The Joint Commission

Frequently Asked Questions About
2017 ORYX® Performance Measure
Reporting Requirements

TABLE OF CONTENTS

1. HOSPITAL REPORTING REQUIREMENTS

1.1 General Medical/Surgical (Acute Care) Hospitals

Q1.1 (1) What are the major changes to the 2017 ORYX Reporting Requirements?

A1.1 (1) The Joint Commission has eliminated the measure set reporting requirement for 2017 in favor of reporting on individual measures to include both chart-abstracted measures and eCQMs.

Q1.1 (2) On which measures must a hospital report data to The Joint Commission for 2017?

A1.1 (2) Hospitals must select and report data on both chart-abstracted measures and eCQMs:

Five required chart-abstracted measures applicable to the services provided and patient populations served by the hospital.

Joint Commission Chart Abstracted Measures	
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients
PC-01*	Elective Delivery
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism
IMM-2	Influenza Immunization

*See Perinatal Care Measure Requirements

AND

Select six of thirteen available eCQMs applicable to the services provided and patient populations served by the hospital.

Joint Commission eCQM Measures	
eAMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
eCAC-3	Home Management Plan of Care Document Given to Patient/Caregiver
eED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
eED-2	Admit Decision Time to ED Departure Time for Admitted Patients
ePC-01	Elective Delivery
ePC-05	Exclusive Breast Milk Feeding
eSTK-2	Discharged on Antithrombotic Therapy

09/30/2016

eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
eSTK-5	Antithrombotic Therapy by End of Hospital Day Two
eSTK-6	Discharged on Statin Medication
eVTE-1	Venous Thromboembolism Prophylaxis
eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
eEHDI-1a	Hearing Screening Prior to Hospital Discharge

1.1a Perinatal Care Measure Requirements

Q1.1a (1) Will hospitals still be required to report on the Perinatal Care (PC) measures?

A1.1a (1) Reporting on the chart-abstracted PC measures continues to be required of all hospitals that provide OB services. Reporting on PC-01 is required of all hospitals that provide this service. Additionally, hospitals with 300 or more live births per year are required to report on the chart-abstracted measures PC-02 (Cesarean Section), PC-03 (Antenatal Steroids), PC-04 (Healthcare-Associated Bloodstream Infections in Newborns), and PC-05 (Exclusive Breast Milk Feeding).

Q1.1a (2) If my hospital has fewer than 300 live births per year am I still able to select and report on any of the additional PC measures?

A1.1a (2) Any hospital that provides OB services with fewer than 300 live births per year may elect to report on additional PC measures. Hospitals may report on any and all measures relevant to services provided and patient populations served.

1.1b Additional Information on Requirements

Q1.1b (1) If my hospital does not provide services addressed by one of the five required chart-abstracted measures, e.g., PC, must I select an alternate measure from the list of available 2017 chart-abstracted measures?

A1.1b (1) Hospitals that do not provide the service or serve the patient population addressed by a required chart-abstracted measure(s) will not be required to select an alternate measure from the list of available measures, though they are free to do so if they wish. Please note that as part of the measure selection process, the hospital will have to attest to the fact that it does not provide the related service or serve the related patient population.

Q1.1b (2) My hospital is required to report the five chart-abstracted measures; in selecting six eCQMs can I select the three corresponding eCQMs (i.e., eED-1, eED-2, and ePC-01) as part of my six eCQM selections?

A1.1b (2) In selecting six eCQMs you may select and report on the eCQMs that correspond to the chart-abstracted measures.

Q1.1b (3) If my hospital wants to select and report on chart-abstracted measures in addition to the five that are required, which measures are available?

A1.1b (3)

Additional Chart-Abstracted Measures Available for Selection
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5
TOB-1, TOB-2, TOB-3
SUB-1, SUB-2, SUB-3
OP-18, OP-20, OP-21, OP-23

Q1.1b (4) Why has The Joint Commission elected to not include eSTK-8 (Stroke Education) and eSTK-10 (Assessed for Rehabilitation) on the 2017 list of available eCQMs?

A1.1b (4) As currently specified, these two eCQMs have become "check box" measures, and their value has been diminished. The remaining 13 eCQMs are aligned with CMS.

Q1.1b (5) Is it true that the Joint Commission is requiring hospitals to report on a choice of 6 eCQMs for 2017 rather than the 8 eCQMs required by CMS?

