PC Measures: Updates for Fall 2018

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Purpose/Goal(s) of this Education Activity
The purpose of this activity is to enable healthcare providers to have a better understanding of new updates on the Perinatal Care Core Measures.

1.5 Contact Hour(s)
This continuing nursing education activity was approved by the Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Disclosures & Successful Completion

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“The Joint Commission Disclaimer:
This presentation is current as of October 3, 2018. The Joint Commission reserves the right to change the content of the information as appropriate.”
Perinatal Care (PC) Measures: Updates 2018

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October 3, 2018
Objectives

- Discuss the Perinatal Care (PC) measures project
- Review PC measure reporting requirements
- Describe the Perinatal Care (PC) measures, key data elements and recent revisions to the measures
- Identify some of the resources available for improving perinatal care
Introduction
The Joint Commission

An independent, not-for-profit organization founded in 1951
Evaluates and accredits nearly 21,000 health care organizations in the United States and 1100 in 69 countries worldwide
Accredits organizations across the spectrum of health care, including hospitals, SNFs, home care, and ambulatory care
Advanced Certification programs for special areas: Stroke, Cardiac, Joint Replacement, Perinatal Care, etc.
Our Mission and Vision

**Mission:** To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

**Vision:** All people always experience the safest, highest quality, best-value health care across all settings.
Perinatal Care Measures
Project History

2002-2010
PR measure set collected

2010
PR measures Retired;
PC measures launched

2015
Certification program, included measures

2018-19
PC-06 eCQM development

2008-9
NQF project; TJC identify and specify new measures

2012
PC-01 and PC-05 specified as eCQMs

2018
PC-02 specified as eCQM

2019
PC-06 launch
Perinatal Care (PC) Measures – Chart Based

- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03 Antenatal Steroids
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding
- PC-06 Unexpected Complications in Term Newborns

NEW!
Electronic Perinatal Care Measures (ePC)

- Measures currently in use:
  - ePC-01 Elective Delivery
  - ePC-05 Exclusive Breast Milk Feeding

- Measures under development:
  - ePC-02 Cesarean Birth
  - ePC-06 Unexpected Complications in Term Newborns
Requirements
Alignment with CMS

- CMS maintained its CY 2018 eCQM reporting requirements and currently available eCQMs for CY 2019
- Hospitals are required to report on four eCQMs for one self-selected calendar quarter.
- CMS removed three chart-abstracted measures in common with The Joint Commission effective for the CY 2019 reporting period, ED-1, IMM-2 and VTE-6.
- PC-01 chart-abstracted measure remains in the IQR program, but CMS has removed PC-01 from the VBP program for FY 2021 (2019 Performance period)
2019 ORYX Requirements

TJC ORYX eCQMs

- 2018 ORYX eCQM reporting requirements:
  - a minimum of four eCQMs
  - a minimum of one self-selected calendar quarter
  - data submission thru an ORYX vendor or the Direct Data Submission (DDS) Platform

- 2019 ORYX eCQM reporting requirements:
  - a minimum of four eCQMs
  - a minimum of one self-selected calendar quarter
  - For CY 2019 eCQM data and forward, all hospitals will be transitioned and utilize the DDS Platform
2019 ORYX Requirements

TJC ORYX Chart-based

- Monthly chart-abstracted measure data must continue to be reported on a quarterly basis for all four calendar quarters of 2019 utilizing an ORYX chart-based vendor
- Hospitals with an ADC > 10 report on 2 required chart-abstracted measures (reduction from 5 to 2 measures)
Additional Info

- Hospitals with at least 300 live births are required to report on all of the chart-abstracted perinatal care measures, including PC-06 effective with 1/1/2019 discharges.
- Critical Access Hospitals (CAHs) and Small Hospitals (ADC ≤ 10):
  - choice of 3 available measures (reduction from 6 to 3 measures).
- Freestanding Psychiatric Hospitals:
  - Continue to report on the 4 required Hospital-Based Inpatient Psychiatric (HBIPS) measures.
- Suspension of requirements continue:
  - freestanding children’s hospitals,
  - long term acute care hospitals,
  - inpatient rehabilitation facilities.
Perinatal Care Advanced Certification

