2015 Updates to Perinatal Care (PC) Core Measures: PC-01 Elective Delivery, Structural Measures, and DACA

February 23, 2015
2 p.m. ET

Candace Jackson, RN
IQR Outreach and Education Support Contract Lead
HSAG

Celeste Milton, MPH, BSN, RN
Associate Project Director
Department of Quality Measurement, The Joint Commission
Purpose

Provide information and updates regarding:

• 2015 revisions to PC-01: Elective Delivery
• The Structural Measures
• The Data Accuracy and Completeness Acknowledgement (DACA) form
Objectives

Participants will be able to:

• Discuss the PC project

• Discuss the PC core performance measure PC-01: Elective Delivery and the recent revisions to the measure

• Discuss some of the resources available for improving PC

• Define what a structural measure is

• Determine if their facility is submitting data to a registry

• Submit the Structural Measures and DACA to meet the Inpatient Quality Reporting (IQR) Program requirements
2015 Updates: Structural Measures and DACA

Candace Jackson, RN
IQR Outreach and Education Support Contract Lead
HSAG
Structural Measures

• Reflect the environment in which providers care for patients

• Assess characteristics linked to the capacity of the provider to deliver quality healthcare

• Encourage facilities to increase the use of tools, ultimately improving the quality of care
FY 2016 Structural Measures

The FY 2016 structural measures:

• Participation in a Systemic Database for Cardiac Surgery
• Participation in a Systemic Clinical Database for Nursing Sensitive Care
• Participation in a Systemic Clinical Database Registry for General Surgery
• Use of a Safe Surgery Checklist
Registry

A systemic clinical database registry is a collection of clinical data for purposes of assessing clinical performance, quality of care, and opportunities for quality improvement.
Registry Requirements for Structural Measures

• Participation in a registry is NOT required.
• Participation in a registry is indicated by a “Yes” or “No.”
  ▪ If you respond “Yes,” indicate the registry in which your hospital is participating.
By completing and submitting the DACA form, the hospital is attesting that:

• All information reported for IQR is accurate and complete

• The DACA covers all information reported by the hospital or by any vendor acting as an agent on behalf of the hospital
The DACA form covers:

- Chart-abstracted measure sets
- Initial Patient Population and Sampling (IPPS)
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Healthcare-Associated Infection Measure(s) (HAIs) reported using the National Healthcare Safety Network (NHSN)
- Current Notice of Participation (NoP)
- QualityNet Security Administrator (SA)
FY 2016 Submission Deadlines

• Reporting Period Dates/Quarters:
  - January 1–December 31, 2014 (1Q-4Q 2014)

• Submission Deadline:
  - April 1–May 15, 2015
## Structural Measure and DACA Submission

### Quality Reporting System: My Tasks

<table>
<thead>
<tr>
<th>Task Category</th>
<th>Task Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vendor Authorization</strong></td>
<td>Authorize Vendors to Submit Data</td>
</tr>
<tr>
<td><strong>Hospital Reporting Inpatient</strong></td>
<td>View/Edit Measure Designation</td>
</tr>
<tr>
<td><strong>Hospital Reporting Inpatient / Outpatient</strong></td>
<td>View/Edit Population &amp; Sampling</td>
</tr>
<tr>
<td><strong>Manage Notice of Participation</strong></td>
<td>View/Edit Notice of Participation, Contacts, Campuses</td>
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<tr>
<td><strong>EHR Incentive Program Hospital eCQM Reporting</strong></td>
<td>IQR Measure Selection Intention / Denominator Declaration</td>
</tr>
<tr>
<td><strong>Manage Security</strong></td>
<td>Manage Multifactor Credentials My Account</td>
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<tr>
<td><strong>Manage Measures</strong></td>
<td>View/Edit Structural Web-Based Measures/Data Acknowledgement (DACA)</td>
</tr>
</tbody>
</table>
Program Selection

View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

Select a Program
- Inpatient Structural Measures/DACA
- Inpatient Web-Based Measures
- Outpatient Web-Based Measures
- Inpatient Psychiatric Facilities Web-Based Measures/DACA
- PPS Exempt Cancer Hospitals DACA
Inpatient Structural Measures/DACA

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Payment Year Selection

- Select --
- 2016
- 2015
- 2014
- 2013
- 2012
- 2011
- 2010

CONTINUE
### Structural Measure or DACA Selection

#### Inpatient Structural Measures/DACA

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Participation in a Systematic Database for Cardiac Surgery</th>
<th>Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care</th>
<th>Participation in a Systematic Clinical Database Registry for General Surgery</th>
<th>Safe Surgery Checklist Use</th>
<th>DACA</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
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</table>

#### Py 2016

Submission Period: 04/01/2015 - 05/15/2015
With Respect to Reporting Period: 01/01/2014 - 12/31/2014

[Image of a website interface for selecting structural measures or DACA]
Database Participation Response

Inpatient Structural Measures/DACA

Provider  CCN  NPI  Submission Period  With Respect to Reporting Period
04/01/2015 - 05/15/2015 01/01/2014 - 12/31/2014

Structural Measures | PY 2016 * indicates required for providers participating in the Hospital Inpatient Quality Reporting Program.

