Core measures data reporting is required to maintain Joint Commission accreditation, but even though hospitals are collecting the required data, many continue to struggle with how to make that data useful in improving their facilities.

This book and CD-ROM set, created by a former member of The Joint Commission’s research department, offers practical methods to help you use core measures to achieve noticeable performance improvements at your facility. It shows you how to gather the most useful data and apply it, rather than let your efforts go to waste once the data are reported.

This essential resource will help you:
- Aggregate and analyze results of core measures data collection
- Report those results
- Plan a course of action to turn those results into actionable changes
- Implement changes to improve quality

Practical Guide to Core Measures Improvement offers guidance on what to do after data collection, to ensure that you are not simply collecting numbers, but using that data to obtain measurable results.

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PRACTICAL GUIDE TO

CORE MEASURES
IMPROVEMENT

GAYLE BIELANSKI, RN, BS, CPHQ, CSHA

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About the Author

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Jennifer Cowel, RN, MHSA

Jennifer Cowel, RN, MHSA, joined Patton Healthcare Consulting, LLC, in Glendale, AZ, as vice president and principal in 2007. Previously, she held a variety of leadership and management roles for more than 17 years at The Joint Commission. Prior to her departure in early 2007, Cowel was the hospital surveyor representative on the Standards Improvement Initiative. This project was tasked with rewriting the hospital standards based, in part, on an analysis of challenging standards, including those that are frequently scored or clarified by hospitals. Also while at The Joint Commission, Cowel served as the director of service operations, in which she authored and managed the annual accreditation operation expense budget and participated in the implementation and testing of Shared Visions–New Pathways®. Previously, she managed the introduction of core measures into Joint Commission–accredited hospitals and integrated core measures into the accreditation process. In her last two years with The Joint Commission, Cowel was a nurse surveyor certified to survey the standards in the Hospital Accreditation Manual.
About the Contributing Author

Cowel is the author of two reference books for domestic and international hospital managers on practical application and use of statistics. She is also a frequent lecturer on the use of data to measure performance and improve core measures.

Prior to The Joint Commission, Cowel was a senior consultant at Anderson Consulting in Chicago. She received her bachelor of science nursing degree from Indiana University in Bloomington and her master’s degree in health services administration from the University of Michigan in Ann Arbor.
In 1987, The Joint Commission revealed the Agenda for Change, which was its new design for the accreditation process. Key to the Agenda for Change was the introduction of the standardization of performance measurement in healthcare accreditation, called ORYX®, which was intended to support the accreditation process.

In 1995, The Joint Commission developed the Advisory Council on Performance Measurement, composed of nationally known experts in outcomes measurement appointed by its Board of Commissioners. The council was charged with evaluating and setting criteria for performance measurement systems, which included:

- Performance measure characteristics
- Database capabilities
- Performance measure accuracy
- Risk adjustment/stratification
Chapter 1

- Performance measure–related feedback
- Relevance for accreditation
- Technical reporting requirements

Once approved, these systems would submit clinical performance measures for approval and transmit measure data on behalf of the healthcare facility to The Joint Commission on an ongoing basis. There are currently more than 200 performance measurement systems approved by The Joint Commission and more than 8,000 measures accepted as part of the ORYX initiative.

Transmission of ORYX data began in 1999 by the performance measurement systems on behalf of the accredited hospitals and long-term care facilities. Later, behavioral health and long-term care joined in the requirements for submitting performance data. In 2000, the ORYX data were integrated into the survey process via the ORYX Pre-survey Reports, which the surveyors used to analyze an organization’s performance.

Development of core measures

Originally, facilities could select the performance measures that best fit their organization from the list of more than 8,000 measures. Although this afforded flexibility to the organizations, it also presented challenges, such as lack of standardization of measure specifications across diverse performance measurement systems.
This would not allow benchmarking or comparisons across systems since the performance measures were developed and designed with different standard specifications. Comparison groups were limited and statistical analysis was difficult. It became evident that to compare organizations systemwide, standardized sets of valid, reliable, and evidence-based measures had to be developed and implemented by The Joint Commission.

