

Questions and Answers

Pioneers in Quality Webinar: 2025 Joint Commission ORYX Performance Measurement Requirements for Hospitals

Broadcast: October 24, 2024

Question	Answer
Is there a 1-page pdf document to show CY2025 measures for a large hospital as you had posted for CY2024. Thanks	We did not post a PDF version of the ORYX requirements, however the ORYX requirements within Confluence can be exported as PDF file.
I know we can print a PDF, but is there an Excel file available to make it easier to create a Gap Analysis?	We do not provide an excel file of the ORYX requirements. The link to the ORYX requirements and list of available measures by organization type is available on the external Joint Commission website, under "Measurement" > "Reporting": https://www.jointcommission.org/measurement/reporting/accreditation-oryx/
What is 508 compliance?	Section 508 compliance is the practice of ensuring information made available on websites is accessible to people with disabilities.
Has a benchmark been set for ePC-07 or eHH-03?	No benchmarks have been determined for the PC-07 Severe Obstetric Complications eCQM or the HH-ORAE Opioid Related Adverse Events measures.
Do we have 2023 national rates for eCQMs?	2023 national rates for eCQMs have not yet been finalized or published.
Where or what is the link to access the Benchmarks reports?	The Trends and Benchmark Reports for HAP and CAH ORYX measures are located on the JC Connect Site, on the Accreditation tab under Accelerate PI. You can access the JC Connect log in from The Joint Commission website https://www.jointcommission.org/
Are the benchmarks on eCQMs and CAMs the same. For example, if PC-6 is submitted as an eCQM, are there benchmarks as eCQMs and CAMs? Or would there only be one benchmark?	The Accelerate PI report has separate benchmarks for the chart-abstracted and eCQM version of the same perinatal care measure.
Is it acceptable to utilize national rates for internal performance comparison? Or is there another benchmark for us to use?	Organizations should review their facility data for trends and quality improvement opportunities along with the National and State rates for the measures.
When and who do HCOs need to communicate which eCQM they will be reporting?	HCOs communicate which eCQMs they are submitting at the time of submission within the DDSP. The act of submitting the data is TJC's notification. HOWEVER, if an organization with OB requirements is submitting any of the required PC measures as eCQMs, they should navigate to the chart-abstracted measure module and "attest to submitting as eCQM" for each PC measure. PC attestation is completed once annually for each applicable measure.
Is there a way to "watch" the TJC Confluence site to receive updates each time resources are updated?	Information on when a page was last updated is included in the header of each page. Confluence is a third-party site (atlassian.net) that The Joint Commission utilizes to house information. Currently there is not a "watch" function.
How do we give vendor access for data submission if the EHR team uploads data for my organization?	Your organization's DDSP Security Administrator(s) will need to invite the specific individual(s) from the vendor that will be engaged in submitting eCQM data for you. The Joint Commission does not invite staff to an HCO's workspace.

