

The Joint Commission's Perinatal Care  
(PC) Core Measures: Focus on PC-02:  
Cesarean Section, PC-05 Exclusive  
Breast Milk Feeding & PC-05a: Exclusive  
Breast Milk Feeding Considering Mother's  
Initial Feeding Plan 2015 Updates

**Celeste Milton, MPH, BSN, RN**  
**Associate Project Director**  
**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


# 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 Initial Feeding Plan



NQF  
Endorsed





# Current ORYX Requirements for General Medical/Surgical Hospitals

- ▶ 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)




# Current ORYX Requirements General Medical/Surgical Hospitals (Cont.)

Discretionary core measure sets include:


DISCRETIONARY MEASURE SETS	
Children's Asthma Care (CAC)	Perinatal Care (PC) *
Emergency Department (ED)	Stroke (STK)
Hospital-Based Inpatient Psychiatric Services (HBIPS)	Substance Use (SUB)
Hospital Outpatient (OP)	Tobacco Treatment (TOB)
Immunization (IMM)	Venous Thromboembolism (VTE)

\*Required if at least 1,100 live births per year



# Reporting Requirement for Centers for Medicare and Medicaid Services (CMS)

- ▶ IPPS Proposed Rule posted May 2014
- ▶ Continue collecting & reporting PC-01: Elective Delivery
  - FY 2017 to be used in Value Based Purchasing Program 1 of 3 proposed process measures:
    - MRSA Bacteremia
    - C. difficile Infection
    - **PC-01 Elective Delivery**



# Proposed Additional EHR Based Measures Hospital IQR Program

## ■ FY 2017 Electronic Health Record (EHR) Based (voluntary reporting)

- Hearing Screening Prior to Hospital Discharge
- **PC-05 Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice**
- CAC-3 (Children's Asthma Care-3) Home Management Plan of Care (HMPC) document given to patient/caregiver
- Healthy Term Newborn



# FY 2015 Proposed IPPS Rule Hospital IQR Program

- ▶ Possible Future Electronic Clinical Quality Measures for FY 2018 payment determination:
  - Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge NQF #0475
  - **PC-02 Cesarean Section NQF #0471**
  - Adverse Drug Events – Hyperglycemia
  - Adverse Drug Events – Hypoglycemia

# In Development: Perinatal Care Certification



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 <a href="mailto:dscinfo@jointcommission.org">dscinfo@jointcommission.org</a>

# 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

# PC-02

## Cesarean Section



### **Original Performance Measure/Source**

**Developer:** California Maternal Quality Care Collaborative

# Rationale

- ▶ Skyrocketing increase in rates
- ▶ Most variable portion of **primary** CS rate
- ▶ Performance improvement opportunity



# Numerator and Denominator

Patients with cesarean sections

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Nulliparous patients delivered of a live  
term singleton newborn in vertex  
presentation

# Denominator Populations

## Included Populations:

- Diagnosis Codes for pregnancy- Appendix A, Tables 11.01, 11.02, 11.03, 11.04
- 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


# Denominator Populations (Cont.)

## Excluded Populations:

- Diagnosis Codes, for multiple gestations and other presentations- Appendix A, Table 11.09
- < 8 years of age
- $\geq$  to 65 years of age
- LOS >120 days
- Enrolled in clinical trials
- Gestational Age < 37 weeks or **UTD**







Why are there no exclusions to the measure such as maternal cardiac conditions or fetal distress?

- ▶ **Variation of a primary CS rate which does not allow for exclusions**
- ▶ Designed to measure complications that largely arise in labor and not exclude them
- ▶ Some medical practices during labor lead to the development of indications that were potentially avoidable

# Denominator Data Elements


- ▶ *Admission Date*
- ▶ *Birth Date*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*
- ▶ *Gestational Age*
- ▶ *Principal or Other Diagnosis Codes*
- ▶ *Principal or Other Procedure Codes*
- ▶ *Parity*

# *Gestational Age*

- ▶ Completed weeks of gestation
- ▶ Days  $\leq 6$  are always rounded down
- ▶ UTD may be documented if no prenatal care
- ▶ Document closest to time of delivery
- ▶ Vital records reports, **delivery logs & clinical information systems** new acceptable data sources



# Parity

- ▶ If Gravidity= one, then Parity= zero
- ▶ Previous multiple gestations considered one parous event
- ▶ Vital records reports, **delivery logs & clinical information systems** new acceptable data sources
- ▶ **Subtract “1” if EHR adds current delivery** 
- ▶ If GTPAL terminology used P= preterm & T=term; add together for parity





# Direct Standardization (Risk Adjustment)

## Maternal Age



# Stratification by Ages

- ▶ Overall Rate
- ▶ 8 through 14 years
- ▶ 15 through 19 years
- ▶ 20 through 24 years
- ▶ 25 through 29 years
- ▶ 30 through 34 years
- ▶ 35 through 39 years
- ▶ 40 through 44 years
- ▶ 45 through 64 years



# How can we improve performance for PC-02?

- ▶ Reduce admissions in latent labor
- ▶ Eliminate elective labor induction before 41 weeks
- ▶ Improve diagnostic and treatment approaches for labor disorders (dystocia and failure to progress)

# Improving Performance (Cont.)

- ▶ Standardize diagnosis and management of fetal heart rate abnormalities while in labor
- ▶ Reduce uterine hyper-stimulation associated with oxytocin
  - Follow oxytocin safety protocols

# Improving Performance (Cont.)

- ▶ Encourage patience in the active phase of labor and in the second stage of labor (pushing)
- ▶ Encourage easy operative vaginal delivery as alternative to cesarean delivery in appropriate cases