Organization must demonstrate its ability to provide:

• Integrated, coordinated, patient-centered care that starts with prenatal care and continues through postpartum care
• Early identification of high-risk pregnancies and births
• Management of mothers’ and newborns’ risks at a level corresponding to the program’s capabilities
• Patient education and information about perinatal care services available to meet mothers’ and newborns’ needs
• Ongoing quality improvement processes for the program, from prenatal to postpartum care
Joint Commission Measurement Requirements for Perinatal Certification

- For certification: No minimum number of births required - all participants must report all PC measures

NEW!

- Beginning January 1, 2019 adding 6th measure to the set PC-06 Unexpected Complications in Term Newborns
Current Accreditation Standards

January 2018: Three new requirements for hospitals to improve the identification of mothers at risk for transmitting infectious diseases to newborns around the time of delivery

- Human immunodeficiency virus (HIV), hepatitis B, Group B streptococcus (GBS), and syphilis

July 2018: New requirement for hospitals to implement strategies to prevent the misidentification of newborns due to conventional, non-distinctive names, such as “Babyboy Jones”

- New element of performance for National Patient Safety Goal NPSG.01.01.01
Specifications, Updates and Key Elements
Initial Patient Population

2 Subpopulations

Mothers
- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03 Antenatal Steroids

Newborns
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding
- PC-06 Unexpected Complications in Term Newborn
Sampling

**Sampling allowed:**
- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03 Antenatal Steroids
- PC-05 Exclusive Breast Milk Feeding

**No sampling:**
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-06 Unexpected Complications in Term Newborn
PC-01 Elective Delivery

- **Description:** Elective vaginal deliveries or elective cesarean births at $\geq 37$ and $< 39$ weeks of gestation completed

- Original Performance Measure/ Source Developer: Hospital Corporation of America-Women's and Children's Clinical Services
PC-01 Elective Delivery

**Denominator:** Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed

**Numerator:** Patients with elective deliveries
# Denominator Population

## Included Population:

- Procedure Codes for Delivery - Appendix A, Table 11.01.1
- Diagnosis Codes for Planned Cesarean Birth in Labor - Appendix A, Table 11.06.1

## Excluded Population:

- Diagnosis Codes for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation - Appendix A, Table 11.07
- < 8 years of age
- >= to 65 years of age
- LOS >120 days
- Gestational Age < 37 or ≥ 39 weeks or UTD
- History of prior stillbirth
Gestational Age (PC-01, 02 & 03)

- Defined as best obstetrical estimate (OE) which includes:
  - All perinatal factors & assessments
  - Ultrasound (earlier better)
- Completed weeks of gestation, days < 6 are rounded down
- UTD should be selected if no GA documented e.g. patient had no prenatal care
- Document closest to time of delivery
- Calculated and documented by the clinician, not abstractor
- Vital records reports, delivery logs or clinical information systems acceptable data sources
Gestational Age Updates

- Updates for version 2018A effective 7/1/2018
  - Notes for abstraction and Suggested Data Sources updated and reordered to clarify, reduce burden of abstraction and align with the eCQM measure specifications.
  - ONLY ACCEPTABLE SOURCES:
    - Delivery or Operating room record, note or summary
    - History and physical
    - Admission clinician progress notes
    - Prenatal forms
    - Discharge summary
## Numerator Population

### Included Population:

- Procedure Codes for Medical Induction of Labor - Appendix A, Table 11.05 while not in *Labor*
- Cesarean Birth - Appendix A, Table 11.06 and all of the following: not in *Labor* and no history of *Prior Uterine Surgery*

