

Update on Joint Commission Core Measures

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by Cheryl M. Smith, BS, RHIT, CPHQ

When the Joint Commission on Accreditation of Healthcare Organizations initiated its ORYX project in 1997, its objective in collecting performance measurement data was to provide a more data-driven accreditation process. Hospitals were among the first Joint Commission-accredited healthcare organizations required to choose a performance measurement system and select, collect, and transmit the data via the measurement system. This was phase one of the ORYX initiative. Phase two was the development of nationally standardized performance measures or core measures.

Development of Core Measures

In February 2000, the Joint Commission Board of Commissioners approved measure specification development for five core measure sets: acute myocardial infarction, heart failure, pneumonia (community acquired), surgical procedures and complications, and pregnancy and related conditions (including newborn and maternal care). These initial core measure sets were being developed for introduction into the hospital accreditation program.

Clinical advisory panels were formed to provide input into the scope of measures contained in each set. Each core performance measure selected was then made available for public comment on the Joint Commission's Web site. Based on comments received, some measures were modified. A total of 29 measures were sent to the Joint Commission's Board of Commissioners for approval and 25 were approved for further measure specification development. The following measures were approved:

- **Acute myocardial infarction (AMI):** smoking cessation advice/ counseling, intrahospital mortality, reperfusion therapy, time from arrival to initiation, beta blocker at arrival, beta blocker at discharge, ACEI prescribed at discharge, aspirin at discharge, and aspirin at arrival
- **Heart failure:** smoking cessation advice/counseling, ACEI prescribed at discharge, Warfarin prescribed at discharge, assessment of left ventricular function, and diet/weight/ medication management instructions at discharge
- **Pneumonia (community acquired):** antibiotic timing, empiric antibiotic regimen-ICU, empiric antibiotic regimen non-ICU, oxygenation assessment, pneumonia screen or pneumococcal vaccination, blood cultures, and smoking cessation advice/counseling
- **Pregnancy and related conditions:** third- or fourth-degree laceration, neonatal mortality, and vaginal birth after cesarean (VBAC) rate
- **Surgical procedures and complications:** surgical site infection within 30 days (for selected surgical procedures) and timing of prophylactic administration of antibiotic

Pilot Project Takes Off

AMI, heart failure, and community-acquired pneumonia measure sets were identified for the Hospital Core Measure Pilot Project, a collaboration among the Joint Commission, five state hospital associations, five performance measurement systems, and 83 hospitals in nine states. Hospitals participating in the pilot project must provide clinical services in at least two of the three pilot measure sets and will provide feedback to the Joint Commission on the processes and procedures used in the collection and use of core measure data. This information, in turn, will provide the Joint Commission with first-hand experience in the performance improvement process. Some of the objectives of the pilot project are to:

- determine the training, staffing, and time required for data collection
- assess data quality, data sources, data elements, and data definitions
- study the use of core measures in hospital performance improvement initiatives

Based on the information collected during the pilot project, the Joint Commission may choose to make changes to measure specifications, data collection practices or data quality practices.

Hospitals Select Measures

The Joint Commission's executive committee approved a July 1, 2002, implementation date for core measures into the hospital program, a six-month delay from the initial implementation date. In May, the Joint Commission's Board of Commissioners approved the following implementation dates:

- **April 2001:** Preliminary technical specifications for all measures will be released to participating measurement systems
- **October 2001:** Final technical specifications will be released
- **November-June 2002:** Hospitals formally select core measure sets
- **July 2002:** Begin data collection
- **January 2003:** The Joint Commission will receive the first core measure data for the July 1-September 30, 2002, period. The due date is three months from the last month of the reporting quarter

Initial hospital participation will apply to all accredited acute care hospitals. At press time, accredited hospitals with a patient population with conditions corresponding to two or more core measure sets will be required to choose two measure sets from among the initial five measure sets. However, if a hospital identifies only one core measure set related to its patient population, the hospital will be required to collect data on the identified core measure set and four non-core measures. Hospitals that cannot identify any core measure sets related to their patient population will be required to continue data collection on their six non-core measures. During the first year of implementation, hospitals will collect data on measures that are largely based on administrative data and current non-core measure requirements will be discontinued once core measure data collection begins.

What's Next for Core Measures?

The Joint Commission plans to identify and develop core measure sets for behavioral health, home, and long-term care organizations in 2001, focusing on existing measurement activities. Measures derived from the Outcome and Assessment Information Set and the Minimum Data Set will be considered for the core measure sets for long-term care and home care, respectively, in an attempt to reduce the duplication and data collection burden for these organizations. Behavioral health core measures will focus on field consensus-based measures. Implementation dates for these healthcare organizations have not yet been established.

Several core measures still require development of additional measures within each set, including the AMI, pneumonia, pregnancy, and surgery sets. The set makeups for long-term care, behavioral health, and home care are still in development. As these and other core performance measure data are incorporated into Joint Commission surveys, the survey experience will certainly change for all involved. u

References

"Board to Consider Revised Core Measures Implementation Date." The Inside Perspective, March 2001. Available on the Joint Commission on Accreditation of Healthcare Organizations Web site at <http://www.jcaho.org/tip/%20tip0301.html>

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Cheryl Smith (cheryl.smith@ahima.org) is an HIM practice manager at AHIMA.

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