Update on the Perinatal Care (PC) Core Measure Set

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The Joint Commission

The Joint Commission Disclaimer

- These slides are current as of (05/24/2011). The Joint Commission reserves the right to change the content of the information, as appropriate.

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Agenda

- PC Measures Overview
- PC Measures
  - PC-01
  - PC-02
  - PC-03
  - PC-04
  - PC-05
- FAQs & Resources
- Next Steps in the Timeline

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PC Measures Overview

- In November 2007, the Joint Commission's Board of Commissioners recommended retiring the Pregnancy and Related Conditions Core Measure Set
- Recommendation to replace with an expanded set of measures based on current scientific evidence.
- National PC measures endorsed by NQF October 2008
- PC Technical Advisory Panel (TAP) appointed December 2008
- TAP meeting held February 2009
- Measure specifications work Feb-Oct 2009

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PC Measures Overview (Cont.)

- Specifications Manual Version 2010A posted October 2009
- Data collection: began with April 1, 2010 discharges
- Specifications Manual Version 2010B2 posted September 2010
- Specifications Manual Version 2011A posted December 2010

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PC ORYX Requirements

- Women's Specialty Hospitals
  - Required if needed to meet ORYX requirement as a core set
- Acute-Care Hospitals serving this population
  - One of four sets of core measures

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PC Core Measures

- PC-01 Elective Delivery
- PC-02 Cesarean Section
- PC-03 Antenatal Steroids
- PC-04 Heath Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding

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PC Core Measure Set

- Two Distinct Populations:
  - Mothers
  - Newborns
- Consists of Five Measures Representing the Following Domains of Care:
  - Assessment/Screening
  - Prematurity Care
  - Infant Feeding

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PC-01

Elective Delivery

Original Performance Measure/Source

Developer: Hospital Corporation of America-Women's and Children's Clinical Services

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National Rates

- First Quarter 2010: 19.9%
- Second Quarter 2010: 19.6%

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Rationale

- 39 completed weeks is the American Congress of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) standard
- Significant short-term morbidity for the newborn
- Elective inductions result in more cesarean sections

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Numerator and Denominator

Patients with elective deliveries

Patients delivering newborns with >=37 and < 39 weeks of gestation completed

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Denominator Populations

- Included Populations: NA
- Excluded Populations:
  - *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation as defined in Appendix A, Table11.07
  - Less than 8 years of age
  - Greater than or equal to 65 years of age
  - Length of Stay >120 days
  - Enrolled in clinical trials

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Denominator Data Elements

- *Admission Date*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*
- *Gestational Age*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*

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Numerator Populations

- Included Populations: *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for one or more of the following:
  - Medical induction of labor as defined in Appendix A, Table 11.05
  - Cesarean section as defined in Appendix A, Table 11.06 while not in *Active Labor* or experiencing *Spontaneous Rupture of Membranes*
- Excluded Populations: None

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Numerator Data Elements

- *Active Labor*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Procedure Code*
- *Spontaneous Rupture of Membranes*

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Gestational Age

- Notes for Abstraction:
  - When the admission date is different from the delivery date, use documentation of the gestational age completed closest to the delivery date.
  - If an ultrasound was performed prior to the first 20 weeks of pregnancy and there is a discrepancy of > 6 days based on the last menstrual period date, the ultrasound should be used to determine final gestational age.

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PC-02

Cesarean Section

Original Performance Measure/Source Developer: California Maternal Quality Care Collaborative

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National Rates

- First Quarter 2010: 27.5%
- Second Quarter 2010: 27.1%

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Rationale

- Skyrocketing increase in cesarean section (CS) rates
- Nulliparous women with term singleton baby in vertex position (NTSV) most variable portion of CS rate
- NTSV CS rates can be addressed through performance improvement activities

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Numerator and Denominator

Patients with cesarean sections

Nulliparous patients delivered of a live term singleton newborn in vertex presentation

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Denominator Populations

- **Included Populations:** Nulliparous patients with *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for outcome of delivery as defined in Appendix A, Table 11.08 and with a delivery of a newborn with 37 weeks or more of gestation completed

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Denominator Populations (Cont.)

