

CONTINUING EDUCATION

# Perinatal Care (PC) Core Measures: Updates for Fall 2019

**Susan Yendro, RN, MSN, Project Director**

**Rebecca Cooper, RN, MSN, Associate Project Director**

*Department of Quality Measurement*

*The Joint Commission*

**EMPOWERED**  
*by Data.* **CONNECTED**  
*by Purpose.*

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## **Purpose/Goal(s) of this Education Activity**

The purpose/goal(s) 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



- There is no commercial support being received for this activity.
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CME credit is provided for select programs through a partnership with Women & Infants Hospital of Rhode Island (WIHRI).

This activity fulfills core competencies for Continuing Medical Education credit.

Accreditation: Women & Infants Hospital is accredited by the Rhode Island Medical Society to sponsor intrastate continuing education for physicians. Women & Infants Hospital designates this online educational activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**“The Joint Commission Disclaimer:**

**This presentation is current as of October 2, 2019.**

**The Joint Commission reserves the right to change the content of the information as appropriate.”**

# **The Joint Commission Perinatal Care (PC) Measures Updates 2020**

**Susan Yendro, RN, MSN**  
**Project Director**

**Rebecca Cooper, RN, MSN**  
**Associate Project Director**

**Department of Quality Measurement**  
**The Joint Commission**

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# Objectives

- Discuss the Perinatal Care (PC) measures project and reporting requirements
- Discuss each of the Perinatal Care (PC) core performance measures 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 more than 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.



