

# QUESTIONS AND ANSWERS: The Perinatal Care Core Measure Set

Last year (see December 2012 *Perspectives*, pages 3–5) The Joint Commission announced the expansion of its ORYX® performance measurement reporting requirements for accredited **general medical/surgical hospitals** from a minimum of four (4) to six (6) core measure sets **effective January 1, 2014**. Four of the six sets—acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), and the Surgical Care Improvement Project (SCIP)—will be mandatory for all general medical/surgical hospitals that serve the specific patient populations addressed by these measure sets (see related article on page 11).

For hospitals with 1,100 births or more per year, the perinatal care (PC) core measure set (shown in the table below) will become the mandatory fifth measure set. The sixth measure set (or fifth *and* sixth measure sets, for hospitals with fewer than 1,100 births per year) are to be chosen from the remaining complement of core measure sets.

## Perinatal Care (PC) Core Measure Set

Mandatory for Hospitals with 1,100 or More Births per Year;  
Optional for Hospitals with Fewer than 1,100 Births per Year

Applicable 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 Choice

Because there are approximately four million births annually in the United States, The Joint Commission anticipates that the mandatory PC reporting requirement will affect a large number of its accredited hospitals. Many hospitals are evaluating their current perinatal care practices and how they relate to the PC measures. The Joint Commission has received several questions about performance expectations and how the measures will affect the accreditation process. The following answers address organizations’ most prevalent inquiries about the PC core measure set.

### Which PC measures are accountability measures?

The Joint Commission includes the PC process measures—specifically PC-01: Elective Delivery, PC-03: Antenatal Steroids, and PC-05a: Exclusive Breast Milk Feeding Considering Mother’s Choice—in the accountability measures composite calculation.

### How does The Joint Commission use information about accountability measures?

The Joint Commission uses the accountability measure composite in a couple of ways. The Joint Commission set an expectation for minimum performance on accountability measures in the following Performance Improvement (PI) standard and element of performance (EP):

Standard PI.02.01.03: The hospital improves its performance on ORYX® accountability measures.

EP 1: The hospital achieves a composite performance rate of at least 85% on the ORYX® accountability measures transmitted to The Joint Commission.

The Joint Commission’s *Top Performer on Key Quality Measures*® program is another initiative that involves accountability measures. To be recognized as a Top Performer, a hospital must meet three performance-based criteria based on 12 calendar months of data:

1. Achieve a composite rate greater than or equal to 95% across all reported accountability measures.
2. Achieve a performance rate greater than or equal to 95% on each and every applicable reported accountability measure where there are at least 30 denominator cases.
3. Have at least one core measure set for which the composite rate is greater than or equal to 95% and for which the performance rate for all applicable individual accountability measures is also greater than or equal to 95%.

More information on accountability measures is available on The Joint Commission website at [http://www.jointcommission.org/accountability\\_measures.aspx](http://www.jointcommission.org/accountability_measures.aspx) as well as in *Improving America’s Hospitals: The Joint Commission’s Annual Report on Quality and Safety* (also available on the website).

### Because a lower rate is the goal for PC-01: Elective Delivery, how is this measure factored into the PC composite rate?

An increase in the measure rate indicates improvement for many measures; for some measures, however, a *decrease* in the

rate indicates improvement. To accurately calculate the accountability measure composite, the direction of improvement must be the same for all the individual measures. To include measures where a decrease in the rate is desired (such as PC-01: Elective Delivery) in the accountability composite, The Joint Commission subtracts the number of numerator cases from the number of denominator cases. This allows these measures to be included appropriately in the calculation with those accountability measures where an increase in the rate is desired.

### **What are the benchmarks for each of the PC measures?**

The Joint Commission does not establish benchmarks for any core measure. The goal is for hospitals to understand their baseline rates of performance for each measure so that they can determine the effectiveness of their performance improvement efforts relative to national performance rates.

To help hospitals understand their performance, a “target range” for each measure is set based on the previous quarter’s data from all hospitals reporting the measure. An individual hospital’s rate is plotted on a chart against the target range, which comprises the mean and two standard deviations above and below the mean. The target range varies from quarter to quarter depending on national performance, and a hospital’s

ORYX performance measurement report updates this display quarterly.

### **When will the two PC outcome measures be publicly reported?**

The two outcome measures, PC-02: Cesarean Section and PC-04: Health Care–Associated Bloodstream Infection in Newborns, present additional reporting challenges regarding the need for sufficient case-mix adjustment data. After The Joint Commission receives sufficient data on these measures to confirm that the case-mix adjustment is stable, the measures will be available for public reporting.