What is the link to check the FEMA list?	We obtained the list of impacted counties via the FEMA website: https://www.fema.gov/about/news-multimedia/press-releases
If a hospital is unable to submit eCQMs due to certain reasons and has an approved extenuating circumstance, will that hospital submit chart-abstracted measures in place of eCQMs?	Hospitals must first request and receive an approved ECR from The Joint Commission for the respective calendar year. Organizations with an approved ECR specific to eCQMs, will be required to submit chart-abstracted measures.
When should we expect live webinars for 2025 ePC-02 and ePC-07 updates to be available	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 when registration opens.
Is TJC considering ExRad Dosing for Peds?	The measure is currently specified for adults 18 years of age or older. TJC is not the measure steward or developer for the ExRad eCQMs. Questions related to the ExRad eCQM specifications, logic, data elements, standards or resources can be submitted to the ONC JIRA CQM Issue Tracker: https://oncprojecttracking.healthit.gov/support/projects/CQM/issues/CQM-7363?filter=allissues
For the ExRad measure, if a hospital already uses a software to measure their radiation dose use will hospitals be required to use Alara software instead?	TJC is not the measure steward or developer for the ExRad eCQMs. Questions related to the ExRad eCQM specifications, logic, data elements, standards or resources can be submitted to the ONC JIRA CQM Issue Tracker: https://oncprojecttracking.healthit.gov/support/projects/CQM/issues/CQM-7363?filter=allissues
Will HH- PI eventually be Required in the coming years?	TJC ORYX requirements are determined each year, generally in the Fall timeframe for the following reporting year. Requirements for reporting years beyond 2025 have not yet been determined.
CMS is not requiring HH-ORAE until CY 2027, would TJC require this before CMS requires it?	The Joint Commission is considering requiring the measure in the future, but no determination has been made. TJC ORYX requirements are determined each year, generally in the Fall timeframe for the following reporting year.
Will the OP-ExRad measure be required starting in CY2026?	For TJC the Ex Rad IP and Ex Rad OP may <i>potentially</i> be required in the future. The 2026 ORYX requirements have not been decided yet. Typically, the measures are reviewed, and a decision is made in the Fall. CMS has indicated the OP-ExRad measure will become required in CY2026.
Can you please revisit the Large hospital eCQM requirements w/ large OB services.	We provide full documentation of the ORYX requirements for CY2025 on our website. The link to the ORYX requirements is available on the external Joint Commission website, under "Measurement" > "Reporting": https://www.jointcommission.org/measurement/reporting/accreditation-oryx/
To clarify-- large HAPs with OB services will have 4 required eCQMs plus 3 additional measures for a total of 7 eCQMs?	HAP Large w/OB are required to submit a total of 3 required eCQMs: PC-02, PC-07, Safe Use of Opioids, and a minimum of three (3) additional eCQMs applicable to patient population/services – totaling 6 eCQMs. Additionally, they are required to submit PC-06 which may be submitted as either a Chart-abstracted Measure or an eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement. Reminder: If submitting PC-06 as an eCQM, PC attestation in the chart-abstracted module is required.
In slide 24 it says that SUB 2 and TOB 3 measures will be retired effective 12/31/2024. However, in slide 49 these measures (SUB 2 and TOB 3) are available for freestanding psychiatric hospital to select from. Can you please clarify the status of SUB 2 and TOB 3?	SUB/TOB measures are retained for CY2025. Please refer to the posted ORYX requirements on our website.

<p>NHSN is only applicable to hospitals with a CCN, correct?</p>	<p>Joining the NHSN group is required for acute care hospitals with ORYX® requirements who are also required to participate in NHSN for a CMS program, including:</p> <ul style="list-style-type: none"> • Large Acute Care Hospitals • Small Acute Care Hospitals <p>Joining the NHSN group is optional for hospitals who are not required to participate in NHSN for a CMS program, including:</p> <ul style="list-style-type: none"> • Critical Access Hospitals (CAH) • Military Treatment Facilities • Veterans Administration Hospitals • Free-standing Children's Hospitals • Indian Health / Tribal Hospitals <p>The NHSN group joining requirement does not apply to entities that are exempt from this ORYX requirement, including:</p> <ul style="list-style-type: none"> • Freestanding Psychiatric Hospitals • Long Term Acute Care Hospitals (LTACHs) • Inpatient Rehabilitation Facilities (IRFs) • HCOs in PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program
<p>For clarification of the NHSN, a freestanding psychiatric hospitals who DO submit ORYX requirements would be expected to join/submit?</p>	<p>Joining The Joint Commission NHSN Group is not applicable to Freestanding Psychiatric Hospitals, as the current focus is hospital acquired (i.e., infection related) conditions.</p>
<p>So, CAH are not required to be a part of NHSN or report anything at all to NHSN?</p>	<p>CAHs are not required to join The Joint Commission NHSN group but may do so if they choose. We cannot confirm the requirements for CAHs related to other programs.</p>
<p>If we select OP-40 as an eCQM, how many quarters are required</p>	<p>If OP-40 is reported for CY2025, two (2) self-selected quarter are required and will count as a complete measure / towards meeting the eCQM requirement.</p>
<p>What if we selected eOP-40 but did not have any IPP cases pull in for all 4 quarters?</p>	<p>For CY2024, if OP-40 was selected, only 1 quarter was required.</p> <p>For CY2025, if OP-40 is selected, only 2 self-selected quarters are required.</p> <p>If OP-40 is selected, it counts towards the eCQM requirement.</p> <p>If you do not anticipate having a patient population for a measure, we encourage submitting a different measure.</p>
<p>OP-40 has several issues with its' specifications. Has TJC considered reviewing all the issues posted on the JIRA ONC page before finalizing the requirements for submission? I understand that CMS requires one quarter of data for 2024 and has not yet acknowledged the issues with the measures.</p>	<p>OP-40 is optional for The Joint Commission for both 2024 and 2025 for all hospitals. We monitor for measure issues, updates to specifications and participate in national eCQM collaboration meetings and discussions. There are 2 known issues for eOP-40 listed on the eCQM Known Issues list on the eCQI Resource Center. Please see links below for more information on the specific issues. Issue 1 has been resolved for CY2025 and issue 2 has been resolved since CY2023.</p> <ol style="list-style-type: none"> 1. https://oncprojecttracking.healthit.gov/support/browse/EKI-30: This issue is related to 2 codes that overlap causing cases to be excluded instead of passing the numerator. 2. https://oncprojecttracking.healthit.gov/support/browse/EKI-25: This issue pertains to missing a specific code(s) in the valueset Thrombolytics Adverse Event used in Denominator Exclusion logic.