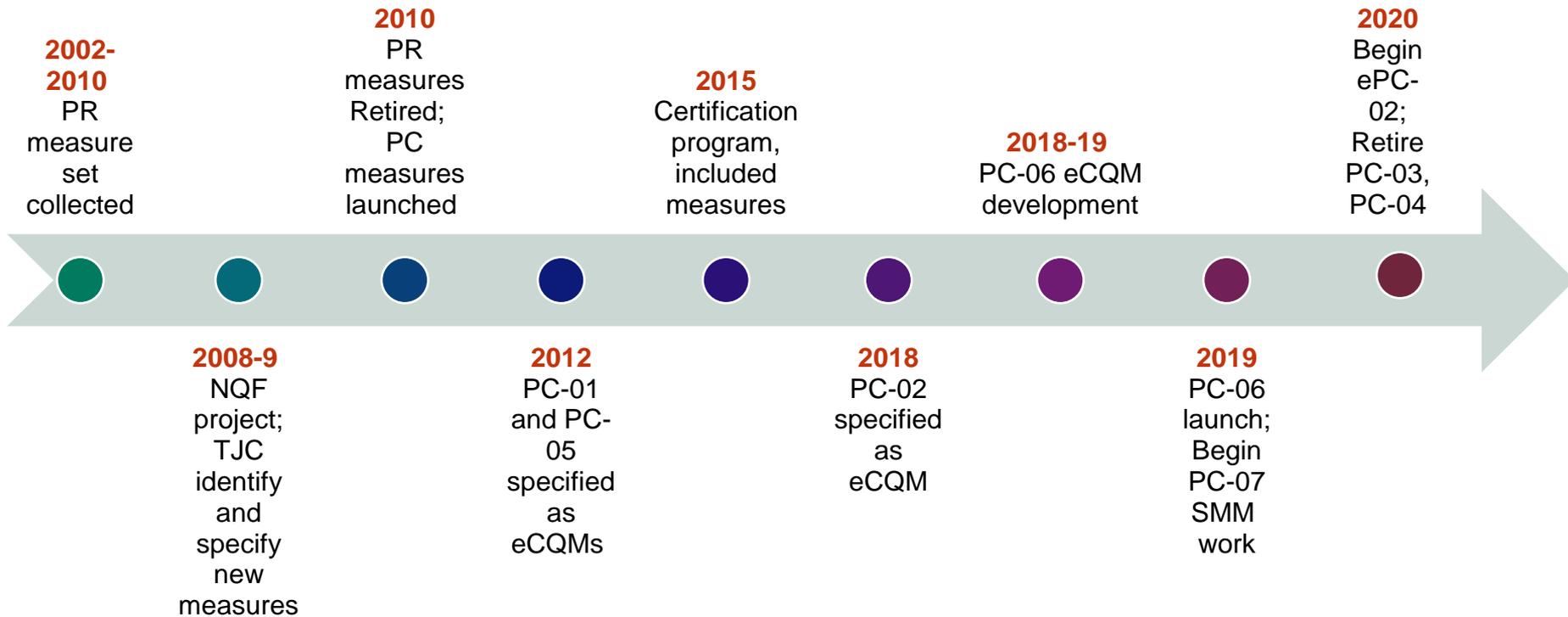
# Our Mission and Vision

**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



# Perinatal Care (PC) Measures – Chart Based

- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03
- PC-04 
- PC-05 Exclusive Breast Milk Feeding
- PC-06 Unexpected Complications in Term Newborns



# Electronic Perinatal Care Measures (ePC)



— Measures currently in use:

- ePC-01 Elective Delivery
- ePC-05 Exclusive Breast Milk Feeding
- ePC-02 Cesarean Birth – launching 1/2020

— Measures under development:

- ePC-06 Unexpected Complications in Term Newborns
- ePC-07 Maternal Complications



# Requirements

# TJC ORYX eCQM's



- A minimum of four eCQMs
- A minimum of one self-selected calendar quarter
- For CY 2020 eCQM data and forward, all hospitals will be transitioned and utilize the DDS (Direct Data Submission) Platform
- Hospitals submitting their eCQM data will manage their data selections to the Joint Commission

# TJC ORYX Chart-based

- One chart-abstracted measure required for submission
- Reporting for PC-01 chart-abstracted measure is required of all hospitals providing Obstetrical Services
- Hospitals with at least 300 live births are required to report on all of the chart-abstracted perinatal care measures
- Collect and submit monthly aggregate data on a quarterly basis for CY 2020 chart-abstracted data
- All hospitals will be transitioned and utilize the DDS (Direct Data Submission) Platform



# 2020 Oryx Requirements



## 2020 ORYX® Performance Measure Reporting Requirements

### Acute Care Hospital Accreditation Program (HAP) Hospitals with ADC > 10 Reporting Requirements

#### Chart-Abstracted Measures

Select and Report Data on:

AND

#### Electronic Clinical Quality Measures (eCQMs)

Select and Report Data on:

- **One chart-abstracted measure** is required for data submission for ORYX requirements:

Joint Commission Chart-Abstracted Measures
PC-01
For health care organizations with at least 300 live births per year, three additional measures are required: PC-02, PC-05, and PC-06

- Reporting for the PC-01 chart-abstracted measure is required of all hospitals providing Obstetrical services.
  - Hospitals not providing Obstetrical Services will not be required to select an alternate measure from the list of additional available measures, though they are free to do so if they wish.
- Hospitals electing to report on available additional measures relevant to services provided and patient populations served by the hospital – see available Joint Commission measures for 2020 at [https://www.jointcommission.org/performance\\_measurement.aspx](https://www.jointcommission.org/performance_measurement.aspx)
- Collect and submit monthly aggregate data on a quarterly basis for calendar year (CY) 2020 using The Joint Commission Direct Data Submission (DDS) Platform.
- In early 2020, The Joint Commission will provide information regarding calendar year 2020 chart-based measure selections.
- *Please note: The Joint Commission has not adopted the CMS “sepsis management bundle” (SEP-1).*

- **Four of ten available eCQMs** are required for data submission for ORYX requirements, applicable to the services provided and patient populations served by the hospital.