### Excluded Population:

- None
Labor

- Checked for BOTH “induction” & cesarean birth
- Documentation of labor or regular contractions w/ or w/o cervical change
- Methods of induction may include: Oxytocin, AROM, cervical dilation, ripening agents, membrane stripping
- Descriptors not required to be present, may include: active, spontaneous, early, latent. Prodromal labor is not considered yes for Labor.
Prior Uterine Surgery

The only prior uterine surgeries considered for the purposes of the measure:

- Prior classical cesarean birth (vertical incision into upper uterine segment)
- Prior myomectomy
- Prior surgery with perforation (result of accidental injury)
- Hx of uterine window (prior surgery or via ultrasound)
- Hx of uterine rupture
- Hx of a cornual ectopic pregnancy
- Hx of transabdominal cerclage
- Hx of metroplasty, removal of vestigial horn
Prior Uterine Surgery (cont.)

Exclusions:

- Prior cesarean birth without specifying type
- Prior low-transverse cesarean birth
- Hx of an ectopic pregnancy w/o specifying cornual
- Hx of a cerclage w/o specifying transabdominal
History of Stillbirth Updates

- Updates for version 2017B effective 1/1/2018
  - Added Notes to clarify there must be documentation of a prior pregnancy resulting in stillbirth, fetal death or intrauterine fetal demise occurring at 20 weeks gestation or greater

- Updates for version 2018B effective 1/1/2019
  - Data element move to later in the algorithm to reduce abstraction burden
PC-02 Cesarean Birth

- **Description:** Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth
- **Original Performance Measure/ Source Developer:** California Maternal Quality Care Collaborative
PC-02 Cesarean Birth

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

Numerator: Patients with cesarean births
### Denominator Population

#### Included Population:
- Procedure Codes for Delivery - Appendix A, Table 11.01.1
- Nulliparous patients
- With Principal or 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

#### Excluded Population:
- Diagnosis Codes for Multiple Gestations and Other Presentations - Appendix A, Table 11.09
- < 8 years of age
- >= to 65 years of age
- LOS >120 days
- Gestational Age < 37 wks or UTD
## Numerator Population

### Included Population:
- Principal or Other Procedure Codes for Cesarean Birth - Appendix A, Table 11.06

### Excluded Population:
- None
Previous Live Births

- Updates for version 2018B effective 1/1/2019
  - Data element *Number of Previous Live Births* replaced with *Previous Live Births* to capture nulliparous by a yes or no allowable value and to reduce the burden of abstracting the actual number of previous live births
Previous Live Births (cont.)

- New allowable values:
  - Yes - There is documentation that the patient experienced one or more live births prior to the current hospitalization.
  - No - There is no documentation that the patient experienced one or more live births prior to the current hospitalization OR unable to determine from medical record documentation.
Previous Live Births (cont.)

- ONLY ACCEPTABLE SOURCES IN ORDER OF PREFERENCE:
  - Delivery or Operating room record, note or summary
  - History and physical
  - Admission clinician progress note
  - Prenatal forms
  - Discharge summary
Previous Live Births (cont.)

- Select Yes:
  - Number of previous live births is greater than 0
  - Parity is greater than 0
  - Term is greater than 0
  - Preterm is greater than 0
  - Living is greater than 0
  - Documentation of multiparous
Previous Live Births (cont.)

- Select No:
  - Number of previous live births equals 0
  - Parity equals 0
  - Gravidity equals 1
  - Documentation of primigravida or nulliparous
PC-03 Antenatal Steroids

- Description: Patients at risk of preterm delivery at ≥24 and <34 weeks gestation receiving antenatal steroids prior to delivering preterm newborns

- Original Performance Measure/ Source Developer: Providence St. Vincent’s Hospital/Council of Women and Infant’s Specialty Hospitals
PC-03 Antenatal Steroids

