abstracted measure from the measure list applicable to their patient population and services offered. There are several programs that we've mentioned previously that have suspended ORYX reporting requirements, which we'll review now. The following settings, note have suspended ORYX Requirements, excuse me. These settings include Free-Standing Children's Hospitals, Indian Health and Tribal Hospitals, and HCOs participating in the PPS-Exempt-Cancer Hospital Quality Reporting Program. Now some organizations do optionally continue to participate in ORYX in spite of this suspension and if you choose to do so, you can reach out to hcooryx@jointcommission.org.

Finally, there are several settings for which there are no ORYX Requirements and so we wanted to clarify which settings those are. These include Ambulatory Care Centers, Behavioral Health Centers with the exception of Free-standing Psychiatric Hospitals, Home Care and Home Health, Inpatient Rehabilitation Facilities, Laboratory, Long-term Acute Care Hospitals, Nursing Care Centers, Office-based Surgical Centers, Skilled Nursing Facilities, and Telehealth Entities.

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All right, and with this I'm going to turn it over to my colleague Susan Yendro to provide some insight into how the ORYX Requirements align with CMS reporting programs. Susan.

Thanks Michelle, yeah, hi, I'm Susan Yendro and I'm an Associate Director with the Department of Quality Measurement here at The Joint Commission. I'm going to talk about some of the ways that there are similarities or differences between The Joint Commission and CMS. So, we realize that this can be confusing, and we hope that this section helps you all to clarify a little bit on these similarities and differences. So, on this first slide, wanted to point out that both Joint Commission and CMS are aligned in requiring three eCQMs to be reported. Those include the PC-02, Cesarean Birth Measure, PC-07, Severe Obstetrics Complications, and the Safe Use of Opioids Concurrent Prescribing measure.

Now just to reiterate, Michelle just went over that. For The Joint Commission we have designated different types of hospitals having different types of requirements for The Joint Commission. So, these requirements apply for all large hospitals who must submit the Safe Use of Opioids as well as those large hospitals that provide the obstetric services, also must report PC-02 and PC-07. The Joint Commission and CMS are both aligned in providing an additional list of inpatient eCQMs that are available for hospitals to self-select based on the priorities at the hospitals and this list is very similar.

The following measures are available for both CMS and Joint Commission. We've reviewed some of these already. The Global Malnutrition, the Pressure Injury, Severe Hyper or Hypoglycemia, Opioid Related Adverse Events, Hospital Harm Pressure Injury, oh we have that listed twice, the excessive radiation dose for inpatient, cesarean birth, severe obstetric complications, Safe Use of Opioids, STK-2, -3, and -5 and VTE-1 and -2. Now The Joint Commission has not implemented the measure for hospital harm acute kidney injury. This measure is available starting in 2025 for CMS submission, but it has not been implemented for The Joint Commission and we wanted to make sure that you all are aware of that difference. For outpatients, so both The Joint Commission and CMS are now including eCQMs for the outpatient settings. CMS is phasing them in step by step, increased number of quarters required, and The Joint Commission is aligning with that phased in approach. So, for the outpatient measure OP-40 or the STEMI measure, there are going to be two self-selected quarters that will be required in 2025. The difference here is that for CMS, they have made reporting this measure mandatory, but reporting this measure is voluntary for The Joint Commission. And then the next measure is the OP, excessive radiation dose measure and this measure is voluntary for both Joint Commission and CMS for 2025. Hospitals can submit any quarters of their choosing, but it must be at least one quarter, full quarter to be submitted.

On this next slide we're going to look at the social drivers of health measures, these are two measures. The first one is screening for social drivers of health and the second one is screening positive. The measure is required for CMS. It's an attestation measure that can be submitted on an annual basis from April through May 15th. For example, the 2025 voluntary report, the 2025 Reporting Period, excuse me, that shouldn't say voluntary there, is for hospitals will be reported to the HQR secure portal in April through May, April 1st through May 15th, 2026. For The Joint Commission, those electing to submit this measure will be able to do so annually. Again, this measure is not required for Joint Commission and the example here is that reporting would occur within the DDSP for the same time period that the fourth quarter chart-abstracted measures are being submitted. So that'll be from January 1st, 2026, through March 30th of 2026.