Joint Commission eCQMs
eED-2
ePC-01, ePC-02, ePC-05
eSTK-2, eSTK-3, eSTK-5, eSTK-6
eVTE-1, eVTE-2

- Report for a minimum of one self-selected calendar quarter of data for calendar year (CY) 2020.
- Annual submission deadline 3/15/2021 using The Joint Commission Direct Data Submission Platform.
- Hospitals may elect to report additional eCQMs (beyond the minimum 4) relevant to services provided and patient populations served by the hospital.
- Hospitals submitting eCQMs manage their eCQM selections to The Joint Commission within the Direct Data Submission (DDS) Platform.
- *Please note: For CY 2020 The Joint Commission has retained ePC-01 which CMS has removed and added ePC-02 which CMS does not offer.*

# Perinatal Related CMS Requirements

- PC-01 chart-abstracted measure remains in the IQR program, but CMS removed PC-01 from the VBP program for FY 2021 (2019 Performance period)
- Hospitals are required to report on four eCQMs for one self-selected calendar quarter
  - ePC-05 remains an option



# 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

# The Joint Commission

## PC Requirements Grid



Measure Name	Accreditation (300+ births)	Certification (all hospitals)	eCQM (optional)
PC-01 Elective Delivery	X	X	X
PC-02 Cesarean Birth	X	X	<i>Beginning 1/1/2020</i>
PC-03 Antenatal Steroids	Retired 1/1/2020	Retired 1/1/2020	NA
PC-04 Health Care-Associated Bloodstream Infections in Newborns	Retired 1/1/2020	Retired 1/1/2020	NA
PC-05 Exclusive Breast Milk Feeding	X	X	X
PC-06 Unexpected Complications in Term Newborns	X	X	<i>In progress</i>
Maternal Complications 	-	-	<i>Under development</i>

# Standards Update



- Effective July 1, 2020, two new standards to improve the quality and safety of Perinatal Care in Joint Commission–accredited hospitals
- Require organizations to look at processes and procedures surrounding care of women experiencing hemorrhage and severe hypertension/preeclampsia
  - **PC.06.01.01** Reduce the likelihood of harm related to maternal hemorrhage
  - **PC.06.03.01** Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia

# Specifications, Updates and Key Elements

# Initial Patient Population

## 2 Subpopulations



### Mothers

- PC-01 Elective Delivery
- PC-02 Cesarean Birth



### Newborns

- PC-05 Exclusive Breast Milk Feeding
- PC-06 Unexpected Complications in Term Newborn

# Sampling

## Sampling allowed:

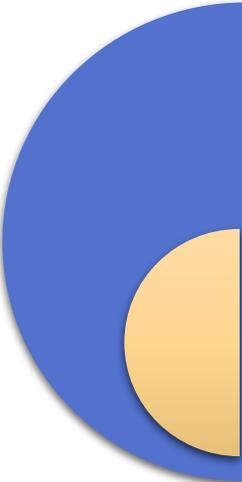
- PC-01 Elective Delivery
- PC-02  
Cesarean Birth
- PC-05  
Exclusive Breast Milk Feeding

## No sampling:

- 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



**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
- $\geq$  to 65 years of age
- LOS >120 days
- Gestational Age < 37 or  $\geq$  39 weeks or UTD
- History of prior stillbirth

# 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



# Gestational Age (PC-01, 02 )

- 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 or at the 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 2020A effective 1/1/2020

- Added to Notes for Abstraction
  - Documented gestational age closest to *or at the time of the delivery*
- Removed Suggested Data Source
  - Discharge summary



# Labor (PC-01)

- 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

# Labor Updates

Update for version 2020A effective 1/1/2020

— Added Note for Abstraction

- SR0M is not the same as labor
- Codes on Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation should be used for pre-labor (preterm) rupture of membranes and for prolonged rupture



# Prior Uterine Surgery (PC-01)

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



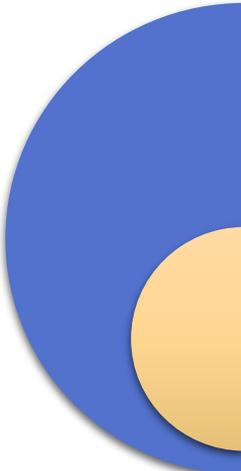
# Prior Uterine Surgery (cont.)

