Update on the Joint Commission’s Performance Measures and the Perinatal Care (PC) Core Measure Set

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These slides are current as of (09/24/2010). The Joint Commission reserves the right to change the content of the information, as appropriate.
Topics to be Covered

- Joint Commission Performance Measures Update
- Perinatal Care (PC) Core Measure Set
The Joint Commission
Performance Measures Update
New Joint Commission Accountability Measures Framework

Accountability measures – quality measures that meet four criteria designed to identify measures that produce the greatest positive impact on patient outcomes when hospitals demonstrate improvement:

- **Research** - Strong evidence base demonstrating that given care processes leads to improved outcomes
- **Accuracy** - Measure accurately captures whether the evidence-based care process has been provided
- **Proximity** - Measure addresses a process that has very few intervening care processes that must occur before the improved outcome is realized
- **Adverse Effects** - Implementing the measure has little or no opportunity of inducing unintended adverse consequences
Accountability Measures — Using Measurement to Promote Quality Improvement

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Measuring the quality of health care and using those measurements to promote improvements in the delivery of care, to influence payment for services, and to increase transparency are now commonplace. These activities, which now involve virtually all U.S. hospitals, are migrating to ambulatory and other care settings and are increasingly evident in health care systems worldwide. Many constituencies are pressing for continued expansion of programs that rely on quality measurement and reporting. Remarkably recent. In 1998, the Joint Commission launched its ORYX initiative, the first national program for the measurement of hospital quality, which initially required the reporting only of non-standardized data on performance measures. In 2002, accredited hospitals were required to collect and report data on performance for at least two of four core measure sets (acute myocardial infarction, heart failure, pneumonia, and pregnancy); these data were made publicly available by the Joint Commission in 2004.
Current Joint Commission
ORYX Requirements

- Standardized core measure sets
  - Acute myocardial infarction
  - Heart failure
  - Pneumonia
  - Surgical Care Improvement Project
  - Perinatal care (Updated, effective with discharges on or after 4/1/10)
  - Children’s asthma care
  - Hospital outpatient
  - Hospital-based inpatient psychiatric services
  - Venous thromboembolism
  - Stroke

- Data collection required on 4 core measure sets since January 2008
  - Some exceptions for small and specialty hospitals

- More than 3,300 hospitals collecting data
  - Monthly data transmitted quarterly to the Joint Commission
Measure Sets Under Development/Implementation Pending
Blood Management Project
Blood Management Update

- 7 test measures specified
- 60 test sites participating in pilot test
- Pilot test to run from February-July 2010
- Reliability site visits July-September 2010
- Technical Advisory Panel meeting November 2010
Blood Management Test Measures

- Blood Administration Documentation
- Transfusion Consent
- RBC Transfusions
- Plasma Transfusions
- Platelet/Prophylactic Platelet Transfusions
- Preoperative Anemia Screening
- Preoperative Blood Type Screening
Screening and Treating Tobacco and Alcohol Use Project
Screening and Treating Tobacco and Alcohol Use Update

- 8 test measures specified
- 30 test sites participating in pilot test
- Pilot test to run from March-August 2010
- Reliability site visits June-August 2010
- Technical Advisory Panel meeting November 2010
Screening and Treating Tobacco and Alcohol Use Test Measures

- Tobacco Use Screening
- Tobacco Use Treatment
- Tobacco Use Treatment - Management at Discharge
- Tobacco Use Treatment - Assessing Status after Discharge
- Alcohol Use Screening
- Alcohol Use - Brief Intervention
- Alcohol and Other Drug Use – Treatment Management at Discharge
- Alcohol and Other Drug Use – Assessing Status after Discharge
Sudden Cardiac Arrest Prevention Initiative Project
Sudden Cardiac Arrest Prevention Initiative Update

- Stakeholder Panel April 2009
- Technical Advisory Panel Meeting February 2010
  - Evidence-based performance measure set targeting acute care inpatients
  - Monograph that identifies current population-based best practices
Perinatal Care (PC) Core Measure Set
Agenda

- PC Measures Overview
- PC Measures
  - PC-01
  - PC-02
  - PC-03
  - PC-04
  - PC-05
- FAQs
- Resources
- Next Steps in the Timeline
Core Measure Set

