

## Joint Commission

# Core measures, accreditation to be linked

*A special article on new Joint Commission expectations.*

**B**y January 2012, the Joint Commission plans to raise the bar on hospital performance by using ORYX core measure data more directly in the survey process.

In the 8 years since the Joint Commission launched ORYX, its performance measurement and improvement initiative, there has really been no penalty for failing to improve the ORYX data. The only way you could earn a requirement for improvement (RFI) was to have not chosen measures properly in the first place or to have failed to submit data on a timely basis.

Now the Joint Commission is stipulating that because some organizations approach 100% performance, why can't all organizations get to this level?

### Feedback invited

The Joint Commission proposed the new requirement January 11, 2011, and invited feedback until February 22, 2011.

The requirement would include performance expectations for the 5 sets of core accountability measures, including the 8 measures for surgical care (sidebar). Hospitals would receive a composite score, a roll-up of the scores on all 5 measure sets. The Joint Commission proposes a target composite score of 85%, saying the majority of hospitals have been able to reach 80%.

### For some, a wake-up call

The reasons some organizations fail is usually tied to core measure/ORYX performance being a low priority for management and medical staff leadership. Making "less-than-targeted" performance, an RFI will likely be a wake-up call to these organizations to step up their act.

Patton Healthcare Consulting strongly suggests that organizations still experiencing outliers in their core measure data to investigate the causes of these outliers and implement improvement initiatives quickly. The monthly data you collect now in 2011 and submit quarterly to the Joint Commission will be part of the data that will be displayed and used for analysis in accreditation surveys beginning in January 2012. Also, please be on the lookout for missing data points. We have seen some hospitals with missing data, and that can contribute to a perception of failing to perform as required by the new elements of performance.

### Joint Commission accountability measures

- Antibiotic within 1 hour before the first surgical cut
- Appropriate prophylactic antibiotic
- Stopping antibiotics within 24 hours
- Cardiac patients with controlled 6 am postoperative blood glucose
- Patients with appropriate hair removal
- Beta-blocker patients who received beta-blocker perioperatively
- Prescribing venous thromboembolism prophylaxis
- Receiving venous thromboembolism prophylaxis.

*Source: Joint Commission.*

Additionally, as of late January 2011, the wording of the Accreditation Participation Requirement (APR) in the accreditation manual had not changed yet to reflect the new expectations. The Joint Commission posted an announcement of this pending change on its website and requested that hospitals provide “feedback and suggestions” about the use of accountability measures in the accreditation process by February 22.

### **Provide feedback**

We strongly suggest that hospitals review these proposed plans and provide feedback to the Joint Commission using this link:

[www.jointcommission.org/standards\\_information/field\\_reviews.aspx?StandardsFieldReviewId=V9u2VQXt2lDXL18OUXWTuCKXjad2wwhBWQUCnlFyxg%3d](http://www.jointcommission.org/standards_information/field_reviews.aspx?StandardsFieldReviewId=V9u2VQXt2lDXL18OUXWTuCKXjad2wwhBWQUCnlFyxg%3d)

I would expect that the revisions to the APR will involve details like the time frames for submitting the Evidence of Standards Compliance (ESC) following an RFI finding along with time frames for expecting the data to improve after submission of the ESC. ❖

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