## 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

# PC-02 Cesarean Birth

**Description:** Nulliparous women with a term, singleton baby in a vertex position delivered by 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
- $\geq$  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

# PC-02 Update

Update for version 2020A effective 1/1/2020

- 064.4 Obstructed labor due to shoulder presentation added to Table 11.09.

# PC-02 Cesarean Birth

## Public Reporting

- Starting July 2020 PC-02 will be reported on Quality Check
- Three criteria used to determine PC-02 rating:
  1.  $\geq 30$  cases reported in both years
  2. PC-02 rate  $>30\%$  for the current year
  3. Overall two-year average PC-02 rate  $>30\%$
- Hospitals will be identified with either a plus (+) or minus (-) symbol
  - Plus (+) symbol signifies a hospital has an acceptable rate
  - A minus (-) symbol signifies the hospital's rate is consistently high, and large enough sample size

## PC-03 Antenatal Steroids

- **Description:** Patients at risk of preterm delivery at  $\geq 24$  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-04 Health Care-Associated Bloodstream Infections in Newborns

- **Description:** Staphylococcal and gram negative septicemias or bacteremias in high-risk newborns
- Original Performance Measure/ Source Developer: Agency for Healthcare Research and Quality



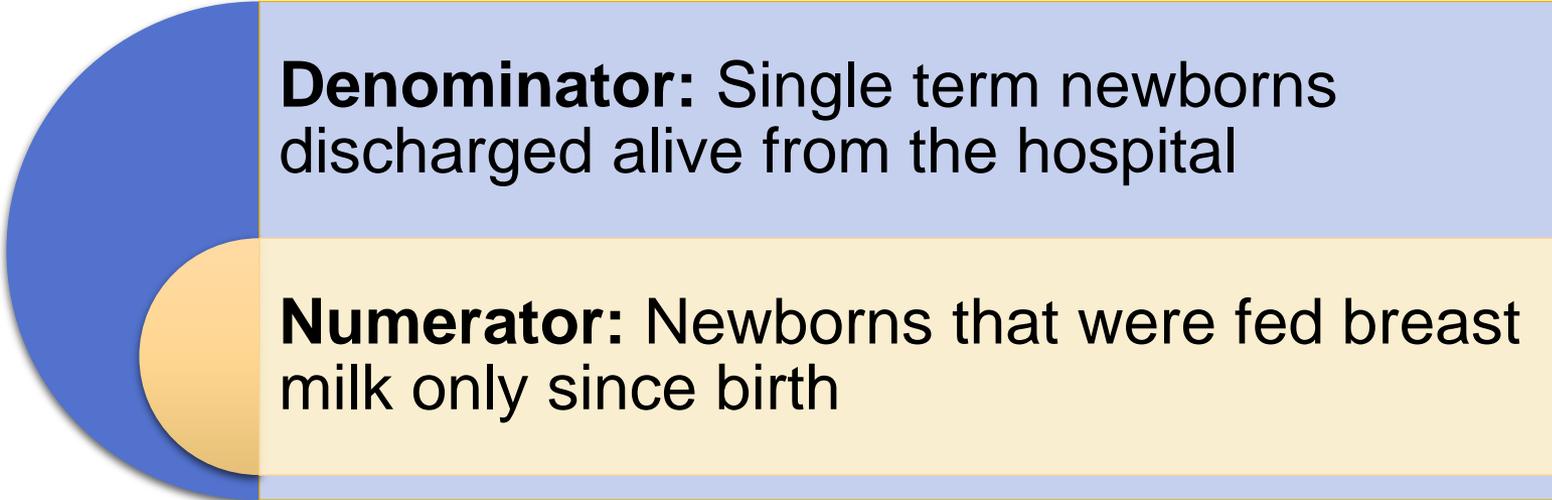


# PC-03 and PC-04 Retirement

- Manual Addendum version 2020A1 effective 1/1/2020
- Most hospitals are performing well on the measures
- Reduce the burden of abstraction
- Shift focus to perinatal safety areas needing improvement
- Retired for both accreditation and certification

