



NATIONAL
QUALITY FORUM

Perinatal and Women's Health

Standing Committee Web Meeting

Suzanne Theberge, Senior Project Manager
Kate Buchanan, Project Manager
Robyn Y. Nishimi, Senior Consultant

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Welcome and Review of Meeting Objectives

Project Team



Suzanne Theberge, MPH
Senior Project Manager



Kate Buchanan, MPH
Senior Project Manager

Robyn Y. Nishimi, PhD
Senior Consultant

Agenda for the Call

- Welcome and review of meeting objectives
- Balancing measures for the Perinatal and Women's Health Measure Portfolio
- Update on competing neonatal measures
- Opportunity for public comment
- Next steps

Perinatal & Women's Health Standing Committee

- **Kimberly Gregory, MD, MPH** (Co-Chair)
- **Carol Sakala, PhD, MSPH** (Co-Chair)
- J. Matthew Austin, PhD
- Jennifer Bailit, MD, MPH
- Amy Bell, MSN, RNC-OB, NEA-BC, CPHQ
- Tracy Flanagan, MD
- Gregory Goyert, MD
- Ashley Hirai, PhD
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD (c)
- John Keats, MD, CPE, CPPS, FACOG, FAAPL
- Deborah Kilday, MS
- Sarah McNeil, MD
- Jennifer Moore, PhD, RN
- Kristi Nelson, MBA, BSN
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- Sheila Owens-Collins, MD, MPH, MBA
- Cynthia Pellegrini
- Diana E. Ramos, MD, MPH, FACOG
- Naomi Schapiro, RN, PhD, CPNP
- Karen Shea, RN, MSN
- Marisa “Mimi” Spalding, JD, MPH
- Sindhu Srinivas, MD, MSCE
- Rajan Wadhawan, MD, MMM, CPE, FAAP
- Carolyn Westhoff, MD, MSc
- Janet Young, MD

Balancing Measures for the Perinatal and Women's Health Measure Portfolio

Balancing Measure Portfolio Process

- During the 2015-2016 phase of work, the Committee noted the need for “balancing” measures, or measures that can potentially mitigate an unintended or adverse consequence of a specific measurement focus.
- Balancing measures ensure that changes made in response to improve on one measure do not worsen outcomes in a separate or related area of care.
- Today, the Committee will review each measure in the portfolio:
 - *It will identify whether it recommends a balancing measure*
 - *If so, whether one exists or what the measure should/could be*

Perinatal and Women's Health Portfolio

Currently 18 endorsed measures

Reproductive Health

- **0033** Chlamydia Screening in Women (CHL)
- **2903** Contraceptive Care – Most & Moderately Effective Methods
- **2902** Contraceptive Care – Postpartum
- **2904** Contraceptive Care – Access to LARC (Long Acting Reversible Contraception)

Labor and Delivery

- **0469** PC-01 Elective Delivery
- **0469e** PC-01 Elective Delivery [eMeasure]
- **0470** Incidence of Episiotomy
- **0471** PC-02 Cesarean Section

Labor and Delivery: High-Risk Pregnancy

- **0476** PC-03 Antenatal Steroids

Newborn

- **0716** Unexpected Complications in Term Newborns
- **0475** Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Center Discharge

More→

Perinatal and Women's Health Portfolio (continued)

Currently 18 endorsed measures

Newborn: Premature/Low Birthweight

- **1382** Percentage of low birthweight births
- **0304** Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)
- **0478** Neonatal Blood Stream Infection Rate (NQI #3)
- **1731** PC-04 Health Care-Associated Bloodstream Infections in Newborns
- **0483** Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity

Postpartum

- **0480** PC-05 Exclusive Breast Milk Feeding
- **0480e** PC-05 Exclusive Breast Milk Feeding [eMeasure]

0033 Chlamydia Screening in Women (CHL)

- **Measure Description:** 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.
- **Numerator Statement:** Females who were tested for chlamydia during the measurement year.
- **Denominator Statement:** Females 16-24 years who had a claim or encounter indicating sexual activity.
- **Level of Analysis:** Health Plan, Integrated Delivery System
- **Exclusions:** Females who received a pregnancy test to determine contraindications for medication (isotretinoin) or x-ray. Patients in hospice.

