NPIC

National Perinatal Information Center

CONTINUING EDUCATION

# Perinatal Care (PC) Core Measures: Updates for Fall 2021

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

EMPOWERED by Data. CONNECTED by Purpose.

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# Learner Outcome & Contact Hour

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

The purpose/goal(s) of this activity is for participants to be able to verbalize changes and updates to Joint Commission maternal core measures, PC-02 and PC-06 standards, reporting and documentation.

## 1.5 Contact Hour(s)

This nursing continuing professional development activity has been approved by the Northeast Multistate Division Continuing Education Unit, 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.

# Continuing Medical Education (CME)

**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 Massachusetts 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. This activity qualifies for 1.0 Risk Management Credit.

**Chris Walas, MSN, RN, Associate Project Director**
**Department of Quality Measurement The Joint Commission**

# The Joint Commission Perinatal Care (PC) Measures Updates 2021

National Perinatal Information Center Webinar

September 15, 2021

The Joint Commission

# The Joint Commission Disclaimer

- These slides are current as of (08/31/2021). The Joint Commission reserves the right to change the content of the information, as appropriate.

# Objectives

- Discuss the Perinatal Care (PC) measures updates
- 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

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# Introduction

# The Joint Commission

An independent, not-for-profit organization founded in 1951

NOT a “regulatory agency”

The nation's oldest and largest standards-setting and accrediting body in health care

Certifies and accredits over 22,000 health care organizations and programs in the United States

Joint Commission International is in > 100 countries worldwide

# 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.

We have accreditation programs for hospitals, nursing care centers, home care, behavioral health, ambulatory care, laboratories, and office-based surgery

# Our Levers to Improve Care

- Standards
  - Assess during on-site survey
- Performance Measures
- Share leading practices, including high reliability solutions
- Publications: Sentinel Event Alert, Quick Safety, Joint Commission Journal on Quality and Patient Safety

# Certification

- Deeper look at quality and safety for a specific condition or procedure than what is done during accreditation
- Addresses the questions, I know the (health care organization) is safe because it is accredited, but:
  - How well does this doctor/center care for people with my condition? (measures)
  - How well does this doctor/center perform the surgery/procedure I need? (measures)
  - Do they have all the essential resources to care for me in any eventuality? (standards)

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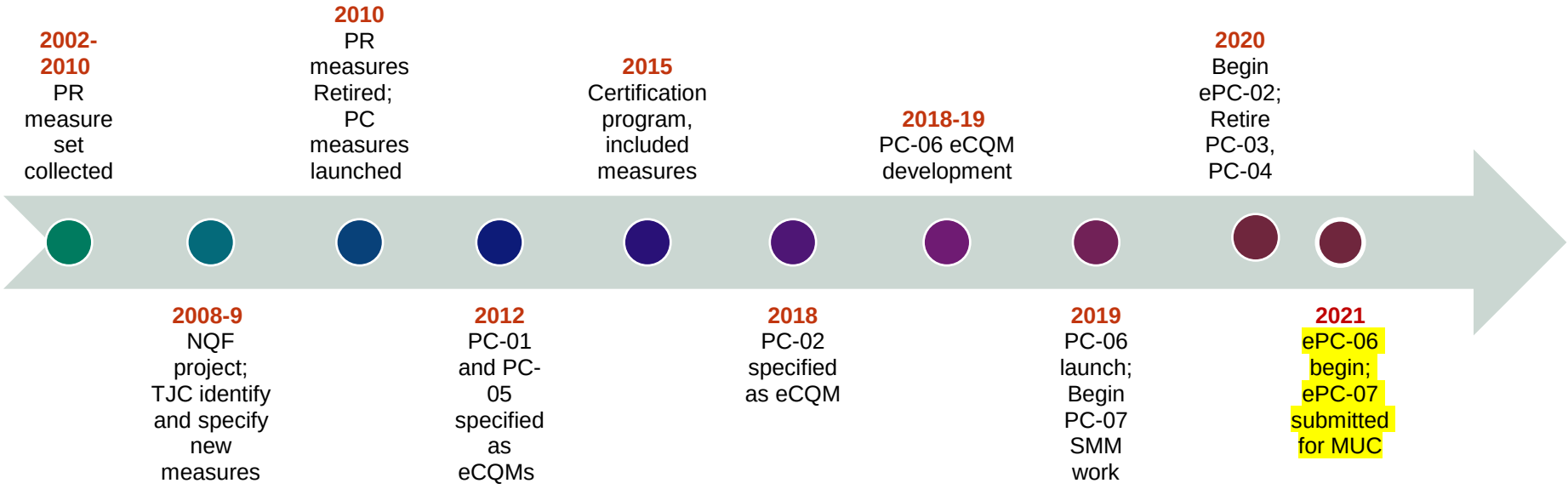
# Perinatal Measures Project

# Perinatal Care Measures Project History

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# 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-02 Cesarean Birth
  - ePC-05 Exclusive Breast Milk Feeding
  - ePC-06 Unexpected Complications in Term Newborns
- Measures under development:

NEW! ePC-07 Severe Obstetric Complications

# Key Measure Activity

National Quality Forum measure endorsement:

- Perinatal measures endorsed November 2020
  - PC-01 Elective Delivery
  - ePC-01 Elective Delivery
  - PC-05 Exclusive Breast Milk Feeding
  - ePC-05 Exclusive Breast Milk Feeding
  - PC-02 Cesarean birth
  - PC-06 Unexpected Complications in Term Newborns (CMQCC steward)

# Perinatal Care 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

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# Requirements

# Performance Measurement: Accreditation

- The Joint Commission's ORYX® initiative integrates performance measurement data into the accreditation process.
- ORYX measurement requirements support Joint Commission-accredited organizations in their quality improvement efforts.
- The Joint Commission continues to align measures as closely as possible with the Centers for Medicare & Medicaid Services (CMS).