**Denominator:** Patients delivering live preterm newborns with $\geq 24$ and $<34$ weeks gestation completed

**Numerator:** Patients with antenatal steroids initiated prior to delivering preterm newborns
## Denominator Population

### Included Population:
- Procedure Codes for Delivery - Appendix A, Table 11.01.1

### Excluded Population:
- < 8 years of age
- >= to 65 years of age
- LOS >120 days
- Documented Reason for Not Initiating Antenatal Steroids
- Principal or Other Diagnosis Codes for Fetal Demise - Appendix A, Table 11.09.1
- Gestational Age < 37 or ≥ 39 weeks or UTD
Numerator Population

**Included Population:**

- Antenatal steroids initiated - Appendix C, Table 11.0

**Excluded Population:**

- None
Antenatal Steroids Initiated

- 12 mg betamethasone IM or 6 mg dexamethasone IM
- Only initiation versus full course
- Initiation prior to hospitalization acceptable if documented
Antenatal Steroids Initiated Updates

- Updates for version 2018A effective 7/1/2018
  - Revised to clarify that:
    - Documentation that antenatal steroids were initiated prior to current hospitalization (e.g., doctor's office, clinic, birthing center, prior hospitalization) can select Yes
    - If antenatal steroids were initiated during this hospital episode, the name of the medication and dose must be documented
Reason for Not Initiating Antenatal Steroids

- Explicit documentation why steroids were not initiated
- Clearly implied reasons include:
  - Chorioamnionitis
  - Fetal anomalies incompatible with life
  - Imminent delivery (within 2 hrs. after admission)
PC-04 Health Care-Associated Bloodstream Infections in Newborns

- Description: Staphyloccocal and gram negative septicemias or bacteremias in high-risk newborns
- Original Performance Measure/ Source Developer: Agency for Healthcare Research and Quality
PC-04 Health Care-Associated Bloodstream Infections in Newborns

**Denominator:** Liveborn newborns

**Numerator:** Newborns with septicemia or bacteremia
### Denominator Population

#### Included Population:

- Other Diagnosis Codes for birth weight between 500 and 1499g OR *Birth Weight 500 and 1499g*

- OR

- Other Diagnosis Codes for birth weight > 1500g - Appendix A, Table 11.15 & 11.16 OR *Birth Weight > 1500g* who experienced one or more of the following:
  - Experienced death
  - Principal or Other Procedure Codes for major surgery - Appendix A, Table 11.18
  - Principal or Other Procedure Codes for mechanical ventilation - Appendix A, Table 11.19
  - Transferred in from another acute care hospital within 2 days of birth
## Excluded Population:

- Principal Diagnosis Code for septicemias or bacteremias - Appendix A, Table 11.10.2

- Other Diagnosis Code for septicemias or bacteremias - Appendix A, Table 11.10.2 OR Principal or Other Diagnosis Codes for newborn septicemia or bacteremia - Appendix A, Table 11.10 with *Bloodstream Infection Present on Admission*

- Other Diagnosis Codes for birth weight < 500g - Appendix A, Table 11.20 OR *Birth Weight* < 500g

- LOS < 2 days
# Numerator Population

## Included Population:
- Other Diagnosis Codes for newborn septicemia or bacteremia - Appendix A, Table 11.10 with *Bloodstream Infection Confirmed*
  
  OR

- Other Diagnosis Codes for sepsis - Appendix A, Table 11.10.1 with *Bloodstream Infection Confirmed*

## Excluded Population:
- None
Birth Weight (IPP, PC-04 and PC-06)

- If BOTH pounds & ounces AND grams recorded-use grams
- Vital records reports, delivery logs & clinical information systems acceptable data sources
- Admission weight if transfer ok
- Data sources prioritized:
  - NICU Admission Assessment or Notes
  - Delivery and/or Operating Room Record
Bloodstream Infection Present on Admission

- Suspected or confirmed within 48 hrs
- Positive or inconclusive blood cultures drawn within 48 hrs (Negative not included)
- POA indicator present with codes for septicemia or bacteremia
- R/O, work up or evaluate for sepsis not included
- IV antibiotics for less than 7 days = select no
Bloodstream Infection Present on Admission (cont.)

