NPIC
National Perinatal Information Center

CONTINUING EDUCATION

Perinatal Care (PC) Core Measures: Updates for 2023

Chris Walas, MSN, RN
Managing Project Director, Clinical
Department of Quality Measurement, The Joint Commission

Kelley Franklin, MSN, RN
Associate Project Director
Department of Quality Measurement, The Joint Commission

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

NPIC.ORG

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 Perinatal Care core measures, 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)

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.

Thank You For Attending

REMINDER:
DO NOT CLOSE YOUR BROWSER WINDOW

- You will be redirected to the post-test and evaluation once the webinar has ended
- Certificates of attendance and completion will be sent to the email address provided at registration within 14 business days following post-test/evaluation submission to NPIC

Kelley Franklin MSN, RN

Perinatal Specifications and Updates for NPIC

November 8, 2023

The Joint Commission

The Joint Commission Disclaimer

- These slides are current as of 11/08/2023. The Joint Commission reserves the right to change the content of the information, as appropriate.

Objectives

- Review PC measures use and reporting requirements
- Describe the (PC) measures, key data elements, and recent revisions to the measures
- Discuss PC-02 and PC-06 as balancing measures
- Review ePC-07 Severe Obstetric Complications
- Discuss frequently asked questions

Introduction

The Joint Commission

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

The Joint Commission

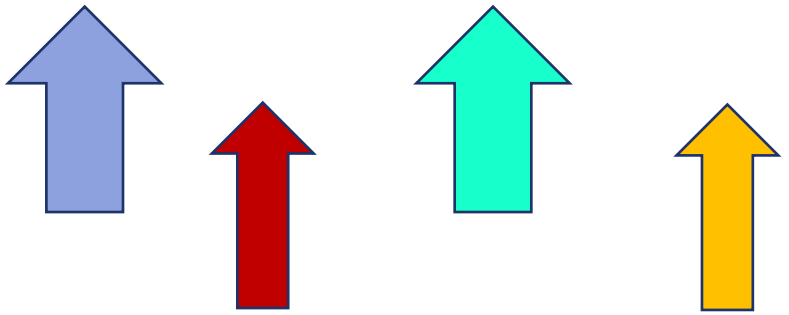
Mission and Vision

- 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, assisted living communities, 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



The Joint Commission

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 center care for people with my condition? (measures)
  - How well does this center perform the surgery/procedure I need? (measures)
  - Do they have all the essential resources to care for me in any eventuality? (standards)

Perinatal Measures Use and Reporting Requirements

Perinatal Care Measures

Name	Chart Abstracted	Electronic Clinical Quality Measure	Consensus Entity Endorsed	Accreditation *(Large Hospitals with OB Services)*	Certification *(all hospitals)*	Used in CMS Program
Elective Delivery	PC-01	ePC-01	PC-01 ePC-01	PC-01* ePC-01*	PC-01	PC-01***
Cesarean Birth	PC-02	ePC-02	PC-02 ePC-02	ePC-02	PC-02**	ePC-02
Exclusive Breast Milk Feeding	PC-05	ePC-05	PC-05 ePC-05	PC-05* ePC-05*	PC-05	ePC-05***
Unexpected Complications in Term Newborns	PC-06	ePC-06	PC-06	PC-06 ePC-06*	PC-06**	---
Severe Obstetric Complications	---	ePC-07	ePC-07 Trial Use	ePC-07	---	ePC-07

*optional
** Thresholds apply
*** Retired from CMS 2024

Perinatal Measures Project

Perinatal Care (PC) Measures – Chart Based

- **PC-01** Elective Delivery
- **PC-02** Cesarean Birth
- **PC-05** Exclusive Human Milk Feeding
- **PC-06** Unexpected Complications in Term Newborns

The Joint Commission

Electronic Perinatal Care Measures (ePC)

- ePC-01 Elective Delivery
- ePC-02 Cesarean Birth
- ePC-05 Exclusive Human Milk Feeding
- ePC-06 Unexpected Complications in Term Newborns
- ePC-07 Severe Obstetric Complications

