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
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.

• No individuals in a position to control content for this activity has any relevant financial relationships to declare.

• There will be no discussion of off-label usage of any products.

• To successfully complete this activity and receive 1.5 Contact Hour(s)/1.0 AMA PRA Category 1 Credit™ you must attend/watch the program and submit the completed post-test/evaluation to NPIC.
1.0 AMA PRA Category 1 Credit™

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.”
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

2002-2010
PR measure set collected

2010
PR measures
Retired;
PC measures launched

2015
Certification program, included measures

2018-19
PC-06 eCQM development

2020
Begin ePC-02;
Retire PC-03, PC-04

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;
Begin PC-07 SMM work
Perinatal Care (PC) Measures – Chart Based

- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03 **RETIRED**
- 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
2020 ORYX Requirements

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**

<table>
<thead>
<tr>
<th>Chart-Abstracted Measures</th>
<th>AND</th>
<th>Electronic Clinical Quality Measures (eCQMs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select and Report Data on:</strong></td>
<td></td>
<td><strong>Select and Report Data on:</strong></td>
</tr>
<tr>
<td><strong>One chart-abstracted measure</strong> is required for data submission for ORYX requirements:</td>
<td></td>
<td><strong>Four of ten available eCQMs</strong> are required for data submission for ORYX requirements, applicable to the services provided and patient populations served by the hospital.</td>
</tr>
<tr>
<td>Joint Commission Chart-Abstracted Measures</td>
<td></td>
<td>Joint Commission eCQMs</td>
</tr>
<tr>
<td>PC-01</td>
<td>eED-2</td>
<td></td>
</tr>
<tr>
<td>For health care organizations with at least 300 live births per year, three additional measures are required: PC-02, PC-05, and PC-06</td>
<td>ePC-01, ePC-02, ePC-05</td>
<td></td>
</tr>
<tr>
<td>Reporting for the PC-01 chart-abstracted measure is required of all hospitals providing Obstetrical services.</td>
<td>eSTK-2, eSTK-3, eSTK-5, eSTK-6</td>
<td></td>
</tr>
<tr>
<td>- 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.</td>
<td>eVTE-1, eVTE-2</td>
<td></td>
</tr>
<tr>
<td>- 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 <a href="https://www.jointcommission.org/performance_measurement.aspx">https://www.jointcommission.org/performance_measurement.aspx</a></td>
<td>Report for a minimum of one self-selected calendar quarter of data for calendar year (CY) 2020.</td>
<td></td>
</tr>
<tr>
<td>- In early 2020, The Joint Commission will provide information regarding calendar year 2020 chart-based measure selections.</td>
<td>Hospitals may elect to report additional eCQMS (beyond the minimum 4) relevant to services provided and patient populations served by the hospital.</td>
<td></td>
</tr>
<tr>
<td>Please note: The Joint Commission has not adopted the CMS “sepsis management bundle” (SEP-1).</td>
<td>Hospitals submitting eCQMs manage their eCQM selections to The Joint Commission within the Direct Data Submission (DDS) Platform.</td>
<td></td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Accreditation (300+ births)</th>
<th>Certification (all hospitals)</th>
<th>eCQM (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-01 Elective Delivery</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>PC-02 Cesarean Birth</td>
<td>X</td>
<td>X</td>
<td>Beginning 1/1/2020</td>
</tr>
<tr>
<td>PC-03 Antenatal Steroids</td>
<td>Retired 1/1/2020</td>
<td>Retired 1/1/2020</td>
<td>NA</td>
</tr>
<tr>
<td>PC-04 Health Care-Associated Bloodstream Infections in Newborns</td>
<td>Retired 1/1/2020</td>
<td>Retired 1/1/2020</td>
<td>NA</td>
</tr>
<tr>
<td>PC-05 Exclusive Breast Milk Feeding</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>PC-06 Unexpected Complications in Term Newborns</td>
<td>X</td>
<td>X</td>
<td>In progress</td>
</tr>
<tr>
<td>Maternal Complications</td>
<td>-</td>
<td>-</td>
<td>Under development</td>
</tr>
</tbody>
</table>
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
- >= to 65 years of age
- LOS >120 days
- Gestational Age < 37 or ≥ 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
  - SROM 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
- >= 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. ≥ 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

**RETIRED**
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:

<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 NO jaundice or social indications</td>
</tr>
<tr>
<td>• Vaginal delivery AND Length of Stay greater than 2 days OR</td>
</tr>
<tr>
<td>• Cesarean delivery AND Length of Stay greater than 4 days</td>
</tr>
</tbody>
</table>
### Numerator Population

**Moderate Complications, continued:**

<table>
<thead>
<tr>
<th>Included Population:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AND ANY</strong></td>
</tr>
<tr>
<td>• Diagnosis Code or Other Procedure Codes for moderate complications:</td>
</tr>
<tr>
<td>o Moderate Birth Trauma</td>
</tr>
<tr>
<td>o Moderate Respiratory Complications with LOS</td>
</tr>
<tr>
<td>o Moderate Neurological Complications with LOS</td>
</tr>
<tr>
<td>o Moderate Infection with LOS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excluded Population:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None</td>
</tr>
</tbody>
</table>
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:

<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 - Overall Rate</td>
</tr>
<tr>
<td>PC-06.1</td>
<td>Unexpected Complications in Term Newborns - Severe Rate</td>
</tr>
<tr>
<td>PC-06.2</td>
<td>Unexpected Complications in Term Newborns - Moderate Rate</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Label</th>
<th>Measure Name</th>
<th>Measure Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMM-2</td>
<td>Influenza Immunization</td>
<td>93.9% 93.7%</td>
</tr>
<tr>
<td>PC-01*</td>
<td>Elective Delivery</td>
<td>1.7% 1.6%</td>
</tr>
<tr>
<td>PC-02</td>
<td>Cesarean Birth—Overall Rate</td>
<td>26.0% 25.5%</td>
</tr>
<tr>
<td>PC-03</td>
<td>Antenatal Steroids</td>
<td>98.2% 98.3%</td>
</tr>
<tr>
<td>PC-04*</td>
<td>Health Care—Associated Bloodstream Infections in Newborns</td>
<td>1.2% 1.3%</td>
</tr>
<tr>
<td>PC-05</td>
<td>Exclusive Breast Milk Feeding</td>
<td>51.6% 51.5%</td>
</tr>
</tbody>
</table>

*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

<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_tio.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 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:


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
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.
REMINDER:
DO NOT CLOSE YOUR BROWSER WINDOW

- Post-test and evaluation will automatically appear once the webinar has ended
- Please complete the post-test and evaluation within 24 hours
- Certificates of attendance and completion will be emailed within 14 business days