“Perinatal Care (PC) Core Measures: Updates for Fall 2015”

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Department of Quality Measurement
November 6, 2015
PC Core Measures

- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03 Antenatal Steroids
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding
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
<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>
<tbody>
<tr>
<td>WHEN</td>
<td>Applications now being accepted</td>
</tr>
<tr>
<td>WHERE</td>
<td>Further information is available at: <a href="http://www.jointcommission.org/certification/perinatal_care_certification.aspx">http://www.jointcommission.org/certification/perinatal_care_certification.aspx</a></td>
</tr>
<tr>
<td>QUESTIONS?</td>
<td>Contact us at <a href="mailto:dscinfo@jointcommission.org">dscinfo@jointcommission.org</a></td>
</tr>
</tbody>
</table>
Project News

- PC-02 is being reengineered into an electronic Clinical Quality Measure (eCQM)
- Reengineering to take place 2015-2016
- Public comment open until October 12, 2015
# 2016 ORYX Options

## Joint Commission Measure Sets Effective January 1, 2016

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Retired/Temporarily Inactivated Chart Abstracted Measure</th>
<th>Retained Chart Abstracted Measures</th>
<th>Electronic Clinical Quality Measures (eCQM)</th>
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</thead>
<tbody>
<tr>
<td>AMI</td>
<td>Retired AMI-7a</td>
<td></td>
<td>eAMI-7a, eAMI-8a</td>
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<tr>
<td>CAC</td>
<td>Retired CAC-3</td>
<td></td>
<td>eCAC-3</td>
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<td>Stroke (STK)</td>
<td>Retired STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10</td>
<td>STK-4</td>
<td>eSTK-2, eSTK-3, eSTK-4, eSTK-5, eSTK-6, eSTK-8, eSTK-10</td>
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<tr>
<td>ED</td>
<td>Retired</td>
<td>ED-1a, ED-2a</td>
<td>eED-1a, eED-2a</td>
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<tr>
<td>IMM</td>
<td>IMM-1</td>
<td>IMM-2</td>
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<tr>
<td>HBIPS*</td>
<td>HBIPS-4, HBIPS-6, HBIPS-7</td>
<td>HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5</td>
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<tr>
<td>TOB</td>
<td>Temporarily Inactivated TOB-4</td>
<td>TOB-1, TOB-2, TOB-3</td>
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<tr>
<td>SUB</td>
<td>Temporarily Inactivated SUB-4</td>
<td>SUB-1, SUB-2, SUB-3</td>
<td></td>
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<tr>
<td>Perinatal Care** (PC)</td>
<td></td>
<td>ePC-01, ePC-05/5a</td>
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<tr>
<td>Hospital Out Patient (OP)</td>
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<td>OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21, OP-23</td>
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<tr>
<td>EHDI (Early Hearing Detection and Intervention)</td>
<td></td>
<td>EHDI-1a</td>
<td></td>
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</tbody>
</table>

* HBIPS required for free standing psychiatric hospitals; available for selection for general hospitals with psychiatric units.

** PC required for facilities with at least 300 live births per year; available for selection if fewer than 300 live births per year.
## 2016 Flexible ORYX Performance Measure Reporting Options

**Option 1**
- Select and report data on:
  - Modified Sets of Chart-Abstracted Measures
  - Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year

<table>
<thead>
<tr>
<th>Joint Commission Chart Abstraction Measure Sets</th>
</tr>
</thead>
</table>

**Option 2**
- Select and report data on:
  - eCQM Measure Sets Only
  - Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year

<table>
<thead>
<tr>
<th>Joint Commission eCQM Measure Sets</th>
</tr>
</thead>
</table>

**Option 3**
- Select and report data on:
  - Combination of Chart-Abstracted and eCQM Measure Sets
  - Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year
  - Measure sets will be selected from among the available complement of core measure sets (See Options 1 and 2)
  - Hospitals wishing to select this option and that may be interested in reporting on the same set(s) of chart-abstracted and eCQM measures should contact Frank Zibrat at 630-782-5992 or via e-mail at fzibrat@jointcommission.org
  - See notes under Option 2
2016 ORYX Options (Cont.)