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This next slide we just wanted to reiterate where you can find the measure specifications for this measure. For these measures, The Joint Commission does provide on the specifications page in The Joint Commission website a link to the CMS specifications. CMS is the measure steward for these measures and the measure specifications are available on the website at the qualitynet.cms.gov Inpatient IQR measures tab and the link will be available in the slide deck. For Joint Commission only measures, there are three that are required or that are available for Joint Commission only. They're not used in CMS programs. These eCQMs include the early elective delivery, exclusive human milk feeding and the unintended newborn complications measure. The Joint Commission continues to support these measures as important safety and quality issues and there are many hospitals that continue to work on performance improvement projects in perinatal care and we wanted to maintain these measures for those purposes, and they're included in accreditation and certification programs as well. And, The Joint Commission has retained several measures.

We've retained ED-1, IMM-2, PC-01, and the PC-05 chart-abstracted measures. As with the eCQMs, there are hospitals that continue to have opportunities for improvement in these areas and wish to continue to monitor and benchmark the data. And additionally, there are some hospitals who have had challenges with eCQM implementation, and these chart-abstracted measures continue to provide options for quality improvements for those hospitals.

So, on this slide we're talking about some other CMS measures that are required. There are many more measures required for CMS programs that The Joint Commission has not adopted, for the inpatient quality reporting programs measures that are included for CMS that are not included for The Joint Commission accreditation programs include claims-based measures, hybrid, attestation structural measures, vaccine measures, patient experience and patient reported outcomes, and the step one early management bundle for Severe Sepsis and Septic Shock. We also wanted to point out that within the DDSP and within the information that The Joint Commission utilizes, we've attempted to align with measure short names, the official measure shorten names, the DDSP tool you may see still has original measure short names included in the measure lists there. We wanted to point out that the I or information icon is available. If you hover over the icon, you will see the long measure name displayed.

The Joint Commission will continue to update measure short names in 2025 to more closely align with official sources, but the information icon will continue to be included with the long names for your reference to make sure that you're looking at the measure that you think you're looking at. And then on this final slide, we just wanted to mention that there are several measures that The Joint Commission is considering in the future possibly having them become required.

No decisions have been made yet, but we just wanted to provide some advanced information that the ExRad and the inpatient and outpatient ExRad as well as the hospital harm opioid related adverse events measures are under consideration for the future as they are seen to align with safety and quality goals.

So, we hope this summary has helped to clarify some of these similarities and differences with the CMS and Joint Commission measure reporting requirements for 2025. And next I'm going to hand it back over to Kelly to review available tools and resources to support your ORYX participation, thank you.

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Thank you very much, Susan.

The Joint Commission provides an abundance of resources, but we understand knowing where to look for that information can be a challenge. So, these next slides cover topics such as where to ask questions, where to find information related to ORYX performance measurement, reporting, data submission, and where to find resources for those who are new to performance measurement or those who might be new to the Direct Data Submission Platform. We have a section within the ORYX FAQs and the link to ORYX FAQs is on our website that's called the resources links and abbreviations and that information is for who to contact based on the topic such as ORYX policy, measure interpretation, platform specific information, standards related questions so that your questions can be routed to the most appropriate technical or clinical lead depending on the topic area. So, if you have questions regarding ORYX performance measurement, which will include things like ORYX policy, newly accredited organizations with ORYX Requirements, any issues accessing the Direct Data Submission Platform, you can email hcooryx@jointcommission.org and include your HCO ID number so that we can assist you.

If you have questions about measure interpretation or specifications, there is a have a question link within the specifications on our Joint Commission website and this will take you to the manual.jointcommission.org wiki site. This will ensure that your question is directed to the most appropriate clinical lead for the measure and will also let us track topics that could be identified as areas that maybe need more resources. If you have questions about standards, you can go to the External Joint Commission website and scroll down to the bottom of the landing page to the section that says connect with us. There's a button there on the left that says ask a standards question and this will route you to the standards FAQ page. If you don't find what you're looking for, you can scroll to the bottom of that page and there will be an option to submit a question.

