



TO: Executive Committee
FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement
RE: Ratification of Measures for the Perinatal and Reproductive Health Project 2015-2016
DA: October 19, 2016

ACTION REQUIRED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Perinatal and Reproductive Health Project. All of the recommended measures approved by the CSAC are listed below.

Measures Evaluated:

The [Project Standing Committee](#) evaluated 24 measures: Nine new measures and 15 measures undergoing maintenance review against NQF's standard evaluation criteria. Six measures were withdrawn from consideration at the request of the measure developers before Committee review. Similarly, one measure (#1391) was withdrawn from consideration by the developer after the NQF Member and Public Comment period.

Consensus Process

Standing Committee: The Committee recommended 18 measures for endorsement, did not reach consensus on one measure, and did not recommend five measures.

Member Voting: A total of 15 member organizations voted on the measures. All of the recommended measures were approved with 67% approval or higher. The Committee did not achieve consensus on measure #1517 Prenatal & Postpartum Care (PPC) and the membership voted not to recommend this measure for endorsement. No votes were received from the Public/Community Health Agency and Supplier/Industry Councils.

CSAC: The CSAC voted to recommend eighteen measures recommended for endorsement. (The CSAC did not recommend measure #1517, the measure for which the Committee could not reach consensus.) The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).

Measures Recommended:

- [#0033](#): Chlamydia Screening in Women (CHL). The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

- [#0304](#): Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted). Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants.
- [#0469](#): PC-01 Elective Delivery. This measure assesses patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).
- [#0469:2829](#): PC-01 Elective Delivery [eMeasure]. This measure assesses patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). PC-01, Elective Delivery is one of two of the measures in this set that have been reengineered as eQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.
- [#0470](#): Incidence of Episiotomy. Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.
- [#0471](#): PC-02 Cesarean Birth. This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).
- [#0475](#): Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Center Discharge. Percent of live newborn infants that receive Hepatitis B vaccination before discharge (or within 1 month of life, if the infant had an extended hospital stay) at each single hospital/birthing facility during given time period (one year).
- [#0476](#): PC-03 Antenatal Steroids. This measure assesses patients at risk of preterm delivery at ≥ 24 and < 34 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).
- [#0478](#): Neonatal Blood Stream Infection Rate (NQI #3). Discharges with healthcare-associated blood stream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges

with a length of stay less than 3 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.

- [#0480](#): PC-05 Exclusive Breast Milk Feeding. PC-05 assesses the number of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns).
- [#0480:2830](#): PC-05 Exclusive Breast Milk Feeding [eMeasure]. PC-05 assesses the number of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (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, is one of two measures in this set that have been reengineered as eQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.
- [#0483](#): Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity. Proportion of infants born from 22 weeks, 0 days to 29 weeks, 6 days gestational age who were in the reporting hospital at the postnatal age recommended for screening for retinopathy of prematurity (ROP) by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge.
- [#0716](#): Unexpected Complications in Term Newborns. This is a hospital level performance score reported as the percent of infants with Unexpected Newborn Complications among full term newborns with no preexisting conditions, typically calculated per year.
- [#1382](#): Percentage of low birthweight births. The percentage of births with birthweight <2,500 grams.
- [#1731](#): PC-04 Health Care-Associated Bloodstream Infections in Newborns. This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding).
- [#2902](#): Contraceptive Care – Postpartum. Among women ages 15 through 44 who had a live birth, the percentage that is provided:
 - 1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery.
 - 2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

- Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.
- [#2903](#): Contraceptive Care – Most & Moderately Effective Methods. The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception.
- [#2904](#): Contraceptive Care - Access to LARC (Long Acting Reversible Contraception). Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS)).

Measures Not Recommended:

- [#1517](#): Prenatal & Postpartum Care (PPC). The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:
 - Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
 - Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
- [#2892](#): Birthrisk Cesarean Birth Measure. This is a measure of the effect that obstetrical care provider's labor management strategies have on their laboring patient's risk for cesarean birth. The target population is limited to women who attempt labor with a singleton vertex pregnancy without a history of a prior cesarean birth and give birth between 37 and 42 weeks of gestation.
- [#2893](#): Neonatal Intensive Care All-Condition Readmissions. The NICU Readmissions metric assess the hospital- or state-level readmission rate at 30 days after a stay in the Neonatal Intensive Care Unit.
- [#2895](#): Thermal Condition of Low Birthweight Neonates Admitted to Level 2 or Higher Nurseries in the First 24 Hours of Life: A PQMP Measure. This measure describes in terms of admission

temperature the status of live-born neonates less than 2,500 grams that are admitted to a Level 2 or higher nursery.

- [#2896](#): Structural Attributes of Facility in which High Risk Women Deliver Newborns: A PQMP Measure. This measure characterizes the facility that is the site of delivery of newborn infants born to high risk women by four key structural characteristics:
 - (a) Level 3 or higher NICU services on campus. Level 3 NICU is defined as meeting either the American Academy of Pediatrics (AAP) criteria or a locally used set of explicit criteria recognized by that state’s Department of Health.
 - (b) 24/7 on-site blood banking services/transfusion services that are always available for obstetrical patients. By 24/7 blood banking/transfusion services we mean that the following are always available to obstetrical patients: testing of blood group and Rh Type; cross matching; antibody testing; transfusion with on-site and available blood, either ABO specified or O-Rh-negative; transfusion with fresh frozen plasma; and transfusion with cryoprecipitate.
 - (c) 24/7 in - house physician dedicated to labor and delivery who is capable of safely managing labor and delivery, and of performing a cesarean section, including an emergent cesarean section.
 - (d) 24/7 in - house physician coverage dedicated to the obstetrical service by an anesthesiologist who is qualified to provide obstetrical anesthesia.

Measures Withdrawn from Consideration

Six measures previously endorsed by NQF were not re-submitted for maintenance of endorsement. One additional measure was withdrawn after the comment period. Endorsement for these measures will be removed.

Measure	Reason for withdrawal
0472: Appropriate Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision – Cesarean section.	Unable to continue as steward. Would be willing to transfer ownership to another willing steward.
0477: Under 1500g infant Not Delivered at Appropriate Level of Care	The developer indicated that resubmission was too much work for a measure that the steward themselves are not using, uncertainty that others were truly using it as a quality measure, and the best role seemed to be as a population level measure rather than a hospital level measure, which is the steward’s main interest.
0567: Appropriate Work up Prior to Endometrial Ablation Procedure	No reason provided.
0651: Ultrasound determination of pregnancy location for pregnant patients with abdominal pain	No reason provided.

Measure	Reason for withdrawal
1391: Frequency of Ongoing Prenatal Care (FPC)	NCQA has opted to remove the Frequency of Prenatal Care (#1391) measure from consideration for re-endorsement.
1395: Chlamydia Screening and Follow Up	NCQA is not currently using this measure in other major programs to the extent that the level of effort required to maintain endorsement.
1746: Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Unable to continue as steward. Would be willing to transfer ownership to another willing steward.