# Accreditation: CY2021 Measures

**2021 ORYX® Performance Measure Reporting Requirements:**
**Hospital Accreditation Program (HAP) and Critical Access Hospital Accreditation (CAH) Program**

| | ORYX OVERVIEW: HAP & CAH FACILITIES ORYX DATA SUBMISSION REQUIREMENTS | | | |
|---|---|---|---|---|
| # (Link) | **HAP & CAH: Facility Size/Type** | **Chart-abstracted Measure Requirements** | **Electronic Clinical Quality Measure (eCQM) Requirements** | **Additional Information** |
| 1 | Hospitals (HAP) with ≥26 Licensed beds *OR* ≥50,000 Outpatient visits *AND*: | | Select a minimum of 4 eCQMs, reporting the same eCQMs for 2 self-selected quarters.<br><br>There are 12 available eCQMs for CY2021. | - Additional measures are available for submission based on patient population/services offered.<br>- [1]HCOs can submit associated eCQMs instead of chart-abstracted Measures to meet their PC measure requirements.<br>- [2]HCOs that do not provide Obstetrical Services are not required to submit alternate chart-abstracted measures but may do so if they wish. |
| | • 300+ live births annually | PC-01, PC-02, PC-05, PC-06[1] | | |
| | • 1-299 live births annually | PC-01[1] | | |
| | • Do not provide Obstetrical Services | None[2] | | |
| 2 | Hospitals (HAP) with <26 Licensed beds **AND** <50,000 Outpatient visits (Small Hospitals) | Required to submit any combination of three (3) eCQMs and/or chart-abstracted measures applicable to patient population/services offered | | - May elect to submit additional measures based on patient population/services offered. |
| 3 | Critical Access Hospitals (CAH) | Required to submit any combination of three (3) eCQMs and/or chart-abstracted measures applicable to patient population/services offered | | - May elect to submit additional measures based on patient population/services offered. |

2022 requirements not yet announced

https://www.jointcommission.org/measurement/reporting/accreditation-oryx/

# TJC ORYX Chart-based

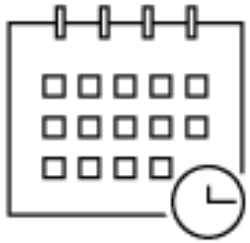
2021 ORYX Requirements

- 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 the chart-abstracted perinatal care measures.
- Collect and submit monthly aggregate data on a quarterly basis for CY 2021 chart-abstracted data.
- utilize the DDS (Direct Data Submission) Platform
- HCO can submit associated eCQMs instead of chart-abstracted measures to meet their PC measure requirements

# TJC ORYX eCQM's

- A minimum of four eCQMs
- Report same eCQMs for a minimum of 2 self-selected calendar quarters
- Beginning CY 2021, all hospitals will utilize the DDS (Direct Data Submission) Platform to submit their eCQM data
- Hospitals submitting their eCQM data will manage their data selections to the Joint Commission.

# Measure Reporting Timelines CY2021



The deadlines to submit CY2021 Chart Abstracted data are as follows:

- 1Q 2021 data due July 30, 2021
- 2Q 2021 data due Sep 30, 2021
- 3Q 2021 data due Dec 31, 2021
- 4Q 2021 data due Mar 31, 2022

The deadline to submit CY2021 eCQM data is

- March 15, 2022

HCOs are encouraged to plan ahead and use the Platform well in advance of deadlines in order to address and resolve any technical issues using the Platform. This will ensure that any action needed to address issue(s) which impacts the ability to submit data and requires engagement with your informatics, IT, or consultant staff occurs in a timely manner.

# Performance Measurement: Certification

- The Joint Commission integrates the receipt of performance measurement data into the certification process.
- The Certification Measure Information Process (CMIP) tool is applicable to all certified HCOs or HCOs seeking certification for the first time.
- The CMIP tool includes an electronic form used by HCOs to submit certification performance measurement data and performance improvement information to The Joint Commission.

# Certification: Measures CY2021 Reporting Requirements

- Certification data submission deadlines are the same as for accreditation

# The Joint Commission PC Requirements

| Measure Name | Accreditation *(300+ births)* | Certification *(all hospitals)* | eCQM *(optional)* |
|---|---|---|---|
| PC-01 Elective Delivery | X | X | X |
| PC-02 Cesarean Birth | X | X | *X* |
| 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 | *Started 1/1/2021* |
|  Severe Obstetric Complications | - | - | *Under development* |

# Standards for Perinatal Safety

- Two new standards to improve the quality and safety of Perinatal Care in Joint Commission–accredited hospitals were implemented January 2021
- Require organizations to look at processes and procedures surrounding care of women experiencing hemorrhage and severe hypertension/preeclampsia

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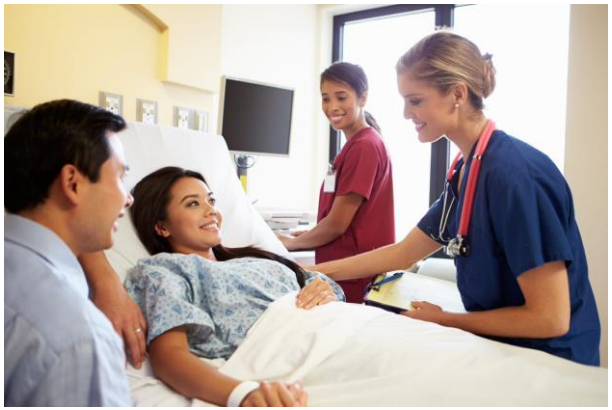
# New Standards for Perinatal Safety

**PC.06.01.01** Reduce the likelihood of harm related to maternal hemorrhage.

- Determine hemorrhage risk assessment
- Create evidence-based policies and procedures
- Hemorrhage supply kits
- Conduct annual drills and debriefs
- Review hemorrhage cases
- Provide patient and family discharge education addressing signs/symptoms



# New Standards for Perinatal Safety

**PC.06.01.03** Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia.

- Write evidence-based protocols for managing blood pressures
- Create evidence-based policies and procedures
    - Supply kits
    - Higher level of care transfers
    - Seizure prophylaxis, fetal monitoring, emergent delivery
- Conduct annual drills and debriefs
- Review hypertension/preeclampsia cases
- Provide patient and family discharge education addressing signs/symptoms.

