

Framework for selection of performance measurement systems: attributes of conformance.

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The Joint Commission's Board of Commissioners has recently approved the Council on Performance Measurement's recommendation on an initial framework for evaluating the more than 140 candidate performance measurement systems that have been submitted in consideration for potential use in the future accreditation process. As previously reported (JAMA. 1995;273:1405), the Joint Commission is developing a plan for integrating data from multiple qualified performance measurement systems into the accreditation process.

A principal tenet of the plan is preservation of the element of choice for accredited organizations by allowing selection of an appropriate measurement system from among a group of approved systems. The Joint Commission defines a performance measurement system as an interrelated set of process measures, outcome measures, or both that facilitates internal and external comparisons of an organization's performance over time. It is anticipated that performance measurement systems will meet the Joint Commission's needs by supplying intrasystem comparative data that can be incorporated into the survey and accreditation decision process and be used to monitor an accredited organization's performance between on-site surveys.

The use of performance data in accreditation will enhance the value of Joint Commission accreditation by providing objective data to support internal quality improvement activities, permit health care organizations the opportunity to demonstrate accountability to their patients, communities, and purchasers of health care, and provide the Joint Commission with the means to link standards compliance with the measurement of actual performance.

Successful incorporation of various measurement systems into the accreditation process depends in large part on a strategy of progressive or staged implementation requirements. Having each system meet stringent participation criteria from the outset would effectively curtail participation by some systems already in use by health care organizations. On the other hand, rapid incorporation of measurement systems into the accreditation process without ensuring that they can provide useful and relevant data would not enhance the value of accreditation.

The evaluation framework incorporates six broad characteristics, or "Attributes of Conformance," and identifies specific criteria that relate to each attribute. The framework acknowledges that most systems will not be able to meet all of the criteria immediately. Therefore, each criterion is identified either as requiring compliance immediately (ie, 1996) or in the future, before final approval of the system.

Measurement systems meeting the 1996 criteria will be recommended for initial approval and will be invited to work with the Joint Commission toward satisfying the identified future criteria. Measurement systems not meeting the 1996 criteria will be given the opportunity to seek approval again at a later date.

The six attributes of conformance and associated review criteria include:

* **Performance Measures and Data Elements:** The system contains performance measures focusing on processes and/or outcomes related to patient care and/or organizational performance (1996); the system collects and stores (or has access to) data at the level of individuals (future); and procedures and/or algorithms are documented (future).

* **Database:** The system has a documented objective that describes its intent or purpose and one or more

automated databases are present that are operational, able to supply ongoing, longitudinal data, can link specific health care organizations with their respective data, and can support intraorganizational and intrasystem comparisons of performance measure data (1996).

* **Data Quality:** The measurement system regularly audits the accuracy and completeness of performance measure data received from participating health care organizations (1996); methods have been implemented for incorporating the results of data quality monitoring into continuous improvements in data quality (future); mechanisms are available for the education/training of relevant staff at participating organizations (1996); and data quality is monitored continuously at the individual participant level (future).

* **Risk Adjustment/Stratification for Patient Factors:** Rationale is provided to account for those measures that are risk adjusted/stratified and for those measures that are not risk adjusted/stratified (1996); measures with denominators composed of individual-level data are risk adjusted/stratified with a unique model tailored to the specific measure (future).

* **Performance Measure-Related Feedback:** Actively participating health care organizations are provided access to comparative (interorganization) performance measure-related feedback by the measurement system at least once per year (1996); education and data interpretation resources are made available by the measurement system to participating health care organizations (1996).

* **Relevance for Accreditation:** The measurement system demonstrates face validity of its measures including expert review and evidence of clinical and/or organizational relevance (1996); measures are reviewed by the system to ensure accurate and consistent identification of events that were designed to identify across multiple settings (1996); system is large enough to provide meaningful intrasystem comparative analyses (future); system assists Joint Commission with conducting evaluative studies designed to demonstrate utility and relevance to accreditation (future).

Public comment is invited on these attributes and related criteria. A copy of the full-text document containing additional details is available by calling the Joint Commission's Department of Research and Evaluation at 708-916-5971.

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