Definition

A unique grouping of performance measures carefully selected to provide, when viewed together, a robust picture of the care provided.
Core Measures

- Standardized sets of performance measures
- Precisely defined specifications
- Can be uniformly embedded/adopted in extant systems
- Standardized data collection protocols
- Meet established evaluation criteria
Core Measure Set
(Includes 4-10 Well-Tested, Evidence-Based Measures)

A = Initial set
B = Initial set
C = Initial set
D = Initial set
E = Initial set
F = Future measure
G = Future measure
PC Core Measure Vision

Identification and specification of an initial set of standardized PC core measures from existing National Quality Forum (NQF) endorsed evidence-based measures

Over time identify future measurement needs and core measures that meet those needs

- Add to existing set
- Additional measure sets
PC Measures Overview

- In November 2007, the Joint Commission’s Board of Commissioners recommended retiring the Pregnancy and Related Conditions Core Measure Set
- Recommendation to replace with an expanded set of measures based on current scientific evidence.
- National PC measures endorsed by NQF October 2008
- PC Technical Advisory Panel (TAP) appointed December 2008
- TAP meeting held February 2009
- Measure specifications work Feb-Oct 2009


Data collection: began with April 1, 2010 discharges
PC Measures Overview (Cont.)

PC Core Measures

- PC-01 Elective Delivery
- PC-02 Cesarean Section
- PC-03 Antenatal Steroids
- PC-04 Heath Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding
Two Distinct Populations:
- Mothers
- Newborns

Consists of Five Measures Representing the Following Domains of Care:
- Assessment/Screening
- Prematurity Care
- Infant Feeding
Appendix A

ICD-9-CM Code Tables

- Used to identify included and excluded populations
Appendix C

General Glossary of Terms
Appendix D

Overview of Measure Information Form

- Measure Set
- Set Measure ID #
- Performance Measure Name
- Description
- Rationale
- Type of Measure
Appendix D (Cont.)

- Improvement Noted As
- Numerator Statement
- Denominator Statement
- Continuous Variable Statement
- Risk Adjustment
- Data Collection Approach
Appendix D (Cont.)

- Data Accuracy
- Measure Analysis Suggestions
- Sampling
- Data Reported As
- Selected References
Appendix D (Cont.)

Flowchart Formats

- Flow Lines
- Symbols
- Temporary Variables
Appendix E

Miscellaneous Tables

- Discharge Status Disposition
PC-01

Elective Delivery

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

- 39 completed weeks is the American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) standard
- Significant short-term morbidity for the newborn
- 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: NA

- Excluded Populations:
  - ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for conditions justifying elective delivery as defined in Appendix A, Table 11.07
  - Less than 8 years of age
  - Greater than or equal to 65 years of age
  - Length of Stay >120 days
  - Enrolled in clinical trials
Denominator Data Elements

- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
- Gestational Age
- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Principal Diagnosis Code
Numerator Populations

Included Populations: *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for one or more of the following:

- Medical induction of labor as defined in Appendix A, Table 11.05
- Cesarean section as defined in Appendix A, Table 11.06 while not in Active Labor or experiencing *Spontaneous Rupture of Membranes*

Excluded Populations: None
Numerator Data Elements

- Active Labor
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Procedure Code
- Spontaneous Rupture of Membranes
Appendix A: Table 11.07 name changed to: Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation
PC-02

Cesarean Section

Original Performance Measure/Source
Developer: California Maternal Quality Care Collaborative
Rationale

- Skyrocketing increase in cesarean section (CS) rates
- Nulliparous women with term singleton baby in vertex position (NTSV) most variable portion of CS rate
- NTSV CS rates can be addressed through performance improvement activities
Numerator and Denominator

Patients with cesarean sections

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

**Included Populations:** Nulliparous patients with *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM 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: *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes*, for contraindications to vaginal delivery as defined in Appendix A, Table 11.09

- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Enrolled in clinical trials
Denominator Data Elements

- Admission Date
- Birth Date
- Clinical Trial
- Discharge Date
- Gestational Age
- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Diagnosis Code
- ICD-9-CM Principal Procedure Code
- Parity
Numerator Populations

**Included Populations:** *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for cesarean section as defined in Appendix A, Table 11.06

**Excluded Populations:** None
Numerator Data Elements

- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Procedure Code
Risk Adjustment