# Maternal Levels of Care (MLC): General Program Overview

The voluntary MLC product has been developed in collaboration with ACOG, utilizing the Levels of Maternal Care (LoMC) Obstetric Care Consensus from 2019.

- Level I (basic care)
- Level II (specialty care)
- Level III (subspecialty care)
- Level IV (regional perinatal health care centers)

**Each level builds upon the previous level requiring organizations to demonstrate a higher level of capability.

The Joint Commission will conduct on-site surveys every 3 years. The program is designed to verify organizational services, skills and capabilities.

MLC is open to any acute care hospital and critical access hospital who is otherwise in compliance with CoPs and federal laws.

The purpose of MLC is to establish a complete and integrated system of perinatal regionalization and risk-appropriate maternal care using a classification system for the purposes of reducing maternal morbidity and mortality.

# Advanced Perinatal Care Certification

- Currently under development in collaboration with ACOG.
- Launch date TBD.

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# Specifications, Updates and Key Elements

# Chart Abstracted Measure Manual

Updated twice per year

- Posted around Feb 1st and Aug 1st
- Effective for discharges July 1st or Jan 1st

Complete Measure Manual and Release Notes are available at: https://manual.jointcommission.org

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Log in

Manuals | Other Resources | Help

Print

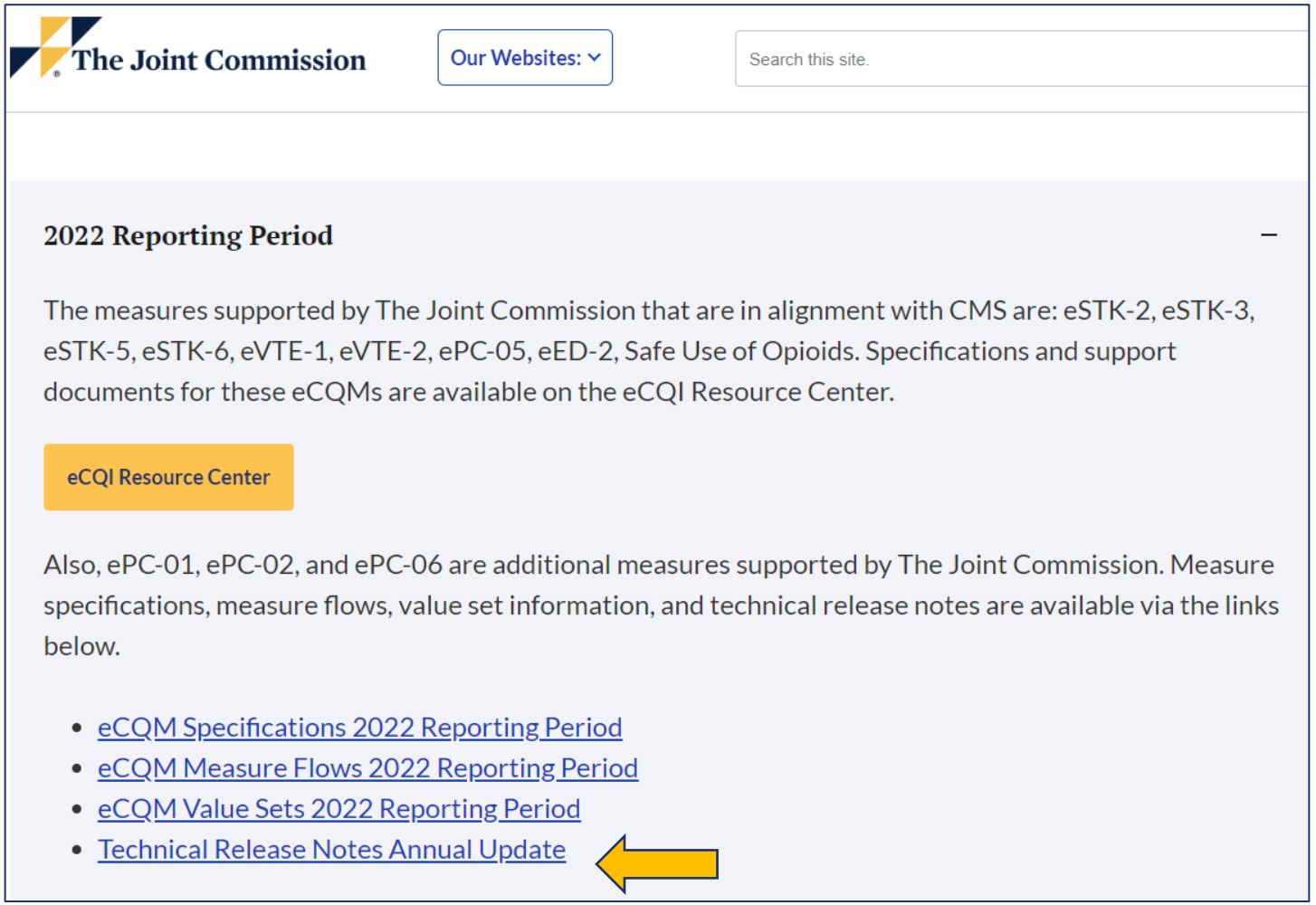
# Chart Abstracted Measure Specifications Manuals

Have a question?

