

**ORYX REQUEST to MODIFY
PERFORMANCE MEASUREMENT SYSTEM
and/or
MEASURE SELECTIONS**

HCO ID #
HCO NAME
ADDRESS
ADDRESS
APPLICABLE PROGRAM

Fax completed form to
(630) 792-4599

SECTION A

DESELECT PERFORMANCE MEASUREMENT SYSTEM and PERFORMANCE MEASURES

MEASUREMENT SYSTEM NAME/SYSTEM OWNER	SYSTEM ID #
_____	_____ - _____

DESELECT PERFORMANCE MEASURE(S)

MEASURE ID # (e.g. 03195)	DESCRIPTION OF MEASURE (e.g. C-section rate)	END DATE for DATA COLLECTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B

REPLACEMENT PERFORMANCE MEASUREMENT SYSTEM(S) and PERFORMANCE MEASURES

MEASUREMENT SYSTEM NAME/SYSTEM OWNER	SYSTEM ID #
_____	_____ - _____

REPLACEMENT PERFORMANCE MEASURE(S) ONLY G

MEASURE ID # (e.g. 03195)	DESCRIPTION OF MEASURE (e.g. C-section rate)	START DATE for DATA COLLECTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet ORYX performance measurement requirements for accreditation.

Primary Contact	Phone	Date
Chief Executive	Signature	Date

INSTRUCTIONS FOR COMPLETING

ORYX REQUEST to MODIFY PERFORMANCE MEASUREMENT SYSTEM and/or MEASURE SELECTIONS

Please carefully read the following information before completing your *ORYX Selection Form*.

Type or *clearly* print your responses in the space provided. Fax your completed and signed form to:

ORYX Initiative (630) 792-4599

If you require additional space for measure selections, copy this form and complete the applicable section(s).

If you wish to discontinue using your currently selected performance measurement system and/or performance measure(s):

1. Enter the name of your currently selected performance measurement system(s) that you wish to discontinue in the section labeled *Deselect Performance Measurement System and Performance Measures - Measurement System Name/System Owner*. Include the name of the performance measurement system(s) (e.g., Outcomes Analyst, Quality Indicator Project) and the owner company name (e.g., MEDSTAT, MHA, etc.).
2. Enter the performance measurement system identification number on the corresponding line provided in the column labeled *System ID#*. The *System ID#* is the unique six digit identification number (e.g., 0100-02) assigned by the Joint Commission to each performance measurement system. Contact your performance measurement system to obtain its Joint Commission assigned identification number.
3. Enter the measure identification number for each measure you wish to deselect in the column labeled *Measure ID#*. The *Measure ID#* is a unique two to five digit number (e.g., 0935) assigned by the Joint Commission to each active measure available in a performance measurement system. Contact your performance measurement system to obtain the Joint Commission measure identification number(s) for your selected measure(s). Include all leading zeroes when recording your measure identification numbers. Use only the Joint Commission assigned identification numbers when completing this form.
4. Enter the short name for each measure selected in the space provided in the column labeled *Description of Measure*. The short name for each measure can be obtained from your selected performance measurement system and should clearly describe your selected measure(s) (e.g., C-section rate, ED readmission within 72 hours of discharge, patient falls, etc.).
5. Enter the date you discontinued data collection on the deselected measure(s) in the column labeled *End Date for Data Collection*. This date must be the last day of a calendar quarter (e.g., 3/31/99, 6/30/99).
6. If applicable, enter the name of your newly selected performance measurement system(s) that you wish to use as a replacement in the section labeled *Replacement Performance Measurement System and Performance Measures - Measurement System Name/System Owner*.
7. Enter the performance measurement system identification number on the corresponding line provided in the column labeled *System ID#*.
8. Enter the measure identification number for each measure you wish to select in the column labeled *Measure ID#*.
9. Enter the short name for each measure selected in the space provided in the column labeled *Description of Measure*.
10. Enter the date you will begin data collection on the newly selected measure(s) in the column labeled *Start Date for Data Collection*. This date must be the first day of a calendar quarter (e.g., 1/1/00, 4/1/00).
11. Enter the name and phone number of an authorized representative who can respond to questions about this selection form.
12. Enter the name of your organization's chief executive officer or administrator and obtain his/her signature on this form. **Change forms will not be processed without the appropriate signatures.**
13. Fax all completed and signed forms to the Joint Commission at **(630) 792-4599**. Save a copy of this form and your fax transmission verification for your records. Be certain your fax verification indicates successful transmission of all pages.

QUESTIONS?

If you have questions about how to complete this form, call your usual Joint Commission contact for survey and accreditation related questions in the Division of Accreditation Operations.