2024 ORYX® Performance Measure Reporting Requirements: Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

DATA SUBMISSION REQUIREMENTS OVERVIEW: HAP & CAH FACILITIES

HAP & CAH: Facility Size/Type	*Required* Chart-Abstracted Measures (CAM)	*Required* Electronic Clinical Quality Measures (eCQMs)	*Required* External Data Sources	Notes
*[HAP Large] Hospitals with ≥ 26 Licensed beds **OR** ≥ 50,000 Outpatient visits **AND*** • *Provide Obstetrical Services*	• PC-06* *May be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement.	• ePC-02 • ePC-07 • Safe Use of Opioids • Select a minimum of three (3) *additional* eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of 6 eCQMs.[1, 2]	Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst.	[1] If required but unable to submit any eCQMs for CY 2024, HCOs must submit an extenuating circumstance request (ECR) and receive an exemption from The Joint Commission. HCOs will be required to submit three (3) chart-abstracted measures for all four (4) quarters of CY2024. Refer to page 2 of this document for additional information on ECRs. [2] If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement.
*[HAP Large] Hospitals with ≥ 26 Licensed beds **OR** ≥ 50,000 Outpatient visits **AND*** • *Do not provide Obstetrical Services*	There are no applicable chart-abstracted measures for HCOs that do not provide Obstetrical Services; HCOs with no OB may submit chart-abstracted measures if they choose.	• Safe Use of Opioids • Select a minimum of three (3) *additional* eCQMs, reporting the same eCQMs for all four (4) quarters as applicable to patient population/ services offered, for a minimum of four eCQMs.[1, 2]	Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst.	
*[HAP Small] Hospitals with <26 Licensed beds **AND** <50,000 Outpatient visits*	Required to submit any combination of three (3) measures applicable to patient population/services offered. May submit: • chart-abstracted measures *and/or* eCQMs per the calendar year requirements		Participate in the Joint Commission NHSN Group measures: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst.	• May elect to submit additional measures based on patient population / services offered. • Not required to submit PC measures but may do so if they choose.
Critical Access Hospitals (CAH)	Required to submit any combination of three (3) measures applicable to patient population/services offered. May submit: • chart-abstracted measures *and/or* eCQMs per the calendar year requirements		Participation in the Joint Commission NHSN Group is optional for CAHs.	
Freestanding Psychiatric Hospitals	• HBIPS-2 • HBIPS-3 • One additional self-selected measure	There are no applicable eCQMs for Freestanding Psychiatric Hospitals.	Participation in the Joint Commission NHSN Group is not applicable for Freestanding Psychiatric Hospitals.	• IMM-2, TOB-3, SDOH-1, SDOH-2, SUB-2, SUB-3 are available as additional chart-abstracted measures

ORYX Performance Measurement reporting requirements are suspended for these Accreditation Programs [3,4]:

- Free-standing Children's Hospitals
- Long Term Acute Care Hospitals (LTACHs)
- Inpatient Rehabilitation Facilities (IRFs)
- HCOs in PPS-Exempt-Cancer Hospital Quality Reporting (PCHQR) Program
- Indian Health / Tribal Hospitals

[3] Suspended organizations may submit ORYX Performance Measures to The Joint Commission via the DDSP if they choose.
[4] These programs are currently excluded from NHSN participation requirement.

ADDITIONAL INFORMATION: ORYX AND DATA SUBMISSION

General:

