



The Joint Commission Will Begin Publicly Reporting Cesarean Section Rates by July 2020

The Joint Commission will begin publicly reporting hospitals with consistently high cesarean birth rates on Quality Check® by July 1, 2020, using data reported by hospitals during the calendar years 2018 and 2019. This designation will be based on hospitals' rates on the perinatal care (PC) Cesarean Birth measure PC-02, which measure the rates of cesarean births among a subset of the general obstetric population of low-risk women having their first birth with a term, singleton baby in a vertex position (NTSV).

About the Cesarean Birth Measure

The Joint Commission began to require accredited hospitals to collect and submit data on PC-02 in 2010. However, The Joint Commission deferred publicly reported hospitals' rates on Quality Check for several reasons, including the following:

- Optimal rate of cesarean section was not clear
- Questions remained about whether the measure needed risk-adjustment methodology beyond limiting to low-risk NTSV deliveries
- Relatively few reports of how hospitals had been able to reduce their cesarean section rates safely without increasing neonatal complications

Since 2010, PC-02 rates among all reporting hospitals have remained around 26% without evidence of trends toward improvement. Moreover, in 2017, 25% of the hospitals reporting had rates greater than 30%. This led The Joint Commission to reexamine its position on public reporting.

What Has Changed

Data from the [California Maternal Quality Care Collaborative](#) (CMQCC) and the Joint Commission's internal analyses suggest that further risk adjustment beyond stratifying for NTSV deliveries has limited effect on hospitals' comparative rates. In addition, a Joint Commission Technical Advisory Panel supported reporting the NTSV cesarean section rate without further risk adjustment.

There is now more evidence that hospitals can safely reduce their cesarean section rates without an increase in neonatal complications.¹ The American College of Obstetrics and Gynecology also has released guidance on reducing cesarean section rates.²

Effective January 1, 2019, The Joint Commission will add measure PC-06, Unexpected Complications in Term Newborns.³ This measure gauges adverse outcomes resulting in severe or moderate morbidity in otherwise healthy term infants. Importantly, this metric will serve as a balancing measure to alert hospitals to any unanticipated or unintended consequences of quality improvement activities to reduce unnecessary cesarean births.

Rating PC-02 Performance

The Joint Commission will use the following three criteria to determine a hospital's PC-02 rating:

1. ≥30 cases reported in both years
2. PC-02 rate >30% for the current year
3. Overall two-year average PC-02 rate >30%

Hospitals will be identified on Quality Check with either a plus (+) or minus (-) symbol for the PC-02 measure.

- The plus (+) symbol will signify the hospital has an acceptable rate.
- A minus (-) symbol will signify the hospital's rate is consistently high and has a large enough sample size to make this determination.

Approximately 20% of hospitals met these three criteria using 2016–2017 data. For those hospitals identified as having high rates (-), The Joint Commission also will show those hospitals' actual 2019 PC-02 rate.

Note: 2018 and 2019 data will be used for the initial release.

Avoiding Unhealthy Consequences

Although The Joint Commission believes all hospitals should work to reduce unnecessary cesarean births, it does not want to differentiate between groups of hospitals whose rates are in the acceptable range. For this reason, The Joint Commission will not show the rates for hospitals with acceptable rates (+). The Joint Commission is concerned that doing so might inappropriately encourage hospitals to achieve lower cesarean section rates than may be safe for their patient populations. For this measure, lower is not always better.

Performance Measure Reports (PMR)—posted to a hospital's secure *Joint Commission Connect*[®] extranet site—will provide monthly and quarterly measure rates. Hospitals are encouraged to look to existing tools to assist with improving performance on the measures, successful examples can be found in [Alliance for Innovation on Material Health \(AIM\)](#) bundles^{1,2} or state collaboratives such as [CMQCC](#).⁴

Questions regarding this reporting initiative may be directed to the [Performance Measurement Network Q&A Forum](#) on the Joint Commission website. 

References

1. Vadnais, MA, et al. Quality improvement initiatives lead to reduction in nulliparous term singleton vertex cesarean delivery rate. *Jt Comm J Qual Patient Saf.* 2017 Feb; 43(2):53–61.
2. Council on Patient Safety in Women's Health Care. [Safe Reduction of Primary Cesarean Birth \(+AIM\)](#). Accessed Nov 9, 2018.
3. The Joint Commission. [Approved: New perinatal care performance measure](#). *Jt Comm Perspect.* 2018 Aug; 38(8):7–8. Accessed Nov 9, 2018.
4. California Maternal Quality Care Collaborative. [Toolkit to Support Vaginal Birth and Reduce Primary Cesareans](#). Accessed Nov 9, 2018.