

# Keeping an Eye on the Joint Commission's New Core Measures

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by Michelle Dougherty, RHIA

At the end last year, the Joint Commission on Accreditation of Healthcare Organizations introduced a new performance improvement initiative known as core measures. Although related to the quality improvement process in a healthcare facility, the implementation of core measures may have a far-reaching affect on HIM departments—making this an issue to watch.

Core measures were developed to meet the Joint Commission's mission to improve the quality of care provided to the public by implementing a national, standardized performance measurement system that focuses on the results of care provided. By gathering core measure data through the ORYX initiative, the Joint Commission will be able to electronically collect standardized performance measurement data. The Joint Commission published a detailed list of uses for the data on its Web site, including its use in the triennial accreditation process as well as continuous monitoring between surveys.

Although the intent is to use core measures across the continuum, the Joint Commission Board of Commissioners initially selected five core measurement areas for hospitals only: acute myocardial infarction, congestive heart failure, pneumonia, surgical procedures and complications, and pregnancy and related conditions. The core measures each hospital collects will be based on the scope of services provided rather than all measures available.

The five main core measurement areas were originally broken down into 28 specific measures each with defined criteria such as the focus, numerator, denominator, population included/ excluded, and data source. After the public comment period, the Board of Commissioners reduced the number of specific measures to 25. The following describes the individual measures as listed on the Joint Commission Web site.

## Acute Myocardial Infarction (AMI) Measures

- **Smoking cessation advice/ counseling:** the number of AMI patients with a history of smoking given smoking cessation advice or counseling during hospitalization
- **Aspirin at arrival:** the number of AMI patients given aspirin within 24 hours of arrival or within 24 hours prior to arrival at the hospital
- **Reperfusion therapy:** Time from arrival to initiation: timely reperfusion (opening blocked arteries) of eligible AMI patients; the time from arrival to initiation of thrombolysis medication administration of primary percutaneous transluminal coronary angioplast procedure (PTCA)
- **Aspirin at discharge:** the number of AMI patients prescribed aspirin at discharge from the hospital
- **Beta blocker at arrival:** the number of AMI patients receiving beta blocker medication within the first 24 hours of arrival to the hospital
- **LVEF < 40% prescribed ACEI at discharge:** the number of AMI patients with low left ventricular ejection fraction (LVEF, an index of how well the heart functions) who are prescribed an angiotensin converting enzyme inhibitor (ACEI) medication at discharge from the hospital
- **Beta blocker at discharge:** the number of AMI patients who are ideal candidates for beta blocker medication who are given a prescription for beta blockers at discharge

- **Intrahospital mortality:** the number of patients with a primary diagnosis of AMI who expire during hospitalization

## Heart Failure Measures

- **Patients with atrial fibrillation prescribed warfarin at discharge:** the number of heart failure patients with atrial fibrillation (irregular heartbeat) who are given a prescription for oral anticoagulation therapy (warfarin) at discharge from the hospital
- **Diet/weight/medication management instructions at discharge:** the number of heart failure patients who receive patient education (as documented on their written discharge instructions) regarding:
  - all discharge medications
  - weight monitoring
  - diet
  - activity level
  - follow-up appointment
  - what to do if symptoms worsen
- **Assessment of left ventricular function:** the number of heart failure patients not admitted on ACEIs or angiotensin receptor blocking agent (ARBs) medications who have LVEF evaluated before or during admission
- **LVEF < 40% prescribed ACEI at discharge:** the number of patients with low LVEF who are prescribed an ACEI medication at discharge
- **Smoking cessation advice/ counseling:** the number of heart failure patients with a history of smoking who are given smoking cessation advice or counseling during hospitalization

## Community-acquired Pneumonia Measures

- **Pneumonia screen or pneumococcal vaccination:** the number of patients age 65 or older who are screened for or given pneumococcal vaccination during hospitalization
- **Smoking cessation advice/counseling:** the number of pneumonia patients with a history of smoking who are given smoking cessation advice or counseling during hospitalization, or advice or counseling given to pediatric caregiver about the effects of second-hand smoke
- **Oxygenation assessment:** the number of patients who receive oxygenation assessment (to determine the amount of oxygen in blood) within 24 hours of hospital arrival
- **Blood cultures:** the number of patients who have blood cultures collected prior to first dose of antibiotic administration in the hospital
- **Antibiotic timing:** the time in hours from initial presentation at hospital to first dose of antibiotics
- **Empiric antibiotic regimen, non-ICU:** for pneumonia patients not admitted to an intensive care unit, the rate the antibiotic given is consistent with current consensus guidelines (for example, the American Thoracic Society, Infectious Disease Society of America, and the Centers for Disease Control and Prevention)
- **Empiric antibiotic regimen, ICU:** for pneumonia patients admitted to an intensive care unit, the rate the antibiotic given is consistent with current consensus guidelines

## Surgical Procedures and Complications Measures

- **Surgical site infection within 30 days (for selected surgical procedures):** the number of patients undergoing selected surgical procedures who develop a surgical site infection within 30 days of the procedure

- **Timing of prophylactic administration of antibiotic:** the timing of when patients were given prophylactic intravenous antibiotics for selected surgical procedures

## Pregnancy and Related Conditions Measures

- **VBAC rate:** the number of patients who have had a cesarean section who have a vaginal delivery
- **Third- or fourth-degree laceration:** the number of patients who have vaginal deliveries with third- or fourth-degree laceration
- **Neonatal mortality:** the number of infants who expire within 28 days of birth

During the next year and a half, the Joint Commission will release preliminary core measure profiles and pilot test the implementation. By January 1, 2002, hospitals will be required to begin collecting the core measure data, with electronic transmission expected no later than July 2002.

Because the medical record is a source document for 24 of 25 measures, the abstracting requirements appear to be very time intensive and potentially very costly. The Joint Commission has identified the data collection burden on a healthcare organization to be an issue requiring immediate attention. With implementation projected to be only a year and a half away, HIM professionals should keep core measures on their radar screen. For more information, about the core measure initiative or to review the specific core measure profiles, visit the Joint Commission Web site at [www.jcaho.org](http://www.jcaho.org).

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