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>OR</th>
<th>OPTION 2</th>
<th>OR</th>
<th>OPTION 3</th>
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<tr>
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<tr>
<td>Modified Sets of Chart-Abstracted Measures</td>
<td>OR</td>
<td>eCQM Measure Sets Only</td>
<td>OR</td>
<td>Combination of Chart-Abstracted and eCQM Measure Sets</td>
</tr>
</tbody>
</table>

**NOTE:**
1. For CY 2016, Joint Commission will remove the following chart-abstracted measure sets:
   - AMI
   - SCIP
   - CAC
2. For CY 2016, Joint Commission will remove the following chart-abstracted measures:
   - VTE-1, VTE-2, and VTE-3
   - STK-1, STK-2, STK-3, STK-5, STK-6, STK-8 and STK-10
   - HBIPS-4, HBIPS-6 and HBIPS-7

**NOTE:**
1. For CY 2016, the Joint Commission will add the following eCQMs:
   - AMI-8a
   - EHD-1a
2. For submission of 2016 discharge data, the Joint Commission will only accept data consistent with the June 2015 annual update eCQM specifications posted on the CMS website[^1] for the 2016 Reporting Year.
3. A listed ORYX eMeasure Vendor’s technology must be certified by an Office of the National Coordinator for Health Information Technology Authorized Certification Body (ONC-ACB) as meeting either the 2014 or 2015 Edition certification criteria for calculating and submitting inpatient electronic clinical quality measures (eCQMs).

PC Reporting Requirements

- For ORYX: PC measure set mandatory for hospitals with 300 or more births per year

- For certification: No minimum number of births required- all participants must report the PC measure set
CMS Final Rule

- Continue to report PC-01 either as chart-abstracted measure or eCQM for Hospital Inpatient Quality Reporting (HIQR) Program
- MUST report PC-01 as chart-abstracted measure for Value-Based Purchasing (VBP) Program
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
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
Numerator and Denominator

Patients with elective deliveries

Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed
Denominator Populations

Included Populations:

- Procedure Codes for Delivery- Appendix A, Tables 11.01.1
- Diagnosis Codes for Planned Cesarean Birth 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
- >= to 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
- Principal or Other Procedure Codes
Gestational Age (PC-01, 02 & 03)

- Defined as best obstetrical estimate (OE) which includes:
  - All perinatal factors & assessments
  - Includes ultrasound (earlier better)
- Completed weeks of gestation
- Days \(<6\) are always rounded down
- UTD should be documented if no GA documented AND no prenatal care
- Document closest to time of delivery
Gestational Age (Cont.)

- Vital records reports, delivery logs or clinical information systems acceptable data sources
- EHR takes precedence over handwritten documentation
- Delivery record, note & summary are equivalent
- Operating room record, note & summary are equivalent
Numerator Populations

- Included Populations: Procedure Codes for one or more of the following:
  - Medical Induction of Labor- Appendix A, Table 11.05 while not in *Labor*
  - Cesarean Birth- 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
Labor

- Checked for BOTH “induction” & cesarean birth
- Documentation of labor &/or regular contractions w or w/o cervical change
- Methods of induction:
  - Oxytocin
  - AROM
  - Cervical dilation
  - Ripening agents
  - Membrane stripping
Labor (Cont.)

- MAR added as a data source
- 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 birth (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
- Hx of transabdominal cerclage
Prior Uterine Surgery (Cont.)

Exclusions:
- Prior cesarean birth without specifying type
- Prior low-transverse cesarean birth
- Hx of an ectopic pregnancy w/o specifying cornual
- Hx of a cerclage w/o specifying transabdominal

NEW!
Lessons Learned from the Field

Coders and clinical staff DO NOT have a shared understanding of PC-01 expectations:

- 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.)

- Some hospitals still do not 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 all clinicians
- Coder & clinical education as needed
PC-02

Cesarean Birth

Original Performance Measure/Source
Developer: California Maternal Quality Care Collaborative
Rationale

- Skyrocketing increase in rates
- Most variable portion of a *primary* CB rate
- Performance improvement opportunity
Why are there no exclusions to the measure such as maternal cardiac conditions, fetal distress, etc.?

- Variation of a primary CB rate which does not allow for exclusions
- Designed to measure complications that largely arise in labor and not exclude them
- Some medical practices during labor lead to the development of indications that were potentially avoidable
Numerator and Denominator

Patients with cesarean births

Nulliparous patients delivered of a live term singleton newborn in vertex presentation
Denominator Populations

**Included Populations:**

- Procedure Codes for Delivery - Appendix A, Table 11.01.1
- Nulliparous patients
- With Principal or Other Diagnosis Codes for Outcome of Delivery as defined in Appendix A, Table 11.08
- And with a delivery of a newborn with 37 weeks or more of gestation completed
Excluded Populations:

- Diagnosis Codes for Multiple Gestations and Other Presentations- Appendix A, Table 11.09
- < 8 years of age
- >= to 65 years of age
- LOS >120 days
- Enrolled in clinical trials
- Gestational Age < 37 weeks or UTD
Denominator Data Elements

- Admission Date
- Birth Date
- Clinical Trial
- Discharge Date
- Gestational Age
- Number of Previous Live Births
- Principal or Other Diagnosis Codes
- Principal or Other Procedure Codes
Number of Previous Live Births

- No longer “parity”: only previous live births
- Vital records reports, delivery logs or clinical information systems acceptable data sources
- Parity=zero answer zero
- Gravidity=one answer zero
- Primagravida or nulliparous answer zero

NEW!
Number of Previous Live Births (Cont.)

- Prior delivery of multiple gestations = ONE previous birth event
- Do not count current delivery
Numerator Populations

- **Included Populations:** Principal or Other Procedure Codes for Cesarean Birth - Appendix A, Table 11.06

- **Excluded Populations:** None
Numerator Data Elements

- Principal or Other Procedure Codes
Direct Standardization (Risk Adjustment)

Maternal Age Bands
Stratification by Ages

- 8 through 14 years
- 15 through 19 years
- 20 through 24 years
- 25 through 29 years
- 30 through 34 years
- 35 through 39 years
- 40 through 44 years
- 45 through 64 years
How can we improve performance for PC-02?

- Reduce admissions in latent labor
- Evaluate “management” of induction for cases resulting in cesarean births
- Improve diagnostic and treatment approaches for labor disorders (dystocia and failure to progress)
Improving Performance (Cont.)

- Standardize diagnosis and management of fetal heart rate abnormalities while in labor
- Reduce uterine tachysystole associated with oxytocin
  - Follow oxytocin safety protocols
Improving Performance (Cont.)

- Encourage patience in the active phase of labor and in the second stage of labor (pushing)

- Encourage easy operative vaginal delivery as alternative to cesarean delivery in appropriate cases
PC-03

Antenatal Steroids

Original Performance Measure/Source Developer: Providence St Vincent’s Hospital/Council of Women and Infant’s Specialty Hospitals
Rationale

- National Institutes of Health 1994 recommendation
- Neuro protective benefits
- Reduces the risks of respiratory distress syndrome, prenatal mortality, and other morbidities
Numerator and Denominator

Patients with antenatal steroids initiated prior to delivering preterm newborns

Patients delivering live preterm newborns with $\geq 24$ and $<34$ weeks gestation completed
Denominator Populations

**Included Populations:** Procedure Codes for Delivery- Appendix A, Table 11.01.1
Denominator Populations (Cont.)

Excluded Populations:

- < 8 years of age
- >= to 65 years of age
- LOS >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Initiating Antenatal Steroids*
- Principal or Other Diagnosis Codes for Fetal Demise- Appendix A, Table 11.09.1
- *Gestational Age* < 24 or >= 34 weeks or UTD
Denominator Data Elements

- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
Denominator Data Elements (Cont.)

- Principal or Other Diagnosis Codes
- Gestational Age
- Reason for Not Initiating Antenatal Steroids
Reason for Not Initiating Antenatal Steroids

- Documentation why steroids were not initiated
- Examples of implied reasons include:
  - Chorioamnionitis
  - Fetal anomalies incompatible with life
  - Imminent delivery (within 2 hrs. after admission)
Numerator Populations

**Included Populations:** Antenatal steroids initiated- Appendix C, Table 11.0

**Excluded Populations:** None
Numerator Data Elements

- **Antenatal Steroids Initiated:**
  - 12 mg betamethasone IM or 6 mg dexamethasone IM
Antenatal Steroids Initiated

- Only initiation versus full course
- Initiation prior to hospitalization acceptable if documented
PC-04

Health Care-Associated Bloodstream Infections in Newborns

Original Performance Measure/Source Developer: Agency for Healthcare Research and Quality
Rationale

- Rates range from 6% to 33%
- Increased mortality, length of stay & hospital costs
- Effective preventive measures available
Numerator and Denominator

Newborns with septicemia or bacteremia

______________________________________

Liveborn newborns
Included Populations: Other Diagnosis Codes for Birth Weight between 500 and 1499g - Appendix A, Table 11.12, 11.13 or 11.14 OR

Birth Weight between 500 and 1499g

OR
Denominator Populations (Cont.)