- **NEW:** Effective CY2024, the PC requirements for "Large" facilities are no longer based on annual live birth volume; PC requirements apply to all "Large" HAP facilities that provide obstetrical services.
- **NEW:** Effective January 1, 2024, The Joint Commission is implementing a new decision rule for hospitals and critical access hospitals to reinforce the requirement to participate in the ORYX® performance measurement initiative. Organizations may receive a Denial of Accreditation if they fail to meet ORYX performance measure reporting requirements for two consecutive years in the absence of receipt of an approved extenuating circumstance request from The Joint Commission. Refer to Key Communications for additional information.
- **NEW:** Effective July 1, 2024, acute care hospitals who are required through a CMS program to participate in NHSN will be required to join The Joint Commission NHSN Group. The Group will give Joint Commission access to the following measures with no patient identifiers: CAUTI, CLABSI, CDI, MRSA Bacteremia, SSI: Colon, SSI: Hyst. Information on the process to join The Joint Commission NSHN group will be distributed during late 2023 and early 2024.
- **NEW:** Effective CY2024, The Joint Commission has retired the following measures: HBIPS-5, TOB-2, eED-2, eSTK-6.
- ORYX FAQs and current timeline information is maintained on our website under "Supporting Materials".
- Additional optional measures are available for submission based on patient population/services offered. If an organization submits optional chart-abstracted measures 1Q2024, they are required to submit those measures for the remainder of the calendar year.

Extenuating Circumstances:

- **NEW:** The ECR forms and information are available via the DDSP "Need Help?" and also on our website via the ORYX FAQs.
- If an HCO is required but unable to submit ORYX data to The Joint Commission, they must complete an Extenuating Circumstance Request (ECR).
  - If the ECR is for eCQMs only, the HCO must request an ECR from The Joint Commission 30 days prior to the 1Q2024 chart-abstracted deadline; those HCOs granted an ECR for submission of eCQMS are required to submit three (3) chart-abstracted measures applicable to patient population/services offered for all four (4) quarters of CY2024.
  - If an HCO with obstetrical services has an ECR for eCQMs only for CY2024, they are required to submit chart-abstracted PC-02 and PC-06.
- HCOs requesting extenuating circumstance for chart-abstracted measures must submit an ECR form 30 days prior to the deadline of the respective quarter's data submission deadline.

Chart-Abstracted:

- **NEW:** Separately accredited Free-standing Psychiatric Hospitals are required to submit HBIPS-2, HBIPS-3, plus one additional measure from the measure list.
- **NEW:** SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline.
- For HCOs required or electing to submit chart-abstracted measures, they must be applicable to patient population/services offered.
- The Joint Commission has retained ED-1, IMM-2, VTE-6, PC-01, PC-02, and PC-05 measures as "optional" (CMS has retired these measures).
- For required Perinatal Care Measure PC-06, HCOs may submit the full calendar year of ePC-06 eCQM data instead of the corresponding chart-abstracted measure.

eCQMs:

- The Joint Commission continues to evaluate when to begin publicly reporting eCQM data and will provide additional information to participating HCOs in advance of posting eCQM data on Quality Check.
- For HCOs required or electing to submit eCQMs: HCOs are required to submit eCQM data for **all four (4) quarters**, applicable to the services provided and patient populations served.
- In alignment with CMS, for CY2024, if eOP-40 is reported, only one (1) quarter is required and will count as a complete measure / towards meeting the eCQM requirement.
- For ePC-07 Severe Obstetric Complications there is no corresponding chart-abstracted PC-07 measure.
- For organizations required to submit Perinatal Care Measure PC-06, HCOs may elect to submit the eCQM data (ePC-06) instead of the corresponding chart-abstracted measure. If submitted as an eCQM, it counts towards the eCQM minimum requirement. If submitting as eCQM, PC attestation is required. See the DDSP "Need Help?" for additional information on PC attestation.