For platform users, any platform DDSP specific questions should be submitted via the DDSP need help link, if you've not been able to find any answers to questions within the available resources. There is an option to create a support ticket at the bottom of that need help window. And this will let us route inquiries to the appropriate technical staff to assist you. And if you are not sure where to ask a question or you have a general inquiry not related to the previously mentioned topics, you can contact your Account Executive, which is indicated in your Joint Commission Connect site, or you can submit a general question on our external jointcommission.org website. There is a Contact Us link in the upper right of the screen and a customer service and general inquiry link at the very bottom of the main page as well.

We strongly encourage you to visit the ORYX FAQs on the Measurement tab within our external website and review the available topics or use the search function to see if there might be content applicable to questions that you might have or subjects that you're trying to learn about. Within the DDSP, there is a "Need Help?" link in the upper right of every page and that will take you to help and resources on the platform specific to the platform including platform specific resources and platform demo videos.

We also want to point out that the help topic for verifying data submission and ORYX Requirements walks you through HCO characteristics on the platform and how those ORYX Requirements and your organization type relate to your facility.

(00:50:20):

Another thing to highlight regarding available resources is that we do receive requests for platform and data submission demo video content and we have that for you. These are also in Confluence and can be accessed via the ORYX FAQs or the DDSP "Need Help?" Button, under Learning and Resources. There are currently sixteen topic specific demo videos available or coming soon. They are listed generally in order of what users need to know. The duration of each video is indicated along with the summary of what's covered and there is a transcript there as well. And we're also in the process of re-recording these videos to improve the sound and accessibility. We're also adding a few additional videos to cover some of the more basics content related to chart-abstracted measures and eCQMs. So, give these a look if you're trying to learn about the platform and data submission and entry on the DDSP. We have combined ORYX and DDSP related help topics. They both redirect or link to the same site that we keep referring to as Confluence. Once you are in Confluence, you can access all available topics through the left-hand side table of contents. This can include things such as our Key Communications, our ORYX Requirements, our ORYX FAQs, platform related topics and demo videos, as well as the chart-abstracted data entry guides.

Organizations have also asked us about webinars that do a deep dive on measure topics. So, we do want to highlight our Expert to Expert series. These are live webinars, and they help to prepare for eCQM implementation for Calendar Year 2025. And these webinars do offer CE credit, and they also have a live Q&A segment with measure stewards. So, we would like you to give those a look. They go into things like measure intent and logic and other clinical and technical aspects of eCQMs, in an effort to support hospitals' quality improvement activities. You might want to visit and bookmark the link on the slide or check back for when the webinar registration pages are made available or to access those recordings later.

We did receive a few submitted questions in advance of today's webinar, so we'll cover those first before moving on to the live Q&A. Many years ago, Joint Commission managed organizations measure selections requiring that we be notified of any changes. We did discontinue that practice some years ago so that now facilities are able to make their own measure selections directly in the DDSP. So, you don't need to notify us in advance. So, if you would like to update your measures for the next Calendar Year, you can do that beginning January 1st. Just be certain that you are choosing measures that are applicable to your patient population and services offered and that you're targeting high-volume, high-risk problem prone areas, providing opportunities for improvement when you are making your selections.

If you begin a Calendar Year submitting additional optional chart-abstracted measures. So, for example, you've been submitting the data for quarters one and two. You're required to submit those measures for the remainder of the Calendar Year, so you can't start or stop measures midyear. The only exception to this policy is in the case of a measure specific unit closure like an OB. When The Joint Commission sends communications regarding ORYX performance measurement, email is sent to the ORYX and primary accreditation contact indicated in your Joint Commission Connect site. If we have platform specific email, we send it to all active DDSP users. When we have communications impacting the majority of organizations, we also post the content of that email on the measurement portion of the website under resources and Key Communications which redirects back to Confluence so any support staff can stay informed. If you are not the ORYX contact or if you are overwhelmed by email, you might want to bookmark that Key Communications page and drop that link into a monthly reminder to go and check and see if there's anything new.

(00:55:28):

We typically try and broadcast information several ways, including our external website in our Joint Commission online resource as well as in perspectives. So aside from the email, aside from Key Communications, these are some other ways that you can stay up to date on what's new.