The Joint Commission asked experts nationwide to suggest areas of focus for the core measures. Clinical professionals, healthcare providers, consumers, and measurement experts submitted their recommendations for measurement, and the five areas selected for the initial core measures were:

- Acute myocardial infarction (AMI)
- Heart failure (HF)
- Community-acquired pneumonia
- Pregnancy and related conditions (PR)
- Surgical procedures and complications

The surgical procedures and complications measures were originally delayed so The Joint Commission and Centers for Medicare & Medicaid Services (CMS) could work together to make the measures consistent with one another.
This standardization of measurement now allowed The Joint Commission to compare hospital-specific performance against state and national rates and use the measurement in other areas of accreditation, such as priority focus and the strategic surveillance system. It has also expanded to public reporting and pay-for-performance initiatives through CMS.

Expert panels were appointed to make recommendations for performance measures in each of the four areas identified for the Core Measures Initiative. The Advisory Council on Performance Measurement developed “Attributes of Core Performance Measures and Associated Evaluation Criteria” to evaluate measures for consideration. Once the measures were identified, The Joint Commission solicited comments from stakeholders about any needed modifications.

The appropriate changes were made, and in February 2000, The Joint Commission’s Board of Commissioners approved the initial 25 core measures. Measure specification development began by focusing on measures that were currently in use across measurement systems.

**Core measures pilot project**

In September 1999, The Joint Commission solicited from the 50 state hospital associations those with any interest in being involved in a pilot project to assess the implementation and development of the core measures. Five of eleven interested hospital associations were randomly selected and asked to
select a measurement system as well as name 10–25 hospitals to be involved in the testing of the measures. The five hospital associations were:

- Connecticut Hospital Association
- Georgia Hospital Association
- Michigan Hospital Association
- Missouri Hospital Association
- Hospital Association of Rhode Island

These five associations selected 83 hospitals in nine states and five measurement systems. The measurement systems included:

- Connecticut Healthcare Research and Education Foundation
- Georgia Hospital Association CARE Program
- Michigan Health and Hospital Association Service Corporation
- Missouri Hospital Association BENCHMARK Project
- Qualidigm Quality Partnership

The pilot project began with December 2000 discharges for AMI and congestive HF and March 2001 discharges for pneumonia measures. Throughout
2001, The Joint Commission worked with the pilot hospitals, hospital associations, and the measurement systems to refine the measures for national implementation of the Core Measures Initiative.

The PR measures were pilot tested using National Perinatal Information Center’s database because all of the pregnancy measures were derived from administrative data, which were used for risk-adjustment models.

**Technical specifications for national implementation**

After the pilot project was completed, staff members from The Joint Commission tested the measures through medical record abstraction using the measure specifications refined by the pilot project. Visits to complete the abstraction were conducted in six states at 16 hospitals using a random sample. During this time, Joint Commission and CMS staff members were involved in numerous conversations to make each of their measures as similar as possible and build consensus in the core measures.

The *Specifications Manual for National Implementation of Hospital Core Measures* was finalized using information gathered from several resources, such as:

- Pilot project reliability visits
- CMS discussions
Overview: The History of Core Measures

- Clinical advisory panel calls
- Changes in clinical guidelines

National implementation of core measures

On July 1, 2002, the accredited hospitals began data collection on the core measures sets, beginning with July 2002 discharges.

In 2004, The Joint Commission and CMS worked together to further align the core measures common to both institutions. The standardized measures were called National Hospital Quality Measures.

Standardizing the measurement made it easier for hospitals to collect and transmit data and, thus, decrease the cost of reporting data to two organizations. The National Hospital Quality Measures were endorsed by the National Quality Forum (NQF) and the Hospital Quality Alliance (HQA): Improving Care through Information.

The measure sets currently available for selection are:

- AMI
- HF
- Pneumonia
Chapter 1

- PR

- Hospital-based inpatient psychiatric services (starting with October 1, 2008, discharges)

- Children’s asthma care

- Surgical Care Improvement Project

- Hospital outpatient measures

The future of core measures

Within The Joint Commission, its Performance Measurement Strategic Issues Work Group has been charged with finding ways to adapt to future changes with the healthcare arena and continuing development of national collaborative performance measurement. During the next five years, it will be looking at:

- The use of electronic medical records in capturing performance data across the continuum of care

- Increasing the measure sets to encompass a wider selection of performance measures for healthcare organizations to choose from and to include other healthcare settings

- The use of measurement data for accreditation, accountability, and reporting purposes
Overview: The History of Core Measures

- Reducing the burden of data collection in healthcare organizations and improving the consistency and usefulness of measurement data

- A working relationship with NQF, HQA, and Ambulatory Care Quality Alliance

Future measure sets are expected to include blood management, venous thromboembolism, nursing-sensitive care, and stroke.
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