



Accreditation 360: 2026 ORYX® Performance Measurement Updates for Hospitals

On-Demand Webinar Transcript

September 2025

Slide 1- 00:01

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Slide 2- 00:28

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Slide 3- 00:57

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Slide 4- 01:36

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Slide 5- 02:12

The participant learning objectives are: Describe the 2026 ORYX performance measurement requirements for hospital accreditation; Determine the 2026 ORYX policies applicable to your organization; Locate available resources regarding ORYX measurement requirements.

Slide 6- 02:30

All staff and subject matter experts 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.

Slide 7- 02:48

Next, we will introduce the subject matter expert for this content and scope of today's webinar.

Slide 8- 02:53

This material has been prepared by Michelle Dardis the Senior Director of Measure Informatics and Integration at the National Quality Forum, a Joint Commission affiliate. Michelle oversees the implementation and use of measures in Joint Commission accreditation and certification programs. Michelle is a registered nurse and informaticist with experience in applied clinical informatics, health IT standards, and measurement. She has been with Joint Commission for seven years.

Slide 9- 03:21

The Scope of this webinar includes an overview of the Joint Commission ORYX program, calendar year 2026 ORYX updates, ORYX requirements by organization type, and Joint Commission measurement resources. This webinar excludes measure requirements for certification programs or guidance on the direct data submission platform application used to submit measure data.

Slide 10- 03:43

Next, we will provide an overview of the Joint Commission ORYX program.

Slide 11- 03:48

ORYX integrates performance measurement into the accreditation process. ORYX measures are directly reported to Joint Commission via the Direct Data Submission Platform, referred to as 'DDSP'. Joint Commission experts analyze performance data and confidential reports are provided via Accelerate PI Dashboards on the JC Connect site. Organizations and surveyors can use this data for continuous improvement and in the survey process.

Slide 12- 04:16

ORYX requirements are specific to the accreditation program. The Hospital Accreditation Program or 'HAP' is further refined by facility size and services provided. Large hospitals are defined as hospitals with greater than or equal to 26 licensed beds OR greater than or equal to 50,000 outpatient visits. Small hospitals are defined as hospitals with less than 26 licensed beds and less than 50,000 outpatient visits. Hospitals that provide obstetric services have additional measure requirements. The Critical Access Hospitals or 'CAH' program and the Freestanding Psychiatric Hospital type also have specific ORYX requirements. We will review the specific requirements later in the presentation.

Slide 13- 05:01

Accelerate Performance Improvement, referred to as Accelerate PI Dashboards, 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.

Slide 14- 05:20

The Quality Measurement Trends and Benchmarks Report supports benchmarking efforts by offering percentile rankings and other comparative data for all measures submitted to Joint Commission as part of the ORYX program. It also helps identify trends in quality measurement over time, providing insights into areas of improvement or decline.

Slide 15- 05:40

Now that we've provided some background on the ORYX program, we will move into the calendar year 2026 program updates. As of 2026, ORYX requirements will be streamlined to include fewer required and optional measures. We will start by introducing the rationale for ORYX program changes. Next, we will review additions and removals to the ORYX program. After introducing the general changes, we will review changes specific to organizations based on size and services offered.

Slide 16- 06:10

Changes to the ORYX program are intended to streamline requirements, simplify reporting, and enable hospitals and surveyors to see, use, and learn from data more easily, with less work.

Measures included in the 2026 program have strong scientific backing. Measures are either outcome measures or process measures where evidence clearly links the care processes to better patient outcomes. We also reduced the number of measures available, focusing on measures that address three priority areas: maternal health, patient safety, and psychiatric hospital care.

Additionally, we reduced optionality in the measure set; with fewer measures overall and reduced optionality, the new ORYX program will allow hospitals and surveyors to learn from a more robust and representative data set. The standardized ORYX measures closely align with what hospitals already report to CMS or other agencies, resulting in reduced measurement burden and a shared focus on targets that matter. Finally, we are enhancing our data infrastructure, including updates to our data submission platform and analytics products.

Slide 17- 07:16

For 2026, we identified maternal health, patient safety, and psychiatric hospital measures as our focus for accreditation-based reporting requirements. Maternal Health measures will include Severe Obstetric Complications, Potentially Preventable (NTSV) Cesarean Births, and Unexpected Complications in Term Newborns.

These first three maternal measures are already required reporting measures in ORYX for calendar year 2025. We will continue to require reporting of these measures in 2026. The final maternal health measure is Timely Treatment of Severe Hypertension. This is a new electronic clinical quality measure, developed by Joint Commission and the National Quality Forum. It is an optional measure and will be available in mid-2026. Later in this presentation, we will further describe the Timely Treatment of Severe Hypertension measure.

