Over the last several years The Joint Commission has responded to suggestions from the obstetrics community to adjust the specifications for PC-01: Elective Delivery to allow for a wider array of exclusions. Some of these have resulted in new ICD codes being added and others have required the addition of new exclusions that can only be determined by chart reviews (an unfortunate but currently needed situation). For example, the data element Prior Uterine Surgery now includes a history or ultrasound documentation of a uterine window or wall thinning and a history of a cornual ectopic pregnancy. The Joint Commission continues to receive numerous requests for “appeals” and new exclusions which are uncommon or rare conditions justifying the need for an early-term elective delivery. While many of these conditions have been incorporated into the current PC-01 specifications, medical issues are varied enough that it is impossible to enumerate 100% of the potential circumstances that could justify an early-term elective delivery. For example, a mother with a malignancy and need to start chemotherapy might require a delivery before 39 weeks. Although these cases are rare their occurrence can be such to generate an early-term elective delivery rate of 2-4%. This supports the rationale for not expecting this measure to consistently reach 0% elective deliveries. The Joint Commission is aware that reporting data for PC-01 is one of the requirements for the Value-Based Purchasing (VBP) program for the Centers for Medicare & Medicaid Services (CMS), and that CMS has set a benchmark of 0%. For the reasons enumerated above, The Joint Commission does not support the use of PC-01 in this manner.

The Joint Commission has worked closely with a technical advisory panel (TAP) since the inception of this project. The TAP is comprised of leading national perinatal care experts including obstetricians, pediatricians, neonatologists and nurse clinicians and continues to convene routinely for measure maintenance. Recently, the TAP reaffirmed the goal of 5% which is supported by the 2013 study by Clark, et. al, validating the denominator exclusion criteria for PC-01.

The national effort to reduce early elective delivery has led to significant changes in obstetrics practice and a significant reduction in births at 37 and 38 weeks. This has led to a current gestational age distribution more closely aligned to that seen in the generation prior to high rates of labor inductions and scheduled cesarean births. As we have seen with the national data, quality improvement projects have made significant strides in reversing the generational shift of gestational age at delivery, returning it to where it was 20 years ago. Some resources are available to hospitals to help them continue to improve performance for this measure which are listed below.

Resources:

March of Dimes (MOD)/California Maternal Quality Care Collaborative (CMQCC) <39wk Toolkit available at: marchofdimes.com or CMQCC.org