2902 Contraceptive Care - Postpartum

- **Measure Description:** 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.*
- **Numerator Statement:** Primary measure: Women ages 15 through 44 who had a live birth and were provided a most (sterilization, intrauterine device, implant) or moderately (pill, patch, ring, injectable, diaphragm) effective method of contraception within 3 and 60 days of delivery. Sub-measure: Women ages 15 through 44 who had a live birth and were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.
- **Denominator Statement:** Women ages 15 through 44 who had a live birth in a 12-month measurement year.
- **Level of Analysis:** Health Plan, Population: Regional and State
- **Exclusions:** The following categories are excluded from the denominator: (1) deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth or induced abortion); and (2) deliveries that occurred during the last two months of the measurement year.

2903 Contraceptive Care – Most & Moderately Effective Methods

- **Measure Description:** 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) methods of contraception. The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy.
- **Numerator Statement:** Women aged 15-44 years of age at risk of unintended pregnancy who are provided a most (sterilization, intrauterine device, implant) or moderately (pill, patch, ring, injectable, diaphragm) effective method of contraception.
- **Denominator Statement:** Women aged 15-44 years of age who are at risk of unintended pregnancy.
- **Level of Analysis:** Facility, Health Plan, Population: Regional and State
- **Exclusions:** The following categories of women are excluded from the denominator: (1) those who are infecund for non-contraceptive reasons; (2) those who had a live birth in the last 2 months of the measurement year; or (3) those who were still pregnant or their pregnancy outcome was unknown at the end of the year.

2904 Contraceptive Care – Access to LARC (Long Acting Reversible Contraception)

- **Measure Description:** 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). It is an access measure because it is intended to identify situations in which women do not have access to the long-acting reversible methods of contraception (LARC), i.e., contraceptive implants and intrauterine devices.
- **Numerator Statement:** Women aged 15-44 years of age at risk of unintended pregnancy who were provided a long-acting reversible method of contraception (LARC), i.e., intrauterine device or implant.
- **Denominator Statement:** All women aged 15-44 years of age who are at risk of unintended pregnancy.
- **Level of Analysis:** Facility, Health Plan, Population: Regional and State
- **Exclusions:** The following categories of women are excluded from the denominator: (1) those who are infecund for non-contraceptive reasons; (2) women who had a live birth in the last 2 months of the measurement year; or (3) women were still pregnant or their pregnancy outcome was unknown at the end of the year.

0469 PC-01 Elective Delivery

- **Measure Description:** 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)
- **Numerator Statement:** Patients with elective deliveries with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for one or more of the following:
 - *medical induction of labor as defined in Appendix A, Table 11.05 while not in Labor prior to the procedure*
 - *cesarean birth as defined in Appendix A, Table 11.06 and all of the following:*
 - *not in labor*
 - *no history of a Prior Uterine Surgery*
- **Denominator Statement:** Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1 and with ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for planned cesarean birth in labor as defined in Appendix A, Table 11.06.1.
- **Data Source:** Electronic Health Records, Other, Paper Medical Records
- **Exclusions:** ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07; History of prior stillbirth; Less than 8 years of age; Greater than or equal to 65 years of age; Length of Stay >120 days; Gestational Age < 37 or ≥ 39 weeks or UTD

0469e PC-01 Elective Delivery [eMeasure]

- **Measure Description:** 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 measures in this set that have been reengineered as eCQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.
- **Numerator Statement:** Patients with elective deliveries by either:
 - ▢ *Medical induction of labor while not in labor prior to the procedure*
 - ▢ *Cesarean birth while not in labor and with no history of a prior uterine surgery*
- **Denominator Statement:** The Denominator is patients who deliver newborns with ≥ 37 and < 39 weeks of gestation completed.
- **Level of Analysis:** Facility, Other
- **Exclusions:** ICD-10-CM, or SNOMED CT codes for conditions possibly justifying elective delivery prior to 39 weeks gestation.