Other Diagnosis Codes for Birth Weight ≥ 1500g- Appendix A, Table 11.15 & 11.16 OR Birth Weight ≥ 1500g who experienced one or more of the following:

- Experienced death
- Principal or Other Procedure Codes for Major Surgery- Appendix A, Table 11.18
- Principal or Other Procedure Codes for Mechanical Ventilation- Appendix A, Table 11.19
- Transferred in from another acute care hospital within 2 days of birth
Excluded Populations:

- Principal Diagnosis Code for Septicemias or Bacteremias- Appendix A, Table 11.10.2
- Other Diagnosis Code for Septicemias or Bacteremias- Appendix A, Table 11.10.2 OR Principal or Other Diagnosis Codes for Newborn Septicemia or Bacteremia- Appendix A, Table 11.10 with *Bloodstream Infection Present on Admission*
- Other Diagnosis Codes for Birth Weight < 500g- Appendix A, Table 11.20 OR *Birth Weight < 500g*
- LOS < 2 days
- Enrolled in clinical trials
Denominator Data Elements

- Admission Date
- Birthdate
- Birth Weight
- Bloodstream Infection Present on Admission
- Clinical Trial
Denominator Data Elements (Cont.)

- Discharge Date
- Discharge Disposition
- Principal or Other Diagnosis Codes
- Principal or Other Procedure Codes
Birth Weight

- If BOTH pounds & ounces AND grams recorded-use grams
- Vital records reports, delivery logs & clinical information systems acceptable data sources
- Admission weight if transfer ok
- Data sources prioritized:
  - NICU Admission Assessment or Notes
  - Delivery and/or Operating Room Record
Bloodstream Infection Present on Admission

- Suspected or confirmed within 48 hrs.
- Positive or inconclusive blood cultures drawn within 48 hrs. (Negative not included)
- POA indicator present with codes for septicemia or bacteremia
- R/O, work up or evaluate for sepsis not included
- IV antibiotics for 7 days or longer = yes
Bloodstream Infection Present on Admission (Cont.)

Documented signs & symptoms:
- body temperature changes
- respiratory difficulty
- diarrhea
- hypoglycemia
- reduced movements
- reduced sucking
- seizures
- bradycardia
- swollen/distended abdomen
- vomiting and/or jaundice
Numerator Populations

**Included Populations:**
- Other Diagnosis Codes for Newborn Septicemia or Bacteremia- Appendix A, Table 11.10 w BSI confirmed
- Other Diagnosis Codes for Sepsis- Appendix A, Table 11.10.1 w BSI confirmed

**Excluded Populations:** None
Numerator Data Elements

- **Bloodstream Infection Confirmed**
- **Other Diagnosis Codes**
BSI occurred after first 48 hours of admission

MUST receive IV antibiotics for 7 days or longer

Confirmation of BSI based on criteria from Centers for Disease Control and Prevention (CDC) available at:
http://www.cdc.gov/nhsn/inpatient-rehab/clabsi/
Bloodstream Infection Confirmed (Cont.)

Exclusions:

- Suspected, presumed or r/o BSI w/o positive blood culture
- Received antibiotics primarily for the following conditions:
  - Dx of necrotizing enterocolitis (NEC)
  - Dx of urosepsis
  - Skin infections confirmed as the primary source of the BSI
- Dx of pneumonia
Risk Adjustment

- Birth Weight: 3 birth weight categories (500-999, 1000-1249, 1250-2499 grams)
- Congenital Anomalies: 3 different types (gastrointestinal, cardiovascular, other specified) identified through diagnosis codes
- Out-born birth
- Death or transfer out
PC-05

Exclusive Breast Milk Feeding

Original Performance Measure/Source

Developer: California Maternal Quality Care Collaborative
Rationale

- Goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG)
- Population health measure
- Numerous benefits for the newborn & mother
Numerator and Denominator

Newborns that were fed breast milk only since birth

Single term newborns discharged alive from the hospital
Denominator Populations

**Included Populations:** Principal Diagnosis Code for Single Liveborn Newborn
Denominator Populations (Cont.)

Excluded Populations:
- Admitted to the Neonatal Intensive Care Unit (NICU)
- Other Diagnosis Code for Galactosemia
- Principal or Other Procedure Code for Parenteral Nutrition
- Experienced death
Denominator Populations (Cont.)

**Excluded Populations (Cont.)**

- LOS >120 days
- Enrolled in clinical trials
- Patients transferred to another hospital
- Patients not term or < 37 wks. gestation

*NEW!*
Denominator Data Elements

- Admission Date
- Admission to NICU
- Birthdate
- Clinical Trial
- Discharge Date
- Discharge Disposition
Denominator Data Elements (Cont.)