A1.1b (5) In conjunction with its decision to reduce the number of available eCQMs to 13, the Joint Commission also elected to reduce the number of required eCQMs. The remaining 13 eCQMs are aligned with CMS.

Q1.1b (6) Will the Joint Commission require reporting of 6 eCQMs for both CY 2017 and CY 2018? In the FY 2017 IPPS rule, CMS is requiring that hospitals report four quarters of data on an annual basis on eight of the eCQMs included in the current list of Hospital IQR Program measures (2017 data/FY 2019 and 2018 data/FY 2020 payment determinations) in order to align with the Medicare and Medicaid EHR Incentive Programs.

A1.1b (6) At this time the Joint Commission is providing its accredited hospitals with information regarding its 2017 ORYX reporting requirements only. In August/September 2017, we will determine our 2018 ORYX reporting requirements.

Q1.1b (7) Is reporting on either chart-abstracted measures or eCQMs still an option for 2017?

A1.1b (7) The 2016 flexible reporting option has been eliminated for 2017. Please see the **2017 ORYX Reporting Requirements**. In reviewing the 2017 requirements keep in mind that these are minimum requirements. Hospitals may elect to report on additional measures beyond the required chart-abstracted measures and choice of eCQMs. For a list of available chart-abstracted measures and eCQMs See **Joint Commission measures effective January 1, 2017**.

09/30/2016

Q1.1b (8) May a hospital utilize a listed ORYX eCQM vendor that is different from their chart-abstracted listed ORYX vendor?

A1.1b (8) Yes, a hospital may utilize a different listed ORYX vendor for chart abstracted and/or eCQMs. However, the vendor must support all of the measures in a topic area with multiple measures. For example, a hospital may use one vendor that supports the two chart-abstracted ED measures and a different vendor that supports the two ED eCQMs, or a single vendor that supports both.

Q1.1b (9) Does the Joint Commission have any type of extraordinary circumstances, extension or exemption process for hospitals?

A1.1b (9) If a hospital believes they have a unique situation that would impact reporting for a defined period, **please contact: hcooryx@jointcommission.org**

1.2 Critical Access Hospitals (CAHs)

Q1.2 (1) Will Joint Commission accredited Critical Access Hospitals (CAHs) also be required to report on both chart-abstracted measures and eCQMs in order to meet 2017 ORYX reporting requirements?

A1.2 (1) The Joint Commission has removed the measure set reporting requirement for 2017 in favor of reporting on individual measures. CAHs will report on a **total of six measures** applicable to the services provided and patient populations served by the CAH. The selection of six measures may be made from any of the chart-abstracted measures and/or eCQMs listed in the table below. For example, a CAH could choose to report on 6 chart-abstracted measures or 4 chart-abstracted measures and 2 eCQMs, or 6 eCQMs, etc.

Joint Commission Chart-Abstracted Measures	Joint Commission eCQM Measures
ED-1, ED-2	eAMI-8a
PC-01, PC-02, PC-03, PC-04, PC-05	eCAC-3
VTE-6	eED-1, eED-2
IMM-2	ePC-01, ePC-05
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5	eSTK-2, eSTK-3, eSTK-5, eSTK-6
TOB-1, TOB-2, TOB-3	eVTE-1, eVTE-2
SUB-1, SUB-2, SUB-3	eEHDI-1a
OP-18, OP-20, OP-21, OP-23	

Q1.2 (2) Are CAHs required to transmit data using a listed ORYX vendor?

A1.2 (2) As in the past, CAHs remain exempt from the requirement to transmit data to The Joint Commission through a Joint Commission-listed ORYX vendor but are encouraged to do so. If chart-abstracted and/or eCQM data are not transmitted to The Joint Commission through a vendor, the CAH will be expected to collect data internally on all relevant measures and make

data reports available for review by, and share data conclusions with, surveyors during on-site surveys.

Q1.2 (3) Are CAHs required to report on the PC measures?

A1.2 (3) CAHs will not be required to report on either version (chart-abstracted or eCQM) of the Perinatal Care measures in order to meet 2017 ORYX measure reporting requirements, but they may elect to use any of the PC measures if they have the relevant patient population.

1.3 Small Hospitals (ADC of 10 or fewer inpatients)

Q1.3 (1) In 2017, will accredited hospitals with small inpatient populations be required to meet the same ORYX reporting requirements as larger hospitals?

