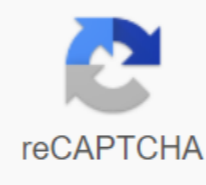




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Joint commission international library of measures pdf

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In May 2001, the Joint Commission announced four initial major measurement areas for hospitals, which included acute myocardial infarction (AMI) and heart failure (HF). At the same time, the Joint Commission collaborated with the Centers for Medicare and Medicaid Services (CMS) on AMI and HF kits that were common to both organizations. CMS and the Joint Commission worked to agree on the specifications of the measures for use in the 7th volume of work and for hospitals accredited by the Joint Commission. Hospitals began collecting AMI measures to discharge patients from July 1, 2002. In November 2003, the CMC and the Joint Commission began work to fine-tune these common measures in a way that would be identical. This has led to the creation of a single set of specifications to measure documentation, known as the Hospital's National Inpatient Hospital Guidelines, to be used by both organizations. The guide contains a general (i.e. identical) data dictionary, information forms of measurement, algorithms, etc. The goal is to minimize data collection efforts for these common measures and focus on using data to improve the delivery of care. Accountability indicators are quality measures that meet the four criteria that have the greatest positive impact on patient outcomes when hospitals show improvement. The Joint Commission classifies indicators of process effectiveness on accountability measures and non-accountability. This approach focuses more on the organization's accountability activities, quality measures that meet the four criteria for identifying the measures that have the greatest positive impact on the Results when hospitals show improvement: Research: Strong scientific evidence shows that performing an evidence-based care process improves health outcomes (directly or by reducing the risk of adverse outcomes). Proximity: The care process is closely related to the patient's outcome; There are relatively few clinical processes that occur after that, which is measured and before an improvement in the outcome occurs. Precision: The measure accurately assesses whether or not the care process has been provided. That is, this measure should be able to know whether this process was effective enough to make a likely improvement in the results. Adverse effects: Implementation of this measure has little chance of unintended negative consequences. Measures that meet all four criteria should be used for accountability purposes (e.g. accreditation, public accountability, or compliance). Measures that have not been identified as accountability measures can be useful for improving the quality, research and training of individual health organizations and are good advice in terms of appropriate patient care. The Joint Commission focuses on taking accountability measures for its ORYX program® program. The Joint Commission will continue to review all process measures (i.e. proportions and ratios) that are classified as accountability measures to ensure that they meet the criteria for accountability. This site uses cookies and other tracking technologies to assist in navigation, provide feedback, analyze the use of your products and services, assist in our advertising and marketing efforts, and provide content from third parties. Without making a choice, you will agree to use our cookies. JCI standards form the basis of an evaluation process that can help medical organizations like yours measure, evaluate, and improve performance. Our goal is to develop standards that improve the quality and safety of patients. JCI standards set clear expectations for organizations that are reasonable, achievable, and measurable. Standards are developed and organized around important functions common to all medical organizations. JCI develops standards with input and information from: Health Organization. Experts. Scientific literature and industry guidelines. JCI Standards Advisory Group. Other key stakeholders. To maintain best practices, JCI addresses its international Standards Advisory Group, which doctors, nurses, administrators and public policy experts. The Team is informed of the development and revision of all JCI accreditation standards. The group's recommendations are being clarified on the basis of an international review of the standards and contributions of experts and other experts with relevant content knowledge. Standards Guides and Survey Process Guides This site uses cookies and other tracking technologies to assist in navigation, providing feedback, analyzing the use of our products and services, assisting in our advertising and marketing efforts, and providing content from third parties. Find out more about cookies and how you can opt out by clicking on the learn more button below. 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