Will OP eSTEMI be required for reporting?	OP-40 Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) is voluntary for 2025 reporting to The Joint Commission but required for CMS. Two (2) self-selected quarters are to be submitted.
Is it acceptable to submit a measure that did not yield eligible encounters for the entire year? Or should we select another?	Organizations should select measures that are applicable to their patient population / services offered, for which they anticipate patient encounters. We encourage you to review the Standard in your manual applicable to ORYX - APR.04.01.01
For perinatal measures, can we submit partial year chart abstracted and partial year eCQM?	No; measures must be submitted for the entire calendar year. The only exception is in the case of a unit closure.
Slide 28 - isn't PC-06 Unexpected Complications in Term Newborns a mandatory reportable chart abstracted measure?	PC-06 is a required measure for HAP large hospitals with OB services. The measure may be reported as chart-abstracted or eCQM to meet this requirement.
If we chose the PC-06 eCQM, will we report quarterly or annually	eCQMs are submitted annually, including PC-06 if submitted as an eCQM.
Is PC-02 as a chart abstracted measure still accepted as an elective measure?	Yes, the CAM PC-02 will still be available in 2025 as an elective / optional measure.
Will the PC eCQM attestation carry over from CY 2024 reporting or is this something we will need to do after March 2025?	No; CAM attestation for submitting eCQMs must be reselected every year. Our 2025 data entry should open in February, and you can make the attestation at that point. Attestation is completed annually for each applicable PC measure.
Did the measure name change for PC-06? the slide called the measure "Unintended" Newborn Complications. The measure name I am familiar with is "Unexpected Complications in Term Newborns"	There was no name change for PC-06 - we apologize for the mismatch between the slide and the measure list, the correct name is: Unexpected Complications in Term Newborns.
Would we need to notify if we choose to submit a PC measure as eCQMs instead of CAMs?	<p><i>Small Hospitals and CAHs with OB services:</i> are not required to submit PC measures but may do so if they choose. Small Hospitals and CAHs with OB services submitting eCQM PC measures do not need to attest.</p> <p><i>Large Acute Care Hospitals with OB services:</i> have specific eCQM PC requirements. If they are submitting the required PC-06 measure as an eCQM, they must attest to submitting as eCQM in the chart-abstracted measure module during 1Q2025. Attestation is completed annually for each applicable PC measure.</p>
Can you clarify the use of diagnoses from the Problem List in the logic for ePC-02 and ePC-07, when those items do not always meet the scrutiny of the coding process and can cause a case to be in the numerator when nothing else supports this.	Please submit questions related to the PC-07 eCQM specifications, logic, data elements, standards or resources to the ONC JIRA CQM Issue Tracker: https://oncprojecttracking.healthit.gov/support/projects/CQM/issues/CQM-7363?filter=allissues
Free-standing psych facilities still do not have to report eCQM data, is that correct?	That is correct, there are no applicable eCQMs for Free-standing psych facilities.
Please clarification: for free standing psych hospital: SDOH measures are voluntary in 2024 but required in 2025 data collection?	For The Joint Commission, the SDOH measures are still optional for free-standing psych hospitals for CY2025 data.
I see the HH-AKI is not available for TJC submission. Are we still able to submit the same QRDA I file we use 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 is able to accept a QRDA-I file that contains HH-AKI. Non-applicable measure data is ignored by the DDSP.