FACILITY TYPE: HAP LARGE AND PROVIDE OBSTETRICAL SERVICES
HOSPITALS WITH ≥26 LICENSED BEDS OR ≥50,000 OUTPATIENT VISITS

Short Name	Measure Name	2024 ORYX Measures	Measure Data Source	Publicly Reported 2024 (Quality Check)	CMS Programs CY 2024	Additional Comments
***REQUIRED** MEASURES*						
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	eCQM	No	Yes	HCOs may elect to submit ePC-06 eCQM data instead of PC-06 chart-abstracted measure.
PC-06	Unexpected Complications in Term Newborns	Required	Chart or eCQM	Yes (CAM)	No	
ePC-02	Cesarean Birth	Required	eCQM	No	Yes	
ePC-07	Severe Obstetric Complications	Required	eCQM	No	Yes	
***REQUIRED** to select 3 eCQMs applicable to patient population / services offered to be submitted for all four (4) quarters* (new measures are **bolded**)*						
eGMCS	**Global Malnutrition Composite Score**	Available	eCQM	No	Yes	* If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement.
eHH-01(Hypo)	Hospital Harm—Severe Hypoglycemia Measure	Available	eCQM	No	Yes	
eHH-02(Hyper)	Hospital Harm—Severe Hyperglycemia Measure	Available	eCQM	No	Yes	
eHH-03(ORAE)	**Hospital Harm—Opioid Related Adverse Events**	Available	eCQM	No	Yes	
eOP-40*	ST-Segment Elevation Myocardial Infarction	Available	eCQM	No	Yes	
ePC-01	Elective Delivery	Available	eCQM	No	No	
ePC-05	Exclusive Human Milk Feeding	Available	eCQM	No	No	
ePC-06	Unexpected Complications in Term Newborns	Available	eCQM	No	No	
eSTK-2	Discharged on Antithrombotic Therapy	Available	eCQM	No	Yes	
eSTK-3	Anticoagulation Therapy Atrial Fibrillation/Flutter	Available	eCQM	No	Yes	
eSTK-5	Antithrombotic Therapy by End of Hospital Day 2	Available	eCQM	No	Yes	
eVTE-1	Venous Thromboembolism Prophylaxis	Available	eCQM	No	Yes	
eVTE-2	ICU Venous Thromboembolism Prophylaxis	Available	eCQM	No	Yes	
OPTIONAL CHART-ABSTRACTED MEASURES (new measures are **bolded**)						
ED-1	Median ED Arrival to ED Departure-Admit	Optional	Chart	Yes	No	Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year. ** SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline.
ED-2	Admit Decision Time to ED Departure-Admit	Optional	Chart	Yes	No	
HBIPS-2	Hours of Physical Restraint Use	Optional	Chart	Yes	Yes	
HBIPS-3	Hours of Seclusion Use	Optional	Chart	Yes	Yes	
IMM-2	Influenza Immunization	Optional	Chart	Yes	Yes	
OP-18	Median ED Arrival-ED Departure at Discharge	Optional	Chart	No	Yes	
OP-23	Head CT or MRI Scan Results-Stroke	Optional	Chart	No	Yes	
PC-01	Elective Delivery	Optional	Chart	Yes	No	
PC-02	Cesarean Birth	Optional	Chart	Yes	No	
PC-05	Exclusive Human Milk Feeding	Optional	Chart	Yes	No	
SDOH-1**	**Screening for Social Drivers of Health**	Optional	Chart	No	Yes	
SDOH-2**	**Screen Positive Rate for Social Drivers of Health**	Optional	Chart	No	Yes	
SUB-2	Alcohol Use Brief Intervention	Optional	Chart	Yes	Yes	
SUB-3	Alcohol & Drug Use Treatment at Discharge	Optional	Chart	Yes	Yes	
TOB-3	Tobacco Use Treatment at Discharge	Optional	Chart	Yes	Yes	
VTE-6	Hospital Acquired Potentially-Preventable VTE	Optional	Chart	No	No	