It's important to note that we do use an emailing system to send out email reminders, which some IT security systems might flag as spam. Be certain to work with your internal IT department to make sure that email from hcooryx@jointcommission.org is getting through to you and it's on a safe sender list. Additionally, you might want to verify that your ORYX contact has not opted out of receiving ORYX related email. If the opt out box is checked in your Joint Commission Connect site for your ORYX contact, this means that your organization is not receiving time sensitive emails such as changes to ORYX Requirements, changes to data submission deadlines or reminders of those deadlines, any notifications that we might send that your organization hasn't submitted required data or isn't meeting requirements, things of that nature. So, you do want to make sure that that box stays unchecked, or you might need to identify a different person able to receive and respond to communications and have them set as the ORYX contact instead. So that is it for me. Next up is Susan Funk to get us started on the live Q&A. Excellent, thanks so much Kelly. We'll now move into the facilitated Q&A segment.

As a reminder, 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. As a reminder, we scheduled this for a 90-minute webinar, so we do have quite a bit of time to try and field your questions. All of the questions that are submitted will be addressed in a follow-up Q&A document.

Susan and Michelle, I'll turn it over to you to begin to moderate the segment. And Susan, I think you offered to go first so I will go on mute and let you take it away. Thank you, let me pull up the questions here.

So, the first question is, regarding NHSN and it asks, "Is NHSN is only applicable to hospitals with CCN, correct?"

So, it's a little more complicated than that. Joining the NHSN group is required for acute care hospitals with ORYX Requirements who also are required to participate in NHSN for a CMS program. So, this will include large acute care hospitals, small acute care hospitals. Joining the NHSN group is optional for hospitals who are not required to participate in NHSN for a CMS program. And these include Critical Access Hospitals, military treatment facilities, veterans' administration hospitals, freestanding children's hospitals, Indian Health, or Tribal hospitals. The NHSN group joining requirement does not apply to entities that are exempt from ORYX and those exempt from ORYX from this ORYX requirement will be the Free-standing Psychiatric Hospitals, Long-term Acute Care Hospitals, Inpatient Rehab Facilities, HCO in the PPS-Cancer-Exempt Hospital Quality Reporting Program.

Thanks, back over to Michelle.

All right, thanks Susan. And if you're wondering, you are also seeing these responses in your question and answer panel, we have a very talented team here in the background taking in questions as we receive them and providing answers. And what Susan and I are doing are reviewing those that have

been flagged for us as the most broadly applicable to attendees on the call, so you can all benefit. So, if you're wondering why we're saying the same things you're reading, it's on purpose.

I'm going to take the next broadly applicable question. It was, "If a hospital is unable to submit eCQM due to certain reasons and has an approved extenuating circumstance, will the hospital submit chart-abstracted measures in place of eCQMs?"

And the answer is yes, hospitals must first request and receive an approved ECR from The Joint Commission for the respective Calendar Year. Then if that organization has an approved ECR specific to eCQMs, we do require them to submit chart-abstracted measures.

(01:00:27):

Okay, the next question of, thank you, this is Susan again, regarding SDOH-1 and SDOH-2 chart-abstracted measures.

"When will a preview of the data entry screen be available? We want to ensure data collection matches the data submission requirements."

So, we don't yet have the date for The Joint Commission tool. Our forms will follow the requirements of CMS SDOH specifications. For SDOH-1, a single Denominator and Numerator will be required. And then for SDOH-02, a single Denominator and five Numerators, that's one for each of the HRSN. The form will calculate the observed rates and allow for zero Denominator case attestation as well, thanks. Great, thanks Susan. Next we have a question about SUB and TOB and whether they're continuing in the program. The SUB-2 and TOB-3 measures are retained for Calendar Year 2025 and the ORYX Requirements posted to our website reflect this.

Thanks Michelle, for the ExRad measure, if a hospital already uses a software to measure their radiation dose, sorry, their radiation dose use, will hospitals be required to use ALARA software instead?

So, The Joint Commission isn't the steward or the measure developer for the ExRad eCQMs. This question, any question really related to the ExRad measures specifications, logic, elements, standards, or resources can be submitted to the ONC, JIRA EQ, sorry, eCQM Issue Tracker and we will provide that link for you within the Q&A document, thank you.

Thanks, we had several people ask about a PDF version of the Specifications Manual, for the chart-abstracted measures.

We are no longer publishing a PDF version of the specs manual as our web version is 508 compliant and meets ADA accessibility requirements. If you are looking for print versions of the manual, you can PDF sections of the web version by clicking on the browser menu and then printing them to Adobe PDF.