A1.3 (1) The Joint Commission has removed the measure set reporting requirement for 2017 in favor of reporting on individual measures. Small hospitals will report on a **total of six measures** applicable to the services provided and patient populations served. The six measures may be selected from any of the chart-abstracted measures and eCQMs listed in the table below. For example, a smaller hospital could choose to report on 6 chart-abstracted measures or 4 chart-abstracted measures and 2 eCQMs, or 6 eCQMs, etc.

Joint Commission Chart-Abstracted Measures	Joint Commission eCQM Measures
ED-1, ED-2	eAMI-8a
PC-01, PC-02, PC-03, PC-04, PC-05	eCAC-3
VTE-6	eED-1, eED-2
IMM-2	ePC-01, ePC-05
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5	eSTK-2, eSTK-3, eSTK-5, eSTK-6
TOB-1, TOB-2, TOB-3	eVTE-1, eVTE-2
SUB-1, SUB-2, SUB-3	eEHDI-1a
OP-18, OP-20, OP-21, OP-23	

Q1.3 (2) Are small hospitals required to transmit data using a listed ORYX vendor?

A1.3 (2) As in the past, small hospitals remain exempt from the requirement to transmit data to The Joint Commission through a Joint Commission-listed ORYX vendor but are encouraged to do so. If data are not transmitted to The Joint Commission through a vendor, the small hospital will be expected to collect data internally on all relevant measures and make data reports available for review by, and share data conclusions with, surveyors during on-site surveys.

09/30/2016

Q1.3 (3) Are small hospitals required to report on the PC measures?

A1.3 (3) Small hospitals will not be required to report on either version (chart-abstracted or eCQM) of the Perinatal Care measures in order to meet 2017 ORYX measure reporting requirements, but they may elect to use any of the PC measures if they have the relevant patient population.

1.4 Psychiatric Hospitals

Q1.4 (1) What measures will accredited psychiatric hospitals be required to report on to meet 2017 ORYX measure reporting requirements?

A1.4 (1) Psychiatric hospitals that are "freestanding" facilities separately accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or an inpatient unit under the accreditation of the main Joint Commission accredited hospital) will continue to be required to:

Report on all of the Hospital-Based Inpatient Psychiatric Services (HBIPS) measures only, to include:

Joint Commission Chart-Abstracted Measures
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5

Q1.4 (2) In reporting the HBIPS measures to The Joint Commission who should be included in the patient population?

A1.4 (2) For Joint Commission reporting purposes, when determining the patient population to be included and sample size for HBIPS, all psychiatric inpatients must be included regardless of payment source. Hospitals must implement the Joint Commission's sampling requirements for the HBIPs measures. CMS accepts the Joint Commission's sampling requirements for their Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program.

Q1.4 (3) Can you please clarify the HBIPS-1 measure that will be required for Freestanding Psychiatric Hospitals, as this measure has never been required by CMS?

A1.4 (3) The Joint Commission ORYX reporting requirements are completely separate from CMS quality reporting program requirements. HBIPS-1 has previously been required to be reported by accredited freestanding psychiatric hospitals. For 2017, psychiatric hospitals that are "freestanding" facilities accredited by The Joint Commission will continue to be required to report the four HBIPS measures, including HBIPS-1.

1.5 General Medical/Surgical Hospitals with Inpatient Psychiatric Units

Q1.5 (1) Will general medical/surgical hospitals with inpatient psychiatric units or that maintain a separate site that is a psychiatric hospital accredited under the accreditation of the main hospital also be required to report on the HBIPS measures to meet 2017 ORYX requirements?

09/30/2016

A1.5 (1) Unlike the Centers for Medicare and Medicaid Services (CMS) Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program, which includes psychiatric hospitals and psychiatric units that bill under the Medicare IPF Prospective Payment System, Joint Commission accredited general medical/surgical hospitals with inpatient psychiatric units, or that operate a separate psychiatric hospital that is accredited as a site under the main hospital:

- Are not required to report on the HBIPS measures to meet 2017 ORYX requirements.
- May elect to report on any of the HBIPS measures.

Q1.5 (2) Which patients should be included in the population for a general medical/surgical hospital with an inpatient psychiatric unit, or that operates a psychiatric hospital accredited under the main hospital, and that elects to report on HBIPS measures and also reports on the HBIPS measures to meet CMS IPFQR reporting requirements?