- **Excluded Populations:** ***ICD-9-CM*** *Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes,* for contraindications to vaginal delivery as defined in Appendix A, Table 11.09
  - Less than 8 years of age
  - Greater than or equal to 65 years of age
  - Length of Stay >120 days
  - Enrolled in clinical trials

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Denominator Data Elements

- *Admission Date*
- *Birth Date*
- *Clinical Trial*
- *Discharge Date*
- *Gestational Age*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
- *Parity*

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Numerator Populations

- **Included Populations:** *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for cesarean section as defined in Appendix A, Table 11.06
- **Excluded Populations:** None

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Numerator Data Elements

- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Procedure Code*

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Risk Adjustment

- Maternal Age

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Stratification by Ages

- PC-02a Cesarean Section - Overall Rate
- PC-02b Cesarean Section - 8 through 14 years
- PC-02c Cesarean Section - 15 through 19 years
- PC-02d Cesarean Section - 20 through 24 years
- PC-02e Cesarean Section - 25 through 29 years
- PC-02f Cesarean Section - 30 through 34 years
- PC-02g Cesarean Section - 35 through 39 years
- PC-02h Cesarean Section - 40 through 44 years
- PC-02i Cesarean Section - 45 through 64 years

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Parity

- Notes for Abstraction:
  - If parity is not documented and GTPAL terminology is documented where G= Gravida, T= Term, P= Preterm, A= Abortions and L= Living, all previous term and preterm deliveries prior to this hospitalization should be added together to determine parity.
  - If parity is not documented and gravidity is documented as one, parity should be considered zero.

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PC-03

Antenatal Steroids

Original Performance Measure/Source Developer: Providence St Vincent's Hospital/Council of Women and Infant's Specialty Hospitals

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National Rates

- First Quarter 2010: 59.2%
- Second Quarter 2010: 63.7%

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Rationale

- National Institutes of Health1994 recommendation
- Reduces the risks of respiratory distress syndrome, prenatal mortality, and other morbidities

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Numerator and Denominator

Patients with a full course of antenatal steroids completed prior to delivering preterm newborns

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Patients delivering live preterm newborns with 24-32 weeks gestation completed

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Denominator Populations

- **Included Populations:** NA

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Denominator Populations (Cont.)

- **Excluded Populations:**
  - Less than 8 years of age
  - Greater than or equal to 65 years of age
  - Length of Stay >120 days
  - Enrolled in clinical trials
  - Documented *Reason for Not Administering Antenatal Steroid*
  - *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for fetal demise as defined in Appendix A, Table 11.09.1
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Denominator Data Elements

- *Admission Date*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*

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Denominator Data Elements (Cont.)

- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *Gestational Age*
- *Reason for Not Administering Antenatal Steroid*

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Numerator Populations

- **Included Populations:** Full course of antenatal steroids (refer to Appendix B, Table 11.0, antenatal steroid medications)
- **Excluded Populations:** None

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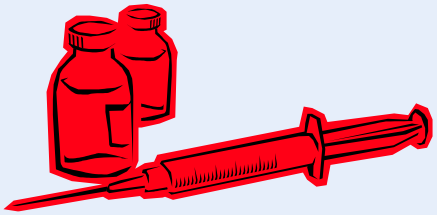
Numerator Data Elements

- *Antenatal Steroid Administered*



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Antenatal Steroid Administered

- Notes for Abstraction:
  - The names of the medications, dosage and timing must be documented in the medical record in order to select allowable value "yes".
  - For bethamethasone, select allowable value "yes" if the repeat dose was given within 4 hours before or after the 24 hour repeat period.
  - For dexamethasone, select allowable value "yes" if the repeat doses were given within 2 hours before or after the 12 hour repeat period.