Okay, this next question is related to specifications also, but this one is asking, "Where can we find technical specifications for all measures, specifically the new eCQMs for optional selection." So, for eCQMs used by both The Joint Commission and CMS, those specifications are available on the eCQI resource center. If you're looking for those Joint Commission only eCQMs, the specifications are available on The Joint Commission website, under the Measurement tab. There is a link to the eCQI

resource center there as well on The Joint Commission webpage with our specifications. And again, we'll include a link where you find that in the Q&A document that will be posted.

Thanks, another eCQM question was, "When and who do Critical Access Hospitals need to communicate which eCQM they're selecting for reporting?"

And Kelly covered this in her Q&A slide, but I'll state it again because this is a new requirement for Critical Access Hospitals, you don't need to communicate which eCQM you're selecting until the time you submit. This was a change we made a few years ago. So, the act of submitting data itself is how you notify Joint Commission. However, if you're selecting a Perinatal Care eCQM as your optional measure, we do want you to go into the chart-abstracted measure module and click to attest to submitting as an eCQM for those PC measures, this helps us track which measure format you're reporting in.

(01:05:04):

There's a couple questions here about PC-06.

This one's asking on slide 28, "Isn't PC-06 Unexpected Complications in Term Newborns, a mandatory reportable chart-abstracted measure?"

And the answer is PC-06 is a required measure for HAP, for hospitals that are large and have OB services. The measure may be reported as either chart-abstracted or eCQM to meet this requirement. So, it's the hospital's choice, which version of the measure they select to submit.

And the next PC-06 related question is, "If we choose the PC-06 eCQM, will we report quarterly or annually?" The answer is that eCQMs are submitted annually and PC-06 is included if that's submitted as an eCQM. Thanks Susan, I'm going to hop down to another OB related question, we have one here. To clarify, large hospitals with OB services will have four required eCQMs plus three additional measures for a total of seven eCQMs?

That's the question. And this goes right along with what Susan was saying. You could look at this as six required eCQMs, but seven eCQMs, if you select to report EPC-06 in place of the chart-abstracted measure. There's three required measures, PC-02, PC-07, and Safe Use of Opioids. Then PC-06 may be submitted as either chart-abstracted or eCQM. And if you submit it as an eCQM, it counts towards your total eCQM minimum requirement. In addition to these measures, you would submit additional measures up to a total of six eCQMs. So, if you're submitting PC-06 as an eCQM, it kind of counts twice for you. It meets your EPC-06 reporting requirement, and it is one of your optional eCQMs that you've selected. I hope that helps.

Okay, I'm going to go to this.

"If we select OP-40 as an eCQM, how many quarters are required?"

So, if OP-40 is reported, two self-selected quarters are required and will count as a complete measure towards meeting your eCQM requirements. So, for 2025, there it is two quarters that are required.

Thanks.

We have a question here for Free-standing Psych Facilities, "Free-standing Psych Facilities still do not have to report eCQM data. Is that correct?"

Yes, that is correct. We still do not have eCQMs required for Free-standing Psych Facilities.

Okay, so this question is on slide 58.

"It says the submission period for those electing to submit SDOH measures is January 1st through March 30th, 2026. I thought the first submission was January 1st, 2025, through March 30th, 2025, can you clarify?"

Yes, so if you're submitting the 2024 Calendar Year measures for SDOH measures, yes, you will submit them from January 1st, 2025, to March 30th, 2025. Regarding the 2025 requirements, if you choose to submit those measures in 2025, those will be due in the first quarter of 2026. Thank you for that question.

Thanks, we have some questions here around future measure requirements. So, I think I could try to take a couple of these at the same time.

The first is, "Will the OP-ExRad measure be required starting in Calendar Year 2026?"

The answer is we haven't made decisions for our Calendar Year 2026 reporting year yet. I know CMS posts in their IQR rule their plans for several years in advance. We have not made decisions on 2026. We are looking at the ExRad measures. It's very well aligned with the structure and processes that we evaluate in the survey process. And so, these measures are of interest to us, and we're interested to learn from your experiences, for those of you who select to use them in 2025. They're measures we may potentially require in the future, but we have not established any Calendar Year 2026 requirements yet.

There was also a question here regarding the opioid related adverse events measure.