A1.5 (2) For Joint Commission reporting purposes, when determining the patient population to be included and sampled, all psychiatric inpatients must be included regardless of payment source. Hospitals must implement the Joint Commission's sampling requirements for the HBIPs measures. CMS accepts the Joint Commission's sampling requirements for their IPFQR Program.

Q1.5 (3) Since I have an inpatient psychiatric unit (or a psychiatric hospital site) that requires me to report data to CMS to meet CMS IPFQR reporting requirements, I plan on submitting data on Tobacco Treatment (TOB), Substance Use (SUB), and Immunization (IMM) measures to The Joint Commission and to CMS to meet CMS IPFQR reporting requirements. Which patients should I include in the population for the TOB, SUB and IMM measures?

A1.5 (3) For Joint Commission reporting purposes, general medical/surgical hospitals with inpatient psychiatric units or that maintain a separate site that is a psychiatric hospital accredited under the accreditation of the main hospital and that elects to report data to The Joint Commission on any of the global measures (i.e., TOB, SUB, and/or IMM) must include in their population and sample all applicable inpatients across the accredited organization regardless of location, setting of care, and payment source. Hospitals must implement the Joint Commission's sampling requirements for the TOB, SUB and IMM measures. CMS accepts the Joint Commission's sampling requirements for their IPFQR Program.

1.6 Children's Hospitals

Q1.6 (1) What measures will accredited children's hospitals be required to report on to meet ORYX requirements for 2017?

A1.6 (1) ORYX performance measure reporting requirements were suspended for 2016 and remain suspended for 2017 for children's hospital that are "freestanding" facilities separately

09/30/2016

accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or inpatient unit under the accreditation of the main Joint Commission accredited hospital).

1.7 Long Term Acute Care Hospitals (LTACHs)

Q1.7 (1) What measures will accredited long term care hospitals be required to report on to meet ORYX requirements for 2017?

A1.7 (1) ORYX performance measure reporting requirements for LTACHs were previously suspended and remain suspended for 2017.

1.8 Inpatient Rehabilitation Facilities (IRFs)

Q1.8 (1) What measures will accredited inpatient rehabilitation facilities be required to report on to meet ORYX requirements for 2017?

A1.8 (1) ORYX performance measure reporting requirements for IRFs were previously suspended and remain suspended for 2017.

2. Chart-Abstracted and Electronic Clinical Quality Measures (eCQMs)

2.1 Chart-Abstracted Measures

Q2.1 (1) Which chart-abstracted measures have been retired for 2017?

A2.1 (1) See the **list of 2017 ORYX chart-abstracted measures** that includes the measures retired effective January 1, 2017 available on The Joint Commission's website.

Q2.1 (2) What if we cannot report on all required 5 chart-abstracted measures if they are not applicable to the services provided and patient populations served by my hospital?

A2.1 (2) Hospitals that do not provide the service or serve the patient population addressed by a required chart-abstracted measure(s) will not be required to select an alternate measure from the list of available measures, though they are free to do so if they wish. Please note that as part of the measure selection process, the hospital will have to attest to the fact that it does not provide the related service or serve the related patient population.

2.2 Electronic Clinical Quality Measures (eCQMs)

09/30/2016

Q2.2 (1) Which version of the eCQMs must be utilized by hospitals reporting on eCQMs for 2017?

A2.2 (1) The Joint Commission will only accept 2017 eCQM discharge data that are consistent with the April 2016 annual update eCQM specifications posted on the CMS website for the 2017 Reporting Year. See eCQMs for Eligible Hospitals and Critical Access Hospitals, eCQMs for eReporting for the 2017 Reporting Period (as of April 2016):
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Q2.2 (2) How will eCQM data on calendar year 2017 discharges need to be submitted to the Joint Commission?

A2.2 (2) For Joint Commission 2017 eCQM data reporting:
- eCQM data must be reported using Quality Reporting Document Architecture (QRDA) Category I files.
- The Joint Commission is looking at all our options for eCQM direct submission to select the right technology solution and we plan to have a solution in place for 2017 eCQM data submission.
  - **Note:** To provide hospitals with additional time to identify their 2017 selections, eCQM selections will not be due until early 2017.
- Hospitals may continue to use a third party, i.e., ORYX vendor, to submit QRDA Category I files on their behalf.