- Updates for v2017B effective 01/01/18
  - Documentation by the clinician specifically stating that a suspected bloodstream infection was present on admission, should be taken at face value
Bloodstream Infection Confirmed

- BSI occurred after first 48 hours of admission
- MUST receive IV antibiotics for 7 days or longer
- Confirmation of BSI based on criteria from Centers for Disease Control and Prevention (CDC)
- Exclusions, select No:
  - Suspected, presumed or r/o BSI w/o positive blood culture
  - Received antibiotics primarily for the following conditions:
    - Dx of necrotizing enterocolitis (NEC)
    - Dx of urosepsis
    - Skin infections confirmed as primary source of BSI
    - Dx of pneumonia
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 diagnosis codes
- Out-born birth
- Death or transfer out
PC-05 Exclusive Breast Milk Feeding

- **Description:** Exclusive breast milk feeding during the newborn's entire hospitalization
- **Original Performance Measure/ Source Developer:** California Maternal Quality Care Collaborative
PC-05 Exclusive Breast Milk Feeding

**Denominator:** Single term newborns discharged alive from the hospital

**Numerator:** Newborns that were fed breast milk only since birth
## Denominator Population

### Included Population:
- Principal Diagnosis Code for Single Liveborn Newborn

### Excluded Population:
- Admitted to the Neonatal Intensive Care Unit (NICU)
- Other Diagnosis Code for Galactosemia
- Principal or Other Procedure Code for Parenteral Nutrition
- Experienced death
- LOS >120 days
- Patients transferred to another hospital
- Patients not term or < 37 wks. gestation
Numerator Population

**Included Population:**
- Not applicable

**Excluded Population:**
- None
Admission to NICU

- Not defined by level designation or title
- AAP definition used
  - Provide critical care services, personnel and equipment to provide continuous life support, comprehensive care for extremely high-risk newborns with complex, critical illness
- Excludes newborns admitted for observation/transitional care; transitional care defined as LOS < 4 hrs; no time period for observation
- If no order for NICU admit, must be supporting documentation critical care was received in the NICU, e.g. NICU admit assessment, NICU flowsheet
Term Newborn (PC-05 and PC-06)

- A range for gestational age is acceptable, e.g., 37-38 weeks
- For conflicting documentation gestational age takes precedence: e.g., both term & 36 weeks documented, use gestational age & select “no”
- Use documentation based on dates over newborn exam
- Vital records reports, delivery logs or clinical information systems acceptable data sources
- Select Yes: Gestational age of 37 weeks or more, early term, full term, late term, post term, term
- Select No: Gestational age of 36 weeks or less, preterm, early preterm, late preterm
Exclusive Breast Milk Feeding

- ANY other liquids fed, select No
- IV fluids are a medication
- Review for actual feedings, not “plans”
- ONLY acceptable data sources:
  - Diet flow sheets
  - Feeding flow sheets
  - Intake and output sheets
PC-06 Unexpected Complications in Term Newborns

- Description: The percent of infants with unexpected newborn complications among full term newborns with no preexisting conditions.

- Severe complications include neonatal death, transfer, severe birth injuries, neurologic damage, severe respiratory and infectious complications.

- Moderate complications include diagnoses or procedures that raise concern but at a lower level than severe.

- Original Performance Measure/ Source Developer: California Maternal Quality Care Collaborative
PC-06 Unexpected Complications in Term Newborns

Denominator: Liveborn single term newborns 2500 gm or over in birth weight.