# PC-05 Exclusive Breast Milk Feeding

**Description:** Exclusive breast milk feeding during the newborn's entire hospitalization



**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-Appendix A, Table 11.20.1

## Excluded Population:

- Admitted to the Neonatal Intensive Care Unit (NICU)
- Other Diagnosis Code for Galactosemia-Appendix A, Table 11.21
- Principal or Other Procedure Code for Parenteral Nutrition-Appendix A, Table 11.22
- 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 (PC-05)

- 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, 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”
- The mother's medical record alone cannot be used to determine the newborn's gestational age
- Use documentation based on dates over newborn exam
- Vital records reports, delivery logs or clinical information systems acceptable data sources

# Term Newborn Updates

Update for version 2019A effective 7/1/2019

- Allowable values changed to 1, 2, 3 to separate UTD from No in PC-06
- Data element used in both PC-05 and PC-06, algorithms for both measures updated



# Exclusive Breast Milk Feeding (PC-05)

- 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

# Exclusive Breast Milk Feeding Updates

Update version 2020A effective 1/1/2020

— Added Note for Abstraction

- The use of dextrose or glucose 40% gel is considered a medication, not a feeding
- This should be reflected in the documentation

# PC-06 Unexpected Complications in Term Newborns

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

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

**Numerator:** Newborns with severe and moderate complications, newborns with severe complications and newborns with moderate complications

# PC-06 Rationale

- Most important outcome for families is bringing home a healthy baby
- Lack of metrics for outcomes of term infants (over 90% of all births) this measure addresses this gap
- Identifies severe or moderate morbidity in otherwise healthy term infants without preexisting conditions
- Uses length of stay (LOS) modifiers to guard against over-coding and under-coding of diagnoses
- Serves as a balancing measure for maternal measures such as NTSV Cesarean and elective delivery rates, the purpose to guard against any unanticipated or unintended consequences of quality improvement activities for these measures

# Denominator Population

## Included Population:

- Single liveborn newborns-Appendix A, Table 11.20.1

## Excluded Population:

- Patients who are not born in the hospital-Appendix A, Table 11.20.1
- 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 for higher level of care
- 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:

### Included Population:

- Diagnosis or Procedure Codes for moderate complications:
    - Moderate Birth Trauma
    - Moderate Respiratory Complications
  - Patients with Length of Stay greater than 5 days and NO jaundice or social indications
  - Vaginal delivery AND Length of Stay greater than 2 days
- OR**
- Cesarean delivery AND Length of Stay greater than 4 days

# 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



# Key notes for PC-06

- No sampling
  - Looking for rare events/ conditions
- Use of non-chart abstracted data sources encouraged
  - vital records
  - delivery logs
  - clinical information systems



# PC-06 Rates

- Data is reported as an aggregate rate generated from count data reported as a rate **per 1000 livebirths**.
- There are 3 numerators, but the denominator remains the same for all sub-measures
- 3 Rates will be reported:

Set Measure ID	Performance Measure Name
PC-06.0	Unexpected Complications in Term Newborns - Overall Rate
PC-06.1	Unexpected Complications in Term Newborns - Severe Rate
PC-06.2	Unexpected Complications in Term Newborns - Moderate Rate

# PC-06 Updates

Update version 2020A effective 1/1/2020

## **Discharge Disposition:**

For PC-06 Only:

- Newborns transferred to another acute care facility for purposes other than medical treatment or need for a higher level of care, and mother and baby remain together, abstract allowable value 8. Examples:
  - To another facility covered by their health plan
  - For disaster evacuation
  - Full census

# PC-06 Updates (con't)

Update version 2020A effective 1/1/2020

- Clarify the numerator statement for each sub-measure
  - PC-06.0 Newborns with severe and moderate complications
  - PC-06.1 Newborns with severe complications
  - PC-06.2 Newborns with moderate complications
- Clarify measure calculation
  - Final Denominator is the same for each sub-measure

# ePC-07 Maternal Complications Measure (Under development)

- CDC and AIM (Alliance for Innovation on Maternal Health) identified Severe Maternal Morbidity ICD-10-CM Codes during Delivery
- Developing eCQM value sets to align with CDC and AIM codes
- Monitoring national publications and engaging experts in the field to inform measure development.