Perinatal Care Measure Updates

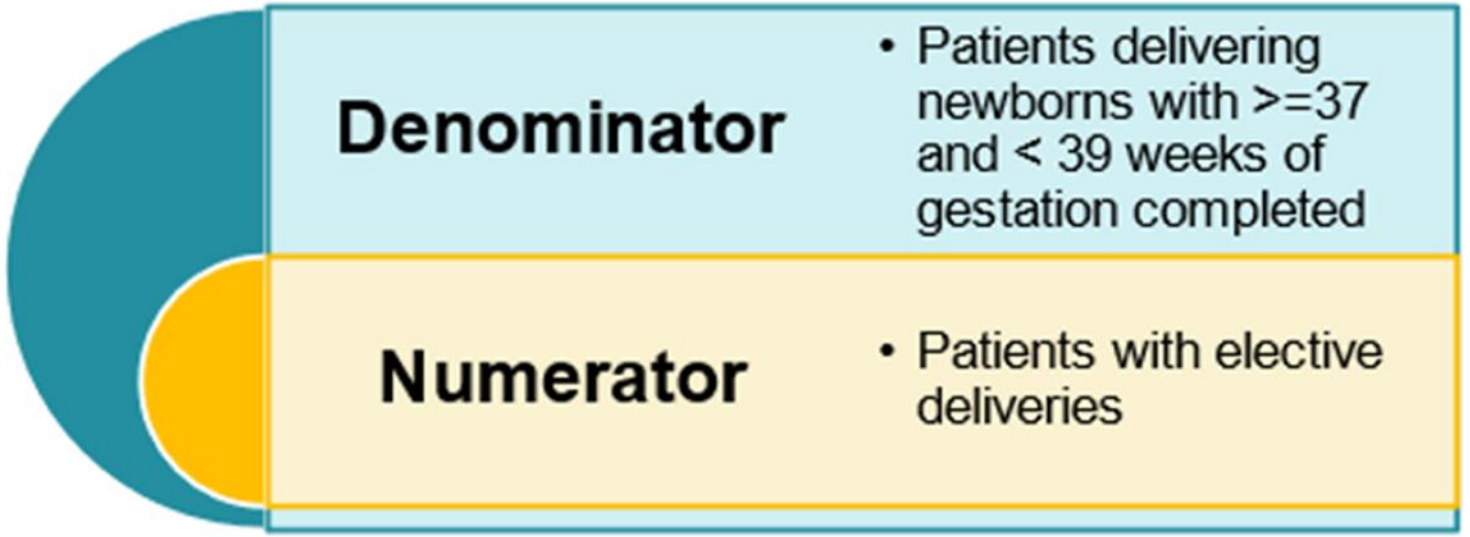
Initial Patient Populations

Mother IPP	Newborn IPP
PC-01 and PC-02 IPP	PC-05 and PC-06

- Less than or equal to 120-day length of stay criteria removed from Mother and Newborn Initial Patient Populations
- Aligns with eCQM Initial Patient Populations