For Hospital Inpatient Quality Reporting participating providers, the Structural Measures question(s), their applicable child question(s) and the Data Acknowledgement are required in order to fulfill the Annual Payment Update (APU) requirement. The Centers for Medicare & Medicaid Services (CMS) is requesting these items be available for all providers.

Participation in a Systematic Database for Cardiac Surgery

* Does/Did your hospital have a cardiac surgery program that includes Coronary Artery Bypass Graft (CABG) and/or Cardiac Valve Replacement/Repair surgeries?

- Yes  - No
DACA Statement

For all Hospital Inpatient Quality Reporting participating providers, the Data Accuracy and Completeness Acknowledgement is required by CMS in order to fulfill the Annual Payment Update (APU) requirement.

To the best of my knowledge, at the time of submission, all of the information reported for this hospital for the Hospital Inpatient Quality Reporting (IQR) Program, as required for the annual Fiscal Year 2016 Hospital IQR Program requirements, is accurate and complete. This information includes the following:

- Chart Abstracted measure sets;
- Initial patient population and sample counts;
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey;
DACA Attestation

Fiscal Year 2015 Hospital IQR Program requirements, is accurate and complete. This information includes the following:

- Chart Abstracted measure sets;
- Initial patient population and sample counts;
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey;
- Structural Measures;
- Healthcare Associated Infection measure(s) reported using the National Healthcare Safety Network (NHSN); and
- Current Notice of Participation and QualityNet Security Administrator.

I understand this acknowledgement covers all Hospital IQR information reported by this hospital (and any data or survey vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors for the FY 2015 payment update.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care and patient assessment of care. I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2015 Hospital IQR Program requirements.

Acknowledgement has been submitted by:

Name              | Position               | Date     | Time
---               | ---                    | ---      | ---
Name              | Director of quality    | 04/02/2014 | 13:14:42 PT
## Structural Measure and DACA Submission Verification

### Inpatient Structural Measures/DACA

**Submission Period:**
04/01/2014 - 05/15/2014

**With Respect to Reporting Period:**
01/01/2013 - 12/31/2013

### Structural Measures | PY 2015

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Participation in a Systematic Database for Cardiac Surgery</th>
<th>Participation in a Systematic Clinical Database Registry for Stroke Care</th>
<th>Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care</th>
<th>Participation in a Systematic Clinical Database Registry for General Surgery</th>
<th>DACA</th>
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2/23/2015
“2015 Updates to Perinatal Care (PC) Core Measure: PC-01 Elective Delivery”

Celeste Milton, MPH, BSN, RN
Associate Project Director
Department of Quality Measurement
February 23, 2015
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
Current ORYX Requirements

Perinatal Care set mandatory for hospitals with 1,100 or more births per year (fifth mandatory measure set)
Reporting Requirement for Centers for Medicare and Medicaid Services (CMS)

- IPPS Final Rule posted August 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
In Development: Perinatal Care Certification

<table>
<thead>
<tr>
<th>WHAT</th>
<th>Strong focus on improving quality of care for normal physiologic birth through use of standards, clinical practice guidelines, and performance measures</th>
</tr>
</thead>
</table>
| WHEN                                                                | Timeline under review  
Current projection: Mid 2015                                                                                                      |
| PROCESS POINT                                                       | Standards and onsite review process currently in development and pilot testing                                                       |
| QUESTIONS?                                                          | Contact us at dscinfo@jointcommission.org                                                                                           |
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 Choice

NQF Endorsed
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
Maternal Initial Patient Population

- Patients admitted with ICD-9-CM Principal or Other Diagnosis Code as defined in Appendix A, Tables 11.01, 11.02, 11.03, or 11.04
- Patient Age (Admission Date – Birthdate) \( \geq 8 \) years and \( < 65 \)
- Length of Stay (Discharge Date - Admission Date) \( \leq 120 \) days
Maternal Quarterly Sampling (Based on Initial Patient Population)

<table>
<thead>
<tr>
<th>Quarterly Discharges</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=1501</td>
<td>301</td>
</tr>
<tr>
<td>376-1500</td>
<td>20%</td>
</tr>
<tr>
<td>75-375</td>
<td>75</td>
</tr>
<tr>
<td>&lt;75</td>
<td>100% (no sampling)</td>
</tr>
</tbody>
</table>
## Maternal Monthly Sampling (Based on Initial Patient Population)

<table>
<thead>
<tr>
<th>Monthly Discharges</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=541</td>
<td>109</td>
</tr>
<tr>
<td>126-500</td>
<td>20%</td>
</tr>
<tr>
<td>25-125</td>
<td>25</td>
</tr>
<tr>
<td>&lt;25</td>
<td>100% (no sampling)</td>
</tr>
</tbody>
</table>
PC-01