2024 ORYX® Performance Measure Reporting Requirements: Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program

FACILITY TYPE: HAP LARGE AND DO NOT PROVIDE OBSTETRICAL SERVICES

HOSPITALS WITH ≥26 LICENSED BEDS OR ≥50,000 OUTPATIENT VISITS

Short Name	Measure Name	2024 ORYX Measures	Measure Data Source	Publicly Reported 2024 (Quality Check)	CMS CY 2024 Programs	Additional Comments
***REQUIRED** MEASURES*						
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	eCQM	No	Yes	
***REQUIRED** to select 3 eCQMs applicable to patient population / services offered to be submitted for all four (4) quarters* (new measures are **bolded**)*						
eGMCS	**Global Malnutrition Composite Score**	Available	eCQM	No	Yes	* If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement.
eHH-01(Hypo)	Hospital Harm—Severe Hypoglycemia Measure	Available	eCQM	No	Yes	
eHH-02(Hyper)	Hospital Harm—Severe Hyperglycemia Measure	Available	eCQM	No	Yes	
eHH-03(ORAE)	**Hospital Harm—Opioid Related Adverse Events**	Available	eCQM	No	Yes	
eOP-40*	ST-Segment Elevation Myocardial Infarction	Available	eCQM	No	Yes	
eSTK-2	Discharged on Antithrombotic Therapy	Available	eCQM	No	Yes	
eSTK-3	Anticoagulation Therapy Atrial Fibrillation/Flutter	Available	eCQM	No	Yes	
eSTK-5	Antithrombotic Therapy by End of Hospital Day 2	Available	eCQM	No	Yes	
eVTE-1	Venous Thromboembolism Prophylaxis	Available	eCQM	No	Yes	
eVTE-2	ICU Venous Thromboembolism Prophylaxis	Available	eCQM	No	Yes	
OPTIONAL CHART-ABSTRACTED MEASURES (new measures are **bolded**)						
ED-1	Median ED Arrival to ED Departure-Admit	Optional	Chart	Yes	No	Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year. **SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline.
ED-2	Admit Decision Time to ED Departure-Admit	Optional	Chart	Yes	No	
HBIPS-2	Hours of Physical Restraint Use	Optional	Chart	Yes	Yes	
HBIPS-3	Hours of Seclusion Use	Optional	Chart	Yes	Yes	
IMM-2	Influenza Immunization	Optional	Chart	Yes	Yes	
OP-18	Median ED Arrival-ED Departure at Discharge	Optional	Chart	No	Yes	
OP-23	Head CT or MRI Scan Results-Stroke	Optional	Chart	No	Yes	
SDOH-1**	**Screening for Social Drivers of Health**	Optional	Chart	No	Yes	
SDOH-2**	**Screen Positive Rate for Social Drivers of Health**	Optional	Chart	No	Yes	
SUB-2	Alcohol Use Brief Intervention	Optional	Chart	Yes	Yes	
SUB-3	Alcohol & Drug Use Treatment at Discharge	Optional	Chart	Yes	Yes	
TOB-3	Tobacco Use Treatment at Discharge	Optional	Chart	Yes	Yes	
VTE-6	Hospital Acquired Potentially-Preventable VTE	Optional	Chart	No	No	

FACILITY TYPE: HAP SMALL & CRITICAL ACCESS HOSPITALS (CAH)