### **How should hospitals use the data for PC-05 and PC-05a?**

The complementary measures PC-05: Exclusive Breast Milk Feeding and PC-05a: Exclusive Breast Milk Feeding Considering Mother’s Choice are intended to be viewed together. Exclusive breast milk feeding is an important public health initiative with long-term health benefits for both mothers and newborns. The Joint Commission added PC-05a to the measure set because, while The Joint Commission supports the belief that all newborns should be exclusively breast milk–fed and research shows that health care providers can influence a mother’s decision to breastfeed through

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appropriate and culturally sensitive education, this decision is not always within providers' purview. That being said, it is important for hospitals to evaluate their performance for both measures with a view toward narrowing the gap between measure rates over time.

### How can hospitals improve their performance for the PC measures?

The Joint Commission's Core Measure Solution Exchange<sup>®</sup> database, accessible via *Joint Commission Connect*<sup>™</sup>, enables accredited organizations to share success stories and learn how peers have achieved excellent performance on core measures. The Joint Commission encourages organizations to add to the more than 200 core measure solutions that hospitals have posted to the Exchange so far. Hospitals that have successfully improved performance for the PC measures shared the suggestions in the sidebar below.

Committed to improving the quality and safety of perinatal care, The Joint Commission works closely with its Perinatal Care Technical Advisory Panel to maintain measure specifications and update them at regular intervals. The 2014 PC specifications, which were posted in August 2013, are available online in the *Specifications Manual for Joint Commission National Quality Core Measures (v2014A)* at <http://manual.jointcommission.org/releases/TJC2014A/>. Questions about the PC measure specifications should first be directed to ORYX vendors, as The Joint Commission has educated them about PC measure specifications. Other questions and comments may be posted for The Joint Commission at the Performance Measurement Network Q&A Forum online at <http://manual.jointcommission.org>. 

#### PC-01: Elective Delivery

- Adopt a hospitalwide policy that establishes criteria for performing early-term medical inductions and cesarean sections.
- Require a review of all requests that do not meet the established criteria.
- Obtain clear, concise documentation from clinicians about important information (such as gestational age at the time of delivery and any medical complications) to help coders identify conditions.
- Provide updated coder education as needed.

#### PC-02: Cesarean Section

- Reduce admissions for patients presenting in latent labor.
- Eliminate nonmedically indicated elective labor induction before 41 weeks.
- Improve diagnostic and treatment approaches for labor disorders (such as dystocia and failure to progress).
- Standardize diagnosis and management of fetal heart rate abnormalities during labor.
- Reduce uterine hyperstimulation associated with oxytocin administration by following oxytocin safety protocols.
- Encourage patience during the active phase of labor and the second stage of labor (pushing).
- Encourage easy operative vaginal delivery—that is, vacuum extraction and forceps delivery—as an alternative to cesarean delivery in appropriate cases.

#### PC-03: Antenatal Steroids

- Follow the American College of Obstetricians and Gynecologists (ACOG) clinical practice guideline, *Management of Preterm Labor*, available at <http://www.guideline.gov/content.aspx?id=38621&search=antenatal+steroids>.

#### PC-04: Health Care–Associated Bloodstream Infections in Newborns

- Follow the Centers for Disease Control and Prevention (CDC) *Guidelines for the Prevention of Intravascular Catheter-Related Infections* available at <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf>.

#### PC-05: Exclusive Breast Milk Feeding and PC-05a: Exclusive Breast Milk Feeding Considering Mother's Choice

- Adopt a hospitalwide policy promoting breast milk feeding as the default method of feeding.
- Obtain clear, concise documentation from clinicians to help coders identify prematurity conditions.
- Make sure mothers understand that their choice of feeding is for the hospitalization period only—not for the long term.
- Promote skin-to-skin contact immediately following delivery.
- Promote rooming-in to help mothers recognize early feeding cues.
- Utilize Joint Commission posters and brochures from the Speak Up<sup>™</sup>: What You Need to Know About Breastfeeding campaign.
- Partner with community maternal–child health programs, such as the federally funded Women, Infants, and Children (WIC) program (<http://www.fns.usda.gov/wic>), that offer evidence-based prenatal and postpartum education as well as ongoing nutrition support and monitoring.