Maternal Age
Stratification by Ages

- PC-02a Cesarean Section - Overall Rate
- PC-02b Cesarean Section - 8 through 14 years
- PC-02c Cesarean Section - 15 through 19 years
- PC-02d Cesarean Section - 20 through 24 years
- PC-02e Cesarean Section - 25 through 29 years
- PC-02f Cesarean Section - 30 through 34 years
- PC-02g Cesarean Section - 35 through 39 years
- PC-02h Cesarean Section - 40 through 44 years
- PC-02i Cesarean Section - 45 through 64 years
Appendix B

Medication Tables

– Antenatal Steroid Medications
PC-03

Antenatal Steroids

Original Performance Measure/Source Developer: Providence St Vincent’s Hospital/Council of Women and Infant’s Specialty Hospitals
Rationale

- National Institutes of Health 1994 recommendation
- Reduces the risks of respiratory distress syndrome, prenatal mortality, and other morbidities
Numerator and Denominator

Patients with a full course of antenatal steroids completed prior to delivering preterm newborns

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Patients delivering preterm newborns with 24-32 weeks gestation completed
Denominator Populations

- **Included Populations:** NA

- **Excluded Populations:**
  - Less than 8 years of age
  - Greater than or equal to 65 years of age
  - Length of Stay >120 days
  - Enrolled in clinical trials
  - Documented *Reason for Not Administering Antenatal Steroid*
Denominator Data Elements

- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
- Gestational Age
- Reason for Not Administering Antenatal Steroid
Numerator Populations

**Included Populations:** Full course of antenatal steroids (refer to Appendix B, Table 11.0, antenatal steroid medications)

**Excluded Populations:** None
Numerator Data Elements

- Antenatal Steroid Administered
PC-04

Health Care-Associated Bloodstream Infections in Newborns

Original Performance Measure/Source Developer: Agency for Healthcare Research and Quality
Rationale

- Rates range from 6% to 33%
- Infections result in increased mortality, length of stay & hospital costs
- Effective preventive measures can be used to reduce infections
Numerator and Denominator

Newborns with septicemia or bacteremia

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Liveborn newborns
Denominator Populations

Included Populations: ICD-9-CM Other Diagnosis Codes for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR Birth Weight between 500 and 1499g OR
Denominator Populations (Cont.)

ICD-9-CM Other Diagnosis Codes for birth weight \( \geq 1500 \text{g} \) as defined in Appendix A, Table 11.15, 11.16 or 11.17 OR Birth Weight \( \geq 1500 \text{g} \) who experienced one or more of the following:

- Experienced death
- ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for major surgery as defined in Appendix A, Table 11.18
- ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for mechanical ventilation as defined in Appendix A, Table 11.19
- Transferred in from another acute care hospital within 2 days of birth
Excluded Populations:

- *ICD-9-CM Principal Diagnosis Code* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10
- *ICD-9-CM Other Diagnosis Codes* for birth weight < 500g as defined in Appendix A, Table 11.20 OR *Birth Weight < 500g*
- Length of Stay < 2 days OR > 120 days
- Enrolled in clinical trials
Denominator Data Elements

- Admission Date
- Admission Type
- Birthdate
- Birth Weight
- Clinical Trial
- Discharge Date
Denominator Data Elements (Cont.)

- Discharge Status
- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Diagnosis Code
- ICD-9-CM Principal Procedure Code
- Point of Origin for Admission or Visit
Numerator Populations

**Included Populations:** *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 and one diagnosis code from Table 11.11

**Excluded Populations:** None
Numerator Data Elements

ICD-9-CM Other Diagnosis Codes
Risk Adjustment

- Birth Weight: 3 birth weight categories (500-999, 1000-1249, 1250-2499 grams)
- Congenital Anomalies: 3 different types (gastrointestinal, cardiovascular, other specified) identified through ICD-9 codes
- Out-born birth
- Death or transfer out
2010B2 Manual Changes
Denominator Excluded Populations

- Change to first bullet: *ICD-9-CM Principal Diagnosis Code* for sepsis as defined in Appendix A, Table 11.10.2

- Add second bullet: *ICD-9-CM Principal Diagnosis Code* for liveborn newborn as defined in Appendix A, Table 11.10.3 AND *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10
Numerator Included Populations