0470 Incidence of Episiotomy

- **Measure Description:** Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.
- **Numerator Statement:** Number of episiotomy procedures (ICD-9 code 72.1, 72.21, 72.31, 72.71, 73.6; ICD-10 PCS:0W8NXZZ performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia ICD-10; O66.0) during the analytic period- monthly, quarterly, yearly etc.
- **Denominator Statement:** All vaginal deliveries during the analytic period- monthly, quarterly, yearly etc. excluding those coded with a shoulder dystocia ICD-1: O66.0).
- **Level of Analysis:** Facility
- **Exclusions:** Women who have a coded complication of shoulder dystocia. In the case of shoulder dystocia, an episiotomy is performed to free the shoulder and prevent/mitigate birth injury to the infant.

0471 PC-02 Cesarean Section

- **Measure Description:** 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).
- **Numerator Statement:** The outcome being measured is: Patients with cesarean births with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for cesarean birth as defined in Appendix A, Table 11.06 available at: <http://manual.jointcommission.org/releases/TJC2016A/>
- **Denominator Statement:** The outcome target population being measured is: Nulliparous patients delivered of a live term singleton newborn in vertex presentation ICD-10-PCS Principal or Other Diagnosis Codes for delivery as defined in Appendix A, Tables 11.01.1 available at: <http://manual.jointcommission.org/releases/TJC2016A/>
- **Level of Analysis:** Facility, Other
- **Exclusions:** ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for multiple gestations and other presentations as defined in Appendix A, Table 11.09; Less than 8 years of age; Greater than or equal to 65 years of age; Length of Stay >120 days; Gestational Age < 37 weeks or UTD

0476 PC-03 Antenatal Steroids

- **Measure Description:** 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).
- **Numerator Statement:** Patients with antenatal steroids initiated prior to delivering preterm newborns (refer to Appendix C, Table 11.0, antenatal steroid medications).
- **Denominator Statement:** Patients delivering live preterm newborns with ≥ 24 and < 34 weeks gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1.
- **Level of Analysis:** Facility, Other
- **Exclusions:** Less than 8 years of age; Greater than or equal to 65 years of age; Length of Stay > 120 days; Documented Reason for Not Initiating Antenatal Steroids; ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for fetal demise as defined in Appendix A, Table 11.09.1.; Gestational Age < 24 or ≥ 34 weeks or UTD

0716 Unexpected Complications in Term Newborns

- **Measure Description:** 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.
- **Numerator Statement:** The numerator is divided into two categories:
 - *Severe complications: include neonatal death, transfer to another hospital for higher level of care, extremely low Apgar Scores (=3 at either 5 or 10 minutes of life), severe birth injuries such as intracranial hemorrhage or nerve injury, neurologic damage, severe respiratory and infectious complications such as sepsis. Parents of such babies may often worry about short or long term infant outcomes.*
 - *Moderate complications: include diagnoses or procedures that raise concern but at a lower level than the list for severe (e.g. use of CPAP or bone fracture). For inclusion in the numerator, most require an infant length of stay that exceeds that of the mother, validating that these are indeed significant complications. Examples include less severe respiratory complications (e.g. Transient Tachypnea of the Newborn), or infections with a longer length of stay not including sepsis. As a “safety net” to capture cases who were under-coded, the numerator also includes infants who have a prolonged length of stay of over 5 days to capture the “seemingly normal” infants with neither any form of jaundice nor a social reason for staying in the hospital (e.g. family disruption or adoption).*
- **Denominator Statement:** The denominator is comprised of singleton, live born babies who are at least 37.0 weeks of gestation, and over 2500g in birth weight. The denominator excludes most serious fetal conditions that are “preexisting” (present before labor), including prematurity, multiple gestations, poor fetal growth, congenital malformations, genetic disorders, other specified fetal and maternal conditions and infants exposed to maternal drug use in-utero. The final denominator population consists of babies who are expected to do well following labor and delivery and go home routinely with their mothers.
- **Level of Analysis:** Facility, Integrated Delivery System, Population: Regional and State
- **Exclusions:** Babies not born in hospitals are excluded as this is a hospital quality performance measure; Babies who are part of multiple gestation pregnancies are excluded; Premature infants (babies born before 37 weeks gestational age) are excluded; Low birth weight babies ($\leq 2500\text{g}$) are excluded; Babies with congenital malformations and genetic diseases are excluded; Babies with pre-existing fetal conditions such as IUGR are excluded; Babies who were exposed to maternal drug use in-utero are excluded