Numerator: Newborns with severe complications and moderate complications.
# Denominator Population

## Included Population:
- Single liveborn newborns

## Excluded Population:
- Patients who are not born in the hospital
- Part of multiple gestation pregnancies
- Birth weight < 2500g
- Not term or with < 37 weeks gestation completed
- Congenital malformations
- Genetic diseases
- Pre-existing fetal conditions
- Maternal drug use exposure in-utero
## Numerator Population

### Severe Complications

#### Included Population:

- Death
- Transfer to another acute care facility
- Diagnosis Code or Procedure Codes for Severe Morbidities
  - Severe Birth Trauma
  - Severe Hypoxia/Asphyxia
  - Severe Shock and Resuscitation
  - Severe Respiratory Complications
  - Severe Infection
  - Severe Neurological Complications
- Length of Stay greater than 4 days AND Sepsis

#### Excluded Population:

- None
## Numerator Population

### Moderate Complications:

<table>
<thead>
<tr>
<th>Included Population:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnosis or Procedure Codes for moderate complications:</td>
</tr>
<tr>
<td>o Moderate Birth Trauma</td>
</tr>
<tr>
<td>o Moderate Respiratory Complications</td>
</tr>
<tr>
<td>• Patients with Length of Stay greater than 5 days and or social indications</td>
</tr>
<tr>
<td>• Vaginal delivery AND Length of Stay greater than 2 days</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>• Cesarean delivery AND Length of Stay greater than 4 days</td>
</tr>
</tbody>
</table>
## Numerator Population

### Moderate Complications, continued:

### Included Population:

**AND ANY**

- Diagnosis Code or Other Procedure Codes for moderate complications:
  - Moderate Birth Trauma
  - Moderate Respiratory Complications with LOS
  - Moderate Neurological Complications with LOS
  - Moderate Infection with LOS

### Excluded Population:

- None
PC-06 Rates

Data will be reported as an aggregate rate generated from count data reported as a rate per 1000 livebirths.

3 Rates will be reported:

<table>
<thead>
<tr>
<th>Set Measure ID</th>
<th>Performance Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-06.0</td>
<td>Unexpected Complications in Term Newborns - Rate</td>
</tr>
<tr>
<td>PC-06.1</td>
<td>Unexpected Complications in Term Newborns - Rate</td>
</tr>
<tr>
<td>PC-06.2</td>
<td>Unexpected Complications in Term Newborns - Rate</td>
</tr>
</tbody>
</table>
Key notes for PC-06

- No new data elements
- No sampling
- Use of non-chart abstracted data sources encouraged
  • vital records
  • delivery logs
  • clinical information systems
- Addendum anticipated early November, 2018
  • Minor revisions and clarifications on MIF, algorithm, data element and Appendix A
Appendix A - version 2018A1

- ICD-10 code updates for Fiscal Year (FY) 2019, effective for discharges October 1, 2018
  - Table 11.01.1 Delivery
  - Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation
  - Table 11.09 Multiple Gestations and Other Presentations
  - Table 11.18 Major Surgery
- Addendum version 2018A1 is posted
Appendix A – version 2018B

- Updates for version 2018B effective 1/1/2019
  - ICD-10 code updates for Fiscal Year (FY) 2019, effective for discharges October 1, 2018
  - Table 11.05 Medical Induction of Labor
    - 3E0DXGC Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach
    - 3E0P3VZ Introduction of Hormone into Female Reproductive, Percutaneous Approach
    - 3E0P7VZ Introduction of Hormone into Female Reproductive, Via Natural or Artificial Opening
Resources for PC Measures
The Joint Commission’s Annual Report on Quality and Safety

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2012-2016 difference (% points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal care composite</td>
<td>57.6%</td>
<td>74.1%</td>
<td>96.3%</td>
<td>97.6%</td>
<td>98.1%</td>
<td>40.5%</td>
</tr>
<tr>
<td>Antenatal steroids</td>
<td>81.8%</td>
<td>89.7%</td>
<td>91.8%</td>
<td>97.2%</td>
<td>97.8%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Cesarean section*</td>
<td>26.3%</td>
<td>25.9%</td>
<td>26.8%</td>
<td>26.2%</td>
<td>26.1%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Elective delivery*</td>
<td>8.2%</td>
<td>4.3%</td>
<td>3.3%</td>
<td>2.3%</td>
<td>1.9%</td>
<td>-6.3%</td>
</tr>
<tr>
<td>Exclusive breast milk feeding**</td>
<td>50.8%</td>
<td>53.6%</td>
<td>49.4%</td>
<td>51.8%</td>
<td>52.9%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Newborn bloodstream infections*</td>
<td>N/A</td>
<td>2.5%</td>
<td>3.2%</td>
<td>2.4%</td>
<td>1.1%</td>
<td>-1.4%</td>
</tr>
</tbody>
</table>

Since implementation in 2011, the average number of hospitals reporting data was 1,268 and ranged from 151 to 2,985.