# Resources for PC Measures

# 2017 and 2018 ORYX National



## Aggregated Chart Abstracted Measures

**Table 3. Performance Measures Relating to Perinatal Care, Venous Thromboembolism Care, Immunization, Tobacco Use Treatment, and Substance Use Care**

LABEL	MEASURE NAME	MEASURE RESULTS	
		2017	2018
IMM-2	Influenza Immunization	93.9%	93.7%
PC-01*	Elective Delivery	1.7%	1.6%
PC-02	Cesarean Birth—Overall Rate	26.0%	25.5%
PC-03	Antenatal Steroids	98.2%	98.3%
PC-04*	Health Care—Associated Bloodstream Infections in Newborns	1.2%	1.3%
PC-05	Exclusive Breast Milk Feeding	51.6%	51.5%

\* For PC-01, PC-04, and VTE-6, a lower score reflects better performance for this measure.

Source: *Perspectives*®, October 2019, Volume 39, Issue 10

# The Joint Commission's Annual Report on Quality and Safety

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

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](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](http://www.marchofdimes.com/professionals/medicalresources_tiop.html)

# Resources for Elective Delivery

- March Of Dimes (MOD)/California Maternal Quality Care Collaborative (CMQCC) <39wk Toolkit available at MOD: <https://www.marchofdimes.org/professionals/less-than-39-weeks-toolkit.aspx> OR
- CMQCC toolkit: <https://www.cmqcc.org/resources-tools/toolkits/toolkits/early-elective-deliveries-toolkit>
- Early Elective Delivery Playbook - Maternity Action Team available at: [http://www.qualityforum.org/Publications/2014/08/Early\\_Elective\\_Delivery\\_Playbook\\_-\\_Maternity\\_Action\\_Team.aspx](http://www.qualityforum.org/Publications/2014/08/Early_Elective_Delivery_Playbook_-_Maternity_Action_Team.aspx)

# 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\[value\]](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](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](http://www.acog.org/Resources_And_Publications/Obstetric_Care_Consensus_Series/Safe_Prevention_of_the_Primary_Cesarean_Delivery)

# Resources for Breast Milk Feeding Promotion

- The Centers for Disease Control and Prevention (CDC) guide: <http://www.cdc.gov/breastfeeding/resources/guide.htm>.
- The Academy of Breastfeeding Medicine (ABM) protocols: <http://www.bfmed.org/Resources/Protocols.aspx> .
- 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](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:  
<http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1552-6909.12530/>

# 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>
- Breastfeeding Initiatives: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/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>

# <https://manual.jointcommission.org>

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Welcome to the Performance Measurement Network Q&A Forum

## Measure Specifications Manuals

### Joint Commission Only Measures

- **Future:** [Specifications Manual for Joint Commission National Quality Measures \(version 2020A1\)](#) (**Updated 9/13/2019 - corrections to Appendix A, Table 10.01 and a data element**) (ED, IMM, SUB, TOB, VTE, HBIPS, PC, ASR, ACHF, ACHFOP, CSTK, PAL, STK, STK-OP, THKR-IP, THKR-OP Measures: applicable to Discharges 01-01-20 (1Q20) through 06-30-20 (2Q20))
- **Current 4Q19:** [Specifications Manual for Joint Commission National Quality Measures \(version 2019A1\)](#) (**Updated 8/30/2019 - Appendix A - ICD-10 annual updates**) (HBIPS, PC, ASR, ACHF, ACHFOP, CSTK, PAL, STK, STK-OP, THKR-IP, THKR-OP Measures: applicable to Discharges 10-01-19 through 12-31-19 (4Q19))

**Note:** This slide presentation highlights key points and abstraction guidelines only. Complete measure specifications are provided in the specifications manual and should be used for medical record abstraction.

# Questions



*Thank you*

# The Joint Commission Disclaimer

- These slides are current as of (10/2/2019). 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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- Certificates of attendance and completion will be emailed within 14 business days