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PC-04

Health Care-Associated Bloodstream Infections in Newborns

Original Performance Measure/Source Developer: Agency for Healthcare Research and Quality

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Rationale

- Rates range from 6% to 33%
- Infections result in increased mortality, length of stay & hospital costs
- Effective preventive measures can be used to reduce infections

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Numerator and Denominator

Newborns with septicemia or bacteremia

Liveborn newborns

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Denominator Populations

- **Included Populations:** *ICD-9-CM Other Diagnosis Codes* for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR *Birth Weight* between 500 and 1499g

OR

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Denominator Populations (Cont.)

- *ICD-9-CM Other Diagnosis Codes* for birth weight ≥ 1500g as defined in Appendix A, Table 11.15,11.16 or 11.17 OR *Birth Weight* ≥ 1500g who experienced one or more of the following:
  - Experienced death
  - *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for major surgery as defined in Appendix A, Table 11.18
  - *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for mechanical ventilation as defined in Appendix A, Table 11.19
  - Transferred in from another acute care hospital within 2 days of birth

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Denominator Populations (Cont.)

Excluded Populations:

- *ICD-9-CM Principal Diagnosis Code* for sepsis as defined in Appendix A, Table 11.10.2
- *ICD-9-CM Principal Diagnosis Code* for liveborn newborn as defined in Appendix A, Table 11.10.3 AND *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10
- *ICD-9-CM Other Diagnosis Codes* for birth weight < 500g as defined in Appendix A, Table 11.20 OR *Birth Weight* < 500g
- Length of Stay < 2 days OR > 120 days
- Enrolled in clinical trials

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Denominator Data Elements

- *Admission Date*
- *Admission Type*
- *Birthdate*
- *Birth Weight*
- *Clinical Trial*
- *Discharge Date*

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Denominator Data Elements (Cont.)

- *Discharge Status*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
- *Point of Origin for Admission or Visit*

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Numerator Populations

- **Included Populations:**
  - *ICD-9-CM Other Diagnosis Codes* for septicemias as defined in Appendix A, Table 11.10.1

    OR

  - *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 and one diagnosis code from Table 11.11
- **Excluded Populations:** None

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Numerator Data Elements

- *ICD-9-CM Other Diagnosis Codes*

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Risk Adjustment

- Birth Weight: 3 birth weight categories (500-999, 1000-1249, 1250-2499 grams)
- Congenital Anomalies: 3 different types (gastrointestinal, cardiovascular, other specified) identified through ICD-9 codes
- Out-born birth
- Death or transfer out

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PC-05

Exclusive Breast Milk Feeding

Original Performance Measure/Source Developer: California Maternal Quality Care Collaborative

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Rationale

- Goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American Congress of Obstetricians and Gynecologists (ACOG)
- Numerous benefits for the newborn

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Numerator and Denominator

Newborns that were fed breast milk only since birth

Single term newborns discharged from the hospital

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Denominator Populations

- **Included Populations:** Liveborn newborns with *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for single liveborn newborn as defined in Appendix A, Table 11.20.1

- **Excluded Populations:**
  - Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization
  - *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21
  - *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for parenteral infusion as defined in Appendix A, Table 11.22
  - Experienced death
  - Length of Stay >120 days
  - Enrolled in clinical trials
  - Documented *Reason for Not Exclusively Feeding Breast Milk*

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Denominator Data Elements

- *Admission Date*
- *Admission to NICU*
- *Admission Type*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*
- *Discharge Status*

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Denominator Data Elements (Cont.)

- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
- *Point of Origin for Admission or Visit*
- *Reason for Not Exclusively Feeding Breast Milk*

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Numerator Populations

- **Included Populations:** NA
- **Excluded Populations:** None

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Numerator Data Elements

- *Exclusive Breast Milk Feeding*

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Exclusive Breast Milk Feeding

- Notes for Abstraction:
  - If the newborn receives donor breast milk, select allowable value "Yes".
  - If breast milk fortifier is added to the breast milk, select allowable value "Yes".
  - In cases where there is conflicting documentation and both exclusive breast milk feeding and formula supplementation is documented, select allowable value "No".