* For this measure, a decrease in the rate is desired, so a negative percentage point difference is favorable.

** This measure was included in the composite for 2012, but not subsequently.

This measure is an outcome measure and is not included in the composite. Only proportion process measures are included in the composite.
The Joint Commission Measurement Resources

- View the manual and post questions at: http://manual.jointcommission.org

- Information on Joint Commission requirements
  https://www.jointcommission.org/performance_measurement.aspx

- Access the Annual Report at:
  https://www.jointcommission.org/annualreport.aspx
Perinatal Care Resources

- Council on Patient Safety in Women’s Health Care Patient Safety Bundles and Tools
  https://safehealthcareforeverywoman.org/patient-safety-bundles

- Toward Improving the Outcome of Pregnancy III (TIOP III):
  http://www.marchofdimes.com/professionals/medicalresources_tiop.html
Resources for Elective Delivery

- CMQCC toolkit: https://www.cmqcc.org/resources-toolkits/toolkits/early-elective-deliveries-toolkit
Resources for Cesarean Birth

- California Maternal Quality Care Collaborative white paper: “Cesarean Deliveries, Outcomes, and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality”: https://www.cmqcc.org/resources/documents?combine=cesarean%20deliveries&field_resource_topic_tid=All&field_date_published_value[value]

- CMQCC toolkit: https://www.cmqcc.org/VBirthToolkit
Resources for Cesarean Birth (cont.)

- The Joint Commission’s Speak Up™ Campaign: ABC's of C-Sections
  https://www.jointcommission.org/topics/speak_up_infant_and_childrens_health.aspx

- ACOG Obstetric Care Consensus #1: Safe Prevention of the Primary Cesarean Delivery
  http://www.acog.org/Resources_And_Publications/Obstetric_Care_Consensus_Series/Safe_Prevention_of_the_Primary_Cesarean_Delivery
Resources for Antenatal Steroids

- ACOG clinical-practice guideline, Management of Pre-Term Labor:

- March of Dimes Preterm Labor Assessment Toolkit:
  https://www.prematurityprevention.org/Home
Resources for Preventing Bloodstream Infections

- CDC guideline for the prevention of intravascular catheter-related infection:
  https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html

- Joint Commission CLABSI Toolkit:
  http://www.jointcommission.org/Topics/Clabsi_toolkit.aspx
Resources for Breast Milk Feeding Promotion

- The United States Breastfeeding Committee toolkit: http://www.usbreastfeeding.org/
Resources for Breast Milk Feeding Promotion (cont.)

- The Joint Commission’s Speak Up™ Campaign: What You Need to Know About Breastfeeding
  https://www.jointcommission.org/topics/speak_up_infant_and_childrens_health.aspx

- Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN) position statement on breastfeeding:
Resources for Breast Milk Feeding Promotion (cont.)

- AAP Breastfeeding Resources:
  - Healthy Children.Org: [https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx](https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx)
Resources for Unexpected Complications in Term Newborns

- The California Maternal Quality Care Collaborative (CMQCC):
  https://www.cmqcc.org/focus-areas/quality-metrics/unexpected-complications-term-newborns
Questions

Thank you
These slides are current as of 10/3/2018. The Joint Commission reserves the right to change the content of the information, as appropriate.
Participants are encouraged to ask questions and share comments.

- Please submit any questions or comments via the chat box in the lower left corner of your screen.
- Questions and comments are visible only to presenters.
- Questions will be answered in the order they are received.
Thank You For Attending

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