Perinatal Care (PC) Core Measure: PC-01 Elective Delivery

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Department of Quality Measurement
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Perinatal Care (PC) Project

Overview

- 2007 Board of Commissioners recommendation
  - Use current evidence

- 2008 National Quality Forum project
  - Technical Advisory Panel (TAP) appointed

- 2009 TAP meeting
  - Measure specifications completed
  - Manual released

- 2010 Data Collection began
Joint Commission Core Measure Sets

- 14 standardized core measure sets
  - Acute myocardial infarction
  - Heart failure
  - Pneumonia
  - Surgical Care Improvement Project
  - Perinatal care
  - Children’s asthma care
  - Hospital outpatient
  - Hospital-based inpatient psychiatric services
  - Venous thromboembolism
  - Stroke
  - Immunization
  - Emergency department
  - Tobacco treatment
  - Substance use
Current ORYX Requirements

- Acute-care hospitals **SIX** core measure sets, effective with **January 1, 2014** discharges
- AMI, HF, Pneumonia and SCIP mandatory if those patient populations are served
- Perinatal Care set mandatory for hospitals with 1,100 or more births per year (fifth mandatory measure set)
Reporting Requirement for Centers for Medicare and Medicaid Services (CMS)

- Final Rule posted August 2013
- Continue collecting & reporting PC-01: Elective Delivery
- Proposed rule for 2014 expected late April to early May
In Development: Perinatal Care Certification

<table>
<thead>
<tr>
<th>WHAT</th>
<th>Strong focus on improving quality of care for normal physiologic birth through use of standards, clinical practice guidelines, and performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHEN</td>
<td>Timeline under review Current projection: sometime in 2015</td>
</tr>
<tr>
<td>PROCESS POINT</td>
<td>Standards and onsite review process currently in development and pilot testing</td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>Contact us at <a href="mailto:dscinfo@jointcommission.org">dscinfo@jointcommission.org</a></td>
</tr>
</tbody>
</table>
PC Core Measures

- PC-01 Elective Delivery
- PC-02 Cesarean Section
- PC-03 Antenatal Steroids
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding
- PC-05a Exclusive Breast Milk Feeding Considering Mother’s Choice

NQF Endorsed
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
Maternal Initial Patient Population

- Patients admitted with ICD-9-CM Principal or Other Diagnosis Code as defined in Appendix A, Tables 11.01, 11.02, 11.03, or 11.04
- Patient Age (Admission Date – Birthdate) $\geq 8$ years and $< 65$
- Length of Stay (Discharge Date - Admission Date) $\leq 120$ days.
Maternal Quarterly Sampling (Based on Initial Patient Population)

<table>
<thead>
<tr>
<th>Quarterly Discharges</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=1501</td>
<td>301</td>
</tr>
<tr>
<td>376-1500</td>
<td>20%</td>
</tr>
<tr>
<td>75-375</td>
<td>75</td>
</tr>
<tr>
<td>&lt;75</td>
<td>100% (no sampling)</td>
</tr>
</tbody>
</table>
# Maternal Monthly Sampling (Based on Initial Patient Population)

<table>
<thead>
<tr>
<th>Monthly Discharges</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=541</td>
<td>109</td>
</tr>
<tr>
<td>126-500</td>
<td>20%</td>
</tr>
<tr>
<td>25-125</td>
<td>25</td>
</tr>
<tr>
<td>&lt;25</td>
<td>100% (no sampling)</td>
</tr>
</tbody>
</table>
PC-01

Elective Delivery

Original Performance Measure/Source
Developer: Hospital Corporation of America-Women's and Children's Clinical Services
Rationale

- American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) standard
- Significant short-term newborn morbidity
- Elective inductions result in more cesarean sections
Numerator and Denominator

Patients with elective deliveries

Patients delivering newborns with \( \geq 37 \) and \(< 39\) weeks of gestation completed
Included Populations:
- Diagnosis Codes for pregnancy- Appendix A, Tables 11.01, 11.02, 11.03, 11.04
- Diagnosis Codes for planned cesarean section in labor- Appendix A, Table 11.06.1
Excluded Populations:
- Diagnosis Codes for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation- Appendix A, Table11.07
- < 8 years of age
- >= to 65 years of age
- LOS >120 days
- Enrolled in clinical trials
- Gestational Age < 37 or ≥ 39 weeks
Denominator Data Elements

- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
- Gestational Age
- Principal or Other Diagnosis Codes
Gestational Age (PC-01, 02 & 03)

- Completed weeks of gestation
- Days \( \leq 6 \) are always rounded down
- EGA should be documented if no prenatal care
- Document closest to time of delivery
- Vital records reports an acceptable data source
Numerator Populations

Included Populations: Procedure Codes for one or more of the following:
- Medical induction of labor- Appendix A, Table 11.05
- Cesarean section- Appendix A, Table 11.06 and all of the following: not in Labor, not experiencing Spontaneous Rupture of Membranes and no history of Prior Uterine Surgery

Excluded Populations: None
Numerator Data Elements

- Principal & Other Procedure Codes
- Labor
- Prior Uterine Surgery
- Spontaneous Rupture of Membranes
Labor

- Documentation taken at face value
- Descriptors not required to be present
- Descriptive Inclusions:
  - Active Labor
  - Spontaneous Labor
  - Early Labor
- Descriptive Exclusions:
  - Prodromal Labor
  - Latent Labor
Prior Uterine Surgery

Inclusions:

- Prior classical cesarean section (vertical incision into upper uterine segment)
- Prior myomectomy
- Prior surgery with perforation (result of accidental injury)
- History of uterine window (prior surgery or via ultrasound)
- History of uterine rupture
Prior Uterine Surgery (Cont.)

Exclusions:

- Prior cesarean section without specifying type
- Prior low-transverse cesarean section
How can we improve performance for PC-01?

- Adopt a hospital wide policy establishing criteria for performing early term medical inductions and cesarean sections
- Require review of requests not meeting criteria
- Clear, concise documentation by clinicians
- Coder education as needed
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.
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
What are the national benchmarks for the PC measures?
<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Name</th>
<th>2012 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Care Composite</td>
<td>57.6%</td>
<td></td>
</tr>
<tr>
<td>PC-01</td>
<td>Elective Delivery</td>
<td>8.2%</td>
</tr>
<tr>
<td>PC-02</td>
<td>Cesarean Section*</td>
<td>26.3%</td>
</tr>
<tr>
<td>PC-03</td>
<td>Antenatal Steroids</td>
<td>81.8%</td>
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<tr>
<td>PC-04</td>
<td>Health Care-Associated Bloodstream Infections in Newborns*</td>
<td>0.9%</td>
</tr>
<tr>
<td>PC-05</td>
<td>Exclusive Breast Milk Feeding</td>
<td>50.8%</td>
</tr>
</tbody>
</table>

* Denotes outcome measure
Resources
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
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.
View the manual and post questions at:
http://manual.jointcommission.org
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