Q2.2 (3) Do all Joint Commission listed vendors support the submission of data for eCQMs, and where can I find a list of those that do?

A2.2 (3) The **list of vendors supporting eCQM** data submission can be found on The Joint Commission's website.

Q2.2 (4) We understand that a hospital's eCQM data must be reported using EHR technology certified to either the 2014 or 2015 Edition of Certified EHR Technology. What does this mean and where can additional information be found?

A2.2 (4) The EHR technology utilized to report eCQM data to The Joint Commission must have obtained certification by an Office of the National Coordinator for Health Information Technology (ONC) Authorized Certification Body (ONC-ACB) as meeting the 2014 or 2015 Edition of the certification criteria for importing and calculating (c.2), and electronically submitting (c.3) eCQMs. The EHR technology used for eCQM data reporting must be listed on the ONC Certified Health IT Product List (CHPL) **(https://chpl.healthit.gov/#/search)** with the appropriate certification Edition.

- **Note:** The CHPL is a comprehensive and authoritative listing of all certified Health Information Technology which has been successfully tested and certified by the ONC Health IT Certification program. All products listed on the CHPL have been tested by an Accredited Testing Laboratory (ATL) and certified by an ONC-ACB to meet criteria

09/30/2016

adopted by the Secretary of the Department of Health and Human Services (HHS). For additional information on how to navigate the CHPL, please refer to ONC's CHPL Public User Guide
(https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf).

Q2.2 (6) What if I cannot pick 6 eCQMs that are applicable to the services provided and patient populations served by my hospital?

A2.2 (6) The hospital should make its best efforts to identify a minimum of six eCQMs for which it has a related patient population. Hospitals unable to identify six eCQMs will be required to select and report on all those eCQMs as appropriate. Hospitals unable to identify six eCQMs will be required to attest to the lack of the relevant services/patient populations as part of the measure selection process.

Q2.2 (6) Can I submit my eCQM data on a quarterly basis just like my chart-abstracted data?

A2.2 (6) Currently, four calendar quarters of data on the hospitals selection of six eCQMs are due at The Joint Commission no later than March 2018. Should the ability to report eCQM data on a quarterly basis become available later in CY 2017, similar to that which CMS anticipates possibly being able to support, The Joint Commission will notify its accredited hospitals as well as its participating eCQM vendors.

Q.2.2 (7) How soon can I begin submitting my eCQM data?

A.2.2 (7) eCQM data may be submitted as soon as the Joint Commission opens for data receipt. In order to submit data, the entire calendar quarter must be available for submission. For example, if data receipt is opened on October 1st 2017, a hospital could begin submitting 1Q17 and 2Q17 data if ready to be submitted. Once all of the data for 3Q17 is ready, it could also be submitted. 4Q17 data cannot be submitted until all of the data is ready, which means submission cannot start until sometime in January 2018.

Q2.2 (8) After I select my eCQMs to report for 2017 can I change my eCQM selections?

A2.2 (8) Hospitals are encouraged to carefully consider their eCQM selections for 2017 in an effort to avoid the need to request a change in their selection of eCQMs. However, The Joint Commission will take such requests under consideration on an individual, as needed basis. **Note**: eCQM selections will not be due at The Joint Commission until early 2017 in order to provide hospitals with additional time needed to identify the eCQMs on which they will report data to The Joint Commission on CY 2017 discharges.

3. Health Care Organization Measure Selections and Reporting

Q3. (1) When will the 2017 ORYX Measure Selection Forms be due from hospitals?

09/30/2016

A3. (1) In December 2016, detailed information on eCQM and chart-abstracted measure selections and the process for reporting selections will be provided. Selections will be due in early 2017. This will provide additional time for hospitals to identify the eCQMs on which data will be reported to The Joint Commission. This also will allow The Joint Commission the time needed to make modifications to internal systems to accommodate individual measure selections.

Q3. (2) We want to plan for our hospital's 2017 budget, are the vendor transmission fees changing for 2017?

A3. (2) The Joint Commission is currently in the process of reassessing its vendor transmission fees to address the 2017 reporting requirements and the move away from measure set to individual measure reporting. The 2017 transmission fee structure will be posted on the Joint Commission's website under "Measurement" a soon as available.

Q3. (3) For CMS reporting purposes under its Hospital Inpatient Quality Reporting (HIQR) Program hospitals are expected to report on eight individual eCQMs for 2017. Does that mean that a hospital can use the same eCQMs toward meeting Joint Commission 2017 ORYX requirements?