PC-01 Elective Delivery

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



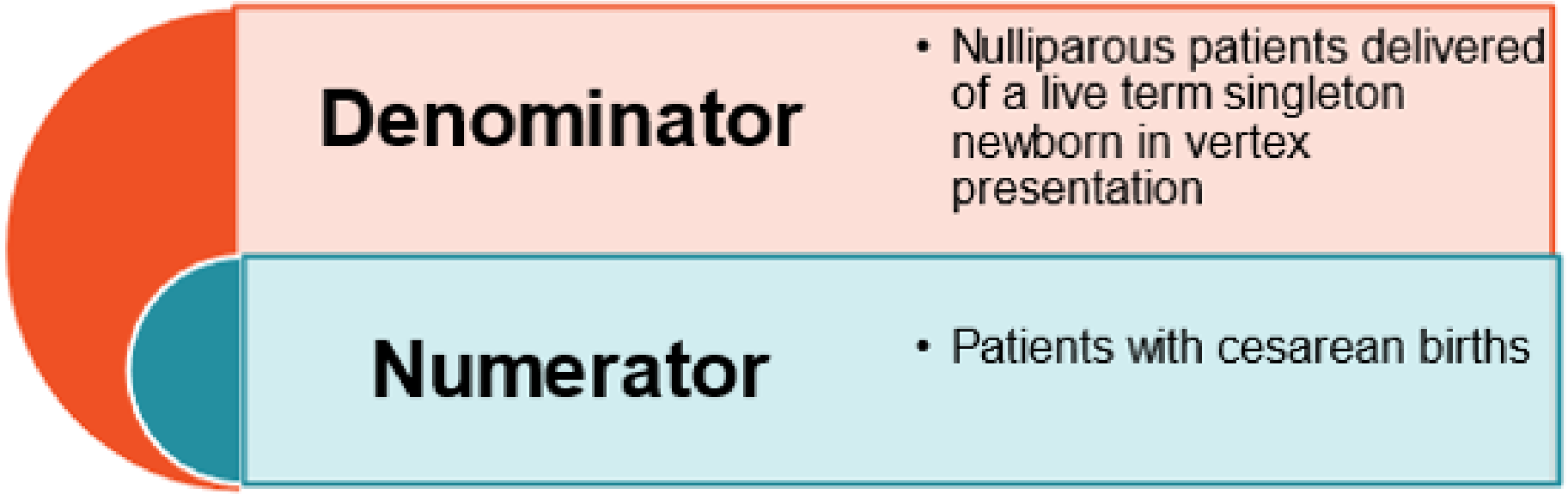
PC-01 Elective Delivery Updates

- CMS retiring for CY 2024
- Optional for TJC accreditation
- Required for ACPC
- Length of stay >120 days removed
- *Prior Uterine Surgery*: Removed requirement for T or J incision that descriptors had to be present
- Early term gestational age codes added to Table 11.07.1

The Joint Commission

PC-02 Cesarean Birth

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



PC-02 Cesarean Birth Updates

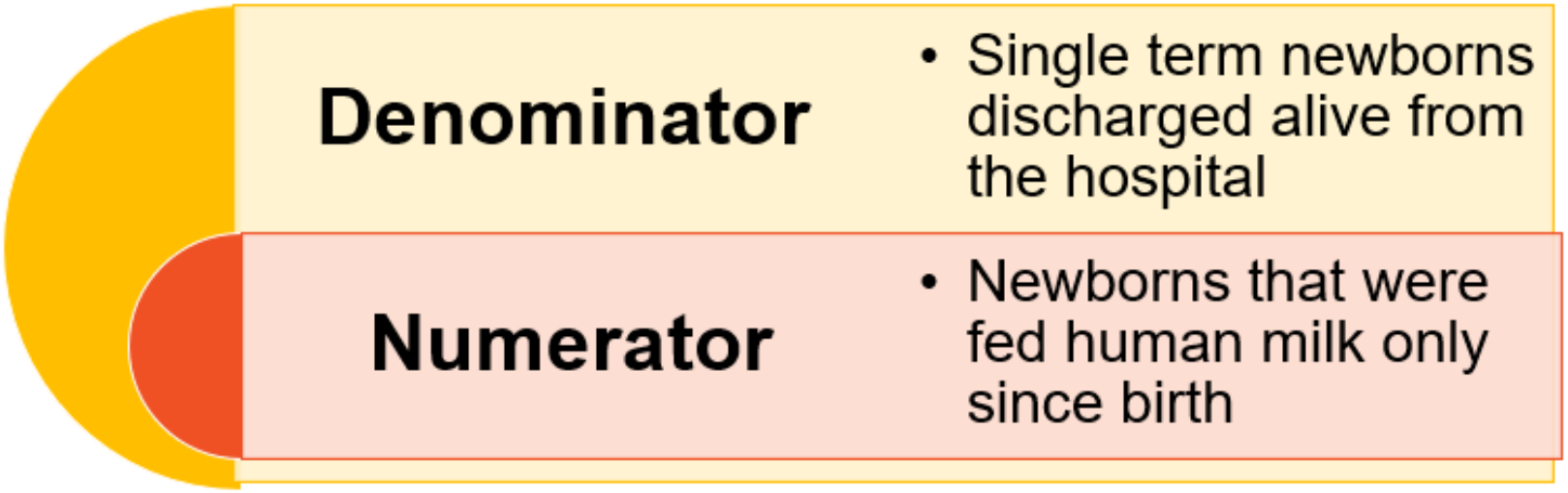
- *Previous Live Births* changed to *Previous Births*
  - Definition-documentation that the patient experienced a birth>=20 weeks gestation regardless of the outcome
  - i.e., parity>0 prior to the current hospitalization
- Removed length of stay>120 days
- Term gestational age codes added to Table 11.10