Hospitals and Outpatient Centers | Assisted Living Community | Health Care Staffing

| | | |
|---|---|---|
| Q1/Q2 2022 - Version 2022A NEW | Discharges 01-01-22 (1Q22) through 06-30-22 (2Q22) Future | + |
| Q3/Q4 2021 - Version 2021B | Discharges 07-01-21 (3Q21) through 12-31-21 (4Q21) Current Posted February 4, 2021 | + |
| Q1/Q2 2021 - Version 2021A1 | Discharges 01-01-21 (1Q21) through 06-30-21 (2Q21) Recent Past | + |
| Q4 2020 - Version 2020B3 | Discharges 10-01-20 through 12-31-20 (4Q20) Recent Past | + |

# Annual Updates: 2022 Reporting Period



# Chart Abstracted Measure Updates -

## Manual Version 2021A1

- Changes are effective for discharges starting 1/1/2021
- Appendix A code tables were revised to reflect the ICD-10 code updates for Fiscal Year (FY) 2021, effective for discharges October 1, 2020.
- For PC-06: Moved cerebral ischemia code to the Severe Neurological Complications table to be consistent with new additional cerebral infarction codes.

## Manual Version 2021B

- no updates for PC

## Manual Version 2022A

- Discharges 01-01-22 (1Q22) through 06-30-22 (2Q22)
- Prior Uterine Surgery data element clarification added under guidelines for abstraction
- Rationale updates and references

## Manual Version 2022A1 addendum

- ICD-10 Code Updates

# Initial Patient Population: 2 Subpopulations

## Mothers

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

## Newborns

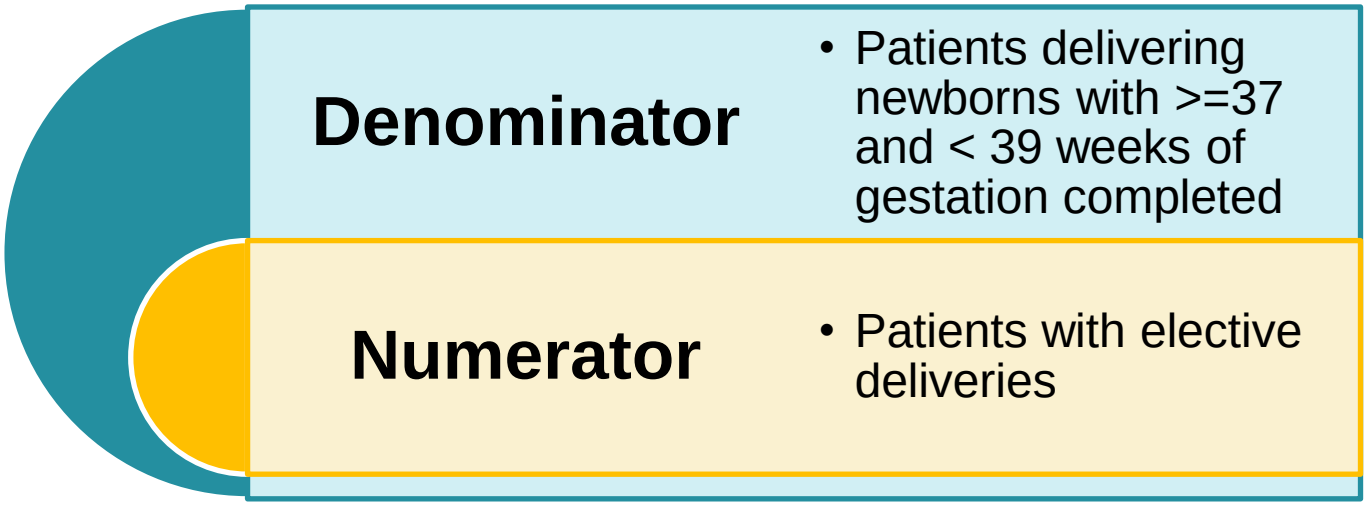
- PC-05 Exclusive Breast Milk Feeding
- PC-06 Unexpected Complications in Term Newborn

# Sampling

| Sampling allowed | No Sampling |
| --- | --- |
| • PC-01 Elective Delivery<br>• PC-02 Cesarean Birth<br>• PC-05 Exclusive Breast Milk Feeding | • PC-06 Unexpected Complications in Term Newborn |

# PC-01 Elective Delivery

**Description:** Elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed



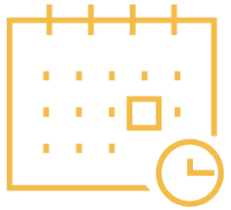
# Denominator Population

| 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 Clarification

**Review First:** delivery or operating room record

Documentation of a valid number should be abstracted.

**If** the gestational age in the delivery or operating room record is
- missing
- obviously incorrect (in error, e.g., 3.6)
- or there is conflicting data

**Then** continue to review the following data sources, starting with the document completed closest to or at the time of the delivery until a positive finding for gestational age is found:
- History and physical
- Clinician admission progress note
- Prenatal forms

Gestational age documented closest to or at the time of the delivery (not including the newborn exam) should be abstracted.