The person notes that, "CMS is not requiring that measure until Calendar Year 2027, would Joint Commission require this before CMS requires it?"

And kind of the same answer there, we determine our requirements each year and have not made determinations for future years. So, we do closely follow what CMS is putting out in the IQR proposed rule and final rule and align where possible, but also want to use measures that meet our program priorities. So, we'll provide information on measures for future years at a later date.

(01:10:37):

Okay, I'm going to shift to this question about PC measures.

"Would we need to notify if we choose to submit a PC measure as an eCQM instead of CAM? So, with that PC-06 example, if you choose to submit it as an eCQM?"

So, if you are submitting any of the PC measures as eCQM, please go ahead into the chart-abstracted measure module within the DDSP and attest to submitting as eCQM, for each of the PC measures you plan to submit as eCQMs. You only need to do this once for each Calendar Year for each PC measure and then you'll submit your eCQM measures along with appropriate timeline.

Thanks Susan, we have a question on quality check.

"What is the status of the quality check report?"

And I will assume that this question is referring to the previous quality check website where we had organization information on measure performance and the downloadable file with measure data. The quality check website has been replaced with a new website called Find Accredited Organizations. This new website does not include performance measurement data. Our Accredited Hospitals and Critical Access Hospitals can still access their hospital specific data as well as national and state trend data through JC Connect. But at this time, we are not providing these data publicly.

Okay, here's another PC measure question about whether PC-02 will still be available as a chart-abstracted measure as an elective measure.

And yes, the chart-abstracted PC-02 will still be available in 2025 as an elective or optional measure.

Thanks Susan.

The question here, "Is it acceptable to submit a measure that did not yield eligible encounters for the entire year, or should we select another?"

Organizations should be selecting measures applicable to their patient population and services offered for which they anticipate patient encounters. So, for this reason, we would not accept submitting a measure that did not yield eligible encounters for the entire year. As we mentioned earlier, there are many new measures available and as your EHR vendor and your organization is able to adopt those, we're confident that many of those should be broadly applicable to inpatient services.

Okay, so this next question is, "Is it acceptable to utilize national rates for an internal performance comparison or is there another benchmark for us to use?"

So, organizations should review their data for trends and quality improvement opportunities along with the national and state rates for measures. So, all three are appropriate to utilize for finding opportunities for performance improvement.

(01:15:04):

I realize I've been talking on mute. I was going to take a question about the DDSP and it was around how you can get your vendor access to the data submission platform to submit on your behalf. The responsibility to add users to your workspace is the responsibility of your direct data submission platform security administrator, which is a person within your organization, The Joint Commission does not add users to your workspace on your behalf. So, you would need to connect with your security administrator who can add the appropriate vendor staff.

I realize I've been talking on mute.

I was going to take a question about the DDSP, and it was around how you can get your vendor access to the data submission platform to submit on your behalf.

The responsibility to add users to your workspace is the responsibility of your Direct Data Submission Platform Security Administrator, which is a person within your organization. The Joint Commission

does not add users to your workspace on your behalf. So, you would need to connect with your Security Administrator who can add the appropriate vendor staff.

Okay, this is another question on PC-06, asking if the measure name had changed, the slide called the measure Unintended Newborn Complications. The measure name I'm familiar with is Unexpected Complications in Term Newborns. There is no change to the measure name. We apologize for the mismatch between the slide and the measure list.

Okay, Michelle.

(01:15:28):

Thanks, another question.

"When should we expect live webinars for the 2025 ePC-02 and ePC-07 updates to be available?"

These webinars are administered through the Expert to Expert webinar series and the Expert To Expert webinar series for 2025 Annual Updates will launch in December 2024 and run through March of 2025. Registrants for today's webinar will receive an invitation to register for those webinars as registration opens.

Okay, I'm going to jump down here to this.

"I see the HH-AKI is not available for Joint Commission submission. Are we able to submit the same QRDA I file we used for CMS if we include this measure, or do we need to remove this before submission? We submit all available eCQMs as they come out, thank you."

The Joint Commission will be able to accept a QRDA I file that contains HH-AKI. We ignore any data that is not specific for any measures included in the file that we do not use.

All right, a question on our process for attesting to eCQM submission for PC-06.

"Will the PC-06 eCQM attestation carry over from Calendar Year 2024 reporting, or is this something we'll need to do after March 2025?"