PC-02 Updates Continued

- Name of Table 11.09 changed to Multiple Gestations, Abnormal Presentations, and Conditions Justifying Cesarean Delivery
- Codes for footling breech, vasa previa, placenta accreta, placenta percreta, and placenta increta added to Table 11.09

PC-05 Exclusive Human Milk Feeding

Description: Exclusive human milk feeding during the newborn's entire hospitalization.

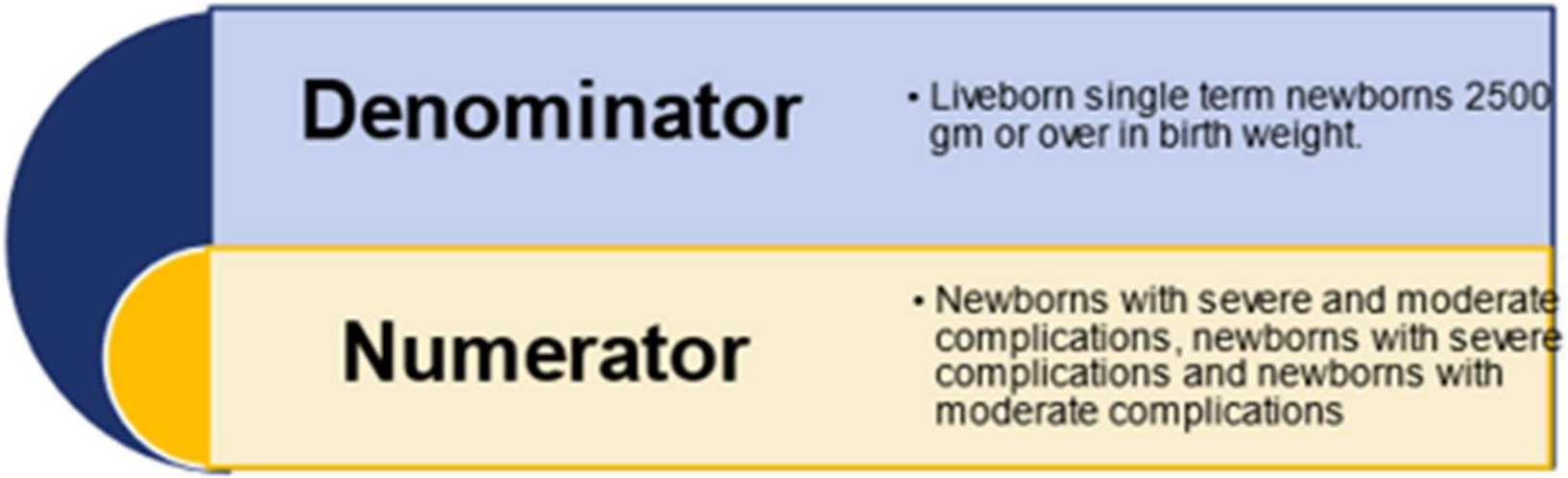


PC-05 Exclusive Human Milk Feeding Updates

- Name was changed to be more inclusive of chest feeding and donor milk feeding
- CMS has retired the measure for CY2024
- Optional for TJC accreditation
- Required for ACPC
- *Birth Weight* data element to be added

PC-06 Unexpected Complications in Term Newborns

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



PC-06 Unexpected Complications in Term Newborns Updates

- Abstraction guidance was added to Appendix G to assist facilities in cases where there is a co-located neonatal intensive care unit operating under a separate license