# 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.

# Prior Uterine Surgery (PC-01)

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

- Prior classical cesarean birth which is defined as a vertical incision into the upper uterine segment
- Prior myomectomy
- Prior uterine surgery resulting in a perforation of the uterus due to an accidental injury
- History of a uterine window or thinning or defect of the uterine wall noted during prior uterine surgery or during a past or current ultrasound
- History of uterine rupture requiring surgical repair
- History of a cornual ectopic pregnancy
- History of transabdominal cerclage
- History of metroplasty and/or prior removal of vestigial horn with entry into the uterine cavity

# Prior Uterine Surgery (cont.)


- Documentation of prior uterine incision with descriptors including "high" or "vertical" or "mid" or "active segment" or "classical".
- Update in the 2022A manual for January 1, 2022 discharges

# Prior Uterine Surgery (cont.)

Exclusions from data element:

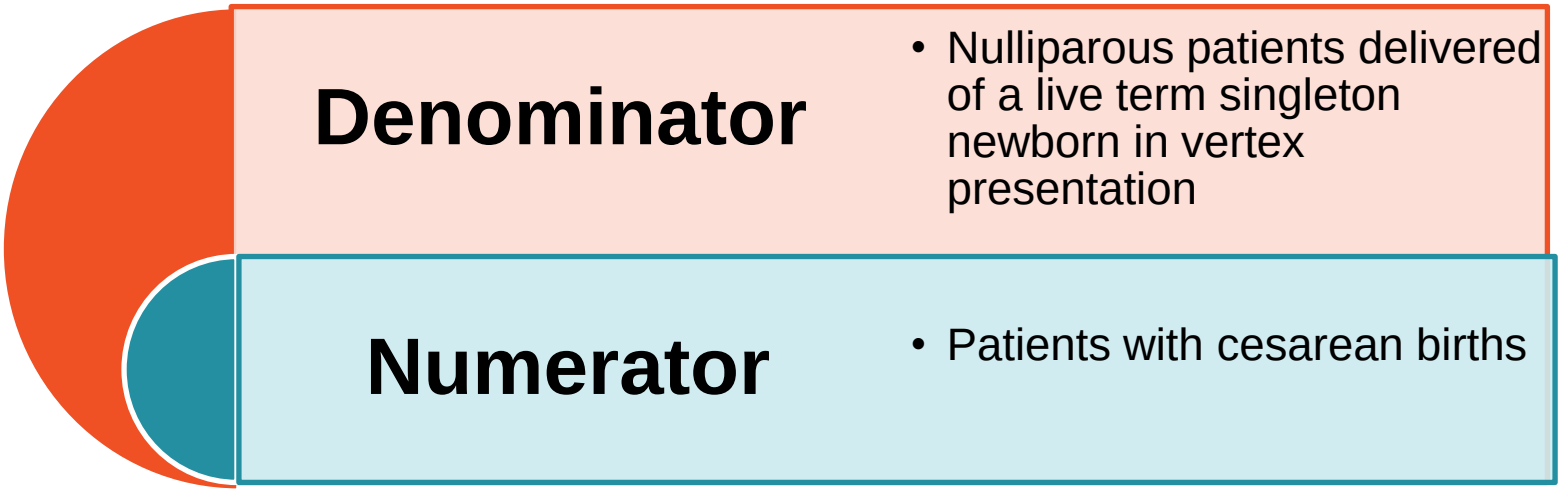
- Prior cesarean birth without specifying type
- Prior low-transverse cesarean birth
- Hx of an ectopic pregnancy w/o specifying cornual
- Hx of a cerclage w/o specifying transabdominal

# PC-01 Code Updates

- Added Respiratory Codes to Table 11.07 Conditions Possibly Justifying Elective Delivery
    - Respiratory Failure
    - Respiratory Distress
    - Respiratory Arrest

# PC-02 Cesarean Birth

**Description:** Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth



# 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:**

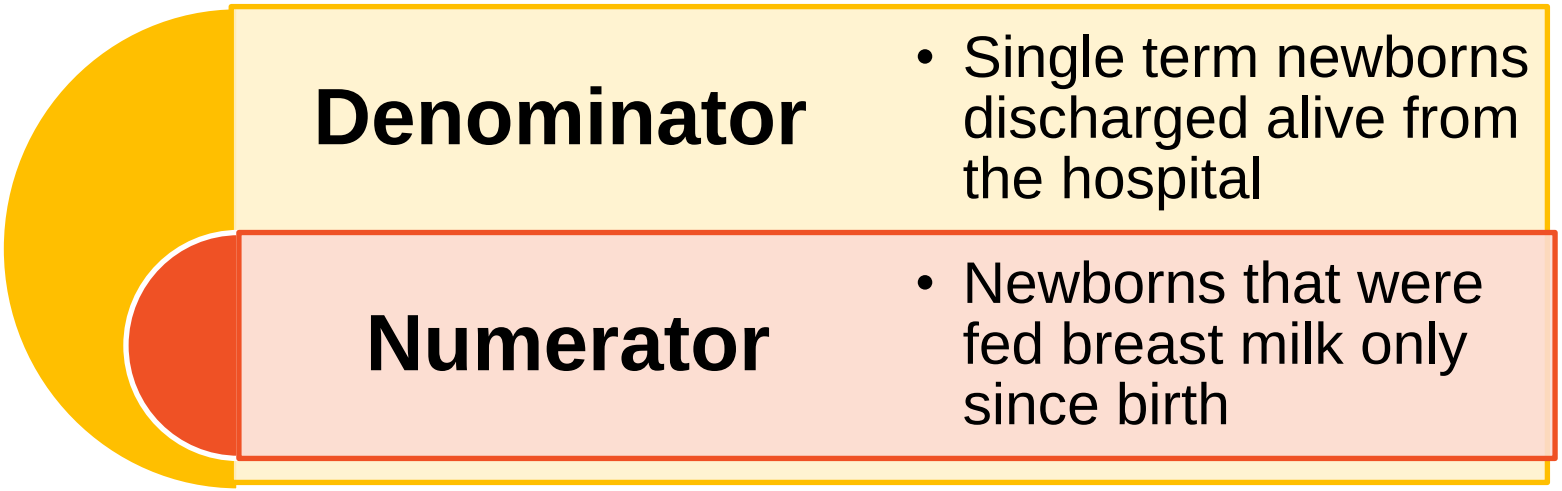
- None

# PC-02 Cesarean Birth Public Reporting

- Public reporting on Quality Check began January 2021
- 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 24-month aggregate 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-05 Exclusive Breast Milk Feeding

