

ORYX Initiative

ORYX is the name of the Joint Commission's initiative to integrate performance measures into the accreditation process. It is a term different from any other currently used in healthcare, reflecting the magnitude of changes in the Joint Commission's accreditation process.

The Joint Commission's accreditation process has become data-driven. The use of outcomes-related data in accreditation activities serves as a greater stimulus for healthcare organizations to examine their processes of care and take action to improve the results of care. The long-range goal of the ORYX initiative is to establish a data-driven, continuous survey and accreditation process to complement the standards-based assessment.

Previously, health care organizations were required to collect data on non-standardized measures to evaluate processes and develop opportunities for improvement. ORYX now utilizes standardized performance measures, called core measure sets, to support comparison across health care organizations. Each core measure set has individual measures to evaluate specific areas in each category. The core measure sets will allow for standardized data collection, established evaluation criteria, comparisons of performance over time, and the use of benchmarking studies.

Stony Brook University Medical Center utilizes the United HealthSystem Consortium (UHC) database to report indicator data to the Joint Commission. Quarterly reports benchmark the organization against others using the UHC system for the indicators selected. Decisions to select specific ORYX indicators were accomplished under the direction of quality management and in conjunction with the Medical Executive Committee and, more recently, the Quality Committee of the Governing Body.

The Quarterly reports are provided to the Chief Quality Officer and the leaders associated with particular ORYX indicators (e.g., Heart, Perinatal and Medicine Clinical Service Group members) by the Quality Management liaisons to the Clinical Service Groups. These reports are shared among the appropriate various fora for discussion and potential action. If necessary, performance improvement teams may be formed or clinical guidelines may be designed to address opportunities for improvement. Based upon the ORYX report, decisions are made as to the direction that should be taken by the organization to improve performance.

The following ORYX core measure sets/indicators are reported and analyzed by leadership groups and other fora to address opportunities for improvement:

Pregnancy and Related Conditions

- Vaginal birth after caesarean section
- Inpatient neonatal mortality
- Third or fourth degree vaginal laceration

Acute Myocardial Infarction

- Aspirin at arrival
- Beta blocker at arrival
- Aspirin prescribed at discharge
- Beta blocker prescribed at discharge (retired after Q1 2009)
- ACE Inhibitors or angiotensin receptor blockers (ARB) for left ventricular systolic dysfunction
- Adult smoking cessation advice/counseling
- Time to thrombolysis
- Time to PTCA
- Inpatient mortality

Community Acquired Pneumonia

- Oxygenation assessment (retired after Q4 2008)
- Pneumococcal screening and/or vaccination
- Blood culture performed within 24 hours
- Blood culture performed before first antibiotic received
- Adult smoking cessation advice/counseling
- Antibiotic timing
- Antibiotic selection
- Influenza vaccination status

Surgical Quality Improvement Project

- Prophylactic antibiotic received within one hour prior to surgical incision
- Prophylactic antibiotic selection for surgical patients
- Prophylactic antibiotics discontinued within 24 hours after surgery end-time (48 hours for cardiac surgery)
- Cardiac surgery patients with controlled 6 AM post-operative serum glucose
- Surgery patients with appropriate hair removal
- Colorectal Surgery Patients with Immediate Post-operative Normothermia
- Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
- Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
- Surgery patients on Beta Blocker Therapy prior to admission who received a Beta Blocker during the peri-operative period (effective Q1 2009)