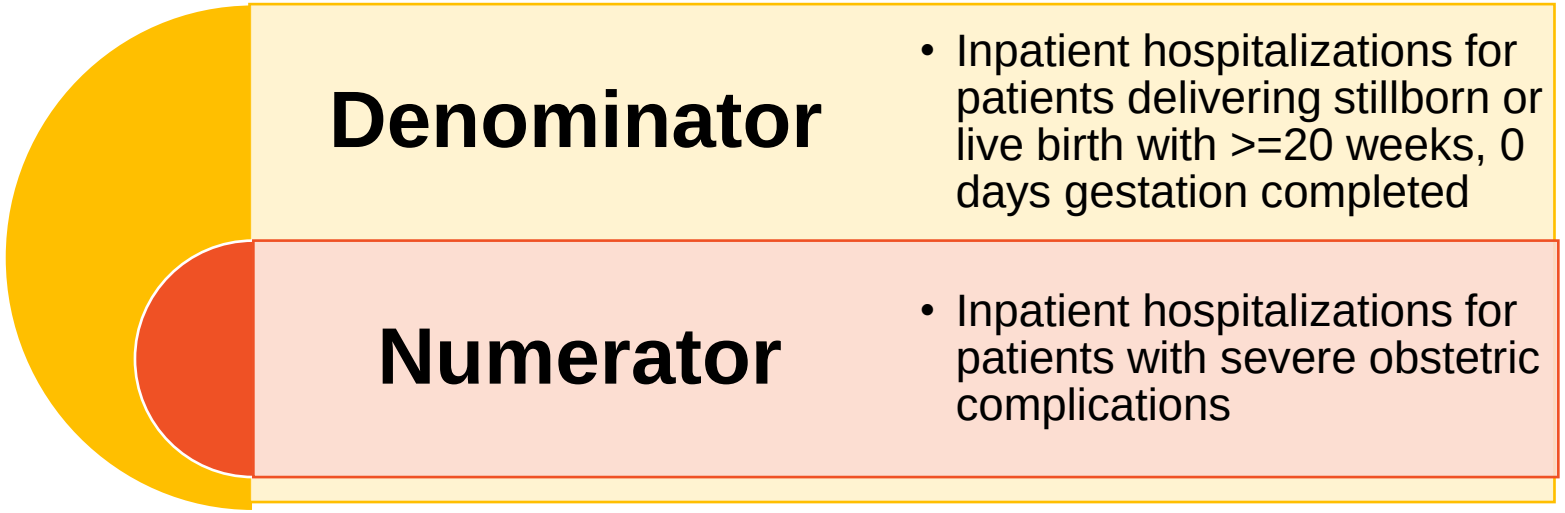
PC-02 and PC-06: Balancing Measures

- PC-02
  - 37 weeks and greater
  - Improvement: Within Optimal Range
  - Focuses on NTSV patients
- PC-06
  - Term newborns (37+ weeks)
  - Improvement: Lower is better
  - Focuses on healthy newborns

ePC-07 Severe Obstetric Complications

ePC-07 Severe Obstetric Complications

Description: Patients with severe obstetric complications which occur during the inpatient delivery hospitalization.



Denominator Exclusions

Confirmed Covid-19 Diagnosis

AND

A Covid-related respiratory condition

OR

Confirmed Covid-19 Diagnosis

AND

Covid-related respiratory procedure

The Joint Commission

ePC-07 Numerator: SMM Diagnoses

Cardiac
- Acute heart failure*
- Acute myocardial infarction
- Aortic aneurysm
- Cardiac arrest/ventricular fibrillation
- Heart failure/arrest during procedure or surgery

Hemorrhage
- Disseminated intravascular coagulation
- Shock

Renal
- Acute renal failure

Respiratory
- Adult respiratory distress syndrome
- Pulmonary edema*

Sepsis

Other OB
- Air and thrombotic embolism
- Amniotic fluid embolism
- Eclampsia
- Severe anesthesia complications

Other Medical
- Puerperal cerebrovascular disorder
- Sickle cell disease with crisis

Not POA

The Joint Commission

Numerator: SMM Procedures & Discharge Disposition

SMM Procedures

- Blood transfusion*
- Conversion of cardiac rhythm
- Hysterectomy
- Temporary tracheostomy
- Ventilation

Discharge Disposition

- Discharge disposition of Expired

*Cases where blood transfusion was the *ONLY* Numerator criteria met will be removed in the numerator count for the stratified rate.