For patient safety measures, we are focusing on 2 of the hospital harm measures stewarded by CMS: Hospital Harm: Severe Hypoglycemia and Hospital Harm: Severe Hyperglycemia. We previously included the hypoglycemia and hyperglycemia measures in ORYX as optional reporting measures. For 2026, we are aligning with CMS and will require reporting on these important patient safety measures.

For Freestanding Psychiatric Hospitals, we are retaining: HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use.

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In 2026, all hospitals will report fewer total measures. For example, a large acute care hospital with obstetrics services will be required to report a total of 5 measures: the 3 required maternal health measures and the 2 required patient safety measures. This is compared to 2025, where the same hospital is required to report 6 measures. Other hospital types report even fewer measures. We further elaborate on the requirements by hospital type later in this presentation.

Slide 19- 09:18

With our shift towards streamlining the measure set and reducing optionality, there are several accreditation measures we will stop collecting for 2026. In 2025 and prior years, hospitals reported a combination of required measures, and a set number of measures selected from a menu of available measures. We are removing the menu approach to measure selection in 2026.

We removed the following eCQMs: Safe Use of Opioids Concurrent Prescribing, Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults Outpatient, ST-Segment Elevation Myocardial Infarction (STEMI), Global Malnutrition Composite Score, Hospital Harm-Pressure Injury, Hospital Harm-Opioid Related Adverse Events, Discharged on Antithrombotic Therapy, Anticoagulation Therapy Atrial Fibrillation/Flutter, Antithrombotic Therapy by End of Hospital Day 2, Venous Thromboembolism Prophylaxis, ICU Venous Thromboembolism Prophylaxis.

Slide 20: 10:29

On the chart-abstracted measure side, we removed: Median Time from ED Arrival to ED Departure for Admitted ED Patients, Admit Decision Time to ED Departure Time for Admitted Patients, Influenza Immunization, Median Time from ED Arrival to ED Departure for Discharged ED Patients, Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhaging Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival, Elective Delivery, Exclusive Human Milk Feeding, Screening for Social Drivers of Health, Screen Positive Rate for Social Drivers of Health, Alcohol Use Brief Intervention, Alcohol & Drug Use Treatment at Discharge, Tobacco Use Treatment at Discharge.

Additionally, the NHSN group participation will not be required for 2026. We recognize NHSN is a valuable data source, and we will consider this data for future program requirements.

Slide 21- 11:21

In 2026, we will introduce one new optional measure, Timely Treatment of Severe Hypertension, which hospitals may elect to report and monitor through the ORYX program.

The Timely Treatment of Severe Hypertension measure addresses an important patient safety opportunity. Hypertensive disorders of pregnancy are among the leading causes of pregnancy-related deaths in the United States. In a recent California maternal mortality review report, 61% of preeclampsia-related deaths were attributed to stroke, and 96% of stroke cases were preceded by a systolic blood pressure greater than 160 mmHg. Delayed or inadequate treatment may lead to maternal death, stroke, or other serious complications, and therefore should be considered a medical emergency.

The American College of Obstetricians and Gynecologists recommends that approved antihypertensive medications should be initiated “as soon as reasonably possible”, citing literature that suggests an interval of 30 to 60 minutes. This recommendation applies to all acute-onset severe hypertension, regardless of whether the underlying disorder is preeclampsia/eclampsia, gestational hypertension, or chronic hypertension and whether the severe hypertension occurs antepartum, intrapartum, or postpartum.

Joint Commission and NQF are currently testing the Timely Treatment of Severe Hypertension measure. Upon completion of testing and confirmation of the measure’s appropriateness for use, we intend to make the measure available to hospitals participating in ORYX as an optional reporting measure.

Slide 22- 12:58

These next slides provide the 2026 ORYX requirements by organization type.

Slide 23- 13:04

The first category is large hospitals with greater than or equal to 26 licensed beds OR greater than or equal to 50,000 outpatient visits and provide obstetrical services. These hospitals are required to submit the following measures: HH-Hypo: Hospital Harm: Hypoglycemia, HH-Hyper: Hospital Harm: Hyperglycemia, PC-02: Potentially Preventable (NTSV) Cesarean Births, PC-06: Unexpected Complications in Term Newborns (this is a required measure but can be submitted as either an eCQM or chart-abstracted measure), PC-07: Severe Obstetric Complications.

