

**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 | <ul style="list-style-type: none"> PC-06* <p>*May be submitted as either CAM or eCQM; if submitted as eCQM, it counts towards the eCQM minimum requirement.</p> | <ul style="list-style-type: none"> 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. | <p>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.</p> <p>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.</p> |
| [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. | <ul style="list-style-type: none"> 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. | <p>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.</p> |
| [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: <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> May elect to submit additional measures based on patient population / services offered. |
| Critical Access Hospitals (CAH) | Required to submit any combination of three (3) measures applicable to patient population/services offered. May submit: <ul style="list-style-type: none"> chart-abstracted measures and/or eCQMs per the calendar year requirements | | Participation in the Joint Commission NHSN Group is optional for CAHs. | <ul style="list-style-type: none"> Not required to submit PC measures but may do so if they choose. |
| Freestanding Psychiatric Hospitals | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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}: <ul style="list-style-type: none"> 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 | | | <p>³ Suspended organizations may submit ORYX Performance Measures to The Joint Commission via the DDSP if they choose.</p> <p>⁴ These programs are currently excluded from NHSN participation requirement.</p> | |

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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 NHSN 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:

- 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](#).

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

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 | CMS Programs CY 2024 | Additional Comments |
|---|--|--------------------|---------------------|----------------------|--|
| REQUIRED MEASURES | | | | | |
| Safe Use of Opioids | Safe Use of Opioids – Concurrent Prescribing | Required | eCQM | 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 | No | |
| ePC-02 | Cesarean Birth | Required | eCQM | Yes | |
| ePC-07 | Severe Obstetric Complications | Required | eCQM | 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 | 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 | Yes | |
| eHH-02(Hyper) | Hospital Harm—Severe Hyperglycemia Measure | Available | eCQM | Yes | |
| eHH-03(ORAE) | Hospital Harm—Opioid Related Adverse Events | Available | eCQM | Yes | |
| eOP-40* | ST-Segment Elevation Myocardial Infarction | Available | eCQM | Yes | |
| ePC-01 | Elective Delivery | Available | eCQM | No | |
| ePC-05 | Exclusive Human Milk Feeding | Available | eCQM | No | |
| ePC-06 | Unexpected Complications in Term Newborns | Available | eCQM | No | |
| eSTK-2 | Discharged on Antithrombotic Therapy | Available | eCQM | Yes | |
| eSTK-3 | Anticoagulation Therapy Atrial Fibrillation/Flutter | Available | eCQM | Yes | |
| eSTK-5 | Antithrombotic Therapy by End of Hospital Day 2 | Available | eCQM | Yes | |
| eVTE-1 | Venous Thromboembolism Prophylaxis | Available | eCQM | Yes | |
| eVTE-2 | ICU Venous Thromboembolism Prophylaxis | Available | eCQM | Yes | |
| OPTIONAL CHART-ABSTRACTED MEASURES (new measures are bolded) | | | | | |
| ED-1 | Median ED Arrival to ED Departure-Admit | Optional | Chart | No | **Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year, with the exception of IMM-2, which is a seasonal measure reported only 1Q and 4Q. ***SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline. |
| ED-2 | Admit Decision Time to ED Departure-Admit | Optional | Chart | No | |
| HBIPS-2 | Hours of Physical Restraint Use | Optional | Chart | Yes | |
| HBIPS-3 | Hours of Seclusion Use | Optional | Chart | Yes | |
| IMM-2** | Influenza Immunization | Optional | Chart | Yes | |
| OP-18 | Median ED Arrival-ED Departure at Discharge | Optional | Chart | Yes | |
| OP-23 | Head CT or MRI Scan Results-Stroke | Optional | Chart | Yes | |
| PC-01 | Elective Delivery | Optional | Chart | No | |
| PC-02 | Cesarean Birth | Optional | Chart | No | |
| PC-05 | Exclusive Human Milk Feeding | Optional | Chart | No | |
| SDOH-1*** | Screening for Social Drivers of Health | Optional | Chart | Yes | |
| SDOH-2*** | Screen Positive Rate for Social Drivers of Health | Optional | Chart | Yes | |
| SUB-2 | Alcohol Use Brief Intervention | Optional | Chart | Yes | |
| SUB-3 | Alcohol & Drug Use Treatment at Discharge | Optional | Chart | Yes | |
| TOB-3 | Tobacco Use Treatment at Discharge | Optional | Chart | Yes | |
| VTE-6 | Hospital Acquired Potentially-Preventable VTE | Optional | Chart | 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 | CMS CY 2024 Programs | Additional Comments |
|---|--|--------------------|---------------------|----------------------|--|
| REQUIRED MEASURES | | | | | |
| Safe Use of Opioids | Safe Use of Opioids – Concurrent Prescribing | Required | eCQM | 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 | 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 | Yes | |
| eHH-02(Hyper) | Hospital Harm—Severe Hyperglycemia Measure | Available | eCQM | Yes | |
| eHH-03(ORAE) | Hospital Harm—Opioid Related Adverse Events | Available | eCQM | Yes | |
| eOP-40* | ST-Segment Elevation Myocardial Infarction | Available | eCQM | Yes | |
| eSTK-2 | Discharged on Antithrombotic Therapy | Available | eCQM | Yes | |
| eSTK-3 | Anticoagulation Therapy Atrial Fibrillation/Flutter | Available | eCQM | Yes | |
| eSTK-5 | Antithrombotic Therapy by End of Hospital Day 2 | Available | eCQM | Yes | |
| eVTE-1 | Venous Thromboembolism Prophylaxis | Available | eCQM | Yes | |
| eVTE-2 | ICU Venous Thromboembolism Prophylaxis | Available | eCQM | Yes | |
| OPTIONAL CHART-ABSTRACTED MEASURES (new measures are bolded) | | | | | |
| ED-1 | Median ED Arrival to ED Departure-Admit | Optional | Chart | No | **Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year, with the exception of IMM-2, which is a seasonal measure reported only 1Q and 4Q. ***SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline. |
| ED-2 | Admit Decision Time to ED Departure-Admit | Optional | Chart | No | |
| HBIPS-2 | Hours of Physical Restraint Use | Optional | Chart | Yes | |
| HBIPS-3 | Hours of Seclusion Use | Optional | Chart | Yes | |
| IMM-2** | Influenza Immunization | Optional | Chart | Yes | |
| OP-18 | Median ED Arrival-ED Departure at Discharge | Optional | Chart | Yes | |
| OP-23 | Head CT or MRI Scan Results-Stroke | Optional | Chart | Yes | |
| SDOH-1*** | Screening for Social Drivers of Health | Optional | Chart | Yes | |
| SDOH-2*** | Screen Positive Rate for Social Drivers of Health | Optional | Chart | Yes | |
| SUB-2 | Alcohol Use Brief Intervention | Optional | Chart | Yes | |
| SUB-3 | Alcohol & Drug Use Treatment at Discharge | Optional | Chart | Yes | |
| TOB-3 | Tobacco Use Treatment at Discharge | Optional | Chart | Yes | |
| VTE-6 | Hospital Acquired Potentially-Preventable VTE | Optional | Chart | No | |

