



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

**February 23, 2015
2 p.m. ET**

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Purpose

- Provide information and updates regarding:
- 2015 revisions to PC-01: Elective Delivery
 - The Structural Measures
 - The Data Accuracy and Completeness Acknowledgement (DACCA) 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
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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.

DACA

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

DACA

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 Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR

Quality Reporting System: My Tasks

Vendor Authorization

Authorize Vendors to Submit Data

Hospital Reporting Inpatient

View / Edit Measure Designation

Hospital Reporting Inpatient / Outpatient

View / Edit Population & Sampling

Manage Notice of Participation

View/Edit Notice of Participation, Contacts, Campuses

EHR Incentive Program Hospital eCQM Reporting

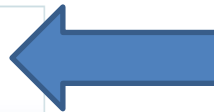
IQR Measure Selection Intention / Denominator Declaration

Manage Security

Manage Multifactor Credentials
My Account

Manage Measures

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



Program Selection

Start

Structural/Web-Based Measures

01/29/2015 12:33:35 P

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

 Print

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

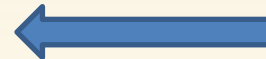
Inpatient Structural Measures/DACA

Inpatient Web-Based Measures

Outpatient Web-Based Measures

Inpatient Psychiatric Facilities Web-Based Measures/DACA

PPS Exempt Cancer Hospitals DACA



Payment Year Selection

Start

Structural/Web-Based Measures

01/29/2015 13

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:

-- Select --

2016

2015

2014

2013

2012

2011

2010

CONTINUE

Structural Measure or DACA Selection

Start [Structural/Web-Based Measures](#) 01/29/2015 12:29:06 PT

Inpatient Structural Measures/DACA Print

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

Structural Measures | PY 2016

Provider ID	Participation in a Systematic Database for Cardiac Surgery	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Participation in a Systematic Clinical Database Registry for General Surgery	Safe Surgery Checklist Use	DACA
	Not Available	Not Available	Not Available	Not Available	Not Available

[Exit to My Tasks](#) [Payment Year Selection](#)

Database Participation Response

Start Structural/Web-Based Measures 01/29/2015 12:31:37 PT

Inpatient Structural Measures/DACA

Print

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

BACK Print

2/23/2015

16

DACA Statement

The screenshot displays the CMS QualityNet interface. At the top, there are navigation links for Alerts (0), Notifications (117), Secure File Transfer, User Profile, and Log Out. The main header includes the CMS .gov logo and QualityNet text. Below this is a yellow navigation bar with links for Home, Quality Programs, My Data, My Reports, My Tools, and Help. The breadcrumb trail indicates the current location: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The page title is "Structural/Web-Based Measures/DACA" and the date is "01/29/2015 12:36:37 PT". The main content area is titled "Inpatient Structural Measures/DACA" and contains a table with the following data:

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

Below the table, there is a section titled "Data Accuracy and Completeness Acknowledgement | PY 2016" with a red asterisk indicating a required field. The text explains that 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. A yellow box contains the following text:

Data Accuracy and Completeness Acknowledgement

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
	Director of quality	04/02/2014	13:14:42 PT

Structural Measure and DACA Submission Verification

Start [Structural/Web-Based Measures](#) 01/29/2015 12:35:33 PT

Inpatient Structural Measures/DACA Print

Submission Period: 04/01/2014 - 05/15/2014 With Respect to Reporting Period: 01/01/2013 - 12/31/2013

Structural Measures | PY 2015

Provider ID	Participation in a Systematic Database for Cardiac Surgery	Participation in a Systematic Clinical Database Registry for Stroke Care	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Participation in a Systematic Clinical Database Registry for General Surgery	DACA
	Completed	Completed	Completed	Completed	Completed

[Exit to My Tasks](#) [Payment Year Selection](#)



**“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



WHAT	Strong focus on improving quality of care for normal physiologic birth through use of standards, clinical practice guidelines, and performance measures
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



NQF
Endorsed

- ▶ 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

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) ≥ 8 years and < 65
- ▶ Length of Stay (Discharge Date - Admission Date) ≤ 120 days

Maternal Quarterly Sampling (Based on Initial Patient Population)

Quarterly Discharges	Sample Size
≥ 1501	301
376-1500	20%
75-375	75
< 75	100% (no sampling)

Maternal Monthly Sampling (Based on Initial Patient Population)

Monthly Discharges	Sample Size
≥ 541	109
126-500	20%
25-125	25
< 25	100% (no sampling)



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

Denominator Populations (Cont.)

Excluded Populations:

- Diagnosis Codes for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation- Appendix A, Table 11.07
- < 8 years of age
- \geq to 65 years of age
- LOS > 120 days
- Enrolled in clinical trials
- Gestational Age < 37 or \geq 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


FAQs





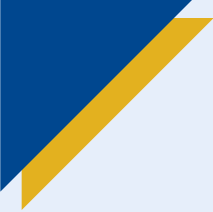
How come some of ACOG's approved justifications are not considered?

- ▶ 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

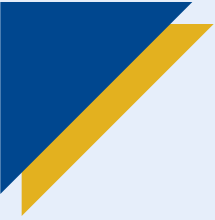


What are the national benchmarks for the
PC measures?

The Joint Commission's Annual Report on Quality and Safety 2014

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

* Denotes outcome measure



Resources



March of Dimes Perinatal Care Resource

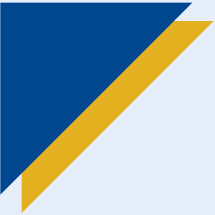
▶ **Toward Improving the Outcome of Pregnancy III (TIOP III)**

▶ **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>

The Joint Commission Disclaimer

- 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.

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-02232015-01