CAHS & HOSPITALS WITH <26 LICENSED BEDS AND <50,000 OUTPATIENT VISITS

Short Name	Measure Name	2024 ORYX Measures	Measure Data Source	Publicly Reported 2024 (Quality Check)	CMS CY 2024 Programs	Additional Comments
AVAILABLE eCQMs: If using eCQMs to meet ORYX requirements, they must be submitted for all four (4) quarters						
eGMCS	**Global Malnutrition Composite Score**	Available	eCQM	No	Yes	**REQUIRED:** Submit any three (3) measures (chart-abstracted measures and/or eCQMs) applicable to patient population/ services offered submitted for all four (4) quarters. *If eOP-40 is reported, only one (1) self-selected quarter is required and will count as a complete measure / towards meeting the eCQM requirement. Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year. **SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline.
eHH-01(Hypo)	Hospital Harm—Severe Hypoglycemia Measure	Available	eCQM	No	Yes	
eHH-02(Hyper)	Hospital Harm—Severe Hyperglycemia Measure	Available	eCQM	No	Yes	
eHH-03(ORAE)	**Hospital Harm—Opioid Related Adverse Events**	Available	eCQM	No	Yes	
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Available	eCQM	No	Yes	
eOP-40*	ST-Segment Elevation Myocardial Infarction (STEMI)	Available	eCQM	No	Yes	
ePC-01	Elective Delivery	Available	eCQM	No	No	
ePC-02	Cesarean Birth	Available	eCQM	No	No	
ePC-05	Exclusive Human Milk Feeding	Available	eCQM	No	No	
ePC-06	Unexpected Complications in Term Newborns	Available	eCQM	No	Yes	
ePC-07	Severe Obstetric Complications	Available	eCQM	No	Yes	
eSTK-2	Discharged on Antithrombotic Therapy	Available	eCQM	No	Yes	
eSTK-3	Anticoagulation Therapy Atrial Fibrillation/Flutter	Available	eCQM	No	Yes	
eSTK-5	Antithrombotic Therapy by End of Hospital Day 2	Available	eCQM	No	Yes	
eVTE-1	Venous Thromboembolism Prophylaxis	Available	eCQM	No	Yes	
eVTE-2	ICU Venous Thromboembolism Prophylaxis	Available	eCQM	No	Yes	
AVAILABLE CHART-ABSTRACTED MEASURES (new measures are **bolded**)						
ED-1	Median ED Arrival to ED Departure-Admit	Available	Chart	Yes	No	
ED-2	Admit Decision Time to ED Departure-Admit	Available	Chart	Yes	No	
HBIPS-2	Hours of Physical Restraint Use	Available	Chart	Yes	Yes	
HBIPS-3	Hours of Seclusion Use	Available	Chart	Yes	Yes	
IMM-2	Influenza Immunization	Available	Chart	Yes	Yes	
OP-18	Median ED Arrival-ED Departure at Discharge	Available	Chart	No	Yes	
OP-23	Head CT or MRI Scan Results-Stroke	Available	Chart	No	Yes	
PC-01	Elective Delivery	Available	Chart	Yes	No	
PC-02	Cesarean Birth	Available	Chart	Yes	No	
PC-05	Exclusive Human Milk Feeding	Available	Chart	Yes	No	
PC-06	Unexpected Complications in Term Newborns	Available	Chart	Yes	Yes	
SDOH-1**	**Screening for Social Drivers of Health**	Available	Chart	No	Yes	
SDOH-2**	**Screen Positive Rate for Social Drivers of Health**	Available	Chart	No	Yes	
SUB-2	Alcohol Use Brief Intervention	Available	Chart	Yes	Yes	
SUB-3	Alcohol & Drug Use Treatment at Discharge	Available	Chart	Yes	Yes	
TOB-3	Tobacco Use Treatment at Discharge	Available	Chart	Yes	No	
VTE-6	Hospital Acquired Potentially-Preventable VTE	Available	Chart	No	No	

FACILITY TYPE: FREESTANDING PSYCHIATRIC HOSPITALS (HAP PSYCH)

Short Name	Measure Name	2024 ORYX Measures	Measure Data Source	Publicly Reported 2024 (Quality Check)	CMS Hospital CY 2024 Programs	Additional Comments
REQUIRED CHART-ABSTRACTED MEASURES						
HBIPS-2	Hours of Physical Restraint Use	Required	Chart	Yes	Yes	[4]Select one additional measure applicable to patient population / services offered to be submitted for all four (4) quarters.
HBIPS-3	Hours of Seclusion Use	Required	Chart	Yes	Yes	
Self-select[4]	Select one additional measure from available measures below	Required	Chart	NA	NA	
AVAILABLE CHART-ABSTRACTED MEASURES: ***Required*** *to select 1 measure to be submitted for all four (4) quarters*[4]						
IMM-2	Influenza Immunization	Available	Chart	Yes	Yes	Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year. *SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline.
SUB-2	Alcohol Use Brief Intervention	Available	Chart	Yes	Yes	
SUB-3	Alcohol & Drug Use Treatment at Discharge	Available	Chart	Yes	Yes	
TOB-3	Tobacco Use Treatment at Discharge	Available	Chart	Yes	Yes	
SDOH-1*	**Screening for Social Drivers of Health**	Available	Chart	No	Yes	
SDOH-2*	**Screen Positive Rate for Social Drivers of Health**	Available	Chart	No	Yes	