There will be an optional available eCQM introduced in 2026: PC-08: Timely Treatment of Severe Hypertension.

Slide 24- 13:58

The second category is large hospitals with greater than or equal to 26 licensed beds OR greater than or equal to 50,000 outpatient visits but do not provide obstetrical services. These hospitals have two required eCQMs: HH-Hypo: Hospital Harm: Hypoglycemia, HH-Hyper: Hospital Harm: Hyperglycemia. There are no optional eCQMs and no available chart-abstracted measures.

Slide 25- 14:27

The next category includes small hospitals with less than 26 licensed beds and less than 50,000 outpatient visits and critical access Hospitals (CAH). These hospitals have two required eCQMs: HH-Hypo: Hospital Harm: Hypoglycemia, HH-Hyper: Hospital Harm: Hyperglycemia.

Small hospitals and CAH’s are not required to submit perinatal care measures but may choose to do so if they provide obstetrical services. Optional eCQMs include: PC-02: Potentially Preventable (NTSV) Cesarean Births, PC-06: Unexpected Complications in Term Newborns, PC-07: Severe Obstetric Complications, PC-08: Timely Treatment of Severe Hypertension, and chart-abstracted measure PC-06: Unexpected Complications in Term Newborns is also available as an optional measure.

Slide 26- 15:26

Separately accredited Freestanding Psychiatric Hospitals are required to submit 2 chart-abstracted measures: HBIPS-2: Hours of Physical Restraint Use, HBIPS-3: Hours of Seclusion Use. There are no other optional or required measures.

Slide 27- 15:44

There were no changes to suspended hospital accreditation programs for 2026. For Joint Commission, ORYX performance measurement requirements are specifically applicable to organizations accredited under the Hospital Accreditation Program (HAP) and Critical Access Hospital (CAH) manuals, with a few exceptions we will mention in a moment. Suspended organizations may submit ORYX performance measures to Joint Commission via the DDSP if they choose. We do want to point out Free-standing Children's Hospitals, Indian Health / Tribal Hospitals, and HCOs in PPS Exempt Cancer Hospital Quality Reporting (PCHQR) program are all under HAP Accreditation but are currently exempt from ORYX requirements. And also to clarify, that while Freestanding Psychiatric Hospitals with HAP accreditation do have ORYX requirements, Behavioral Health Centers do not.

Slide 28- 16:39

We will now review the data submission timelines.

Slide 29- 16:42

Acute care hospitals and critical access hospitals will adhere to the eCQM data submission timeline. Just like years past, we plan to open the DDSP in the summer for organizations to verify their files are working as expected. We'll then open the platform for submission of calendar year 2026 eCQM data in early January and close the platform on March 15th, 2027.

Slide 30- 17:07

For organizations required to submit chart-abstracted measures, such as freestanding psychiatric hospitals, the platform will open February 1st, 2026, for submission of 1st quarter 2026 chart-abstracted measure data, with a submission deadline of June 30th, 2026. The 2026 calendar year will continue to follow the same quarterly cycle as in years past.

Slide 31- 17:30

We will now review a few measurement resources available from Joint Commission.

Slide 32- 17:35

We encourage you to visit the ORYX FAQs on the measurement tab on our external website and review the available topics to see if there may be content applicable to questions you may have or subjects you want to learn about.

Slide 33- 17:47

Within the DDSP, there is a need help button in the upper right of each page of the platform, which takes you help and resources on the platform, including platform specific resources and platform demo videos. We also want to point out the verifying data submission and ORYX requirements help topic, which exhibits health care organization characteristics on the platform and how that relates to ORYX requirements.

Slide 34- 18:11

One last thing to highlight regarding available resources, we receive requests for platform and data submission demo video content. This information is available within Confluence and can be accessed via the ORYX FAQs or the DDSP 'Need Help' button, under learning and resources.

Slide 35- 18:29

For questions related to policy, newly accredited organizations with ORYX requirements, and accessing the Direct Data Submission Platform, please E-mail us at HCOOryx@jointcommission.org and be sure to include your HCO identification number. Specifications and measures interpretation questions can be found through the WIKI site. Direct data submission platform specific questions should be submitted via the DDSP 'Need Help' link, For interpretation of standards, go to the Joint Commission website and scroll down the main page to the section that reads connect with us.

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Slide 37- 19:21

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Slide 38- 20:03

We'll leave this slide up for a few moments so participants to scan the survey QR code. This concludes our presentation. Thank you for attending this webinar on the 2026 ORYX Performance Measurement Updates for Hospitals.

Slide 39- 20:29

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