Newborn - 0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Center Discharge

- **Measure Description:** 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).
- **Numerator Statement:** The number of live newborn infants administered Hepatitis B vaccine prior to discharge (or within 1 month of life, if the infant had an extended hospital stay) from the hospital/birthing facility ("birth dose" of Hepatitis B vaccine).
- **Denominator Statement:** The number of live newborn infants born at the hospital/birthing facility during the reporting window (one calendar year).
- **Level of Analysis:** Facility
- **Exclusions:** None

1382 Percentage of low birthweight births

- **Measure Description:** The percentage of births with birthweight <2,500 grams
- **Numerator Statement:** The number of babies born weighing <2,500 grams at birth in the study population
- **Denominator Statement:** All births in the study population
- **Level of Analysis:** Other, Population: Community, County or City, Population: Regional and State
- **Exclusions:** None

0304 Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)

- **Measure Description:** Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants
- **Numerator Statement:** Eligible infants with one or more of the following criteria:
 - *Criterion 1: Bacterial Pathogen. A bacterial pathogen is recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life.*
 - OR
 - *Criterion 2: Coagulase Negative Staphylococcus. The infant has all 3 of the following:*
 - » Coagulase negative staphylococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain.
 - » One or more signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability).
 - » Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or more days.
- **Denominator Statement:** Eligible infants who are in the reporting hospital after day 3 of life.
- **Level of Analysis:** Facility
- **Exclusions:** Infants who do not meet eligibility criteria for birth weight, gestational age or hospital admission, or if the infant is discharged home, is transferred or dies prior to day 3 of life.

0478 Neonatal Blood Stream Infection Rate

- **Measure Description:** 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.
- **Numerator Statement:** Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either: any secondary ICD-9-CM or ICD-10 CM diagnosis codes for other septicemia; or any secondary ICD-9-CM or ICD-10 CM diagnosis codes for newborn septicemia or bacteremia and any secondary ICD-9-CM or ICD-10 CM diagnosis codes for staphylococcal or Gram-negative bacterial infection
- **Denominator Statement:** All newborns and outborns with either: a birth weight of 500 to 1,499 grams (Birth Weight Categories 2, 3, 4 and 5); or any-listed ICD-9-CM or ICD-10 CM diagnosis codes for gestational age between 24 and 30 weeks; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and death (DISP=20); or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM or ICD-10 PCS procedure codes for operating room procedure; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM or ICD-10 PCS procedure codes for mechanical ventilation; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and transferring from another health care facility within two days of birth
- **Level of Analysis:** Facility
- **Exclusions:** Exclude cases: with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission†) for sepsis; with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission†) for sepsis or bacteremia; with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for staphylococcal or Gram-negative bacterial infection; with birth weight less than 500 grams (Birth Weight Category 1); with length of stay less than 3 days with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

1731 PC-04 Health Care-Associated Bloodstream Infections in Newborns

- **Measure Description:** 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).
- **Numerator Statement:** The outcome being measured is: Newborns with septicemia or bacteremia with ICD-10-CM Other Diagnosis Codes for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 with a Bloodstream Infection Confirmed OR ICD-10-CM Other Diagnosis Codes for sepsis as defined in Appendix A, Table 11.10.1 with a Bloodstream Infection Confirmed available at: <http://manual.jointcommission.org/releases/TJC2016A/>. The only national hospital quality measure currently requiring patient-level risk adjustment is the Health Care-Associated Bloodstream Infections in Newborns (PC-04) outcome measure in the perinatal care measure set.
- **Denominator Statement:** The outcome target population being measured is: Liveborn newborns with ICD-10-CM Other Diagnosis Codes for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR Birth Weight between 500 and 1499g OR ICD-10-CM Other Diagnosis Codes for birth weight = > 1500g as defined in Appendix A, Table 11.15 or 11.16 OR Birth Weight = > 1500g who experienced one or more of the following: Experienced death; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for major surgery as defined in Appendix A, Table 11.18; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for mechanical ventilation as defined in Appendix A, Table 11.19; Transferred in from another acute care hospital or health care setting within 2 days of birth.
- **Level of Analysis:** Facility, Other
- **Exclusions:** ICD-10-CM Principal Diagnosis Code for septicemias or bacteremias as defined in Appendix A, Table 11.10.2; ICD-10-CM Other Diagnosis Codes for septicemias or bacteremias as defined in Appendix A, Table 11.10.2 or ICD-10-CM Principal or Other Diagnosis Codes for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 with a Bloodstream Infection Present on Admission; ICD-10-CM Other Diagnosis Codes for birth weight < 500g as defined in Appendix A, Table 11.20 OR Birth Weight < 500g; Length of Stay < 2 days