Has The Joint Commission shut down the Quality Check site where we had the ability to download data to calculate benchmarks?	The Quality Check website has been replaced by the new Find Accredited Organizations page. Performance data are not posted on Find Accredited Organizations. Accredited hospitals and critical access hospitals can access hospital-specific data as well as national and state trend data through JC Connect in their Accelerate PI Dashboard.
Regarding SDOH-1 and SDOH-2 chart abstracted measures. When will a preview of the data entry screen be made available. We want to ensure data collection matches the data submission requirements.	<p>We do not have a date yet. Our data entry screen follows the requirements of CMS' SDOH specifications:</p> <p>For SDOH-1, a single denominator and numerator. For SDOH-2, a single denominator and 5 numerators (one for each HRSN).</p> <p>The platform will calculate the Observed Rates and allow for "Zero Denominator Case Attestation".</p>
On slide 58, it says the submission period for those electing to submit the SDOH measures is Jan 1, 2026, thru March 30, 2026. I thought the first submission was Jan 1, 2025, thru March 30, 2025. Can you clarify?	SDOH data is submitted to the DDSP with the 4Q cycle. So, for CY2024 data the DDSP will be available for SDOH data submission from 1/1/2025 through 3/31/2025. For the CY2025 measurement period, SDOH measure data can be submitted from 1/1/2026 through 3/31/2026.
Can we find technical specifications for all measures, specifically the new eCQMs for optional selection?	<p>eCQMs used by both TJC and CMS, the specifications are available on eCQI Resource Center. For Joint Commission-only eCQMs, the specifications are available on our website under the "Measurement" tab. There is also a link to the eCQI Resource Center on TJC's web page.</p> <p>Here is the link to the TJC measure specifications page: https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/</p>
Will a PDF version of the Specifications Manual 2025 be available prior to January 2025?	The PDF version of the manual is no longer being published. As an alternative option, users can PDF each section of the web version by clicking on the ellipsis in the browser menu, then click Print and select Adobe PDF.
For hospital accreditation, do we have to report outpatient for ORYX or do we only report inpatient to ORYX?	Currently there are no required OP measures for TJC accreditation, however OP measures are available options for self-selected measures. Please review the measure requirements and measure specifications applicable to your organization type, to determine what populations are included in a measure.
I missed this. PI accelerate Dashboard is updated through what year/quarter?	At the time of the webinar recording the Accelerate PI Dashboard ORYX reports were current through 3Q2023. The 4Q2023 Accelerate PI Dashboard reports are now posted.
Is there a formal selection process for Chart Abstracted measures?	There is no formal selection process. We do strongly encourage organizations to review the Standards for ORYX (APR 04.01.01) because organizations should be selecting measures with opportunities for improvement.
Is it mandatory to voluntary report OP-ExRad for 1 quarter?	OP-ExRad is not mandatory. For CY2025, if submitted, organizations only need to report 1 self-selected quarter.
Is there a specific month when to log in if PC measures will be submitted as an ECQM?	Organizations should attest to submitting ePC-07 during the first calendar quarter if possible.
Please repeat the SDOH dates.	2024 SDOH data entry will be available from 1/1 to 3/31 2025.
Is it the NQF lists the Serious Reportable Events?	<p>That is correct, Serious Reportable Events are listed by the National Quality Forum (NQF).</p> <p>https://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx</p>
Do you send the recording so I can relisten to sections at the end of the program.	A captioned recording will be available on the Joint Commission website within a couple of weeks of the broadcast.

PLEASE CLARIFY: Just so there is not confusion to anyone listening not familiar. YOU JUST SAID NO CAH needs to join NHSN for ANY reporting? Or did you mean JUST IQO and OQR, because some CAH report to NHSN for other reporting - MBQIP-infection control reporting CLAPSI, CAUTI, etc...

CAHs are specifically not required to join The Joint Commission NHSN group. CAHs may have NHSN requirements for other entities.

CAHs have ORYX performance measurement requirements and must submit ORYX data to The Joint Commission via the DDSP.