The answer is for CAM attestation submitting eCQMs, you do need to reselect this every year as your selections may change. Our 2025 data entry should open in February and at that point you could make the attestation, and you only need to do it once for the entire year.

Okay, I'm going to take this question here that's asking about a one-page PDF document to show the Calendar Year 2025 measures for large hospital as you posted in 2024.

So again, our formatting has changed to allow for us to be 508 compliant and good stewards for accessibility. So, we don't have a posted PDF version of the ORYX Requirements. However, the ORYX Requirements within Confluence can be exported as a PDF file. So, you'll look for those three dots up in the upper right-hand corner and then you'll be able to go in there and you'll be able to select to download a file as a PDF.

Thanks, I'm going to take a question on the quality check site. Another question on quality check. "Has The Joint Commission shut down the quality check site where we had the ability to download

data to calculate benchmarks?" So, I am assuming that this participant was accessing the data download file and potentially developing local benchmarks using the available data. That's just a guess.

The answer is pretty similar to what I previously said that Quality Check website's been replaced with find accredited organizations. And at this point we're not posting performance data on find accredited organizations. So, if you are looking to download a data set to establish benchmarks, I would refer you to CMS Care Compare to use their available data. Given the alignment across our measure sets, you would find most measures available on Care Compare.

Okay, this question is regarding, "Is there a specific month when we need to log in if PC measures are intended to be submitted as an eCQM?"

So, you're going to want to select the first quarter in which you are saying that you will be using the eCQM. So typically, this is going to be the first quarter of the year, so you're going to want to get in there in the first quarter and attest to submitting PC measures as eCQMs.

Thanks. I'm looking for a question we haven't already answered.

Here's a general one, a couple on, "How can I follow up offline with the questions I've asked on this call?"

Some specific scenarios and follow up to questions we've responded to. If this applies to you, please email us at HCO ORYX, that's HCOORYX@jointcommission.org and please be sure to include your HCO ID and we'll get back to you about your specific circumstance.

(01:20:26):

Okay, I'm not seeing any unique question that we haven't addressed yet unless Michelle is seeing something new or different. I think we will turn it over to Susan for the final slides.

I think that one may be worth addressing that I don't know that we read was the link to the FEMA list.

"Where's the link to that list to confirm if your organization is on it?"

And we provided a link in the response to that individual question. We'll also include that link in the Q&A document that we post following the webinar.

Great, thanks Michelle. And with that I think we'll turn it back over to Susan Funk to review the final slides for today.

Excellent, as a reminder, and we've mentioned this a few times, but just to make sure we are completely transparent, any questions that we either did not answer today or that we answered live will be included in a written follow-up Q&A document. And with that, I will do the closeout slides here.

To access the recording and slides from today's broadcast specifically, use the same link that you used to register and join. You may be asked to enter a few fields before the recording starts. That recording will be available about two hours after this broadcast concludes. A captioned version of the recording will be posted within a couple weeks on The Joint Commission's website at the link provided on this slide. And this is also a good address to bookmark because this is where we post all

of the Pioneers in Quality recording links, slides, transcripts, and when applicable, Q&A documents. So just keep in mind that's a good page to bookmark.

So now to close out with the CE related information, a reminder about the CE survey, we use your feedback to determine education gaps and your organization's educational needs. We use it to inform our future content and assess the quality of our educational programs. As explained earlier, a QR code is provided on the next slide. If you prefer to take the CE survey later, an automated email also delivers that survey link. At the end of that survey, when you click "Submit", you'll be redirected to a page from which you can print or download a certificate that you will complete by adding your name and credentials. In case you log off without downloading or printing your certificate, an automated email will also be sent to you that includes that link and that email will be sent to the address that you used within the CE survey.

And finally, to close out, we will keep this slide up for a few moments for those that wish to use the QR code. While you're doing that, I want to just thank a few people. Thank you Michelle, Susan, and Kelly for developing and presenting the content. Susan and Michelle for facilitating the Q&A segment.

Thanks to our team that were in the background, furiously typing in responses to all of the questions. And finally, thanks to all of you that attended today, we'll pause on this slide for just a few more moments for those that wish to scan the QR code to go to the CE survey.

And with that, everyone, have a great day.