0483 Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity

- **Measure Description:** 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.
- **Numerator Statement:** Number 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 ROP screening by the AAP and who received a retinal exam for ROP prior to discharge
- **Denominator Statement:** All eligible 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 ROP screening by the AAP
- **Level of Analysis:** Facility
- **Exclusions:** Infants outside the gestational age range of 22 to 29 weeks; Outborn infants admitted to the reporting hospital more than 28 days after birth; Outborn infants who have been home prior to admission; Infants who die in the delivery room or initial resuscitation area prior to admission to the neonatal intensive care unit; Infants not in the reporting hospital at the postnatal age recommended for ROP screening by the AAP

0480 PC-05 Exclusive Breast Milk Feeding

- **Measure Description:** PC-05 assesses the rate 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).
- **Numerator Statement:** Newborns that were fed breast milk only since birth
- **Denominator Statement:** Single term liveborn newborns discharged alive from the hospital with ICD-10-CM Principal Diagnosis Code for single liveborn newborn as defined in Appendix A, Table 11.20.1.
- **Level of Analysis:** Facility, Other
- **Exclusions:** Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization; ICD-10-CM Other Diagnosis Codes for galactosemia as defined in Appendix A, Table 11.21; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for parenteral infusion as defined in Appendix A, Table 11.22; Experienced death; Length of Stay >120 days; Patients transferred to another hospital; Patients who are not term or with < 37 weeks gestation completed

0480e: PC-05 Exclusive Breast Milk Feeding [eMeasure]

- **Measure Description:** PC-05 assesses the rate 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 eCQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.
- **Numerator Statement:** Newborns that were fed breast milk only since birth
- **Denominator Statement:** Single newborns with an estimated gestational age at birth of ≥ 37 weeks who are born in the hospital and who did not have a diagnosis of galactosemia, were not subject to parenteral nutrition, and had a length of stay of less than or equal to 120 days.
- **Level of Analysis:** Facility, Other
- **Exclusions:** Newborns who were admitted to the Neonatal Intensive Care Unit (NICU); Newborns who were transferred to an acute care facility; Newborns who expired during the hospitalization

Update on Competing Neonatal Measures

2015-2016 Perinatal Project Recap

- In 2016, the Committee recommended three competing measures of neonatal infection for re-endorsement.
- The Committee requested that the developers come back in 18 months with either a single measure or that they harmonize the three measures so that they were no longer competing.
 - **0304** *Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) – Vermont Oxford Network*
 - **0478** *Neonatal Blood Stream Infection Rate (NQI 03) – AHRQ*
 - **1731** *PC-04 Health Care-Associated Bloodstream Infections in Newborns – The Joint Commission*

2015-2016 Perinatal Project (cont.)

- The Committee decided to recommend all three measures for re-endorsement for a range of reasons, including:
 - *planned changes in the specifications of measure #0478 to achieve further harmonization;*
 - *update of specifications to ICD-10 CM codes and the lack of information regarding the effect of revised coding on all three measures;*
 - *the population of hospitals reporting on measure #1731 was much larger during the project year, and the Committee thought that more experience and data on this measure, as well as a larger population covered, will provide more information on its usefulness; and*
 - *the need for more data in general to properly compare the slightly different populations captured in each measure: two measures focus only on very low birthweight babies; these babies are more likely to develop infections, but larger babies do also get infections and not including them in the measurement population means missed opportunities for many facilities to improve care that affects a large number of newborns.*