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Reason for Not Exclusively Feeding Breast Milk

- Add to the Notes for Abstraction that a lactation consultant can document the reason for not exclusively feeding breast milk

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FAQs

- PC-01 Elective Delivery

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How come some of ACOG's approved justifications are not considered?

- Purpose is to enable hospitals to establish a baseline for performance to determine whether improvement efforts are effective over time
- Not every conceivable exclusion for the measure included in Table 11.07

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How come some of ACOG's approved justifications are not considered? (Cont.)

- Weighing the burden of data collection versus the frequency with which these conditions occur
- The value of including every conceivable justification outweighed by the additional time required to identify those cases via medical record review

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FAQs

- PC-02 Cesarean Section

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Why are no other contraindications to vaginal deliveries considered such as maternal cardiac conditions or fetal distress?

- The measure is designed to measure complications that largely arise in labor and not exclude them.
- There are certainly good reasons to do a cesarean section that are captured in the measure.
- The premise is that medical practices during labor lead to the development of indications that were potentially avoidable.

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FAQs

- PC-05 Exclusive Breast Milk Feeding

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Why was Exclusive Breast Milk Feeding selected as a measure?

- The overall goal to improve **exclusive** breast milk feeding rates (estimated as low as 30% in some parts of the country)
- Supported by World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP), American Congress of Obstetricians and Gynecologists (ACOG) & Healthy People 2010
- A number of evidence-based studies support the numerous benefits of exclusive breast milk feeding for both the mother and newborn

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Why aren’t more newborn medical conditions excluded?

- Not all medical indications for formula supplementation in the first days of life are excluded from this measure
- Many of these indications have a large variation in the definitions, thresholds and application of supplementation utilization
- Rate of these complications should not vary greatly from hospital to hospital, though their severity can be driven by obstetric care

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Why is a mother's choice not to breast feed not considered?

- The Joint Commission recognizes and supports the right of a woman to refuse breast milk feeding
- A mother’s choice to breastfeed is a decision to be respected
- A number of educational programs based on scientific evidence have been successfully implemented by hospitals to increase the number of mothers that exclusively breast milk feed their newborns
- Cultural beliefs and values may influence the decision whether to exclusively breast milk feed or not
- Health care providers encouraged to integrate culturally sensitive information when promoting exclusive breast milk feeding as an option

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Resources

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March of Dimes Perinatal Care Resource

- **Toward Improving the Outcome of Pregnancy III (TIOP III)**
- **Available at: http://www.marchofdimes.com/professionals/medicalresources_tiop.html**

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Resource for Elective Delivery

- March Of Dimes (MOD)/California Maternal Quality Care Collaborative (CMQCC) <39wk Toolkit
- Available at: marchofdimes.com or CMQCC.org to download your **free copy of the toolkit.**

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Resources for Breast Milk Feeding Promotion

- The Centers for Disease Control and Prevention (CDC) has an excellent guide available at: http://www.cdc.gov/breastfeeding/resources/guide.htm.
- The Academy of Breastfeeding Medicine (ABM) has protocols available at: http://www.bfmed.org/Resources/Protocols.aspx .
- The United States Breastfeeding Committee has a toolkit available at: http://www.usbreastfeeding.org/

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Next Steps in the Timeline

December 2008 PC TAP Members Appointed

February 2009 TAP Meeting

Feb-Oct 2009 Measure Specifications Development

October 1, 2009 Manual Posting

Data Collection began with April 1, 2010 Discharges

2011 Reliability Testing

Measure Specifications Post Testing

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View the manual and post questions at:

http://manual.jointcommission.org

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Questions

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