- *ICD-9-CM Other Diagnosis Codes* for septicemias as defined in Appendix A, Table 11.10.1

OR

- One or more *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 and one diagnosis code for newborn bacteremia from Table 11.11
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
Numerator and Denominator

Newborns that were fed breast milk only since birth

Newborns discharged from the hospital
Denominator Populations

- **Included Populations**: Live-born newborns
- **Excluded Populations**:
  - Discharged from the hospital while in the Neonatal Intensive Care Unit (NICU)
  - *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21
  - *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for parenteral infusion as defined in Appendix A, Table 11.22
  - Experienced death
  - Length of Stay >120 days
  - Enrolled in clinical trials
  - Documented *Reason for Not Exclusively Feeding Breast Milk*
Denominator Data Elements

- Admission Date
- Admission Type
- Birthdate
- Clinical Trial
- Discharge Date
- Discharge from NICU
- Discharge Status
Denominator Data Elements (Cont.)

- ICD-9-CM Other Diagnosis Codes
- ICD-9-CM Other Procedure Codes
- ICD-9-CM Principal Diagnosis Code
- ICD-9-CM Principal Procedure Code
- Point of Origin for Admission or Visit
- Reason for Not Exclusively Feeding Breast Milk
Numerator Populations

- Included Populations: NA
- Excluded Populations: None
Numerator Data Elements

Exclusive Breast Milk Feeding
2010B2 Manual Changes
Exclusive Breast Milk Feeding

Add to Notes for Abstraction: Sweet-Ease® or a similar 24% sucrose and water solution given to the newborn for the purpose of reducing discomfort during a painful procedure is classified as a medication and is not considered a supplemental feeding.
Denominator Statement

Single term newborns discharged from the hospital
Denominator Included Populations

- Liveborn newborns with *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for single liveborn newborn as defined in Appendix A, Table 11.20.1
Denominator Excluded Populations

Change to first bullet: Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization
Denominator Data Elements

- Deleted:
  - *Discharge from NICU*

- Added:
  - *Admission to NICU*
Admission to NICU

Definition: Documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) at this hospital any time during the hospitalization.
FAQs

PC-01 Elective Delivery
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
FAQs

PC-02 Cesarean Section
Why are no other contraindications to vaginal deliveries considered such as maternal cardiac conditions or fetal distress?

- The measure is designed to measure complications that largely arise in labor and not exclude them.
- There are certainly good reasons to do a cesarean section that are captured in the measure.
- The premise is that medical practices during labor lead to the development of indications that were potentially avoidable.
FAQs

PC-05 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.
Why was Exclusive Breast Milk Feeding selected as a measure?

- The overall goal to improve exclusive breast milk feeding rates (estimated as low as 30% in some parts of the country)
- Supported by World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG) & Healthy People 2010
- A number of evidence-based studies support the numerous benefits of exclusive breast milk feeding for both the mother and newborn
Why aren’t more newborn medical conditions excluded?

- Not all medical indications for formula supplementation in the first days of life are excluded from this measure.
- Many of these indications 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.
Why is a mother's choice not to breastfeed not considered?

- The Joint Commission recognizes and supports the right of a woman to refuse breast milk feeding.
- A mother’s choice to breastfeed is a decision to be respected.
- A number of educational programs based on scientific evidence have been successfully implemented by hospitals to increase the number of mothers that exclusively breast milk feed their newborns.
- Cultural beliefs and values may influence the decision whether to exclusively breast milk feed or not.
- Health care providers encouraged to integrate culturally sensitive information when promoting exclusive breast milk feeding as an option.
Resources for Breast Milk Feeding Promotion


- The United States Breastfeeding Committee has a toolkit available at: http://www.usbreastfeeding.org/
WikiHealthCare™

WikiHealthCare is The Joint Commission's interactive forum for health care professionals
http://wikihealthcare.jointcommission.org/bin/view/Home
Appendix F-Resources

View the manual and post questions at:
http://manual.jointcommission.org
Next Steps in the Timeline

- **December 2008**: PC TAP Members Appointed
- **February 2009**: TAP Meeting
- **October 1, 2009**: Manual Posting
- **Data Collection began with April 1, 2010 Discharges**
- **October 1, 2009**: Measure Specifications Development
- **2011**: Reliability Testing
- **Measure Specifications Post Testing**
Questions