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

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

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

| FACILITY TYPE: FREESTANDING PSYCHIATRIC HOSPITALS (HAP PSYCH) | | | | | |
|---|---|--------------------|---------------------|-------------------------------|--|
| Short Name | Measure Name | 2024 ORYX Measures | Measure Data Source | CMS Hospital CY 2024 Programs | Additional Comments |
| REQUIRED CHART-ABSTRACTED MEASURES | | | | | |
| HBIPS-2 | Hours of Physical Restraint Use | Required | Chart | 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 | |
| Self-select ⁴ | Select one additional measure from available measures below | Required | Chart | NA | |
| AVAILABLE CHART-ABSTRACTED MEASURES: <i>Required to select 1 measure to be submitted for all four (4) quarters</i> | | | | | |
| IMM-2* | Influenza Immunization | Available | Chart | Yes | *Any chart-abstracted measures submitted 1Q2024 are required to be submitted for the remainder of the calendar year, with the exception of IMM-2, which is a seasonal measure reported only 1Q and 4Q. |
| SUB-2 | Alcohol Use Brief Intervention | Available | Chart | Yes | |
| SUB-3 | Alcohol & Drug Use Treatment at Discharge | Available | Chart | Yes | |
| TOB-3 | Tobacco Use Treatment at Discharge | Available | Chart | Yes | **SDOH measures are submitted annually in alignment with the 4Q CAM submission deadline. |
| SDOH-1** | Screening for Social Drivers of Health | Available | Chart | Yes | |
| SDOH-2** | Screen Positive Rate for Social Drivers of Health | Available | Chart | Yes | |

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

Document History

1. Initially Posted: October 2023
2. Update 1: November 2023:
 - a. Modify page 1 of document to reflect the following correction:
 - i. *“Participation in the Joint Commission NHSN Group is optional for CAHs.”*
 - b. Modify page 2 of document to reflect the following correction:
 - i. From *“Effective July 1, 2024, acute care hospitals and CAHs who are required through a CMS program to participate in NHSN will be required to join The Joint Commission NHSN Group.”*
 - ii. To *“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.”*
3. Update 2: January 2024:
 - a. Modify page 5 of document to reflect the following corrections:
 - i. *ePC-02 was listed as “no” for CMS CY 2024 Programs; corrected to “yes” for CMS CY 2024 Programs.*
 - ii. *ePC-06 was listed as “yes” for CMS CY 2024 Programs; corrected to “no” for CMS CY 2024 Programs.*
 - iii. *PC-06 was listed as “yes” for CMS CY 2024 Programs; corrected to “no” for CMS CY 2024 Programs.*
 - iv. *TOB-3 was listed as “no” for CMS CY 2024 Programs; corrected to “yes” for CMS CY 2024 Programs.*
4. Update 3: April 2024:
 - a. Modify pages 3, 4, 5, 6 of document to remove reference to Quality Check Public Reporting.
 - b. Modify pages 3, 4, 5, 6 of document to include language regarding IMM-2.