Agency for Healthcare Research and Quality Update

Pamela Owens, PhD

Mia DeSoto, PhD, MHA, MSc

0478 Neonatal Blood Stream Infection Rate

- **Measure Description:** 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.
- **Numerator Statement:** Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either: any secondary ICD-9-CM or ICD-10 CM diagnosis codes for other septicemia; or any secondary ICD-9-CM or ICD-10 CM diagnosis codes for newborn septicemia or bacteremia and any secondary ICD-9-CM or ICD-10 CM diagnosis codes for staphylococcal or Gram-negative bacterial infection
- **Denominator Statement:** All newborns and outborns with either: a birth weight of 500 to 1,499 grams (Birth Weight Categories 2, 3, 4 and 5); or any-listed ICD-9-CM or ICD-10 CM diagnosis codes for gestational age between 24 and 30 weeks; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and death (DISP=20); or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM or ICD-10 PCS procedure codes for operating room procedure; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM or ICD-10 PCS procedure codes for mechanical ventilation; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and transferring from another health care facility within two days of birth
- **Level of Analysis:** Facility
- **Exclusions:** Exclude cases: with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission†) for sepsis; with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission†) for sepsis or bacteremia; with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for staphylococcal or Gram-negative bacterial infection; with birth weight less than 500 grams (Birth Weight Category 1); with length of stay less than 3 days with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

The Joint Commission Update

Susan Yendro, RN, MSN

Catrina Patino, MBA/MSN, RN

1731 PC-04 Health Care-Associated Bloodstream Infections in Newborns

- **Measure Description:** 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).
- **Numerator Statement:** The outcome being measured is: Newborns with septicemia or bacteremia with ICD-10-CM Other Diagnosis Codes for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 with a Bloodstream Infection Confirmed OR ICD-10-CM Other Diagnosis Codes for sepsis as defined in Appendix A, Table 11.10.1 with a Bloodstream Infection Confirmed available at: <http://manual.jointcommission.org/releases/TJC2016A/> The only national hospital quality measure currently requiring patient-level risk adjustment is the Health Care-Associated Bloodstream Infections in Newborns (PC-04) outcome measure in the perinatal care measure set.
- **Denominator Statement:** The outcome target population being measured is: Liveborn newborns with ICD-10-CM Other Diagnosis Codes for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR Birth Weight between 500 and 1499g OR ICD-10-CM Other Diagnosis Codes for birth weight = > 1500g as defined in Appendix A, Table 11.15 or 11.16 OR Birth Weight = > 1500g who experienced one or more of the following: Experienced death; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for major surgery as defined in Appendix A, Table 11.18; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for mechanical ventilation as defined in Appendix A, Table 11.19; Transferred in from another acute care hospital or health care setting within 2 days of birth.
- **Level of Analysis:** Facility, Other
- **Exclusions:** ICD-10-CM Principal Diagnosis Code for septicemias or bacteremias as defined in Appendix A, Table 11.10.2; ICD-10-CM Other Diagnosis Codes for septicemias or bacteremias as defined in Appendix A, Table 11.10.2 or ICD-10-CM Principal or Other Diagnosis Codes for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 with a Bloodstream Infection Present on Admission; ICD-10-CM Other Diagnosis Codes for birth weight < 500g as defined in Appendix A, Table 11.20 OR Birth Weight < 500g; Length of Stay < 2 days

Vermont Oxford Network Update

Erika Edwards PhD, MPH

0304 Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)

- **Measure Description:** Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants
- **Numerator Statement:** Eligible infants with one or more of the following criteria:
 - *Criterion 1: Bacterial Pathogen. A bacterial pathogen is recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life.*
 - OR
 - *Criterion 2: Coagulase Negative Staphylococcus. The infant has all 3 of the following:*
 - » Coagulase negative staphylococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain.
 - » One or more signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability).
 - » Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or more days.
- **Denominator Statement:** Eligible infants who are in the reporting hospital after day 3 of life.
- **Level of Analysis:** Facility
- **Exclusions:** Infants who do not meet eligibility criteria for birth weight, gestational age or hospital admission, or if the infant is discharged home, is transferred or dies prior to day 3 of life.

Committee Discussion

- Does the Committee have any comments or questions for the three developers?
- Is there any additional information on any of the measures that the Committee would like to see at the next review?
- Does the Committee wish to provide any guidance to the developers?

Opportunity for Public Comment

Next Steps

Thank you!