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



# 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)

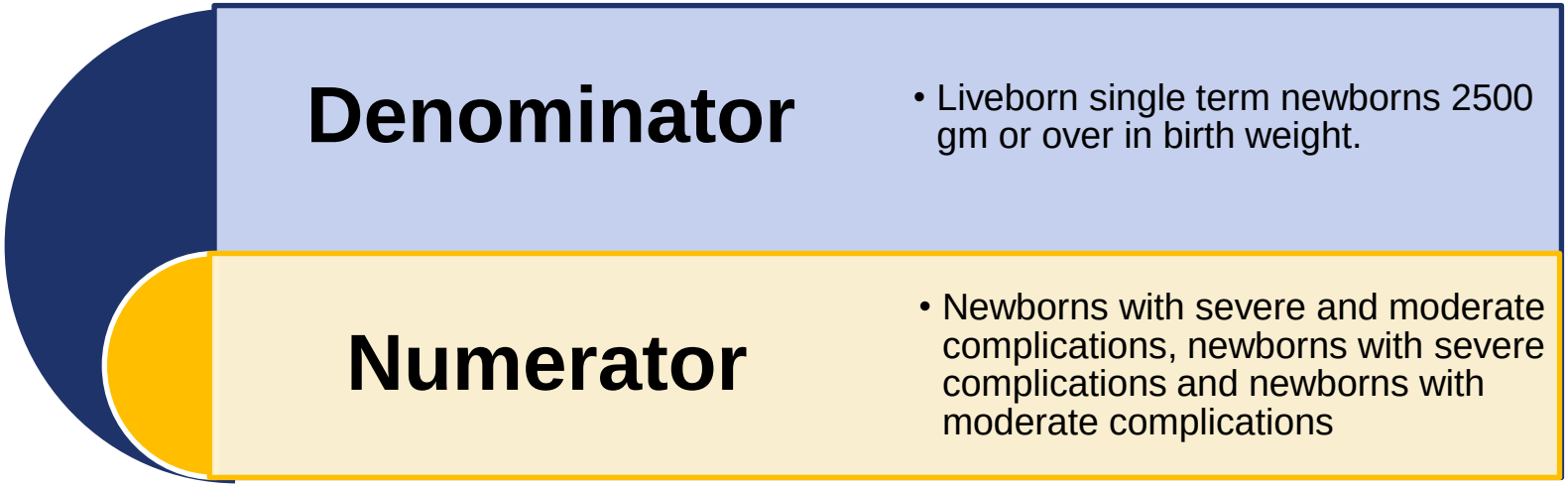
- A range for gestational age is acceptable, e.g., 37-38 weeks
- For conflicting documentation gestational age takes precedence: e.g., both term & 36 weeks documented, use gestational age & select “no”
- The mother's medical record alone cannot be used to determine the newborn's gestational age
- Use documentation based on dates over newborn exam
- Vital records reports, delivery logs or clinical information systems acceptable data sources

# Exclusive Breast Milk Feeding (PC-05)

- ANY other liquids fed, select No
- IV fluids are a medication
- The use of dextrose or glucose 40% gel is considered a medication, not a feeding.
  - This should be reflected in the documentation.
- 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.



# 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 with LOS
  - 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

New Codes added to Table 11.31 Fetal Conditions

- D66  Hereditary factor VIII deficiency
- D67  Hereditary factor IX deficiency
- D68.1 Hereditary factor XI deficiency
- D68.2 Hereditary deficiency of other clotting factors

# PC-06 Unexpected Complications in Term Newborns Public Reporting

- Public reporting on Quality Check began January 2021
- There is no target rate for PC-06 Unexpected Newborn Complications at this time.
- The goal is to monitor your own hospital's rate over time and be alert to substantive increases. However, a rate above 50 per 1000 live births should lead to immediate review of all numerator cases to identify improvement opportunities for both clinical and coding practices.

# In Development:

## ePC-07

## Severe Obstetric Complications

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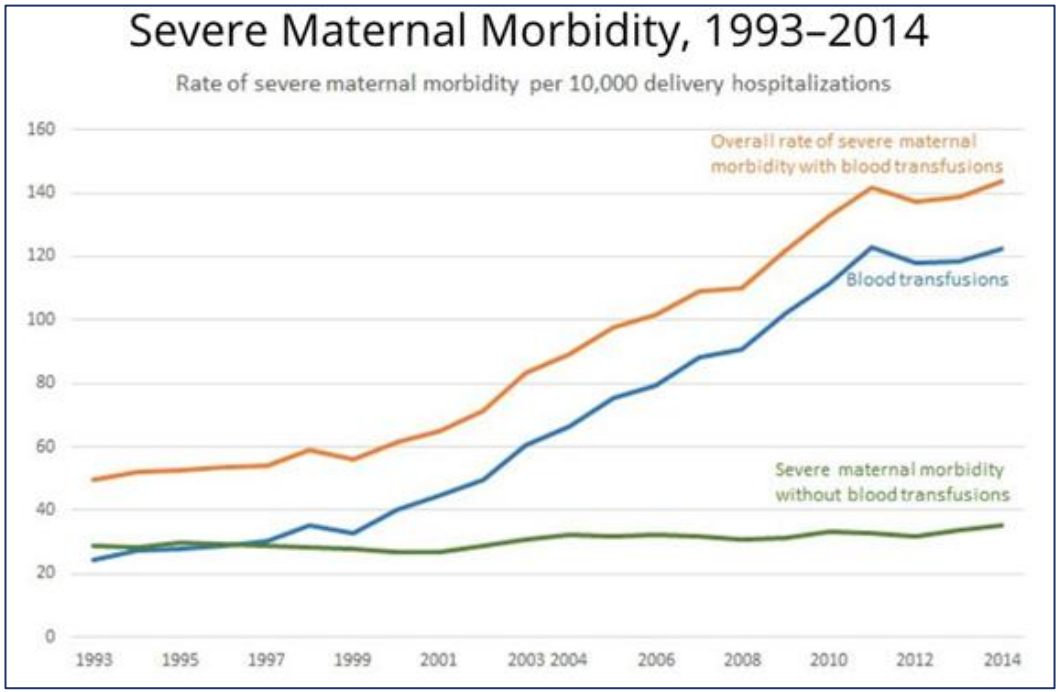
# Severe Maternal Morbidity and Mortality