# PC-05

## Exclusive Breast Milk Feeding



**Original Performance Measure/Source**

**Developer:** California Maternal Quality Care Collaborative

# Rationale

- ▶ Goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG)
- ▶ Numerous benefits for the newborn & mother



# Numerator and Denominator

Newborns that were fed breast milk only  
since birth

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Single term newborns discharged alive  
from the hospital

# Denominator Populations

- ▶ **Included Populations:** Principal Diagnosis Code for single liveborn newborn

# Denominator Populations (Cont.)

## Excluded Populations:

- Admitted to the Neonatal Intensive Care Unit (NICU)
- Other Diagnosis Code for galactosemia
- Principal or Other Procedure Code for parenteral infusion
- Experienced death



# Denominator Populations (Cont.)

## Excluded Populations (Cont.)

- LOS >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Exclusively Feeding Breast Milk*
- Patients transferred to another hospital
- Other Diagnosis Codes for premature newborns- Appendix A, Table 11.23

# Denominator Data Elements

- ▶ *Admission Date*
- ▶ *Admission to NICU*
- ▶ *Birthdate*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*
- ▶ *Discharge Disposition*

# Denominator Data Elements (Cont.)

- ▶ *Principal & Other Diagnosis Codes*
- ▶ *Principal & Other Procedure Codes*
- ▶ *Reason for Not Exclusively Feeding Breast Milk*

# *Admission to NICU*

- ▶ Not defined by level designation or title
- ▶ Excludes newborns admitted for observation/transitional care
- ▶ **Transitional care defined as LOS  $\leq$  4 hrs.**



# Numerator Populations

- ▶ **Included Populations: NA**
- ▶ **Excluded Populations: None**



# Numerator Data Elements

## ▼ *Exclusive Breast Milk Feeding*



# How is exclusive breast milk feeding defined?

- ▶ A newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines
- ▶ If the newborn receives any other liquids including water during the entire hospitalization, select allowable value 'No'
- ▶ Exclusive breast milk feeding includes the newborn receiving breast milk via a bottle or other means beside the breast
- ▶ Donor milk and fortifier are acceptable

# PC-05a

- ▶ Exclusive Breast Milk Feeding  
Considering Mother's Initial Feeding  
Plan





# Numerator and Denominator

Newborns that were fed breast milk only  
since birth


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Single term newborns discharged alive  
from the hospital excluding those  
whose mothers initial feeding plans  
were not to exclusively feed breast milk



# *Reason for Not Exclusively Feeding Breast Milk*

- ▶ Allowable Values (AVs):
  - Maternal medical conditions
  - Maternal feeding plan
  - No reason documented
- ▶ Discussion of mother's initial feeding plan at admission must be clearly documented- do not assume
- ▶ RN documentation requires additional validation- check box NOT acceptable




# *Reason for Not Exclusively Feeding Breast Milk (Cont.)*

- ▶ Clarification added for “lactation consultant”: IBCLC or CLC
- ▶ Newborn medical conditions: AV “3”
- ▶ Guidance on feeding “both” and feeding plan documentation
- ▶ Mother’s record cannot be used
- ▶ “Bottle” cannot be used as “formula”
- ▶ Admission defined as birth

# Why aren't more newborn medical conditions excluded?

- ▶ A number of infant medical problems are iatrogenic, and most are often avoided by early and frequent breast milk feedings
- ▶ Many have a large variation in the definitions, thresholds and application of supplementation utilization
- ▶ Rate of these complications should not vary greatly from hospital to hospital, though their severity can be driven by obstetric care



# How can we improve performance for PC-05 and PC-05a?

- ▶ Adopt a hospital wide policy promoting breast milk feeding as the default method of feeding
- ▶ Clear, concise documentation key to aid coders in identifying prematurity problems
- ▶ Make sure mother understands choice of feeding for hospitalization **ONLY**

# Improving Performance (Cont.)

- ▶ Skin to skin contact immediately
- ▶ Rooming-in to recognize early feeding cues
- ▶ Utilize The Joint Commission's Speak Up™ Campaign materials
  - Posters
  - Brochures
  - Buttons

# Improving Performance (Cont.)

- ▶ Partnering with community maternal child health programs like WIC
- ▶ Benefits:
  - Offers evidence-based prenatal and postpartum education
  - Nutrition support and monitoring

# FAQs

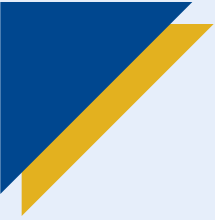
- ▶ What are the national rates for the PC measures?



# 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):

[http://www.marchofdimes.com/professionals/medicalresources\\_tiop.html](http://www.marchofdimes.com/professionals/medicalresources_tiop.html)

# Resources for Cesarean Section

- ▶ 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”:

<http://www.cmqcc.org/resources/2079/download>

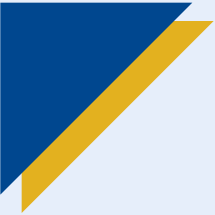
# Resources for Cesarean Section (Cont.)

- ▶ 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](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 Centers for Disease Control and Prevention (CDC) guide:  
<http://www.cdc.gov/breastfeeding/resources/guide.htm>.
- ▶ The Academy of Breastfeeding Medicine (ABM) protocols:  
<http://www.bfmed.org/Resources/Protocols.aspx>.
- ▶ The United States Breastfeeding Committee toolkit: <http://www.usbreastfeeding.org/>
- ▶ The Joint Commission's Speak Up™ Campaign:  
<http://www.jointcommission.org/speakup.aspx>



**View the manual and post  
questions at:**

**<http://manual.jointcommission.org>**

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