

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


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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

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- 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



COMING
SOON!

| | |
|---------------|---|
| WHAT | Strong focus on improving quality of care for normal physiologic birth through use of standards, clinical practice guidelines, and performance measures |
| WHEN | Timeline under review Current projection: sometime in 2015 |
| PROCESS POINT | Standards and onsite review process currently in development and pilot testing |
| QUESTIONS | Contact us at dscinfo@jointcommission.org |

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

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) ≥ 8 years and < 65
- ▶ Length of Stay (Discharge Date - Admission Date) ≤ 120 days.

Maternal Quarterly Sampling (Based on Initial Patient Population)

| Quarterly Discharges | Sample Size |
|----------------------|--------------------|
| ≥ 1501 | 301 |
| 376-1500 | 20% |
| 75-375 | 75 |
| < 75 | 100% (no sampling) |

Maternal Monthly Sampling (Based on Initial Patient Population)

| Monthly Discharges | Sample Size |
|--------------------|--------------------|
| ≥ 541 | 109 |
| 126-500 | 20% |
| 25-125 | 25 |
| < 25 | 100% (no sampling) |



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
 ≥ 37 and < 39 weeks of gestation
completed

Denominator Populations

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

Denominator Populations (Cont.)

Excluded Populations:

- 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
- Enrolled in clinical trials
- Gestational Age < 37 or \geq 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 ≤ 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


FAQs





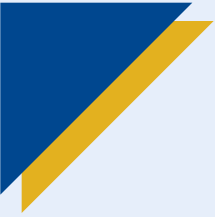
How come some of ACOG's approved justifications are not considered?

- ▶ 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



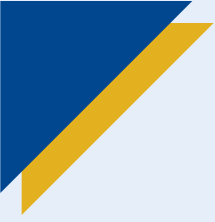
What are the national benchmarks for the
PC measures?

The Joint Commission's Annual Report on Quality and Safety 2013

| Measure Number | Measure Name | 2012 Rate |
|---------------------------------|--|-----------|
| <i>Perinatal Care Composite</i> | | 57.6% |
| PC-01 | Elective Delivery | 8.2% |
| PC-02 | Cesarean Section* | 26.3% |
| PC-03 | Antenatal Steroids | 81.8% |
| PC-04 | Health Care-Associated Bloodstream Infections in Newborns* | 0.9% |
| PC-05 | Exclusive Breast Milk Feeding | 50.8% |

* 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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