The Joint Commission

ePC-07 Stratification

- Nontransfusion only severe obstetric complications *(excluding cases where transfusion was the only severe obstetric complication)*
- Race/ethnicity were not considered for risk adjustment; instead, planned for stratification of the measure score
- Illumination of outcome disparities by race/ethnicity, rather than adjustment of outcomes by race/ethnicity. Would be most informative and impactful in incentivizing improvements in the quality and equity of maternal care

Risk Adjustment

- Identification of risk variables predictive of severe obstetric complications:
  - Literature review
  - Hospital Core Clinical Data Elements
  - Input from clinicians, patients, and other experts

- Social risk factors were considered dependent on the availability of information in the EHR

- Economic/housing instability was included in the model due to:
  - Support in research literature for its inclusion
  - Availability in the EHR

- POA only

Risk Adjustment (cont.)

Risk Adjustment		
	• Anemia • Asthma • Autoimmune Disease • Bariatric Surgery • Bleeding disorder • BMI • Cardiac Disease • Gastrointestinal Disease • Gestational Diabetes • HIV • Housing Instability • Hypertension • Maternal Age • Mental Health Disorder • Multiple Pregnancy	• Neuromuscular Disease • Other Pre-eclampsia • Placenta Previa • Placental Abruption • Placental Accreta Spectrum • Pre-existing Diabetes • Preterm Birth • Previous Cesarean • Pulmonary Hypertension • Renal Disease • Severe Pre-eclampsia • Substance Abuse • Thyrotoxicosis • Long-term Anticoagulant Use • Obstetric VTE

The Joint

Risk Adjustment (cont.)

Risk Adjustment

First resulted value 24 hours prior to start of encounter and before time of delivery:

- Heart Rate
- Systolic Blood Pressure
- White Blood Cell Count
- Hematocrit

ePC-07 Key Points

- POA indicators used
- Value sets are used to group each category of SMM Diagnosis Codes
- Review all numerator cases to determine quality improvement opportunities and coding documentation
- Risk adjustment does not exclude cases
- Rate to be reported per 10,000 delivery hospitalizations
- Required reporting for TJC accreditation and CMS CY2024

ePC-07 Severe Obstetric Complications Updates

- ICD-10 or SNOMED codes to determine gestational age
- Risk variable BMI>=40 definition renamed to Risk Variable Morbid Obesity
- DateTime logic added

Health Equity and Perinatal Care Measures

- Stratify all PC measures by race and ethnicity to reveal any disparities in data
- Racial and ethnic minority groups are at a significantly higher risk for developing SMM than are Non-Hispanic White women
- Non-Latina Black women have the highest rate of SMM; 231 per 10,000 deliveries vs 139 per 10,000 in non-Latina White women
- Maternal mortality rate is 4x higher for Black women than non-Hispanic White women
- As high as 62.2% of SMM has been found to be preventable and 65.8% of deaths

Health Equity and Perinatal Care Measures Continued

- Economic/housing Instability included in Risk Adjustment for ePC-07
- ePC-07 stratification plan in development:
  - Race, Ethnicity and Payor
- Joint commission is considering reporting options for eCQM data
- Chart-abstracted measures collect supplemental data for internal hospital use

Frequently Asked Questions

PC-01 Questions

- Labor:
  - Contractions every 3-5 minutes
  - Strong or regular contractions
- Not labor:
  - Irregular contractions
  - Mild contractions
  - Contractions x1
- SROM
- Stillbirth
- Diagnosis codes on Table 11.07 Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation

PC-02 Questions

- More exclusions for Table 11.09
- Rationale for not adding previous surgery or history of myomectomy
- Why compound codes are not included with breech codes

PC-05 Questions

- Admission to NICU
  - Names of NICUs
  - Observation Status

- Supplementation
  - Glucose gel
  - Formula
  - Small amounts of feedings via bottle or syringe

PC-06 Questions

- Sepsis-moderate or severe?
- Transfers to another facility
  - For higher level of care
  - For census or staffing
- Confusion around long length of stay due to maternal illness

Resources

- https://manual.jointcommission.org/
- hcooryx@jointcommission.org
- https://ecqi.healthit.gov/
- https://www.jointcommission.org/measurement/

Questions?

Thank you!