- Principal & Other Diagnosis Codes
- Principal & Other Procedure Codes
- Term Newborn
Admission to NICU

- Not defined by level designation or title
- AAP definition used
- Not necessary to look for “critical care services” provided
- Excludes newborns admitted for observation/transitional care
- Transitional care defined as LOS $\leq$ 4 hrs.
- No time period for observation
Term Newborn

Inclusions:

- Gestational age of 37 weeks or more
- Early term
- Full term
- Late term
- Post term
- Term
Term Newborn (Cont.)

Exclusions:
  – Gestational age of 36 weeks or less
  – Preterm
  – Early preterm
  – Late preterm
Numerator Populations

- Included Populations: NA
- Excluded Populations: None
Numerator Data Elements

**Exclusive Breast Milk Feeding:**

- Drops of water or formula dribbled on breast to stimulate latching ok
How can we improve performance for PC-05?

- Adopt a hospital wide feeding policy promoting breast milk feeding as the default method of feeding
- Discuss benefits of breast feeding & include other family as needed
- Staff education on importance of population health measure
- Link to community resources, i.e. WIC peer counselors
Improving Performance (Cont.)

- Skin to skin contact immediately
- Rooming-in to recognize early feeding cues
- Utilize The Joint Commission’s Speak Up™ Campaign materials
  - Posters
  - Brochures
  - Buttons
- Share your mPINC scores with staff
FAQs

Why can’t maternal medical conditions be used to exclude cases from PC-05 effective with 10/1/15 discharges?
Answer:

- Maternal conditions are not the norm
- These conditions comprise ~2% of all exclusions
- Maternal conditions cannot be modeled in the electronic clinical quality measure (eCQM)
- PC-05 will be similar to PC-02: Cesarean Birth which also has no medical exclusions
FAQs

Why will PC-05a be retired from the PC measure set effective with 10/1/15 discharges?
Primary focus on documentation needed to exclude cases from both measures, especially PC-05a, rather than how to improve breastfeeding rates.

Data capture for PC-05a does not follow normal work flow patterns.
Answer (Cont.):

- Unintended consequences for the undecided mother
- Stakeholders report many choose BOTH breast milk & formula
- Perception that combo feeders do not receive same level of support as exclusive breast milk feeders
FAQs

What are the national rates 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>
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<tbody>
<tr>
<td></td>
<td>Perinatal Care Composite</td>
<td>74.1%</td>
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<tr>
<td>PC-01</td>
<td>Elective Delivery</td>
<td>4.3%</td>
</tr>
<tr>
<td>PC-02</td>
<td>Cesarean Birth*</td>
<td>25.9%</td>
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<tr>
<td>PC-03</td>
<td>Antenatal Steroids</td>
<td>89.7%</td>
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<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>
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</table>

* Denotes outcome measure
Resources for PC Measures
March of Dimes Perinatal Care Resource

Toward Improving the Outcome of Pregnancy III (TIOP III):

http://www.marchofdimes.com/professionals/medicalresources_tiop.html
Resources for Elective Delivery

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

Resources for Cesarean Birth

California Maternal Quality Care Collaborative white paper: “Cesarean Deliveries, Outcomes, and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality”:

http://www.cmqcc.org/resources/2079/download
Resources for Cesarean Birth (Cont.)

ACOG Obstetric Care Consensus #1: Safe Prevention of the Primary Cesarean Delivery

http://www.acog.org/Resources_And_Publications/Obstetric_Care_Consensus_Series/Safe_Prevention_of_the_Primary_Cesarean_Delivery
Resources for Antenatal Steroids


Resources for Preventing Bloodstream Infections

- CDC guideline for the prevention of intravascular catheter-related infection:

- Joint Commission CLABSI Toolkit:
  http://www.jointcommission.org/Topics/Clabsi_toolkit.aspx
Resources for Breast Milk Feeding Promotion

- The United States Breastfeeding Committee toolkit: http://www.usbreastfeeding.org/
Resources for Breast Milk Feeding Promotion (Cont.)

- The Joint Commission’s Speak Up™ Campaign:
  http://www.jointcommission.org/speakup.aspx

- Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN) position statement on breastfeeding:
Resources for Breast Milk Feeding Promotion (Cont.)

AAP Breastfeeding Resources:


- Breastfeeding Initiatives: http://www2.aap.org/breastfeeding/
View the manual and post questions at:
http://manual.jointcommission.org
These slides are current as of (11/6/2015). The Joint Commission reserves the right to change the content of the information, as appropriate.