A3. (3) All thirteen eCQMs offered by The Joint Commission are in alignment with CMS.

4. Use of 2017 ORYX Performance Measure Data

Q4. (1) Will my 2017 ORYX data continue to be publically reported on Quality Check?

A4. (1) Hospitals reporting on **chart-abstracted measures** will continue to have their data and performance on the chart-abstracted measures reported on Quality Check.

- **Note:** The Joint Commission **will not publicly report the 2017 eCQM data on Quality Check**.

Q4. (2) What data will be reported and displayed in the ORYX Performance Measure Report provided quarterly to the hospital?

A4. (2) The Joint Commission will continue to display chart-abstracted measure data and hospital performance on the chart-abstracted measures in the ORYX Report provided to the hospital.

Q4. (3) Will the Joint Commission continue to calculate and display a hospital's accountability composite rate using my 2017 data?

A4. (3) With the reduction in the number of chart-abstracted measures The Joint Commission will no longer continue to calculate and display the hospital's accountability composite rate.

09/30/2016

Q4. (4) How will my 2017 data impact my hospital on the standard PI.02.01.03 EP 1 that sets an accountability composite rate of at least 85 percent?

A4. (4) Effective January 1, 2015, the standard PI.02.01.03 EP 1 was and continues to be suspended until further notice.

5. Certification Programs

5.1 Stroke Measures

Q5.1 (1) If a hospital reports on the eSTK measures to meet ORYX reporting requirements for accreditation purposes, can the hospital still have a vendor submit chart-abstracted Stroke measure data for purposes of Primary or Comprehensive Stroke Center certification?

A5.1 (1) Hospitals that choose to report on eSTK measures to meet 2017 ORYX requirements can still submit data on the required eight chart-abstracted Stroke measures through an ORYX vendor for purposes of certification.

Q5.1 (2) For purposes of Stroke Center certification, can a hospital report on eSTK measures rather than chart-abstracted measures?

A5.1 (2) For purposes of Stroke Center certification data must still be reported on the eight chart-abstracted measures. The data may be submitted through a Joint Commission listed ORYX vendor or monthly aggregate values manually entered into the Certification Measure Implementation Process (CMIP) application accessed through the hospital's Joint Commission Connect extranet site.

Q5.1 (3) Since the chart-abstracted STK-4 measure has been retired for purposes of accreditation, do I still have to report on STK-4 for certification purposes?

A5.1 (3) While STK-4 is being retired for use for accreditation purposes effective January 1, 2017, hospitals that are or will become Primary or Comprehensive Stroke Center certified will still be required to report on all eight of the chart-abstracted Stroke measures to include STK-4.

Q5.1 (4) Can you summarize which Stroke measures can be used and/or are required for purposes of accreditation and/or Stroke Center certification?

A5.1 (4) The table below summarizes which Stroke measures can be used and/or are required for purposes of accreditation and/or Stroke Center certification.

09/30/2016

Using the Stroke Measures to Meet 2017 Reporting Requirements for Accreditation and/or Certification	
Accreditation 2017 ORYX requirements	**Primary or Comprehensive Stroke Center Certification (Required)**
RETIRED Chart-Abstracted Stroke (STK) – STK-4 No STK chart-abstracted measures available	Chart-Abstracted Stroke (STK) To include STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10 (Vendor submitted or manual entry into CMIP)
May choose to meet ORYX requirement for reporting six of thirteen available electronic clinical quality measures - eSTK-2, eSTK-3, eSTK-5, eSTK-6,	

Q5.1 (5) I am a Certified Comprehensive Stroke Center. What are my measure requirements for certification?

A5.1 (5) In addition to the eight CSTK measures, Certified Comprehensive Stroke Centers must also collect and report data on the eight chart-abstracted STK measures.

5.2 Perinatal Care Measures

Q5.2 (1) If a hospital reports on the Perinatal Care (PC) chart-abstracted measures to meet ORYX reporting requirements for accreditation purposes, can the hospital still have a vendor submit chart-abstracted PC measure data for purposes of Perinatal Care certification?

A5.2 (1) Hospitals that report on chart-abstracted PC measures to meet 2017 ORYX requirements can also submit this data through an ORYX vendor for purposes of certification.

09/30/2016