- Limited evaluation of hospital performance on SMM
- SMM linked to maternal mortality
- SMM varies among hospitals
- Significant racial/ethnic and urban/rural disparities
- Increased hospital costs and hospitalization stays

# Call to Action:
# Improve Quality of Maternal Care

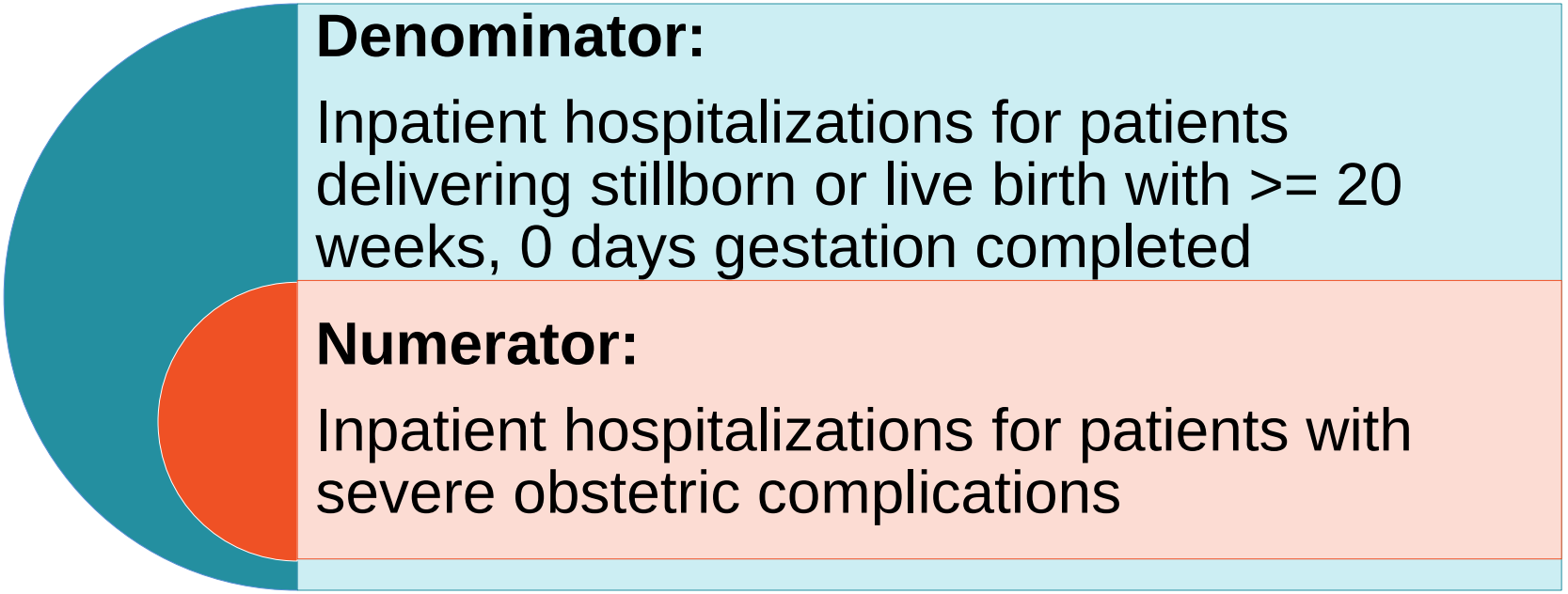
- Develop and implement interventions to improve the quality of maternal care
- Track and understand patterns of SMM



# The Joint Commission Takes Action

- Partnered with Experts in the Field
- Collaborated with Associations and other Entities working on the same topic/issue
- Patient work group engaged
- Developed electronic clinical quality measure (eCQM)

# ePC-07 Severe Obstetric Complications



# CDC Severe Maternal Morbidity (SMM): ICD-10 Codes Used to Identify SMM

1. Acute myocardial infarction
2. Aneurysm
3. Acute Renal Failure
4. Adult Respiratory Distress Syndrome
5. Amniotic Fluid Embolism
6. Cardiac Arrest/Ventricular Fibrillation
7. Conversion of cardiac rhythm
8. Disseminated Intravascular Coagulation
9. Eclampsia
10. Heart Failure/arrest during a procedure or surgery
11. Puerperal Cerebrovascular disorders
12. Pulmonary edema/acute heart failure
13. Severe anesthesia complications
14. Sepsis
15. Shock
16. Sickle cell disease with crisis
17. Air and thrombotic embolism
18. Blood product transfusion
19. Hysterectomy
20. Temporary tracheostomy
21. Ventilation

Source: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

# Measure Specifications

- Measure will be risk adjusted
- Stratification
  - By race and ethnicity
  - Non-transfusion only severe obstetric complications
  - Transfusion is the only severe obstetric complication