Elective Delivery

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

- American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) standard
- Significant short-term newborn morbidity
- 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:
  - Diagnosis Codes for pregnancy- Appendix A, Tables 11.01, 11.02, 11.03, 11.04
  - Diagnosis Codes for planned cesarean section in labor- Appendix A, Table 11.06.1
Excluded Populations:
- Diagnosis Codes for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation- Appendix A, Table11.07
- < 8 years of age
- ≥ 65 years of age
- LOS > 120 days
- Enrolled in clinical trials
- Gestational Age < 37 or ≥ 39 weeks or UTD
Denominator Data Elements

- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
- Gestational Age
- Principal or Other Diagnosis Codes
Gestational Age (PC-01, 02 & 03)

- Completed weeks of gestation
- Days ≤ 6 are always rounded down
- UTD should be documented if no prenatal care (effective 1/1/15)
- Clarification added for conflicting documentation
- Document closest to time of delivery
- Vital records reports, delivery logs or clinical information systems acceptable data sources
Numerator Populations

 Included Populations: Procedure Codes for one or more of the following:
  - Medical induction of labor- Appendix A, Table 11.05
  - Cesarean section- Appendix A, Table 11.06 and all of the following: not in Labor and no history of Prior Uterine Surgery

 Excluded Populations: None
Numerator Data Elements

- Principal & Other Procedure Codes
- Labor
- Prior Uterine Surgery
- *Spontaneous Rupture of Membranes* has been removed
Labor

- Documentation taken at face value
- Descriptors not required to be present

- Descriptive Inclusions:
  - Active Labor
  - Spontaneous Labor
  - Early Labor

- Descriptive Exclusions:
  - Prodromal Labor
  - Latent Labor
**Prior Uterine Surgery**

**Inclusions:**

- Prior classical cesarean section (vertical incision into upper uterine segment)
- Prior myomectomy
- Prior surgery with perforation (result of accidental injury)
- Hx of uterine window (prior surgery or via ultrasound)
- Hx of uterine rupture
- **Hx of a cornual ectopic pregnancy**
Prior Uterine Surgery (Cont.)

Exclusions:

- Prior cesarean section without specifying type
- Prior low-transverse cesarean section
Lessons Learned from the Field

- Coders and clinical staff DO NOT have a shared understanding of PC-01 expectations:
  - Some coders only review provider documentation & others also review RN documentation in EHR
  - Providers DO NOT have a clear understanding of documentation requirements: using ACOG terminology but abstractors adhering to manual specifications= differing interpretations
Lessons Learned from the Field (Cont.)

- Very few hospitals have a "hard-stop" policy

- Team division:
  - Nursing taking the lead in accountability "enforcing" PC-01 resulting in "disharmony" with providers
  - Further divide between quality/coding teams and nursing/provider teams
How can we improve performance for PC-01?

- Adopt a hospital wide policy establishing criteria for performing early term medical inductions and cesarean sections
- Require review of requests not meeting criteria
- Clear, concise documentation by clinicians
- Coder education as needed
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
What are the national benchmarks for the PC measures?
### The Joint Commission’s Annual Report on Quality and Safety 2014

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Name</th>
<th>2013 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perinatal Care Composite</td>
<td>74.1%</td>
</tr>
<tr>
<td>PC-01</td>
<td>Elective Delivery</td>
<td>4.3%</td>
</tr>
<tr>
<td>PC-02</td>
<td>Cesarean Section*</td>
<td>25.9%</td>
</tr>
<tr>
<td>PC-03</td>
<td>Antenatal Steroids</td>
<td>89.7%</td>
</tr>
<tr>
<td>PC-04</td>
<td>Health Care-Associated Bloodstream Infections in Newborns*</td>
<td>2.5%</td>
</tr>
<tr>
<td>PC-05</td>
<td>Exclusive Breast Milk Feeding</td>
<td>53.6%</td>
</tr>
<tr>
<td>PC-05a</td>
<td>Exclusive Breast Milk Feeding Considering Mother’s Initial Feeding Plan</td>
<td>69.2%</td>
</tr>
</tbody>
</table>

* Denotes outcome measure
Resources
March of Dimes Perinatal Care Resource

Toward Improving the Outcome of Pregnancy III (TIOP III)

Available at: http://www.marchofdimes.com/professionals/medicalresources_tiop.html
Resource for Elective Delivery

March Of Dimes (MOD)/California Maternal Quality Care Collaborative (CMQCC) <39wk Toolkit

Available at: marchofdimes.com or CMQCC.org to download your free copy of the toolkit.
View the manual and post questions at:
http://manual.jointcommission.org
These slides are current as of (2/23/2015). The Joint Commission reserves the right to change the content of the information, as appropriate.
Continuing Education Approval

• This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy

• Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.
CE Credit Process

• Complete the ReadyTalk survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
• The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  ▪ A one-time registration process is required.