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# Resources for PC Measures

# 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

# Quality Check

- Quality Check https://www.qualitycheck.org/
- National and Statewide rates
- Rolling 12 months of data (Rolling 24 months for PC-02 data)

# 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

- 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-tool-kits/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

# Resources for Cesarean Birth

- California Maternal Quality Care Collaborative (CMQCC)
- Resources - Supporting Vaginal Birth: https://www.cmqcc.org/qi-initiatives/supporting-vaginal-birth/resources-supporting-vaginal-birth
- CMQCC toolkit: https://www.cmqcc.org/VBirthToolkit
- Council on Patient Safety in Women's Health Care- Safe Reduction of Primary Cesarean Birth (+AIM) https://safehealthcareforeverywoman.org/patient-safety-bundles/safe-reduction-of-primary-cesarean-birth/

# 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 https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2014/03/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 United States Breastfeeding Committee toolkit: http://www.usbreastfeeding.org/
- 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.)

- The Academy of Breastfeeding Medicine (ABM) protocols: https://www.bfmed.org/protocols.
- 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

# Resources for New Standards for 2021

- Council on Patient Safety in Women's Health Care- AIM (Alliance for Innovation on Maternal Health) OB Hemorrhage Bundle https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/obstetric-hemorrahage-patient-safety-bundle-2/
- AIM Severe Hypertension in Pregnancy https://safehealthcareforeverywoman.org/patient-safety-bundles/severe-hypertension-in-pregnancy/

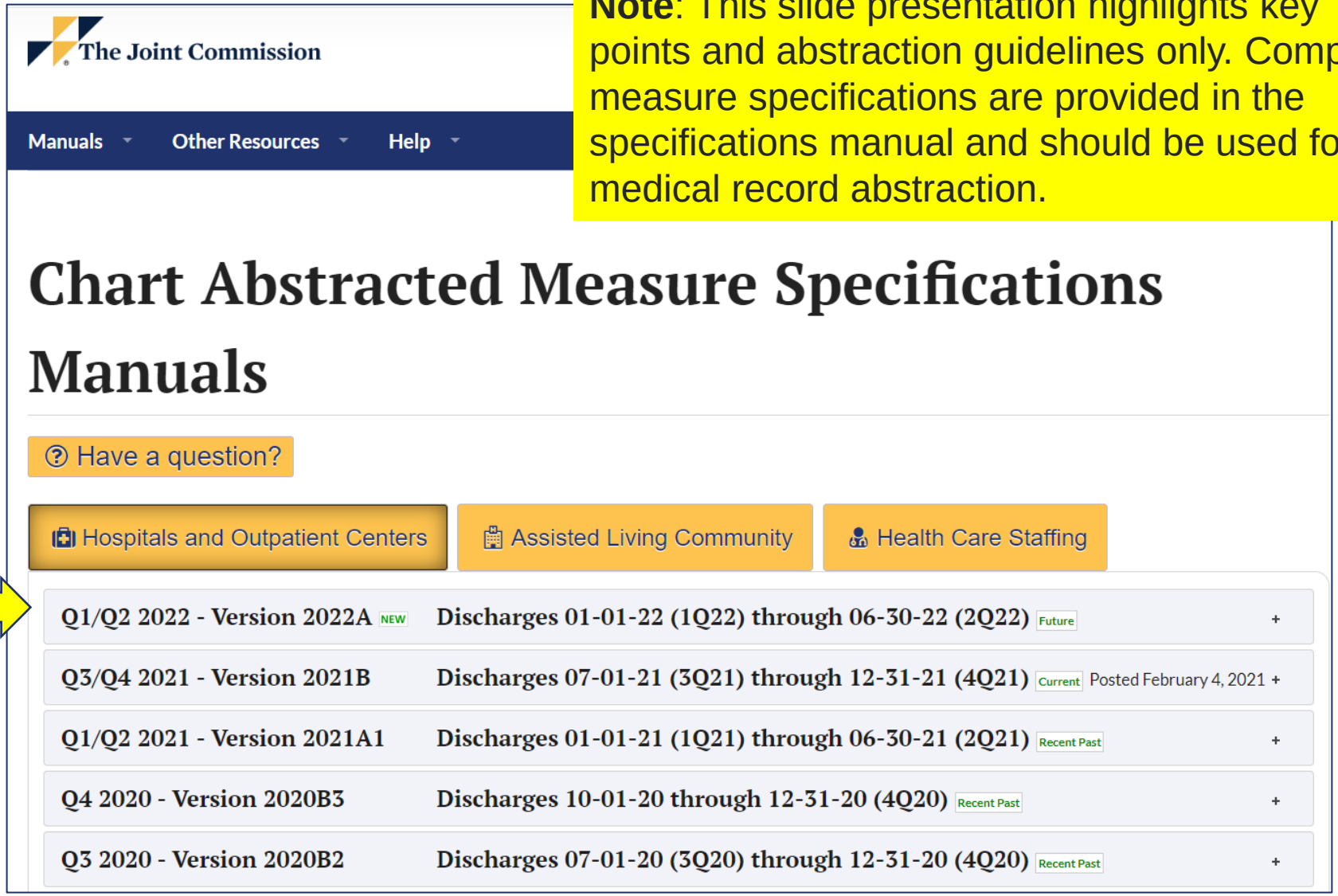
# Resources for New Standards for 2021

- The Joint Commission website https://www.jointcommission.org/standards/

- The Joint Commission R3 Report| Requirement, Rationale, Reference https://www.jointcommission.org/standards/r3-report/r3-report-issue-24-pc-standards-for-maternal-safety/

Sign up for e-Alerts on the Joint Commission website.

**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.




https://manual.jointcommission.org

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# Questions


# *Thank you!*